

## CONQUERING THE CUTBACK SYNDROME

“We simply have too many churches in this small town,” declared a respected lay leader, Tom McClain, in a long-range planning meeting. “And three are from the same denomination as our church! It makes perfect sense to merge our congregation with the West Main Street Church. And if our other two denominational churches merge, our community would then have two strong congregations. I think two healthy churches better represents our denomination than four struggling congregations.”

Although Tom’s conclusion seems logical, his approach reveals a textbook example of the cutback syndrome. Across the United States, church leaders use this common planning strategy to “fix” perceived problems and challenges. Other familiar examples in the syndrome include arguments to merge church school classes, reduce the number of worship services, or merge youth groups (typically the junior high or middle school group with the high school group). More than 1,300 congregations annually take the more extreme action of merging with another church. Finally, the ultimate cutback option involves closing the church doors permanently—a choice made by more than 3,500 churches annually.

### What Is the Cutback Syndrome?

A syndrome that affects an organization involves a characteristic combination of opinions (thoughts), emotions (feelings), or behavior (actions). In church life, the cutback syndrome reflects the human temptation to over-simplify when complex problems arise. As *feelings* of fear around these problems codify, leaders and members want to find a way to make a situation easier to understand, and the primary *thought* is to solve it with simple solutions. Generally, this prompts leaders to make arguments that place a premium on efficiency and economy. The proposed *actions* take aim at eliminating what appears to be unnecessary, redundant, or inefficient organizational features or groups in the church.

The tragic consequence of the syndrome is how it accelerates downward momentum rather than stabi-

lizing the church or reversing decline. Imagine what happens when you pull the plug on a sink full of water. As the water rushes down the drain, you can see a circular motion similar to a small tornado that gradually pulls any remaining water down with it. Some planners describe a project or effort on the brink of failure as “circling the drain.” Because cuts produce a downward force that creates even more momentum, the result is less positive impact and greater negative impact with each new cut.<sup>1</sup>

### What Creates the Cutback Syndrome?

Sources within the church and larger social trends push congregations into the syndrome. Six causes form the foundation:<sup>2</sup>

1. Members and leaders sense a gap between their perceived ideal and what appears to be a far less efficient reality in church life. The cultural ideal of “bigger is better” affects church models as well. Any congregation or group diminishing in size finds the ideal/reality discrepancy discouraging, which draws them into the syndrome. Another related dimension of the “bigger is better” ideal



PASTOR DOUG TENDED TO IGNORE THE WARNING SIGNS.

is the idea of a community “monopoly” (reflected in Tom’s argument). Leaders believe reducing the number of choices strengthens the remaining options.

2. Whether it concerns ministry, programs, outreach, church growth, or problem-solving, leaders make false assumptions. They assume that the best approach will be logical, rational, functional, efficient, or economical. However, in congregations, most people think, feel, and act in terms of relationships. Personal histories—many formed over a long period—are intertwined with the histories of other members and are cemented at the place where their friendships formed: the church itself. Evaluating results by relationships leads to a different perspective and metric.

3. Many churches exhibit a strong orientation toward the past and feel the urge to recreate that past. Cutting back on redundancies and inefficiencies (particularly *new* positions in the church or *new* missions and programs) to recreate that past shows a clear misunderstanding of the true issues facing a congregation.

4. Most churches value unity and avoid conflict. Although this value is understandable, the dark side of unity is conformity. One way to simplify a complex situation is to create greater homogeneity in thought, feelings, and actions among members. Rarely do members hold this conformity belief consciously, but unconscious beliefs can go a long way in feeding the syndrome.

5. Another notion that creates the cutback syndrome is that a narrower focus means “easier to manage.” The thinking goes that if we can reduce the scope of the subject somehow, we can more easily deal with the problem.

6. When many members feel pessimistic about the church’s future, conditions are ripe for the syndrome to emerge. Pessimism spreads like a virus and infects all planning strategies.

### Is There a Cure?

First, the congregation must be willing to identify the syndrome’s presence. Once this pattern is named and acknowledged, then leaders find it easier to combat the ways it has affected planning and decision-making.

Second, the congregation must recognize the necessity of change for future viability and growth. Looking toward the future with optimism means affirming change no matter how uncomfortable it seems. Affirming change requires openness to new potential alternatives that in the past were not out in the open or were unthinkable.

Third, a congregation must stop placing a premium on economy, simplicity, functionalism, efficiency, and

conformity. Instead, pursue alternatives that maximize choices for members and the community, which affirms the values of diversity and pluralism. Develop strategies that maximize ministry to and with people, rather than preserving real estate.

Fourth, a congregation must change their approach to planning. The focus should shift to possibilities rather than problems. Leaders can evaluate decisions and policies by asking: does our current model accomplish the church’s mission? Will our actions move us forward in mission? Is our ministry here worth the changes needed? Are we willing to finish the job no matter how long it takes?

As is the case with most syndromes, the presenting traits fall along a spectrum of mild to most severe. One factor—church stability—plays a key role. Is the church stable, experiencing gradual decline, or desperate? Intervention is possible, but fast action is required if the congregation is desperate. These signs indicate how quickly leaders need to act:

- has fewer than 50 worshipers;
- 25 or fewer giving households or people;
- fewer than one lay leader for every ten worshipers;
- the average membership tenure exceeds 10 years;
- the average age of a member vs. community residents’ average age exceeds 10 years; and
- the racial/ethnic or income status of members differs significantly from people in the community.<sup>3</sup>

Rapid response is needed if the congregation exhibits four or more of these signs.

### The Silent Killer

“There are no hopeless situations; there are only people who have grown hopeless about them.”<sup>4</sup>

Many diseases—hypertension, colon cancer, and diabetes—disguise their warning signs. The absence of symptoms or subtle symptoms means that, as time passes, the disease progresses and becomes a “silent killer.” What are the warning signs in church life that we ignore or do not see? For many congregations, a lack of hope is the silent killer. Do you agree with this assertion?

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1. Gary L. McIntosh, *There’s Hope for Your Church: First Steps to Restoring Health and Growth* (Grand Rapids, MI: Baker Books, 2012), 42.

2. Lyle Schaller, “The Cutback Syndrome,” *The Parish Paper*, Volume 8, Number 2 (1978).

3. McIntosh, 48-52.

4. Quote of Clare Booth Luce, McIntosh, 17.