MINISTRY AND POSTMODERNISM

The New Age Has Both Positive and Negative Implications for Catholic Health Care

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The fundamental tension in Catholic health care today—between mission, on one hand, and business requirements, on the other—can be creatively resolved only when mission is accepted as the senior partner in the ongoing dialogue between the two.[1] Business operations must always be measured by the demands of the healing mission of Jesus Christ and the church's ethical and social teaching.

In this article I concentrate on the business pole of the tension, arguing that business cannot be understood without reference to modernism, and especially to postmodernism. This latter movement powerfully influences all aspects of our economically globalizing society.

To define what the word "business" really means in today's health care, we need to grasp the complex cultural forces that are operating under the heading of postmodernism. For example, postmodernism has revitalized the theory of economic rationalism, or what is sometimes referred to as "neocapitalism." It is a philosophy that favors the rich, to the detriment of the poor, in order to balance the books. This theory, when applied to health care, inevitably hurts the economically and socially disadvantaged.

THE CONCEPT OF THE MODERN

Historians generally agree that the concept of the "modern" dates back to the Enlightenment in 18th-century France. Disillusioned by political and religious corruption, on one hand, and enthusiastic about new scientific discoveries, on the other, French thinkers of that age were determined to discover the laws governing history and of humankind in general. Declaring that faith was mere superstition, the advocates of modernity believed that through the correct use of reason humankind could progress toward a perfect society. Evil would be eliminated. God had no place in this theory.[2]

The 18th-century belief that human progress is inexorable seemed to be supported by classical physics. Enlightenment thinkers saw matter as the foundation of all life. The material world they understood as an orderly machine consisting of elementary parts.

In health care, the dawning of the modern era brought an increasing professionalization of medicine and the rise of what we have come to call the "medical model" of care. In the modern view, disease is a biological abnormality located in a particular part of the body. This view puts less emphasis on symptoms described by the patient and more emphasis on signs that the physician can objectively measure (often with the use of instruments). The modern view tends to see the human body as a kind of machine that can be restored to health through the scientific detection of disease and scientifically prescribed treatment. Medical science of this type resembles engineering. The modern view downplays the structural, environmental, and cultural aspects of health care because it assumes that society's health depends primarily on the availability of medical resources and the quality of medical expertise.

Of course, this modern understanding of health care runs contrary to the biblical appreciation of the intimate interconnection between body and spirit, without which there can be no full healing. Unfortunately, because of a number of complex historical factors, the church became isolated from the modern world.

In fact, just as the church was about to begin a dialogue with modernity, the world was hit by the series of massive culture shifts that have been described as signifying the age of *post*modernism. The question today is: Has Catholic health care the inner strength to resist negative forces carried

by both modernism and postmodernism? Can Catholic health care carry on a dialogue with postmodernism?

UNDERSTANDING POSTMODERNISM

Authorities on the subject differ about the meaning of the word "postmodernism."[3] However, many would agree that a major culture shift, which came to bear that label, emerged in the Western world in the 1950s and especially in the late 1960s. It continues to significantly affect all aspects of life. Modernity's assumptions—that reality is ordered in a way which can be laid bare by the human mind, that it is possible to build a universal culture upon a foundation of rational thought—are rejected by postmodernism. Nor do people of the postmodern world assume that progress is inevitable. Postmodernism connotes an extensive cultural malaise characterized by cynicism, pragmatism, and a concern for one's own well-being rather than for that of the group. People of the postmodern world reject the idea that either objective truth or universal standards of morality can exist.[4]

A number of factors brought about the triumph of postmodernism and its attendant culture chaos. As physicists reflected on the random behavior of atomic and subatomic phenomena, it became clear to them that classical physics' tenet of an orderly world was no longer realistic.[5] Especially in the 1960s, people became increasingly disillusioned with the idea that technological achievement equaled progress. The horrors of World War II, which ended with the dropping of the atomic bombs on Japan, destroyed any belief in human perfectibility through reason.

By the late 1960s, postmodernism had resulted in what some have called the "revolution of expressive disorder"—a middle-class revolt against all certainties and boundaries, political, moral, sexual, educational, artistic, and social.[6] This revolt was an intense effort to enshrine the rights of the individual as a feeling, free person, rejecting all forms of impersonal bureaucracy, political manipulation, and hypocrisy.

This rejection of the optimism and certitudes associated with modernity caused a widespread erosion of the legitimacy of traditional institutions: government, education, the family, and the churches. These institutions were seen to

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have compromised such values as freedom, creativity or self-expression, and the dignity of the person. Little wonder, then, that postmodern culture assumed that achieving consensus on values such as justice, mercy, compassion, love, and hospitality is no longer possible. Any consensus smacks of order, a taboo word in postmodernism.

Postmodernism has thrown the individual into a major, apparently insoluble, crisis. It has destroyed all sense of personal meaning and identity. People search frantically for new experiences, hoping to find some persuasive meaning in them—and fearing that such meaning is but a figment of the imagination. This effort—an attempt to achieve meaning in life despite constant change—tends to produce fragile, insecure, highly narcissistic, and depressed people for whom antidepressants offer no solution. Little wonder that the suicide rate has risen dramatically. Social scientists, seeing the increased popularity of astrology and magic in affluent countries, link it to the malaise of postmodern culture. Astrology is popular because it claims to explain the vicissitudes of an individual's life in terms of a large universal overview; it does, in short, what religion used to do.[7]

Postmodernism, with its excessive emphasis on the individual and its downplaying of group loyalty and the common good, has also led to a vigorous rebirth of economic rationalism, or neocapitalism.[8] Neocapitalism assumes that:

• The drive by individuals to acquire things is the best expression of what it means to be human.

• The "bottom line" is the measure of all activities.

• It is in government's best interest to encourage economic competition nationally and globally.

• To be poor is one's own fault; governments should not encourage such "sin" by providing the poor with welfare services.

Postmodernism influences every aspect of contemporary life. Because this is so, the tension at the heart of the Catholic health care ministry, which I described earlier as the one between mission and business, might be better described as that between mission and postmodernism.

Trustees, sponsors, boards, CEOs (and their staffs) need to be aware that forces generated by

postmodernism, if left unchecked, may destroy the unique contribution Catholic health care facilities make to society. But postmodernism also has positive aspects; these, if rightly directed, can help us refound our health care mission.

POSTMODERNISM AND HEALTH CARE

Because postmodernism is so pervasive, it inevitably affects Catholic health care in various negative ways.[9]

A Waning of Religious Legitimacy The rise of secularism and the waning of religion have profoundly affected the Catholic Church's credibility in the community.[10] The church continues to speak on such critical issues as abortion, but it can no longer assume it will automatically be listened to and taken seriously, even by people who are church-going Catholics.

The Disintegration of Language The Catholic health ministry can no longer assume that those who staff its facilities necessarily agree on the meaning of such key values as *justice, compassion,* and *mercy.*

A Shifting Culture Postmodernism's breakdown of personal identity and meaning are a kind of cultural revolution. In health care, this culture shift inevitably affects both patients and caregivers, undermining their sense of belonging and intensifying their pain, dwindling energy, and sense of being lost.

An Increasing Focus on Profits Economic rationalism, with its emphasis on measuring success in terms of financial profit alone, may unconsciously influence political and business decision making in health care matters.

A Growing Inability to Plan for the Common Good An overemphasis on the individual and need for immediate self-fulfillment makes it difficult for people to think and plan with the common good in mind.

On the other hand, postmodernism also has some very significant and potentially *positive* consequences, both for society at large and for Catholic health care in particular.

A Search for the Authentic People today are searching for inner meaning in their lives. They are less and less satisfied with logical and rational arguments to support their faith and increasingly expect truths to be authenticated through the witness of

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people's lives. When health care organizations (including Catholic ones) fail to translate their mission or vision statements into reality, they can expect many people to treat those statements with disdain.

A Willingness to Ask Tough Questions "Deconstructionism," a characteristic postmodernist philosophy, encourages people to critique objectively their own cultures and means of communication. It urges them to become aware, for example, of the way culture can insidiously suppress good impulses and support people who manipulate power for their own bad ends.[11] Like all efforts to uncover the truth, deconstructing or critiquing culture is a healthy, but often painful, process.

A Yearning for Spirituality People today seek spirituality, which they understand as "a perpetual process of becoming, a continual unfolding of the human spirit."[12] They are thus open to discovering the power of the Sacred Scriptures.

A Reexamination of the Medical Model Postmodernism has encouraged people to critically reexamine the traditional medical model for the treatment of illness. We are finding it impossible to define "disease," "illness," and "healing" without reference to patients' holistic needs.

A Growing Dissatisfaction with Economic Rationalism The public is increasingly angry at managed care providers who apply a profitability yardstick to the measurement of health care facilities.

An Impatience with Sexist Traditions The postmodernist spirit has also inspired a questioning of health care "patriarchalism"—the belief that only men, following a top-down model of command, can provide organizations with strong leadership, and that, moreover, specialized medical practices should be reserved for men.[13]

An Intensifying Critique of Elitism Michel Foucault, the French philosopher, has pointed out the medical profession's habit of claiming a monopoly on knowledge concerning the human body.[14] Many people today share Foucault's critique of the medical profession's elitism.[15]

A Hunger for Integrity People are wary of leaders who lack personal integrity. Most of us find the way leaders behave more powerfully persuasive than the words they say.

A Longing for Community The rise of the small-group

movement is testimony to people's desire for community in the midst of a society that seems increasingly abstract and dehumanizing. We want to experience a sense of belonging. For millions of us, small groups offer "friendships, forums for discussing values, and links with wider institutions."[16]

An Emphasis on Personal Story Telling People no longer want to depend uncritically on another's story to define meaning in their lives. They want to be able to tell of their own experiences, of their search for personal meaning, and to be free to share this with others.[17]

A Desire for Catholic Leadership Lay professionals working in Catholic health care facilities look to those religious who remain—as, for example, trustees and mission leaders—to provide leadership skillfully focused on maintaining a Catholic ethos. Lay people are saddened and confused when religious seem to lack the required specialist training for this important task.

LEADERS REACTING TO POSTMODERNISM

When I use the word "leaders" in this article, I refer primarily to those (e.g., trustees, sponsors, mission leaders) whose role is to ensure that the mission continues within this postmodern ethos and at a time when religious congregations are rapidly withdrawing from hands-on involvement in health care ministry. Such leaders may react to the turmoil in either negative or positive ways.

Negative Responses Leaders may be so overwhelmed by postmodernism's pressures and the declining strength of their congregation that they essentially abdicate their authority and refuse to hold boards, CEOs, and others accountable to the vision, mission, and values of the healing Christ. Abdication can take several forms. The person of Jesus Christ may, for example, cease to be the central focus in the ministry. Articulation of the ministry's vision and mission may be reduced to humanistic phrases with a possible passing reference to Jesus Christ or to the charism of the founding congregation.

Leaders may do this because they are fearful of appearing to be "too Catholic" or "too Christian" in an environment that they perceive as hostile toward, or at least uninterested in, Gospel values. Yet every institution, if it is to remain focused, has

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the right to proclaim its identity and its expectation that people who join it will respect this particular uniqueness. Of course, an institution that has no clearly stated identity will have little energy for growth and survival. Some leaders, unfortunately, try to be all things to all people. This is a mistake, for in attempting that such leaders devalue the message of Christ and the church's contribution to health care. They substitute a humanistic blandness for the unique holistic message of Jesus Christ.

Such people may also lack the leadership skills necessary to carry on a dialogue in today's business world. Feeling inadequate, they withdraw from situations they cannot understand and therefore fear. At times they may try to articulate the facility's vision and mission, but without making the effort to ground the mission and vision in reality. Such leaders give the impression that they see the imperatives of business operations as unimportant. Yet excellence in business operations—as in all the facility's other operations—is a requirement of the Gospel.

Some leaders, on the other hand, involve themselves *excessively* in business matters, thereby evading their primary task—ensuring that the mission continues. They may try to tell themselves that serious policy decisions are made in a business context, but in doing so they miss the point. Trustees exercise leadership for mission by being trustees; mission leaders do it by being mission leaders. The fundamental task of such leaders is to develop structures and formative processes that enable boards, CEOs, and staff *themselves* to make decisions based on the vision, mission, and values of Jesus Christ. As long as leaders dodge this task, their mission will fail to take root in the culture.

Positive Responses People who exercise positive and responsible leadership in Catholic health care do so in a variety of creative ways. And they are uncompromising about the church's requirements in ethics.

However, they also realize that they must make an *active* response to ethical questions. An insistence on the church's ethical standards will not in itself guarantee that the Catholic ethos continues to pervade a facility's culture. Effective leaders know that Catholic identity is a process, rather

than just a statement of assent to the church hierarchy; it *is* assent, but it is more than that as well. Catholic identity is being achieved most strongly when the people who adhere to Gospel values—justice, compassion, mercy, and the others—are *living* them in the workplace. Only then is an authentic culture of healing developing. Building such a culture in a postmodern society means abandoning mission integration services that were adequate for yesterday's needs but no longer suffice for today's. Doing so requires skill, courage, and faith.

The effective ministry leader in a pluralist society respects both the freedom of staff members and, at the same time, the fact that the uniqueness of Catholic health care is founded in the holistic mission and ministry of Jesus Christ. Such leaders do not *tell* people to believe in Christ; they *invite* them to understand the roots of the core values of the health care facilities.

Effective mission leaders know that respect for core values is not achieved through lectures about a facility's origins or a congregation's founding, but primarily through formative processes in which staff members are themselves full participants in the learning process. The participants' own needs and personal experiences are acknowledged. In this experiential approach to learning, the personal example of leaders is crucial in fostering acceptance of the message. Paul VI, reflecting on ministry in a postmodern society, incisively notes that people today listen "more willingly to witnesses than to teachers, and if [they] do not listen to teachers, it is because they are not witnesses."[18] People who say one thing and do another evoke little trust in a postmodern world.

In mission integration programs, effective leaders will be sympathetic not just to people's dissatisfaction with economic rationalism and the medical model, but also to their yearning for meaning in their lives and for health care facilities in which business operations are driven by Gospel values. I find the following initiatives especially effective in responding to these needs:

Ground Meetings in Scripture. Board members might begin their meetings with well-planned Scripture reflections, inviting colleagues to reflect on the relevance of the text for their

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work in governance. This approach reminds members that their organization must be faith-based and that, through dialogue, they can positively and collaboratively resolve the tension between the healing mission of Christ and contemporary postmodernism in their work.[19]

Encourage Open Discussions. Before administrative decisions are made at any level of the facility (from the board down to the housekeeping department), mission leaders should encourage everyone involved to pause and remind themselves of the core values that must guide them. Leaders may prompt discussion of the decision by asking such questions as: "Is this recommendation in accordance with our core values?" and "If it is not, what must we do together to maintain our facility's Christian ethos?" If leaders do *not* pose these questions, the decisions made will mirror the negative aspects of postmodernism.

Foster Reflection Groups. The organization could foster small, voluntary, Scripture-oriented groups in which participants can, by reflecting on key biblical incidents (especially those involving healing), come to understand the facility's vision, mission, and values more deeply. Joining what are in fact basic Christian communities, participants could meet regularly with the common aim of growing in the fullness of life in Christ the healer and extending this life individually and together into the facility's culture.[20]

Form "Bridge" Groups. People at any level of the organization might freely commit themselves for a set period of time (e.g., a year) to identify and "bridge" gaps between the facility's mission and business. At one facility, for example, a group discovered that volunteer helpers had no room in which to relax in between shifts. The group saw the lack of such a room as a violation of the facility's core value of hospitality. Accordingly, it pressured the facility's administrators to provide a room and decorate it appropriately.

OVERCOMING CYNICISM

Mission leaders should be aware that cynicism, which is one consequence of postmodern thinking, can cripple all initiatives. Under its influence, people come to believe that they can neither know reality as it is nor do much about it.

MINISTRY AND POSTMODERNISM

Cynicism subtly poisons an atmosphere because it seems to make the present situation permanent, providing no hope of change. Such cynicism, with its fatalistic foundation, breaks out into scorn and derision of people and institutions that believe compassion, mercy, and justice are values that can, in fact, be practiced.[21]

Leaders of Catholic health care facilities can unwittingly be seduced by this cynicism as they struggle to develop and maintain a Catholic ethos in health care in the midst of a postmodern world. They lose their nerve to lead appropriately or surrender to the temptation to cease trying. They may resort to simple repetition of the facility's vision and mission statements, making no real effort to integrate these statements into the facility's culture. Such leaders vainly believe that if they repeat the statements often enough, people will automatically comprehend their meaning.

Effective leaders, however, see postmodernism's positive challenges. They realize that mission integration methods that worked in an era of modernity are frequently inadequate for today's reality. They see an opportunity to begin again, using the experience of staff members, especially their inner yearning for meaning and community, just as Christ did in his own day when he developed leadership skills in his apostles. □

NOTES

1. Gerald A. Arbuckle, "Mission and Business," *Health Progress*, September-October 1999, pp. 22-24, 28.
2. Richard Stivers, *Evil in Modern Myth and Ritual*, University of Georgia, Athens, GA, 1982, pp. 22-24, 28.
3. See Anthony Giddens, *The Consequences of Modernity*, Polity Press, Cambridge, England, 1990, p. 45. Giddens rejects the word "postmodernism" on both philosophical and sociological grounds.
4. Jean-Francois Lyotard, "The Postmodern Condition," in S. Seidman, ed., *The Postmodern Turn: New Perspectives on Social Theory*, Cambridge University Press, Cambridge, England, 1994, pp. 27-38.
5. Margaret Wheatley, *Leadership and the New Science: Learning About Organizations from an Orderly Universe*, Berret-Koehler, San Francisco, 1992.
6. See Gerald A. Arbuckle, *Earthing the Gospel: An Inculturation Handbook for the Pastoral Worker*, Orbis Books, Maryknoll, NY, 1990, pp.119-120, and *Healthcare Ministry: Refounding the Mission in Tumultuous Times*, Liturgical Press, Collegeville, MN, pp. 18-19.
7. Molly O'Neill, "As Life Gets More Complex, Magic Casts a Wider Spell," *The New York Times*, June 13, 1999, p. 1B.
8. David C. Korten, *When Corporations Rule the World*, Earthscan, London, 1996, pp. 70-71.
9. See Gerald A. Arbuckle, *From Chaos to Mission*, Liturgical Press, Collegeville, MN, 1996, pp. 42-57, and *Healthcare Ministry* pp. 3-41, for fuller discussions of this topic.
10. Ian I. Mitroff and Elizabeth A. Denton, *A Spiritual Audit of Corporate America*, Jossey-Bass, San Francisco, 1999, pp. 184-185.
11. Jacques Derrida, "This Strange Institution Called Literature," in D. Attridge, ed., *Acts of Literature*, Routledge, New York City, 1992, p. 109.
12. Mitroff and Denton, p. 185.
13. Sheila Hillier and Graham Scrambler, "Women as Patients and Providers," in *Sociology as Applied to Medicine*, G. Scrambler, ed., W.B. Saunders, London, 1997, pp. 131-133.
14. Michel Foucault, *Madness and Civilization: The History of Insanity in the Age of Reason*, Random House, New York City, 1965.
15. Ivan Illich, *Limits to Medicine: Medical Nemesis—The Expropriations of Health*, Penguin, London, 1990.
16. Robert Wuthnow, *Sharing the Journey: Support Groups and America's New Quest for Community*, Free Press, New York City, 1994, p. 365.
17. See Arbuckle, *Healthcare Ministry*, pp. 35-36.
18. Paul VI, Apostolic Exhortation, *Evangelization in the Modern World*, par. 41.
19. Arbuckle, *Healthcare Ministry*, pp. 233-234.
20. See Arbuckle, *Healthcare Ministry*, pp. 241-270; Bernard J. Lee and Michael A. Cowan, *Dangerous Memories: House Churches and Our American Story*, Sheed and Ward, Kansas City, MO, 1986.
21. Richard Stivers, *The Culture of Cynicism: American Morality in Decline*, Blackwell, Oxford, England, 1994, p. 13.

REVENUE GROWTH

In Catholic health care, the rationale for growth is less apparent.

is not desirable, but growth has proven over time to be the most certain way to attain long-term financial stability.

The need for growth in investor-owned companies is fairly obvious and usually is directly linked to profitability and shareholder return. In not-for-profit businesses and Catholic-sponsored health care organizations, in particular, the rationale for growth, apart from survival, is less apparent. In these cases, growth provides the principal means to support the mission, both in terms of the continued future viability of the organization and the charitable mission that is central to Catholic-sponsored organizations. Setting an overall profitability target in an organization and allocating a portion to continuing the business and a portion to charitable purposes ultimately determines how much growth is needed to enable this return to be generated. In fact, the business challenges for not-for-profits are not markedly different than the ones investor-owned companies face—but the proceeds of successful operations are distributed very differently.

Health care providers have struggled through an extremely difficult period in which survival was the main goal; those that have emerged, battered and bruised but somewhat intact, need to resume a growth orientation before the next new challenge hits. This series of articles will help health care organizations carefully and purposefully move forward and take advantage of the many opportunities that exist in the next century of health care delivery. □

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