

To Teach and Heal As Jesus Did

By FR. GERALD A. ARBUCKLE, SM, PhD

When I gave the keynote address to the 80th Catholic Health Assembly in 1995, I rather overconfidently declared, “At no previous period has health care faced a more chaotic and threatening environment.”

This remains true. But the tasks then confronting the future of Catholic health, when measured by today’s realities, were relatively simple and uncomplicated. I did not envisage today’s enormous challenges; for example, the rapid development of public juridic persons, the ever-increasing practice of merging or partnering of our organizations with other Catholic institutions or with other-than-Catholic entities, and the implications of the Affordable Care Act. Hence, the “skills to deal with possible ethical issues . . . and the ability to lead cultural change”¹ are only some of the new critical competencies Catholic health care leaders will need to acquire.

The overall question is this: How can we maintain our founding values and Catholic identities in the midst of these ever-increasing pressures? One statement in my 1995 lecture does remain extremely relevant: “Our health care institutions will not survive according to Catholic values and respond to people’s needs simply by imitative refining of existing assumptions, structures and traditional methods of leadership.” As Pope Francis says, we must be “bold and creative,” abandoning “the complacent attitude that says: ‘We have always done it this way.’”²

This article, therefore, attempts to address the following three themes:

- For successful institutional restructuring, partnering and merging, we must be sensitive to the nature and power of culture.

- There are five pillars of Catholic identities, and the primary pillar is Jesus Christ. His story alone is able to provide the unifying force in cultural merging.

- Our founding values will remain vibrant in the midst of rapid cultural changes, if we adopt in our staff formation programs the pedagogical methods of Jesus Christ. Such methods are eminently suitable for our contemporary, postmodern age.

These statements will be explained through a series of working axioms:

Axiom 1: For successful merging or partnering, we need to have a clear understanding of the nature and power of culture.³

The history of organizational structural changes and mergers is a dismal one. While they may begin with enthusiasm and much fanfare, it has been estimated that in the United States, between two-thirds and three-fourths of all corporate mergers and acquisitions fail, and up to one-third collapse within five years. In the early 1990s,

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“as many as 80 percent never live[d] up to their original expectations.”⁴

The pattern continues and health care mergers are no exception.⁵ Two observers bluntly conclude that mergers “can turn otherwise rational executives into emotional wrecks and transform well-meaning managers into seeming monsters.”⁶

Why is this so? In brief, the answer is that most often the nature and power of culture are poorly appreciated by the planners and implementers of mergers and restructuring. Hence, the depressing consequences.⁷

Let me explain: What do we feel when we go to create our favorite dinner dish for guests, and we cannot find the right pots and pans? Or what do we feel when someone dares to sit repeatedly in our favorite chair in front of the television or at the dining table? Your answers will give you a critical insight into the definition of culture. We feel annoyed, even angry. Culture is primarily about felt order, not change. The pots and pans should be in the right, orderly, place. They are not. We don't feel comfortable in a different seat. We feel something is just not right.

The fact is that though we may yearn for change, even accept it intellectually, we most desire order, predictability. We feel uncomfortable when things are no longer in their familiar places. Thus, we may begin new projects with enthusiasm, but then unexpected resistances begin to develop. Why? Simply because people feel ill at ease with uncertainty. We feel more comfortable with the familiar, even if it happens to be dysfunctional.

For this reason we can define culture as not what we *do* around here, but what we *feel* we do. All cultures have a built-in resistance to change. Cultures begin like gentle, fragile cobwebs but quickly become forbidding prison bars, eventually suffocating innovation, unless we diligently determine otherwise. Think back to the enthusiasm generated by the founding of health care integrated delivery systems in the past. Yet so many

failed, and few remain. Why? We forgot that culture is primarily about maintaining felt order, not about change.

EMOTIONAL GLUE

Myths are at the heart of all cultures. Unfortunately, myths in popular language are untruths. But anthropologically, myths are value-impregnated beliefs or stories that people believe to be true. They are the emotional glue that binds people together at the deepest level of their group life. They are stories that people live by and for. They claim to reveal, in an imaginative and symbolic way, fundamental truths about the world and human life.⁸ They are efforts to explain what usually is beyond empirical observation and, to some degree, outside human experience. They inspire people, energize them to act, to make sacrifices beyond the normal.

For example, ponder the national founding story of the United States, the new Promised Land, with its powerful emphasis on individual rights, so neatly described on the \$1 bill in the words *Novus ordo seclorum*, which means “a new order for the ages.” It is concretized in the lives and actions of cultural heroes such as George Washington, Abraham Lincoln, Franklin Roosevelt, Martin Luther King, Jr.

Thus, myths tell those who believe them what reality is and what it should be.⁹ Myths can evoke deep emotional responses and a sense of mystery or wonder. The emotional quality of myths is especially evident in “residual myths.” A residual myth is one with little or no daily impact on a group's life, but at times it can surface to become a powerful operative myth. They lurk in the culture, unconscious, always waiting to re-emerge.

PRACTICAL IMPLICATIONS

Inaccurate perceptions of and defective attitudes toward culture lead to bad theology, as well as to faulty merging policies and practices.¹⁰ When there is a merger, the founding myths of each individual organization appear threatened. People feel confused, even angry, because new ways of acting must be adhered to. They want to return to their sense of familiar belonging. Remember, culture is 90 percent feeling. To lead people through the confusion, mergers need to include a new founding myth that is slowly able to bind people together across former divisions and boundaries.

Axiom 2: Institutionally and personally, people have many identities, normative and dynamic. Which identity is chosen depends on the context.¹¹

My name is my legally approved identity, according to my passport. But I have many more identities than this. For example, I am a priest, a member of a congregation, an anthropologist, etc. Which identity I choose to use depends entirely on the circumstances or context. I am writing as an anthropological health care consultant. Thus, the context is all important in defining my identities.

In the axiom, I distinguish between normative and dynamic identities. The distinction is a crucial one. A mission statement proclaims the identity of a particular organization. It sets out the norms that must make the organization unique. But dynamic identity occurs only when people actually live these norms. This is far more difficult, as we know, than just writing a mission statement.

But how do people come to interiorize and live the norms? The fact is that adult people today dislike being told who they are and what they must do. That is, they dislike normative identities being imposed on them through coercion. They want to be involved dynamically in self-understanding and decision-making. This is a vital point when we come to reflect on Catholic identities and how they are to be acquired individually and institutionally.

Axiom 3: The church establishes normative identities for ministries; the challenge is to find ways to involve people in dynamically interiorizing these identities.¹²

Theologian Rev. Richard P. McBrien writes: “There is no one characteristic, apart from the Petrine doctrine, which sets the Catholic Church apart from *all other* churches.” The Petrine doctrine is the belief that the pope as the chief shepherd and supreme authority in the church is the successor of St. Peter. Beyond this Petrine doctrine,¹³ however, Fr. McBrien adds that there are “various characteristics of Catholicism, each of which ... Catholicism shares with one or another Christian Church or tradition” but that “a case can

be made that nowhere else except in the Catholic Church are *all* of Catholicism’s characteristics present in the precise *configuration* in which they are found within Catholicism.”¹⁴

Fr. McBrien describes normative Catholicism as “a tradition that sees God in all things (sacramentality), using the human, the material and the finite (mediation) to bring about the unity of humankind (communion).”¹⁵ There may be some overarching principles that bind all these features together, but there is no single way of embodying them. If we attempt to condense Catholic identities to just one exclusive expression of normative identity, we are in grave danger of fundamentalism, that is, of reducing what the word Catholic means to one issue — for example, our facilities do not provide abortion services. Every other identifying quality is ignored. Peter Steinfelds, co-founder of the Fordham Center on Religion and Culture and former editor of *Commonweal*, sensibly reminds us that we should “stop thinking about Catholic identity as though this were something univocal ... There may be some over-

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arching principles ... but there is no single way of embodying them, and it might be wiser to speak of Catholic identities in the plural.”¹⁶

In summary, as I have many identities, so also does the church and its members. We have distinctive liturgies, sacraments, forms of governance, beliefs. These together give us normative Catholic identities. But as people interiorize these normative truths in different contexts, they develop dynamic identities. They will be similar and diverse depending on the different environments in which people are living.

But back to *the* challenge: How are these norms

to be explained and interiorized when the majority of staff members are either not Catholic or, if they nominally are, have little or no knowledge of, or interest in, the Catholic ethos? How do we begin their formation? The following axioms seek answers to this problem.

Axiom 4: There are five founding pillars of Catholic identities, but the primary pillar is Jesus Christ.¹⁷

There are five broad pillars as sources of normative Catholic identities: Scripture, magisterium, symbols/rituals, gender and ethnic inclusivity, and culture champions. Gender inclusivity today is urgent. Women in Jewish culture at the time of Jesus were second-class persons, excluded from worship and teaching of God, with status hardly above the slaves. For this reason the actions of Jesus toward women were revolutionary. He showed concern for their welfare, but in ways that were not condescending or prejudiced; he healed sick women and ignored the requirements of ritual impurity when relating to women (Mark 5:25-34, 35-43). He gave them equal rank with men as daughters of Abraham (Luke 13:10-17) and the highest respect as persons (Matthew 5:28). Women were members of his intimate circle of friends (Luke 8:1-3). He appeared to Mary Magdalene before he revealed himself to his apostles, and she was asked to bring the news of the resurrection to the disciples (John 20:11-18).¹⁸

All five are vitally important pillars, but the pillar that is the primary, ultimate source of our identities are the Scriptures. The ongoing primary founder of our health and aged-care services is Jesus Christ. He gives decisive significance to all our identities. Our task is to heal as Jesus healed. We may be adhering to all the ethical principles and social teachings of the church, but what ultimately will make our services *unique* are our efforts, at all levels of our systems, to be Jesus the compassionate one to fellow staff members and to patients. Jesus, the compassionate healer, ultimately gives meaning and direction to all other pillars listed.

This means that Jesus Christ is the primary and ultimate founder of our health services, not the founders of religious congregations. As

Pope Francis repeatedly reminds us: “The center is Jesus Christ, who calls us and sends us.”¹⁹ It is his story of healing that we must ultimately build upon. It is his story as healer that needs to be repeatedly retold in refreshingly new ways. This is not in any way to downplay the founders of religious congregations and the health ministries they established. They ultimately received their energy to act prophetically from recounting the story of Jesus Christ the healer. It is a question of returning to this foundational story of our ministries: Jesus Christ the healer.

There is today an added and urgent reason for insisting on Jesus Christ as the binding story. As mergers increase, we must have a common story

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that holds us together. That story is the healing Jesus Christ. We cannot have competing founding stories. They will prevent effective mergers.

In researching their book about Catholic education, Melanie Morey and Fr. John Piderit, SJ, found in 2006 that in Catholic universities and colleges in the United States, there is an “almost universal resistance to using rich Catholic language.” Many senior administrators were “seemingly more committed to the religious sensibilities of non-Catholics than they are to reclaiming symbolic religious language that is clearly ‘Catholic.’”²⁰

There is a warning in these conclusions for ourselves in health care ministries. Yes, it is difficult to speak of and explain that Jesus Christ is the primary founder and that there are nonnegotiables in our Catholic identities. But we must find a way. Otherwise we have no future as Catholic health care ministries.

Axiom 5: Jesus Christ formed the identities of his followers not through top-down or normative teaching, but through engaging them in storytelling. In this way people were

invited to shape their identities in dynamic ways. We need to do the same.²¹

We recognize that previous systems of educating the staffs of our Catholic institutions have often failed to have significant impact on their lives. In this pluralistic age, we employ in these institutions an increasing number of people with little or no faith background. We cannot expect to impose on them the beliefs of the Catholic Church such as the Trinity, the divinity of Jesus Christ, the sacraments, papal infallibility. However, our Catholic institutions, if they are to maintain their Catholic identities, have the right to require their staffs to behave in accordance with the Gospel values, ethical and social principles of the Catholic Church.²²

Given these realities, the challenge is — how are the Gospel values to be instilled in a way that people's lives are transformed? How are individuals and institutions to craft stories that weave together the narratives of Jesus Christ and their own stories into a single, vibrant fabric? How are people in our ministries, whether they are professedly Catholic or not, to become so inspired by the story of Jesus Christ that they are moved to act individually and communally with compassion and justice?

We are tempted to tell people who they are and how they should behave. If learning does occur under these circumstances, it usually does so at the cognitive level only. Although the didactic teaching method definitely has its importance, it should never be the primary method of forming

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adult identities. Catholic identities today need to be implanted by persuasion and sustained, ultimately, by love and example.²³ This is the inductive method that Jesus Christ himself used. He knew that abstract principles are easier to grasp

when viewed through the lens of a well-chosen story or parable. Let's face it: Mission statements are necessary, but they rarely inspire people to act.²⁴ But through storytelling, as Jesus did, listeners are invited to draw their own conclusions about the types of behavior that are expected, required, or condemned.²⁵

How do we come to know how Jesus healed? We become compassionate only through experiencing Christ as healer in the Scriptures through his parables and behavior. Compassion is not something that can be taught. It can only be caught — by pondering what he did and said.

Axiom 6: Vibrant organizational cultures have four elements. The founding story and its retelling is the most vital, otherwise they lose their distinctiveness and energy.

The qualities of vibrant cultures are: a founding story, clear symbols of identities, transformative leadership and ongoing formation based on the founding story. If the fourth is neglected, then the organization drifts away from its origin and loses its energy and focus.

Axiom 7: The Good Samaritan parable is a residual myth in Western cultures; it alone is capable of uniting different health care cultures.²⁶

If formation programs and mergers are to succeed, they ultimately need to be refounded on a common story of Jesus Christ. This means turning again to the energizing power of the Good Samaritan parable, which historically is the original founding story of all Western health care systems. Different organizational cultures cannot be united while maintaining their original, different, founding stories.

Parables are stories that open up worlds of thought and experience for those who listen to them. The stories dispose people to listen; their defenses are down. They turn people's expectations of the world upside-down. As springboard stories, they can capture the imagination of people and be catalysts for listeners to grasp in an unthreatening manner key truths in their own lives.²⁷

Such is the power of the Good Samaritan par-

able, the original founding story of all health care systems in the Western world.²⁸ It remains a powerful residual myth in our cultures that we again need to use in order to bind together formerly competitive health care organizational cultures. As a catalyst for reflection on life's challenges, the parable is as relevant today as it was at the time of Christ. For example, there are six types of violence in the parable that are common in our own societies: religious, occupational, racial, social, verbal and physical. The Samaritan knows what it is to be on the margins of society for two reasons: he is, by Jewish standards, a heretic and, worse, non-human. He has an additional strike against him: He is a trader in oil and wine — a shady occupation despised by both Jews and fellow Samaritans. The qualities of prophetic compassion, courage and justice required in the caregiver are detailed.²⁹

The parable also contains six interconnected normative truths that should form the foundation of Catholic health care and welfare ministries. Each truth contains values or action-oriented pri-

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orities. Through telling the parable, Jesus hoped that his listeners would discover these truths and values and live by them. The truths are: All creation is a gift of God;³⁰ we are to use creation as stewards of God; we are called to collaborate to build communities of healing; we must commit to a preferential option for people who are poor; we are called to holistic healing in our ministry; and our ministry will need to be prophetic.

Axiom 8: The inductive method of formation of Jesus Christ is particularly relevant to our contemporary postmodern emphasis on storytelling.

Today storytelling is especially appreciated as

a method of young and adult learning. Think of the highly successful cartoon show "The Simpsons," of J.R.R. Tolkien's *Lord of the Rings* and J. K. Rowling's Harry Potter series. This appreciation of storytelling means that people in our formation programs will be more than ever open to the healing stories and parables of Jesus.

Axiom 9: Mission leaders first lead by example.

Pope Francis, from the moment of his election, adopted a new style of leadership based on the founding mythology of the Catholic Church itself: "No miter with gold and jewels, no ermine-trimmed cape, no made-to-measure red shoes and headwear, no magnificent throne." And he "deliberately abstains from solemn gestures and high-flown rhetoric and speaks the language of the people."³¹ Francis is a skilled biblical storyteller.

We can speak of Francis as a "Gospel comedian."³² All good comedians, such as Charlie Chaplin, have one thing in common. Chaplin refused to be crushed by the pomposity and arrogance of government officials.³³ True comedians are able to touch the hearts of their audiences at a profoundly deep level. We just feel they understand. They are liminal people, projecting in their behavior society's fundamental incongruities such as hope and despair, order and disorder.

Yet they are able at the same time to transcend these incongruities. They deliberately create disorder in the midst of order to give the appearance of incongruity. They call us into this incongruous situation to experience its tensions and then invite us to identify the resolution of these tensions. The social status quo is not set in concrete.

Anthropologist Mary Douglas speaks of comedians as "ritual purifiers." She even proposes that "perhaps the joker should be classed as a kind of minor mystic,"³⁴ because comedians invite their audiences to critique orderly structures and status in society in search of values and truths about life. Good comedians mock, on behalf of humanity, the behavior of those who unduly assert authority, who bully. They do not just condemn the world of

status, wealth, power and violence, but in some way they provide us with a feeling of hope. Like biblical prophets, they hold out irrepressible hope that life is not necessarily preordained toward defeat, collapse and tragedy — that fate is conquerable.

Peter Berger, professor emeritus of religion, sociology and theology at Boston University's School of Religion, asserts that humor is a revelation of the transcendence, a cautious call to redemption, and for this reason, "the actions of a clown take on a sacramental dignity."³⁵ This is what St. Paul is referring to when he describes to the fractious Corinthians his own role as a clown of Christ, without social status and power: "We are fools for the sake of Christ, but you are wise... We are weak, but you are strong. You are held in honor, but we in disrepute ... We have become like rubbish of the world, the dregs of all things, to this very day." (1 Corinthians 4:10, 13)³⁶

Such is the role and attraction of Francis, a Gospel comedian. Such must be the role of leaders in our health and aged-care institutions. It is not a question of imposing truths on people, but of winning over their hearts through Gospel love, persuasion and respect. It is a question of implanting, by the example of your life, Gospel values in your facilities, of critiquing behavior and structures that are not in conformity to Gospel values. Like that of all Gospel comedians, it is a prophetic role, a role that cannot be maintained unless our hearts are united to the hearts of Jesus and Mary, his mother.

HOW TO FACE THE FUTURE

In Catholic health care we have three options as we face the challenging future together:

Nostalgic escapism. That is, live in the glorious achievements of the past. But history shows that the more rigid the defense of an untenable position, the more catastrophic the smash when it does come. Former methods of formation are no longer relevant or adequate. No hiding in nostalgic restorationism! says Pope Francis. He says: "[T]hose who stubbornly try to recover a past that no longer exists — they have a static and inward-directed view of things."³⁷

Do nothing. This is an attractive option. It is so easy to mindlessly drift into essentially secular

institutions, still showing the crests or symbols of our identities, but no longer sharing in the Christian founding values of these institutions. All that

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— POPE FRANCIS

would be left, maybe, are the words “Saint” or “Catholic” on the entrance signs. My Cambridge University college is Christ College, but the only sign of its 15th-century Christian founding is the word “Christ.” Leadership has failed over the centuries. And it can happen to us.

Ongoing Refounding. Refounding, that is, the re-articulation, re-owning and creative re-application of the founding values of Jesus Christ to contemporary situations, is possible only if we act boldly. If we forget that Jesus Christ is our founder, we will over time weaken the radicality of his health care message. If we do not continue to assume the responsibility of refounding, with its accompanying formation requirements and correct choice of personnel, our Catholic health and aged-care institutions will be reduced to a historical memory.

There can be no watering down of the radical demands of the Catholic understanding of holistic healing, if the identity of their institutions is to remain clear. Recall Peter Steinfels' comments: "It doesn't seem satisfactory to reduce [Catholic identity] to a few codified essentials — that Catholic hospitals abstain from performing abortions, for example ... Nor does it seem satisfactory to recast that dimension in elevated but cloudy terms — respect, personal attention — so religiously neutral that they might easily apply to the Red Cross Blood Bank as to the Holy Cross Health Clinic."³⁸

The radical qualities of compassion, equity, respect and justice must be clearly defined and mirrored in the attitude and behavior of our institutional leaders and staff members of health care institutions.

How is this to be achieved? The answer is to be found in the pedagogical methods used by Jesus Christ and the lifestyle he invites us to adopt. Nothing is more urgent and relevant to our ministries as mission leaders.

Recall the words of Pope Francis: "I invite everyone to be bold and creative in this task of rethinking the goals, structures, style and methods of evangelization."³⁹ He continues: "The thing that the church needs most today is the ability to heal wounds and warm hearts ... heal the wounds, heal the wounds ... and you have to start from the ground up!"⁴⁰

The ground up is Jesus Christ.

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NOTES

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3. See Gerald A. Arbuckle, *Humanizing Healthcare Reforms* (Philadelphia: Jessica Kingsley, 2013), 196-218.
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7. Estimates of the number of changes that fail due to the neglect of cultural issues "ranges from as high as 70 or 80 percent of all initiatives." Mike Oram and Richard S. Wellins, *Re-Engineering's Missing Ingredient: The Human Factor* (London: Institute of Personnel and Development, 1995), 4.
8. See Gerald A. Arbuckle, *Earthing the Gospel: An Inculturation Handbook for the Pastoral Worker* (Maryknoll, New York: Orbis Books, 1990), 26-43, and Gerald A. Arbuckle, *Culture, Inculturation, and Theologians: A Postmodern Critique* (Collegeville, Minnesota: Liturgical Press, 2010), 19-42.
9. See Bruce Lincoln, *Discourse and the Construction of Society: Comparative Studies of Myth, Ritual, and Classification* (Oxford: Oxford University Press, 1989), 24.
10. See Arbuckle, *Culture, Inculturation*, xix-xxiv.
11. See fuller explanation in Gerald A. Arbuckle, *Catholic Identity or Identities? Refounding Ministries in Chaotic Times* (Collegeville, Minnesota: Liturgical Press, 2013), 1-30.
12. See Arbuckle, *Catholic Identity*, 143-72.
13. Rowan Williams, when describing the "distinctive constellation" of qualities that identify Anglicans, clearly omits any reference to the Petrine doctrine. *Anglican Identities* (London: Darton, Longman and Todd, 2004), 7-8.
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15. Richard P. McBrien, *Catholicism* (North Blackburn, Australia: Collins Dove, 1994), 17.
16. Peter Steinfels, *A People Adrift: The Crisis of the Roman Catholic Church in America* (New York: Simon & Schuster, 2003), 147-48.
17. See Arbuckle, *Catholic Identity*, 74-75.
18. See Elizabeth Achtemeier, "Women," *The Oxford Companion to the Bible*, eds. Bruce M. Metzger and Michael D. Coogan (New York: Oxford University Press, 1993), 807.
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21. See Arbuckle, *Catholic Identity*, 173-225.
22. For example, Pope Benedict XVI issued an apostolic letter *motu proprio*, dated Nov. 11, 2012, on "The Services of Charity." The document set out new rules to strengthen the religious identity of Catholic charities and ensure that their activities conform to church teaching.
23. See Peter Steinfels, "Catholic Identity: Emerging Consensus," *Origins* 25, no. 11 (1995): 176.
24. See Vivien Lowndes and Mark Roberts, *Why Institutions Matter: The New Institutionalism in Political Science* (Basingstoke: Palgrave Macmillan, 2013), 68, 98-104.
25. See Thomas H. Groome, *Will There Be Faith? A New Vision for Educating and Growing Disciples* (New York: HarperOne, 2011), 284.
26. See Arbuckle, *Catholic Identity*, 175-98.

27. See Stephen Denning, *The Springboard: How Storytelling Ignites Action in Knowledge-Era Organizations* (Boston: Butterworth-Heinemann, 2001), xviii-xix.
28. See Chris Marshall, " 'Go and Do Likewise': The Parable of the Good Samaritan and the Challenge of Public Ethics," in eds. Jonathan Boston, Andrew Bradstock and David Eng, *Ethics and Public Policy: Contemporary Issues* (Wellington: Victoria University Press, 2011), 53. Martin Luther King, Jr., insisted that the parable's mandate is not just about charity, but charity accompanied by political, structural and systemic conversion founded on justice.
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33. See Conrad Hyers, *The Comic Vision and the Christian Faith: A Celebration of Life and Laughter* (New York: Pilgrim Press, 1991), 64-65.
34. Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (Harmondsworth, England: Penguin Books, 1966), 108.
35. Peter Berger, *A Rumour of Angels: Modern Society and the Rediscovery of the Supernatural* (Harmondsworth, England: Penguin Books, 1969), 114.
36. See Gerald A. Arbuckle, *Laughing with God: Humor, Culture, and Transformation* (Collegeville, Minnesota: Liturgical Press, 2008), 52-55.
37. Antonio Spadaro, "A Big Heart Open to God: The Exclusive Interview with Pope Francis," *America*, Sept. 30, 2013. americamagazine.org/pope-interview.
38. Steinfels, *A People Adrift*, 112-13.
39. Francis, *Evangelii Gaudium*, para 33.
40. Spadaro, "A Big Heart Open to God."

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