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# Trinitarian leadership in an Australian Catholic healthcare ministry

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BOSTON UNIVERSITY  
SCHOOL OF THEOLOGY

Thesis Project

**TRINITARIAN LEADERSHIP IN AN AUSTRALIAN  
CATHOLIC HEALTH CARE MINISTRY**

by

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## **DEDICATION**

I dedicate this work to my husband, Reverend Mark McDonald. He hasn't ever wavered in his belief in me. As he has delighted in the way God has worked in my life, I have delighted in the way the Father, Son and the Holy Spirit have worked in his, in ours.

As we agreed early in our marriage, there is truly no grander adventure than a life committed to following God's call. What a magnificent mission it has been thus far.

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And to Mark, I can't wait to see what God has in store for us next.

Blessings,

Lisa

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Boston University School of Theology, 2019

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**ABSTRACT**

My project is to refresh the spiritual leadership of Mission Leaders in St Vincent's Health Australia, a Catholic health care ministry in order to best serve the mission of the healing ministry of Jesus. I have investigated contemporary Trinitarian theology to analyse the possibilities it holds to transform Mission Leader practice. I have found that it is the relational ontology of the Trinity, in particular three aspects; *embodying the kingdom, building community* and *enabling transformation* which hold the possibility of bringing forth the best opportunities for change.



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## GLOSSARY

**Catholic Health Australia (CHA)** The organization within Australia which is representative of Catholic Health and Aged Care members.

**Catholic Health Association of the United States of America (CHAUSA)** The organization in The United States of America which is representative of Catholic Health and Aged Care members.

**Mary Aikenhead Ministries (MAM)** A Public Juridic Person within the Catholic Church arising from the ministries of the Sisters of Charity in Australia. St Vincent's Health Australia is one of the ministries under the umbrella of Mary Aikenhead Ministries.

**Mission Leader** is the collective term given to apply to a number of different specific positions within SVHA which have mission leadership as their primary responsibility.

These include:

- Group Mission Leader
- Executive Director of Mission
- Director of Mission
- Mission Executive
- Mission Integration Manager
- Group Manager, Ethics and Formation
- Group Manager, Inclusive Health
- Group Manager, Reconciliation

**Public Juridic Person (PJP)** An alternative sponsorship arrangement, formally sanctioned by a Church authority, which allows ministries to conduct activity carried out publicly under the auspice of the Church. This allows various Church entities to

share resources, thus strengthening their competitive position. PJPs represent a new form of leadership in the Catholic Church whereby lay leaders have a direct role in religious governance.

**St Vincent's Health Australia (SVHA)** is the largest Catholic health and aged care provider in Australia. It became the entity of SVHA following incorporation in 2009. It was formerly known as the Sisters of Charity Health Service and was governed by the religious order of the Sisters of Charity. Following incorporation, it is governed by a Board of Directors who report to Mary Aikenhead Ministries, the Public Juridic person to whom the Sisters entrusted their ministries

**The Sisters of Charity (rsc)** In my thesis, I refer to the Australian order of the Sisters of Charity which was established when Mary Aikenhead, the foundress of the Irish Religious Sisters of Charity, sent sisters to Australia to establish ministries in 1838. To ensure they were able to govern themselves effectively at such a long distance, she enabled them to become their own order, yet inspired by the Irish constitutions.

## **LIST OF ABBREVIATIONS**

<b>ABF</b>	Australian Border Force
<b>CEO</b>	Chief Executive Officer
<b>CHA</b>	Catholic Health Australia
<b>CHAUSA</b>	Catholic Health Association of the United States of America
<b>MAM</b>	Mary Aikenhead Ministries
<b>PJP</b>	Public Juridic Person
<b>RSC</b>	The Sisters of Charity
<b>SVHA</b>	St Vincent's Health Australia
<b>TMAM</b>	Trustees of Mary Aikenhead Ministries

## PROLOGUE

### *Zoe's story*

When I was the Director of Mission of a large, public hospital within St Vincent's Health Australia (SVHA) I would often contemplate the effectiveness of my role in different scenarios, sometimes quite unsure that my activity as a Mission Leader was having any effect. This uncertainty about my leadership felt precarious to me given the critical importance of the Mission *to bring God's love to those in need through the healing ministry of Jesus*, coupled with the vulnerability of the patients whose lives were in the care of myself and others. It felt particularly precarious as we worked toward an outcome for one particular patient, Zoe.<sup>1</sup>

### *Her situation*

The Australian government has a policy of off-shore mandatory detention for people who come to our country without a visa and who are seeking asylum.<sup>2</sup> Asylum seekers are sent to either Nauru, a small pacific country which has an agreement with Australia to run its mandatory detention site, or Manus Island which is similar. This practice is known as off-shore detention. Prior to 2013, some asylum seekers could be detained in the Australian community. In July 2013 the law was changed and now all asylum seekers found to be en-route to Australia are held for an indefinite period of time in detention centers which are like prisons. As an island state, Australian politicians have often won favor with the Australian community when the policy

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<sup>1</sup> This is a fictitious name, but is reflective of a real patient story.

<sup>2</sup> This is true as at April 4, 2019.

position they adopt shows them to be tough on border patrol. At election times this is expressed as “stop the boats”, a message they promote heavily through the media. St Vincent’s is a large Catholic hospital in a main city. It is one hospital under the wider organizational umbrella of SVHA. It is also a public hospital which means that a large proportion of the funding it requires to run its health service comes from the state government. When an asylum seeker in off shore detention becomes sick and it is determined that the medical services on the island on which they are detained is not adequate, that person is transferred to a public hospital on mainland Australia to receive treatment. Medical teams in the mainland hospital, such as ours believe that the detainment and the conditions on the island itself cause and contribute to illness, so are conflicted because they know the person is likely to be sent back there once healed. St Vincent’s has ‘care of the poor’ as a central part of its mission and it also wants to maintain a good relationship with government who pay for the majority of our services. Our strategic plan also seeks to increase our advocacy presence on key issues that affect our patients.

Between September 2015 and September 2016, St Vincent’s had in its care a young Iranian woman who, due to the lack of adequate medical care on Nauru, had been transferred temporarily from the detention center to receive treatment on the mainland, at our hospital. She presented with serious mobility, psychological and neurological conditions. The patient and her family had been fleeing persecution in Iran including violence, sexual violence and political persecution because of their religious and political beliefs. Her parents were also in detention but her sister who had sought asylum prior to July 2013 was living in the Australian community. The patient’s trauma



had been exacerbated by being in detention. While at St Vincent's, the patient was required, by the government agency who monitored her detention, to have guards at her door 24 hours per day, which seemed ridiculous because she could not walk, but due to her status as an asylum seeker, it was part of the protocol. As a person who is a 'held detainee' the treating teams were told to expect that Zoe would be returned to the Nauru detention center upon discharge.<sup>3</sup> This was distressing for our staff including: nurses, mental health practitioners, clinicians, pastoral workers and myself as the Director of Mission, because all knew of her deep fear and anxiety of returning to detention, furthermore the medical teams firmly believed that her condition would deteriorate without a suitably healthy and safe environment for her to heal. It was an irony not lost on anyone that by helping her to recover in our hospital it would lead to her transfer back to the place that had exacerbated her trauma. This is why we sought to advocate for her release.

### *Hopes and expectations*

Many, including the patient herself, (and me) had inflated expectations of what St Vincent's might be able or willing to do in order to secure her release into community. Most people felt that our Catholic identity and care of the poor required us to take a strong stance publicly, yet some weren't sure that this would achieve the required outcome if the government were shamed. The duality of our identity as a Catholic ministry, but one which is funded by the government was in conflict.

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<sup>3</sup> A held detainee is a person whose political status is asylum seeker, and who is receiving treatment on the mainland under guard.

In the early days of her admission I had felt it might be appropriate for the national office of St Vincent's Health Australia to raise the plight of asylum seekers needing medical care generally, highlighting the conditions on Nauru. Members of the national team were quite supportive of this approach which was to include a media story and a letter to the Federal Minister responsible for immigration, but the local hospital executive exercised caution when information was unclear about her case and when others expressed concern about a media based advocacy strategy. In my role as Director of Mission, I felt trapped in the middle between those who sought a public approach and those who sought an approach to work behind the scenes, which would be notably slower as the scenario would not often change from week to week. It could have been argued that either of these paths was the best moral approach, what was less clear was the one which would achieve the desired outcome of Zoe's release into the community. The path eventually chosen was to work behind the scenes based on the belief that as a hospital, our role is primarily health care and based upon this we should offer the best care possible and negotiate for her community release based on our expertise regarding what she would need from a medical point of view.

I saw that my role was to forge a relationship with the Australian Border Force (ABF)<sup>4</sup> representatives and to work with the Chief Executive Officer to ensure policies were in place for the removal of guards and to seek her discharge to community. Others had a direct pastoral responsibility to the patient and were acutely aware of her distress. Staff members who were distressed about the patient's plight

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<sup>4</sup> ABF is the Australian government agency which looks after the area of home affairs with special responsibility for the management of Australia's detention centres which house people seeking asylum.

regularly expressed this to me by virtue of my Mission role. Some still wanted action and thought a Catholic hospital should be doing more to assist. This was a spiritual conundrum for me and an early reminder that what was required here was effective spiritual leadership. As I looked to the pillars of Mission practice: care of the poor, pastoral care, ethical discernment, they were helpful as I referenced the position I should take, but not instructive on what to do.

I resisted allowing staff members who were distressed about the plight of Zoe to place all of their hopes and accountability for an outcome on me and tried to be respectful of the different roles each person played. I was acutely aware that a good outcome could not be assured. This caused me distress in wondering if I had best utilized my spiritual leadership in this scenario. I called together a prayer meeting where those who were interested could gather in silence and in prayer, imploring the spirit of God to bring forward a solution for Zoe. This wasn't my usual approach, in fact I had never called a prayer meeting over a specific patient in the time I had worked as the Director of Mission. I felt that everyone was doing all that they could to secure her health and release. There was nothing left any of us could do but to pray.

#### *Outcome*

Over many months we negotiated at length with Australian Border Force to have the guards removed. This required a procedure to be enacted where the hospital acted as an 'alternate place of detention'. This meant that if the patient sought to leave the hospital, staff would need to notify the Australian Border Force officials. This caused initial concern as some people felt that this was a form of participation in the immoral scenario of a person's detention. Nursing and ward staff had to agree to be listed as 'directed

persons', prepared to take this action if required. At least one directed person had to be rostered onto ward duty at all times. Following considerable consultation and ethical discernment, staff saw that the benefits of having the guards removed, especially the feeling of dignity this would afford Zoe far outweighed collaboration with a harsh immigration policy.

I imagined that the day that the guards were removed would be a scene of celebration, a triumphant sense of our mission being accomplished. Hospital managers and I were briefed by the Australian Border Force officials momentarily before Zoe was informed that the guards would be removed. I stood quietly in the hallway and watched. The guards, a symbol of oppression for so long, were instructed by a superior that they could leave their post. The mode of their presence changed immediately. They collected their bags, asked each other if they should grab a coffee, and then walked out the door. I had worked this moment up in my mind for so long and found it disconcerting that it was eerily normal. It looked like a simple hospital interaction, nothing unusual or spectacular, just someone finishing their shift at the end of the day. Inside the room however, was a woman whose shackles had been released.

In the coming months, afforded the dignity to be able to move around, and to be treated as a person without the trappings of a prisoner, Zoe's health and mental well-being improved. All staff who knew her case were still tentative about it because all feared a return to Nauru, so we continued behind the scenes to write letters of medical concern, appealing to the Federal Immigration Minister in seeking her release into the Australian community. News was received in September 2016, one full year after she

had first come to St Vincent's for care, that Zoe would be given community release and could live with her family in Australia.

### **My role**

My name is Lisa McDonald. My role is the Group Mission Leader of St Vincent's Health Australia. SVHA is an organisation which looks after the health and aged care needs of thousands of Australians each year. Governance wise, it comes under the ecclesial umbrella of Mary Aikenhead Ministries (MAM), an entity in the Catholic Church which was established in 2009 to continue the health and education works founded and run by the Sisters of Charity following their arrival in Australia from Ireland in 1838. I am a member of the Executive Leadership Team, a ten person team, led by the Group Chief Executive Officer, who oversee this ministry which employs 18 000 people. The Group Mission Leader has the responsibility for a number of large scale programs such as formation, ethics, pastoral care, inclusive health initiatives and more generally ensuring integration of the mission across the organisation. I oversee a team of 16 Mission Leaders who individually are based at St Vincent's hospital and aged care settings across Australia and whose responsibilities are similar to mine, though on a local scale. I was previously the Director of Mission at our Melbourne hospital, which is where Zoe's scenario unfolded.

Mission Leaders, and all leaders in Catholic health care in Australia agree with the following;

As leaders in Catholic health, aged care and social service organizations, we understand ourselves to be called to this work in the context of a ministerial heritage that ultimately take its inspiration and direction from the healing and restorative mission of Jesus. As part of this heritage, we

are committed personally and professionally to a spiritually grounded leadership that guides our work in responding to human suffering.<sup>5</sup>

This is a unifying statement, brought together by the Catholic health care peak body in Australia, but exactly what constitutes spiritually grounded leadership has not ever been articulated. This is especially challenging for Mission Leaders for whom spiritual leadership is a critical component of their success in doing their job. It is not enough for Mission Leaders to apply themselves to their work with a managerial leadership style which achieves good productivity but does not have the greater uplift which comes from inspired spiritual leadership.

The story of Zoe might easily be the story of any of the Mission Leaders across SVHA. Each one is charged with the responsibility of nurturing the healing ministry of Jesus in their setting. This story is a unique example of Jesus' healing ministry in action, but it might not have occurred except for the intuitive, hardworking actions of all staff, working in concert with the grace of God. Whilst people of faith may assume that that is the only way *anything* ever happens, and this may be true, it is hard for an organisation to replicate spiritual leadership which leads to healing if they've never analysed it.

Special analysis should be given to the role played by the Director of Mission, who in this situation was a key player. Yes, she undertook her duties diligently within the resources and influence available to her, but what was truly required was spiritual leadership. This was her instinct, and she acted accordingly leading to success, but it wasn't with a solid vision of any agreed principles of spiritual leadership which she

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<sup>5</sup> Catholic Health Australia, "Ministry Identity Statement" (Ministry Leadership Program materials, CHA, 2017), presented at meeting July 26, 2018.

could have lent upon. It is easy to look back and to describe something as an example of the healing ministry of Jesus in action, but how do we do that looking forward?

When situations like Zoe's are analysed, and when the characteristics of what occurred are articulated and captured, then an organisation can build a common thread that ensures effective, replicable and inspirational spiritual leadership which is worthy of the people entrusted to their care. An analysis might take into account such questions as: What was required of the Mission Leader in this scenario? What would have happened if the Mission Leader had not taken the actions she took? Can SVHA more readily assure an outcome such as 'healing' or 'liberation' by articulating a model of spiritual leadership for Mission Leaders which prioritises a response characterised by those things which led to Zoe's healing and eventual liberation? What are those things, why are they needed and what will transformed Mission Leader practice look like in light of them?

### **Chapters Overview**

In the Prologue I've given Zoe's story as an illustration of the potential for spiritual leadership done well incidentally. Such an example is intended to highlight the hope and motivation behind this project that by articulating best practice in spiritual leadership with a foundation in the theology of the Trinity, Mission Leaders are more effectively able to bring about the healing ministry of Jesus. Storytelling is a powerful leadership tool for Mission Leaders and you will see it used again at the end of the project.

In Chapter One, 'Introduction and Context of the Research Problem' I briefly outline the development of the health care ministry under the leadership of the Sisters

of Charity. The problem at the core of my research rests upon the knowledge that since the decline in numbers of the Sisters from leadership positions, the organisation is still entrusted to lead the mission. Many people, including trustees, board directors and executives have charge of this, in particular an organisation's Mission Leader has a special role however, what it means to be a spiritual leader has not been articulated for this group of people. Here, I am aware of my project's limitations. The gift of the Trinity is that it is applicable to every person in any setting. In this instance, I articulate its gift to the leadership of Mission Leaders. It is through their refreshed capacity that they are then able to help others to see their work through this lens.

In Chapter Two I offer four views of transformational leadership, two academic perspectives which have relevance for the spiritual leadership approach I develop and two people whose life and ministry were the founding stories of SVHA.

In Chapter Three, 'Who are Mission Leaders?' I describe their emergence in the Catholic health scene and how they must make their work relevant by reading the 'signs of the times'. I write of the difficulties they face in the current environment and the opportunities before them. I point to wisdom from the Catholic tradition which has been core to Mission Leader practice over time. How do these considerations point to the future work of Mission Leaders in light of the necessity for their leadership to be spiritual?

In Chapter Four, 'The Trinity as the inspiration for Spiritual Leadership' I explore the riches of the Trinity through the work of contemporary scholars, especially its relational ontology as a source of new inspiration for best practice for Mission Leaders. Core to my project is my proposition that *embodying the kingdom, building*



*community and enabling transformation* are the features which arise from Trinitarian exploration.

In Chapter Five, 'Triune Leadership for Mission Leaders', I draw together my research in response to the problem. It is here that I articulate further the spiritual leadership principles arising from a Trinitarian foundation to inform best practice for Mission Leaders in light of the healing ministry of Jesus. It is possible that at this point, the findings may look particularly Christocentric rather than Trinitarian. I accept this limitation given that the name of Jesus is within the words of our mission. In response I write with hope that through the person of Jesus, the full Trinity might be encountered. In this chapter I also answer the question: What are we truly seeking after by offering inspirational, Trinitarian spiritual leadership?

My final chapter is an Epilogue. I commenced with the story of Zoe in my Prologue, so I end with the story of Tao. It is a deep reflection on this event in my ministry which has transformed me irrevocably through the principles which I have expounded in this project. I've chosen to bookend my project with these two powerful stories so as to demonstrate the capacity of Mission Leaders to notice and use the power of the Trinity in scenarios which are real to the health care ministry.

Ultimately, this project seeks to overcome the current state of ambiguous spiritual leadership by moving to realise the full impact of the Mission Leader. To do this, I've articulated a new approach to spiritual leadership, which has as its foundation the relational ontology of the Trinity. By doing so I offer this project as an earnest effort to honour the mission which has been entrusted by God to St Vincent's Health Australia, and which builds upon the legacy of the Sisters of Charity to bring God's

love to those in need through the healing ministry of Jesus, in the hope that what happened for Zoe might happen for many more people who come to St Vincent's for care.

## **CHAPTER ONE:**

### **INTRODUCTION AND CONTEXT OF THE RESEARCH PROBLEM**

#### **The background**

To understand how the need for Mission Leaders to be excellent spiritual leaders has arisen, it is important to understand the history of the organization especially in relation to the spiritual leadership offered by its founders, the religious congregation of the Sisters of Charity.

Since the opening of their first Australian St Vincent's Hospital in Sydney in 1857, the Sisters of Charity ably and courageously established a network of hospitals leading to the present day, where SVHA in 2019 is the country's largest Catholic health and aged care provider. *Caritas Christi Urget Nos* (the love of Christ impels us) has been their motto.<sup>6</sup> Their belief in the mission of bringing compassionate and loving care; the presence of Christ to all, drove this expansion and attracted other people, including philanthropists, doctors and the wider community, to join their cause. They inhabited many roles within their growing ministry, usually as nurses, as matrons in charge of wards, and often as Hospital Director, the Chief Executive Officer of those days. They were responsive to the societies in which they lived and sought to serve, held in high regard by the communities they had birthed and nurtured.

As of 2019, there are no longer any Sisters of Charity in leadership roles in SVHA, except for one who is the Spiritual Advocate to the Board of Directors. This

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<sup>6</sup> The Sisters of Charity refer to the Australian Sisters of Charity, noting that when they came to Australia in 1838, they separated constitutionally from the Religious Sisters of Charity in Ireland from whom they take their mission and continued inspiration.

has been a trend in the last 20 years across many Australian and international Catholic ministries. It reflects the decline in religious vocations in the Western world.

The Sisters were without a doubt the spiritual leaders of their time. Their life was a complete and clear embodiment of it. Every action they took served the mission, the habits they wore (and eventually discarded) indicated their commitment to a spiritual cause and their words of practical love were quite easily laced with references to Jesus, salvation, the grace of God, providence. Their vocational commitment with the whole of their life to religious life was a sign and symbol to others of their trustworthiness and integrity in spiritual matters. Due to these things, as the decline in the numbers of Sisters of Charity was foreseen, this caused a period of deep discernment about who, in their absence would be capable of ensuring the mission would continue. Times were changing.

#### *Trustees*

In response to their decline in numbers, the Congregation of the Sisters of Charity established a new entity in the church, a 'public juridic person' called Mary Aikenhead Ministries (MAM) in 2009 to ensure the continuance of the mission.<sup>7</sup> This opened the opportunity for the appointment of capable lay leaders to the most senior governance roles within the ministries. The Trustees of MAM have oversight of the health and education ministries formerly owned and run by the Sisters of Charity. SVHA is the health care ministry.

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<sup>7</sup> The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life granted canonical status to MAM as a Public Juridic Person of Pontifical Right. A Public Juridic Person is an entity in the church with full canonical status normally reserved for Religious orders. A PJP, however may have lay people in positions of governance and is often set up for this purpose.

To satisfy the ecclesial requirements of being a public juridic person, each year the Trustees must report to a Vatican Committee on four aspects of this mission: Formation within the ministries, an Overview of Health, Education and Welfare, Financial stewardship and Patrimony.<sup>8</sup> The Trustees have the important responsibility of appointing the Board of Directors who then rely upon institutional leaders (Hospital and Aged Care Chief Executive Officers) and their teams to ensure the honest delivery of these core aspects of the Mission, which is: “To bring God’s love to those in need through the healing ministry of Jesus.”<sup>9</sup>

This statement requires a person to have a reasonable grasp of spiritual concepts if they are to do well in leading its integration. These concepts can be understood when posed as questions: Who or what is God? What does it mean to bring God’s love to people? Who are those in need? What is the healing ministry of Jesus?

*Chief Executive Officers (CEO)*

It is here that the gap starts to become noticeable because few Chief Executives have the theological qualifications to fully understand what these responsibilities mean in light of the ministry and spiritual leadership aspects of our organisation’s identity. How then, can the Trustees and the Board be assured of delivery of the mission?

Mission training and high-level qualifications in ministry and theology are rare in Australian Catholic ministry leadership. Deep theological knowledge, the capacity to develop and facilitate spiritual formation programs for staff and a working

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<sup>8</sup> Patrimony refers to what was given by the Congregation in terms of institutions and property, not what has been developed since 2009.

<sup>9</sup> *SVHA EnVision 2025* (Sydney: SVHA, 2015), a summary graphic of the document is provided in Appendix 1.

understanding of the church's preferential option for the poor are not common capabilities of contemporary leaders or CEOs, who are appointed to lead Catholic health and aged care services.<sup>10</sup> Of the four reporting requirements to the Vatican, our leaders are most comfortable with financial stewardship as they have often come from business and corporate leadership arenas and have often times been hired because of their financial acumen. Financial acumen itself is not the full expression of what is understood by stewardship in Catholic ministry. Nonetheless, the capacity to deliver in all the mission spheres is required.

This task is not easy for CEOs who have not been formed in the Catholic tradition. Even people who have been formed in the Catholic tradition might not have the requisite skills and capacity for spiritual leadership, to fully embrace what is required. Without this knowledge their leadership poses several risks to SVHA. These risks might include; a possible diminishment to the organisation's Catholic identity, a failure of the mission being adequately transferred as new staff come into employment or a compromised focus on resourcing services which target people who are in poverty when economic times are tough. Occasionally CEOs undertake the development to acquire these skills in addition to their corporate expertise, however this has not been the norm nor is this necessarily practical all of the time.<sup>11</sup>

In naming this gap, one should not make the mistakes of concluding that spiritual leadership in this context comprises a neat set of professional skills which can

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<sup>10</sup> These are programs which tap into an employee's own life story and help to situate this within the wider story of the organisation heritage, mission and values.

<sup>11</sup> Since 2016, CEOs and leaders have been encouraged to undergo formation programs and this has been a positive action arising from the SVHA 'Formation for All' policy ratified in June 2016. The document is provided in its entirety in Appendix 3.

be gained through a course. Many *are* leading from a spiritual basis, as per the Catholic Health Australia statement shown earlier, because they are either naturally gifted in this way or offer their efforts generously, in spite of the fact what is required of them in relation to spiritual leadership has not ever been articulated.

### *Mission Leaders*

To address the need for intentional spiritual leadership, mission knowledge and practice at a senior level, since the 1990's people have been appointed within church based hospitals to a new role, the Mission Leader, a glimpse of which was offered in the Prologue.<sup>12</sup> A Mission Leader accompanies and offers high level support to a CEO by bringing the aforementioned capabilities to the leadership team thereby ensuring the integration and success of the mission. A Mission Leader is a person who through their professional work will have contended with the questions posed earlier in relation to the SVHA Mission statement.<sup>13</sup> This doesn't exempt a CEO from having to offer spiritual leadership skills themselves entirely. It is simply a recognition that the expertise of Mission Leaders in this area is developed over years of theological studies and through professional experiences arising from involvement in ministries. These are a necessity at a high level in a Catholic organisation.

SVHA has sixteen Mission Leaders in roles across eleven hospitals and seventeen aged care facilities. Mission Leaders are a member of a facility's executive team. There is a Group Mission Leader (GML) who is appointed to the team of the SVHA Group Chief Executive Officer (GCEO) to oversee the successful continuance

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<sup>12</sup> Mission Leader is a collective term used herein to describe roles with different titles but which perform a similar function. These are listed in the 'Glossary' section of this paper.

<sup>13</sup> Such questions include but are not limited to: "Who or what is God? What does it mean to bring God's love to people? Who are those in need? What is the healing ministry of Jesus?"

of the mission nationally, the role I hold. The Mission Leaders across the country have a dual reporting line. Their first obligation is to their local CEO and their facility. In addition to this, and as described briefly in the prologue, these Mission Leaders are also accountable to the GML in order that they achieve national goals together, support one another and bring consistency and flow to how mission is delivered across the country.

It is the responsibility of the GML to ensure that the people who constitute this community of Mission Leaders across SVHA are acting from a point of best practice given the importance of their role in supporting the success of the mission and that they are exercising a superior level of spiritual leadership as they deliver their work. There are many transformational visions of spiritual leadership, some which I find particularly inspiring and two of which I profile in the next chapter from Walter Fluker and Walter Brueggemann.

These definitions while beautiful, aren't quite directly transferable to the SVHA context which is why building upon these, I have developed my own. I have come to define spiritual leadership as a person *embodying the kingdom through their personal presence, building a sense of community within their scope of influence which is built on relationships of trust, and leading transformation for those they serve based on hope and healing*.<sup>14</sup>

In defining best practice of spiritual leadership in this way, it is here that I leap toward the proposition of my entire thesis that spiritual leadership for a Mission Leader has to do with offering leadership which is imbued with qualities arising from the wisdom and the lifeblood of the Trinity. I have wanted this emerging model to have as

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<sup>14</sup> By 'embodying the kingdom' I mean they are aware of how their body is a reflection of the living presence of God's love.



its theological and spiritual basis, that magnificent aspect of our tradition which gives witness to the core identity of God: relationship. I go on to explore and define this more explicitly in later chapters.

Good practice occurs for the most part, but could be stronger. The people who currently occupy these Mission Leader roles are deeply committed, professional and oversee a healthy mission, nonetheless, something is missing.<sup>15</sup>

The Mission Leaders presently come to learn about the practice and perfection of spiritual leadership within SVHA organically rather than by design and intent. When appointed, there is not a process of induction or a period of time by which they learn about what SVHA expects of them in this specific regard. While most have excellent capabilities in the areas of operational delivery in their work such as; overseeing pastoral care, running programs which outreach to people in poverty, leading workshops on our organization's values, it is presumed that they are also good spiritual leaders. This project therefore seeks to set a new norm, an articulation of best practice in spiritual leadership for Mission Leaders which is imbued with Trinitarian life and then moreso: how does this take the practice of transformational leadership further?

**How has the current lack of an articulation of spiritual leadership for Mission Leaders emerged historically?**

When the Sisters of Charity ran the hospitals, an articulation of spiritual leadership was not needed because the view at the time was an implicit understanding that the Sisters embodied the mission and thus, it was safe by virtue of the fact it was

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<sup>15</sup> Evidence for the health of mission includes the positive results of evaluations undertaken post formation, the increase in services to people who are experiencing different forms of poverty, and the successful integration of Catholic ethics into practice. The scope of this project precludes further analysis of these.

visible. This visibility and embodiment of the mission by people consecrated to religious life was also reflective of the nature of church and society at the time when ministries were led almost exclusively by people whose lives had been consecrated in this way.<sup>16</sup> Simply put, spiritual leadership needed no articulation because there was a tacit consensus that the Sisters *were* the model. Though this time is gone, the presence of Sisters as the exemplar of spiritual leadership is still present and influential in the memory of staff and the wider community of SVHA. The sisters were and are wonderful, there is no doubt about that, but the problem with this is that people still have an expectation that *this model is what spiritual leadership should be like*, even though it is now impossible due to drastically declining numbers of religious sisters and more than that, it is no longer ideal. The Sisters of Charity themselves have changed from institutional ministries to congregationally missioned and supported ministries. Their own goal is to find new ways for the ministries to thrive. This transition is in alignment with church teaching, was an incredibly brave and prophetic decision for them to make and is representative of their endorsement that we must find a way forward without them.

*What has emerged in the place of “sisters-as-the-model”?*

Leaders, lay men and women, within the ministries have been required to own their responsibility for spiritual leadership of the ministries. In this time, the role of the Mission Leader has emerged. Fortunately, since Mission Leaders have been appointed, the importance of having them in facilities across SVHA has not ever been in question, but the clarity around their authority as spiritual leaders, and a deep understanding about

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<sup>16</sup> This is reflective of the ecclesiology within the Catholic Church at the time which did not have an active regard for the involvement in leadership of lay people.

what this might look like as it appears in Mission Leader practice across this group of sixteen Mission Leaders is quite inconsistent. Spiritual leadership and the fruit which should flow from it, are not articulated formally. The risk of this is that it can be limited based upon the knowledge base and vision of the CEO who has appointed the Mission Leader to their team, many of whom are still influenced by the allure of the historical piece because of their loyalty and love for the Sisters. Some have not ever met a Sister of Charity over the course of their lifetime. The capacity for spiritual leadership and how it is enacted at any given site within SVHA is also at the whim of the personal preferences and choices of the Mission Leader. This is not to say that that these people by virtue of their professionalism and honest commitment to their work can't be trusted in this articulation. Indeed our Catholic tradition encourages a prophetic vision where the participation of each person is honoured. In the oft quoted excerpt by a homily written by Fr Ken Untener in 1979; *Prophets of a Future Not our Own* we hear these words which be seen as encouragement to Mission Leaders;

We plant the seeds that one day will grow. We water seeds already planted. Knowing that they hold future promise. We lay foundations that will need further development. We provide yeast that produces far beyond our capabilities. We cannot do everything and there is a sense of capability in realizing that. This enables us to do something and to do it very well. It may be incomplete but it is a beginning, a step along the way, an opportunity for the Lord's grace to enter and do the rest.<sup>17</sup>

Even with this inspiring part of the Catholic tradition to encourage Mission Leaders, what is missing is proper organizational support of them, by having intentionally offered them a clear view of what best practice in spiritual leadership

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<sup>17</sup> Ken Untener, "Prophets of a Future Not our Own," United States Conference of Catholic Bishops, accessed March 4, 2019, <http://www.usccb.org/prayer-and-worship/prayer-and-devotions/prayer>.

should look like, and from which the Spirit would prompt them as they seek to bring life to the Mission Leader role in their particular facility.

Identifying what spiritual leadership, and its impact on Mission Leader practice, should be like is no longer as easy as pointing to the nun in the role and saying “There it is, she takes care of the Mission.” In a time when the embodiment of Mission no longer rests with such a distinctly identifiable group of people as nuns, SVHA needs to move to make its approach to spiritual leadership explicit, yet with enough freedom that people might bring their own gifts and talents to it. To succeed in this, we should articulate more clearly how Mission Leaders embody the mission in new ways. Leaving it to chance no longer works because practice between Mission Leaders differs. We should seek a unified approach, a critical understanding and recognition by others that what is happening does in fact constitute good spiritual leadership.

I’ve mentioned that Mission Leader practice and the understanding of it by CEOs differs within SVHA. Let me explain further. Within the group of CEOs across SVHA *most* of them understand the Mission Leader role in relation to the core operational functions it fulfils such as overseeing pastoral care, fulfilling mission integration responsibilities, liaising with the institutional church, and supporting its Catholic identity. *Some* CEOs have an appreciation of the deeper aspects of the role such as leading reflective processes, offering formation opportunities for staff, and seeking greater opportunities to serve the poor. *Few* would have a comprehensive grasp of the critical and higher order components of mission leadership, especially that at its core its success is based upon the capacity of the person for spiritual leadership. I have previously defined this as the view of best practice I will promulgate in this project; *embodying the kingdom through their personal presence, building a sense of*

*community within their scope of influence which is built on relationships of trust, and leading transformation for those we serve based on hope and healing.* It will be a new concept for our most senior leaders to contemplate spiritual leadership or any kind of leadership within the context of a Trinitarian framework.

These categories of *most*, *some* and *few* can also be used to describe the people who occupy Mission Leader roles. Not all appreciate or can deliver the full spectrum of what is required. This is not a problem in and of itself (it is normal to expect that people come with different levels of experience and varying gifts and talents) *unless* over the long term, the Group Mission Leader, in her role offers no articulation of spiritual leadership for Mission Leaders at their best and offers no opportunity for people to be formed in what to expect, hence leaving spiritual leadership to chance and at further risk of being random, lacking the possibility to achieve wider impact. This problem has foreseeable consequences, some of which the organisation is experiencing.<sup>18</sup>

Without an articulation of spiritual leadership, a hospital or aged care facility where a Mission Leader works may become captive to one individual's understanding of Mission. As many do not understand the full scope and impact a Mission Leader should have, people apply their own standards for what "good enough" means and SVHA may not accomplish its healing ministry. Without an articulation of spiritual leadership, those who are responsible for recruiting Mission Leaders will not know the qualities to look for in a candidate to best meet the needs of the role. Without an

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<sup>18</sup> Examples of this are a time lag between when a CEO joins the organisation and their first encounter of formation, new mission leader positions being recruited on a limited time basis and within the confines of a stricter budget allocation without deeper consideration being given to coverage of the critical components of the role. An overly corporate/ executive focus on the deliverables on the role can mask the need for the person to achieve spiritual impact.

articulation of spiritual leadership, SVHA cannot create a community of practice where Mission Leaders are beholden to one another, are accountable to each other, and can plan for, execute, and evaluate the impact of their engagement within the organisation. Without an articulation of spiritual leadership, there is likelihood of conflicting models and no practice of critically examining them. Additionally, without a considered theological foundation, the spiritual leadership which emerges may not reflect the faith basis of our reality as a ministry of the Catholic Church.

There are benefits to undertaking the work of this articulation. These benefits form the basis of my motivation for undertaking such a project within this thesis paper.

With an articulation of spiritual leadership, SVHA will be more likely to attract the right people to mission leadership positions and people within SVHA especially those responsible for recruitment, will have a greater understanding of who Mission Leaders are and what they do within and on behalf of, the organisation. This would help to establish continuity in building upon the legacy of the Sisters of Charity in such a way as to respect current challenges and be agile enough to respond to future demands. With an articulation of spiritual leadership, others within the organisation will understand what impact can be hoped for when they encounter and work with Mission Leaders. They will also have knowledge of the fruits which can be expected from it. Then, with a considered theological foundation for spiritual leadership, mission leaders have a frame within which its recipients and practitioners can converse, and minister. The primary benefit of preparing such an articulation would be the creation of a Mission Leader culture across SVHA where those in the categories of *most* and *some* move across to join the *few*. SVHA Mission Leaders would thus be consistently offering best practice spiritual leadership based upon a standard which has been clearly defined.

## CHAPTER TWO:

### VISIONS OF TRANSFORMATIONAL LEADERSHIP

Earlier I asked the question which will accompany my reflections on spiritual leadership for Mission Leaders and which I will address as I develop my articulation of the Trinitarian foundation of spiritual leadership: How do these things take the practice of transformational leadership further? To this end, I present here the wisdom of two thinkers whose offerings have been eminently useful to me in providing a transformational vision of what is possible in spiritual leadership: Walter Fluker and his work on ethical leadership and Walter Brueggemann and his seminal work *The Prophetic Imagination*. I then offer a summary profile of two people whose lives transformed societies and left a legacy of which SVHA is still a beneficiary: St Vincent de Paul and Mary Aikenhead.

#### Walter Fluker- Ethical Leadership

In his book *Ethical Leadership: The Quest for Character, Civility and Community*, author Walter Fluker takes on big themes.<sup>19</sup> The need for a new way of spirituality, ethics and leadership is the premise of his book and he looks at this through the threefold lenses of character (self), civility (social) and community (spiritual). Fluker believes that leaders need to cultivate certain habits and practices which allow them to negotiate and transform the ‘intersection’. An intersection is a special time in history marked by significant social change during which a leader must be ‘awake’. It is also a personal, intimate and spiritual moment as well as being a public place where

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<sup>19</sup> Walter E. Fluker, *Ethical Leadership: The Quest for Character, Civility and Community* (Minneapolis: Fortress Press, 2009.)

conversations occur. It is a place where leaders of the present day must have a heightened awareness of what is going on around them, stand up so as to have influence and direct the necessary change from a perspective of confidence and vision. There is great synergy between this and times later in this project where I will describe the importance of Mission Leaders ‘reading the signs of the times.’<sup>20</sup>

Throughout his work, Fluker encourages reflection upon one’s own personal narrative of leadership as a reference point. This was the foundation of the Heart of Leadership program which was developed for SVHA by The Leadership Circle, also profiled later. Narrative, and ‘the way of the storyteller’ is his preferred model of ethical discourse and one which builds upon traditional models of ethics which have included rationalist, realist and relational approaches previously. In the formation programs organized for leaders and all staff of SVHA, time is spent looking at ethical case studies from within our health care environment.

An ethical leader is one who is spiritually disciplined, morally anchored and socially engaged. The author explores the lives of two men; Howard Thurman and Dr Martin Luther King Jr. Of Thurman, Fluker says: “Many of us have become more fully human because of his opening love. Many of us have been challenged by his life to do our own moving, deep into the heart of our own spiritual idiom, thereby drawing nearer to the inside of all peoples, all cultures, all faiths.”<sup>21</sup> Fluker’s view of Thurman, particularly the regard he holds for his ability to draw forth ethical qualities within a

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<sup>20</sup> Fluker, *Ethical Leadership*, 57.

<sup>21</sup> Fluker, *Ethical Leadership*, 17.



community is an apt description for Mission Leaders of St Vincent's when they are best enacting their spiritual leadership.

Of King, Fluker describes his spiritual genius in that he was able to access the personal and spiritual tools to lead a revolution of values for America. Dr King's genius also lay in his reframing of leadership as something which had mostly to do with position, power and authority to one which could be claimed by a 'marginalised moral minority', who King describes as transformed non-conformists. He believed that justice was best accomplished when it was the inner transformation which motivated and accompanied it. On reflecting upon King's leadership, Fluker says, "The task of the ethical leader is to inspire and guide others in the process of transformation through courageous acts of defiance and resistance against systems of injustice."<sup>22</sup> Ethical leadership invites a person to consider the nature and potency of their values in relation to their ultimate concern about the Mission.

There are many implications of Fluker's ethical leadership learnings for Mission Leaders. To emulate the lives of either Howard Thurman or Dr King would be an excellent play book for a Mission Leader! The reason for this is that Mission Leaders seek transformation in their work too. They see their work as their commitment to a religious community and thus desire to be the kind of leader who can bring about change.

In Fluker's model, character informs a leader's connectedness to community and therefore will guide any actions they take for the betterment of the community. This is assisted by discernment, says Fluker, a practice familiar to SVHA coming from the

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<sup>22</sup> Fluker, *Ethical Leadership*, 32.

tradition of Ignatian spirituality which Mary Aikenhead chose to underpin the mission of the Sisters of Charity. Leadership is no longer one dimensional, we must learn and have the courage to engage with life worlds and systems which may largely be hostile to change. *Ethical Leadership: The Quest for Character, Civility and Community* confirms the necessity of great moral and religious leaders of our time to rise up, but also the depth of the spiritual work, intuition and maturity which will be required to achieve it.

The transformational vision of spiritual leadership offered by Fluker is a critical reminder of the importance of spiritual grounding through discipline, the need for a moral compass and the preparedness to take action. This focus is useful in contemplating how it might be done in health care because there is movement in his model. It is not a static. By necessity it needs to be responding to the intersections of life. It is not an ode to a contemplative prayer life behind closed doors. A Mission Leader, if Fluker's model were to be applied would be deeply cognisant of their presence and role in a certain place for a certain time or moment. It is both prophetic and pragmatic which is what Mission Leaders need to be.

### **Walter Brueggemann- The Prophetic Imagination**

Each year, Mission Leaders in SVHA attend a retreat aimed at nurturing their soul and gently building community between them. The theme chosen for one of these was Walter Brueggemann's *The Prophetic Imagination*.<sup>23</sup> Where Fluker's gift was in defining a vision of transformation which was both prophetic and pragmatic, Brueggemann's ideas are a gift to spiritual leadership because they give shape and

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<sup>23</sup> Walter Brueggemann, *The Prophetic Imagination*, 2nd ed. (Minneapolis: Fortress Press, 2001).

energy to the nature and role of the prophet. Mission Leaders are clear that the capacity to speak and act in a prophetic way is necessary to their success in their ministry.

His view of prophets is two-fold; to express grief to break through what is false and unjust and to express hope so that people may have a vision for the future. Brueggemann craftily pins his thesis about the two-fold roles of the prophet by using the examples of Jeremiah and Second Isaiah. He suggests that while Jeremiah had to find words to express anguish and grief in order to wake people up and penetrate their numbness which had arisen from them having been co-opted by the leaders of the day, Second Isaiah had to deal with the despair and find ways to express hope and an authentic future.<sup>24</sup> Brueggemann's description of Second Isaiah is poetic and worthy of full listing here:

Second Isaiah serves as the peculiar paradigm for a prophet of hope to kings in despair. This great poet of the exile understood that speech that re-arranges the pieces and that echoes the management mentality of its contemporaries is not worth the bother. Second Isaiah presumably lived through and knew about the pathos of Lamentations and the rage of Job. Nevertheless he goes beyond pathos and rage to speeches of hope and doxology.<sup>25</sup>

The portrait of these two prophets resonates when I think of the daily and ongoing labour of Mission Leaders in SVHA. They might be required to be Jeremiah or Isaiah in any moment.

In regards to the first component of Brueggemann's view of the prophet, one particular example has a searing relevance to the ministry of health care. When I've read this quote I've imagined one of our uniquely gifted palliative care doctors who applies an extraordinary level of care in being honest and real as he delivers news about

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<sup>24</sup> Brueggemann, *The Prophetic Imagination*, 72.

<sup>25</sup> Brueggemann, *The Prophetic Imagination*, 46.

health needs and timeframes in the face of a family's anxiety and grief, while also sharing real aspects of hope and healing when these can be provided. This is different to a scene where there is a failure to accurately describe a prognosis, or where a family may be contained from the full expression of the human experience earmarked by Christian hope. See here;

In a hospital room we want it to be cheery, and in a broken marriage we want to imagine it will be all right. We bring the lewd promise of immortality everywhere, which is not a promise but a denial of what history brings and what we are indeed experiencing. In the Christian tradition, having been co-opted by the king, we are tempted to legitimate the denial by offering crossless good news and a future well-being without a present anguish. Such a religion serves the king well. He imagines that he can manage and that his little sand castle will endure forever. The task of prophetic imagination is to cut through the numbness, to penetrate the self-deception, so that the God of endings is confessed as Lord.<sup>26</sup>

The second role of the prophet is to express hope so that people will have a vision for the future.

The task of prophetic imagination and ministry is to bring to public expression those very hopes and yearnings that have been denied so long and suppressed so deeply that we no longer know they are there.<sup>27</sup>

Having been a Mission Leader in a facility before, I found the most impactful conversations came when I spent time with people working in the health care ministry. When a Mission Leader is close to people in the community they can hear their hopes and dreams for their patients, they can hear the plans of a front line worker for the future of their department. By doing this a Mission Leader is also in tune with words which are best placed to inspire a community.

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<sup>26</sup> Brueggemann, *The Prophetic Imagination*, 44-45.

<sup>27</sup> Brueggemann, *The Prophetic Imagination*, 65.

I have an example of communication which has arisen from being close to the community. Each week I write a short blog which is shared with SVHA's 18000 employees called *Reasons for Hope: Five Minutes on Friday*. Its purpose is to do as Brueggemann suggests, express grief when it is needed to be done and to inspire hope. When looking closer at this example, notice it is written in a tone which claims a familiarity between the writer and the audience, which is personal and which is direct about its intention to inspire. The example below is intended to speak into similar experiences SVHA workers have, acknowledging the hard scenarios they too may face in their work whilst also pointing to the greater value, human dignity and the action I wish to inspire, compassion. This was sent to all employees of SVHA on Friday 15<sup>th</sup> February, 2019.

Five Minutes on Friday has been in hiatus since last year – thanks to those who noticed and reached out! Truthfully, the pause has been a combination of discernment about its true purpose and, well.... writer's block! Where I've landed is that our mission, at its best, gives us a reason to hope. See the new title!

So, with these words every couple of weeks, I want to encourage you, inspire you, reveal the beauty behind the vocation you've chosen to work(in health or aged care) , offer words to give you strength when your day has been tough. I want to point to the spirit that is the true inspiration in all we do.

Sometimes, the reflections will come from our own St Vincent's experiences, sometimes from others. I'd love to hear from you if you've got a story to share.

Are you ready? Here's one I heard today at a workshop....

*An organisation that offers home care visits to older people was looking for a way to bring its front line staff together, most of whom have many clients to see during the day but rarely ever the chance to reflect with their peer group on the nature of their encounters. Encouraged by the chance to share, one worker described her previous day.*

*She'd had a long list of people to visit and was running behind. As she was heading to the home of the last person on the list for the day, she was*

*already an hour late. Due to the rush she hadn't called ahead to explain and apologise as was her usual practice.*

*The wife of the patient answered the door. "You're late. Where have you been?" she said, clearly upset. The worker came into the home further, to undertake the short visit. What she saw before her caught her breath. The woman's husband, her patient, was in preparation for a colonoscopy. Fecal matter was on the floor, on the chair, on his clothes, on the bed. The wife was struggling to cope and the worker arriving late had led to further stress.*

*The worker, on what was supposed to be a short visit and now working well over her shift hours, felt like she wanted to leave but chose to stay. She went to the laundry and found the cleaning products. She tended to the man, washed his face and his body, found clean clothes in the cupboard and together with his wife changed him into them. She cleaned the floor, cleaned the chairs, put the bedsheets and other items into the washing machine for a load. Before leaving she made sure he was comfortable in his chair and warm.*

*The next morning, the worker received a phone call from the woman. Her husband had died that night unexpectedly. She thanked her for taking the time to care for him with such love.*

*The worker was moved and proud to share this story with her colleagues. This led to them sharing their own, similar stories.*

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*"Let us not underestimate how hard it is to be compassionate. Compassion is hard because it requires the inner disposition to go with others to a place where they are weak, vulnerable, lonely and broken. But this is not our spontaneous response to suffering. What we desire most is to do away with suffering by fleeing from it or finding a quick cure for it." - Henri Nouwen, The Way of the Heart.*

My questions to you:

- When have you witnessed a quiet revolution like this one, towards serving others wholeheartedly?
- Who are the saints among us already shining that particular light?

Have a great Friday.

Lisa

I wish to make an early point here in relation to my interest in the Trinity as a foundation of good spiritual leadership practice. Later I will propose that it is the relational quality of the Trinity which is of most use to the spiritual leadership of Mission Leaders. As I listen to the eloquence of Brueggemann's ideas in relation to his first point I am led to ask the questions; to whom is a prophet expressing grief? On behalf of whom is this grief being expressed? The first task of the prophet, to express grief is only ever done effectively when in connection with community, thus if it is to be applied with any effect in SVHA, a Mission Leader (or any person who speaks with a prophetic voice) must have a connection to the people. It is not enough, and at worst may be experienced as inauthentic, for a Mission Leader to make an isolated complaint. A prophet is in tune with the needs of the people and can move with and ahead of them. Likewise, the expression of hope and the pointing towards a vision of the future are best done in relationship with a community too.

In considering how the wisdom of Brueggemann could contribute to the best practice in spiritual leadership of Mission Leaders, I see the opportunity he waves before them is to lead the community and to take them beyond their current place. To do this, they must have a sense of presence within the community and an even better sense of the prophetic nature of their role.

Fluker and Brueggemann explain that transformational leadership requires leaders who have a sense of character, community and commitment. Leaders who are prepared to navigate the intersections in tumultuous times fully aware of the moment before them will be successful. It helps also for these people to be prophetic leaders, aware of the need to break through grief and inspire hope in equal measure. Two perfect examples of transformational leaders in this mode were St Vincent de Paul and Mary

Aikenhead. Both of these people are points of direct inspiration for the ministry of SVHA.

### **St Vincent de Paul**

Life was no consolation for the poor who died in the millions following the French Wars of Religion which raged between 1562 and 1598. Starvation, disease and death due to combat and crime were common. Women, children and the sick were abandoned without care or protection, a regular and dastardly symptom of a sick society so it seems. Families, properties, society and the economy were in ruins. What else could have been expected when noblemen, royalty and churchmen waged war against each other and oppressed the civilians through unruly and burdensome taxation?<sup>28</sup>

Vincent de Paul was born into a poor family whose hard work and reliance upon alms meant that they could subsist, but nothing more. Young men were encouraged to consider ordination as a path out of poverty and this was the case for Vincent who later would observe a priesthood consisting of men predominantly with this motivation. Though Vincent had ample opportunity to dwell in service among those who were rich and did so for a time, he was continually drawn back and toward people in great, desperate need. He discovered he had a talent for organising parishioners around acts of service for others. Thus he became known as ‘servant of the poor.’ In the early days of what was to become known as the Society of St Vincent de Paul, he was careful about how he constructed their activities:

He planned the framework for the association whose members ‘should take turns on succeeding days to aid corporally and spiritually all those needing such assistance; corporally by the provision of food and

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<sup>28</sup> Mary Purcell, *The World of Monsieur Vincent* (London: Charles Scribner’s Sons, 1963), 104.



medicines; spiritually, by disposing the dying to die well and those who were recovering to lead a better life.’<sup>29</sup>

Later Vincent would proceed to doing other great works such as assisting the St John of God brothers with the running of hospitals, establishing places of care for war orphans, visiting people who were condemned in prison and establishing places of remand with better conditions, visiting the sick and dying in their homes.

This form of organised charity was reflective of Jesus’ life which embodied preferential treatment for, as well as action on behalf of the poor. It required genuine spiritual leadership on Vincent’s part. Both Jesus and Vincent had such a deep love of God that they were compelled to act. Vincent offered his deep and courageous acts of loving service for whole populations of people who were suffering in France against and because of a whole turbulent era. “With his vision, his genius for organization, his intense spiritual life, he would look at our world as he looked at his own, locate its needs and plan the best means of relieving them.”<sup>30</sup>

Vincent might as well have been a source of inspiration for Walter Fluker centuries later as he wrote about the capacities of ethical leaders of good character to work with impact in the community around them in response to the events of their day. Vincent came to intentionally choose poverty over riches, his personal presence was a powerful example of embodied spiritual leadership which compelled others to do the same. Others were drawn to him and he saw the opportunity to build communities where the poor were included, their needs met and his transformative legacy is still in

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<sup>29</sup> Purcell, *The World of Monsieur Vincent*, 70.

<sup>30</sup> Purcell, *The World of Monsieur Vincent*, viii.

effect today through the work of the society of St Vincent de Paul. He is the patron saint and the namesake of our own hospital ministry.

### **Mary Aikenhead**

St Vincent is the patron saint of SVHA, but Mary Aikenhead through her courageous and faith-filled life was its founder. A short description of her life story easily reveals a humble but determined woman whose relationship with God was the source and summit of her myriad of good works. As you read on, you will see it present in her early encounter with a scripture in church, you'll see it her decision to give her life in service to the poor, in her view of them as God's nobility, in the establishment of her religious order, in her founding of schools and hospitals, in the growth of her work through the women who joined her, in the expansion of her ministry across the world. Anchored and energized by her faith, Mary was able to accomplish a great deal.

In 1801 as a young woman of about 14 years of age, Mary Aikenhead was deeply affected by a sermon given in South Chapel, Cork. In one account of her life story, it is said "At last, deeply moved by a sermon preached by the Reverend Florence McCarthy on the parable of Dives and Lazarus, she resolved to cast in her lot with the lowly, whom Jesus loved so much and called to share His heavenly Kingdom."<sup>31</sup> Mary was overwhelmed of this depiction of the chasm between the poor and the rich in this lifetime, and the obligation for those with means to offer love and help to others in need.<sup>32</sup> It was then, in the midst of the poverty in 19<sup>th</sup> century Ireland, that she decided

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<sup>31</sup> Luke 16: 19-31. NRSV.

<sup>32</sup> Margaret Donovan, *Apostolate of Love: Mary Aikenhead 1787-1858 Foundress of the Sisters of Charity* (Melbourne: The Polding Press, 1979), 105.

to offer her life to serve the poor, ‘God’s nobility’ she called them. This was remarkable because the poverty in Cork was insurmountable for many yet here was a woman from a wealthy family dedicating her life in the service of alleviating the suffering which came from it.<sup>33</sup>

When it came to the establishment of her religious order, the Sisters of Charity, she decided that the life of the women would not be restricted to prayer behind convent walls, but with people on the streets where they lived, in their homes and alongside them. Mary Aikenhead was anxious to join a Congregation whose members were able to have closer contact with the poor.<sup>34</sup> She chose Ignatian spirituality as her founding constitution because of its character of discernment leading to action. Hers were to become known as the ‘walking nuns.’ Those who were sick and impoverished in her own time were healed in their spirit because she visited them and were given physical care because she personally made it possible.

In doing this she was intuitively doing what Jesus did, which was to embody compassion through actions. Her love became active and was a great source of hope for people who were in despair. Such was the appeal of what she was doing that many women joined her on her mission to care for the sick, poor of Cork. The story of how

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<sup>33</sup> The Religious Sisters of Charity, accessed March 4, 2019, <https://www.rscaritas.com/96-uncategorised/632-a-short-synopsis-of-the-life-of-mother>.

What was Cork like in Mary Aikenhead’s time? “It was a busy international port. Through this port beef, butter and grain from the hinterland were transported to feed the British armies in their European wars while in the miry lanes of the city, hordes of starving, ill-clad men, women and children tried to eke out an existence by hoarding and selling human waste. As the water supply for the poor came solely from the contaminated river, diseases such as typhus fever were quite common. Into these lanes and into the grossly overcrowded, airless hovels (“airless” because windows were taxed and thereby generally boarded up) went Mary Aikenhead with her middle-class friends including Cecilia Lynch, bringing whatever help they could to ease the suffering of these unfortunate people.”

<sup>34</sup> Donovan, *Apostolate of Love*, 14.

this ministry spread to the capital, Dublin and then to Australia branching into more established health care and the running of hospitals is the birth story of SVHA.

Above all of these things Mary retained a deep obedience to God's providential love, trusting in it at all times. I observe that it is as though Mary imagined herself right in the middle of the community of the Trinity. Held and empowered. Loved and sent. She wanted this love and trust in God to permeate everything her sisters would accomplish in their future ministries. Confident in it, the Sisters of Charity relied regularly upon God to provide the resources for their continued bold outreach to the poor and the suffering in Ireland and further afield. Mary and her Sisters had a dependence upon Divine Providence. This is evident in her words "Our work would be overpowering were we to view all in any other light than as God's own work, and entirely depending upon the miraculous aid of His Almighty Providence."<sup>35</sup>

Inspired by the Spiritual exercises of St Ignatius, a characteristic Mary embodied very well was the concept of being on the 'front foot', always ready to respond when a need arose. This propensity in Mary to respond with gracious expectancy and hope meant that she said yes when the following request was forthcoming from a Bishop Bede Polding, in the then British penal colony of Australia.

In 1836, Archbishop Polding, then Vicar Apostolic of New Holland and Van Diemen's Land, wrote an earnest appeal to Mother Aikenhead to send a community of Sisters of Charity to Sydney. He believed that 'the Sisters of Charity, by their influence and instruction, could alone work a change in at least the female part of the convict population.'<sup>36</sup>

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<sup>35</sup> *The Teaching of Mary Aikenhead* (Sydney: St Vincent's Westmead Boys Home, 1963), 43

<sup>36</sup> *The Life and Work of Mary Aikenhead* (London: Longmans, Green and Co, 1924), 205.

Having heard the capabilities of the new congregation, he was keen for five sisters to come to Australia to offer ministry in the women's factories; wretched prisons where the women were desperate, stricken and in dire need of pastoral ministry. Mary asked for volunteers for this mission. Brave because it was not assured they would ever return to Ireland, five women opted to go to Australia. This event took place in 1839 and was the start of the Australian Sisters of Charity. By 1857 the first St Vincent's Hospital was established in Potts Point in Sydney Australia.

Mary was an excellent example of Walter Brueggemann's two fold vision of a prophet; able to cut through the despair by acknowledging the grief and suffering of the people around her, but also offering hope through energy and movement to action. It is interesting to note her impact especially in light of the knowledge that the last few years of her life were spent in pain and largely bed-ridden. She suffered greatly and yet still encouraged the people of her ministries through prolific letter writing, words of encouragement and appeals for others to support the growing works. She established a community which has endured beyond her lifetime and her foresight and trust in Divine providence have proved transformational.

These two early stories are powerful touch points for the healing ministry within SVHA today. Mission Leaders, when appointed to a role within SVHA learn them very quickly by necessity, if they are to flourish. The stories of St Vincent de Paul and Mary Aikenhead are shared regularly with employees. There is a glint of the Trinity in all of them.

In the next chapter I explore further the nature and development of Mission Leaders over time, including reference to some of the anchoring concepts in their formation and practice.

## **CHAPTER THREE**

### **WHO ARE MISSION LEADERS?**

To better understand the need for an articulation of spiritual leadership for Mission Leaders, in this chapter will be an account of the emergence of Mission Leaders in Australia, a description of what they do, an investigation into their doing of this in response to the times in which they live and an analysis of the challenges and opportunities faced by Mission Leaders in light of these factors. It is sobering to note that roles like these are very new as a profession. It was not until the 1970s that a title such as Director of Mission, or Mission Leader was used at all. It is helpful then, to view the work of the current crop of Mission Leaders generously in light of the fact that theirs is an emerging role with the background story being the state of the Roman Catholic Church in flux.

#### **The emergence of Mission Leaders in Australia**

The evolution and emergence of Mission Leaders can be identified as happening across three eras within the Roman Catholic Church and its ministries. The purpose of mission leadership in any era is to nurture the mission and Catholic identity of a facility or an organisation in order to carry on the healing ministry of Jesus Christ. Catholic Health Australia is the core membership body of Catholic health and aged care entities in Australia and in a discussion paper released in 2015 they charted these three eras as follows:

The first, is where ‘the culture carries the story.’ This was the era typified the pre-Vatican II experience of the church which was hierarchical, facilities were staffed almost entirely by religious congregations and where hospitals were seen by people as

quasi parishes, a place where liturgical celebrations would regularly take place and pastoral support the primary goal of care. In such a tightly held culture there was no need for an additional person as a Mission Leader because the culture and carriage of the mission was clear.

The second era, from the 1970s onwards was as the 'nostalgia stage'. This is the time when rapid decline commenced in religious orders. This, along with medical advances which meant people were spending less time in hospital but more time in rapid care situations, led to the appointment of Mission Leaders to carry the story of the mission. Australian society was not as secular as it is considered to be today, and this era was considered temporary by many who were in it. People lamented that the Sisters were no longer there in the same way they once were. It was hard for lay people, the men and women who started to take on the Mission Leadership roles, to be regarded as highly as the Sisters perhaps because the Mission Leaders' credentials and their role were never properly understood. Duties were still being defined by this new profession as a whole but centred on the provision of pastoral support for patients and the integration of mission in policy and practice.

The third era from the 1990s onwards saw the 'professional role of the mission leader intensify'. In response to a rapidly changing society including technological advances in medical care, changing funding environments, mergers of Catholic health providers between themselves and with other systems, and the aforementioned decline in religious affiliation, mission leadership roles became more intense and complex than they once were. A person in a mission leadership role was required to be an engaged and competent member of the Executive team of the organisation with all of the expectations which were extended to any executive including financial and

management acumen and health care policy expertise. Mission Leaders needed to execute their leadership in such a way as to build a community so that the mission would be understood, held and owned by many and not just themselves or a selected few. Executive competence and mission ownership by all are the features of this era which have continued to the present day. In 2015 a taskforce comprised of representatives of Australian Catholic health care systems looked to capture this history in a document.<sup>37</sup>

### *What do they do?*

Duties of the Mission Leaders across the Australian Catholic health sector now commonly revolve around a few key responsibilities: the formation of Boards and senior leaders, the integration of Catholic ethical standards, the development and maintenance of strong relationships with Bishops, clergy and representatives of other faiths, and the providing of resources for the benefit of the community, most notably people who are poor and vulnerable.

In SVHA at a national level which is my responsibility to oversee, I have grouped the work of the profession into five key, but not exclusive areas: nurturing Catholic identity, providing leadership in pastoral care, leading ethics integration, delivering programs which serve people who are vulnerable and facilitating formation opportunities for all staff. Our whole organisation is divided into three core operational areas; public health care, private health care and aged care. The Mission Leaders can expect that within their role they will need to contend with each of these five areas if

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<sup>37</sup> Catholic Health Australia, *The Role of Mission Leaders in Catholic Health and Aged Care-discussion paper* (Canberra: CHA, 2015.)



they are to succeed, yet often their responsibilities at a local, operational level far exceed these five.

In practice a typical year for a Mission Leader within SVHA will also involve overseeing the volunteers department, working with the advocacy team on issues which arise, offering education sessions related to mission and values, consulting on policies to ensure mission alignment, preparing awards and recognition ceremonies, overseeing indigenous health initiatives, responding to crises which occur in the community by hosting memorial services, participating in working parties for topics as wide ranging as consumer participation, end of life care and budget meetings.

This work is multi-faceted with tremendous opportunities for the right people to find personal reward in a fulfilling role which at best can align their personal faith and sense of vocation with a meaningful career. There are risks for Mission Leaders. These include burn out from the pace and the range of the work required of them, a sense of isolation if they feel they are required to champion or uphold an unpopular position, and the real possibility of role conflict arising from pressures of insufficient resources or support from others to accomplish the goals of mission. This is why it is important for Mission Leaders to take time for professional support which helps them to draw deeply from the theological and spiritual inspirations for their work, just as Jesus retreated for prayer to sustain him in his mission. The prophetic edge to the work Mission Leaders must do is to be responsive to the world around them and to deliver the mission so as it is relevant to the societal context and the real needs of people in the present day.

*Responding to the signs of the times*

SVHA achieves its mission through the delivery of health and aged care services in the context of 21<sup>st</sup> century Australian society, thus it is susceptible to specific pressures and opportunities. These words from *Gaudium Et Spes* one of the documents produced following the Catholic Church's Second Vatican Council concluding in 1965, are still relevant and provide SVHA with an enduring spiritual basis for what could also be considered common sense and good business practice which is, to know your environment.

Inspired by no earthly ambition, the Church seeks but a solitary goal: to carry forward the work of Christ under the lead of the befriending Spirit... To carry out such a task, the Church has always had the duty of scrutinizing the signs of the times and of interpreting them in the light of the Gospel. Thus, in language intelligible to each generation, she can respond to the perennial questions which men ask about this present life and the life to come, and about the relationship of the one to the other. We must therefore recognize and understand the world in which we live, its explanations, its longings, and its often dramatic characteristics.<sup>38</sup>

As a theological basis, reading and responding to the signs of the times has always been a part of the charism of our founders. Earlier I profiled the examples of St Vincent de Paul and Mary Aikenhead who each showed a genius for responding innovatively to the signs of their own times and who in their own right are excellent examples of the kind of transformational leadership described by Fluker and Brueggemann. For those who run hospitals these days responding to the times is still an absolute necessity of leadership and for Mission Leaders a critical component if their

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<sup>38</sup> Vatican Council II, *Gaudium Et Spes*- Pastoral Constitution on the Church In the Modern World, (December 7, 1965), at the Holy See, accessed May 4, 2019, [http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_com](http://www.vatican.va/archive/hist_councils/ii_vatican_com).

spiritual leadership is to have any effect in challenging times. If you don't move and respond in an agile way to your environment and to the rapidly changing and growing needs of the people, either the ministry dies or the people suffer.

As a ministry of the Catholic Church, it is imperative we understand the society in which our mission exists by responding with insight that reflects an awareness of the dynamics at play in the wider setting and, with strategies that are most likely to afford the mission its best success in light of the context. Three specific areas of challenge requiring our depth of appreciation are; an understanding of the religious affiliations of Australians in respect to church practice, the financial pressures of healthcare and the ethical challenges which arise between Catholic and non-Catholic entities.

### **Difficulties faced by Mission Leaders in the present day**

#### *The rise of secular society*

Australia is a secular democracy. Christian church attendance on Sundays is lower than 11%. The findings of a 2017 national census indicated that fewer than 50% of people identify as being affiliated with a Christian religion and more than 25% identify as being atheist or as having no religious affiliation at all. Adding to the decline in church affiliation, the Australian government recently conducted a Royal Commission into Institutional Responses to Child Sexual Abuse and this has uncovered significant abuse and cover-up within the Roman Catholic and other church groups within Australia, as has also been found across the world. When the findings were released in December 2017, the community were horrified at the actions of the church which people perceive holds itself up as a moral standard for others.

'Tall poppy syndrome' is endemic in Australian society. This means that in Australian culture, rather than idolising celebrities or high achievers, people seek to

bring down people in authority, especially when they are exposed as behaving in a way which is false to their values. The reputation and good standing of Christian churches has suffered dramatically because of these factors in recent years. Where once Australia would have been described as a Christian nation, a Christian theological lens is no longer the preferred way Australians see the world. Other more dominant lenses are: consumerism, humanitarianism and business. This causes pressure on the delivery of health care services which are owned by the Catholic Church, especially as many of its ethical views are not directly compatible, and are at times in direct opposition to, secular humanism. Our Catholic hospitals in Australia must abide by the Catholic Code of Ethical Standards for Health and Aged Care Services in Australia.<sup>39</sup> Within this Code certain procedures such as pregnancy terminations, tubal ligations, male sterilisation and assisted suicide (euthanasia) are listed as expressly forbidden to be done, yet these services are legally permissible in some Australian states.

The public health care institutions within SVHA, though owned by the entity of Mary Aikenhead Ministries, are funded to almost 80% of their running costs by government. As governments consider new funding agreements, it is precarious for our ministry that our government funders are frustrated we do not offer these services when other providers with whom St Vincent's competes for funding, will offer them. A reading of the 'signs of the times' tells us that unless SVHA proves its relevance and has a point of distinction in an environment where the influence of the Catholic church and its ministries is declining, it will struggle to exist in the future. Mission Leaders must contend with this reality.

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<sup>39</sup> This is similar to the American Ethical and Religious Directives to which Catholic services in the USA must comply.

*The cost of healthcare*

Australia has good, universal healthcare under a federal government supported system called Medicare, where people above a certain income bracket are taxed to pay for the whole.<sup>40</sup> All Australian citizens are Medicare eligible and this care is received through a primary health care system made available through general practitioners and the public hospital system, which is free to patients though a person can incur long waiting periods for elective surgery and specialist appointments. Due to the upward spiral of the costs of Medicare to the government as the population ages, bringing with it greater prevalence of illness and disease, and the financial pressure of public healthcare, the Australian government has introduced incentives for citizens to take out private health insurance (and disincentives when they don't) thereby encouraging them to largely fund their own health care needs.<sup>41,42</sup> Initially, this was a successful campaign with more than 60% of Australians purchasing private health care, even though this does mean there are funding gaps which are incurred by the patient when a surgeon or

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<sup>40</sup> Australian Tax Office, accessed April 9, 2019, <https://www.ato.gov.au/Individuals/Medicare-levy/>. When a person's income exceeds \$50 000 in Australia they are charged a levy of 2% percent of their income.

<sup>41</sup> The Australian Institute of Health and Welfare, accessed March 4, 2019, <http://www.aihw.gov.au>. According the Australian Institute of Health and Welfare currently 15% of all people living in Australia are aged 65 and over. This is projected to reach 25% of all people in 2097.

<sup>42</sup> Australian Tax Office, accessed April 9, 2019, <https://www.ato.gov.au/Individuals/Medicare-levy/>. After the age of 30, if a person has not joined a private health care fund as an individual, they are charged a higher medicare levy each year through their income tax. The Australian private health care system is different to what is it like in the USA, which is managed largely through employment. Australian employers do not provide health care packages.

specialist charges above the price which is charged by Medicare for a particular surgery or consultation.<sup>43</sup>

In the last two years, the cost of living for Australians has increased dramatically, largely related to the high cost of housing, and this has led to people dropping out of private health care funds. It is no longer affordable for many and people have had to reckon it against other priorities such as housing, food and transport. The profitability of the Australian private health care market has suffered in response. People cannot afford to pay their insurance fees. Instead, many now choose to rely again on the public health care system and bear the waiting lists and lack of choice in service providers. This in turn, places pressure on the public system. The public health care system is only funded for a finite amount of activity, after which it must absorb the costs. It is a nasty cycle. When health care is expensive and hard to access, it is the poor who suffer. A further problem arises for the people who lead these organisations where it becomes harder to make a profit. They can then become more inclined to use heavily corporate and harsher business practices to keep the organisation afloat. These practices are not necessarily an antithesis of mission, however a Mission Leader is required to examine these practices and discern to ensure they are not incompatible with mission. Effective mission leadership knows to insist upon this lens in difficult times.

In reality this gets worked out by: the requirement of every new business case to have to address mission alignment, the engagement of Catholic ethicists when a decision or an action may be controversial in relation to the church position, and through the formation efforts of Mission Leaders who build relationships of trust and

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<sup>43</sup> When a person joins a private health care fund, the cost of most surgeries is covered by their health care provider to an agreed cost. If the surgeon charges above this cost then a gap occurs which is payable directly by the patient.

collegiality with senior leaders so they will appreciate the mission component in their work. This isn't a perfect system because it is still dependent upon a Mission Leader having the influence to see that these considerations are done in the right spirit and that the good work of achieving business goals is not positioned as being anti- mission.

Financial pressures are a reality as SVHA seeks to offer care in the spirit of the healing ministry of Jesus. Mission Leaders need to know how to best practice spiritual leadership to be ready and fully engaged when these crises occur.

With the spiralling costs of health and aged care, and the challenge faced by church institutions in a society where religious affiliation is decreasing, SVHA must find new ways of staying true to its mission, not unlike Mary Aikenhead who, when she established her first St Vincent's Hospital in Dublin in 1834 insisted that "the poor could have for love what the rich could buy for money."<sup>44</sup> The mission of her health care ministry was to care for the poor but she still had to find a way to do it by overcoming challenges which were real. The challenges included: Mary's despair about the wretchedness of the level of poverty in Cork society caused by years of famine, the reality that it was not usual for women to contribute actively to society in which their options were limited to marriage or contemplative religious life, and the lack of any funds to commence good works.

Mary found inspiration in a particular preaching on the parable of the Rich Man and Lazarus.<sup>45</sup> It is widely documented that upon hearing this scripture in St Anne's church in Cork, Mary found conviction in prayer, a deep trust in divine providence and

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<sup>44</sup> Donal S. Blake, *Servant of the Poor* (Dublin: Religious Sisters of Charity, 2001), 54.

<sup>45</sup> Luke 16:19-31, NRSV.

a view of the human person which lead her to be uncompromising in her efforts to ensure people received care and love.<sup>46</sup> These features of her leadership enabled her growing congregation to survive and to meet the needs in a harsh world, which is exactly what she had been hoping for.

### *Differing religious affiliation*

With such a difficult environment for Australian health care, the question naturally arises as to the type of leadership which is required in times such as these. In this modern society where health care, though precariously funded and hard to deliver, is accessible to most, there isn't the need in Australia for 'medical missions' as was once the approach, or for religious orders to launch out in a way as to establish a baseline of common, decent care. These things are in place. The challenge for leaders of Catholic health care organizations these days is to align the organization's strategy and activities to the healing ministry of Jesus so as to transform the lives of people in spite of, and sometimes in light of the challenges that are faced.

It is very easy to have a mission statement on a wall in an ambient hospital setting, to deliver safe, consumer driven, transactional, average care and to do so while remembering one's heritage fondly. In the meantime, capacity for true transformation in people's lives slips by unnoticed. To bring God's love to those in need requires something more. So who are the people with responsibility for putting in place the systems and offering encouragement to the front line staff to deliver this 'more'? They would be the people who are in positions of leadership across our health care ministry, our Chief Executive Officers.

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<sup>46</sup> Danielle Atchican, *Ministry of Love: The Story of the Sisters of Charity* (Sydney: Sisters of Charity, 2018), 13.



In regards to religious affiliation Chief Executive Officers are reflective of Australian society and poised to respond to the challenges mentioned above in that they have knowledge of Australian society where religious affiliation is declining, and they are well aware of the huge financial challenges of delivering health care. Of the thirteen Chief Executive Officers across SVHA in our various public hospitals, private hospitals and aged care, as of 2019, three are non-practising Catholics, two are another Christian denomination and those remaining are atheist, agnostic or have not declared their religious identity.

On a surface level one might presume that the person best placed to lead in a health care ministry in this scenario is someone who is a devout, practicing Catholic. One might also assume that the organization is operating from a point of leadership deficit without such people in positions of leadership. Both assumptions can be gently challenged.

For those who are devout, practicing and immersed in the fullness of Catholicism with skills in health care leadership, of which there are very few, accomplishing Jesus' healing ministry is not a given. Religious affiliation and being a person who practices their faith do not immediately equate to having leadership capacities for this time in society. Such a person would need to have considerable skills in applying the faith in which they believe to a setting where most of the people involved; the patients and the staff, do not share their views. It is a quite a work of subtlety for a person of deep faith and practice to find and apply a gentle resonance to their leadership so as not to discount the efforts of all others, and furthermore to notice the gift that such diversity of participation brings. Further, when a health care organisation which is a ministry of the Catholic Church becomes robust and possibly

cut-throat in its approach to business practices as one way of responding to tough financial times, this can be disorienting to a leader who sees this as inimical to his or her values. The high personal cost to the leader might also be evident where ethical battles are at play between Catholic ethical positions by which the organisation must abide and more progressive secular ethics which when legislated, must usually be applied in a particular state or federal jurisdiction. A leader might also find themselves caught in the middle if a view of best practice health care which is widely supported by evidence in modern practice, is understood to be forbidden by the church. An example of this is the use of emergency contraception (the “morning after pill”) following rape, to prevent pregnancy. These occurrences are distressing for any leader but can pose a particular challenge to a person of deep religious faith. Some devout leaders do not stay the course, preferring to leave the job to retain a pure view of what a church ministry should be like. Yet, a person of deep Roman Catholic faith who is able to contend with these issues of context, would be highly suitable for such a role.

The assumption, that a non-Catholic person would be unsuited to lead a Catholic hospital, must also be challenged. The same test can be applied as above, how would this person hold and express their non-Catholic views? Can they do this in such a way that they are respectful to the spiritual and religious heritage of the organization? A benefit of people taking on leadership roles who have not been immersed in the faith of the founders is that they are like many of their employees who also come from wide ranging and religiously diverse backgrounds. If accompanied by a Mission Leader or a mentor who is able to introduce the measures that will require the leader to effectively deliver the mission, whilst inviting them into a deep dialogue as to the reasons for the mission imperative, then a non-Catholic can be an effective leader. This kind of

appointment is also an opportunity for the organization to make a distinction between what constitutes a good spiritual leader and a person who is merely observing some of the religious symbols of the organization out of duty. In this regard we should look favourably upon any person who has the capacity to reflect honestly on the gifts and limitations of their own personal faith or religious position, and, cautiously at leaders who do not possess this quality. This together with their capacity to embody the mission through their personal presence, build communities around them and effect transformation in the services over which they have responsibility, are the measures of success.

### **Opportunities for Mission Leaders in the present day**

In responses to the challenges, the work of Mission Leaders sensibly revolves around building the capacity for leaders within the ministries to act in accordance with our mission. This is achieved primarily through formation and the organization's leadership development program. The investment of time and resources into the development and preparation for people to lead from a mission-inspired base is reflective of the view that people who are formed well, lead well, and that the delivery of the mission is every person's responsibility. Nonetheless, the opportunity has to be crafted and facilitated well by a person who is aware that it is good spiritual leadership which will ensure that these efforts are taken up in an inspirational, rather than begrudging way.

#### *Authentic Relationship*

Australian anthropologist and priest Fr Gerry Arbuckle has written extensively on the cultural implications of Catholic health care and has combined this with his

knowledge and insight into the pastoral responses which are required on both a micro and a macro level. His interest in the role of Mission Leaders is situated within a wider body of his work, which has as its focus the re-founding of the mission in tumultuous times. Arbuckle does not land the entire responsibility of spiritual leadership on the shoulders of Mission Leaders, quite the contrary. He, like others views the Chief Executive Officer as the true Mission Leader of the organisation, a view which has influenced my own. That said, he has compassion, concern and high regard for those souls brave enough to take on Mission Leadership roles of whom he suggests that there are many unrealistic expectations placed on them. His research has involved collecting the views of Mission Leaders, representing a range of systems in health care, on their own work. Arbuckle observed how harsh they often are on themselves, which he doesn't believe is warranted. In response he offers the following advice as to qualities an effective Mission Leader will need to have if they are to bring energy and fresh hope to their ministry: "willingness to live in ambiguity, creativity, ease with risk taking and energy to forge new relationships with different traditions."<sup>47</sup>

Arbuckle's idea for re-founding the mission with an energized Mission Leader rests on two points which are useful when considering the way forward for mission leadership. He names these as the establishment of intentional faith communities, and honouring grief by letting go of the past. In these examples, his encouragement is to hospital communities to be places of authentic relationship, where staff who are on mission together to offer the healing ministry are modelling the love and respect they hope to offer their patients. This is a theme I will pick up in further exploration of the

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<sup>47</sup> Gerald A. Arbuckle, *Healthcare Ministry- Refounding the Mission in Tumultuous Times* (Collegeville, MN: Liturgical Press, 2000), 249.

Trinity in a later chapter. Arbuckle's second point interests me because it reminds me of the world view, described earlier of Walter Brueggemann in *The Prophetic Imagination*.<sup>48</sup> On his point regarding intentional faith communities, Catholic health services are aware of the responsibility of forming communities comprising a diversity of staff so that they are prepared and energised to serve in a Catholic ministry. This has led to the creation of formation efforts as part of Australian Catholic healthcare's key priorities in the last few years.

#### *The Emergence of Formation*

It was a landmark moment of leadership in the history of SVHA when the ministries changed from being owned and governed by the Sisters of Charity Health Service to coming under the ecclesial governance of Mary Aikenhead Ministries in 2009, a scenario I explained in Chapter 1. This marked both the realisation and the prophetic action of the Sisters of Charity congregation to assure the continuance of their mission into the future by entrusting its health, education and community service ministries to a new entity in the Church which they themselves had sought to establish. Rather than the congregation being the group in ultimate charge, SVHA now has as its highest level of governance a group of Trustees.

This movement to appoint leaders through a public juridic person, is radical because it makes it possible for lay people, those not ordained or consecrated to religious life, to have ultimate responsibility for a Catholic Church entity. It has been an unfortunate cultural reality within the Catholic Church that only those who are ordained or consecrated to religious life have been considered by the hierarchy as qualified and trusted to lead it.

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<sup>48</sup> Brueggemann, *The Prophetic Imagination*.

This has been a source of pain and disillusionment for men and women for centuries and can be described as a sin of the church because people had not been given freedom to exercise their God given abilities in service of the church. This is rectified somewhat by the development of these new entities in the church like Mary Aikenhead Ministries. The people who are invited to be Trustees are usually asked so because of their exemplary professional life, inclination toward the mission and capacities for governance. There is still a requirement that Trustees must be a baptised Roman Catholic, and perhaps one day this limitation will be removed.<sup>49</sup> Still within this group of people there is a broad understanding of what Jesus' healing ministry and mission within the context of the Catholic Church means, so as Trustees have the special responsibility of ensuring that all those involved in their ministries are well formed for the task, they must still attend to their own formation to build upon their strengths and to fully immerse themselves in the space of mission.

Following the commencement of Mary Aikenhead Ministries in 2009, The *Mary Aikenhead Ministries Leadership Formation Framework* was produced. In particular this document offered two things; a leadership statement and a scriptural reference, both of which would form the foundation of their view of the leadership formation.

#### *Leadership statement*

As leaders in the organisations of Mary Aikenhead Ministries (MAM) we understand our leadership to be in the context of a vocational call; that is, to bring the good news of the Gospel, Jesus' liberating message of love, hope, compassion and justice, to all those we encounter through our ministries. We are responsible not only for the corporate and institutional

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<sup>49</sup> The appointment of lay, rather than ordained leaders is still considered a progressive act in the Church, to appoint a non-Catholic to a Trustee position would be even more radical at the present time.

aspects of the task, but also to the community of people who join us in delivering the mission and those whom we serve. Our vocation is to nourish and inspire the mission through our leadership.<sup>50</sup>

### *Scriptural foundation*

He went to Nazareth, where he had been brought up, and on the Sabbath day he went into the synagogue, as was his custom. He stood up to read, and the scroll of the prophet Isaiah was handed to him. Unrolling it, he found the place where it is written:

“The Spirit of the Lord is on me,  
because he has anointed me  
to proclaim good news to the poor.  
He has sent me to proclaim freedom for the prisoners  
and recovery of sight for the blind,  
to set the oppressed free,  
to proclaim the year of the Lord’s favor.”  
Then he rolled up the scroll, gave it back to the attendant and sat down. The eyes of everyone in the synagogue were fastened on him. He began by saying to them, “Today this scripture is fulfilled in your hearing.”<sup>51</sup>

These items, along with the full Leadership Formation Framework are intended to serve as the inspiration for all of the ministries within MAM, including SVHA to align their numerous activities with this expression of the very ministry Jesus reads about in the scroll; to liberate those on the margins of society.

Across SVHA this can be readily seen by looking at our prison outreach, advocacy, treatment, care and cure for afflictions especially for people who are vulnerable and oppressed. Our leaders, including the aforementioned CEOs are very dedicated to these services and it is through their dedication to these services that they offer healing and hope.

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<sup>50</sup> Mary Aikenhead Ministries, “MAM Leadership Formation Framework”, 2013, accessed May 1, 2019, [https://web.archive.org/web/20140227013604/https://maryaikenheadministries.com.au/wp-content/uploads/2013/06/MAM-LEADERSHIP-FRAMEWORK\\_SCREEN.PDF](https://web.archive.org/web/20140227013604/https://maryaikenheadministries.com.au/wp-content/uploads/2013/06/MAM-LEADERSHIP-FRAMEWORK_SCREEN.PDF).

<sup>51</sup> Luke 4: 1-16, NRSV.

In response, SVHA has enacted its own formation policies and activities flowing from the leadership given by MAM. In SVHA formation is given the following definition

Formation is a process of socialisation into the SVHA community in the context of who we are, who we serve and who we strive to be for the purpose of building up the community and carrying on our Catholic teachings and traditions. It is a deepening of our understanding both personally and communally of our identity, traditions and our responsibility in continuing the healing mission of Jesus. Formation is a process of the head, heart and hands intended to help SVHA staff to find meaning in what they do and how they serve in the spirit of Mary Aikenhead Ministries. It acknowledges and respects that people come to SVHA with their own story, skills and expertise. It is also adapted to the specific needs and experience of those for whom it is provided.<sup>52</sup>

In defining formation this way, it was the desire of the authors to present it as holistically as possible so its focus could not be narrowed, as seriously as possible so as its import to Catholic ministries is readily understood, and as inclusively as possible so that every staff member could see that it is an experience in which they would have a part.

In July 2016, SVHA adopted a *Formation for All* policy, which sought to build into practice minimum requirements for employees of different levels in the organisation to experience leadership formation. For Executive Leaders such as CEOs and their immediate teams, the outcomes of their formation were intended to build directly upon the wisdom which had been articulated by the Mary Aikenhead Ministries Trustees in their Leadership Formation Framework and therefore needed to include the following: the capacity to further the mission of the organisation through exercising their leadership; the capacity to undertake strategic planning in alignment with the

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<sup>52</sup> SVHA, “Formation for All policy,” revised October 2018 (Sydney: SVHA, 2015), this document is reproduced in its entirety in Appendix 3.



mission; the capacity to continue expression of the mission heritage of the organisation; the capacity to understand and appreciate the Catholic tradition at a level required to lead within that tradition in the context of their work; the capacity to make decisions based on Catholic teachings related to dignity (i.e., justice, service of the poor, the common good, and sound stewardship); the capacity to create the conditions for individuals and their services to promote the common good; the capacity to ensure the ministry's Catholic mission and identity is maintained and strengthened whilst overseeing operational excellence; the capacity to exercise ethical leadership and lead decision-making informed by the *Code of Ethical Standards* and the capacity to exercise stewardship in light of good business practice.<sup>53</sup> Local Mission Leaders will have access to local examples of leaders exemplifying these outcomes which can support discernment about how best to assist executives to achieve them.

Participation in these formation experiences is enriched by the complementary engagement they also have with SVHA's flagship leadership development program, *The Heart of Leadership* which had been co-designed by the leadership company 'The Leadership Circle' and SVHA. Here I will give an outline of it and make further commentary on its influence on the leadership culture within SVHA, particularly for those people who are Chief Executive Officers or Mission Leaders.

#### *Leadership development in SVHA*

It is not only leader formation in the Catholic tradition which is important to SVHA as a ministry of the church, but to achieve the mission a person needs to be an

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<sup>53</sup> Mary Aikenhead Ministries, "MAM Leadership Framework," 2013, accessed May 1, 2019, [https://web.archive.org/web/20140227013604/https://maryaikenheadministries.com.au/wp-content/uploads/2013/06/MAM-LEADERSHIP-FRAMEWORK\\_SCREEN.PDF](https://web.archive.org/web/20140227013604/https://maryaikenheadministries.com.au/wp-content/uploads/2013/06/MAM-LEADERSHIP-FRAMEWORK_SCREEN.PDF).

accomplished leader in any setting, able to contend with what the world requires of them in their health care role. Leadership development programs are a familiar tool of organizations, typically the purview of the Human Resources or otherwise named People and Culture department to lead. Until recently, SVHA had not ever developed a strategy, nor invested significant time and resources in developing its leaders. Most of the leaders within SVHA had not ever undergone the experience of a 360 degree feedback assessment, a known tool in leadership development circles whereby a person's work community including their direct reports, their peers, their manager and other stakeholders offer specific commentary on numerous aspects of the person's leadership style and effectiveness. When this is collated and the person receives the feedback in a coached session, it can be a very powerful moment of reality, learning and inspiration for a person. SVHA had not provided its leaders with opportunities to authentically reflect on themselves as leaders which meant they couldn't celebrate or improve their contribution. This is an unfortunate situation given the importance of the organization's mission and the size and complexity of the world of health and aged care delivery.

It requires vision and courage to make the case for investment in people when financial investment in these things are viewed as taking money away from the frontline of patient care. One view is that by not investing in leadership development, organizations doom the business to mediocrity or failure. Disgruntled or ineffective leaders don't commit to delivering the mission in such a way that reflects its importance. Investment in leadership development provides the opportunity to ensure that our leaders flourish in the work they do on behalf of patients

In 2014 the newly appointed SVHA Group Chief Executive Officer took the advice of his senior leader in People and Culture and commenced the leadership development journey for the organization. Both knew that leadership capability was of critical importance if the organisation was going to move successfully through a dramatic restructure which had taken place at the end of 2013 which saw new executive teams put in place across freshly formed Public health care, Private health care and Aged care divisions of the organization.

The engagement with the Leadership Circle led to the preparation of a staged leadership journey for SVHA, starting in 2015 with *understanding team effectiveness* and the widespread use of the 360 degree feedback tool that had been researched and created by the Leadership Circle arising from years of successful practice. The second stage of the journey was the creation of ‘The Heart of Leadership’ a three day workshop for cohorts of senior leaders to come together with a focus on *setting the standard*, what it means to be a leader in SVHA capable of working toward our common goals. The third stage, the ‘Heart of Leadership Part Two’ is currently underway. Its focus is on *transformation*, in particular preparing the organisation for change by setting the transformation agenda of engagement and performance.

The program since its iteration in 2015 has received feedback which has progressed from very good to excellent. The evaluations indicate that people not only enjoy being a part of the program but that they can appreciate the value of such a program to the strategic imperatives of the organization. This has lifted their engagement level.

The leadership development strategies enacted in SVHA, together with the emergence of formation as a critical component in the journey of leaders I see as

positive signs that ministry wide we are cognisant of the challenges faced in delivering not only good health care, but health care which is faithful to the healing ministry of Jesus. It is a sign of hope that leaders have the opportunity to engage in deep reflection on themselves and the ways in which individually and collectively they can use their skills, gifts and talents for greater impact.

This aligns with what the Trustees in their Leadership Formation Framework had indicated as a key indicator of successful formation: the capacity for self-reflection. The other key indicator was the capacity to build community. Comments from participants such as, “it is great to have my feedback heard and acknowledged,” “thank you for bringing your whole heart and soul to the workshop,” and “great to bring in the organizational priorities to provide context,” are demonstrative of the character of the leadership community which has been building over time.

In a Catholic health care ministry, the result of leaders having the opportunity for reflection, formation and intentional leadership development is that more people encounter loving, compassionate care which enhances their human dignity and helps them to heal and feel whole again. This is a community of trust.

### **Wisdom from the Catholic tradition**

In facing these many difficulties and opportunities within the current environment of Catholic health care in Australia, whilst it is important to note that there is no agreed formal spiritual foundation for Mission Leaders in SVHA it would be untrue to suggest that there have not been touchstones from within the Catholic tradition which have been a source of sustenance and inspiration as they have pursued their vocation in ministry.

There are three concepts in particular which are known to each Mission Leader with differing degrees of familiarity. Here I, honour the influence that these sources have

had in the nurturing of Mission Leaders. I name them so that they are familiar when I build upon them later using the lens of the Trinity and I recognise that the model of spiritual leadership I will land upon, builds upon rather than replaces these early foundations in Mission Leader development. These sources are: the parable of the Good Samaritan, Ignatian spirituality and Catholic Social Teaching,

*The Gospel story of the Good Samaritan*

A health care organisation which is a ministry of the church should regularly interrogate scriptural accounts of Jesus' healing ministry to deepen its appreciation of healing in its own particular context. It can do so by asking questions such as: What does it suggest about Jesus healing ministry, and what is its relevance to mission leadership? By doing so the organisation opens itself to greater fidelity to the mission through understanding more about the features of Jesus' healing ministry which may be applicable in its own setting.

The parable of the Good Samaritan as told in the Gospel of Luke, is the response given by Jesus when he is questioned by a keeper of the law about who his neighbour should be. It is the gospel story most synonymous with the establishment of health care because of the radical compassion shown by the hero, the Samaritan to the Jewish man left for dead. Catholic organizations like SVHA refer to it as a key scripture from which they can find inspiration for our mission. It is the parable which is considered to best articulate the mission and ministry of Catholic health, aged and community care. Pope John Paul II referred to it in his message to commemorate the first World Day of the Sick in 2000.<sup>54</sup> His quote is a pithy summary of why this particular parable is

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<sup>54</sup> John Paul II, "Contemplate the Face of Christ in the Sick, Message for the World Day of the Sick," *Para 9*, accessed March 4, 2019, <https://w2.vatican.va/content/francesco/en/messages/sick.index.html>.

continually looked upon by Catholic agencies and health care workers as a source of inspiration. He says;

The Church, from century to century has re-enacted the Gospel parable of the Good Samaritan, revealing and communicating her healing love and the consolation of Jesus Christ.... This came about through the untiring commitment of the Christian community and all those who have taken care of the sick and suffering, as well as the skilled and generous service of health-care workers.

In Australia, the parable of the Good Samaritan is also the focal point of a Shared Purpose Statement of the members who together form the representative organization Catholic Health Australia. In this statement appear the following words:

Like the Good Samaritan... We commit to show love and respect for those we serve and all who work with us, regardless of faith, culture, ability of status. We commit to be attentive to the whole person: body, mind and spirit. We commit to serve all with the best wisdom, resources and attention we can offer. We commit to hear and have heard the voices of all, especially those who are weakest, most vulnerable, neglected and stigmatised in our society. We commit to reach out with compassion so every encounter is an opportunity for healing, companionship, comfort and hope.<sup>55</sup>

For Mission Leaders, the task often falls to them to interpret the meaning of the Good Samaritan parable to a broad range of stakeholders for whom biblical literacy cannot be presumed as it might have been in earlier generations. Knowing the parable and its treasures well can enhance spiritual leadership and this short analysis is an example of the type of succinct summary of key points a Mission Leader should be able to give to relate it to the work and mission of SVHA.

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<sup>55</sup> Susan Sullivan, *Mission Discernment: A Resource for Decision Making in the Catholic Tradition* (Canberra: CHA, 2012), 5.

Commentators such as William Barclay draw our attention to the surroundings where the scene takes place, indicating it was likely a place where brigands preyed on people passing by due to its rocky, narrow terrain.<sup>56</sup> The man who was beaten and left by the side of the road was vulnerable to attack. He also suggests that the traveller, a Jew, brought the trouble upon himself as the route was a known trouble spot. In relation to these aspects alone, we know that Jesus' healing ministry has a special focus on people who are poor and vulnerable, but controversially it is not only the 'deserving poor' who are worthy of compassionate action on their behalf. Followers of Jesus are expected to move beyond their comfort zone and beyond what is acceptable social practice of the day even at personal expense to themselves, to assist another person who needs help. The priest and the Levite, the characters who walked past the injured man failed this opportunity to show love and instead, in the priest's case he chose not to touch the presumably dead man. To have done so will have compromised his ceremonial purity and he would have lost his turn at the temple. In the case of the Levite, he preferred the option which posed no risk to his personal safety. It was often a trap of robbers and brigands to pretend to be injured and when a person comes to attend to them, their band of brothers would attack.

The hero of the parable is the Samaritan man, the usual enemy of the Jews. His actions are admirable in that at first he is moved with compassion and moves toward, rather than away from, the beaten man. He tends to his wounds at the scene, but then knowing he needs further care, places him on his donkey and takes him to an inn at the next town. This would have exonerated him from the necessity to take further action

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<sup>56</sup> William Barclay, *The Daily Study Bible, The Gospel of Luke* (Edinburgh: The Saint Andrew Press, 1975.)

but he didn't stop offering care and protection yet. He paid for the man's accommodation and care at the inn and promised more on his return. His love was abundant.

Of Jesus' healing ministry this story has a lot of wisdom to offer. First, the lawyer is challenged to consider that he has a responsibility to view a wider group than he had imagined, to be his neighbour. A ticket to eternal life requires generosity beyond looking for the most minimal approach. Secondly, Jesus' healing ministry places no judgement on those who are 'deserving of it' or not. Though the man will have placed himself in danger by taking a precarious route to Jericho, he was not to be left for dead because of this. Jesus' healing ministry is extended to all people and by any person. The people who should have offered care by drawing upon a deeper level of compassion than they allowed themselves to do, failed to offer this care and walked on by. Their positional power as priest and Levite meant nil in the end, and it seems it was cause to turn them further away from the man in need when they chose to protect their positions by remaining 'clean' through disassociation. It is the person most unlikely, the Samaritan who sees a need in front of him and responds with love. He is practical in his compassion and restores the man as much as possible at the site of the attack first, before moving him to a safer place so that his healing can continue. This is a radical vision of care. He did abundantly more than was required, or that would have been expected. His accompaniment of the injured man to a place of safety in the house of the innkeeper, shows that he respected the dignity of this human being and also took responsibility for his well-being ensuring that the man had the best possible chance of restoration.



A Mission Leader should know this passage well and be able to facilitate a deep understanding of its message in settings across his or her facility.

The parable also gives Mission Leaders a model in their work if they step back from the content of it momentarily and consider how Jesus responded to the lawyer's questions. In response to the young lawyer's question about how one inherits eternal life, and then who is my neighbour, Jesus through the telling of the story turns it back on the questioner by sharing a parable followed by the question "To whom are you neighbour?" Mission leaders are often in a situation where a person is looking to them for a definitive moral answer. Answering directly and conclusively is not always the best response. Sometimes, like the lawyer, the questioner is curious about what the official response might be, and is interested in a quick, complete answer. Mission Leaders are wise to find a way of opening up the question, requiring a degree of discernment for those they are in conversation with rather than closing down the question with a definitive answer. Jesus chose a story that presumably he had heard during his travels, or at least it would have been a scene known to his hearers who were familiar with the route between Jericho and Jerusalem. Mission Leaders are wise to find stories that are familiar to people, thereby opening up the possibilities by telling it in a new way.

A Mission Leader can also take inspiration from the character of the Samaritan, a person who was prepared to act in a way that he felt was right even if it was against the social conventions of the day. When formal religious practice was inadequate to respond to the dire human need in front of him, the Samaritan chose to respond prophetically through his actions. Mission Leaders must maintain fidelity to the call and invitation of Jesus and to discern what this means for them in regards to their daily

actions. They will usually therefore find themselves in a position of discomfort when their actions challenge the status quo. This component of a Mission Leaders remit requires them to prepare their hearts for times of discomfort in the role. This is a necessity for authentic spiritual leadership.

A Mission Leader of a health care organisation can use the character of the Good Samaritan to inspire people who work in health care to include, restore and accompany every person they encounter without prejudice or hesitation. This could be quite easy in the Australian public health care system where there is adequate coverage for all people regardless of insurance or employment. It might be harder to see who is forgotten or who it is we as people who work in health care 'walk by' each day. It is still likely to be people who are vulnerable, and hidden from our eyes; people who are homeless, mentally ill, or who are unlikely to come to a hospital because of traumatic experiences of institutions. How far does the Samaritan story of compassion extend to seeking out people who are beaten and left for dead elsewhere? A Mission Leader can inspire this challenge of his or her organisation.

Additionally, a Mission Leader can draw inspiration from the innkeeper in the parable too. Often overlooked in commentaries, this person was ready to receive the stranger acting with a level of trust that showed compassion too. He was promised though not assured of the income which the Samaritan would bring when he was next passing by, yet he agreed to care for the man at his inn. In hospital ministry we are often there as the receivers of people who come to us for care. Others are the Samaritan, but a Catholic health care ministry, inspired by the healing ministry of Jesus can recognise its responsibility to be ready to take its turn and to play its part in the holistic care of a person when it is needed. A Mission Leader recognizes that to be ready when the

stranger arrives is not a posture which can be taken for granted. The physical environment, the nature of the care agreement all need to be ready to be enacted and most importantly a posture of hospitality and welcome needs to be imbued in the greeting team.

The parable of the Good Samaritan has many riches within it that offer Mission Leaders a reference point for spiritual leadership. It remains worthy of its iconic status in health care.

### *Ignatian Spirituality*

St Ignatius of Loyola, the founder of the Jesuit order of Catholic priests, Pope Francis' own order, set in motion an approach to spiritual practice which is highly influential in many Catholic ministries today, including schools and education, social welfare ministries and SVHA. Ignatian Spirituality, which is the name by which his teachings are known was chosen by Mary Aikenhead as the spirituality which was to underpin her new congregation, the principles of which revolve around the discernment of God's will in one's life. St Ignatius was known for his primary work the 'Spiritual Exercises' a collection of his teachings which are completed over a usual period of four weeks during which a person withdraws from the world for meditation and prayer.<sup>57</sup> The themes of these weeks are: gratitude for God's gifts in your own life then contemplation of your own sin, an encounter with Jesus' earthly ministry, entering into

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<sup>57</sup> Richard P. McBrien, ed., *The Harper Collins Encyclopedia of Catholicism* (Sydney: HarperCollins Publishers, 1995), 653. St Ignatius of Loyola (1491-1556) was the founder of the Jesuits. His encouragement to his followers was to find God in all things and to live lives of heroism, discernment and prayer.

an experience of the passion of the cross and then a spiritual contemplation of the resurrection.

Other core teachings of Ignatius revolve around a person freeing oneself from detachments in order that they can discern the right path, love which is shown primarily in deeds, self-awareness, humility and finding God in all things.<sup>58</sup>

Widely applicable, these principles find resonance in the lives of the men and women who present themselves for employment as Mission leaders in SVHA. Often they have come because they are yearning for a life's work which marries their faith and their professional skills. Health care is an excellent ministry field for this endeavour.

It is easy to see how these principles if applied can help a leader as they navigate the responsibilities required of them to lead the mission in their hospital. Discernment is a critical tool in the decisions which need to occur, there are numerous opportunities to show love in action, and to see the hospital and all the people in it as imbued with the presence of God is nothing if not true in its vision.

In her choosing of Ignatian spirituality for her novices and as the foundation of the spirituality which would guide her new congregation, Mary Aikehead was clever. In her time the usual work of religious women was to be contemplative and behind closed convent walls praying for the world. This overly pious style of vocation was not for her and was not reflective of the vision she had of a ministry of practical love which: moved outside the convent walls, was known for its deeds and had a certain courage about it. Mission Leaders in SVHA are wise not to spend all of their time mastering a

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<sup>58</sup> James Martin, *The Jesuit Guide to Almost Everything – A Spirituality for Real Life* (New York: Harper Collins Publishers, 2010.)

perfect plan in the confines of their office. They are wise to undertake proper, prayerful discernment about a course of action but then to be on with doing it. Mary could not have foreseen the complexity which is health care delivery in a 21<sup>st</sup> century Australian society and organization, though the principles of Ignatian spirituality are as equally applicable today as they were in 19<sup>th</sup> century Ireland.

### *Catholic Social Teaching*

The joys and the hopes, the griefs and the anxieties of the people of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ.<sup>59</sup>

On December 7<sup>th</sup>, 1965 the Vatican II document *Gaudium Et Spes* was released and this was its opening line. Its title translates to mean “Joy and Hope” This document is considered to be one of the occasions where the body of work which has become to be known as Catholic Social Teaching, came together for considerable impact which is reflected in its subtitle “Pastoral Constitution on the Church in the Modern World.”

Catholic Social Teaching can be seen as highly positive where observers, if they took note, would see the church at its best. Here it is not floundering around in hierarchical and liturgical footnotes which seemingly have no impact on the ordinary person, but instead occupies a prophetic space in bringing to the attention of society values and principles which effect every human person. This started with Pope Leo XIII’s encyclical in 1891, *Rerum Novarum*, commonly known as Rights and Duties of Capital and Labor where he addressed the wretched conditions experienced by the working classes.<sup>60</sup> Since the late 19<sup>th</sup> century, other principles of Catholic social

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<sup>59</sup> Vatican Council II, *Gaudium Et Spes*.

<sup>60</sup> Pope Leo XIII, “*Rerum Novarum*: Rights and Duties on Capital or ‘Labor,’” Vatican, May 1891, accessed March 4, 2019, <http://www.vatican.va/content/leo-xiii/en/encyclicals/documents>.

teaching have been confirmed. These include: the dignity of the human person, the belief in the common good, preferential option for the poor, subsidiarity, participation, social justice, the dignity of work, solidarity and the care of the earth.<sup>61</sup>

Pope Francis has given a boost to the appreciation of these teachings across the world with his commitment to them, embodied in his gestures and spoken through his words. Mission Leaders have found inspiration in Catholic social teaching for grounding the community of the hospital in values which all people can believe in, yet which have arisen from an excellent Catholic example. SVHA's mission has a special focus on reaching out to people who are poor and vulnerable and the justification for implanting this so highly in the Mission can be found in this body of the Church's teaching.

It is not only the task of a Mission Leader to understand and transmit knowledge about Catholic social teaching, but specifically, to know how to apply it to matters of conflict. One example of this is in considering the subtle differences between the notions of personal autonomy and the dignity of the human person.

Recently SVHA needed to focus clearly on its commitment to the dignity of every human person in a situation where, in a state where two of its hospitals are located, the government sought successfully to introduce 'voluntary assisted dying' legislation.<sup>62</sup> Public opinion was generally in favour of it because a convincing argument was made by the people proposing the law that this was the only way that a

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<sup>61</sup> Peter J Henriot, *Catholic Social Teaching: Our Best Kept Secret* (Maryknoll, NY: Orbis Books, 1988).

<sup>62</sup> 'Voluntary Assisted Dying' is the term used by the Victorian government to describe what is known in Catholic circles as Physician assisted suicide or euthanasia.

person's personal autonomy could be respected, by having access to all options in their health care decision making journey. Furthermore, they were compelling in their association of the word 'dignity' with their campaign.

The Catholic ethical position has a different perspective; autonomy is an important value but it is not the only value; the relationships of a person within a community, and the view that we are not ever permitted to participate in ending a person's life, are higher values. In practice, this is best presented as excellence in palliative care where every possible measure, within one's true scope of practice, is taken to accompany and assist a person *as* they die, not *to* die.

'Voluntary assisted dying' is contrary to our Code of Ethical Standards for Health and Aged Care Services so SVHA could not support it. The Mission Leader needed a level of clarity and confidence to work with staff who were also inclined to support the government's position. Staff needn't agree with an organization's position, but it is helpful for them to be well informed about the reasons why we can or cannot participate in some procedures. Best practice in spiritual leadership will also have had an eye on the risks inherent in these conversations to disengage, or if done well to further engage staff in the organization's mission.

### **Summary**

The past three chapters have traversed a wide terrain.

Chapter One exposed the critical gap of spiritual leadership arising from the need to ensure the healthy continuance of the mission in the absence of the Sisters of Charity in SVHA. We looked at the responsibilities of Trustees, Board Directors and Executives to be effective in this work and the unique skill set and competence of the person of the Mission Leader to support this achievement. We acknowledged that beyond technical

competence, a Mission Leader must also have a capacity for spiritual leadership, the features of which were touched upon in the example of Zoe's story, told in the Prologue.

Chapter Two canvassed four visions of transformational leadership pivotal to the vision for Spiritual Leadership I have for St Vincent's. Dr Walter Fluker and Dr Walter Brueggemann whose academic work in articulating the requirements of ethical leadership and the two-fold role of the leader as prophet were followed by short accounts of the lives impact of the lives of St Vincent de Paul and Mary Aikenhead.

Chapter Three offered a sharper focus on the role of the Mission Leader in particular; how they have emerged over time, what they do, the challenges and opportunities of the society and time in which they offer their work and ministry and touch stones of wisdom arising from the Catholic tradition.



## **CHAPTER FOUR: THE TRINITY AS INSPIRATION FOR SPIRITUAL LEADERSHIP**

### **Introduction**

Whilst this project is not intended to be a direct work of missiology, I do intend for one simple, core missiological idiom to undergird my exploration of the Trinity and how its relational ontology can inspire Mission Leader practice: *that mission begins with God's action, and requires our participation*. The value of this idea is its indication that intention and activity flow first from God who is active, and that while God alone could accomplish God's mission on Earth we are invited to participate, and have a role in doing so. It is important not to underestimate how radical this statement really is to a health care workforce who are largely non-Christian, come from diverse religious and non-religious backgrounds, yet who work in an organization with the mission statement: *We Bring God's love to those in need through the healing ministry of Jesus*. These people rightfully ask their Mission Leader: How is it that I am a participant in this mission?

Origin, nature, movement and community are all inferred in this statement, as is the value of relational ontology, where what happens between entities matters, where there is a flow of energy, an action in response to the movement of the other. However, this is not how engagement with mission is usually taught, or 'caught' by people working in Catholic ministries. Mission and the religious tradition is at risk of being seen passively when we only point back to the history of the founding sisters, without linking it to an invitation to every employee into a captivating vision of mission which is dynamic, inclusive and necessarily inter-active. How do we catalyse a sense of urgency or a requirement that we all have a part to play? Core to the answer must be

our reflection upon the nature of God as Trinity. Spiritual leaders who are grounded in a theology of the Trinity invite colleagues to participate in this kind of mission. God for them is not static, aloof or irrelevant.

Early in my research I became intrigued with the idea that the theological and spiritual bases' of Mission Leader practice (e.g., the history of the Sisters of Charity, the Catholic preferential option for the poor, Catholic social teaching) while excellent, could largely be viewed as static. They are objects in themselves and offer a form of important content, but as truisms of the work which is to be accomplished in the name of the Mission, they provide little instruction as to the 'modus operandi'. There is a gap in understanding *how* a Mission Leader is to bring all these things together and accomplish the healing ministry of Jesus.

At the same time, I have been encouraged in more recent years by the organization's efforts in formation and leadership development that something fresh is on the move. The following quote from Cynthia Bourgeault hints that the 'something more' I'd been searching for could be a fuller appreciation of the nature of the Trinity and the positive implications this could have for Mission Leader practice. Here she refers to the work of Catherine Mowry LaCugna, one of the scholars I will profile shortly. Bourgeault is pleased that the Trinity, under LaCugna's stewardship is making a comeback.

In the first part of her book, LaCugna rigorously traces the "defeat of the doctrine of the Trinity over a thousand years of theological development as it moves from a starting point as a participatory vision of God's redemptive love at work to an increasingly abstract speculation on the inner life of God.... LaCugna issues a passionate call for a return to that original undivided field of gospel experience where the inner life of God and the outer life of salvation are one and the same reality."<sup>63</sup>

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<sup>63</sup> Cynthia Bourgeault, *The Holy Trinity and the Law of Three: Discovering the Radical Truth at the Heart of Christianity* (Boston: Shambhala Publications, 2013), 83.

If, according to LaCugna the interest in the Trinity in academic circles is not as broad as it ought to have been, it is doubtless then that others, such as Mission Leaders, who are seeking to base their practice on a good theological or spiritual foundation, will have given it much attention. It is promising then, that there has been a minor resurgence in the 20<sup>th</sup> century because of the work of contemporary theologians such as Karl Rahner, Leonardo Boff and LaCugna herself. Recently, contemplative writers such as Richard Rohr, Beatrice Bruteau and Cynthia Bourgeault have looked to bring a fresh lens to popular consideration of the Trinity, likewise the pontificate of Pope Francis has also created new interest in the Trinity with the special focus he has placed on the value of mercy in the world. His thoughts echo the words of Bourgeault who describes the Trinity with words such as “a cosmos whose innermost nature is revealed as mercy.”<sup>64</sup> Here she is trying to say something about the nature of God, and what might be the best possible human response from it.

Their efforts have been influential in shining light and reflecting the life of something which would suffer if relegated to heavy doctrinal status and not accessible to the people. It makes sense to explore the Trinity for what might be revealed about the nature of God and thereby be useful for the practice of ministry and in bringing life to the spiritual leadership practice of Mission Leaders.

I’ve therefore explored Trinitarian theology as the foundation of a new model of Mission Leader practice because of the possibilities which arise from its inherently relational, transformative nature. In this chapter I look further into the writing of recent thinkers to explore more about the nature of the Trinity, for instance Karl Rahner uses

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<sup>64</sup> Bourgeault, *The Holy Trinity and the Law of Three*, 183.

the description “dynamic affinity as opposed to linear causality” to describe the Trinity, a sentiment which is found in the work of other theologians and is useful as a starting point to earmark how new practice might differ from current or previous Mission Leader practice. Workplaces such as SVHA are driven by decisions, leading to actions to bring about outcomes. This is an example of linear causality. The same could be said of modern medical practice which is heavily evidence based, relying upon that which can be proved in order to drive models of care. Here we encounter the influence of Cartesian dualism in medicine and Catholic health care; the source of truth must be one thing or another, the faith basis of our ministry must choose between the public or private domain. Only what can be proved and is safely revealed as evidence based is trusted.

Linear thinking has its limitations in a ministry setting. To think about and base one’s action on linear thinking which leads to clear outcomes is not a negative thing in itself. It is a common and sensible approach to organization and to business. In environments where results are needed and are a measure of good care it helps to be linear, however if these results stand alone in an organisation like SVHA which is foremost a ministry, SVHA misses the opportunity to identify the spirit’s presence. What value do we place on mystery, hope, prayer, connection, relationship and transformation, things without a clear measure attached to them?

Sometimes these values are given prominence when a health care ministry committed to healing places a focus on the holistic qualities of a person’s well-being, attending to their mind and spirit as well as their body but this would not be the norm. These are qualities which speak of dynamic affinity. If any person is inclined to see, protect and advance such concepts in SVHA, it is likely a Mission Leader. LaCugna

and Boff have more to say about the nature of the Trinity which a Mission Leader would do well to champion in ministry. LaCugna primarily wrote to ensure the Trinity be recognised as God's movement towards us which can be seen in such statements as:

God moves toward us so that we may move toward each other and thereby toward God. The way God comes to us is also our way to God and to each other: through Jesus Christ by the power of the Holy Spirit.<sup>65</sup>

For her, the inner life of God and the outer life of salvation are one and the same reality. Leonardo Boff, who along with Gustavo Gutierrez and other Latin American theologians is considered one of the fathers of liberation theology, sees the Trinity as a model for human community in which its members are irreducible in their diversity, are a family, a communion.

Trinitarian theology, especially its relational ontology is a natural and dynamic descriptor for the higher order best practice of Mission Leaders I've described as *embodying the kingdom through personal presence, building a sense of community within their scope of influence which is built on relationships of trust, and leading transformation for those we serve based on hope and healing*. It is this threefold focus which is the main, new offering of this project. You will see how I have come to these themes as this chapter progresses.

It is these aspects of the project which I believe take the conversation further than it has gone before and are a decent response to the signs of the times which indicate difficulty in the scenarios required to deliver Catholic health care, but great hope in the efforts which have been made in formation and leadership.

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<sup>65</sup> Catherine Mowry LaCugna, *God For Us: The Trinity and Christian Life* (Chicago: Harper Collins, 1991), 377.

After an exploration of the theology of Trinity I will need to answer the query which naturally arises: What is the relationship between it, health care and more specifically to the spiritual leadership of Mission Leaders? What will look different in practice because of this exploration?

To achieve this, this project does not spend too long a time investigating the early developments of the doctrine of the Trinity though it does take brief note of theologians from the early days. Its focus is more acutely on theologians of recent years whose work contributes to an appreciation of the Trinity in practice. So, I will look primarily to the theologians who have arisen from St Vincent's own Catholic tradition: Rahner, Boff and LaCugna. This is not to discount the contribution of scholars outside of the Catholic tradition who have reflected upon the nature and work of the Trinity, but to acknowledge that the limited scope of this project will not allow for a decent investigation of these. Moreover, the opportunity here is for me to bring to life a dormant, significantly underplayed component of the Catholic theological and spiritual tradition from which SVHA delivers its response to God's mission in the world.

In addition to their academic and scholarly insight, the value of keeping focus on the works of these three is that they were writing at a similar time in history to the emergence of Mission Leaders in health care, thus noting that they are contending with similar 'signs of the times' as Mission Leaders must do.

When reflecting on signs of the times, Catholic theology has the potential to be eminently useful. When reflecting on it, a person has the opportunity to draw from a long line of tradition built upon over centuries, but with a fresh opportunity to see what this wisdom has to say in our present day. This, along with a belief that it would be a shame to lock up the Trinity and never use it again are motivating factors in my choice

of Trinity as foundation of mission leader practice in response to my reading of the signs of the times.

I turn now to the three scholars to see if this belief is reflected in their own thinking, and to harness it for the benefit of Mission Leaders. To achieve this I will point to synergies with Mission Leader practice throughout my exploration of the three scholars' contributions and later bring these together to consolidate the emerging themes.

### **The Central Mystery of Christian Faith and Life**

The Catechism of the Catholic Church, the document which offers a complete summary of what Catholics throughout the world believe in common, refers to the Holy Trinity as the central mystery of Christian life and faith, the source of all the other mysteries of faith, the light that enlightens them.<sup>66</sup> Teaching on the Trinity is, according to the Catechism the most fundamental and essential teaching in the hierarchy of the truths of faith. It is the framework within all theology's conundrums are to be solved.

In the Catholic tradition, this primacy is enacted at the first moment a person is about to become a new Christian, when the Holy Trinity is invoked at baptism using the words: *In The Name of the Father and of the Son and of the Holy Spirit*.<sup>67</sup> Equally it is described as a mystery. "One of the mysteries that are hidden in God, which can never be known unless they are revealed by God." The mystery that the Catechism is mostly referring to here is the innermost nature of God (theologia)<sup>68</sup>, but it also indicates

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<sup>66</sup> *Catechism of the Catholic Church*, 2nd ed. (Vatican: Libreria Editrice Vaticana, 2012), Section 234.

<sup>67</sup> *CCC*, Section 233.

<sup>68</sup> The term used in the Catechism to refer to descriptions of and contemplations which refer to the inter-trinitarian nature.

that through the works of God in the world (oikonomia)<sup>69</sup>, there are Trinitarian traces throughout creation, history and revelation, the most significant occasion of this being the incarnation of the Son.

Christians who worship in the Catholic tradition, the tradition which is the basis of SVHA's health care ministry, are greeted by a salutation at the start of Mass: "The grace of the Lord Jesus Christ and the love of God and the fellowship of the Holy Spirit be with you all."<sup>70</sup> It is intended, at this time in the celebration of Mass, to unite believers in a participatory way to the work and mission of the Trinity.

In this Chapter, I accept as true all that is said about the Trinity in the Catechism. I will not seek to prove or contest any of the substantial and widely held beliefs about the Trinity. I accept as true the core and widely agreed teachings on the Trinity within Christian practice such as: the Trinity is one God not three, the divine persons are distinct from one another not just simply modes of being, the persons of the Trinity are in relationship with one another. Undergirding all of these features is a belief in the work of the Trinity is the communication of a plan of loving kindness in all of creation, that the whole of Christian life and its telos is a communion with the Trinity. These are truths which are also found in scripture. It is worth listing some of these short passages here, to see the words which allude to the inter-relationship of the three.

I ask not only on behalf of these, but also on behalf of those who will believe in me through their word, that they may all be one. As you, Father,

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<sup>69</sup> The term used in the Catechism which refers to God's 'economy', the way in which God reveals God's self and communicates his life through his works.

<sup>70</sup> Catholic Doors Ministry, "The Order of the Holy Mass," last accessed May 2, 2019, <https://www.catholicdoors.com/misc/holymass.htm>.



are in me and I am in you, may they also be in us, so that the world may believe that you have sent me.<sup>71</sup>

Go therefore and make disciples of all the nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit.<sup>72</sup>

But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and in the Spirit of our God.<sup>73</sup>

To the exiles of the Dispersion in Pontus, Galatia, Cappadocia, Asia, and Bithynia, who have been chosen and destined by God the Father and sanctified by the Spirit to be obedient to Jesus Christ and to be sprinkled with his blood: May Grace and peace be yours in abundance.<sup>74</sup>

There are three that testify; the Spirit and the water and the blood, and these three agree.<sup>75</sup>

In each of these we see the Father, Son and Spirit acting in accordance with one another. In the first quote from the gospel of Matthew, Jesus references his relationship with his father directly. In the others, the Trinity is responsible for baptism, sanctification, the choosing of people for mission and testimony. The confirmation of such Christian beliefs in the Trinity can be traced back to the formulation of the widely recited Nicene Creed in 325, which was then amended in 381. It commences with words which indicate belief in the Triune God.<sup>76</sup>

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<sup>71</sup> John 17: 20-21, NRSV.

<sup>72</sup> Matthew 28:19, NRSV.

<sup>73</sup> Corinthians 6:11, NRSV.

<sup>74</sup> 1 Peter 1:2, NRSV.

<sup>75</sup> 1 John 5-7, NRSV.

<sup>76</sup> Catechism of the Catholic Church, accessed May 2, 2019, [http://www.vatican.va/archive/ccc\\_css/archive/catechism/credo.htm](http://www.vatican.va/archive/ccc_css/archive/catechism/credo.htm). “We believe in one God, the Father, the Almighty, maker of heaven and earth, of all that is, seen and unseen. We believe in one Lord, Jesus Christ, the only Son of God, eternally begotten of the Father, God from God, Light from Light, true God from true God, begotten, not made, of one being with the Father. Through him all things were made. For us and for our salvation he came down from heaven: by the power of the Holy Spirit...”

I have said all of this because the purpose of this project is not to spend a grand amount of time confirming the nature of the Trinity, but rather to take what is known and loved arising from SVHA's own tradition and to apply it in new ways; to confirm it as a decent and trusted foundational base of spiritual leadership for Mission Leaders, and to ensure that the possibilities which flow from a Trinitarian foundation are fully identified, appreciated and expressed in practice. This will be explored as I delve into the works of: Karl Rahner, Catherine Mowry La Cugna and Leonardo Boff. It is primarily from their work which I raise up my own reflections on the value of relational ontology in the Trinity and its application to the mission and ministry of SVHA. This next section on scholarly wisdom is structured as a commentary on these three theologians in turn.

It would be a shame in a work of this size not to refer to illuminating ideas from other authors, contemporary writers who have reflected in depth on the Trinity such as: Teilhard De Chardin, Cynthia Bourgeault, Walter Kasper and Beatrice Bruteau. These writers have been critical contributors to the renaissance in Trinitarian contemplation in the last few decades. Each deserves a thesis of their own, but there isn't space here. I will simply interweave wisdom from them throughout the remainder of the chapter as I am certain their thoughts have influenced my project.

### **Scholarly wisdom**

#### *Karl Rahner*

When I was an undergraduate theological student I was curious to discover that my professor had learned German in order to be able to read Rahner's work in its original language. A lot of fuss, I thought. I now see why such effort was made for a theologian of the Catholic Church's Second Vatican Council, whose views on such

things as the Trinity exemplified a new era. Significantly, Rahner's most enduring contribution to the Church's understanding of the doctrine of the Trinity is to raise the question: once we know about the Trinity, how should we use it? In his primary work *The Trinity*, Rahner offers critique of the notion that the Trinity is mysterious and as a treatise, once concluded is best left alone. He challenges the idea that it is simply our duty to know something about the Trinity but then do nothing about it. If such a fine understanding of the nature of God exists, why then wouldn't humanity seek to fully encounter it? Here he says;

Someone might reply that our future happiness will consist precisely in face to face vision of this triune God, a vision which introduces us into the inner life of the divinity and constitutes our most authentic perfection, and that this is the reason why we are already told about this mystery during this life.<sup>77</sup>

In this quote I hear reflected my own yearning to deeply query what implication knowledge of the Trinity must have on SVHA as a Catholic health care ministry. Mission Leaders have as a professional responsibility the bringing of God's love to people through Jesus healing ministry but it often does not feel as though the grace of God and the power of God have a hand in it! If love is the same as mercy, which theologian Cardinal Walter Kasper thinks it is, my sentiment is reflected in his work *Mercy: The Essence of the Gospel and the key to Christian Life* in which he writes:

The attempt to understand divine mercy as the mirror of the Trinitarian essence of God may, at first glance, appear to some to be a difficult undertaking. For the confession of faith in a triune God appears to many, not just nowadays, to be a total mystery which they have no use for and which, therefore provides them little help in understanding better God's mercy. However in the last few decades a transformation has occurred in catholic as well as protestant theology. This change has entailed the

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<sup>77</sup> Karl Rahner, *The Trinity*, trans. Joseph Donceel (Einsiedeln: Herder and Herder, 1970), 15.

rediscovery of the secret of the Trinity and its recognition of the key to understanding the Christian faith.<sup>78</sup>

If there is a secret, the details of which are potentially transformational for Mission Leaders, then I, as the Group Mission Leader want to know about it! Rahner hints at what this secret may be when he confirms this idea of mercy or love being the reflected essence of the Trinity by noticing that there is an abiding connection between the ‘immanent’ Trinity, which is the nature of the relationship between the three members, the intra-divine ‘ousia’, and the ‘economic’ Trinity, which is understood as how the Godhead dispenses grace for the purpose of salvation in the world, and of these he says, they are one.

Where theological consideration of the Trinity over time has rested primarily with the mystery of the immanent Trinity, Rahner suggests that this immanent Trinity by virtue of its nature as a community, cannot *not* act in the world.<sup>79</sup> By nature the Trinitarian love as it expresses itself, overflows outwardly into and through creation. Faced with such immersive flow, and based on the understanding that the whole of Christian life and its telos is in communion with the Trinity, then this provokes a response from humans to act in response somehow.

We cannot know the nature of the Trinity and believe, as many have about the immanent Trinity, that it is intended as dormant knowledge only to be left unattended on a dusty theological shelf. So, Rahner proceeds to take it down from the shelf and dust it off. In doing this he necessarily attributes to the immanent Trinity the feature for

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<sup>78</sup> Walter Kasper, *Mercy: The Essence of the Gospel and the Key to Christian Life* (New York: Paulist Press, 2014), 91.

<sup>79</sup> Rahner uses the word ‘immanent’ to describe the everlasting nature of the trinity. He uses the phrase ‘economic trinity’ to describe the trinity’s action in the world.

which the economic Trinity is known, action. This is how he commences his idea that they are one and the same thing.

Two other proposals about the Trinity, which Rahner makes are very useful if we look to apply these in Mission Leader practice: his reflections upon the meaning of the incarnation and his preparation of what has become known as the “Trinitarian quadriform” of self-communication. This quadriform is Rahner’s way of transposing static features one might associate with the Trinity such as origin, history, invitation and knowledge with non-static ones; future, transcendence, acceptance and love.

*The incarnation*

Rahner insists it is important that the roles of the members of the Trinity are noticed and pondered upon. The hypostases, the underlying reality or substance of a thing, of the members of the Trinity are different to each other but are of the same ‘ousia’, nature. The special nature of Jesus hypostasis is as the Son, who takes human form. For Rahner, the incarnation is more than what most Christians lukewarmly refer to as God becoming man. Rather it was the special role of Jesus whose relationship with and within the divine communion, meant that it was he who was to become the logos, the Word of God. It was through this role, unique to the Son that Jesus fulfils his service on behalf of the mission of the Trinity, to be the face, hands and body of God in the world. Through him the world came to encounter the person of God. God is embodied, thus the logos is present and active in the world. God shows Godself through Jesus’ humanity, a sentiment reflected in the following scripture: “Then Jesus cried out, “Whoever believes in Me does not believe in Me alone, but in the One who sent Me. And whoever sees Me sees the One who sent Me.”<sup>80</sup>

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<sup>80</sup> John 12: 44-45, NRSV.

Here the Trinity offers a gratuitous gift of grace to the world and it is accomplished because of one of the persons of the Trinity, Jesus. In reflecting on the incarnation, though Rahner recognises that this is the Son's unique way dispensing grace, he also describes the Trinity communicating together as one:

God relates to us in a three-fold manner, and this threefold, free and gratuitous relation to us is not merely a copy or an analogy of the inner Trinity, but this Trinity itself, albeit as freely and gratuitously communicated.<sup>81</sup>

The incarnation is an "instance" of a more comprehensive reality. So, when one encounters Jesus, they are encountering the whole of God's nature. Through the instance of Jesus time on Earth, real communication of the whole Trinity with the world is possible. As the Trinity seeks to communicate with the world, Rahner further supposes that the world as creation should be able to speak to the inner life of the Trinity.<sup>82</sup>

I find it an interesting proposition that a thing which is created must surely reflect something of the nature of its creator. I am often wondrously surprised to see traits of my father, long deceased reflected in his grandchildren whom he never met. In them I see him. Rahner supposes that the same can be said about humans knowing the nature of God through creation, but he goes even further. To use this same analogy, Rahner would suggest an encounter with my son, is more than just an encounter with character traits passed through two generations, but actually *is* an encounter with my father. Applied to the Trinity, this supposes a level of intimacy and knowledge which

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<sup>81</sup> Rahner, *The Trinity*, 36.

<sup>82</sup> Rahner, *The Trinity*, 14.

we are not used to contemplating. I think of this in relation to the work of health care, the healing ministry entrusted to Mission Leaders to lead, in which case Rahner's reflections on the incarnation offer fascinating prospects for ministry.

Many spiritual traditions, including SVHA's own Catholic tradition speak of seeing the face of God, the face of Christ, but what is it that they are seeing? Is it a mystical vision or something more relatable? In healthcare, if we are to follow Rahner's logic, usual practices and everyday situations in a hospital are not only reflective of the nature of God, but are an experience of God. For example, a nurse offering tender care to a patient if viewed with this lens is the face of God in that moment. A cleaner working diligently to create a safe and hygienic environment in the surgical theatre if, viewed with this lens is not merely reflective of God's loving action for the environment but is an experience of God's loving care. These examples are Trinitarian because they describe the works of creation reflecting the creator. The incarnation of Jesus and his participation in very ordinary experiences of life helped to point out that these experiences in themselves are holy, and contribute to the mission of God's love on Earth.

A Mission Leader whose spiritual basis is a Trinitarian world view would exercise his or her spiritual leadership by teaching their health care colleagues to view it this way thereby increasing their understanding of the unique role they personally have in the healing ministry of Jesus.

This also lends itself to contemplation of the beautiful opportunity for people within a ministry like ours to model themselves on Jesus, because who Jesus is and what Jesus does as a man, reveals the logos itself.<sup>83</sup> Jesus is the embodiment of the full

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<sup>83</sup> Rahner, *The Trinity*, 32.

nature of God. His physical presence in the world mattered. The special role of the incarnation in God accomplishing God's mission in the world additionally presents new opportunities if we see it through the lens of how it might relate to Mission Leader practice. That Jesus could be physically touched, he was an example of how an outpouring of divine love can be embodied. Rahner's theology leaves room for a Mission Leader to explore what being made in the image of God can mean for a person in a hospital who might be facing their own mortality, or whose life circumstances may have dramatically shifted following an unexpected diagnosis. There might be ways, through the leader's physical presence and conscious recognition of what their own body is revealing, that they can affirm, include and help in the restoration of a vulnerable and sick person. When Jesus chose to be in the physical presence of others and reached out to touch them, he helped those who could not see themselves as being made in the image of God feel worthy of being treated in such a way as is reflective of their inner dignity. Earlier in this project we looked at the nature of Jesus healing ministry, and here the grander reason for doing so is exposed; that how Jesus acts and behaves reflects the nature of God. Likewise, if we return to the examples of the nurse and the cleaner, their actions reveal the nature of God. Their presence in a room and the way they use their bodies to offer comfort, protection and care all speak of God. This is new thinking for a hospital setting like SVHA where it is more likely that the chaplain or the pastoral care worker will be called upon as a symbol of God's healing action. They are important, yes, but not necessary. God is already in the room.

Jesus' actions are made possible because they flow from the community of love to which he belongs, the Trinity. The Trinity deigned it important that one of them take on a human body. When Mission Leaders point to everyday examples of the face of



Christ, or furthermore embody similar actions, they inspire their colleagues to a deeper understanding of the full nature of their participation in the ministry of Jesus. When there is a heightened awareness of this reality, the community of the reign of God in a hospital setting comes into view.

*The Trinitarian quadriform*

It is easy to complain that the theological and spiritual foundations which underpin a ministry are static. It is not easy to find a description which sheds light on the dynamism of the Trinity whilst also revealing something of movement, creativity and flow, items that should typically be associated with the self-communication of God. Author and retreat giver Cynthia Bourgeault is also a proponent of highlighting the dynamic nature of God as Trinity: “As a metaphysical principle, the Trinity is by nature kinetic, over-spilling itself into new expressions of its tremendous creative energy.”<sup>84</sup>

Rahner attempts to capture this same dynamism, in his description which has become known as his Trinitarian quadriform. The four twin concepts at the heart of this quadriform are: *origin and future, history and transcendence, invitation and acceptance, knowledge and love.*

Australian theologian Vincent Battaglia says of this quadriform:

In this, Rahner wishes to establish how the structure of God (the Father)’s self-communication in Word and Spirit presupposes and constitutes man as the privileged and only recipient of God Himself, a gift received both now in the life of grace and in the future in the beatific vision, and that this divine structure is identical in both the economy and in the intra-divine life.<sup>85</sup>

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<sup>84</sup> Bourgeault, *The Holy Trinity and the Law of Three*, 20.

<sup>85</sup> Vincent Battaglia, “An Examination of Karl Rahner’s Trinitarian Theology,” *Australian eJournal of Theology*, no. 9 (March 2007), accessed March 5, 2019, [http://aejt.com.au/\\_data/assets/pdf\\_file/0010/378604/AEJT\\_9.17\\_Battaglia\\_Examination.pdf](http://aejt.com.au/_data/assets/pdf_file/0010/378604/AEJT_9.17_Battaglia_Examination.pdf)

The quadriform is Rahner's way of ensuring the wingspan of the Trinity is understood with a lens that sees a broad concept of space and time. He intends to locate Trinitarian life in history, the present and the future, going beyond this even to the fullness of time. Radically, in Rahner's view, Trinitarian encounter is a self-communication between the divine life and the human person, grace given and received. As I read this in light of the descriptors in the quadriform, I see the possibilities it raises for understanding more about the healing ministry of Jesus. When a person encounters Jesus in the gospels, how is that moment reflective of God's full identity and an instrument to bring forth salvation and hope in their life? Likewise, how is an encounter with our hospital ministry demonstrative of the same?

Of the first twin concepts *origin* and *future*, Rahner wishes for a person reading his work not to presume that this is a linear description of the life of a person, that future is presumed to follow automatically from origin, rather that these are two instances which describe a person first being constituted by the will of God, and then a time when they have received the full self-communication of God. At any given moment a person is the totality of both their origin and their future. They were created in love and their life is destined to be the culmination of love through their relationship with God. What constitutes their life is all of the occasions where they are free to respond to this offering of love. Perhaps this concept can be more easily grasped by thinking of the human concept of potential. A baby by virtue of its birth holds within them all potential for their future. Though this potential is not yet fully realised, it is not more or less present than if they were a 95 year old at the end of their life. Potential is a quality akin to ever present creativity and emergence, two distinctly Trinitarian qualities.

An alert Mission Leader, at the peak of their practice of spiritual leadership might think on such concepts and use them in reflective practices where they are hoping to inspire staff in the hospital to see beyond the person in the hospital bed and through to their identity as a beloved creation of God. This type of practice emulates the example set by Jesus who saw through to the true identity of people in his ordinary encounters with them. Then, a wise Mission Leader might talk with their team about caring for that same person, in the hospital bed in light of that person's future especially with deep respect for the freedom granted them by God to respond to God's self-communication to them throughout their life. This form of practice moves beyond the limiting view of a person which sees them through a medical model lens, an approach which merely asks the questions; *Why are they in hospital and how do we cure them?* A Mission Leader has the authority and position of influence in a hospital of SVHA to encourage such holistic consideration of the full nature of the human person. To see a person or a situation in light of potential, as modelled by Jesus, is a distinctly Trinitarian view and therefore an excellent foundation for Mission Leader practice. This type of application Rahner could not have foreseen especially given that most people see illness as a linear trajectory. This is observable in a hospital pastoral setting where people contemplate the whole of their life. Rahner did not seem to be writing with a hospital example in mind, therefore the implications are mine.

Of the second twin concepts *history and transcendence*, Rahner takes the time to honour the reality that God's self-communication occurs in the tangible events of history. This was one key aspect of the uniquely purposed task of Jesus; to communicate God's nature historically. By entering the physical universe as a person, God entered the narrative of human history in a direct way. His incarnation was the quintessential

moment anchoring all of history, and humanity has been considering its meaning and relevance in light of it since.

Location in a specific place and time in history, in Rahner's view is also accompanied by the ever present possibility of transcendence where a person, able to see the present situation in a different light, is able to maintain an openness to the future, thus transcending their current circumstance. Each moment in Jesus life happened in real life as we know, but each moment was also rich with meaning, pointing to the greater and arguably present reality of the kingdom of God. This is transcendence. History takes on a transcendent quality when it can be seen symbolically. When Jesus broke bread across the table at the last Supper and gave it to his disciples, it was both a simple meal and a transcendent moment at once.

Rahner's insight has helped me to see that good Mission Leaders practicing spiritual leadership will have an eye for the quality of transcendence in encounters. This concept is captured in a simple story often recounted verbally in our organization:

A young woman, 18, had frequented the park across the road from one of our St Vincent's Hospitals. A Sister of Charity had watched her for many days, noticing that she was influenced heavily by drugs, was alone and vulnerable. She approached her and in such a way as the young woman would remember it for many years to come spoke the words to her: *My darling girl, I have been watching you for a few days, you are so precious and this is not your destiny.*

When I recall this example it is not unreasonable to deduce that such an encounter had the full Trinitarian effect. By this I mean that it was located in an historical moment, very real to both the players yet it was from that moment in history that words were spoken which opened up for the young woman a prospect that she

might transcend her circumstances. The woman was not locked in an historical moment, she had potential and when this was recognised she was able to transcend her circumstances. She did eventually come off the narcotics to which she was addicted, and undertook to change her life. She now works as a mentor and a peer support worker in one of our hospital departments which helps people who are homeless and addicted to recover from illness and surgery.

Of the third twin concepts *invitation and acceptance*, Rahner writes:

We do not deny but rather affirm that the very acceptance of a divine self-communication through the power and act of freedom is one more moment of the self-communication of God, who gives himself in such a way that his self-donation is accepted in freedom.<sup>86</sup>

Here we appreciate the freedom God has gifted each person for them to use in their life at their will. This freedom extends even to the choosing of God and in the way in which a person responds to the invitation of divine love which is ever flowing. This is one of the benefits of the Trinity being a community. A community, when healthy, is a place of vulnerability in many respects. It is not a given that any member will invite others into a deeper knowing of themselves, nor that the others might accept this invitation. In his book, Rahner does not use the idea of vulnerability in relation to this point, but I can see its relevance to a hospital ministry setting where people are regularly invited into a deeper understanding of human frailty. They will accept or reject the invitation arising from how they wrestle with vulnerability.

This is known acutely by workers in a hospice, a place for the dying in their final days of life. The manner of a person's dying is not always at their choosing but their response to it is entirely theirs. How we approach our death is one of the few times

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<sup>86</sup> Rahner, *The Trinity*, 92-93.

in life where a person cannot be forced or cajoled to adopt another's preferred response. Workers observe a variety of responses to impending death and professionals such as pastoral carers, nurses and chaplains are there to accompany this passage. Many of these describe a moment when they can see that a person has accepted their dying, and the freedom they experience even from physical pain, but especially from existential anguish which usually accompanies such a moment.

Finally of the fourth of the twin concepts *knowledge and love*, Rahner creates an opening for a realisation that these describe the reality of humanity. While they are not diametrically opposed to one another, they do each have a distinct character which might be more accessible to understand for a worker in a ministry who does not have a theological background. Knowledge can otherwise be described as truth, and love, though not distinct from truth is more commonly associated with actions arising from the special hypostasis of the Holy Spirit within the Trinity, activity which helps to transcend, comfort, warm or prompt a person to better encounter truth and the self-communication of God.

“In light of truth, how should a leader of a hospital respond with love?” is the kind of question a Mission Leader exercising spiritual leadership might ask during a hospital executive meeting when it becomes apparent that mistakes have been made by staff members even that have led to injury and harm in others, whether these be a medical error or an issue of conflict between parties. In a secular world view where the flourishing and dignity of the human person are not the primary values it might be true that disciplinary action and protection of the hospital's reputation take precedence. While these may still be important parts of an organisational response, in an approach which seeks to embody love they would not be the totality of a response. Compassion for

the worker, commitment to fixing the problems in a unified way and accountability in relation to the truth are more important. This interplay between knowledge and love and the capacity to bring it to the fore in conversations is a critical factor for Mission Leaders, and a great insight arising from Rahner's Trinitarian quadriform.

In summary of Rahner's contribution to my project, he was a theologian at the time of the Second Vatican Council in the early 1960s. These were heady years of change for the church during which ministries were implored to read the signs of the times, just as SVHA is encouraged to do now. Rahner had long been grieved of the absence of decent Trinitarian commentary and wrote 'The Trinity' in response. His main thesis is his description of immanent and economic Trinities and his view that these are one and the same thing. This is important because the immanent Trinity offers us a view of the relationships between the Father, Son and Holy Spirit and with relationships comes movement, flow, creativity and response.

Flowing from these unique insights into the identity and self-communication of God Rahner describes the special roles of each member within the divine communion and in particular the mission of the Son to live the incarnation. In the incarnation we meet Jesus in human form and can experience by his life the full expression of Trinitarian love through the face of God in persona. For Mission Leaders we can acknowledge that embodiment of the mission of God was happening here, and we too can look at the tangible realities for the people in our ministries and see their experiences, embodied too, as sacred. Spiritual leaders would do well to become cognisant of the greater reality behind the everyday circumstances of hospital life, and to do this the Trinity is an excellent foundation.

Rahner also had something unique to say about the nature of the Trinity's self-communication and gave us the pithy descriptor of the quadriform. Through the examples interwoven in this chapter thus far the quadriform can be shown to have very decent relevance to the transformation of Mission Leader practice, not least because his is an anthropology based on the premise that the human person in some essential way corresponds to or is an image of God in God's own being. I liken this to an example from St Vincent's founding story, of Mary Aikenhead in Ireland who when working with the poor loved them so much she called them "God's nobility". In them she saw the divine spark of God.

If SVHA were to take Rahner seriously, and build upon the examples given as to how his Trinitarian concepts are a beautiful foundation for ministry in our hospital setting, then it might very well mean that our Mission statement should change. Instead of: *We bring God's love to those in need through the healing ministry of Jesus* with its inference that God's love is something outside of ourselves it could become: *We are a community of people who together encounter Jesus healing ministry through God's love flowing within us.*

*Catherine Mowry LaCugna*

Of her mentor, Rahner, Catherine Mowry LaCugna says:

Because of Rahner no longer is it true that if the doctrine of the Trinity were to be dropped as false the major part of religious literature could well remain unchallenged.<sup>87</sup>

It is fitting that Catherine Mowry LaCugna would have made this statement about Rahner's work on the Trinity, given that her own work *God For Us: The Trinity*

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<sup>87</sup> LaCugna, *God For Us*, xxi.



*and Christian Life* builds upon it significantly. As it turns out, LaCugna followed her mentor to become a highly respected Trinitarian theologian. In broad terms LaCugna affirms that when Rahner wrote about the immanent and economic Trinities the most important point he made was to describe them as one and the same thing. This, according to LaCugna, is a massive and distinct correction of centuries of errant theology which saw only the distinction of the two rather than her clear, preferred view that they are inextricably one and the same.

Trinitarian theology was not always errant, according to LaCugna. There was a golden period when theologians of the second, third and fourth centuries reflected on the biblical revelation of God in Christ and in the Spirit. This was a time when the nexus of Christian speculation was “the self-expression and the unfolding in history of the one God (Father) in the economy, in the incarnation of the Son and in the sending of the Holy Spirit, and the return of all things to their point of origin in God.”<sup>88</sup>

#### *Relationship and personhood*

Considered almost idyllic in LaCugna’s view, a relational ontology of the Trinity was also propagated by the theological positions of the Cappadocian Fathers: Basil the Great, Gregory of Nyssa and Gregory of Nazianzus. These theologians and writers from the 4<sup>th</sup> century took a position which placed emphasis on the personhood of the Trinity. The great benefits of a relational ontology arising from a Trinitarian theology of personhood are such concepts as: the notion of being in relationship with another, mutuality, the thought that to be a person means to be ‘from’ and ‘for’ another and significantly, the mystery of the God who reaches out to humanity through a person, Jesus Christ by the power of the Holy Spirit. These relationships flow from Trinitarian

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<sup>88</sup> LaCugna, *God For Us*, 54.

expression. Personhood provides a genuinely practical experience of how the Godhead, three in one, is not a static entity, but rather one which has movement in it, as well as identity and presence. LaCugna appreciated their concept of personhood and wove it through her thesis of relationality ensuring that the focus on her work would highlight the economic trinity, what God is doing in the world.

This idyll was not to last, LaCugna laments, because of the challenge brought by Arianism which took attention away from the relational mutuality proposed by the Cappadocian fathers by insisting that a member of the God head could not suffer.

*Combatting the idea of a God who cannot suffer*

LaCugna tracks the early history of Trinitarian theology and focuses on the Council of Nicea of 325, in its efforts to combat Arianism, as the point at which the practice of splitting the Trinity commenced. The controversy of Arianism was that it raised the theological implications of the suffering Christ and then implied subordination of the Son to the Father in the divine communion. From these two concerns of his, Arius deduced that because God cannot suffer, the Son must be the lesser God. The Council of Nicea in 325 which was convened primarily to respond to this controversy, reached a compromise which decided that the Son is the full expression of God in the world, but in terms of God's nature agreed God couldn't suffer.

Numerous centuries later, in the experience of SVHA, one can see the long, difficult trajectory of a theology which rejects the idea of a God who suffers. This is a rejection of one of the most consoling aspects of the healing ministry of Jesus, for people who suffer in hospital. In our experience, people of faith derive great comfort in knowing that they are not alone in their suffering, that anything they are contending with be it pain or anguish is relieved somewhat in the knowledge that God has

experienced all of that too. A God who cannot suffer, else they be subordinated within the Trinity is not a reachable God to people. What pastoral purpose can be achieved through a distant God? The Council of Nicea could not have foreseen this eventuation, but LaCugna, looking back upon it has noted its negative effects.

LaCugna reflects that by agreeing to this notion that the Christ could not suffer, both sides cemented the distinction between immanent and economic ‘Trinities’ and then needed to continue to justify this view of intra- Trinitarian life, thus skewing the attention all toward it, and away from the Trinity’s salvific mission. The obsession led to a situation LaCugna describes like this;

The doctrine of the Trinity, which by this time concerned a Trinity of persons on the other side of a metaphysical chasm, held little interest for anyone, most theologians included. The doctrine had next to no bearing on the whole of theology and none whatsoever on Christian life.<sup>89</sup>

The real crime of attention being drawn away from God’s mission, according to LaCugna was that the centrality of the view of relationships to Trinitarian theology was lost and in its place a too heavy focus on ontology of substance, trying to understand the real nature of static things. Relational ontology became a secondary and usually unaddressed consideration, a footnote in the history of Trinitarian theology. The beautiful relational ontology which had been in tact before the Council of Nicea and which was reflected in the Cappadocian Father’s theology of personhood would now not be recovered until Rahner’s efforts in the middle of the 20<sup>th</sup> century, seventeen centuries later. This is a lot of time in human history for a significant misunderstanding about the nature of God and humanity to exist. One can understand LaCugna’s

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<sup>89</sup> La Cugna, *God For Us*, 144.

enthusiasm to build on Rahner's efficacious saving of the doctrine. It is clear that LaCugna's work builds on that of Rahner, but what was her unique contribution?

*Indivisible from all of life*

LaCugna's is a practical, relational doctrine of the Trinity, one that she sees should express itself in the daily life of a Christian and also be understood as indistinguishable from it. For her the Trinity is not so much a teaching about God, but of God's life with us.

“The doctrine of the Trinity is in fact the most practical of all doctrines. Among other things it helps us to articulate our understanding of the gospel's demands; how personal conversion is related to social transformation; what constitutes ‘right relationship’ within the Christian community and in society at large; how best to praise and worship God; and what it means to confess faith in and be baptized into the life of the God of Jesus Christ.”<sup>90</sup>

In further support of this vision, she extensively favours the term ‘oikonomia’ which in her view means “the actualization in time and history of the eternal plan of redemption, the providential ordering of all things.”<sup>91</sup>

Life in the Trinity for LaCugna is a God who is not apart from things, but one whose very nature is an intricate and intimate relationship with all of creation. She accepts and delights in the idea concurrent to this that relationships are ever changing and that this is a good thing, not something which should lead a person to think that God's substance is therefore inferior if it is not ‘unchanging’. This is a view which is supported in a whimsical statement made by author Beatrice Bruteau:

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<sup>90</sup> Catherine Mowry LaCugna, “The Practical Trinity,” *The Christian Century* 109/22, (July 15-22, 1992), accessed May 2, 2019, <https://livinglocalnw.files.wordpress.com/2018/08/the-practical-trinity-lacugna.pdf>.

<sup>91</sup> LaCugna, *God For Us*, 25.

It is an awesome thing to be in the hands of the living God, we say. A dynamic God! Have we thought of it that way? We used to think in our theology that the changeless was superior to the changing. Now we tend to think differently. Everything we know is dynamic.<sup>92</sup>

In LaCugna's Trinitarian worldview there is a salvific role for the Spirit to play. The Spirit has a unique and thoroughly necessary purpose in the *oikonomia*, as LaCugna explains here: "The economy of God the Father, prepared long before the ages and brought to contemplation in Christ by the Spirit, is the salvation of the world. This was God's plan for the salvation of the world."<sup>93</sup> The Spirit offers direct experience of the movement within the triune relationship. This is helpful in a ministry like health care and healing where you want there to be interaction, movement and healing to occur.

LaCugna's rescue of the doctrine of the Trinity building upon the momentum of her mentor Rahner, and recovering the good work of the Cappadocian Fathers has many positive implications if used as a basis for transforming Mission Leader practice. Core to her view is the primacy and porous nature of relationships. In relationships people care for one another, community is a higher value than autonomy and from mutuality grows respect and an obligation from love to serve and care for each other. This is a different view to what is usually described in modern day health care as the consumer experience. To 'consume' health care is to see it as a product, the emphasis on excellent delivery of the care and on the consumers 'rights'. This emerged from an over-correction of a problem which existed in the early days of modern health care where the patient was forgotten, overlooked and was almost entirely powerless. To rectify this, the power was shifted entirely to them.

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<sup>92</sup> Beatrice Bruteau, *God's Ecstasy: The Creation of a Self-Creating World* (New York: The Crossroad Publishing Company, 1997), 16.

<sup>93</sup> LaCugna, *God For Us*, 209.

This is a linear and transactional view of what happens in a healing environment and falls short of LaCugna's Trinitarian vision.

The movement now is to 'person-centred' care, which augers well for a Trinitarian theology has as its heart a deep appreciation of the value of person-hood, along with the deep respect for mutuality between persons. Underpinning this is the notion that health care occurs in the context of a human community. It is not a service to purchase, but one where there is a sense of giving and sharing. Though it might seem that the care giver has all of the power, workers in SVHA are aware of the precious nature of the task they perform on behalf of the patient for whom they are caring. Few are left untouched by the experience. An intuitive Mission Leader will be able to name this truly Trinitarian dynamic and explore it in a ministry setting to enable all to flourish. It takes excellent spiritual leadership qualities to help workers in a modern health care organization to recognize their own deep need for healing, as they do their work of healing.

*Leonardo Boff*

One might argue that Jesus' true work of healing occurred when he liberated people from their circumstances. I think of Blind Bartimaeus now able to see, walking along with Jesus following him down the road. I think of the woman with the haemorrhage who reached for Jesus clothes hoping that to touch him would cure her from the constant bleeding which had incapacitated her physically and cast her out socially. Healed, she is now free from shame, discomfort and able to live wholly. I think of the lawyer who asked Jesus about how it is that he could inherit eternal life, he was puzzled yet liberated in hearing the truth spoken by Jesus to be a neighbour to others.

In a similar conversation another man left dismayed to learn he needs to sell all he has and give it to the poor. His freedom within reach now that he knows the truth.

### *Liberation*

Liberation, is important to the mission of the Trinity it seems. No wonder then that the great South American liberation theologian Leonardo Boff writes passionately about the Holy Trinity as a perfect community in which humanity can find life and from which flows implications for all of humanity. Stanley Grenz, in his book which canvasses the view of many Trinitarian scholars, describes Boff's particular contribution: "He stands out for his attempt to delineate the doctrine of the Trinity in a manner that carries explicit implications for human society."<sup>94</sup>

### *The divine encounter in one's own experience*

Leonardo Boff introduces a number of themes in relation to the Trinity which offer great hope as I have tried to conceive the relationship between the Trinity and my hospitals. In my view, most important of these is that his is such a work of practical theology. He is clear in anchoring his theology and musings in the lived human experience, in the contemporary experience, in history at specific human junctures in times and places, within the experience of the human community. Behind all of these notions is the view that divine mystery is encountered in the concrete experiences of human history. I can think of no place other than a hospital, or in the experience of human suffering when a person is anchored in such a kinetic moment, which can also speak so eloquently and dramatically of purpose and transcendence.

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<sup>94</sup> Stanley J. Grenz, *Rediscovering the Triune God: The Trinity in Contemporary Theology* (Minneapolis: Augsburg Fortress 2004), 119.

Boff describes the human reflection on the divine encounter in one's own experience as the 'second moment' in a Christian's life. Such a sentiment was reflected decades before Boff's writing in the words of the Catholic Jesuit Christian mystic and geologist Teilhard de Chardin who said:

For me, my God, all joy and all achievement, the very purpose of my being and all my love of life, all depend on this one basic vision of the union between yourself and the universe. Let others, fulfilling a function more august than mine, proclaim your splendours as pure Spirit; as for me, dominated as I am by a vocation which springs from the inmost fibres of my being, I have no desire, I have no ability, to proclaim anything except the innumerable prolongations of your incarnate Being in the world of matter; I can preach only the mystery of your flesh, you the Soul shining forth though all that surrounds us.<sup>95</sup>

Like de Chardin, I too am inspired by the vision and possibilities of the divine union and like Boff, I can imagine opportunities for liberation; from suffering, from oppression, from the limitations of disease and illness toward healing and hope. These are useful ideas for a health care ministry whose Mission is the healing ministry of Jesus.

### *Perichoresis*

Boff makes a number of interesting contributions to Trinitarian theology which are distinct from both Rahner and LaCugna. Where LaCugna affirmed Rahner's connecting of the immanent and economic Trinities as one and then moved the argument forward with a special focus on relational ontology, Boff seemed to have gone in a different yet not unrelated direction when he was writing two decades before by describing the community of the Father, Son and Holy Spirit as "The prototype of the human community dreamed of by those who wish to improve society and build it in

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<sup>95</sup> Pierre Teilhard de Chardin, *Hymn of the Universe* (London: Harper and Brothers 1961), Chapter 1 "Mass on the World."



such a way as to make it into the image and likeness of the Trinity.”<sup>96</sup> Boff sees the important function of the immanent Trinity as existing in and of itself in order to then be the perfect model. This differs from Rahner and LaCugna who viewed the immanent and economic Trinities as one in the same thing.

The focal point of Boff’s approach is his affirmation of ‘perichoresis’, the simple definition of which is ‘one person’s actions as involvement with the other two’. For him it is a broad umbrella term underneath which one may come to know the Trinity. It describes the nature of the dynamic relationships within the Trinity and more than this, offers the idea that an ecclesial community can serve as a sacrament to God and that communities are vehicles for liberation which in itself is the fullest expression of the Christian experience.

Boff also has a few poetic ways of describing perichoresis which are worthy of contemplation if a person is desirous of grasping something of its playful identity: “We know in order to sing, we sing in order to love, and we love in order to be joined in communion with the divine Persons- Father, Son and Holy Spirit.”<sup>97</sup>

Equally joyful:

“It is the very nature of love to be self-communicating; life naturally expands and seeks to multiply itself. Thus, the divine Three from all eternity find themselves in an infinite explosion of love and life from one to the other.”

These quotes show Boff pointing a personality to the Godhead, one that might exemplify joyfulness and warm expression. Leonardo Boff didn’t invent ‘perichoresis’. He attributes the coining of the phrase to the Orthodox fathers of the seventh century,

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<sup>96</sup> Leonardo Boff, *Holy Trinity: Perfect Community* (Maryknoll, NY: Orbis Books 2000), 6-7.

<sup>97</sup> Boff, *Holy Trinity: Perfect Community*, 14.

particularly St John Damascene. Boff also recognises that at the time there was no good equivalent translation of it into other languages which is why the original Greek word still exists.<sup>98</sup> Further back even than this, the writings of the Cappadocian Fathers caused the beginning of this eventual revolution in Trinitarian thought leading to the concept of perichoresis. It was they who elevated the concept of personhood which is its foundation point. It is arguable that 'personhood' did not exist as an affirmable concept in Greek and Roman society. It was considered peripheral to the idea of identity because the ontology in those days rested upon powers and substances outside of a 'person' such as society or nature. Personhood was added to these entities rather than being core to identity.

With the Cappadocian input personhood became a concept of note and with it came opportunities for freedom, the possibility of unique individual expression and the likelihood that persons may wish to communicate between one another! In relation to Trinitarian theology, the idea that there are persons within it who are in relationship to each other was novel. These things point to my core interest in the relational ontology of the Trinity as a foundation point for Mission Leader practice. The relationships they have with self, others and God are of great value and are the thing which bring life to other more static things of value in a hospital setting such as the communication of specialised knowledge or the achievement of tasks of projects.

Relationships within the divine community are difficult to describe, but still they remain critical to Boff's theorem of perichoresis. For him, perichoresis is the interpenetration of the three persons of the Trinity. It is a radically inclusive society in which all are equal and wholly belong to one another in an intimacy that is summarised as 'All

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<sup>98</sup> Boff, *Holy Trinity: Perfect Community*, 14.

are in all.’ He sees that each can only ever be understood in relationship to the others, that they exist together eternally, without beginning and are interconnected. Here is another example which is reflective of his ideas:

Genuine acceptance removes fear and hiding and creates freedom to know and be known. In this freedom arises a fellowship and sharing so honest and open and real that persons involved dwell in one another. There is union without loss of individual identity. When one weeps, the other tastes salt. It is only in the Triune relationship of Father, Son and Spirit that personal relationship of this order exists, and the early church used the word ‘perichoresis’ to describe it. The good news is that we have been included in this relationship and it is to be played out fully in each of us and in all creation. Each contains the other.<sup>99</sup>

This description might lead a reader to think about the communities which they have encountered in their own life. Have these communities been reflective of this description? Did they have inherent within them the possibility of such exquisite intimacy even if it was not realised? Might this be a description of the community of disciples Jesus brought together in his time on Earth, or was his agony in part because these communities lacked the same depth and quality of what he had known in heaven? Perichoresis seems like the ideal. Boff sees that not only is it possible, but that human society is a temple and a reflection of divine society. It has been revealed in people’s lives, in history, in religions and foremost in two unique actions of the Trinity itself; Jesus life, death and resurrection and then the coming of the Holy Spirit. Following these events the task of the disciples was to build communities of people so as though through them people would experience the body of Christ.

With the advent of liberation theology, ‘basic ecclesial communities’ began to emerge, although some such as the Society of St Vincent de Paul had been in existence

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<sup>99</sup> Perichoresis Australia, “Trinity in You,” accessed March 4, 2019, <http://www.trinityinyou.com/welcome-to-trinity-in-you/19-2/>.

for a long time. These were part of a Christian movement which took as their inspiration encouragement from the Second Vatican Council to concretize a communitarian model of church, examples of which are: Catholic Charismatic Renewal, Couples for Christ, Legion of Mary and the Sant'Egidio Community. Depending of the view of the Pope of the time, these are treated as either a threat or an opportunity. In 1975 Pope Paul VI warned against some new ecclesial communities which set themselves up as independent to the institutional structure of the church and which only had temporal outcomes as their goal.<sup>100</sup> Pope John Paul II, with the few more years available to him to observe these ecclesial communities, wrote more favourably of them. In his 1990 encyclical *Redemptoris Missio* he describes them as:

A sign of vitality within the Church, an instrument of formation and evangelization, a solid starting point for a new society based on a 'civilization of love'. Basic ecclesial communities decentralize and organize the parish community, to which they always remain united. They took root in less privileged and rural areas, and become a leaven for Christian life. Of care for the poor and, of commitment to the transformation of society.... They are a cause for great hope in the life of the Church.<sup>101</sup>

It is uncertain if health care organizations like SVHA might officially be considered an ecclesial community by the Catholic Church as their link to parish life is tenuous, though they do exhibit many of the features listed by Pope John Paul II. His

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<sup>100</sup> Pope Paul VI, "*Evangelii Nuntiandi*: Evangelization in the Modern World," December 1975, accessed April 5, 2019, [http://www.vatican.va/content/paul-vi/en/apost\\_exhortations/documents/hf\\_p-vi\\_exh\\_19751208\\_evangelii-nuntiandi.html](http://www.vatican.va/content/paul-vi/en/apost_exhortations/documents/hf_p-vi_exh_19751208_evangelii-nuntiandi.html).

These might be a changed political structure, a project to assist the poor. While these are good of themselves, he claims, they should not replace the religious goal of evangelization and unity with Christ.

<sup>101</sup> Pope John Paul II, "*Redemptoris Missio*: On the Church's Missionary Mandate," December 1990, accessed April 5, 2019, [http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf\\_jp-ii\\_enc\\_07121990\\_redemptoris-missio.html](http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_07121990_redemptoris-missio.html).

description affirms the identity of places like St Vincent's, in particular due to it having arisen in response to the love of the poor, as a sacrament for God, a pointer on the road to the mystery of the Trinity. For this to be real, Boff suggests that there are signs of the presence of the Spirit:

When there is enthusiasm in work of the community, when there is courage to devise new approaches to problems; when there is resistance to all oppression; when there is a will to liberation that begins with justice for the poor; when there is hunger and thirst for God and a tender feeling in the heart.<sup>102</sup>

As a Mission Leader, I'm encouraged by Boff's optimism and faith in humanity.

I am aware that it would require spiritual leadership to realise the vision. I acknowledge that this faith in humanity is made possible due to his belief that the Trinity flows through human experiences grounded in embodied, everyday life. His view of perichoresis, that a community is a vehicle for liberation, helps me to look at hospital communities of staff, patients, families and others and to see the fullest expression of the Mission which we are there to accomplish. When a hospital community includes people, contributes to their restoration and accompanies them in their suffering, that community is participating in a person's liberation from the illness which had befallen them. This happens because they are met with love, hospitality, excellent medical and pastoral skills and prayer, all of which are reliable features of Jesus healing ministry. And still Boff, takes it even further than this; he sees communities not only as vehicles for personal liberation but the Trinity as a source of inspiration for those who fight tyranny and oppression. This is liberation of wider society. Hospitals would not usually describe this as their goal. They are not political parties, nor funded for this purpose but this *is* what is possible. SVHA does this through its advocacy voice, raised on behalf of

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<sup>102</sup> Boff, *Holy Trinity: Perfect Community*, 23.

the people who come to it for care, drawing from a strong basis of evidence and research available to the medical community.

Liberation theology was the movement which gave voice to principles which arose out from people who had been oppressed, whose dignity had been violated and from those who in seeing this insisted that if the gospel of Jesus Christ were real, it would contend with the enormity of the social injustices experienced by people in the world. Leonardo Boff's premise is two-fold: that the Trinity should and does speak into any contemporary context and that liberation as a core expressive act of the Trinity must also speak into the full measure of the Christian experience. This has lead me to ask the question; how is health care a story of oppression and liberation?

A person requiring health care in Australia is not in such a dire position as they would be if they were in another country without a universal health care system. However this should not be misunderstood to presume that the application of it is equitable. It simply is not. As an example, the age at which our indigenous men, Aboriginal Australians are likely to die is 68, which is 17 years younger than the life expectancy of non-Aboriginal Australian men. The health gap is real. The oppression and tyranny experienced by indigenous Australians stems back to 1788 when the British colonised Australia and thus began two centuries of murderous actions, discriminatory policies and injustices culminating in what is known in Australia as the Stolen Generation when Aboriginal babies and children were taken systematically from their families. These have all contributed to enormous suffering of these people which is only now being recognised.

In the face of such suffering, what might a divine community whose life is an expression of the Trinity do? Boff has an idea: "This kind of a community would give

practical expression to liberation, in participation by the many, at all levels of social life, in the advancement of human dignity, in creating the maximum opportunity for everyone.”<sup>103</sup>

This is possible for a health care ministry like SVHA especially as it would be an ideal expression of our mission to bring God’s love to those in need, if we were able to achieve such a community of healing and hope with and for our Aboriginal people. Boff’s concepts are the right ones so we have learned. People must participate in decisions about their own needs and care options in order that the right ones are enacted, we all must be committed to deep respect of the dignity of every human person and to make sure our staff at SVHA reflect this respect in their words and actions and we should ensure that every person has the maximum opportunity to access the health care that they most need, even if it means overcoming some of the barriers to care which other people might not experience. Perhaps Boff would say that when a community does this well, the Trinity is at work.

Jesus, modelled liberation for humanity when he became incarnate. This divine self-disclosure revealed the simple truth that the actions required in situations such as closing the health gap for people who are oppressed or marginalised, are the same actions Jesus undertook when on Earth. By creating healing communities, we are modelling back to the Trinity its own nature and are thus a part of the ever-flowing, creative expression of God. We can only do so because we are inspired by the spirit of God. Stanley Grenz says of Leonardo Boff that his is an experientially based, christo-

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<sup>103</sup> Grenz, *Rediscovering the Triune God*, 122.

pneumato-centric theology.<sup>104</sup> This seems to be an ideal leaping point for Mission Leaders who are discerning how to spiritually lead the mission in new ways.

### *Relational Ontology*

Each of these Trinitarian scholars, in their theses contend with the relational character of the Trinity. Whether it is through Rahner's view of the incarnation and his format for understanding the Trinity's self-communication, or LaCugna's ideas of personhood, suffering and the indivisibility of Trinity from life, or Boff's notion of perichoresis, the brilliance of the Trinity is in how it does things relationally. This is a core component not only of the Trinity's action, but of its being, its core identity.

The basic contention of a relational ontology is simply that the relations between entities are ontologically more fundamental than the entities themselves. This contrasts with substantivist ontology in which entities are ontologically primary and relations ontologically derivative.<sup>105</sup>

Wesley Wildman offers this description of relational ontology in its simplest form and it is building upon this basis that I make my core claim of this entire project: *that the Trinity, and its relational ontology is an excellent foundation for spiritual leadership. The Trinity is the presence and power of God fully alive and active in the world, thus how the Trinity acts, its perichoretic being, is the perfect model for Mission Leader practice.*

The Trinity and its members are a community. Its ontology- the nature of the Trinity's being, is relationship. What the Trinity offers by virtue of this relational nature, is a deep connection between God and the world, and thus between God and

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<sup>104</sup> Grenz, *Rediscovering the Triune God*, 123.

<sup>105</sup> Wildman, Wesley J. "An Introduction to Relational Ontology," May 15 2006, accessed March 4, 2019, [http://people.bu.edu/wwildman/media/docs/Wildman\\_2009\\_Relational\\_Ontology.pdf](http://people.bu.edu/wwildman/media/docs/Wildman_2009_Relational_Ontology.pdf).



people. People and communities are drawn into an experience of God which is a communion. Therefore 'relationship' is the nature of our encounter with God. If we hope for people to have an encounter with God through SVHA's hospital ministry, then we must inhabit the Mission in a new way. We should no longer relegate its 'best days' to history but rather we should see it through the lens of what the spirit of God is doing in every moment through us and because of, our full participation. We should no longer allowing the work of healing to be dominated by consumer language and practice which always imply an imbalance of power, but rather we should contend more with the idea of the mutuality within the relationships of people within the health care community. We should no longer view particular projects as being akin to the full expression of Mission, but rather we should seek to build a community which is reflective of God's mutual, loving, generous, connected presence.

LaCugna in particular reminded us that while we experience relationships as something that we are always either moving into or withdrawing from, God does not enter into relationships; God *is* perfect relationship. Because the divine infuses all aspects of our world, this means that life itself is a sacrament, a pointer toward the greater reality of God. Everything is sacred. Pope Francis, in his address on the Feast Day of the Holy Trinity in 2016, offered these images:

As we are created in the image and likeness of God-Communion then we must understand ourselves as beings-in-relationship, and live interpersonal relations in solidarity and mutual love.... Relationships like this should characterize the Church, so that the image of the Church as icon of the Trinity is ever clearer.... in every social relationship, from the family to friendships, to work environments, all of them: they are all concrete occasions offered to us in order to build relationships that are increasingly humanly rich, capable of reciprocal respect and disinterested love. The feast of the Holy Trinity invites us to commit ourselves in daily

events to being leaven of communion, consolation and mercy. In this mission, we are sustained by the strength that the Holy Spirit gives us.<sup>106</sup>

Wildman goes on to say: “In Trinitarian thought, to believe that everything is an outward expression of the energies flowing from the loving relations among the Persons of the Trinity ought to transform our spiritual and moral attitudes toward everyday life.”<sup>107</sup>

To this quote, and in the spirit of others who have commented on the implications of adopting relational ontology as a true foundation, I would add that it ought to be our behaviour too which is transformed and the special aspect of everyday life to undergo transformation should be our leadership. Moreover, if God is perfect relationship, and we are created in the image of God, then the doctrine of the Trinity is concerned with *our* life as well. We are called by divine grace to enter into that mode of loving relationship that defines God's very being.

Taken seriously, if this is the notion which underpins Mission Leader practice in the future then it should be observable in practice. What does it look like and feel like to enter into a mode of loving relationship as a model of spiritual leadership in a hospital ministry? One can look to the example of Jesus and his response in love as a member of the Trinity, especially as it is his name in our organizational mission statement! Leonardo Boff says of Jesus the Son;

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<sup>106</sup> Pope Francis. “Speech on the occasion of the Feast of Holy Trinity, May 22, 2016,” accessed March 4, 2019, [http://www.vatican.va/content/francesco/en/angelus/2016/documents/papa-francesco\\_angelus\\_20160522.html](http://www.vatican.va/content/francesco/en/angelus/2016/documents/papa-francesco_angelus_20160522.html).

<sup>107</sup> Wildman, Wesley J. “An Introduction to Relational Ontology,” May 15, 2006, accessed March 4, 2019, [http://people.bu.edu/wwildman/media/docs/Wildman\\_2009\\_Relational\\_Ontology.pdf](http://people.bu.edu/wwildman/media/docs/Wildman_2009_Relational_Ontology.pdf).

Alongside—and eternally communicating with—the Father is the Son. He is the full expression of the Father. The Father recognizes himself in the Son, in his eternity and in his mystery of tenderness. The Son shows distinction and yet communion in God. Hence the Father and Son are ever together, knowing one another, recognizing and surrendering to one another. The Son became incarnate to bring creation to fullness by way of redemption. Through his incarnation he has revealed to us the mystery of communion that is the triune God.<sup>108</sup>

Catherine Mowry LaCugna in her explorations of *oikonomia*, also has a way of describing the incarnation which highlights the relational aspect of its identity:

The trinitarian *oikonomia* is the personal self expression and concrete existence of God. The ontology proper to this understands being as being in relation, not being in itself. The economy is ‘proof’ that God is not being-by-itself but being-with-us.<sup>109</sup>

In her work she argues that the divine communion not be relegated to a place of unreachable doctrine but that recognition be given to its rightful place as instrumental and core to normal Christian life and practice. LaCugna further delights in the revelational significance of such divine self-disclosure. She looks at history through the lens of the actions of the three within the trinity, and observes the loving community to which they give witness to all.

Jesus, this ‘Trinitarian person’ is named explicitly in the mission statement of SVHA. “We bring God’s love to those in need through the healing ministry of Jesus.” If one were to interpret the mission statement from a trinitarian perspective one might observe that his actions are embodied in an historical moment during his time on Earth, and a transformation occurs in the life of human beings who encounter him. These actions are would therefore be recognised as the special missions of the Son and the Spirit in respect to their identity within the Trinity.

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<sup>108</sup> Boff, *Holy Trinity Perfect Community*, 78.

<sup>109</sup> LaCugna, *God For Us*, 246.

## Summary

In the Trinity, what can be found, is golden fodder for inspiring Mission Leader practice in fresh ways. This effort should not be a decorative piece in the life of a Mission Leader, in other words, something nice to have or a choice of leadership style one might make amongst and over others. Instead, life in the Trinity is intrinsic to a Mission Leader's participation and leadership calling in God's mission, for SVHA the healing ministry of Jesus. Done well it changes missiology to one which is 'us and them' to one of mutuality, flow and hope which comes from relationships. Spiritual leadership of this kind, equips Mission Leaders to navigate what Fluker has called, the intersection- that special time in history marked by significant social change during which a leader must be 'awake'. These are personal, intimate and spiritual moments as well as public places where conversations occur. As previously stated, these are places where 'a new generation of leadership must stand, negotiate and re-direct the traffic of life worlds and systems'. For SVHA this will be a radically new expression of mission, perfect for the current times.

Flowing from consideration of these things, and harking back to the earlier chapters of this project which looked at the situation of mission leadership, I've been inspired by these qualities of the Trinity and the prospects they hold for articulating Spiritual leadership. The focus I have been developing, had eluded to in my introductory chapters and now am positioned to further explain, is my articulation of *Triune Spiritual Leadership for Mission Leaders*.

## CHAPTER FIVE:

### TRIUNE SPIRITUAL LEADERSHIP FOR MISSION LEADERS

In this chapter, I firstly draw attention back SVHA's *raison d'être*, the healing ministry of Jesus which is our mission. I will do this with a special focus on the scripture story of the healing of Blind Bartimaeus. Earlier in this project I acknowledged the privileged role that the story of the Good Samaritan has had in the memory and foundation of Mission Leader practice. This remains. In addition to this, I offer an exploration of Jesus encounter with Bartimaeus as having the prophetic qualities needed for the next season of Mission Leader practice. The reason for including this context in this late chapter is because spiritual leadership must always be clear about its goal, the accomplishment of mission and to be open to new ways the spirit might be leading to do this work.

Then, in a sub-section called Guidelines for Practice, I outline the three principles of spiritual leadership arising from my Trinitarian foundation to inform best practice for Mission Leaders. Each of these has suggestions for behaviours and action, and a word about what is ultimately required for each of these principles to be transformational. These principles are: a person *embodying the kingdom<sup>110</sup> through their personal presence, building a sense of community within their scope of influence which is based on relationships of trust, and leading transformation for those they serve based on hope and healing.*

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<sup>110</sup> By this I mean they are aware of how their body is a reflection of the living presence of God's love.

### Jesus healing ministry

The classical world possessed no religious or philosophical basis for the concept of the divine dignity of human persons, and without such support, the right to live was granted or with-held by family or society almost at a whim. As a result, the chronically ill could be seen everywhere in the streets, baths, and forums—many of them homeless and begging.<sup>111</sup>

I accept this account of the world of Jesus time because the abandonment and desperation it expresses can be seen in many of his healing encounters; the woman with the haemorrhage, the story of the good Samaritan, his healing of a lame man on the Sabbath all reveal something of the peril people were in who were sick or outcast at the time.<sup>112</sup> Interestingly, touch was absent in each of these people's lives which is why it was Jesus' embodiment of his healing ministry that caught people's attention.

He touched lepers, sat around a table and ate meals with people who were outcast, he wept when he heard the news of his friend's death, he listened intently to people's anguishes, he spoke words that raised people from the dead and he embraced children. Jesus actions were clear and effective. His actions, particularly the very earthy and tangible nature of them were the opposite of what was considered acceptable behaviour at the time, such as remaining ritually clean by isolating oneself from sick people, yet these actions were the conduit for the healing he offered people.

Fr Gerald Arbuckle an Australian theologian and anthropologist asserts that even beyond his actions, Jesus brings healing to people.<sup>113</sup> His words given in public

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<sup>111</sup> Gary B. Ferngren, "A New Era in Roman Healthcare," *Christian History Institute*, no 101, 2011, accessed March 4, 2019, <https://christianhistoryinstitute.org/magazine/issue/healthcare-and-hospitals-in-the-mission-of-the-church>.

<sup>112</sup> Matthew 9: 20-22, Luke 10:25-37, Matthew 12:10, NRSV.

<sup>113</sup> Arbuckle, *Healthcare Ministry- Refounding the Mission in Tumultuous Times*, 168. Arbuckle says: "(Jesus) mission from the Father is to proclaim in speech and action what must be done to realise this vision. His ministry of healing is the visible, compassionate sign

speeches offered a stark declaration that healing was for all people, a fact that caused unrest among the elite classes who knew that if such talk were realised it would upend their comfortable life. And yet, he built a community of people around him who were drawn to his spiritual magnetism. Jesus' declaration in the synagogue in Nazareth that: "he has anointed me to bring good news to the poor, to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free, to proclaim the year of the Lord's favour" was one such occasion.<sup>114</sup> Another such occasion was Jesus's famous sermon on the Mount. In these beatitudes he speaks of protection to those who are powerless and the struggle for justice as being akin to the reign of God.

Jesus' membership of the Trinity was a powerful factor in his healing ministry. It was through his relationship with the Father, that Jesus knew it was the Father's will to heal and as the Son on Earth, Jesus had the hands by which the Trinity was able to reach out and touch people. He offered this healing power readily to those who had the faith to believe in it. In this respect both his capacity to heal and his will to heal are embodied on Earth flowing from his identity as a member of the Trinity.

When, as a Mission Leader I investigate and reflect on Jesus' healing ministry in this context, I am compelled by the idea that it is the actions and character of the Trinity which lead to such powerful ministry outcomes of healing and transformation.

By extending Jesus' ministry of healing through the work of our hospitals, organisations like SVHA participate more deeply in communion with the Trinity and God's mission. The reverse is also true. By aligning with the character and actions of

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of what his followers must do and a momentary experience of the reign of God in the here and now."

<sup>114</sup> Luke 4:16-21, NRSV.

the Trinity such as; the preparedness to be fully present to what is happening with our body in the moment, to act in such a way as to have impact in a community of people and to expect and work for transformation, we are empowered to accomplish the mission. The scripture of Jesus' healing of Blind Bartimaeus is a seminal example of just this thing.

Then they came to Jericho. As Jesus and his disciples, together with a large crowd, were leaving the city, a blind man, Bartimaeus (which means "son of Timaeus"), was sitting by the roadside begging. When he heard that it was Jesus of Nazareth, he began to shout, "Jesus, Son of David, have mercy on me!" Many rebuked him and told him to be quiet, but he shouted all the more, "Son of David, have mercy on me!" Jesus stopped and said, "Call him." So they called to the blind man, "Cheer up! On your feet! He's calling you." Throwing his cloak aside, he jumped to his feet and came to Jesus. "What do you want me to do for you?" Jesus asked him. The blind man said, "Rabbi, I want to see." "Go," said Jesus, "your faith has healed you." Immediately he received his sight and followed Jesus along the road.<sup>115</sup>

Let us look at this scripture in light of my first principle of spiritual leadership-  
*embodying the kingdom through personal presence.*

This is the story of a band of disciples following Jesus who were heading out from the city on the way to somewhere else. Presumably there were many people begging by the side of the road they were walking on, and on this occasion Bartimaeus was one of them. The physicality of a person begging by the road side leads me to contemplate the dustiness of the ground, the lower posture of the person or people begging compared to those walking past and the bristling awkwardness of the walkers as they see with their eyes the beggars ahead of them and have to decide what to do with their bodies as they walk by. These were the types of scenarios which confronted the young Mary Aikenhead whose heart was transformed by what she saw. This is a

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<sup>115</sup> Mark 10: 46-52, NRSV.



scene encountered directly by the Trinity by virtue of Jesus incarnation. The triune commitment is direct proximity. Rahner's interest to showcase the incarnation as a unique act of love is evidenced here, as are many of the qualities of his quadriform; here is a man with a *history* of poverty and indignity looking to *transcend* his circumstance. Bartimaeus is a man who is *invited* forward by Jesus and encounters full *acceptance*.

Though this scene is millennia and culturally apart from contemporary Australia, some physical scenes within our hospitals and outside of its walls still speak of this power differential, suffering, and the need of kingdom presence. La Cugna in her work had reminded us that the Trinity necessarily and compassionately depicts a God who understands suffering. I think of the indignity of waiting for long stretches in an emergency department, the cluster of doctors and nurses who move in and out of patient's rooms sometimes with little regard to privacy or a person's sense of personal space. The Trinity is indivisible from these events.

Imagine being inside the body of Bartimaeus. On his mat, alongside the others and with his ears pricked for the coming opportunity. He had heard of Jesus of Nazareth and had come to believe enough about his healing power that he thought it would be worth a try to get Jesus' attention. Bartimaeus was acutely attuned to what Leonardo Boff describes as noticing the divine encounter in one's own experience. So he caused a scene with his voice. Likely embarrassed by the scene he was causing, many in the band of followers, probably some of the disciples, told him to be quiet but this seemed to make him all the more determined. He called out again and this time Jesus stopped and heard him. It was a powerful gesture when Jesus stopped. It indicated he had heard the voice and cared about what he was hearing. His personal presence would have had

an impact on his followers who likely were curious about his stopping. I've often wondered why he didn't just walk over to Bartimaeus in the first instance. Surely as Lord he knew of Bartimaeus' need for healing? Jesus' actions were in concert with the holistic goal he had for Bartimaeus and the disciples.

Let us look at it now in light of my second principle- *building a sense of community based on relationships of trust.*

Tellingly, Jesus asks the disciples to bring Bartimaeus to him. Part two of his plan was to invite the community to participate in the healing event. This differs from what it might have been presumed Jesus would do, which is to go to the blind man. By doing this Jesus involves the others in this man's healing. Where at first the disciples and the people in the crowd sought to quieten Bartimaeus presuming that his actions were contrary to the right thing to do, Jesus request must have come as a surprise. In fact, the disciples had no idea that they had a role to play in Bartimaeus healing and liberation, and Jesus was making them aware of it. This is consistent with Leonardo Boff's view that the actions of the Trinity have implications for human society. What, on one level looks like the simple healing of a blind man; Jesus uses for a greater purpose too. Rather than going to the man personally, Jesus tells the disciples to call him over, at which point they change their tune entirely! They have a role in bringing the person forward for healing. Jesus was aware of it, expects it of them and their actions contribute to Bartimaeus coming face to face with the source of healing he had known would be true.

Jesus models the kind of spiritual leadership which is aware of the community around him. He had insight into the motivations and limitations of his followers and was also aware of the people on the outskirts of the larger group. This is reflective of

the work of Brueggemann whose two-fold description of the role of the prophet calls a spiritual leader to know the community intimately so as to lead them in expressing grief or joy. Knowledge of the community is critical to leadership, this Jesus knew. Gerry Arbuckle calls these communities places of authentic relationship. Jesus sought transformation for them all through being a calm presence within them, challenging and inviting the community to reach out to others and then, responding with love to those who felt safe within his presence to share their hearts desire and deepest hurts.

These are relationships of trust and are indicative of the loving interactions within the Father, Son and Spirit of the Trinity. A Mission Leader seeking to emulate this kind of spiritual leadership needs a high level of personal insight to understand their own role and influence within the community and to be sensitive to the needs of all of the people in it. They also need to have the courage to know when it is their time to lead. Mary Aikenhead was surprised when it was suggested to her that she be the leader of this new community she was imagining, yet she discerned carefully and stepped into the role whole-heartedly. Vincent de Paul hadn't planned for his priesthood to be marked by service of the poor, but in light of the desperate need he encountered he could do no other. Relationships within a community are not static and in all interactions there are components of invitation and challenge. To understand when to use these elements for the good and possible transformation of all is a critical skill for a spiritual leader.

Finally, let us look at it now in light of my third principle- *leading transformation for those one serves based on hope and healing.*

There are two levels of transformation occurring here. One is for the person. The other is related to how a society responds to people in need. When Bartimaeus

faces Jesus, obviously blind, Jesus asks him “What do you want me to do for you?” Bartimaeus is given a choice and is also given the chance to name his deep desire to Jesus. Not only is he healed of his physical ailment, Bartimaeus spirit is healed as he is afforded dignity and love in the interaction. This is a core part of the formation of people who follow the example of St Vincent de Paul. De Paul is known to have believed the following: it is only because of the love you have for them that the poor will forgive you the bread that you give them. Transformed by his experience Bartimaeus joins the group following Jesus.

A good Mission Leader within a health care ministry will be desirous of helping people to have their needs met. With the resources of excellent medical care within our reach, any person in SVHA would have as their first instinct the putting of Bartimaeus in touch with the right care for his disability. But Jesus, with all the power to do this healing makes a move before this. He asks Bartimaeus what he wants. This beautifully gives Bartimaeus the chance to be a participant, not just a recipient in the healing. He is given the dignity of being able to name his need to the Lord, his voice is heard and this offers a sense of empowerment he previously did not have.

Also transformed are the disciples who had been instructed directly by Jesus to participate in the act of bringing the man forward. How do their actions change in the future knowing that their role is no longer passive? Do they now see that one of the implications of following Jesus is the requirement to participate in his liberating work? In health care delivery, St Vincent’s always has its eye on the horizon and seeks to move strategically toward its vision. By 2025 we wish to have undertaken more research and have grown the capacities within our hospitals to offer more services for our patients. St Vincent’s does this because it is aware of the transformative impact it

can have not just for a person but for society. If we have heard people screaming to us from the side of the road because they spot in us some healing capacity we have an obligation to respond wholeheartedly.

A Mission Leader offering excellent practice, will call and invite the wider SVHA community to attend to the following questions: Who are the people calling to St Vincent's from the side of the road? What role must we play to participate in their liberation? How might we respond to them in such a way as to transform society?

In 2015 the SVHA Board of Directors upon such a prompting, decided that commensurate with our mission to serve the poor and vulnerable, we would look at areas where we had strengths where other health care organisations were not necessarily poised to flourish. Five population groups of people prone to vulnerability which impacted their health and well-being were chosen; people in prison, people of Aboriginal or Torres Strait islander descent, people who have a drug and alcohol dependency, those with a mental health issue and people who are homeless. SVHA decided that the needs of these people were deserving of special focused attention.

Not unlike the approach taken by Jesus, encouragement was given across the wider staff body of the organisation to consider how we could do more for these cohorts of people than we were currently doing. Innovation in truly inclusive health was required and adequate financial resources were made available for people whose ideas resonated with this new vision of hope. A core component of each of the innovations which come forward for consideration, funding and support is the requirement that the need has been established by a careful listening to the people who come within these vulnerable populations, themselves. In the case of Aboriginal and Torres Strait Islander people, what were local hospital communities of SVHA across the country doing to

ensure they have listened to local elders through yarning circles, consumer participation and symbolic actions of reconciliation? In relation to those in prison, how could we approach care and treatment differently either within a prison facility or once a person has been released into the community that would better ensure their dignity and give them a chance to recover? For people who are homeless, how can we make sure that our service development is informed by people who have or still are experiencing homelessness?

When we have taken these steps to listen to who it is that is calling to us from the sidelines, invited our staff to be a part of the interaction toward healing and then have really listened to the deep desire of the people we are looking to help, it seems that the Bartimaeus story in relation to its capacity to deliver transformation for all, is alive and well in our ministry.

I consider with fondness the story of Blind Bartimaeus as an example of Jesus' healing ministry. This scripture draws together the visions and examples of transformational leadership listed previously, along with exhibiting the triune qualities articulated by the scholars. All of these have contributed flesh to the bones of this articulation of spiritual leadership for Mission Leaders.

### **Guidelines for Practice**

#### *Spiritual Leadership Principle 1:*

##### *Embodying the Kingdom through personal presence.*

The incarnation of Jesus on Earth located God's eternal plan of redemption in actual time and history, in the body of a person. How he moved, what he said, the physicality of his presence was a direct experience for people of the Kingdom of God. A spiritual leader is deeply conscious of their body and is aware of its capacity for

communication. Jesus was conscious that it was through his body that he enacted his special role in the divine mission of the Trinity, to be the Son and to also be fully human. We know that he truly felt pain and laughter, he touched people with his hands, walked distances alongside people, sat around a table with them for a meal. His gestures of embrace, careful listening, overturning of tables and taking time in solace for prayer revealed as much about his mission as the words he spoke. The suffering he endured was real. He hoped to be comforted when anguished and in pain. By embodying all of these things Jesus made sacred the experience of each human life.

Sickness and ill health are the reason people come to hospitals for care. Their body is not functioning at its optimum level and this can be seen in a person's posture, their way they hold themselves, their eye contact and movements which reflect their discomfort. Suffering is a common experience in hospitals and accompanying people in the experience of their suffering is a critical way to bring about the healing ministry. Furthermore, modelling this for leaders within a large organization who have responsibilities to ensure the longevity and the continuance of Mission is equally as important.

For a Mission Leader, their practice should be informed by how they embody the kingdom in these ways:

- Knowing that care of the body is akin to care of the whole person in health care. When someone's wounds are tended to with gentleness they feel that gentleness is being afforded to their whole self.
- Understanding that their gestures reveal to others an inclusion and acceptance of them. Offering a warm and thoughtful welcome to people they encounter to set them

at ease through a relaxed body posture and a greeting of physical touch if this is appropriate.

- Using their voice to show love and to affirm the dignity of people. Leaders should be aware of the tone that is used, the volume of their voice and choice of words.
- Being conscious of their personal presence in any encounter with others. Considering the spaces between themselves and others. Taking notice of how their physical presence can help them feel secure.
- Finding time and space to restore their own body and soul as Jesus did through prayer, exercise, or meditation. Going to the Chapel, or to a garden or dance to music.
- Responding with great compassion when a person is suffering. Developing their pastoral abilities to stay with people in difficult circumstances.
- Revealing their vulnerability to others through their body. Not hiding their tiredness, sense of trepidation or concern because these will be shown on your body anyway. By being true to themselves they allow others to be themselves.
- Being pourous in meetings.

*The ultimate requirement of embodying the kingdom*

These instructions might be self-evident to people whose world-view is Christian or akin to authentic living, but they require a fully conscious effort if a Mission Leader is to use them effectively, for them to become the modus operandi of their spiritual leadership. There is however, something more to which a true Trinitarian framework, which contemplates embodiment, points towards and ultimately requires: *sacrifice or transcendence of the body*. “Jesus’ self-sacrifice on the cross does not just model perfected being, it unleashed the healing, transformative power of surrendered



love that literally sets the world on a new footing.”<sup>116</sup> Of course the physical encounters people had with the person of Jesus were tactile and compelling, but the final use of his body, sacrificially, was what revealed the depth of his love and the extent of his truth. His leadership required that he did not hold back, even his body, to be used by the Trinity as a vehicle of living the Mission he was charged to bring about. We saw this in the life of Mary Aikenhead, whose message about being impelled to bring the love of Christ to all, was not derailed by her 27 years as an invalid. Rather, her love and the extent of her impact was understood more deeply and exacerbated because of the frailty of her body. Old Testament prophets such as Jeremiah risked their lives by using their voice in speaking out against the ruling establishments.

The risk of Mission Leader roles having been professionalized and now seen as one of many decent career choices, is that this searing reality of what spiritual leadership requires can be watered down, seen as unwise in relation to career building. The risk is that a Mission Leader will hold back at the point when the Mission finally requires of them a tremendous act. Therefore to the aforementioned list I add:

- Saying what needs to be said even if the cost is persecution, or despair in being removed from the role.
- Being prepared to hold an uncomfortable position on an issue or event knowing that this may be experienced in their body.
- Knowing that as a Mission Leader people are watching how you suffer as a model for how they deal with their own suffering.
- Loving the Mission more than your role

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<sup>116</sup> Bourgeault, *The Holy Trinity and the Law of Three*, 178.

*Spiritual Leadership Principle 2:*

*Building Community based on relationships of trust*

Jesus healing ministry involved restoration of a person to their community. Let this be a feature of your Mission leadership. Be conscious that the deepest nature of the Trinity, its ontology is relationship. It is an ontology which lives the adage ‘I am who I am in relationship with others’. It respects personal autonomy but does not regard it as the highest value. The Trinity as a divine community desired that we too would experience life in community. Jesus’ vision for the church, his body of Christ, was that it would be community of people who would build upon strengths for the common good, that it would be the nucleus of love into which people on the margins would be included and their lives restored. Their relationships would be dynamic, and through them every person would have the opportunity to flourish. What better way to give expression to Pope Francis’ conviction that a cosmos whose innermost nature is revealed as mercy.

For a Mission Leader, their practice should be informed by how they build community in these ways:

- Holding a view of the inter-connectedness of all things and by highlighting this reality in their role as a leader. Resisting a silo mentality where components of health care are seen only as their part rather than within the context of the whole. A Mission Leader can do this through things such as story-telling or acknowledging efforts of collaboration.
- Reaching out to people on the margins and encouraging the hospital to do so, as a way of inviting people to grow their vision for what a community inspired by the healing ministry of Jesus should be like. This is more than a workplace.

- Finding ways of respecting the dignity of people who are struggling through conversation, or through the development of dignified services.
- Mourning together when bad things happen such as the unexpected death of a patient or colleague, and celebrating together when the occasion deserves it. Recognizing anniversaries, great achievements and quiet graces.
- Making peace wherever possible. Seeking justice wherever possible.
- Encouraging others to move beyond business and consumer like transactions with patients, and colleagues. Setting warmth as the benchmark for your relationships in your health care ministry.
- Building teams within a workplace where such things as fellowship and friendship are acknowledged and practiced.
- Celebrating all types of diversity; cultural, linguistic, sexual orientation, age, etc. Being a champion of making decisions to increase the representation of diverse applicants for jobs. Supporting education which upholds and advances diversity.

*The ultimate requirement of building community.*

Again, these instructions might be self-evident to people whose world-view is Christian or akin to authentic living, but they require a fully conscious effort if a Mission Leader is to use them effectively, for them to become the modus operandi of their spiritual leadership. There is however, something more to which a true Trinitarian framework, which contemplates building community points towards, and ultimately requires: *a commitment to mutuality.*

“If you have come to help me you are wasting your time. If you have come because your liberation is tied to mine, then let us work together.”<sup>117</sup> This quote from Australian Aboriginal Activists Group in the 1970s, instinctively picks up on and pushes back on, the wrong that can be done by helpers, healers and to this list I add hospital workers, who have no sense of mutuality. Who come to give service but without a deeper knowledge of the genuine meaning of true relationship, which requires vulnerability. Who potentially cause harm when service is offered from a position of a power over another. Jesus knew this when he included people in choices about their healing. There isn't a hierarchy in the Trinity. The perichoresis on display models for us the beauty of a community where need and gift interplay, where all persons are equal. This kind of community is a sacrament to God, yet very difficult to nurture in the demanding environment of health care delivery. Even so, your success as a spiritual leader will depend upon your capacity to create it. To do so, you must realise your own vulnerability first and allow it to show its face, inviting others to do the same. This mutuality in community is radical. It symbolizes unity of the Body of Christ. A Mission Leader who implements this level of spiritual leadership moves the Mission forward.

*Spiritual Leadership Principle 3:*

*Enabling Transformation based on healing and hope.*

Jesus healing ministry transformed people's lives. Karl Rahner describes it as coming face to face with the vision of the triune God, something within the reach of a

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<sup>117</sup> Australian Indigenous leader and elder Lila Watson is often credited for this quote. Her request is that this is credited to 'Aboriginal Activists Group, Queensland, 1970s.' The story of the origin of this quote and Lila's request was found at a blog web site Northland Poster, accessed May 2, 2019, <http://northlandposter.com/blog/2006/12/18/lila-watson-if-you-have-come-to-help-me-you-are-wasting-your-time-but-if-you-have-come-because-your-liberation-is-bound-up-with-mine-then-let-us-work-together>.

hospital ministry if you have a radical openness to the possibilities of God's outpouring of love to transform any moment, person or situation. Transformation is our movement toward God. This is the third act in Jesus work. He lived on Earth, and was then resurrected giving all humanity a reason for hope, an opportunity to transcend circumstance and to transform their lives in light of this hope. Enabling transformation requires delicacy and courage.

For a Mission Leader, their practice should be informed by enabling transformation in these ways;

- Starting with a belief and an expectation that transformation is possible in every person's life, be they a patient or a family member, a colleague or a friend. This is core to authentic Christian ministry.
- Being a person of hope.
- Praying for your ministry, for your leadership, for the success of Jesus healing mission. Offering opportunities for others to join in prayer or reflection in diverse ways so that people of many faith practices may seek transformation together,
- Holding onto a deep and broad understanding of the many meanings of healing, and inspiring others to see it in its broadest sense. Recognizing the liberation that can come from healing leading to further transformation.
- Affirming the role of any person to contribute to transformation in other people's lives.
- Witnessing authentic healing and honouring it when you see it. Becoming attuned to noticing the actions of God's grace in scenarios which occur in the hospital. Looking for surprise, elegance and new energy. Looking for the work of the Holy Spirit.

- Holding space for the mystical and the prophetic. Acknowledging that at times there are no answers, there is no evidence, or there won't be an easy resolution to a problem.
- Allowing space, even in the scientific stronghold of medicine and healthcare, for imagination to inform your actions. Retaining the capacity to dream about a different future than the one which looks most likely.
- Seeing beyond death and look for such things as legacy, freedom, generosity and grace in how the organization deals with death. Inviting pastoral and spiritual practitioners to create rituals of remembrance and memorial. It could be a unique organising principle for mission leadership to notice that the gate of heaven is everywhere.
- Looking for wondrous synergies between the traditional polar opposites of science and religion. Relishing their companionship in the healing ministries and see this as a sign of communion. A mark of the Trinity!

*The ultimate requirement of enabling transformation.*

Like the first two principles, there is something more to which a true Trinitarian framework, which contemplates *enabling transformation*, points towards, and ultimately requires: *the experience of liberation*.

Jesus liberated the young man who asked him “what must I do to inherit eternal life” with a new vision of what it meant to be a neighbour. He liberated Blind Bartimaeus from his condition and poverty all the while liberating the disciples from their limited view of what discipleship actually meant. He worked through St Vincent de Paul to liberate people in France whose plight was desperate. He worked through

Mary Aikenhead to liberate the community from inertia in the face of great human need. Jesus spoke though the prophets referred to in Brueggemann's work, to liberate people from their hopelessness and docility in the face of a co-opted vision of God. He has worked through leaders who have navigated the intersections of time, situation and place to follow the calling of the Spirit to build the kingdom in a given time and place; ethical leaders like the Sisters of Charity come to mind. We are called to be vehicles of liberation.

### **Summary**

Embodiment leading to sacrifice or transcendence of the body for the continuance of the Mission. Building community with a deep commitment to mutuality and vulnerability. Enabling transformation in the lives of people and society through which liberation is the experience. This kind of spiritual leadership honours the gift of the Trinity and if lived, places God's own nature at the core of Mission Leader practice.

St Vincent's has set in place all of the foundational elements required for such bold leadership via its formation framework, its leadership program, recognition of our founders, and our history. Our grounding in scripture, Ignatian practice and Catholic social teaching have all prepared Mission Leaders to lead from a position of deep spirituality. Now with a refreshed *modus operandi* arising from reflection on the Trinity, all are amply placed to lead transformation, as is required at this present moment in time, in Australian society. Here's the catch: when truly done this way, it liberates them also.

When Mission Leaders lean into the Trinity as the source and inspiration for their leadership, they open themselves up to the secret power of it, the dynamism

inherent in the true nature of God as Trinity. Author and retreat giver Cynthia Bourgeault articulates this dramatically in her book *The Holy Trinity and the Law of Three Discovering the Radical Truth at the Heart of Christianity*:

The Gospel's secret power, often hardly glimpsed by Christianity itself, is the gathering up of all our passion, our entropic centrifugal energy, our very outward thrust and vital compulsivity, secularity and carnality, into this divine energy that flows out from its hidden Source.<sup>118</sup>

The healing ministry of Jesus, as offered through the ministry of St Vincent's Health Australia deserves no less.

I conclude as I commenced, with a story from the ministry of St Vincent's. The story of Zoe in the Prologue introduced the potential of Mission Leader practice. We are here now at the Epilogue, the story of Tao, which for me demonstrates the full wingspan of the Trinity, a dynamic illustration of the principles I have expounded in this project. I share this story knowing that I have only begun grasping the exquisite learnings from it. This story lives in my heart the way any true experience of God's active, loving presence must do. I'm grateful that the Trinity is bigger than the few words I might say about it.

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<sup>118</sup> Bourgeault, *The Holy Trinity and the Law of Three*, 79.



## EPILOGUE

From time to time, a patient's story stays with you as a Mission Leader. It is often because either God's grace in the situation has taken your breath away with its beauty, because it challenges you to reflect deeply and honestly about your own role in contributing to Jesus healing ministry as the Mission Leader, or because a lament has risen in your heart along the lines of the words "Have I done enough? What could I have done better?"

The story of Tao Pham, is the story of a patient whose encounter with the spiritual leadership within SVHA was transformative, but there was another quality to it which is inevitable when the spirit of God has been present, this is, the transformation was mutual. The lives of both the Mission Leader and Tao were changed irrevocably.<sup>119</sup>

Tao's story, I believe points to the Trinitarian principles articulated herein: *embodying the kingdom through personal presence, building a sense of community based on relationships of trust, and leading transformation for those one serves based on healing and hope.* The story is an example of the outcomes which are possible when good spiritual leadership really takes place in Mission Leader practice. The outcomes to look for are transcendence of the body, mutuality and liberation. All, I believe can be witnessed here. This is however, a story not only of transformation led by the Mission Leader, but transformation *of* the Mission Leader.

I first met Tao Pham in my first six months as a new Mission Leader of our large public hospital.<sup>120</sup> I received a call from the General Manager of the Rehabilitation

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<sup>119</sup> Permission has been granted from Tao Pham for this story to be written in this project.

<sup>120</sup> In Australia public health care is government sponsored and is free to citizens, residents of the country and those with suitable visas.

ward indicating that ‘this’ might be something I could help with due to my knowledge of the Catholic Church. I asked for more details. ‘This’ as it turned out, was a meeting between the patient, a 44-year-old Vietnamese man, his consultant rehabilitation doctor, the social worker and his family, in this case his visa sponsor- the Bishop of the diocese which had sponsored him to come to Australia from his home country to pursue seminary studies and become ordained for that diocese. Tao had had a horrific response to an accident ten months earlier where his finger became jammed in a car door which led to catastrophic infections and further hospitalisation. Thus he had been a patient at St Vincent’s Hospital all that time, including and unbelievably some time spent in the intensive care unit where it was thought that he might not live.

Unfortunately for Tao, this event occurred two weeks before his ordination as a deacon in the Catholic Church, his first official step toward his dream of ordination as a priest. Invitations had been sent out and the ceremony arranged. It all had to be put on hold until he recovered.

Public health services are not established nor suitable for long term patient stays so the social work team together with Tao’s treating team were hoping to arrange a discharge option. In bringing the meeting together, they were mindful of his long-term prognosis, his high level of care needs and were depending upon support from the Bishop as his next of kin in Australia.

I arrived early to meet Tao before the official meeting and he was wheeled in on a bed because he could not move out of it. His leg was stiff as he was not able to bend at the knee in that leg anymore. His face was swollen from medications. *I remember having a sense of foreboding for him, because to look at him was to see his suffering. I had a choice, as professionals always do, to let his suffering affect me or*

*not. I chose for my heart to be touched by his dignity and his honest presence in the room. I remember trying to show gentleness and compassion with my presence, my feeble attempt to embody the kingdom. I cried and promised I would try my best to help him. Tao would later tell me that my visits gave him hope, but I did not feel like this at our first meeting.*

All of the invitees to the meeting arrived, the Bishop in ecclesial dress. All sat uncomfortably and were in anxious expectation of the words of the doctor. *In relation to the second principle, we were an awkward community in which it was hard to establish the trust it felt was needed for the conversation which was to come. There were a few relational connections already in place between the Bishop and Tao, between Tao and the staff, but not between the Bishop and staff. This was a cause of tension as the content of the conversation required sensitivity to vulnerability and the staff were not sure of the role of the Bishop in the conversation and his capacity to effect an outcome.*

The doctor informed Tao, and all present that she believed he would have high level care needs for the rest of his life. With all the gentleness that medical jargon would allow, she said that in her opinion, he would not ever walk again. There was silence for a moment until the doctor continued her advice as to the type of care Tao would need. High level, equivalent to full time nursing care including in and out of bed, to shower, to toilet, help was required to do all types of essential activities for life. In a room full of people this was devastating news for Tao to have received so conclusively and his face showed it.

The Bishop spoke up, and chose such a moment to tell Tao that this would mean that sadly, he could no longer become a priest. He couldn't see how someone with those

needs could either complete his studies or fulfil the requirements of the role. Every person in the room was shocked including me. Later I would field not unreasonable questions from social workers as to the possible discrimination this held for someone who has a disability. *I felt sick in my stomach as I knew I was powerless to reconcile the variant experiences of each person in the room, at least in that moment.*

Of most concern from those who knew Tao and had cared for him pastorally in the hospital was their knowledge that his vocation to priesthood was the most precious thing to him. He had pursued the dream all the way from his village in northern Vietnam to regional Australia. Perhaps it would be true that ordination would be difficult and a person with Tao's incapacities would also place a significant financial burden on a diocese without the resources to support him, but to share this information just as Tao was hearing the news of his health prognosis seemed insensitive. The conversation was to have turned to collaborative planning to find and fund a suitable place for Tao to be discharged for long term care, but collaboration seemed impossible following the Bishop's statement. The meeting closed awkwardly and with no resolution. *I knew that my body was struggling to show hope, rather my discontent and rising anger was my inner truth screaming out that "This is contrary to everything our mission says is true."*

The Bishop asked to speak to Tao alone and as they left the room, Tao's bed being wheeled out into the corridor, staff members came out of their stunned silence and expressed dismay at how a representative of the Catholic Church could treat another person that way. They looked to me for a response. To them, as the Mission Leader I embodied the Church. *They were looking to my response to know how to feel about it.* I had none. I too was in shock, utterly disappointed at the pastoral inadequacy and swift, pragmatic dismissal of a person's vocational call and sense of hope. The staff members

filed out of the room and I waited for the Bishop so that I could see him out of the hospital ward. *I found no brilliant words of advocacy, condemnation or inspiration to say as we walked together to the elevator. We both commented at the sad, unfortunate nature of the situation and I thanked him for his time as he left St Vincent's grounds. I was disappointed in the bishop and in myself, because I knew that I could not solve this easily. I knew what others in the room did not necessarily know, which was, this was going to take divine intervention to solve. If the pre-cursors to leading transformation for people like Tao are embodying the kingdom based on personal presence, and building community based upon relationships of trust I was failing at this moment.*

As he walked away the serious, practical implications of what he had done dawned on me properly. If Tao was no longer a candidate for priesthood in the Bishop's diocese, sponsorship of his visa would be removed. Without visa sponsorship and the coverage of medical care that comes with it, Tao will have no income to fund his high level care needs. Without residency he will be sent back to Vietnam where his family would have no means of providing for his care. Could he even manage the air flight? Not likely. He would suffer and die. St Vincent's by virtue of its mission cannot discharge a person to a place where they will perish, but without the diocesan support Tao did not have the money or the legal status to stay in Australia. Life in a hospital beyond the short term is never a good option, yet Tao by virtue of his circumstances was stuck here indefinitely. *One of my treasured learnings from this time was the numerous meetings I had with all of the staff involved. We gathered to agonize over the lack of possibilities, we stretched our minds to search keenly for options and we celebrated the very few and minor triumphs along the way. Pastoral teams and Sisters of Charity were praying for a good outcome. What was happening was that we were*

*building a community of trust through our commitment to Tao. In doing so we gave each other strength. We were energizing one another which is a deeply Trinitarian feature.*

Tao continued treatment for the next few months as options were sought. The diocese informed the hospital that they would cease paying for his medical insurance which meant the public hospital would bear all the costs for his care, running into thousands of dollars. I wrote to the Bishop requesting they re-consider this terrible decision, surely as a visa sponsor and a compassionate organisation they felt obliged to continue to support Tao in this time of need. They agreed to continue for a while longer though this would soon cease. I spoke to the Archbishop of another diocese to request help. I arranged the Vicar for health to visit Tao. The social work team sought legal advice on behalf of Tao and our in-house legal director connected us with Australia's best immigration lawyer who, upon hearing Tao's case, agreed to take it on for free. Their goal was to convince the Australian government to allow Tao to stay in Australia due to his urgent medical needs. The legal support turned out to be of critical assistance in a way which we hadn't foreseen. Tao was visited by the Bishop three times wanting him to sign a form to cancel his student visa. The first of these visits was two days after the initial meeting, the second was one week after the gathering, the third visit two weeks later. The Bishop asked Tao how he was feeling after his decision, to which Tao replied "I am feeling hopeless. I could not believe and imagine how you could make that decision with my present situation. The Diocese invited me to come to Australia to study and become a priest for the Diocese. I really wanted to become a priest to serve your Diocese. I have tried my best to fulfil the studies. I don't want to be sick." Though pressured, Tao refused to sign it, and had the sense to ask the form to be left with him

and he would sign it later. After the third visit, Tao thanked the Bishop for his visit and told him not to come any more to force him to sign the form. Others were sent to visit Tao to convince him to sign the form: the vice rector from the seminary and a Vietnamese bishop, all speaking of the difficulties the Diocese now faced because of Tao.

When it was shown to the lawyer, the lawyer informed Tao that had he signed it, he would have relinquished his visa sponsorship through the diocese and with no other recognized immigration status, his status would have become precarious and the process of deportation would have begun. The lawyers offered to assist Tao to sue the diocese, which he refused as he sought no harm for the Bishop or the Diocese. He wanted only to have the best chance of recovery and to do that he was best to remain in Melbourne with access to good medical care. In all of this he remained faithful to his belief that God would look after him. He wanted to get better and serve people through his priesthood, should it ever eventuate. *I remember visiting Tao around this time and was humbled by his capacity to be gracious even in the middle of all that was occurring for him. With all of the time he was spending in a hospital ward he used it to encourage other patients who were having a hard time. He was a Christ figure for each person who encountered him. I spoke to staff members on the ward at the time. They described the transformative effect Tao's presence was having on other patients. He would reach out to them in their distress. He would pray for them and comfort them. He was the embodiment of faith.*

By this time, Tao had been an inpatient in the hospital for nearing two years. St Vincent's continued to hope to find a suitable discharge option for Tao, and did so without the support of his visa sponsor. Eventually, with the compassionate financial

support of another diocese, and the offer of a suitable temporary place of residence which came from a religious group of brothers, Tao's situation was able to move forward enough so that he could continue his rehabilitation and move out of the hospital ward. Significantly, he slowly regained capacities to walk which were not thought possible when the doctor gave her prognosis months earlier. The earnestly prayed for miracle seemed to be happening before our eyes. *I took my children, aged 8 and 10 to visit him in the lead up to Christmas that year and pointed out to them that this man who was told he would never walk again could walk, a little. They of course didn't understand the full story of Tao and the miracle of what was occurring, but they did recognise it was important to me for some reason. They knew I was a part of something which was transforming my heart. They were witnessing hope taking hold of me.*

With greater mobility he was offered a place to live at a parish and was able to resume his studies under the auspice of the new diocese, all of which affirmed his dignity. He continued his rehabilitation and exceeded all of the physical goals that had been set for him. St Vincent's Hospital offered Tao a few hours per week of work in its pastoral team. It did so because it was impressed with his spirit of hope and encouragement. He had a unique capacity to empathise with patients whose situation seemed hopeless. He wasn't able to do more hours than this due to his health, but they were, it seems, significant. *It warmed my heart immeasurably to see him working so well. He was utterly transformed from the suffering man in the bed to being a healer in his own right. Tao has also taught me the beauty of forgiveness. His capacity to forgive what has happened to him has been much greater than my own. This seems silly because it wasn't my story, it was his. Where he had let go the betrayals inherent in his story, I*



*held onto my anger around it a while longer. It was Tao who encouraged me to let it go.*

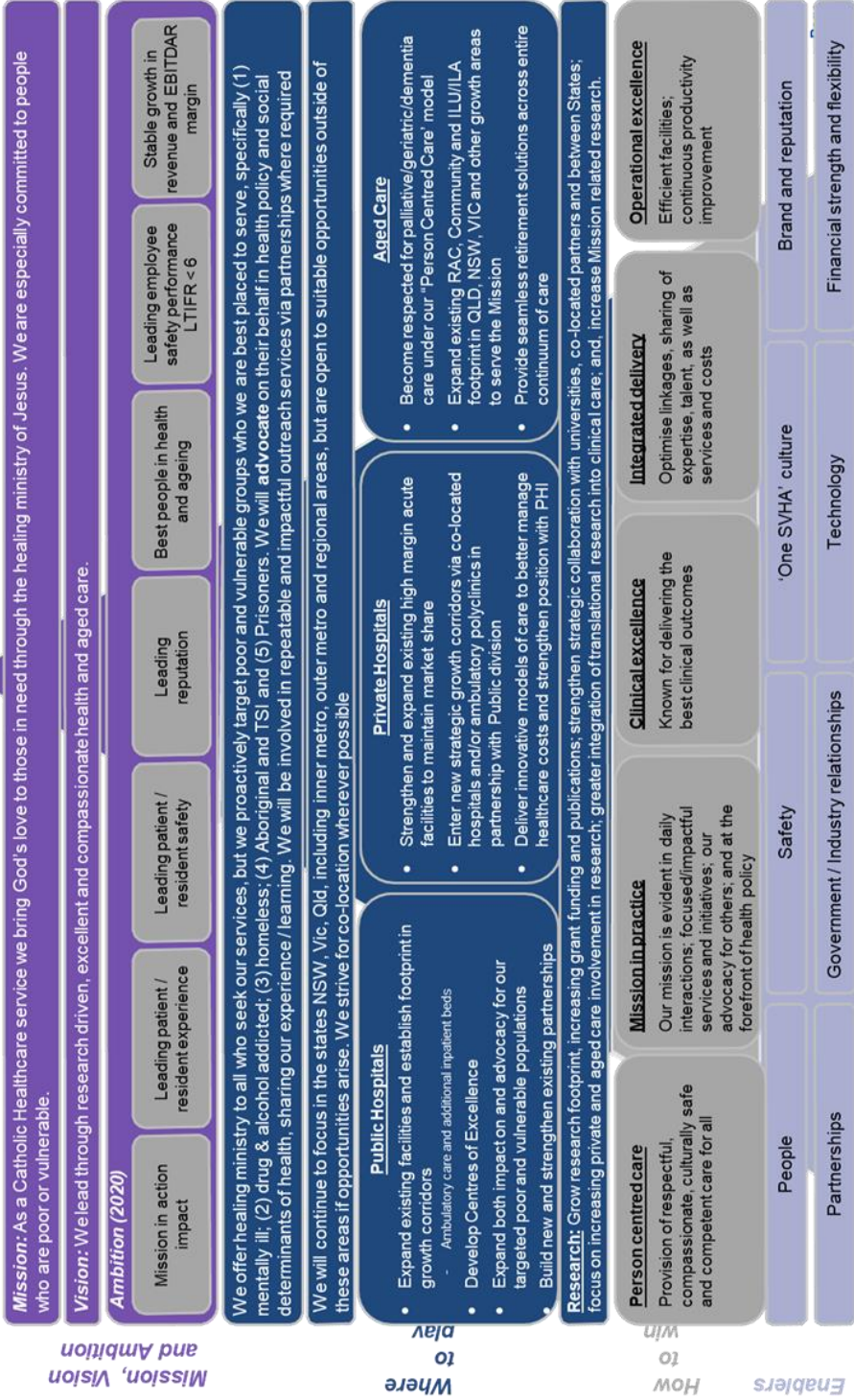
All of these factors led the Archbishop of the diocese in which Tao now lived, worked and studied to re-investigate his candidacy for the priesthood. I received a letter from the Archbishop requesting a reference from me, attesting to Tao's character and competency as St Vincent's saw it, to fulfil the sacred role and duties of a priest in the Catholic tradition. It was a pleasure to write such a letter. Mine, along with the recommendations of others contributed to his acceptance again on the path to ordination. His dream was to come true and the long held faithful accompaniment by St Vincent's of Tao, led to the Archbishop responding to this wider community of trust and allowing a previously held decision against Tao's ordination to be overturned. This was the full effect of the Trinity in action. Transcendence, mutuality and liberation.

He walked into his ordination ceremony slowly and with the cane he required to assist him to walk. Joy swept through the cathedral as he was presented for the priesthood. All who had gathered were in awe of his journey and what God had accomplished through him. *I am a better spiritual leader because of him.*

APPENDIX ONE:

SVHA ENVISION DOCUMENT

enVision2025 – Group strategy on a page



Mission, Vision and Ambition

Where to play

How to win

Enablers

**APPENDIX TWO:**  
**MARY AIKENHEAD MINISTRIES LEADERSHIP FRAMEWORK-**  
**TRUSTEES STATEMENT 2009- 2010**

In the spirit of Mary Aikenhead, the Trustees of Mary Aikenhead Ministries (TMAM) call all to a shared and collaborative leadership which seeks to respond to the needs of the poor at this time. The Trustees acknowledge that our heritage and our values place service of the poor at the heart of our work and thus we commit our ministries to a preferential option for the poor. The Trustees recognise that each person within Mary Aikenhead Ministries (MAM) has the capacity to engage in relationships of collaboration, inspiration and influence. Recognising the gifts of all within our ministries, we seek to respond to all people with courage and flexibility, focusing with hope and compassion on the common good of humankind. This, we believe, is at the heart of our call to minister within the Church.

As Trustees we invite all to a leadership, which meets the needs of the poor. As well as responding within each specific ministry the Trustees call all to a collective initiative on behalf of the poor and disadvantaged. The process for this call to action is firstly, to identify within our facilities and services the evidence of current response and in so doing, celebrate what we have in place and then to work on behalf of the reign of God in the present and for the future.<sup>121</sup>

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<sup>121</sup> Mary Aikenhead Ministries Leadership Framework. *Trustees Statement 2009- 2010*, accessed May 2, 2019, <https://maryaikenheadministries.com.au/resources/leadership-formation/>.

## APPENDIX THREE:

### SVHA FORMATION FOR ALL POLICY



St Vincent's Health Australia

Group Office

**Policy Name:** Formation for All

**Portfolio:** Mission

*All SVHA policies must comply with the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia, the Ethical Framework for Mary Aikenhead Ministries and the SVHA Ethics Policy.*

*The above documents provide guidance for all SVHA personnel when discerning matters, arriving at decisions and interacting with any stakeholder.*

**Policy Title:** SVHA Formation for All

**Policy Statement:**

St Vincent's Health Australia is a ministry of the Catholic Church and as such has a governance responsibility and commitment to ensure that all SVHA staff understand the SVHA Vision, Mission, Creed and Values within the context of our Catholic traditions. It is a critically important factor in sustaining and growing the SVHA Mission.

The purpose of this policy is to provide a clear, cohesive framework with regard to the formation of all SVHA employees ensuring a cohesive national approach to formation for all across SVHA services. It clarifies expectations and responsibilities for both content and context to support SVHA leaders in the implementation of SVHA Mission Formation Framework.

While it is acknowledged that staff will experience many intrinsic forms of formation through their day to day experiences, this policy outlines a more formalised extrinsic approach to ensure that all employees understand what it means to live the healing mission of Jesus in their day to day work within the role diversity of health care.

This policy is one with critical partnership with the SVHA HR Network in ensuring both effective implementation and compliance.

**Applicable to:**

All SVHA employees

**Definitions:**

For the purpose of this policy the following definitions apply:

**Leader** refers to all executives and members of the SVHA Senior Leadership Team.

A **Manager** refers to all those who have the title ‘manager’ in their position description, manage a budget and have direct reports.

**Employee** refers to all other staff, excluding those in leadership roles, who are employed in any role within SVHA.

**Volunteer** refers to a person who provides service to the organisation without remuneration. This person must have gone through the formal SVHA volunteer recruitment processes.

**Formation** is a process of socialisation into the SVHA community in the context of who we are, who we serve and who we strive to be for the purpose of building up the community and carrying on our catholic teachings and traditions. It is a deepening of our understanding both personally and communally of our identity, traditions and our responsibility in continuing the healing mission of Jesus. Formation is a process of the head, heart and hands to help SVHA staff to find meaning in what they do and how they serve in the spirit of Mary Aikenhead (Ministries). It acknowledges and respects that people come to SVHA with their own story, skills and expertise.

**Intrinsic formation** refers to formation that occurs through a variety of experiences on a day to day basis. These can include events, rituals and celebrations. This policy is not inclusive of intrinsic formation.

**Extrinsic formation** refers to a more formal, intentional approach that provides a direct focus on our mission in the context of our catholic traditions.

**Relationship to Delegations Manual:**

The authority for this policy is the Group CEO as per the SVHA Delegations Manual.

**Legal and Compliance Considerations:**

Nil

**Policy Procedures and Outcomes:**

**1. Policy**

- 1.1 Participation in formal formation programs is a mandatory requirement of all SVHA employees.
- 1.2 All new SVHA employees will participate in an extensive mission orientation process over their first 10 months of employment.

- 1.3 All content, with the exception of additional local facility input, will be consistent across SVHA as per SVHA Mission Formation Framework.
- 1.4 All members of the SVHA Senior Leadership Team, as per definition, will attend formation as per SVHA Mission Formation Framework. Staff who come within this cohort will be expected to develop an individual formation pathway in consultation with their Manager and DoM/MiM.
- 1.5 All SVHA Managers, as per definition, will attend equivalent to 3 days formation every two years as per SVHA Mission Formation Framework.  
All SVHA general employees will attend one full day of formation every three years as per SVHA Mission Formation Framework.
- 1.6 All SVHA volunteers will attend the initial SVHA orientation processes with a bi-annual session on mission formation organised by and as appropriate to the facility.
- 1.7 The SVHA Mission Formation Framework outlines the content required, acknowledging that personal styles of facilitation will be employed and local facility adaptations made if appropriate.
- 1.8 Financial responsibility for formation is with each individual facility.

## **2. Procedures**

- 2.1 Executives and managers will be responsible and accountable for compliance of this policy with regard to their direct reports.
- 2.2 Directors of Mission and/or Mission Integration Managers will be responsible and accountable for leading the development and implementation of all formation programs. This does not exclude partnership with appropriate internal or external stakeholders.
- 2.3 Evaluation will occur through employee survey post 2 years of engagement in formation.
- 2.4 The Group Mission Leader will submit a report to the Group CEO annually reflecting compliance with this policy.
- 2.5 The Group CEO and Group Mission Leader will report to the SVHA Board and Trustees annually to provide assurance of the implementation of 'Formation for All' in compliance with this policy.

## **3. Evaluation and Outcomes**

- 3.1 Quantitative Compliance with Formation for All Policy.

### 3.2 Qualitative feedback from SVHA employees participating in formation.

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