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. 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.

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 postmodernism. 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." 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.

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. 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. 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 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.

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. 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 reframe our health care mission.

**Postmodernism and Health Care**

Because postmodernism is so pervasive, it inevitably affects Catholic health care in various negative ways. 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. The church continues to speak on such critical issues as abortion, but it can no longer assume that 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.

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 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. Many people today share Foucault’s critique of the medical profession’s elitism.

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.”

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, to be free to share this with others.

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 charisma 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 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 evaporating 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
Mission leaders should be aware that cynicism can cripple all initiatives.

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.” 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 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.

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.

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.

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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.  

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**

12. Mitroff and Denton, p. 185.
17. See Arbuckle, Healthcare Ministry, pp. 35-36.