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Charismatic leadership in resistance to change

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ABSTRACT

In Weber's writing and in leadership theory, charismatic leadership is associated with social change. However, the importance and desirability of charismatic leaders in change processes can be questioned, as well as the notion that charismatic leaders are invariably proponents of change. There are documented cases of charismatic leaders in religious and political contexts who have opposed ongoing change and proposed restoring tradition. This paper reports on two historical, qualitative case studies of charismatic leadership in an organizational setting, studies that demonstrate that charismatic leadership can also act in resistance to change and in defense of the status quo. The analysis indicates that the influence processes involved are basically the same as in charismatic leadership in general. It suggests that impending change can challenge the interests and values of established groups and thus create a crisis that stimulates the formation of charisma in opposition to change.

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1. Introduction

Charismatic leadership is generally associated with social change and renewal. In Weber's original formulation, pure charismatic authority typically arises in times of crisis, disrupting both tradition and rational rule. It changes followers from within by shaping their attitudes according to the leader's revealed ideas, and it is "indeed the specifically creative revolutionary force of history" (Weber, 1922/1968, p. 1117). In contemporary leadership theory, charismatic leaders are highlighted as pre-eminent agents of organizational change (Beyer, 1999a; Conger & Kanungo, 1998; Fiol, Harris & House, 1999; House, 1977; Ladkin, 2006; Seyranian & Bligh, 2008; Shamir & Howell, 1999; Waldman & Javidan, 2002). Research on charisma in organizational settings often focuses on leaders who found new organizations (e.g., Kärreman, Alvesson & Wenglén, 2006; Weed, 1993) or transform organizations in crisis (e.g., Beyer & Browning, 1999; Roberts & Bradley, 1988).

This paper questions the notion that charismatic leaders are intrinsically drivers of change. The purpose is to explore whether, and if so, how, charismatic leadership can also act in opposition to change. Applying a Weberian definition of charisma, informed by organizational leadership research (Conger & Kanungo, 1998; Biggart & Hamilton, 1987; Bryman, 1992) and recent sociological critique (Joas, 1996), it presents and analyzes two cases of organizational leadership with charismatic qualities in which leaders and followers actually opposed upcoming change and made efforts to preserve the status quo. Based on the cases, the underlying social processes and the implications for leadership theory are discussed. Finally, the paper outlines how these implications can be further tested empirically.

Given the present purpose, two theoretical aspects are particularly important. First, to investigate whether the cases presented really are cases of charisma, charismatic leadership must be carefully defined and characterized. Second, to explore the connection between charismatic leadership and social change, established conceptions of charisma and change need to be examined. Both aspects are critically expounded on in the next two sections, focusing on Weber's concepts and on organizational leadership theory of Weberian inspiration.

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2. Charismatic leadership defined and characterized

2.1. Defining elements

In line with Weber (1922/1968), leadership is defined as charismatic when people follow someone because he or she is "considered extraordinary and treated as endowed with supernatural, superhuman, or at least specifically exceptional powers or qualities" (p. 241). "Considered" is a key word: the essential point is not whether the leader really is an extraordinary person or actually possesses any exceptional powers or qualities, but whether the followers are convinced this is the case, and feel compelled to follow (pp. 241–242). This corresponds to Bryman's (1992) "working definition" of charismatic leadership, intended for analysis of charisma in organizations, identifying it as a relationship between leader and followers "in which, by virtue of both the extraordinary qualities that followers attribute to the leader and the latter's mission, the charismatic leader is regarded by his or her followers with a mixture of reverence, unflinching dedication and awe" (p. 41). It is also compatible with Conger and Kanungo's (1998) assertion that charisma is "an attribution based on followers' perceptions of their leader's behavior" (p. 47).

According to Weber (1922/1968, pp. 212–301), charisma is one of three main types of legitimate authority. The other two are *traditional authority*, resting on belief in the sanctity of tradition and age-old rules, exemplified by rulers such as elders, kings, or established religious leaders, and *legal–rational authority*, resting on belief in the legality of enacted rules, typical of modern bureaucracies (e.g., corporations and public agencies) with their hierarchies of formally defined positions and office-holders appointed by merit. In its pure form, *charismatic authority* (pp. 241–254, 1111–1157) occurs in extraordinary times and situations, when an aspiring leader with a mission—such as a prophet, warrior, artist, philosopher, or scientific innovator—attracts a group of followers who become bound to him and his mission by personal devotion and loyalty. This is an unstable social form; no formal organization is created, only a close-knit community of disciples governed by fiat of the leader, whose charisma endures only as long as he can prove it by new miracles or heroic deeds, and as long as his mission brings well-being to the followers. If charisma is to endure in a stable manner, it must be routinized, i.e., transformed into more legal–rational or traditional structures: "The charismatic following of a war leader may be transformed into a state, the charismatic community of a prophet, artist, philosopher, ethical or scientific innovator may become a church, sect, academy or school" (p. 1121).

It should be noted that charisma is an ideal type, i.e., a concept formulated, for the sake of analysis, in the most sharply delineated form, which is usually not found in historical cases (Weber, 1922/1968, p. 216). In reality, the three types of authority can appear together in various combinations, such as a bureaucratized political party led by a charismatic politician (pp. 262–266, 1132–1133). So, even if ideal–typical charisma can hardly exist in rational–formal organizations, since it is intrinsically alien to everyday economic considerations (pp. 244–245, 1113–1114), mixed forms of leadership influence based on charismatic processes, legal-rational positions, and/or traditions can emerge in ordinary organizational life (Biggart & Hamilton, 1987).

In this paper, charismatic leadership is not considered primarily in its pure form, but rather as it may occur when a manager or informal leader in an organization gains a dedicated following, not only because of formal position, but because he or she is seen as an extraordinary, especially gifted, and inspired person. In this regard, the present approach differs from Trice and Beyer's (1986) Weberian model of charisma, according to which the concept should be reserved only for those relatively rare cases when all the following elements are present: an extraordinarily gifted person, a social crisis, a leader's vision that is radical and novel, a set of followers attracted to the leader and convinced of his or her exceptionality and connection to higher powers, and the validation of the leader's extraordinary gifts by repeated success. In addition to problematizing Weber's view of genuine charisma as a break with the past, this paper is guided by an understanding of Weber's writing that differs from Trice and Beyer's. As mentioned, the actual personality of the leader—whether or not he or she is actually extraordinarily gifted—is not a relevant criterion of charisma (Weber, 1922/1968, pp. 241–242). In particular, charisma should not be treated as a sharply delineated, either/or concept, but as an ideal type that is meaningful in its various empirical manifestations, including mixed forms (p. 216). Yet, this paper is sympathetic to Trice and Beyer's sociological thrust, and to Beyer's (1999a,b) emphasis on the importance of the wider social context of leadership.

2.2. Typical features and perceived leader behaviors

In addition to this core definition and understanding of charisma, we will also take into account Bryman's (1992) model of the social formation of charisma and Conger and Kanungo's (1998) model of the perceived behaviors of charismatic leaders, both of which identify a number of phenomena typically but not necessarily associated with charismatic leadership, particularly in organizational contexts. Bryman (1992, pp. 56–68) underlines that charisma is brought into being by the activities of both leader and followers, and especially by the inner group of particularly dedicated devotees. An aspiring leader may gain initial recognition by displaying acts and sayings that correspond to the relevant culture-specific model of outstanding leadership, particularly if the leader's mission has situational relevance to potential followers. Initially, a small group of followers may help spread the message and promote an appropriate leader image, acting as a bridge to a wider following. In this process of charisma formation, Bryman identifies a number of characteristic though not necessary elements, starting with powerful leader oratory (including deliberate rhetorical devices, such as use of metaphors), carefully premeditated gestures, eye contact, and stage-managed audience reaction. Another element, in which both leaders and close followers take part, is creating legends and myths illustrating central points in the projected persona of the leader, for example, special abilities since childhood, or decisive moments of insight and revelation. Creating innovation and success is also a typical element, which will be treated in more detail in the following section. Bryman

emphasizes that there is a strong manufactured component in all instances of charismatic leadership, to the point where charismatization of the leader may not take off seriously until after his or her death.

In Conger and Kanungo's (1998) model, all leadership is about moving organizational members from an existing to a future state, and charismatic leaders are distinguished by their ability to identify deficiencies in the status quo, formulate and communicate a vision that marks a clear departure from the status quo, and achieve their vision through personal influence and unconventional means that allow them to transcend the existing order. Such tendencies to equate charisma with social change are questioned in this article and discussed critically in the next section, but the model provides useful indications of perceived leader behaviors that typically induce charismatic attributions. Leaders are more likely to be considered exceptional if they are perceived to have an appealing vision and to engage in unconventional behavior and personal risk taking. According to Conger and Kanungo (1998, p. 94), the main perceived behaviors are as follows, with those directly connected to change agency in parentheses, since that presumed component of charisma is under scrutiny in this paper:

- *Strategic vision and articulation*—provides inspiring strategic and organizational goals; is inspirational, able to motivate by effectively articulating the importance of what organizational members are doing; is an exciting public speaker; has vision (consistently generates new ideas for the future of the organization; often brings up ideas about future possibilities; is entrepreneurial, seizes new opportunities in order to achieve goals; readily recognizes new environmental opportunities that may facilitate achievement of organizational objectives).
- *Personal risk*—takes high personal risks for the sake of the organization; often incurs high personal cost for the good of the organization; in pursuing organizational objectives, engages in activities involving considerable personal risk.
- *Unconventional behavior*—engages in unconventional behavior in order to achieve organizational goals; uses nontraditional means to achieve organizational goals; often exhibits unique behavior that surprises other members of the organization.

Two sets of perceived behaviors described by Conger and Kanungo (1998, p. 94) are excluded here, since they are specifically characteristic of virtuous and effective charismatic leadership rather than of charismatic leadership in general, which is the subject of this study. One is "sensitivity to member needs," the other is "sensitivity to the environment," the opposites of which are among the potential liabilities of charismatic leadership, the "shadow side of charisma" (pp. 211–239).

Central elements of Weber's, Bryman's, and Conger and Kanungo's models have been further investigated in recent research and confirmed, theoretically and empirically, as vital to charismatic leadership. This applies to the important role of followers in enabling charisma (Howell & Shamir, 2005) and to the charisma-inducing effects of crises (Bligh, Kohles & Meindl, 2004; Merolla, Ramos & Zechmeister, 2007), powerful oratory and rhetorical devices (Awamleh & Gardner, 1999; Mio, Riggio, Levin & Reese, 2005), and leader self-sacrifice (Choi & Mai-Dalton, 1999; Halverson, Holladay, Kazama & Quiñones, 2004).

3. Charismatic leadership and change

3.1. Established notions of charismatic leaders as change agents

According to Weber's (1922/1968) theory, pure charisma is clearly a powerful source of social change. Unbound by traditional or rational norms, the charismatically legitimized leader typically repudiates the past and presents new obligations, out of revelation, inspiration, or his own will (pp. 243–244). The leader's mission is not always and necessarily revolutionary, but in its most charismatic forms, it overthrows custom, law, and tradition (p. 1117). Particularly in traditionalist societies, charisma is the great revolutionary force: it has the potential to transform people from within, radically reorienting their central attitudes and directions of action (p. 245).

This notion of charismatic leadership as a force for change appears to be embraced by most leadership researchers interested in charisma (e.g., Beyer, 1999a; Conger & Kanungo, 1998; Fiol et al., 1999; House, 1977; Ladkin, 2006; Seyranian & Bligh, 2008; Shamir & Howell, 1999; Waldman & Javidan, 2002). The prospect of organizational change may in fact account for the surge of interest in charismatic leadership in the 1980s and 1990s (Conger, 1999). As noted above, Bryman (1992) includes innovation as an important element in the social formation of charisma; whether followers are offered a new social and political order, a new set of values, or a better future, the charismatic leader is typically "innovative, promising profound change and often offering novel ways of going about effecting change" (p. 63). As we have seen, Trice and Beyer (1986) and Conger and Kanungo (1998) actually incorporate radical change into the very definition of charismatic leadership, the latter stating that "charismatic leaders are always seen as organizational reformers or entrepreneurs. In other words, they act as agents of innovative and radical change" (p. 53). This basic idea of charisma and change has been elaborated in different ways. For example, it has been proposed that charismatic leaders achieve social change by using rhetorical devices to break down, move, and realign followers' norms and attitudes (Fiol et al., 1999; Seyranian & Bligh, 2008). It has also been suggested that by considering charisma as a sublime aesthetic encounter, we may better understand how charismatic leaders enable followers to engage in previously unimagined inter-relationships and identities (Ladkin, 2006).

3.2. Problems with charismatic leaders as constant change agents

The close identification between charisma and change can be challenged in two main ways. First, the importance and desirability of charismatic leaders in social change processes can be questioned. At a most fundamental level, sociologist Joas (1996, pp. 34–49) criticizes Weber's underlying action theory for implicitly favoring a limited rational model of action and for

relegating creative action to the residual category of charisma, which is left to include such disparate phenomena as charismatic leadership, magic beliefs, and ecstasy. Instead, inspired by philosophical pragmatism, Joas develops a theory of human action as inherently creative. He specifically questions the concept of charismatic leaders as major catalysts of change in society. He traces Weber's picture of the charismatic leader to Nietzsche's theory of personality and its celebration of elitist individuals who break with both traditions and rational norms, causing upheaval of all values. In contrast, Joas posits a different model of change leadership, inspired by classical American thought, in which important personalities "are instead seen as innovators who creatively articulate a collectively preformed meaning" (1996, p. 48). In this view, the innovative individualist is indeed the first to rise above old norms, but he or she must also convince others using arguments, and the collective is seen as able to reflect on its own convictions and as free to reject or embrace the new notions proposed by the leader.

It might be claimed that the figure of the charismatic leader in contemporary leadership research, with its focus on persuasive abilities and powerful oratory (e.g., Bryman, 1992; Fiol et al., 1999; Mio et al., 2005), comes closer to Joas' ideal than to Nietzsche's. However, as long as the emphasis on the charismatic leader's perceived extraordinariness and dedicated followers is retained, the elevation of such leaders as exemplary change agents remains problematic. Actually, much recent leadership research is critical of heroic leadership concepts and more interested in various types of distributed leadership (Parry & Bryman, 2006). One "post-charismatic" leadership theory that resonates well with Joas' approach is the pragmatic leadership model (Mumford, Antes, Caughron & Friedrich, 2008; Mumford & Van Doorn, 2001), which outlines how leaders can effect constructive change without charismatic influence processes.

It should also be noted that the notion that leaders—charismatic or not—play a crucial role in organizational change processes is not generally accepted in the wider field of organizational research (Parry & Bryman, 2006, p. 464). Even when leaders are accorded a potentially significant role, the most convincing organizational approaches are concerned with the complex interplay between perceptions, intentions, actions, and structures, rather than any preconceived assumption about the impact of individual leaders (e.g., Fanelli & Misangyi, 2006; Greenwood & Hinings, 1996; Kimberly, 1987; Pettigrew, 1987).

Second, it can be questioned whether charismatic leaders are invariably proponents of radical change. According to Jermier (1993), neo-Weberian leadership theorists have noted that charismatic leaders can have quite modest, non-revolutionary messages, not least in business contexts, in which sustained charisma combined with a mundane message is not uncommon. Without abandoning the notion of charisma as a source of change, these theorists "recognize that leaders in all walks of life can experience charismatic episodes and relationships" (p. 223). Depending on the situation and the leader's persuasive success, followers may prefer a modest message with less risk and more hope for small wins, or transform an ordinary message into a transcendent call.

3.3. Charismatic leaders defending tradition

There are also documented cases of charismatic leaders with spectacular messages who have actually opposed ongoing or impending change in defense of tradition. One example is Iranian revolutionary leader Ayatollah Khomeini, divinely gifted in the eyes of his followers and generally counted as a charismatic leader by social scientists (e.g., Arjomand, 2002; Bass, 1990, p. 187; Bryman, 1992, p. 42). Yet, Khomeini's declared mission was to restore a traditional, Islamic order, and his leadership was based on legitimizing principles derived from tradition (Biggart & Hamilton, 1987, p. 434). Another example is Rabbi Joel Teitelbaum, a much renowned Rebbe, i.e., religious leader and holy man in Hasidic Judaism. Following the horrors of the Holocaust, his devoted followers among exiled survivors in the neighborhoods of Brooklyn, New York, were inspired by his staunch resistance to the currents of modern society and determined to preserve their customary way of life (Mintz, 1992; Ravitzky, 1996).

In his treatment of innovation as an element of the social formation of charisma, Bryman (1992, pp. 64–65) has an interesting discussion of this type of leader. He points out the possibility that the charismatic leader may indeed be an innovator or revolutionary, but that the change he or she proposes may include the revival of traditions, resulting in a mixed type of leadership that is difficult to classify. In addition to Khomeini, Bryman describes several charismatic leaders leaning on tradition. He refers to Wallis and Bruce's (1986) analysis of Northern Ireland Protestant loyalist politician Ian Paisley, who displayed many of the attributes of charismatic leaders, but also an identity, style, and message that drew on the traditional past of Ulster Protestant society. However, Wallis and Bruce find that Paisley was not really an ideal–typical charismatic leader, since he was too constrained by tradition. It is clear from Bryman's discussion that even if these charismatic–traditional leaders resist change, they actually drive another kind of change, i.e., a return to tradition, which may imply radical social transformation, as exemplified by Khomeini's Iranian revolution, or more tranquil innovation, such as the community institutions established by Rabbi Teitelbaum's Hasidic settlement in the new country (Mintz, 1992). In any case, these mixed-type leaders indicate that the relationship between charisma and change may be more complicated than is generally recognized in leadership research.

3.4. The possibility of charismatic leadership in defense of the status quo

It is also conceivable that charismatic leaders may oppose change, not by advocating a return to a previous state, which is a kind of change in itself, but by defending the present state, which would be a clearer opposite to change agency. This possibility is briefly touched on by Wallis and Bruce (1986), when they note that innovation can be part of a charismatic leader's vision and a potential consequence of it, but not part of the definition of charismatic authority, since that concept refers to the source of legitimacy, i.e., what legitimates the leader's mission, and not the mission itself. "Restoration of a lost golden age, or even—in times of severe crisis and threat—preservation of existing institutions, must be empirical possibilities for the charismatic leader" (p. 96).

This possibility is also mentioned in passing by Greenwood and Hinings (1996) in their examination of organizational change from a neo-institutional perspective. They claim that change can be blocked by resistance from a dominant coalition with a concentrated power structure and/or "an active, transformational leadership that continuously reaffirms the importance, efficiency, and effectiveness of the current archetype" (p. 1046), archetype referring to the interpretive scheme underpinning the organization's structural configuration.

The "ideological leadership" model of vision-based outstanding leadership developed by Mumford and colleagues (Mumford & Strange, 2002; Mumford et al., 2008; Strange & Mumford, 2002) in some regards appears to encompass the possibility of charismatic change resistance. Ideological leadership, which is an alternative to or subcategory of charismatic leadership, is characterized by the leader's emphasis on extant values and standards, in contrast to the typical charismatic leader's emphasis on change requirements and followers' needs. Yet, according to the model, even ideological leaders must articulate a better future and induce institutional change (Strange & Mumford, 2002, p. 347), which seems to exclude charismatic leaders who strive to preserve current conditions.

3.5. Research objective

To summarize, in the previous research literature, charisma is closely associated with change agency, which is sometimes even seen as a defining property of charismatic leadership. Some scholars have discussed a mixed type of charismatic–traditional leader who opposes change and advocates a return to tradition, which actually involves another kind of change. However, the possibility of charismatic leaders resisting change and defending the present state has only been briefly mentioned. So, it remains to be seen whether charismatic leaders and their followers can engage in actual change resistance, in defense of existing social structures. The purpose of the present paper is to explore this possibility in an organizational context. It seeks to investigate whether charismatic leadership in resistance to change and in favor of the status quo can actually occur in formal work organizations and, in that case, to analyze the characteristics and implications of such leadership.

4. Method

4.1. Design and methodological approach

The cases presented here concern the leadership of two department managers at a Scandinavian university hospital. The cases were uncovered during an historical case study of medical specialization and physician leadership (Levay, 2003). The previous study covered several consecutive cases of formal leadership that were described in terms of the leaders' different position-based, person-based (Biggart & Hamilton, 1987), and professions-based (Freidson, 1994) leadership strategies and relationships, and the degree to which they had an impact on organizational structure and culture. Two cases displayed characteristics of charismatic leadership, and those are the ones presented here. The managers in focus occupied their formal positions during the 1946–1968 and 1957–1978 periods, but as we shall see, their influence was still noticeable decades later.

The two case studies were guided by an historical–sociological approach that highlights the importance of studying social phenomena over time, allowing the investigation of causal relationships and of the complex interplay between human action and social structure (Abrams, 1982). In the context of organizations, this means close study of individual organizations as they evolve over time, from their establishment, and through critical events, external and internal pressures, and the actions of central people. This historical case study approach to organizations has been developed by Kimberly (1987; Kimberly & Rottman, 1987) in his "biographical" approach and by Pettigrew (1987, 1990) in his longitudinal methodology. The approach relies on the analysis of several different types of empirical material, which allows for data triangulation. Systematic attention to the interaction of structures, interpretations, and actors' intentions permits balanced judgments of the role of individual decision-makers, which is especially important in studies of leadership, since it is easy to overemphasize leaders' impact (Meindl, Ehrlich & Dukerich, 1985; Pfeffer, 1977). The sometimes conflicting renditions of events left by different interviewees are considered interesting objects of study in themselves, since they offer potential keys to the differing perceptions, motivations, and meanings that have played a role in organizational processes (Kimberly, 1987).

The case studies were designed to generate descriptions of the specifics of each case. The descriptions served the purposes of both systematic comparison with existing theory of charismatic leadership and change, in line with the case study approach outlined by Yin (2003), and the discovery of unanticipated patterns that may not have been covered in previous theory, in line with a more inductive, qualitative approach (Coffey & Atkinson, 1996; Eisenhardt, 1989; Maxwell, 2005; Taylor & Bogdan, 1984). These aims were mediated by the historical case study approach and the analysis of organizational development over time (Kimberly, 1987; Pettigrew, 1987, 1990). So, the collection and analysis of data in each case aimed at drawing up and verifying an historical account of events, at covering the main elements of charismatic leadership theory, and at exploring the unique features of leadership and change in each case. While this design is more structured by previous theory than grounded theory research is (Glaser & Strauss, 1967; Hood, 2007; Stern, 2007), this study made use of some techniques for data collection and analysis developed in the grounded theory tradition, especially memo writing, coding of empirical data, theoretical sampling, and moving back and forth between empirical data and emerging analysis (Bryant & Charmaz, 2007; Glaser & Strauss, 1967; Holton, 2007; Stern, 2007). One theme that emerged from the historical description in both cases was the significance of medical specialization (cf. Bucher, 1962, 1988; Halpern, 1988), the emergence of which was a major organizational structural and cultural change to which leaders related in various ways, either driving or opposing new developments in their respective medical specialties.

Single or double case studies provide limited bases for generalization. Their results can be used to make "analytical generalizations," i.e., generalizations to theory, but not "statistical generalizations," i.e., generalizations to the wider population (Yin, 2003, pp. 31–33, 37). However, such analytical generalization can imply critical tests of theory, similar to critical experiments (Yin, 2003, pp. 40–41). As explicated by the political scientist Eckstein (1975) in a classic methodological text, under particular circumstances, single cases can actually be used to test theoretical propositions and to generalize to other cases. In a "crucial," or at least "most-likely" or "least-likely" case, the case fits an existing theory so well that any finding contrary to what the theory predicts is difficult to dismiss as deviant, and is thus enough to reduce the confidence attached to the theory. Similarly, if there is doubt about the existence of a phenomenon, a single case of the phenomenon is enough to establish it (McKeown, 1999, p. 173). Consequently, a single case of charismatic leadership in resistance to change would be enough to show that such leadership is possible and to cast doubt on theoretical propositions that hold that charismatic leaders are always agents of change. Of course, if change agency is included in the definition of charismatic leadership, as it is in some theoretical formulations, such a case would be defined as non-charismatic; however, the case would provide reason to reconsider the appropriateness of such a definition. Naturally, as George and McKeown (1985, p. 50) note, if a case study shows that the initial theory of the phenomenon in question is not completely accurate, then the question is how the theory might usefully be modified. The purpose of this study—to test the possibility of charismatic leadership in resistance to change and to explore the theoretical implications if it turns out to be possible—justifies a combined approach that brings together the systematic comparison of the cases with existing theory (Yin, 2003) and a more open exploration of the unique features of each case, in order to discover new patterns and generate new theoretical propositions (Coffey & Atkinson, 1996; Eisenhardt, 1989; Maxwell, 2005; Taylor & Bogdan, 1984).

4.2. Data collection

Data collection and analysis largely followed the steps Kimberly (1987) recommends for historical case studies of organizations. The first step is to draw up an "historical skeleton" of verifiable significant events and key people, using a combination of interviews and document studies. The second step is to let respondents, and particularly key people, give their subjective accounts of events, paying particular attention to conflicting or concurrent versions that may reveal actors' intentions and motivations. In the third and last step, closer document studies of significant events and additional interviews are carried out (pp. 236–237). However, each case study also took its own path, demanding new rounds of interviews and/or document studies because of new questions that arose. General recommendations were also followed regarding qualitative research, for example, guaranteeing the confidentiality of respondents while not being too specific about the research conducted (e.g., Taylor & Bogdan, 1984, pp. 25–27), and stopping interviewing new informants when the same types of answers start coming back, so-called theoretical saturation (Glaser & Strauss, 1967, pp. 61–62, 111–113).

The first case, that of the head of an internal medicine department, is based on 28 personal, semi-structured interviews with 19 physicians, five nurses, and one assistant nurse. All personal interviews were tape-recorded and transcribed, except for one during which notes were taken. A few department administrators and nine informants at other comparable university hospitals in the country in question were interviewed by telephone. In addition, a group of 14 medical students was briefly interviewed in a group setting. Furthermore, six observations, including several series of brief conversations, were conducted three weeks in a row during the half-day-long grand rounds at the most specialized unit at the department. The primary written sources included several years of hospital annual reports and medical faculty board meeting records, the department head's autobiography, newspaper clippings, opinion articles on the future of internal medicine, internists' writings on the history of the specialty, and various reports related to the specialty and the department at the time of the study (e.g., a patient survey, financial reports, and the professional association's web page). As a secondary written source, medical historical literature concerning internal medicine was consulted.

The second case, that of the head of an anesthesiology department is based on eleven personal, semi-structured interviews with one nurse and seven doctors, including two extensive interviews with the focused-on leader. All interviews but one were recorded and transcribed. A group interview with three anesthesiologists at another hospital was also conducted, as well as a few follow-up telephone conversations with one of the respondents. One important observation was made of a meeting between the anesthesiologists and the general director of the hospital. In addition to hospital annual reports, hospital board meeting records, information brochures, press clippings, and similar materials, the primary written sources included a number of papers by anesthesiologists on the history of their specialty, conveying specific facts and professional-identity-building self-images. Finally, medical–historical and sociological writings regarding different aspects of anesthesiology, especially its history and relative status in medicine, were used as secondary written sources.

4.3. Retrospective interviews

Regarding the use and reliability of retrospective interviews as sources of information on events several years previously, some points made by oral historian Thompson (1978) should be noted. Even if historians are often wary of oral sources, many conventional written sources, such as court proceedings, newspaper reports, and censuses, are themselves based on oral accounts. When it comes to memory, most memory loss occurs rapidly, in the first year or, in the case of single events, the first day. Subjectively important matters can be recalled decades later, especially if cues are given, and especially by old people, who are often concerned with looking back on life. Everyday details and repeated processes are easier to remember than particular occurrences; accordingly, criteria for judging testimonies on singular incidents, such as a crime or accident, cannot be used to judge testimonies about workplace arrangements and routines. One might add that many interviews on reportedly contemporary matters actually concern things that occurred weeks or

months previously. All interviews that deal with other subjects than what the interviewee is experiencing and thinking at the moment of the interview are in some sense retrospective. Finally, written sources have their own pitfalls that may be counteracted by referring to oral sources. In particular, written materials often stay silent on minority interests. In the case of medical specialties, scientific journals may reflect the standpoints of dominant professional segments, omitting the views of struggling segments (Bucher, 1962, p. 41). Still, there are legitimate reasons to be particularly careful when handling retrospective interview materials. The general problems with interviews, such as partiality and group interpretations, may compound over the years and become difficult to trace. It may also be harder to find opposing actors' views and alternate written sources.

In this study, a number of strategies concerning data collection, interpretation, and presentation were employed to counteract the potential problems with retrospective interviews. First of all, oral, observational, and written sources of different types were systematically collected and triangulated (e.g., Taylor & Bogdan, 1984, pp. 68–70; Yin, 2003: pp. 97–99). Not all interview data could be corroborated by archival study, but for particularly important stories and events, at least parts of the narratives could be checked by referring to written documents. Respondents were selected with a view to their position, group identity, and duration of tenure as members of the organization, in order to capture a range of views. Each respondent was given plenty of time to think, support for his or her memory, and the opportunity to comment on earlier accounts and initial interpretations made during the research process. Preliminary case description manuscripts were circulated among respondents, and their reactions were included in the empirical material. Similar strategies were used in analyzing and reporting on the data. All information was judged in view of the identity and interests of the respondents and systematically related to information from other sources. Finally, as far as possible, the case presentations give indications of the empirical bases of different pieces of information, for example, whether a certain view was contested or widely supported within a particular group of professionals.

4.4. Data analysis

As in much qualitative research, data collection and analysis went hand in hand, with initial interpretations guiding further data collection, and analysis intensifying towards the end of the study (e.g., Coffey & Atkinson, 1996; Eisenhardt, 1989; Maxwell, 2005; Taylor & Bogdan, 1984). The main principles of analysis have already been touched on:

- Ordering the data in each case according to a timeline, concentrating on critical events, actions of central people, important changes, and the different versions rendered of them.
- Judging the data according to the perspective and possible interests of each source, for example, the group allegiance of an interviewee.
- Data triangulation, meaning the use and systematic comparison of data from different sources, i.e., personal interviews, group interviews, observations, and several different types of written sources, such as archival data, secondary literature, and opinion articles.
- Systematic comparison of the data with the main elements of existing theory of charismatic leadership and change.

The first analytical step, and the one most intertwined with data collection, was to order the material according to the timeline of each case and to the categories of the theory of charisma. This included some coding of the interview transcripts according to both substantive and theoretical categories (Holton, 2007; Maxwell, 2005, pp. 97–98), i.e., both case-specific categories (e.g., attitudes towards certain critical changes or the specialty's professional identity) and leadership theory categories (notably, follower attributions, perceived leader behaviors, and the leader's actions in relation to important changes). The results of this step are presented in the case narratives in Sections 5.1 and 6.1, which are meant to give relatively "thick descriptions" (Geertz, 1983) of the leadership and its evolving organizational context.

The next step, presented in the case analyses in Sections 5.2 and 6.2, consisted of analyzing each case using existing theory of charismatic leadership. Three questions were particularly important in this analysis:

- Type of leadership—does the leadership described correspond to Weber's (1922/1968), Bryman's (1992), and Conger and Kanungo's (1998) definition of charismatic leadership? Are there elements of other types of authority? Are there signs of social formation of charisma, according to Bryman's (1992) model?
- Perceived leader behaviors—does the case display the perceived leader behaviors that typically induce charismatic attributions, according to Conger and Kanungo's (1998) model?
- Relationship to change—what were the attitudes and actions of the leader and followers in relation to significant organizational changes?

The final step was to explore the specifics of the cases, still in view of existing theory, in order to generate preliminary explanations of the findings in general, theoretical terms. This implied comparing the cases (cf. Eisenhardt, 1989, pp. 540–541) to identify similarities and differences that give indications of the underlying processes involved in charismatic resistance to change. This step is presented in the cross-case analysis in Section 7, which leads up to the formulation of a number of theoretical propositions.

5. Case I

5.1. Case narrative: Resisting subspecialization in the internal medicine department

5.1.1. Strong views, spectacular gestures

During his tenure as professor and department head from 1946 to 1968, Professor A. was a prominent figure in his country's medical life. His formal position as head of a major department at an old and prestigious teaching hospital was enough to render

him famous. He also gained notoriety—in both senses—for his spectacular oratory, dreaded interrogations of medical students, and strongly held views on everything from emerging subspecialties (deplorable), distinguished medical ancestry and family relationships (laudable), and the proper attitude towards patients ("the customer is always right").

In the 1950s and the 1960s, internal medicine in Scandinavia underwent a process of rapid subspecialization. New areas of medical knowledge and practice took root, such as endocrinology, nephrology, and cardiology, spawning respective specialized bodies of expertise, organizational units, and academic positions. In the end, it was uncertain what would happen to the wider specialty of internal medicine, especially at university hospitals, where the development was most pronounced. Subspecialization meant career opportunities for young aspiring physicians, but challenged senior doctors in the larger specialty, in particular, the powerful heads of departments, who lost control of parts of their organizations and were left to represent an increasingly vague generalist interest. Not surprisingly, the department heads were often skeptical, but many also had their own specialized areas of interest, so at least one new subspecialty emerged at each teaching hospital—that is, everywhere except at the hospital appearing in this case, where the strong-headed Professor A. managed to delay subspecialization.

When A. was appointed professor of practical medicine in 1946, he outplayed several rival applicants, among them a local, promising young physician who was to excel as a researcher. One of the things that won A. the position was his brilliant trial lecture, referred to favorably even in a dissenting petition by the only member of the appointing committee who voted against him. His early days at the department were strenuous. The other physicians made efforts to allow the local candidate to stay at the hospital, and managed to get him installed in a speedily created chair of theoretical medicine. There followed a tense period of a divided department, when each of the two professors was responsible for his own clinical ward and did not talk to the other, and the staff physicians split into two opposing supporter groups. After a few years, however, the other professor left for a position at another university hospital, and his sympathizers started to move to other places too. From 1950, Professor A. was the uncontested head of the department. He kept a firm grip on matters small and large—daily routines, hirings, treatment assessments, etc. His decisions pervaded the organization until the final years of his tenure and left an imprint that was to last for even longer.

Through the 1950s and into the 1960s, the large department kept functioning in much the same way. There were six undifferentiated wards, each run by a matron who organized the daily work of nurses, assistant nurses, and nurse pupils. While doctors changed over the years, the matrons stayed for longer periods. Professor A. held them in high regard and was furious if any doctor showed them disrespect. He had tight control over departmental affairs and made decisions on even such detailed issues as individual patient admittances and discharges. Each morning, doctors used to gather outside the professor's office, waiting for him to arrive by cab and hand out admonitions, and, every second morning, lead the radiology round. There was no formal specialization in the large department—no specialized wards, and no physicians with specialized work areas other than general internal medicine. All physicians had to be prepared to take responsibility for all types of patients. Professor A. was decidedly disapproving of emerging subspecialties and specialties, declaring that "medicine is one and indivisible."

Grand rounds were held without notice, providing a way for Professor A. to check that the doctors could always be reached. These were veritable performances, with the hierarchically ordered flock greeted by a curtsying nurse pupil at the entrance of each room, and the medical students nervous and prepared to answer trick questions about the patients. The doctors also used to sit in on lectures. Professor A.'s lectures held at the annual meetings of the national medical association were packed with colleagues who wanted to enjoy the show. There were many stories told about what Professor A. had said and done during lectures and rounds, ranging from practical jokes, such as letting a student look for anatomical details in a patient's glass eye, to dramatic formulations capturing essential points, such as "When I hear the word medical ethics I reach for my revolver; medical ethics, that is to know one's internal medicine." At the beginning of one lecture, he reportedly entered, went to the blackboard, and started to draw small rectangles. After several minutes, with everyone wondering what was going on, he stopped and said, "Behold, my friends, these are a few of all the coffins left by colleagues unknowledgeable in medicine." The ensuing lecture treated complications in cases of tuberculosis.

Other than rounds and lectures, there were no formal meetings at the department. The physicians, however, used to gather informally once a week in someone's home, to share scientific article summaries, chat, gossip, and generally let off steam. Each summer, Professor A. spent several months doctoring at a renowned spa, which also sold bottles of mineral water with his name and assurance that it was healthy on the label. He brought selected medical students to the spa to serve as interns. Several of the physicians at the department had first worked at the spa, which was jokingly called the "Military Academy," since it was the only route to become an "officer."

5.1.2. Subspecialization after all

While Professor A. was liked and respected by his loyal staff of doctors and devoted matrons, his views and behavior grew increasingly controversial towards the end of his reign in the 1960s. Students protested his marking system. Doctors were mocked by their colleagues from other parts of the hospital because so little research was done at the department. They stood by their professor, but felt the shame. Professor A. represented a vanishing medical scientific tradition, with monographs and detailed case descriptions, which was giving way to a new approach, with randomized, double-blind, placebo-controlled tests.

Most importantly, subspecialization began to take off at the department in the 1960s, despite Professor A.'s negative views. At first it happened informally, when doctors cultivated specialized interests and consulted each other on difficult cases, and then officially, when formal subspecialization became inevitable because of medical–technical developments. New methods of diagnosing and treating heart and kidney conditions made it necessary to concentrate patients at specialized wards and employ specialized physicians and nurses, i.e., cardiologists, nephrologists, and nurses trained to administer dialysis. Two sections were instituted, each having its own ward and specialized head physician, and hence out of reach of Professor A.'s detailed control.

Later, with the advent of new department heads, subspecialization took off seriously. It gradually transformed internal medicine at the hospital into a conglomerate of subpecialized and general sections, relying less on the role of head nurses and with department heads who were occupied mainly with administration and who had clinical responsibilities only within their own subspecialties. Yet, by the end of the 1990s, the hospital retained a structure and unbroken tradition of united internal medicine, except for cardiology, as well as a local culture of cross-sectional cooperation that supported the unified structure. This was unique among similar teaching hospitals elsewhere in the country in question, where subspecialization had started earlier and separate departments had been created. So, even if Professor A. could not stop subspecialization, he managed to delay it and thereby left a long-lasting imprint on the organization.

Professor A. also left other long-lasting marks on the organizational culture, and in the mid 1990s, stories were still told about him at the hospital. This was evident from an interview with a group of 14 medical students, 12 of whom had heard of him from sources such as a nurse in the internal medicine department, a doctor at another hospital, and parental acquaintances. Several could retell specific anecdotes, one even imitating his dialect, just as some physicians did during individual interviews. The main surviving stories appeared to be "horror stories" about his drastic and dominant behavior, for example, publicly ripping medical records apart at the patient's bedside if he found any error in them. Some of the interviewed physicians had been supporters of Professor A. They too retold stories about him, but did so slightly differently, with appreciation of his eccentricity and sense of humor. Their stories were also somewhat different, being not just horror stories, but also anecdotes that displayed the professor's pedagogical skills and dedication to learning and to the patients. Aware of the largely negative attitudes towards him today, these doctors presented mitigating considerations, such as his loyalty to subordinates, or the impression that he was something of an actor, playing a role on stage.

5.2. Case analysis

5.2.1. Type of leadership

One can discern the essential elements of charismatic leadership in this case narrative. Professor A. was held to be an extraordinary personality, even by his critics. He was undoubtedly famous, and stories about his eccentricities were told at the hospital and in wider circles in the country, even decades after his retirement. He had a well-known mission—to cultivate and defend an undivided internal medicine conducted according to the classical standards of clinical medicine—which he communicated with spectacular gestures and dauntless assertiveness. He had devoted followers, from the group of supporters who rallied around him during the initial conflict with the local professorial candidate, to the committed matrons and the handpicked, loyal physicians who shared their professor's generalist orientation and who stood by him even when they were ridiculed because of his ways of running the department. These features match the definition of charismatic leadership common to Weber (1922/1968, pp. 241–254, 1111–1157), Bryman (1992), and Conger and Kanungo (1998), i.e., a leader who wins dedicated followership because he or she is seen as an extraordinary, especially gifted person, and, which Weber and Bryman emphasize, as someone who has an important mission.

This case does not depict the pure type of charisma. Much of professor A.'s influence stemmed from the powers invested in his office as professor and head of department, to which he was appointed through meritocratic procedures. In addition to this legal–rational authority, his adherence to traditional professional and organizational arrangements indicates a certain traditions-based influence strategy. However, as underlined in the theoretical sections of this paper, one cannot expect to find the pure type of charisma in formal work organizations.

The case account also indicates how the charisma was generated by actions of both the leader and his close followers. Professor A.'s aura of exceptionality was created through powerful oratory, including rhetorical devices such as metaphors, and extreme gestures during lectures and grand rounds. His countenance and behavior were so dramatic—apparently deliberately so—that even sympathetic followers saw them as a kind of acting. The aura was also supported by the host of stories and anecdotes that took on a life of their own, not least after his departure, when his fame became more and more herostratic. Doctors who were committed followers helped spread stories about their leader's deeds and eccentricities. To them, the stories had a different meaning than they came to assume later on, demonstrating not only the professor's oddities, which they found charming, but also his extraordinary skills and professional commitment. These different features correspond to vital elements of the social formation of charisma as explicated by Bryman (1992, pp. 56–68), i.e., the creation of charisma through both the leader's actions, such as powerful oratory using rhetorical devices, and the followers' actions, such as creating legends that express the intended leader image.

5.2.2. Perceived leader behaviors

Several of the Professor A.'s perceived behaviors described in the case narrative are typical of charismatic leadership. Professor A. was seen as effective in articulating his vision of the organization, which was one of unified internal medicine with broadly oriented, knowledgeable practitioners with high standards of conduct. This vision was apparently inspirational to his followers, and gave direction and meaning to everyday work, not least for medical students, who were the main target group. Professor A. was definitely seen as an exciting speaker, as shown by his acclaimed trial lecture and the crowds gathering to hear his conference lectures. These behaviors are in accordance with several perceived leader behaviors related to "strategic vision and articulation" which, according to Conger and Kanungo (1998, p. 94), increase the likelihood that a leader will be considered exceptional, i.e., that he or she provides inspiring goals, motivates by articulating the importance of organizational work, is an exciting speaker, and has a vision.

Furthermore, Professor A. reportedly behaved in unexpected and surprising ways to get his message across, especially when it came to provoking insights among students and organizational members about core values of medical care. His dramatic formulations to express his views, his surprising gestures at rounds and lectures, and his practical jokes appear to have startled others, heightened attention, and been pedagogically effective. This corresponds to the "unconventional behavior" dimension of Conger and Kanungo's model, especially unconventional behavior used to achieve organizational goals and unique behavior that surprises others. It should be noted that the case offers no parallels to the group of perceived behaviors in Conger and Kanungo's model that are related to "personal risk."

To summarize, the leadership in this case can be considered charismatic because the leader had committed followers who saw him as an exceptional, particularly gifted person with an important mission—the defining elements of charismatic leadership. It also displays elements of the social formation of charisma, because the leader's excellent rhetoric and the followers' storytelling contributed to the leader's aura of exceptionality. Finally, it exhibits several of the perceived leader behaviors that tend to induce charismatic attributions, because the leader was perceived to provide inspiring goals, to articulate the importance of organizational members' work, to be an exciting speaker, to have a clear vision, and to behave in unconventional, surprising ways.

5.2.3. Relationship to change

The point where Professor A. deviates from the received model of the charismatic leader is that he worked against, not for, impending change. His leader mission included a staunch defense of established organizational and professional structures. His supporters were those who had a stake in preserving the status quo, i.e., senior physicians with a generalist professional identity who were challenged by the emergent subspecialties, and the matrons whose central role in the organization was eroded by the changes brought on by subspecialization. Professor A.'s leadership style in defense of traditional arrangements, however, was by no means conventional; on the contrary, he led with a personal flare, using startling catchphrases and stunning performances. So, the resistance to change and the preservation of the status quo were enacted *through* charismatic leadership processes, not against them. The radicality of the leader's message, which is typical of charismatic leadership, lay not in drastic change proposals but in an extreme defense of a vanishing social order. This resistance was at once successful and defeated. In the end, the much-resisted subspecialization was inevitable, even in Professor A.'s department, but it started much later than in comparable hospitals elsewhere in the country. Decades later, when other aspects of Professor A.'s leadership had fallen into disrepute and the stories about him were mainly derogatory, the department still retained a unique tradition and a culture of unified internal medicine. So, just as charismatic leadership for change can effect long-lasting changes in perceptions and attitudes, this charismatic leadership in defense of the status quo had some long-lasting effects in terms of preserving certain values and practices. The figure of the leader also remained for long in organizational memory, transmitted and transformed through informal storytelling.

6. Case II

6.1. Case narrative: From entrepreneurship to change resistance in the anesthesiology department

6.1.1. Leading a new specialty

One emerging medical specialty in the mid 1900s was anesthesiology, and Professor Z. was among its pioneers, at the national and local levels. As a prolific researcher with a background in physiology and basic science, he helped establish the new specialty academically in his country. Locally, at the university hospital in question, he was instrumental in founding a separate anesthesiology department, where he became the first department head and later a professor. He subsequently went on to higher management positions at the university, including the vice-chancellorship, and in the 1990s was still active as a professor emeritus and an informal leader of anesthesiologists. He was then spoken of with respect and admiration, and his opinions still counted. When doctors at the department opposed upcoming organizational reforms they believed threatened the specialty, they cited Professor Z.'s convictions to justify their opposition; in fact, even the minority of anesthesiologists who *supported* the reforms framed their views in line with his sayings.

Anesthesiology as a specialty grew out of surgery, and at first had to struggle for independence and justify its existence as a separate specialty. Even though it is now a prestigious specialty, at least in Scandinavia, it is still something of an underdog in relation to the even more dominant surgical specialties. In the country in question here, both the first supporters and first opponents of the emerging specialty were surgeons. The professional strategy of the first physicians specializing in the new area was to gain education, practical experience, and advice from Anglo-Saxon countries, to form professional associations and initiate training programs for doctors and nurses at home, and to promote consultant positions, hospital departments, and later on professorial chairs of anesthesiology throughout the country. There was a generation of "founding fathers," still known and lauded by anesthesiologists today, who fought for the specialty. Though not among the first groundbreakers, Professor Z. participated actively in creating the new specialty, especially as regards scientific research.

At the hospital focused on here, there was no actual resistance to anesthesiology from surgeons. Still, an initial stream of petitions and suggestions regarding positions for anesthesiologists produced no results, and the head of surgery gave priority to other new areas. It was not until two dramatic events in the operating theatre that the positions of an assistant physician and later a consultant in anesthesiology were installed. The first dramatic event was when a child died from anesthesia poisoning during a bone fracture surgery, when a medical student was functioning as anesthetist. This was a typical accident that could have been avoided with the use of a specialized doctor, and soon afterwards in 1949, one such doctor was employed.

The next dramatic event occurred a few years later and was retold by Professor Z. in an interview. He was then a junior physiologist working on a doctoral thesis on respiratory subject matter, and was called in to administer anesthesia during a heart catheterization on a young boy. During the procedure, the boy's heart suddenly stopped. Z. cut open the thorax and resuscitated the heart with direct massage, a possibility he had read about during his physiological research. Afterwards, he met the head of surgery, who exclaimed, “What have you done, I cannot take responsibility for it.” According to the interview, Z.'s reply was, “Yes, but then we need to get independent consultants in anesthesiology.” Shortly after this, a consultant position was instated, and two years later, an independent anesthesiology unit was created; after anesthesiological specialist training, Z. became the unit's first regular chief physician. He managed to have all anesthetist nurses transferred there from different parts of the hospital and to set up a postoperative and intensive care unit, thus creating a united anesthesiological unit at the hospital.

In the following decades, Z. continued to work with dedication to build up anesthesiological practice and research. For example, he shared the contacts made during a lecture tour in the USA following completion of his much-acclaimed thesis; he used his fees from a pharmaceutical corporate assignment to set up a fund for anesthesiological research and development; and his normal working hours, as estimated by one respondent, were 70–80 h per week. The anesthesiological unit kept growing, despite resistance from the chief of internal medicine described in Case I, who disapproved of intensive care, and despite the persistent strains of lack of qualified personnel. By the mid 1990s, the department of anesthesiology and intensive care had approximately 250 employees, of which around 40 were doctors, including the chief physician of the hospital's central surgical department, which was a separate organizational entity. The anesthesiological department comprised several specialized sections, for example, neuroanesthesiology, and a large intensive care unit with about 100 employees. In addition, around ten subspecialized anesthesiologists worked in a separate thorax center.

In interview, Professor Z. told several stories about the struggles to establish anesthesiology as a specialty at the hospital and in the country in question and about how he and others had handled the resistance and tried to promote the specialty. One story described a visit to the responsible minister by a delegation of anesthesiologists petitioning for professorial chairs. When the minister had finished listening, he reportedly rose and said, “I really didn't know you did much more than put people to sleep,” to which one of the anesthesiologists responded, “No, Mr. Minister, it is not merely about putting to sleep those who are awake, but about waking up those who are asleep.” According to Z., the minister perceived a double meaning, implying that he had been asleep earlier when he had not allowed chairs in the specialty. So, he sat down and promised to support the creation of chairs of anesthesiology at every medical school in the country, something that did, in fact, happen.

This and other stories reflect some core beliefs about the history and nature of the specialty: that anesthesiologists had to fight for recognition, that it is important to have autonomous specialist positions and organizational units, that it is important to stay independent from surgeons, and that the right way to achieve these goals is through audacity, convincing arguments, and excellent medical service to patients and colleagues. The stories also reflect Professor Z.'s ability to identify and communicate essential values to others.

When the interviews were conducted, several respondents expressed their appreciation of and high regard for Professor Z. He was attributed extraordinary qualities when it came to research capacity, will power, and leadership skills. Interviewees described him as “charismatic,” “captivating,” “inspiring,” and “considerate.” One respondent saw the fact that he had become vice-chancellor of the university as a sign of his excellent leadership qualities. He was said to demand much from his employees, but also to be able to win their loyalty and affection. One doctor, who had worked in the department when Z. was still there, said “[Z.] is such a natural manager and leader wherever he steps in,” and another, who had started later in the same department, asserted: “He has this charisma, so when he opens his mouth, you say, ‘Yes, we'll do what you say’.”

6.1.2. Defending professional identity

When the interviews were conducted, professional identity was still an important consideration among doctors at the department. Two proposed reorganizations upset the anesthesiologists since they were perceived as threats to the specialty's unity and identity. The first was a plan to move the positions of a number of consultant anesthesiologists to the central surgical department, where they undertook their daily work, at the request of its chief physician, herself an anesthesiologist. Anesthesiologists saw this as a dangerous first step to split up their organizational unity. They also cited similar threats from recent attempts to incorporate anesthesiologists into different surgical departments and to set up separate intensive care wards around the hospital. Most of the interviewed anesthesiologists were convinced that destroying the organizational unity would endanger the specialty's continued clinical excellence, research, and attractiveness to young physicians. At an observed meeting between the hospital director and doctors from the anesthesiology department, all anesthesiologists who spoke up expressed worries about the potential consequences of the proposed change. Professor Emeritus Z. was also present and raised the question of how the unified academic discipline could be maintained if the clinical organization was split up.

After the meeting with the hospital director, the reorganization was cancelled, though this was considered only a temporary reprieve by the concerned anesthesiologists. They were apprehensive about another proposed reorganization, concerning the creation of a larger division of anesthesiology and intensive care, central surgery, and acute care. One applicant for the position of division manager was an acute care nurse encouraged to apply by the hospital management. The anesthesiologists opposed such an appointment since they feared it would weaken their position in relation to other specialties headed by doctors, especially surgery. The hospital director put the division reform on ice because no candidate had the support of all professional groups. The anesthesiologists were still worried, since their future organizational status was now left open; for example, they risked being included in a surgery division.

A small number of anesthesiologists did not agree with these majority views. Without proposing a coherent alternate view, they saw several advantages in the proposed reorganizations. They too valued the specialty's identity, but emphasized individual characteristics, i.e., being professionally competent, and downplayed the collective ambitions, judging them as signs of professional insecurity in relation to surgeons. Interestingly enough, Professor Z.'s convictions resounded even among the anesthesiologists who held minority views. For example, one of them quoted Professor Z.'s statement that if the united clinical organization could not be maintained, at least academic unity must be upheld, taking it to mean that the most important thing was to maintain a strong, united *academic* specialist organization. So, Professor Z. was a uniting force and a recognized source of legitimate opinions for all anesthesiologists, even those who appeared to question his legacy.

6.2. Case analysis

6.2.1. Type of leadership

In the narrative of the relationship between Professor Z. and his fellow anesthesiologists at the hospital, we find the main defining characteristics of charismatic leadership. Professor Z. had a circle of committed followers who respected and admired him for what they perceived to be his extraordinary acumen and leadership qualities. When talking of him in interviews, they used expressions such as “charismatic,” “inspiring,” and “considerate,” conveying an image of a natural and compelling leader. Professor Z. had a clear mission: to build up the new specialty of anesthesiology, organizationally as well as scientifically, to define and communicate its professional identity, and to rally support for its organizational footing. So, this case displays the core elements that define the charismatic leadership according to Weber (1922/1968, pp. 241–254, 1111–1157), Bryman (1992), and Conger and Kanungo (1998), i.e., a leader with dedicated followers who consider him or her to be exceptionally gifted and, as Weber and Conger and Kanungo emphasize, to have a significant mission.

This case of leadership also involved a component of rational–legal authority, since it evolved within an organization with formal positions and procedures. However, Professor Z. participated actively in shaping these organizational structures, so his influence was not a mere product of them. In addition, he remained an informal leader even after having left the position of department head, so his influence was not primarily based on formal authority.

Furthermore, there are several signs in this case of how the charisma was formed socially. Professor Z. was considered an anesthesiological pioneer, a culturally significant leadership role in the context of the new medical specialty. His dedication to anesthesiology and his vision of it were displayed in symbolically charged words and deeds, such as when he intervened during a heart catheterization on a young boy and lobbied for independent consultant positions. His message seems to have been imparted through rhetorically skilled oral communication, in particular, by captivating storytelling. By dramatizing past events and his own and others' efforts to build up anesthesiology, Z. apparently bolstered and communicated his message. This corresponds to important aspects of Bryman's (1992, pp. 56–68) model of the social formation of charisma, i.e., that a person is recognized as an outstanding leader because he or she conforms to culture-specific models of great leadership and by mastering skilful oratory. It should be noted that in Z.'s case there were no direct indications of followers participating in enhancing the leader's charisma, which is another aspect of Bryman's model.

6.2.2. Perceived leader behaviors

In the case narrative, there are several perceived leader behaviors that are typically conducive to charisma. Followers clearly thought that Professor Z. was as an inspirational leader who could articulate the importance of anesthesiological work. To them, he provided a compelling vision of the specialty and motivating goals for the organization. He was also considered a groundbreaker in his ability to identify and exploit new opportunities for the evolving specialty, i.e., he was in a sense an entrepreneur. He incurred personal costs for the sake of the organization and organizational goals, as indicated by his long working hours and his use of personal income to set up a research fund. He took personal risks and displayed unconventional behavior to accomplish what he thought was best for the organization, as indicated by his intervention when a boy's heart stopped during surgery, and by his startling ways of expressing himself when he argued for resources at the hospital and at the national level. These behaviors match several dimensions of Conger and Kanungo's (1998, p. 94) model of perceived leader behaviors that stimulate charismatic attributions: i.e., “strategic vision and articulation,” including that the leader provides inspiring goals, is inspirational and articulates the importance of organizational members' work, has vision, is entrepreneurial, and recognizes new opportunities; “personal risk,” including that the leader takes personal risks and incurs personal costs for the good of the organization; and “unconventional behavior,” including that the leader engages in unconventional and surprising behavior and uses nontraditional means to achieve organizational goals.

To summarize, this case of leadership can be characterized as charismatic because there were dedicated followers who considered the leader to be an extraordinary and exceptionally talented person with a compelling mission, which are the central components of charismatic leadership. There are also elements of the social formation of charisma, because the leader was recognized as charismatic by employing captivating rhetoric and by living up to a culture-specific model of leadership. Finally, there are several perceived leader behaviors that typically evoke charismatic attributions, because followers perceived the leader to be inspirational, to provide inspiring goals, to articulate the importance of organizational work, to have vision, to be entrepreneurial and able to recognize new opportunities, to incur personal costs and risks for the sake of the organization, and to use surprising, unconventional behavior and nontraditional means to achieve organizational goals.

6.2.3. Relationship to change

From the founding of anesthesiology as a specialty at the hospital and through its continued development, Professor Z. seems to have been the classic charismatic leader who questioned the status quo, proposed new solutions, and effected change—an innovative entrepreneur who could mobilize support for new solutions. Yet, at the time of the study, when the charismatic attributions were recorded, he and his followers were actively involved in resisting change. It was in this particular context that anesthesiologists expressed their high regard for their leader. When they were confronted with change proposals that appeared to threaten their favorable organizational setting and professional identity, which they valued highly, they rallied around their inspirational leader to affirm their common purpose and to find arguments and motivation to struggle against the changes.

This is apparently a case of charismatic leadership for change that turned into charismatic leadership to resist change and to preserve the status quo—i.e., in defense of what the leader and the followers had previously achieved. The transition to change resistance was in no way random; rather, it was the logical consequence of the very dedication to certain self-perceptions, values, and organizational arrangements that the leader and his followers had developed. So, this is a question of resisting change through the same charismatic processes that had earlier worked to effect change.

7. Cross-case analysis

Both the cases presented here show that charismatic leadership in resistance to change and in defense of existing social arrangements is possible in formal work organizations. Just as in other instances of charisma in such organizations, it is not a question of pure charisma, which is an ideal type, i.e., a sharply formulated concept that is rarely found in empirical cases (Weber, 1922/1968, p. 216). Instead, it is question of leadership relationships and processes that are also shaped by legal–rational authority, and, in one of the presented cases, by tradition-based influence strategies. Yet, as we have seen in the two case analyses, the typical components of charismatic leadership are obvious and important enough in both instances for them to be characterized as charismatic.

There are similarities between the two cases that suggest the conditions under which this particular leadership configuration can occur. In both cases, change was resisted by a leader and a group of followers who perceived an upcoming change as a challenge to their professional identity, i.e., to their collective interests and self-perceptions. Actually, on closer inspection, the situations in which charisma arose in the cases described here are not that different from the typical situational antecedent of charisma, i.e., a crisis or otherwise unusual situation that creates anxiety and makes people prone to making charismatic attributions to a leader who can offer a solution (Weber, 1922/1968, pp. 1111–1112, 1117; Roberts & Bradley, 1988; Bryman, 1992, pp. 54–55; Merolla et al., 2007). However, in both cases treated here, the crisis took the form of an ongoing or imminent change that was perceived as intimidating to the group and its values and interests.

Considering the literature on resistance to organizational change, there is nothing surprising about such reactions to change. It is well known that organizational change can be perceived as threatening by organizational members and can challenge the interests of entrenched groups, which can give rise to anxieties and resistance to change (e.g., Bovey & Hede, 2001; Greenwood & Hinings, 1996; Salancik & Pfeffer, 1977; Trader-Leigh, 2001). Furthermore, in crises, it is not unlikely for people to gather around existing institutions and leaders. At the level of national politics, citizens typically increase their support for the incumbent president in times of crisis and external threat, which is known as the “rally-round-the-flag” effect (Bowen, 1989; Mueller, 1970, 1973, cited by Merolla et al., 2007).

To formulate this into a testable proposition, we need to take into account all the possible types of charismatic leadership discussed in this paper:

Proposition 1. *If charismatic leadership arises in situations of change, the leader's mission can be to propose and effect change, to resist change and propose a return to a supposedly previous state, or to resist change and defend the status quo.*

In both cases presented here, the leader and the group had a strong enough standing in the organization to develop a resistance to change without being questioned as managers or organizational members. This recalls Greenwood and Hinings' (1996, p. 1046) assertion that organizational change can be successfully hindered by a dominant power coalition and/or a transformational leader who reaffirms the importance and effectiveness of the interpretive scheme underpinning the organization's current structure. This leads to a second proposition:

Proposition 2. *The likelihood of charismatic leadership arising in defense of the status quo will increase if a relatively powerful group perceives ongoing or impending change as threatening their interests and/or values.*

In both cases presented here, the influence processes appear to have been the same as in charismatic leadership in general. The leaders exerted influence by presenting compelling missions and by being perceived as extraordinary and particularly gifted. Their influence touched their followers' hearts and minds, values, convictions, and self-perceptions. The leaders formulated inspiring visions that pointed the way for common action. As shown by Strange and Mumford (2005), vision formation is a process that requires descriptive mental models of how the present system works, as well as prescriptive models of a desired future state. Judging from the cases presented here, there is no reason to believe that the formation of a vision of change resistance is any different. This kind of vision also needs to be based on a description and analysis of the present and the desired states, outlining the risks involved in an upcoming change and the goals that can be realized by blocking it. So, as emphasized in the case analyses

above, opposition to change does not seem to have operated despite charisma, but *through* typically charismatic influence processes.

Taken together, these points suggest that charismatic leadership in resistance to change involves a leadership process that is not essentially different from ideal–typical charismatic leadership. Judging from the cases, it starts with a crisis, one that is brought on by an approaching change that is perceived as threatening core values and benefits. A leader proposes a solution that is attractive to the concerned group—a solution that is not a proposal of change, but of resistance to change. Because of their distress and the attractiveness of the leader's vision, followers are inclined to rally around the leader, to attribute favorable qualities to him or her, and to participate in the social formation of his or her charisma. This tendency is reinforced by the leader's capability to convincingly present the vision, and possibly by the leader's unconventional behavior and personal risk taking for the sake of the organization.

So, the cases examined here indicate that charismatic leadership in resistance to change and in defense of the present state can be explained within the wider framework of existing theory of charismatic leadership. Circumstances that have not been systematically considered in the context of charismatic leadership appear to make charisma in defense of the status quo possible: that change in itself can be perceived as a crisis and preservation of the status quo a solution, and that defending the status quo also requires active formation of a coherent vision. This leads to a third proposition:

Proposition 3. *There will be no basic difference in leader–follower relationships, perceived leader behaviors, or other leadership characteristics between charismatic leadership for change and charismatic leadership in defense of the status quo.*

There is one significant difference between the two cases examined here. In the first case, the charismatic leader and his followers opposed the impending change from the start. In the second case, the charismatic leader and his followers were at first change agents, in the typical manner of charismatic leadership. It was not until later, when their achievements seemed to be threatened by proposed organizational changes, that they started to resist change and to attempt to safeguard the status quo. This is not a surprising chain of events. Other charismatic leaders and followers who stay in the organizations in which they have realized their charismatic missions could also disapprove of new changes that threaten to undermine their accomplishments. This leads to a final proposition:

Proposition 4. *If a charismatic leader and his or her followers have effected change and realized their main goals, they are likely to resist further changes that they perceive as threatening what they have achieved in terms of their interests and/or values.*

8. Discussion and conclusion

8.1. Generalizability and limitations of results

It has been shown that both cases presented here are instances of charismatic leadership in resistance to change and in preservation of the status quo. Each case in itself is sufficient to prove that such leadership is possible, according to the logic of "crucial cases" or "most-likely/least-likely" cases (Eckstein, 1975; McKeown, 1999; Yin, 2003), presented above in the methodology section. If leaders and followers in cases of leadership that are so clearly charismatic resisted change and tried to preserve the status quo, then the alternate proposition that charismatic leaders are always agents of change should be reconsidered. The results also indicate that it would be prudent not to include change agency in the definition of charismatic leadership, since it could lead researchers to ignore cases of charismatically based leadership in resistance to change before the wider significance of this phenomenon has been explored.

So, in the strict sense, the first proposition has already been tested and found correct, if one also takes into account that the other two types of leadership concerned, i.e., charismatic leadership for change and for a return to a previous state, have been documented in earlier research. However, it is still uncertain whether there is any wider occurrence of charismatic leadership in opposition to change and in defense of present social arrangements, and whether the causal relationships are then similar to those found in the cases described here. It is possible that this configuration only concerns marginal cases in formal work organizations populated by strong groups of organized professionals with hybrid organizational/professional managerial roles. It is also possible that this configuration can be found in a variety of settings, but that the leader–follower relationships and influence processes involved differ from those found here. Consequently, the phenomenon needs to be investigated in future research, and the propositions summarizing the results of this study need to be tested further empirically.

8.2. Future testing and research

One avenue would be to test the propositions presented here by laboratory experiments. Experimental methodologies have the advantage of allowing for investigation of rare events, such as crises, and for creating unique combinations of variables (Brown & Lord, 1999, p. 534). Previous experimental studies of charismatic leadership have manipulated message content (visionary vs. non-visionary) and delivery of message (charismatic vs. non-charismatic gestures, rhetoric, etc.) (e.g., Awamleh & Gardner, 1999; Holladay & Coombs, 1994), as well as the criticality of the situation (crisis vs. no crisis, or high vs. low organizational uncertainty) (e.g., Choi & Mai-Dalton, 1999; Hunt, Boal & Dodge, 1999). To test Propositions 1–3, the change situation and charismatic message delivery could be kept constant, and the message content manipulated in three variants: proposal of change, proposal of return to

an ostensibly previous state, and proposal of defense of the status quo. The participants attracted by each message could be compared as to their individual tendencies to attribute charisma to the leader. The change situation and the proposals could relate to a situation created in the laboratory, such as sudden and more demanding instructions (cf. Hunt et al., 1999), or could be part of a scenario presented to participants (cf. Choi & Mai-Dalton, 1999; Halverson et al., 2004). The experiments could also be conducted in a country that is undergoing rapid social change, for example, a post-communist country, and the different leader messages could be adapted for relevance in that particular setting.

Another prospect would be to investigate previous descriptions or new cases of organizational or societal change in which relatively powerful groups appear to be threatened by ongoing or impending change, and to search for instances of charismatic leadership in defense of the status quo. The purpose would be to identify new cases to explore in depth, to investigate whether the basic leadership processes are the same as for charismatic leadership in general.

To test Proposition 4, it would be opportune to follow up previously described cases where charismatic leaders have managed to effect change, where leaders and followers are still active in the organization, and ideally where there is turbulence that seems to challenge their achievements and central values. The purpose would be to explore how leaders and followers respond to demands for new changes. If multiple follow-up studies are conducted, it may be possible to study the conditions under which leaders and followers are likely to defend the status quo and the conditions under which they are more likely to be flexible and open to strategic and cultural reorientation.

Finally, further research into charismatic leaders who resist change and propose a return to traditional arrangements is also warranted. There are a number of highly problematic contemporary, religious/political leaders who are possible candidates for this category. These include heads of radical Islamist movements, such as Osama bin Laden (e.g., Esposito, 2002), and several European populist leaders, such as the French Jean-Marie Le Pen, the Danish Pia Kjaersgaard, and the murdered Dutch politician Pim Fortuyn, all known for resisting immigration and defending their respective national traditions (e.g., Eckardt, 2003; Marcus, 1995; Mughan, Bean & McAllister, 2003). Considering the destructive potential of such leadership, there is widespread interest in closer investigation of this area. It is possible that in reality, the distinction between defending tradition and defending the status quo is not always clear-cut, so there is a need for further investigation through in-depth empirical studies.

8.3. Conclusion

To conclude, this paper has questioned the established notion that charismatic leaders are always agents of change. This has been done theoretically, by identifying some limits to the significance and desirability of charismatic leadership in change processes and by examining the documented existence of a mixed type of charismatic leader who advocates a return to tradition. It has also been done empirically, in two historical, qualitative case studies. The case studies demonstrate that charismatic leadership can also act in resistance to change and in defense of the status quo. Based on the analysis of the cases, the underlying social processes have been outlined, and it has been suggested that such leadership is not essentially different from charismatic leadership for change. Organizational change can cause anxieties and/or challenge the interests of influential groups and hence produce a crisis, which is fertile ground for charisma. In such situations, a leader who proposes a credible and inspiring vision of how to resist change and preserve the status quo can become the object of charismatic attributions. The leader's influence is thus exerted not despite but through charismatic processes. So, charismatic leadership in resistance to change and in defense of the status quo can arise when a relatively influential group perceives an ongoing or upcoming change as a threat to their common interests and identity. Finally, these suggestions have been summarized in testable propositions, and it has been discussed how they may be tested further empirically through laboratory experiments and case studies.

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