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Attending to the Full Arc of Transformation

The Change Leader as Midwife and Hospice Worker

By Lindsey N. Godwin

Abstract:

Change leaders and Organization Development (OD) practitioners have long drawn upon the metaphor of birth to describe the work of ushering in new systems, ideas, and structures. Yet this metaphor is incomplete. Birth and death are not opposites but inherent companions, and any honest account of transformation must hold both. This article proposes that transformational change leadership requires two complementary yet seemingly antithetical roles: the midwife, who supports the emergence of what is new, and the hospice worker, who supports the passage of what is ending. Drawing upon scholarship from organizational change, palliative care, grief studies, and transformative learning theory, this piece offers a call to the field to expand both our repertoire of practice and our capacity for presence, to hold simultaneously the births and the deaths that define our current moment of systemic transformation.

Keywords: change leadership; organizational transitions; transformative change; hospice leadership; endings; adaptive leadership

“The work of the mature person is to carry grief in one hand and gratitude in the other and to be stretched large by them. How much sorrow can I hold? That’s how much gratitude I can give.”

—Francis Weller

A Field Full of Midwives

I have been in enough change leadership circles over the years to notice when a metaphor has genuinely taken hold within a community. Recently, whether in conference keynotes, late night conversations with colleagues, or community gatherings of Organization Development practitioners and change leaders, I keep hearing the same image return: we are midwives, helping to birth a new world into being. The image is vivid and deeply affirming of the work we do in the field of Organization Development (OD). Many of us feel

we are standing at the threshold of something genuinely new across our global community: new economic paradigms, new relationships between people and the natural world, new understandings of power, belonging, and what organizations are even for.

The birth metaphor captures something true about this moment. Birth is inherently relational as it cannot happen alone. It is messy, nonlinear, and intensely demanding of everyone present. Above all, it asks that we trust a process larger than any single intervention, that we tolerate uncertainty, manage our own anxiety, and remain present to what is unfolding rather than trying to direct it. These are the same capacities we work to cultivate as OD practitioners and change leaders.

Yet, something important is missing from this image.

Recently, at a professional gathering of change practitioners, a colleague described something that stopped the room. She had begun inviting actual hospice workers into her leadership development courses, not as a metaphor, but as teachers. These practitioners of what physician Ira Byock (2012) calls “the art of dying well” were coming to sit with emerging change leaders and teach them something the change management canon rarely addresses: how to be present with endings. How to resist the compulsion to fix, reframe, or accelerate. How to hold someone, or something, in the slow work of letting go.

The room got quiet, because most of us recognized a gap not just in our curricula but in ourselves.

While that moment rekindled something in me, the idea did not begin there. My grandfather and uncle were both Methodist ministers involved in hospice work as I grew up. Over the years, I watched them accompany our own family, and others, through loss with a quality of presence I have never forgotten. Long before I had language for it as a change practitioner, I understood from them that sitting with endings was its own form of sacred skill.

An Incomplete Metaphor

The birth metaphor, as it is commonly deployed in change management, carries a subtle distortion. It implies that our primary task is to usher in the new, and in doing so renders invisible the parallel process of what is simultaneously passing away. In the urgency and hope that attend our work, we can become so oriented toward the emerging future that we fail to adequately tend to the dying present.

There is a second, more subtle distortion worth naming. When we speak of midwifery primarily as a matter of skill and expertise, we inadvertently import a medicalized, Western framing onto what is a profoundly natural and ancient human practice. Women have been birthing babies, and other women have been accompanying them, across the entirety of human history, long before birth became a clinical event managed by professionals in institutions. The wisdom traditions of

those who attended births for centuries were not primarily technical. They were relational, intuitive, and deeply attuned to the rhythms of a process that did not need to be managed so much as witnessed and supported.

This matters enormously for what we are trying to name as change leaders. What the traditional midwife offers is presence within the process: the capacity to read what is happening and respond with attunement rather than intervention; to trust that what wants to emerge will emerge; to know when not to act. This is

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a far richer model for change leadership than the technical framing suggests, and it creates a more coherent pairing with hospice work than we might initially expect. Both roles ask the same fundamental thing of the practitioner: accompaniment over mastery, presence over control, a willingness to trust a natural process and remain fully, usefully there while it unfolds.

What, then, happens when we ignore the dying side of this equation? William Bridges, whose work on transitions has remained a touchstone for decades, insisted on a distinction that still gets underused: change is situational and external, but transition is the internal psychological process through which we navigate it. And crucially, transition does not begin with a new beginning; it begins with an ending (Bridges & Bridges, 2019). In his framework, the failure to acknowledge and honor endings is the single greatest reason organizational change efforts fail. We rush people toward the new without allowing adequate grieving of the old and then wonder why the new never quite takes root.

The midwife knows how to support arrival. The question our field has not adequately answered is who learns to support departure?

What Hospice Workers Know

Hospice care has developed, over decades, a sophisticated body of knowledge about how to be present with what is ending, knowledge that has unexpected relevance for change leaders.

At its foundation, hospice philosophy involves a reorientation of purpose. Where curative medicine is organized around fixing, hospice is organized around tending. That shift is not a retreat or a failure; it is a different kind of skilled practice entirely (Gawande, 2014). Edgar Schein (2016)

argued something similar about consulting: that the most useful thing a practitioner can sometimes do is resist the pull toward premature problem-solving and instead build genuine presence with the people and situation in front of them. Hospice workers have taken that capacity to its fullest expression. It requires the practitioner to set aside their own discomfort with mortality, to resist the reflexive impulse toward intervention, and to trust that bearing witness is a form of care.

Miller and Berger (2020), in their work on reimagining end-of-life care, describe the hospice worker’s fundamental stance as one of accompaniment: walking alongside without directing, caring without grasping, being present without needing to resolve anything. They write about the importance of creating what they call “good containers,” spaces safe enough for the full truth of what is happening to be present, neither rushed toward resolution nor defended against with false optimism. Anyone trained in OD will recognize those capacities. What hospice workers have done is develop them specifically in relation to endings, and that specificity is what we are often missing as change practitioners.

Joanna Macy, whose *Work That Reconnects* has become a touchstone in systems change circles, has long argued

that our collective inability to grieve is one of the primary obstacles to the transformational change we need (Macy & Brown, 2014). She writes about the necessity of “the work of unblocking,” allowing ourselves and the systems we serve to feel the magnitude of what is being lost, rather than bypassing it in the rush toward solutions and new beginnings. Without that unblocking, change work becomes brittle. It can generate momentum but not depth, movement but not transformation.

Otto Scharmer’s (2016) concept of presencing, the deep capacity to sense and bring forth emerging future possibilities, has a less-discussed counterpart he calls absencing: the systematic avoidance of reality that occurs when systems and individuals cannot face what is actually happening. Much of what we call “resistance to change” is, at its core, absencing in the presence of an unacknowledged ending. The midwife’s art of welcoming the new cannot succeed when absencing is driving the system. The hospice worker’s art of honest accompaniment is what makes presencing possible.

What Gives Life?

I have spent much of my professional life inside Appreciative Inquiry, as a scholar, a practitioner, and in my role as the Academic Director of the David L. Cooperrider Center for Appreciative Inquiry. So, I want to speak directly to something I anticipate some fellow Appreciative Inquiry practitioners might feel reading this piece: a quiet unease, a sense that turning toward death and dying sits uneasily alongside Appreciative Inquiry’s foundational commitments. I have felt that tension myself, and I no longer think it holds.

The core question of Appreciative Inquiry is: *What gives life to this system?* That question points not toward the bright and the new, but toward what is genuinely generative (Godwin, Stavros & Cooperrider, 2026; Bushe, 2007). Sometimes what is most generative is the honest recognition that something is ending.

I can speak to this personally. I lost my father recently, and in the weeks that

followed, what sustained me was not the people who tried to help me move through it or find the meaning in it. It was the ones who simply stayed and who didn’t need the moment to be anything other than what it was. Their presence, which was often unhurried and unafraid of the weight of my loss, was what I can only describe as life-giving.

That is an Appreciative Inquiry insight. Sometimes what gives life to a person, organization, or community moving through profound change is the grace and care with which others walk alongside them through loss. The question “what gives life?” sometimes points us directly into the tender work of ending and asks us whether we are skilled and present enough to do it well.

Expanding Our Range

At first glance, midwifery and hospice work sit at opposite ends of the spectrum of human experience. One orients toward life’s beginning and the other toward its end. One encourages and sustains, the other accepts and allows. How can a single practitioner hold both orientations, and how do they know which is called for?

I would argue that holding this tension is precisely what makes us better change leaders.

Attachment research tells us that the most secure base for new growth is not one that is perpetually encouraging, but one that can tolerate and hold the full range of experience, including loss and fear (Ainsworth et al., 1978). Organizations and communities in the midst of transformation need the same from us. They need change leaders who are genuinely comfortable with both arrival and departure, not just theoretically but in the body, in the nervous system, in the capacity to stay present when things get hard.

This is why my colleague’s instinct to bring hospice workers into the classroom is not eccentric. She is not asking future change leaders to become grief counselors. She is asking them to develop the capacity for presence in the face of ending that underlies everything else we teach. You cannot help an organization mourn what it

must release if you yourself cannot sit in a room with mortality.

Perhaps the most underappreciated skill for the change leader who holds both orientations is diagnostic discernment: knowing, in any given moment, whether what is called for is midwifery or hospice work, and having the humility to accept that the answer may not be what either the client or the practitioner prefers. Not everything that is struggling to survive should be resuscitated. Not everything that appears to be dying is beyond renewal. The change leader who can sit with that uncertainty, who resists the pull to categorize prematurely, provides something rare and genuinely useful.

We also need to develop what might be called grief literacy, the capacity to recognize, name, and work with the emotional reality of endings, as a professional competency rather than merely a personal virtue. Elisabeth Kübler-Ross, whose foundational work on grief (1969) has shaped decades of thinking about loss, was not primarily theorizing about individual bereavement. She was describing the phenomenology of any encounter with ending. Organizations navigating the loss of familiar structures, identities, or ways of working move through recognizably similar territory, and the change leaders accompanying them need to know that terrain. The field that has built such fluency in the language of possibility owes it to itself to become equally fluent in the language of loss. Generative wholeness requires both languages.

There is also the matter of ritual. Cultures across human history have developed ceremony for both births and deaths, because threshold moments require more than procedural management; they require collective meaning-making. Change practitioners have drawn on this wisdom for emergence: summits, visioning processes, celebrations of new beginnings. We have almost no equivalent practices for organizational endings. Heifetz and colleagues (2009) have noted that the absence of such rituals leaves organizational systems haunted by their ungrieved histories. What would it look like to create a ceremony that genuinely honors what a department, a strategy, a founding philosophy, or a way

of working has given, before it is let go? That question deserves serious attention in our field.

Finally, there is the personal work. My colleague's hospice workers are not only teaching leadership students about organizational change. They are inviting them to reckon with their own mortality as a foundation for their practice. The change leader who has not grappled with their own relationship to endings will inevitably project their unresolved material onto the systems they serve. The midwife who is terrified of death cannot be fully present at a birth that also, always, carries risk. The change leader who has not done this integration cannot reliably hold the full arc of transformation for others.

A Call to the Field

We are living through a time of profound threshold-crossing, when the scale of what is both emerging and dying around us is genuinely extraordinary. Climate systems, economic arrangements, social contracts, geopolitical orders, technological paradigms: all are in various stages of simultaneous birth and death. The change leaders, OD practitioners, and community builders reading this are among those tasked with accompanying human beings and human systems through that crossing.

That task is larger than midwifery alone, as magnificent as that work is. It requires us to be comfortable not only with the mess and miracle of birth, but with the gravity and grace of dying. It requires us to develop in ourselves, and in our clients, our communities, and our students, the capacity to remain present and useful across the entire arc of transformation.

Margaret Wheatley (2006) described a leader as anyone willing to help, anyone who sees something that needs to change and takes the first steps to influence that situation. Today I would add: a change leader is also anyone willing to stay, to remain present not only for the exhilarating work of ushering in the new, but for the quiet, essential, profoundly human work of tending to the old as it passes.

Right now, the world is asking for both.

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She spent fifteen years at Champlain College holding the Robert P. Stiller Endowed Chair of Management and building the David L. Cooper-rider Center for Appreciative Inquiry into a global hub for the field, before returning to her alma mater as Professor of Organizational Behavior at the Weatherhead School of Management, Case Western Reserve University. Her work has taken her into rooms with the United Nations, Ben & Jerry's, and organizational leadership teams across six continents. Her article "Earthshot OD" was named one of the most impactful contributions to Organization Development; she serves on the editorial team of the *AI Practitioner Journal*, and she hosts the podcast *Inspiring Impacts*, which highlights stories of Appreciative Inquiry in action around the world.

She's also the co-author of *Ditch the Ditty: Doing What Matters Instead of Doing It All*, a #1 Amazon New Release that takes on the myth that doing more is doing better. She writes regularly for *Psychology Today* and somehow still finds time to write children's books about the power of asking good questions. Learn more at lindseygodwin.com, connect with her on LinkedIn (www.linkedin.com/in/drlindseygodwin/), or reach her at Lindsey.Godwin@case.edu.

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