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EDITOR'S NOTE

Leaders of Catholic health care organizations differ from leaders of other-than-Catholic ones in that their work is bound by both civil law and the canon law of the Catholic Church. Because this is so, leaders of Catholic organizations should know something about canon law.

Toward this end, Health Progress is offering its readers a series of articles on canon law under the general editorship of a well-known expert in the field, Fr. Francis G. Morrisey, OMI, PhD, JCD, professor of canon law, Saint Paul University, Ottawa, Ontario.

TENTH IN A SERIES ON CANON LAW

“Formation” in the

The *Code of Canon Law* uses the word “formation” 73 times.¹ It is referenced in Books Two, Three, and Four with canons pertaining to formation of the Christian faithful—catechists, clerics, candidates and members of institutes of consecrated life, and candidates for reception of the sacraments. The qualities of a formative process are described as follows: “appropriate to one’s role,” “necessary or useful for the exercise of ministry,” “systematic,” “catechetical,” “religious,” “spiritual,” “doctrinal,” “theological,” “specifically pastoral,” “philosophical,” “human and scientific,” and “adapted to the times,” while “paying regard to the whole person.” Formation is to be “continuing,”² which implies that growth in the Christian life, or for any state in life, is a matter of ongoing development.

The locus of formation may be the family, a parish, a school, a novitiate, a seminary, or a house of studies. A program of formation may be delineated by a Roman dicastery, a diocese, an institute of consecrated life, an accredited university/seminary, or a corporate sponsor of a Catholic ministry. The qualities, locus, and governance of formation provide the necessary formalities associated with a process of formation.

Vatican Council II focused attention on the importance of formation in the life of a religious institute. Formation, understood as growing in the following of Christ, is emphasized as a lifelong process with physical, moral, intellectual, affective, and spiritual aspects. It is aimed at the deepening of one’s faith and a growing maturity. It should be framed in a set of principles adapted to the nature of each religious institute and the culture and conditions in which it is situated. It should be dynamic and collaborative and include apostolic experiences that are integral to the components of the program. It should be mutually enriching for both the new candidate to religious life as well as the seasoned members. It is a time of sacred trust for all involved.

Church law highlights the suitability of candidates, the purpose of the novitiate experience, the place and time of the formative endeavor, the personnel involved, and,



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most importantly, the process.

Concerning suitability, congregational leaders are to admit only those who have the health, suitable character, and sufficient maturity needed to embrace the life of the institute.³ The presence of these qualities may be verified by using experts in physical and psychological health, by observing the candidate, and by granting her extended participation in the life of the institute prior to admission.

The purpose of the initial formative experience in the novitiate is to help the candidate better understand her vocation in light of what is proper to the institute, to experience the manner of living in the institute, and above all to form the mind and heart in its spirit.⁴ It allows the candidate to discover, assimilate, and deepen her identity as a consecrated person. It cannot be accomplished by simple didactics. The responsibility for growing into an institute’s particular way of following Christ rests with both the initiate, the person charged with the initiate’s direction, and the whole community. Everything is aimed at determining the authenticity of the call to a life commitment in that particular institute.

For a novitiate to be valid, it must be made in a house designated for this purpose. A minimum of 12 months must be spent in the novitiate community itself with the possibility of other periods of apostolic ministry available to the candidate.⁵ The time in the novitiate community assists the candidate in learning about the works of the institute while experiencing life among the professed members and continuing the process of integrating prayer and ministry.

Formation personnel serve as companions and guides to the novices. The director must be a perpetually professed member and legitimately designated by competent authority. She must not be impeded by other duties that would deter her from functioning in a stable

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manner in the role. ⁶ The director must be steeped in the spirit of the institute and experienced in the dimensions of its life.

A defined program and process of formation is to be delineated in the proper law of the institute. ⁷ Novices are to cultivate human and Christian virtues, learn about prayer, contemplation, and the Scriptures. Asceticism, practice of liturgical forms, and ecclesial awareness, as well as the history and spirit of the institute, are integral to a program of formation. The formative process is to be continued after profession so that mission is exercised in a manner attentive to the needs of the church and the varying conditions of people and times. Throughout her entire life, a member of a religious institute is to continue her spiritual, doctrinal, and practical formation. ⁸ Formation is to

address the whole of life grounded in the institute's charism. ⁹ It must be a dynamic process.

"Formation" for leading a Catholic health ministry is a topic of ongoing concern as more and more of the Christian faithful are preparing to become stewards of Christ's healing mission. The canons on formation for consecrated life may serve as a useful reference point. Several exemplary programs for leaders in the Catholic health ministry are already operative and reflect the principles found in the canons pertaining to consecrated life. ¹⁰ ■

735, 773, 776-780, 785, 788-789, 795, 799, 803-806, 827, 1032, and 1051 in *Code of Canon Law Annotated*, E. Caparros, et al., eds., Wilson & Lafleur Limitée, Montréal, Canada, 1993.

2. Canons 661, 724, and 780.
3. Canon 642.
4. Canon 646.
5. Canon 648.
6. Canon 651.
7. Canons 650 and 652.
8. Canons 659-661.
9. Pope John Paul II, *Vita Consecrata*, 1996, paras. 68-69, available at www.vatican.va/holy_father/john_paul_ii/apost_exhortations/documents/hf_jp-ii_exh_25031996_vita-consecrata_en.html.
10. The September-October 2004 *Health Progress* featured a special section on leadership formation. CHA currently offers a number of ministry leadership formation programs. See also "Program to help PJP members prepare for new role," in *Catholic Health World*, July 6, 2006, p. 5.

NOTES

1. See canons 231, 234-235, 241-245, 248-252, 255, 257, 259-261, 295, 329, 528, 587, 630, 648, 650-652, 659-661, 724,

THE CATHOLIC HEALTH ASSOCIATION

A Shared Statement of Identity for the Catholic Health Ministry



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WE ARE THE PEOPLE of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope. 🕊

As the church's ministry of health care, we commit to:

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church