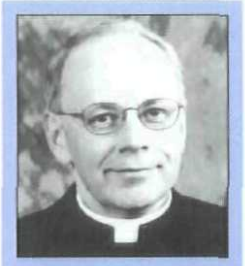
The Four Ages: We've Only Just Begun

BY REV. CHARLES S. BOUCHARD, OP

The questions Mary Kathryn Grant, PhD, raised about ministry leadership development in the March-April issue of *Health Progress* ("The Continuing Need for Ministry Development," p. 9), especially "Why are we still talking about this after 30 years?" are very good ones. I'd like to respond with some thoughts of my own, based on my experience as a theologian in Catholic health care.

One of the reasons we've been dealing with this issue for so long is because of not one, but several shifts in leadership paradigms since 1965. The first occurred when religious women, who originally founded and staffed most of our health care facilities, had to develop professional business expertise. Even though many of them did not have formal theological training, their religious formation enabled them to lead these ministries effectively until financial and organizational pressures began to mount. They responded to these challenges by getting professional training in health care management. This training enabled them to preserve the charism and spirituality of the ministry with good business skills.



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Development of Lay Leadership

The second shift was to lay business leadership as a new generation of lay men and women assumed top leadership and governance positions in Catholic health care. These men and women had strong business skills and absorbed some of the "spirituality" from the religious with whom they collaborated. In many cases, however, their direct role in the mission of health care was ancillary. They "helped the sisters" with "their" health care ministry but did not see themselves as having primary responsibility for it.

I became aware of this one day at a board meeting for my own school, which had been run for most of its history by the men of the province with some laypeople in consultative or advisory roles. During a long period of board development, I had repeatedly stressed how we needed laypersons to enter into a governance partnership with us, not just to act as advisers. Finally, one of the lay board members raised his hand and said: "Wait a minute. Are you telling us that we really *own* this place?" I replied that although the province still owned it *legally* we were asking the whole board—lay and religious—to take active ownership of the mission and to provide for it and develop it in a way they never had in the past. This was a real "Aha!" moment for the lay board members, a turning point in which they began to see their role and responsibility in an entirely new way.

Emergence of Lay Ministerial Spirituality

The third change, which is currently under way, involves imparting to lay health care leaders a ministerial spirituality of their own. Retreats, prayer, continuing formation, and more structured interaction with sponsors helped them to begin to see that their baptism is at the root of their leadership roles. We see this same phenomenon in other ministries as well, especially in parishes where lay women and men are assuming more active ministry roles. In all areas, however, we still have a long way to go until the day when laypersons have acquired legitimate identities as ecclesial ministers. This involves more than just a dose of prayer and spirituality. It requires serious formation that will help these leaders see themselves as *ministry* leaders whose role and identity are distinct from their counterparts in for-profit business.

Tomorrow's Challenge: Lay Theological Formation

The final change has only begun and will present the most significant challenge yet. In her recent book,[1] Zeni Fox outlines challenges for parish lay ministers. They have good theological formation, but they lack adequate compensation, professional status, clear job descriptions, and job security. The situation is quite different in health care. Health care leaders have excellent compensation

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Health care leaders need to converse in theological language as comfortably as in the language of business.

(sometimes verging on scandal), high status, and clear job descriptions. Their professionalism is not in question. What they lack is theological formation, which would enable them to think creatively about how to run the business of health care *as a ministry.*

A mission leader in Catholic health care once said to me, "We don't need theology. What we need is more spirituality!" This remark betrayed a shocking anti-intellectualism and a lack of awareness that Catholic spirituality cannot exist without theology. We like to think of spirituality as soft, comforting, inclusive, and noninstitutional, whereas theology tends to be seen as abstract, sharp-edged, and irrelevant to everyday concerns. The New Age movement has seduced us into thinking that "spirituality" is whatever we want it to be and that it conforms itself to our own subjective needs. The fact is that Catholic spirituality, although broad and multifaceted, is still rooted in basic theological convictions about God and how God acts in our personal and corporate lives. Ronald Rohlheiser's recent book *The Holy Longing* is an excellent summary of what those convictions are.[2]

If our sponsored institutions are to survive as ministries, leaders need significant theological education to help them understand what christology, ecclesiology, Scripture, and moral theology have to do with health care. What difference does it make to health care, for example, if we see the church as the Body of Christ or the People of God? How can Jesus' one saving act be salvific for all persons, even those who are not Christian? Why don't Catholics describe their religious experience in terms of "choosing Jesus Christ as their personal Savior?" Why aren't Catholics biblical fundamentalists, and what difference does that make in health care? Why is the notion of sacrament at the root of what the physician or nurse does in the operating room? Unless our health care leaders have some idea of the answers to these questions, they cannot effectively direct the mission of health care. They need to be able to converse in this theological language just as comfortably as they converse in the language of business and finance.

Dr. Grant is correct when she says that leadership development is not remedial. Spiritual and theological formation are not just frosting on the health administration cake, but entirely new competencies required by the massive ecclesial changes that have taken place in the last 30 years. □

NOTES

1. Zeni Fox, *New Ecclesial Ministry: Lay Professionals Serving the Church*, Theological Book Service, 1997.
2. Ronald Rohlheiser, *The Holy Longing: The Search for a Christian Spirituality*, Doubleday, 1999.

This column addresses issues related to ministry leadership development for sponsors, executives, trustees, and physicians. Reactions to this column—both positive and negative—are welcomed and invited, as are topics for further consideration. Please address all correspondence to the editor at hpeditor@chausa.org.

A TIME TO CHOOSE

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merely extending the current, distorted system to everyone. The assumptions and attitudes that resist reform sit deeply in American institutions and American souls. Nothing short of fervid religious dedication and deep spiritual vision can prevail against such adversaries, in our society and in ourselves.

If religious congregations come to recognize that the long-term, root-cause moral and ministerial challenge concerning the poor is not direct service to the poor, but rather reform of the health care system—nothing will stop such reform. If, on the other hand, the relationship between care of the poor and reform is not recognized for what it is by religious sponsors, Catholic health care will continue to behave admirably, like Peter Claver, a saint—but in an era that calls for the saintly work of William Lloyd Garrison. □

NOTES

1. J. K. Igleheart, "The American Health Care System: Employer-Sponsored Health Coverage," *New England Journal of Medicine*, vol. 340, no. 3, pp. 248-252; Robert Kuttner, *Everything for Sale*, University of Chicago Press, Chicago, 1996, pp. 117-120.
2. B. Harvey, "Toward a National Child Health Policy," *JAMA*, vol. 264, no. 2, 1990, pp. 252-253.
3. U. Reinhardt, "Germany's Health Care System: It's Not the American Way," *Health Affairs*, vol. 13, no. 4, pp. 22-24.
4. See, for example, the *New Dictionary of Catholic Social Thought*, Liturgical Press, Collegeville, MN, 1994; M. Fiedler and L. Rabben, eds., *Rome Has Spoken: A Guide to Forgotten Papal Statements and How They Have Changed through the Centuries*, Crossroad, New York City, 1998; and Henry Mayer, *All on Fire: William Lloyd Garrison and the Abolition of Slavery*, St. Martin's Press, New York City, 1998.
5. Joseph Sullivan, "Church Social Teaching: Proud Heritage, Neglected Treasure," *Origins*, vol. 27, no. 35.
6. Mario Cuomo's remarks about Garrison can be found on the dust jacket of Henry Mayer, *All on Fire: William Lloyd Garrison and the Abolition of Slavery.*

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