Vatican II's Language Marks Pivotal Shift

By MICHAEL COX, MAHCM

In their writings, the Second Vatican Council's bishops demonstrated that the choice of communication style for handing on Catholic teaching is a significant, perhaps pivotal, pastoral decision. The bishops chose a persuasive style of language to shift the priority of their teaching away from that of winning arguments to that of building common ground. As a result, according to the eminent church historian Fr. John W. O'Malley, SJ, the council's final documents teach in a communication style whose "goal is the winning of internal assent, not the imposition of conformity from outside."[1]

Persuasive language stimulates dialogue within community. As Fr. O'Malley notes about the documents of Vatican II, "A style choice is an identity choice, a personality choice, a choice in this instance about the kind of institution the council wanted the church to be."[2]

Ministry leaders who follow the council's lead and use a persuasive style of communicating can effectively educate and integrate our Catholic moral and ethical tradition into the fabric of their organizations. Furthermore, it is worth considering whether the *Ethical and Religious Directives for Catholic Health Care Services* would be more effective if presented in primarily persuasive language.

STYLE AND PURPOSE

Authors choose a style of writing to correspond to the purpose of a document. The philosopher Aristotle taught three categories of communication styles:

- **Deliberative** style focuses on guidance for the future, purposeful direction and advice for foreseen actions. For example, during the 2014 outbreak of the Ebola virus, the U.S. Centers for Disease Control and Prevention used deliberative language to describe the proper technique for donning and doffing personal protective equipment.
- **Forensic (judicial)** style applies a critical view to past actions and assigns praise or blame to the actors. Media commentary during the Ebola crisis frequently employed judicial language, praising or blaming virus-exposed individuals for how they observed public health guidelines such as in-home quarantine.
- **Persuasive** style (called **epideictic** or **panegyric** in classical treatises) focuses on the present, neither instructing people for the future nor judging their previous actions. It elevates core ideals and values to call attention to the goodness of those values — not to judge or direct. Dallas Bishop Kevin Farrell responded in persuasive style to questions about his decision to arrange shelter for the quarantined family of a man who died from Ebola:

> "I was asked by reporters this morning why I said yes to the request from Mayor Mike Rawlings and Judge Clay Jenkins to offer housing for Ms. Troh and her family," Bishop Farrell said. "I told them that I did pause to think of all the possibilities but that when I asked myself, 'What would Jesus

> do?' I knew that we had to help. Another reporter referenced the fact that the family is not Catholic. I explained that we don't help because someone is Catholic, we help because we are Catholic and that is what we are called to do."[3]

ETHICAL AND RELIGIOUS DIRECTIVES

The United States Conference of Catholic Bishops employs primarily deliberative language in the fifth edition of the *Ethical and Religious Directives for Catholic Health Care Services*, published in 2009. Following a Preamble and a General Introduction that offers a theological basis for Catholic health ministry, there are six parts, each addressing a crucial dimension of the healing ministry. The introductions to each part provide context for understanding the concrete issues from the perspective of faith. The Directives are written in deliberative language to "promote and protect the truths of the Catholic faith as those truths are brought to bear on concrete issues in health care."[4]

HEALTH ETHICS GUIDE

The ERDs clearly provide specific guidance and direction to health ministry leaders on Catholic ethics, and their deliberative language fits the purpose. Nevertheless, future revisions could be significantly strengthened by utilizing Vatican II's persuasive style. The ERDs call for periodic review, and the current document is, in fact, the 5th edition. Previous revisions dealt with the substance of the directives; a future revision could include the style in which they are written. Learning from Vatican II, shifting the emphasis from deliberative to persuasive language and style could promote deeper appreciation for the many ways our moral tradition integrates with and strengthens the healing ministry of Jesus.

Published in 2012, the third edition of the *Health Ethics Guide,* the ethics document guiding the Catholic health care ministry in Canada, already has integrated Vatican II's persuasive style. In it, the Catholic Health Alliance of Canada (CHAC) employs primarily persuasive language. The Preamble states,

> This current revision … seeks to more firmly ground the guide in the Gospel message of Jesus as exemplified in the parable of the Good Samaritan, which serves as a model of how to respond to one's neighbour in need. In addition, this revision … incorporates a more fully articulated vision of the social nature of health care along with the values and principles that are embedded in the parable of the Good Samaritan.[4]

Certainly the *Health Ethics Guide* intends to provide guidance, and it references the direction and teaching of church authorities. However, it generally avoids deliberative language in favor of a persuasive style to highlight the virtues of compassion, mercy and neighborly love evident in the parable of the Good Samaritan, which it mentions frequently.

The *Health Ethics Guide* emphasizes that sacred relationships are at the center of the healing ministry and that the persons within these relationships make moral decisions. The first section of the Introduction is "Loving Compassion and the Healing Relationship: the Context of

DIFFERENT PURPOSES, DIFFERENT STYLES

The *Health Ethics Guide* used by the Catholic health care ministry in Canada uses persuasive language in its description of its threefold purpose:

1. To remind readers of the fundamental commitment within the Catholic tradition to the ministry of caring for those who are sick and suffering.

2. To articulate the values and principles found within that tradition by providing guidelines for ethical decision-making.

3. To promote pastoral understanding of how these principles and values can guide decision-making in health and social services.

In the United States, the language of the *Ethical and Religious Directives for Catholic Health Care Services* is mostly deliberative. In its Preamble, the ERDs' purpose is described as to both "reaffirm ethical standards of behavior" and "provide authoritative guidance on certain moral issues." The moral teachings "flow principally from the natural law."

Ethical Reflection." The Introduction's section "Call to Compassion and Ethical Reflection" states, "One of the objectives of this *Health Ethics Guide* is to seek out and express how best the call to compassion and healing can respond to truth as found in the Catholic faith tradition."

Its persuasive style holds up the principles and values of the Catholic ethical tradition as commitments to be pursued in emulation of the Good Samaritan. Most sections have two parts, introductory comments on the values underlying the issues to be considered and articles whose purpose is to "serve as formulations of contemporary Catholic teaching on how these values are to be applied in particular circumstances." The Catholic teaching is similar to that of the ERDs, but it is presented as based in the Good Samaritan narrative, rather than as directives flowing from natural law.

The Good Samaritan parable rests at the heart of the community, uniting, raising questions and guiding ethical choices.

The *Health Ethics Guide*'s use of persuasive style bolsters the interplay between the church and the world, faith and science, and the people of God and Jesus' healing ministry. This last relationship is a very powerful part of the *Health Ethics Guide*'s message to ministry leaders, because the Catholic Health Alliance of Canada intends to inspire engagement in the healing ministry with an emotional connectedness to the story of compassion and healing exemplified in the parable of the Good Samaritan.

LEARNING FROM COMPARISON

Both the *Directives* and *Health Ethics Guide* share in and convey a sacred tradition flowing from the healing ministry of Jesus. They also share the same general audiences, namely leaders of the Catholic health ministry. A third important similarity is that both affirm the call of the Second Vatican Council for the full participation of the laity in the healing ministry of Jesus. This common call to Jesus' ministry provides a foundation for both individual and communal dialogue with the content of the tradition.

Health ministry leaders engaging in this dialogue explore both personally and in their communities of practice how best to receive, apply and steward the ministry's ethical wisdom. Within this context, both documents reach far beyond a theoretical exposition of Catholic moral principles. The selection of style is critical, because dialogue with the tradition is an essential component in appropriating Catholic ethical teaching.

The *Directives* and the *Health Ethics Guide* represent two distinct ways in which to convey the Catholic moral tradition to health ministry leaders. The ERDs use a deliberative style of communication to provide authoritative guidance based in natural law for leaders to apply in resolving ethical issues facing the ministry. Through the ERDs' development and style, identity and authority are rooted in the magisterial role of the bishops' conference. The ERDs' strength is their clear presentation of directives that apply to specific decisions that face health care decision-makers.

The *Health Ethics Guide*, using the persuasive language celebrated at the heart of Vatican II, intentionally reinforces the healing ministry's common Gospel story of deep compassion, human mercy and relationship. The Good Samaritan parable rests at the heart of the community, uniting, raising questions and guiding ethical choices. The *Health Ethics Guide*'s development and style create a common and interdependent identity that is rooted in every person's baptismal call to offer compassion, mercy and love.

The guide's authority goes beyond being published by the CHAC and being approved by the Permanent Council of the Canadian Conference of Catholic Bishops. The *Health Ethics Guide*'s power is most fully demonstrated in the hearts and minds of the Catholic health care community understanding and celebrating this common baptismal calling. The guide's strength is in the persuasive integration of the tradition's theological foundations and ethical reflections into the lived experience of the healing ministry. Its message inspires one to integrate the Catholic moral tradition throughout one's life, rather than see it confined to the institutional borders of Catholic hospitals and clinics.

Furthermore, the *Health Ethics Guide*'s persuasive style stimulates dialogue among Catholic health care leaders and ecclesiastical leaders in order to promote the fullest integration of the tradition into the health ministry. In doing so, it encourages and entices health ministry leaders to assent to and endorse the church's moral principles and convictions.

MINISTRY LEADERSHIP AND POPE FRANCIS

Central to both documents is an emphasized value of collaboration among health care leaders and ecclesiastical leaders in order to continually deepen and refine Catholic moral tradition. Persuasive communication is a generative process that grounds organizational decision-making within the context of shared values. These values enable key decisions to foster growth and integrity while ensuring more sustainable and creative outcomes.

Pope Francis seems skilled at the use of a persuasive style in both verbal and nonverbal communication. His language, evident throughout his homilies and speeches, in *The Joy of the Gospel* and in *Laudato Si'*, urges all in the church to reignite Vatican II's call to engage with the entire world and welcome everyone, while serving as a source of mercy, compassion and love. Persons around the world have gained deep impressions of Jesus' compassionate, merciful love through photos of Pope Francis washing the feet of a young Muslim woman prisoner, kissing a severely deformed man's face and kneeling down to make his own confession. In both written and lived language, he brings this message especially to persons struggling to live out their moral responsibilities as they make vexing ethical choices. This was precisely the way he reaffirmed Catholic teaching on responsible parenting and contraception.[5]

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Pope Francis is not alone in seeing the value of the persuasive style of communication. Theories of organizational leadership — appreciative inquiry, servant leadership, dialogue — indicate that persuasive communication leads to deeper appreciation of and commitment to shared values. For example, in her *Thin Book on Appreciative Inquiry*, Sue Hammond, author and change management consultant, invites leaders to initiate change by first asking what is going well.[6]

Appreciative inquiry provides leaders a dialogical method that cultivates creativity and community in an effort to articulate and celebrate what is good. Robert Greenleaf, central figure of the Servant Leadership movement, challenges leaders in his manuscript *An Ethic of Strength* to develop openness to knowledge through the practice of listening in the context of St. Francis' prayer, "Grant that I may seek not so much to be understood as to understand."[7] Greenleaf infers that St. Francis' prayer calls ministry leaders to adopt a humble disposition which promotes opportunities for service and influence. In his book *On Dialogue*, David Bohm, a 20th-century scientist who saw the potential for dialogue to unify and create community, guides leaders in recognizing dialogue's vital role in developing a common story between different unique perspectives. To be effective, he writes, dialogue "can lead to the creation of something new only if people are able freely to listen to each other, without prejudice, and without trying to influence each other."[8]

The concepts of first affirming strengths, deeply listening before speaking and engaging in dialogue are valuable ways to develop a shared story. These concepts are present in the *Directives*, yet they are applied more comprehensively in the *Health Ethics Guide*'s fuller integration of the story of the Good Samaritan. Hammond, Greenleaf and Bohm support ethics education for executives and clinical professionals that is short on a deliberative approach and long on persuasive style.

The selection of style in future revisions of the ERDs will influence the degree to which Catholic health care leaders and other professionals integrate Catholic ethical principles into their prac-

tice and decision-making. The gold standard is gaining inner assent and enhancing appreciation and integration of the church's moral tradition. Ministry leaders would do well to adopt a persuasive style in their educational efforts. Our Catholic health ministry is so much more than adherence to essential moral principles that respect human dignity and promote the common good.

At its core, the healing ministry is one of transformative creativity and compassionate presence beautifully articulated in the parable of the Good Samaritan. While this story embodies the birth of the healing ministry millennia ago, its fullest integration exists in the lived experience of the Catholic health ministry's creative and compassionate people dispensing mercy, kindness and exceptionally competent holistic care to those most in need. This story is lived out every day within our emergency rooms, surgical suites, outpatient clinics, community health programs and every place where God's love is present.

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NOTES

1. John W. O'Malley, *What Happened at VATICAN II* (Cambridge, Massachusetts: The Belknap Press of Harvard University Press, 2008), 47.
2. O'Malley, 305.
3. Catholic News Agency, "Why the Bishop of Dallas Sheltered a Family on Ebola Watch," www.catholicnewsagency.com/news/why-the-bishop-of-dallas-sheltered-a-family-on-ebola-watch-83075/.
4. Catholic Health Alliance of Canada, *Health Ethics Guide,* 3rd Edition (2012), x-xii, 1-3, 9-11.
5. Gerard O'Connell, "Full Transcript of Pope's Press Conference on Flight from Manila," *America*, Jan. 19, 2015. americamagazine.org/content/dispatches/full-transcript-popes-press-conference-flight-manila.
6. Sue Annis Hammond, *The Thin Book of Appreciative Inquiry* (Bend, Oregon: Thin Book Publishing Co., 2013), 5.
7. Robert K. Greenleaf, *On Becoming a Servant Leader,* eds. Don M. Frick and Larry C. Spears. (San Francisco: Jossey-Bass, 1996), 69.
8. David Bohm, *On Dialogue* (Abingdon, Ohio: Routledge, 1996), 3.

A Shared Statement of Identity for the Catholic Health Ministry

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

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