

The healing of a congregation and the role of the
Executive Director in this process

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1. Overview and Outline

Temple Alef has been suffering for the past several years. The long time Rabbi of almost 20 years left after a long, controversial contract negotiation. Membership has been declining, with a new building and a loan that has just been renegotiated and the deficit was overwhelming. Congregants felt a big uncertainty about the future that lay ahead. Is Temple Alef “sick”, is it suffering from a trauma and can it be healed? How do we define a “sick” congregation? What is the role of the Executive Director and the Professional Staff in this process?

From conversations with other colleagues it seems that Temple Alef was not alone. Other Congregations around the country have gone through rather traumatic times and were seeking healing.

Several approaches dealing with the "sick Congregations" will be presented

- From the Kabbalah, the study of Tzimtzum
- The Biological Approach - organizations as a system and symptoms of a sick Congregation.
- Synagogue 2000 approach - transforming a congregation from a sick organization to a renewed and healthy one
- The Narrative approach - stories influence, limit, expand, and nurture life on the personal, religious, and organizational level. In congregations, narrative often pervades our way of being together
- The Family Model offers a similar insight concerning leadership within a congregation and leadership within a personal family. Leaders of a Congregation are simultaneously involved in three distinct families whose emotional forces interlock: The families within the congregation, our congregations and our personal families. Unresolved issues in any one of them can affect the other and increased understanding of any one creates effective functioning in all three (Friedman, 1985).

I plan to invite Congregations who have gone through a process of healing or who are in the midst of defining where to go and interview their Executive Directors to learn more about their journey.

The following areas of focus will be examined:

- a. The role of the leadership and the Congregation
- b. The role of the Clergy
- c. The role of the Executive Director

Through this examination I hope to gain a better understanding of the role of the Executive Director and the partnership with the professional staff and the leadership in this process.

כל ישראל ערבים זה לזה

Kol Yisrael eravin zeh ba'zeh.

All Israel are responsible for one another (Babylonian Talmud, *Shavuot* 39a).

2. Introduction:

How do we define a “sick” congregation? The Medical definition, as it appears in *Illness*, retrieved February 10, 2010, from <http://en.wikipedia.org/wiki/Illness> suggests the following: “Illness (sometimes referred to as ill-health or ailment) is a state of poor health. Illness is sometimes considered a synonym for disease. Some have described illness as the subjective perception by a patient of an objectively defined disease. The mode of being healthy includes, as defined by the World Health Organization, a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. When these conditions are not fulfilled, then one can be considered to have an illness or be ill.

The term trauma will also be used in this study. What does trauma mean? The Medical definition, as it appears in *Trauma*, retrieved February 10, 2010, from <http://en.wikipedia.org/wiki/Trauma> suggests the following: “1. Physical trauma, an often serious and body altering physical injury, such as the removal of a limb. 2. Blunt force trauma, a type of physical trauma caused by impact or other force applied from or with a blunt object. 3. Psychological trauma, an emotional or psychological injury, usually resulting from an extremely stressful or life-threatening situation”.

Traumatic moments occur in congregations. While healthy congregations can do much to prevent those moments by creating strong, clear, and vibrant relationships among and between professional staff, lay leaders, and congregants, they cannot guarantee that such moments will not occur. The question is how resilient any congregation is when those moments do occur. According to Bookman and Kahn (2007), healthy congregations bend but do not break at times of difficulty. They are able to absorb the pain of traumatic events and, rather than becoming sick from that pain, they find ways to live with the pain and understand its meanings. They basically are capable of repairing themselves.

“A congregation in trauma is left with some very familiar emotions: sadness and longing, anger and frustration, betrayal and mistrust. These emotions can remain under the surface for a very long time. They can continue to drive the unhealthy process. The other path is to excavate those emotions and that which created them initially and make the very real distinctions between the past and the present. This is the healthy - and often more difficult – response to congregational trauma” (Bookman and Kahn, 2007, Pg. 344).

According to Peter Steinke (1996), Congregations in trauma or depressed Congregations are ones that fall into helplessness and hopelessness, especially as they continue to decline in membership or "stay stuck" in monotonous or distressful patterns.

It is my intention to promote understanding about the specific symptoms/criterion that defines a “sick” congregation. After establishing a diagnosis, I will, through the examination of a few stories of current congregations in the Reform and Conservative movements, suggest several healing approaches. The following criterion will help define which should be considered a “sick” congregation:

1. Period of time involved in this situation
2. Quality of relationships between the clergy/professional staff and leadership
3. The mood and tone of the congregation
4. Loss of membership

I will examine the congregational stories and define if these congregations are suffering from a temporary trauma, an event that causes a short term step back, or are they actually “sick,” which would be a more long term situation that requires a process of change. Strong congregations will survive a trauma, but a sick congregation would need a culture change in order to recover.

3 - Healing approaches

a. Tzimyzum:

Daniel Matt (Matt, 1994, Pg. 94) describes in his book *The Essential Kabbalah* this model presented by Rabbi Chaim Vital, 1542-1620:

“At the beginning of creation, when Ein Sof [lit. the Infinite] withdrew its presence all around in every direction, it left a vacuum in the middle, surrounded on all sides by the light of Ein Sof, empty precisely in the middle. The light withdrew like water in a pond displaced by a stone. When a stone is dropped in a pond, the water at that spot does not disappear; it merges with the rest. So the withdrawn light converged beyond, and the middle remained a vacuum”.

Prof. Eugene B. Borowitz, Hebrew Union College-Jewish Institute of Religion, reflects on leadership through the *Tzimtzum* model (Borowitz, 1974) and says that leaders, by their power, have a greater field of presence than most people do. When they move into a room they seem to fill the space around them. The leader withholds presence and power so that the followers may have some place in which to be.

“[But] tzimtzum is rather the first of a two-part rhythm, for it is always followed by sending the creative beam of light into the just-vacated void. The withdrawal is for the sake of later using one’s power properly. Contraction without a following expansion, regression without subsequent egression, does not produce creation.

“Tzimtzum: A Mystic Model for Contemporary Leadership,” (November-December 1974, vol. 69, no. 6).

Rabbi Jonathan L. Singer, Seattle, WA (2003) uses this model to describe a healthy relationship between the Rabbi and Professional staff and Congregation. In a healthy relationship, it is the rabbi's responsibility to make room for members of the congregation to play a central role in planning the future of the organization. When rabbis make congregations completely rabbi-centric, the creative energy and possibilities of the community are limited. This is also true of the rabbi's relationship with the professional staff. When sufficient space is created for the entire staff to contribute creatively to the development of synagogue life, as individuals and as part of a team, both the staff and the community are better off. When rabbis contract with a *tzimtzum* of ego, enabling others to participate in creating a vision, and share leadership, the synagogue community will grow. The growth of the synagogue must be viewed as a shared responsibility of the entire community, not the rabbi and the professional staff's assignment alone.

Using the *Tzimtzum* model to describe healthy relationships between the Clergy, Professional Staff and Leadership in the Congregation has been a helpful tool in understanding the healthy congregation verses the sick one.

Ben Zoma said

Who is wise? The one who learns from everyone, as it is said, 'From all who would teach me, have I gained understanding.' [Psalms 119:99]"

Pirke Avot 4.1

b. The Biological Approach -

Several approaches try to address this topic. Peter Steinke (Steinke, 1996) sees the organization as a system and discusses the symptoms as part of a biological approach. A

system approach claims that any person or event stands in a relationship to something. The parts function as they do because of the presence of the other parts. All parts interface and affect each other. No problem can be seen in isolation.

The same is true for solutions and corrections. The system approach looks at the health of a congregation as a process. Below is a table demonstrating the difference in the two ways of thinking.

<u>Separate Parts Thinking</u>	<u>System Thinking</u>
Atomistic	Holistic
Problems belong to the individual	Problems belong to the system
Problems are intra (within a part)	Problems are inter (between parts)
Parts explain the whole	Whole explains the parts
Understanding comes from breaking down into smaller and smaller pieces	Understanding comes from looking up (larger and larger wholes)
Think in lines	Think in loops

(Steinke, 1996, pg 12)

Healing is the body's potential to repair and regenerate itself. The body can heal itself because it has a healing system. Congregations also have healing capacities. They possess strengths and resources. Healthy congregations have the ability to renew and regenerate themselves. Like natural organisms, congregations live through a series of cycles, birth and death, difficulty and ease. Healing and illness processes move from challenge to response back to challenge, from difficulty to renewal, failure and back to stability. It might be natural to try and rush the healing process, which actually might cause delay in the process. Healthy congregations will give the process its course. Because it is a natural force, healing knows its own fitting time. Healthy congregations let their strengths and resources carry them through their illness.

When discussing the healing process, Steinke (1996) suggests the following -

1. Health is a dynamic balance.
2. Illness is the necessary complement to health.
3. No one can give you – or the Congregation - what you don't already have.
4. Agents of disease are not causes of disease.
5. Everything is connected.

6. Early detection is the best treatment.
7. Everybody is different, there's no universal treatment for every organism – or congregation.
8. Feedback systems promote health.

He states three significant health promoters:

Meaningfulness - Sense of purpose. There is a clear direction, and the people are willing to take up a challenge.

Manageability – A congregation has a sense of control, a sense of being able to influence events. People believe they can, as far as possible, shape their destiny.

Comprehensibility: A congregation judges reality soundly.

If we were discussing a profit organization we would have been measured by profits and losses. When dealing with healing a Congregation we are concerned with the financial state of the Congregation and at the same time with the well being of the people who are part of this community. The following approach discusses a model that stresses relationships between people.

Rabbi Gamliel said

...Let all who work with the congregation do so for the sake of Heaven, the merit of their ancestors will sustain them and, as a result, their righteousness will remain forever. Pirke Avot 2.2

c. Synagogue 2000 Approach

Rabbi Lawrence Hoffman (Hoffman, 2006) describes in his book, *Re Thinking Synagogues*, the concept of transforming a congregation from a sick organization to a renewed and healthy one. Transformation is a four step process that begins from the individual, to the team, to other synagogue committees and the synagogue as a whole, and finally to other individual members. The main narrative that repeats itself on all levels is creating meaningful relationships between people and with God. Hoffman

claims that this change will create a community where people will become excited at new ideas, and take ownership of their synagogue's problems from a new perspective: sacred stewardship rather than secular care-taking.

The word PISGAH (summit) spells out a promised land for synagogues; its letters define the six congregational tasks that it entails:

Prayer, Institutional Change, Study, Good deeds, Ambience of the sacred, Healing

“Synagogues should engage in an ongoing institutional cheshbon hanefesh (examination of the soul) and, if necessary, institutional t'shuvah (repentance) to redirect the congregational path toward becoming a k'hilah k'doshah overall. A k'hilah k'doshah (sacred community) is a synagogue of honor, welcome, acceptance, and trust – the characteristics that promote healing as wholeness”
(Hoffman, 2006, pg. 92).

Once discussing the relationships, Hoffman realizes that synagogues need systems with porous boundaries where information flows readily among all personnel; where laity and professionals act as information – sharing partners; and where a transparent culture of honor replaces an opaque culture of blame. What makes congregations adaptive is the enormous amount of goodwill built into the culture. People take risks because they are not afraid to fail. Everyone will applaud their efforts, regardless of outcome.

Akavya ben Mahalalel used to say

“Reflect on three things and you will not come into the grasp of sin: know where you came from; know where you are going; and [know] in whose presence you will have to make an accounting.” Pirke Avot 3.1

d. The Narrative Approach

Lawrence Peers (Peers, 2007), in his book, *Re-creating Congregational Stories* mentions that there is a growing recognition, in many disciplines, of the ability stories have to

influence on the personal, religious, and organizational level. In congregations, narrative often pervades our way of being together. Whether through Torah study, lectures, sermons, or testimonies, stories are told and retold, interpreted and reinterpreted in ways that aim to build faith, inspire commitment, and influence lives. Congregations are primarily interpretive communities, seeking new meanings in familiar stories and moreover, congregations *are* stories—each with its own characters and story line, dramas and dilemmas. When we enter a congregation we enter a story that is already going on.

Since the common language of religious communities is story and interpretation of story, congregational leaders may find that a narrative approach is a direct and skillful way of motivating positive change, particularly in those congregations that may feel “stuck” or are in times of transition or conflict.

Peer notes that by asking questions that help identify the problem, a space opens in which leaders and members of a congregation can look at the problem and explore the development of the problem, at that time a group is more ready to have a conversation solving the problem and changing the story.

Once a congregation discovers, recognizes one’s problem it will follow to the recognition that this is part of a journey. This congregation can decide to stay within their problem-saturated story or to bring forth new possibilities for themselves through the re-creation of their story. Through this approach new beginnings can emerge.

זקניכם חלומות יחלמו, בחוריכם חזיונות יראו

Zikneikhem chalomot yichalomun b’chureikhem chezyonot yir’u.

Your elders shall dream dreams, and your youth shall see visions (Joel 3:1).

e. The Family Model

This model described by Edwin Friedman (Friedman, 1985) in his book *Generation to Generation* offers an approach that focuses on the leaders in the congregation and their influence on a healthy organization. It sees similar insight concerning leadership within a congregation and leadership within a personal family. Leaders of a congregation are

simultaneously involved in three distinct families whose emotional forces interlock: The families within the congregation, our congregations and our personal families.

Unresolved issues in any one of them can affect the other and increased understanding of any one creates effective functioning in all three. Friedman suggests that

“what is vital to changing any kind of “family” is not knowledge of technique but rather the capacity of the family leader to define his or her own goals and values while trying to maintain a non anxious presence within the system. The notion that self definition is a more important agent of change than expertise unifies our healing power which promotes our own health” (Friedman, 1985 pg. 2-3).

Friedman stresses that ultimately, healing and survival depend on the ability to transcend the anxiety of those about us and respond to challenge by treating crisis as opportunity for growth.

The family systems approach suggests that the overall health and functioning of any organization depends primarily on one or two people at the top.

“The leadership in families is essentially organic, perhaps even biological, phenomenon, and an organism tends to function best when it’s “head” is well differentiated. Therefore success has more to do with the leader’s capacity for self definition than with the ability to motivate others.... What is rarely realized, however, and this may be true even with sports and symphonies, is that the key to successful coaches is less a matter of how they “handle” the players than how they handle themselves” (Friedman, 1985, pg. 221-222).

Friedman adds that the emphasis on leader’s self-differentiation is talking about the ability of a leader to be a self while still remaining a part of the system and staying in touch. It is the most difficult thing in a family, and yet, it will benefit the leader when accomplished. In the new family system the leader will keep an ongoing relationship system, keep defining him/her self in every public opportunity.

“This will foster independence without encouraging division. It normalizes transition and it reverses the pull and drain of dependents who normally gain

power from the expectation that their demand to be included at their price and pace will always be satisfied" (pg 249).

4. Methodology

During the summer of 2009, 11 interviews were conducted with congregations from the Reform and Conservative movement. Through a set of open questions I tried to place these stories in the context of a theme and define if the congregation is “sick” and in need of healing. Some of the situations did not describe a sick congregation and therefore the healing process was not necessary, or a process of change was identified to solve the situation. The themes identified were mostly related to clergy and personnel or a natural disaster that led to a crisis, and are parenthetically notated as a diagnosis. (Please note: To protect their privacy, the names of temples have been changed.)

Here are some of the questions that were presented

1. Number of members
2. Professional Staff
3. How would you describe the functioning of your leadership?
4. How would you describe the relationship between your board and your clergy and professional staff?
5. How would you describe the mood/tone in your congregation?
6. Is your leadership responding to the main issues on your agenda?
7. What kind of "medicine" does the congregation need?
8. How are you involved in this process?

The stories were examined through three points of view: The Leadership role, Clergy role and the Executive Director’s role. At this time recovery methods will be suggested from the above theories of healing and ideas where the involvement of the executive director could have assist in the healing process.

5. Congregational Stories

a. The role of the leadership and the congregation

The leadership is key for leading the congregation forward and out of a crisis situation. The importance of the leadership in managing the crisis is vast. Temple Beit, (diagnosis: clergy and personnel related illness) has been experiencing difficulties for many years; the congregation was described as divided between two clergy members. This situation has been going on for a long period of time, the congregation has been described as being on the verge of a breakup and loss of members has been the trend. The leadership was struggling to manage this crisis. Temple Beit is a “sick” congregation. The Leadership is key to the healing in this situation. The narrative approach suggests focusing on the story of the congregation and on the language used. At Temple Beit, the language describes “mine” and “his” instead of “ours”. There is much “Lashon Hara”, this reflects the tone in the congregation and a change of the language used could very likely make a difference.

The family systems approach suggests that the functioning of any organization depends primarily on the people at the top. The success has to do with the leader’s capacity for self definition (Friedman, 1985). Since this interview the leadership at Temple Beit has brought a conflict resolution consultant from the Alban Institute and was working together to make change with the current clergy members remaining in place. Regarding family process, there has been intervention in two of the three family arenas. The consultant has worked with the rabbis to create more health in their relationship so that they can lead the congregational family in a healthier way. Regarding the board leadership, the consultant has worked with the board to have a healthier leadership process so they can also create more health in the congregational family.

At Temple Gimel, (diagnosis: a clergy and personnel related illness), there was strife between the congregation and their cantor. After several years of lack of leadership the congregation finally moved to not renew the cantor’s contract. A whole group of people

left in support of the cantor to begin a new congregation, which resulted in more families leaving. The long period of time described in this situation, the dire relationship between the clergy and the leadership and the loss of membership all lead to the conclusion that this congregation was sick. The relationship between the congregation and cantor was extremely problematic and the lack of leadership was an important factor in this crisis. The biological approach suggests understanding that the process of holistic healing requires an appreciation that each part of the system is significant to the well being of the entire congregation. Outside help was brought in from the URJ to conduct workshops. The commitment to healing involved all aspects of the congregation and in order to move forward, there was a need to see the recovery as a congregational process. It has been described that the congregation today is smaller but stronger.

In these two stories, the leadership was most important to the ending the crisis. At Temple Beit the continued lack of leadership has been an obstacle to fully resolving the crisis. At Temple Gimel, even with the threat of loss of membership, the leadership became stronger and as a result is much healthier now. The executive director should be involved in working together with the consultants and together with the leadership in building healthy relationships. The management skills of the ED should be helpful in this process.

Temple Hay (diagnosis: a clergy and personnel related illness). In this congregation the Rabbi had gone through a divorce and remarriage and was not focused on the job. Several private meetings took place with a selected group of long time members together with the current leadership to discuss the possible termination of the Rabbi. The Board lead the congregation to believe that the Rabbi decided to retire. At the same time, close friends of the Rabbi let it be known that she was forced into a “retiring agreement”. There was an atmosphere of loss of trust within the congregation. The congregation decided to hire a new rabbi, which served to create a different culture altogether. The new rabbi was presented as the choice of the search committee although there were no other candidates. As told by the Executive Director this was not a transparent process. This story can be

viewed from different perspectives. It was the opinion of the Executive Director that this was a sick congregation. The relationship between staff, clergy, leadership and congregation was highly compromised. Over the two years that this matter unfolded, the congregation stayed intact. There was no loss of membership. Looking at this story, we see the choice of the leadership to go through a culture change. This new rabbi is described as more attuned to the leadership who also signifies the wealth in this congregation. He has also brought with him some wealthy new members. The Narrative Approach describes a process of healing by changing the language and culture. The question remains, did this process heal the congregation? Or perhaps they are suffering now from a different sickness? The leadership was definitely the leader of the change in this situation.

Temple Vav (diagnosis: Clergy and personnel related illness) In this case a Jr. rabbi who became the senior rabbi was described soon after as being arrogant, ego centered and very much concerned with his well being. After 6 years of service, the Board decided not to renew his contract. A battle broke out between the rabbi and the leadership involving the congregation, CCAR, attorneys and resulted with the rabbi's leaving(sp), loss of membership and a scar in this congregation's history. In this case the leadership functioned very well and although the congregation lost 50 families the crisis did not become fatal illness. Health promoters offered by the biological approach come to mind in this case. Meaningfulness - Sense of purpose. The Board had a clear understanding of where they wanted to go and was willing to take up the challenge of terminating the rabbi. Manageability – It is clear in this story that the leadership had a sense of control and an influence on the course of events. Comprehensibility: The leadership was clear about the end results desired. It is also clear that the Jr. Rabbi in this case had not practiced the *Tzimtzum* model and had not practiced the covenant with the congregation that model suggests. The executive director in this case acted as the person holding the place together. It was the executive director who was able to manage the organization during this crisis mode and by doing that giving sense of stability that was so needed.

In these above stories it is clear that the leadership is the most dominant factor in the decision making process and is instrumental in leading the way to recovery. It was

interesting to find that of the congregations I interviewed, the most common crises encountered were clergy/staff issues. How should the executive director act in these situations? Several said that the best approach when there was a crisis that included clergy was to stay out of the mess and to keep neutral. If the executive director is perceived to taking sides they will be jeopardizing their position. It also seems that when external help is needed, the executive director should be treated as a partner and work with the leadership to rebuild a healthy culture. In some cases the clergy was actually instrumental in bringing the crisis to an end. This leads me to my next focus discussing the role of the Clergy in the process of healing.

b. The role of the Clergy

Obviously when a crisis does not involve the Rabbi, it is most natural to think that the leadership will come to the Rabbi for advice and support. Temple Dalet (Diagnosis: natural disaster related illness) had gone through a traumatic tragedy. In this story a long time preschool director was stricken with cancer. In order to keep the school functioning, a decision was made to hire an interim director. During this time the long time early childhood education (ECE) director was not allowed to come in so the new person could do her job. This resulted in much anger by the parents and by the sick ECE director. Three interim directors came in and out during this time until the passing of the sick director in February 2008. Both the president and executive director went to a psychologist for needed support. An extensive search for a new preschool director began. Then the president lost her mother. Within a month period, 3 other members of the board lost parents. The board came to a stand still for almost a year. The Biological approach suggests that any person or event stands in a relationship to something and the parts function as they do because of the presence of the other parts. All parts interface and affect each other. In this case the loss that the Board suffered affected its entire functioning capability. The process of healing had to consider all parts for healing. The rabbi took on the most significant role in healing the congregation. The rabbi made himself available to the preschool parents and the members. More people came to

services seeking a sense of community. He gave support to the Board and the staff. It is not clear if the executive director took on an active role once the board stopped functioning. Perhaps, the ED at this time should have stepped in to offer leadership needed to the functioning of the board, make sure that the meetings were happening and that the Board members who suffered from loss receive not only spiritual support but also management support. This congregation today is well functioning. Can we describe this congregation as ill? There was a process of healing that took time. On the other hand, the relationships between the clergy, staff and Leadership were very good. There was also no indication of loss of members. This leads me to consider Temple Dalet as a congregation who suffered from a trauma but was able to heal without becoming sick.

At Temple Yud (Diagnosis: long term financial difficulties related illness), a crisis was a result of demographic change in the Temple's area. It took close to 10 years to recover. During this time the congregation lost several hundred members. The congregation was unhappy with the long time rabbi. This information suggests that this congregation was sick. To resolve their problems they retired their long time rabbi and hired a young rabbi. The new Rabbi left after 3 years and an interim rabbi was brought in through the URJ. This rabbi was tasked to help the congregation consider its future. Three options were laid out to the Congregation – A planned contraction reducing services and budget, a merger or the sale of the old facility and a move to a more prominent location. This was the option the congregation chose. While the Board led this congregation in the process of purchase of new land and the work of building and moving, it was expected that the new rabbi would be the one to heal the congregation and draw in new members. The rabbi who helped with identifying the path stayed on. Members joined in anticipation of the move but with the economy crisis the congregation has not grown its numbers to where it used to be. It was said that the rabbi has not been successful with giving the spiritual leadership expected and below surface is a power struggle between the ED and the rabbi. The biological approach sees the change in the context of a system. Each part contributes to the overall well being. In this case the move had a huge impact but since the Clergy was not successful with creating the spiritual leadership needed there seems to be a piece missing in the healing of this system.

On a separate level if we see the Rabbi's leadership in the context of the family approach, it is the rabbi who needs to define his or her own goals and values. "The notion that self definition is a more important agent of change than expertise unifies our healing power which promotes our own health" (Friedman, page 2-3). What was the role of the executive director? Since the decision made by the congregation involved the move to a different location and rebuilding of a new facility the ED, over a long period of time was dealing with the physical well being of the congregation and was much involved in the move. It is not clear how well the professional staff worked as a team and what was the nature of partnership between the executive director and the leadership.

c. The role of the Executive Director

During a crisis the executive director is expected to keep the operation going. The ability of the executive director to stay neutral and not take a stand seems to serve best in the context of survival on the job and adds to the continuation of the congregation.

At Temple Dalet the executive director had an important role by giving support to the 3 interim preschool directors and support to the president. It was described that the Rabbi was the leader of the healing and the executive director was the healer of the operation. At Temple Gimel (Diagnosis: clergy and personnel related illness), the executive director arrived in the midst of the crisis. At first the executive director made some suggestions that were ignored. Most of the discussions were done during executive sessions of the board. Only the rabbi was invited. The ED made a point to stay out of the conversation and took a neutral position. The result appeared to be that the relationship, now post crisis, is described as good. At Temple Beit, the executive director made a point of staying neutral and this strategy seemed to have been the right approach. On the flip side of these two examples at Temple Zein (Diagnosis: personnel related illness), the executive director got heavily involved and at Temple Hay (Diagnosis: clergy and personnel related illness), the executive director had actually tried to stay neutral but was identified with the rabbi who got terminated. These two stories resulted in one case in a negative assessment by the Board and in the second case loss of job. Temple Zein, does

not seem to fall under the criteria of being sick. Although relationships between the executive director and the clergy and board were not good, it seems that the cause for that were the actions the executive director himself chose to take. The crisis went on for about 2 years and there was no loss of membership. In this story, the newly arrived executive director was told that an early childhood center will be opening. The appropriate work was not put in place. The program was launched with no business plan and no full time director. The new ED jumped in to save it a number of times. Later, he realized that he should have stepped back. When the crisis occurred, there was not the structure in place to support this new business center and the ED felt that he was really at the time the only professional in charge of this program. This situation affected the focus on his job. At a presentation to the board, the ED presented a formal proposal to close the center down and at the same time the Immediate Past President presented a proposal to stay open. This resulted in a battle between the ED and the most powerful people in the synagogue. As mentioned the ED received a negative assessment from the Board and is still working to restore the relationship. The ED privately decided to hire an executive coach to help him restore his position and relationships. The family systems approach can be used to understand the process of healing in this situation. It suggests that the overall health and functioning of any organization depends primarily on the people at the top. If those relationships with the leadership are not working, the organization's operation will suffer too. "What is rarely realized, however...is that the key to successful coaches is less a matter of how they "handle" the players than how they handle themselves" (Generation to Generation pg, 222). As mentioned above the executive director at Temple Hey was trying to stay neutral but after the new rabbi arrived was still identified with the old administration and did not get along with the new rabbi; this finally resulted in the termination of the executive director.

At Temple Cheit (Diagnosis: natural disaster related illness), the crisis left a fairly new executive director with the decision to rebuild after a huge fire broke out causing much damage to the synagogue. This crisis did not seem to have escalated to the congregation becoming ill since the staff, clergy and leadership were working well together. The process of rebuilding was a 2 year process and no loss of membership was recorded. The rebuilding process had actually some good results besides a beautiful remodeled building;

it seems that the executive director was able to gain much respect through this process and the relationship between the ED and the rabbi went from good to great.

There seems to be an interesting balance between getting involved and not getting too involved. Where is the line? There is no simple answer to that question. Each congregation has its own culture, narrative and personality. It seems that the ED needs to walk a narrow line of offering the expertise but not stepping on anyone's' toes.

9. Conclusions:

It was interesting to note that 8 out of the 11 interviews discussed issues and crises are related to clergy, professional staff and leadership. The remaining three describe natural disaster and demographic changes. This result is no surprise since in the nature of our organizations personalities play a most important role. The Clergy are the performers holding the leading role in the synagogue show and it is most common that conflicts will develop from these personalities.

In most cases, leadership was most instrumental in bringing a crisis to an end. In some cases the healing is a process the leadership is able to manage on their own but other times it was necessary to secure outside help either from the URJ, the Alban Institute or other external consulting firms. It is the leadership who represents the membership and "owns" the congregation. That sense of ownership is what gives the leadership the power to move forward and yet at some times the lack of leadership is what has proved to stall the healing process.

Since most of the sick congregations described were a result of Clergy and personnel issues, it was logical to find that the healing came from outside of this group and was not directly attributable to the Clergy. The exceptions are the Natural Disaster situations that really have not affected the congregation in the sense of being sick. In those cases the Clergy took a very active role in the healing of the congregation.

The Executive Director has a very interesting role in these situations. I would define the Executive Director's role as the "Navigator" or the glue that keeps it all together. Although he/she is involved in every aspect of the synagogue, it is more of a behind the scenes participation that is directly responsible for the smooth operation of the entire organization. When a crisis situation occurs, it is the executive director who is expected to keep the place running and make sure to stay out of the politics. There are many complex levels of involvement on the part of the Executive Director. The Executive Director manages, directs, delegates, oversees, monitors, and ameliorates facility management, leaders of the professional staff, committees and support staff, without forgetting the importance of the budget. Since the Executive Director is at the center of communication with clergy, staff, committee chairs and board of trustees it becomes crucial for this person to keep a neutral position and keep the organization operations running.

The work relationship between the Rabbi, President and the Executive Director is an interesting model that you do not see in almost any other field. As Dale Glasser, Lead Specialist for the URJ Congregational Consulting Group taught us, this model, "the three legged stool" sees the rabbi, president and executive director as integral partners in supporting the congregation and the three "legs" upon which the congregation stands. This relationship is special and involves much respect between all parts. At Temple Beit a different model is suggested. The Leadership team in this case offers a unique relationship between 3 clergy members, president and executive director and a shared responsibility in the management of the Temple. It is the *Tzimtzum* model that comes to mind to describe the healthy relationship between these three or more "legs" of the congregation. Each member of this leadership team needs to have the ability to step back when needed and offer room for the other part to contribute. In a perfect world these parts would have worked together to heal the congregation but in reality it is one of those parts that usually is the cause for the crisis. The role of the executive director is not about offering specific advice of what can be done in each crisis, but is more about working together with the different partners, listening to people, to the story and to the culture of the congregation. The executive director can expand the story of the congregation,

offering hopefulness as an element of healing, as well as a non-anxious presence that helps provide an environment for healing.

The latest financial crisis that synagogues too have been experiencing throughout the country and the effect this crisis has on the American Jewry and its organizations such as the Union for Reform Judaism suggests we will be witnessing more changes in these organizations. It is my belief that the role of the Executive Director in these troubled times would become more significant than ever. There is an opportunity for the Executive Director to take part in the restructuring of the synagogue as we know it today.

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Jewish text:

Pirke Avot 2.2

Pirke Avot 3.1

Pirke Avot 4.1

Joel 3:1

Babylonian Talmud, Shavuot 39.