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Interpreting Material Cooperation as a Function of Moral Development to Guide Ministry Formation

Steven Squires

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INTERPRETING MATERIAL COOPERATION AS A FUNCTION OF MORAL
DEVELOPMENT TO GUIDE MINISTRY FORMATION

A Dissertation

Submitted to the Center for Healthcare Ethics

McAnulty College and Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Steven Joseph Squires, M.Ed., M.A.

May 2012

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2012

INTERPRETING MATERIAL COOPERATION AS A FUNCTION OF MORAL
DEVELOPMENT TO GUIDE MINISTRY FORMATION

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Approved February 16, 2012

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ABSTRACT

INTERPRETING MATERIAL COOPERATION AS A FUNCTION OF MORAL DEVELOPMENT TO GUIDE MINISTRY FORMATION

By

Steven Joseph Squires

May 2012

Dissertation supervised by Gerard Magill, Ph.D.

While not exactly back room political bargaining, the traditional use of cooperation has been by moral theologians attempting to define the level of cooperation for a particular situation. This chosen definition, in turn, may help focus the range of appropriate actions in response to the situation's circumstances. In this customary usage, an organization's associates (employees) may assist the implementation of relevant responses to a cooperation analysis, whether the issue is clinical or organizational in nature. They have not been integral to the decision-making process – until now.

Cooperation has been the proverbial candle under the bushel (Matthew 5:15). This paper proposes the involvement of organizations' associates not only for decision-making and discernment, but for their own moral development. The foundation of this thesis is not only that organizations are moral agents, but also that organizations are

reflective of the moral development of their associates when they exercise their agency. Using this model, this theory advances a use of the principle of cooperation by interpreting cooperation as a function of moral development for advancing associates. Advancement, in this case, means that, optimally, the process will expose participants to individuals in various stages of moral development, challenge them in appropriate ways, and enhance their moral development as characterized by Lawrence Kohlberg and Carol Gilligan. Even if participants do not advance in their moral development, the model proposed here will form participants in moral decision-making within the Catholic moral tradition. To a lesser degree, it is also a useful ministry discernment tool if appointed to discriminate responses to some of the individual and organizational issues (topics) mentioned above.

DEDICATION

I dedicate this work to my family, and I recognize their contributions here. My achievements and success is a reflection of my advocates and support persons. They, especially, have accompanied me on this journey, donating their time and efforts.

In particular, I would like to remember those who are not with us any more, starting with my grandparents. My paternal grandfather, Ransom Squires, paternal grandmother, Laura May Squires, and maternal grandmother, Shirley Sincius died during the process of developing and writing this dissertation. They all wished to see me done, and I believe, are celebrating in their eternal lives. The same holds true for my maternal grandfather, Joseph A. Sincius, Ph.D. in Chemistry, who died in 1994. When I was a child, he always imparted his observations, which were full of realism and humor, of the Roman Catholic Church as well as his key to success in education and life– “know everything.” My mother, Katherine Frances (Squires) Gallaher, was always proud and encouraged my educational endeavors before her death in 2001.

Other family members support me, even knowing the sacrifices involved. I would like to recognize my Aunt Phyllis, Uncle Tony, and cousin Cheryl and their families for understanding forgotten cards and phone calls. To my father and step-mother, Ronald and Sally Squires, and brothers, Matthew Squires and Jonathan Squires, and their families, who have been patient when I could not participate in family events. Most of all, tribute goes to my wife, Laura Guirl Squires, and son, Peyton Joseph Squires, who sacrificed just as much, if not more, than I to see this dream become a reality. All of my family members work to make better lives for the family, its next generation, and others.

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Thanks to my kitchen cabinet who helped me brainstorm the idea for this dissertation. Dr. Michael Panicola had a profound impact on this dissertation in his class when he suggested that different theologians approach Catholic teaching and principles dissimilarly. Dr. Dan O'Brien, Dr. Lynn Maitland, and Dr. Dan Dwyer assisted the development of the idea. At the Catholic Health Association, Dr. Ron Hamel and Dr. Tom Nairn both encouraged me, helped expand the idea, and provided useful references (sources), including moral manuals.

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There were a number of influential mentors and role models for me growing up. I had excellent grade, middle, and high school teachers who were supportive of my development and encouraged my further education. In particular, I would like to acknowledge Mr. Berlyoung, Mr. Barber, Ms. Shook, M. Underwood (Soubois), Mr. Stark, Mr. Doctor, Mr. Root, Ms. Ince, Mr. Johnston, and Mr. Moss. Thanks to Jane Lennon for supporting my initial experiences teaching religion and ethics. Two individuals, Rev. Dennis Fredriksen and Art Petro, knew early on that I would pursue education and a career devoted to faith and morals, generally, and the Catholic Church, specifically. They both supported a life of faith and education at Catholic universities.

This is a tough subject to conclude with, but I have some odd acknowledgments. Some of my past teachers and professors made choices to hurt rather than help with psychological and political games, false promises, inequitable treatment, cruelty, pessimism, and more. These situations and the word “no” were ill-timed, unprofessional, and inappropriate. I have drawn from them and turned them into strengths. A different, paradigm case is when two former colleagues conspired with each other to falsely accuse me of a serious transgression that I did not commit. I temporarily suffered depression and a loss in my faith of humanity. In the long run, this led to my transition to ethics and a career dedicated to fighting the injustices to which I was unwittingly a part. To the persons involved, now that I can label the behavior, Kant would say that the end did not justify the means.

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LIST OF ABBREVIATIONS

Acquired immune deficiency syndrome (AIDS)

American Civil Liberties Union (ACLU)

Assisted reproductive technology (ART)

Catechism of the Catholic Church (CCC)

Chorionic villus sampling (CVS)

Chronic obstructive pulmonary disease (COPD)

Congregation for the Doctrine of the Faith (CDF)

Cooperation Discernment for Development and Formation (CD4DF) Model

Critical consciousness (CC)

Defining Issues Test (DIT)

Diagnosis related groups (DRGs)

Do not resuscitate (DNR)

Double effect reasoning (DER)

Durable power of attorney for health care (DPOA-HC)

Emotional Quotient (EQ)

Ethic of Care Interview (ECI)

Ethical and Religious Directives for Catholic Health Care Services (ERDs)

Full-time employees (FTEs)

Gay Identity Questionnaire (GIQ)

Health maintenance organizations (HMOs)

Homosexual Identity Questionnaire (HIQ)

Human immunodeficiency virus (HIV)

In vitro fertilization (IVF)

Intelligence quotient (IQ)

Johnson Controls, Inc. (JCI)

Joint Commission for Accreditation of Health Care Organizations (JCAHO)

Juvenile Diabetes Research Foundation (JDRF)

Letter of intent (LOI)

March of Dimes (MoD)

Massachusetts Institute of Technology (MIT)

Maternal serum alpha fetoprotein (MSAFP)

Medically assisted nutrition and hydration (MANH)

Measure of Moral Orientation (MMO)

Moral Judgment Interview (MJI)

National Catholic Bioethics Center (NCBC)

National Conference of Catholic Bishops (NCCB)

National Institute of Health (NIH)

Natural family planning (NFP)

Natural law reasoning (NLR)

Neonatal intensive care unit (NICU)

Neural tube defects (NTDs)

Obstetrics (OB)

Persistent vegetative state (PVS)

Philanthropic organization (PO)

Physician assisted suicide (PAS)

Preimplantation genetic diagnosis (PGD)

Principle of double effect (PDE)

Saint (St.)

Second Vatican Council (Vatican II)

Somatic cell nuclear transfer (SCNT)

St. Bernardine of Siena Wellness System (SBW)

St. Frances Xavier Cabrini Health (SFH)

Tax Equity and Fiscal Responsibility Act (TERFA)

The Catholic Health Association of the United States (CHA)

United States Catholic Conference (USCC)

United States Conference of Catholic Bishops (USCCB)

Veterans Health Administration (VA)

Chapter One – Introduction

I. Foundational Assumptions: Individual and Group Concepts as Context for the Principle of Cooperation

This dissertation includes a breadth of scholarly disciplines. Ethics, theology, and human development (psychology) are primary to developing this proposed application of the Roman Catholic moral principle of cooperation. To a lesser degree, other significant subjects are philosophy, education, and anthropology. As a result of this span, the task of this first chapter is to set a sufficient foundation for subsequent chapters.

The chapter begins with a description of cultures in order to properly situate the context for most uses of the principle of cooperation, a notion that the final chapter will challenge. Defining communitarianism and the common good provides the basis for fleshing-out the philosophical and theological milieu of Catholic culture. Detail accompanies the relationship of individual and society because this is the basis for understanding the principle of cooperation as a social principle. Significant care and attention go to this section's development for this reason as well as the reader's understanding of the foundational philosophical and theological assumptions about individual-societal relationships behind cooperation.

At this point, the chapter's attention modifies to introduce why this is a relevant and timely dissertation, especially for Catholic health care given its tribulations. The reality is that Catholic health care is facing a number of challenges in contemporary U.S. culture. These trials are daunting, many of them having to do with maintaining integrity while acting as agents serving in the Spirit of the Gospel and carrying forward the healing ministry of Jesus Christ. It may seem outrageously optimistic to suggest that one

principle in the Catholic tradition serves as an inherent social principle and, furthermore, is well suited to address the constant bombardment of tests to personal or organizational integrity. Adversity notwithstanding, this is exactly the claim.

The progression of this thesis has a focus both on the challenges to Catholic health care systems in the U.S. as well as the particular mechanisms to resolve them. There are three preeminent trials for Catholic health care: diminishing numbers of women religious, organizations' failure to fully develop their associates, and incomplete appreciation about the individual-societal relationships, culpability, and accountability. A principal test is the rapid decrease in numbers of women religious who founded most of the U.S. Catholic health care systems. This presents difficulties for maintaining the identity and culture of organizations, which have distinct manners of thinking and behaving, with individuals who are unfamiliar with organizational identity and culture (and with little or no guidance from members of the founding congregations). Another tribulation generally pertains to how organizations fail to let their associates grow in their own development. People, particularly but not exclusively those in Catholic health care, integrate their and the organization's values into decision-making. Values based decision-making, ethically integrated decision-making, and integrating mission and values into discernments are focal topics in the literature. Navigating disagreements about mission-, values-, and ethics-based decisions is not a prominent literature topic. An omission such as this is both glaring and awkward because people do not develop without challenges to the *status quo*. This barrier is noteworthy even if it is hidden or subconscious. Full appreciation of the relationship between person, organization, and society – as well as a method for discussing the culpability of persons and organizations

with an evil, injustice, or malfeasance – is the final ordeal. The remainder of this chapter defines the principle of cooperation as an inherently social principle; explains how it is complementary to some of the difficulties facing individuals and organizations because of its nature; and entertains why its suggested new uses, such as group discernment for non-traditional issues, bring cooperation back to its original purpose.

IA. Anthropology for the Traditional Use of Cooperation: An Illustration of Self vs. Other

All are agents of culture. Patterns of human behavior (i.e. beliefs, values, attitudes, norms, knowledge, religion, order and hierarchies, etc.) – that people are capable of learning and transmitting from generation to another – describe how people embody culture. It is possible for large numbers of people, a large group or society, to have similar behavior patterns. A dominant culture is a group of persons where the majority in the group, or the persons in power within the group, has similar or shared patterns of behavior. A group that shares various behavior patterns with the dominant group whilst having its own distinct behavior patterns (from the dominant culture) is a subculture. Occasionally, subcultures' behaviors involve rejecting the dominant group, establishing the group as countercultural.¹

The character and type of relationship or interaction between the dominant culture, subcultures, and countercultures depends on where and when one looks as well as the scope (range, boundaries) for such an investigation. For instance, a contemporary Caucasian European, Roman Catholic lady from the Basque area may likely find herself in the current dominant European culture. Still – with willing suspension of disbelief – she would find herself in a subculture, or counterculture, nearly anywhere in the 1800s within the United States. Shakespeare's writings are replete with characters that are not

part of the dominant culture: He contrasts Shylock and other Jewish characters in *The Merchant of Venice*² and the noble Moor Othello in *Othello*³ to the prevailing Venetian culture.

With a counterculture, one may infer a dissonance or disconnect between the subculture choosing to part with the dominant culture. This does not imply a total synergy between a dominant culture and subcultures. Differences are, in fact, what differentiate subcultures from a dominant culture. Occasionally, these distinctions have been pronounced – enough so that they form a palpable wedge between the cultures. The wedge, in some cases, pierces so profoundly that a tension develops between the cultures. A counterculture arises when cultural tensions advance into outright rejection of the dominant culture by the subculture. Examples of a well-known counterculture are the hip-radical movement of the late 1960s and early 1970s that was effectively two subgroups, the hippies and the radicals.⁴

At the outset, the reader may assume that this dissertation hones its scope to two relevant cultures, each with contextually specific subcultures discussed below. The two cultures are, after all, the two typically discussed in issues of applying the principle of cooperation, which is the Catholic moral principle at the core of this dissertation. These cultures are relevant to this milieu; still there is broader appeal beyond the two groups. The conclusion explains the expansive applicability of the model detailed here.

First, one culture is the Roman Catholic culture, generally, with its beliefs, values, attitudes, mores and norms, knowledge, religious identity, hierarchies, artifacts and possessions. The Roman Catholic culture is wide-ranging. There are about

1,146,656,000 persons (17.3%) who identify themselves as Roman Catholic worldwide (world population of approximately 6,617, 097,000).⁵

Narrowing the focus slightly, this dissertation studies predominantly the Roman Catholic Church in the United States (U.S.). One in four persons in the U.S. are Catholic, meaning that about 25% of the adult (>18 years-old) U.S. population self-identifies as Catholic. The Pew Forum on Religion & Public Life corroborates their findings with General Social Surveys conducted by the National Opinion Research Center at the University of Chicago starting in 1972 about the dynamic changes that have and will occur with the numbers of Catholics in the U.S.: The 25% of Catholics in the U.S. has held steady in recent decades. Although the number is static, assuming little change in the influences of this percentage is wrong. Of the Pew Forum U.S. survey respondents, about one-third of those self-identified as raised Catholic are not currently Catholic, meaning that 10% of Americans are former Catholics. This American attrition is offset somewhat by the people who convert to Catholicism (2.6%) but also the large number of Catholic immigrants to the U.S. For instance, one of every three adult Catholics in the U.S. is Latino, which “may account for an even larger share of U.S. Catholics in the future.”⁶

Catholics are a subculture within the U.S., where the Protestant culture still predominates. Framing U.S. cultures as Christian and non-Christian, Christian culture prevails, with Catholicism as a part of the dominant culture. Catholicism differs in many significant ways from Protestantism and, as such, it is easy to frame it as distinct from Protestantism using the former distinction rather than the latter.

Almost any organization could apply this cooperation model, as discussed later. Still, the traditional use of cooperation has occurred largely within Catholic health care organizations and systems. Associates or employees in Catholic health care may be another relevant Catholic subculture according to conventional uses. In the U.S., there are about 62 Catholic health care systems, 615 Catholic acute care organizations, and 1,400 Catholic long-term care organizations (nursing homes), surgical centers, and clinics present in all 50 states. These Catholic health care organizations treat one of six people (15.5%) hospitalized in the U.S., accounting for 20% of all admissions in 20 states, and provide work for over one million people, with 598,934 full-time equivalent employees (FTEs) in Catholic acute care organizations.⁷ Not all associates working in Catholic health care are Catholic themselves. Irrespective of their personal faith traditions (gender, age, ethnicity, sexual orientation, socio-economic status), associates of Catholic health care organizations abide by the tenets of the Catholic Church as articulated by a variety of sources.

Second, the other extensive culture is society. This includes secular society counting other-than-Catholic persons. Not every group categorically adheres to the principles and goals of the Catholic faith. In a world of about seven billion people, less than 20% belong to the first cultural group (Catholics).

The expression that the former group, the Catholic Church and those who embody its values, ascribes to the latter group, society, is the common good. The common good is “the sum of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfillment.”⁸ The Catholic social encyclical *Rerum novarum* refers to the definition and purpose of the

common good.⁹ Stated differently, Catholics understand the common good as the most basic, foundational condition for a good society, which all members of the diverse human community share.¹⁰ Foundational to the common good are at least two concepts. The first is the respect for the human dignity of each person, which is the responsibility of everyone.¹¹ The principle of solidarity encapsulates the second. Solidarity is the recognition that everyone in the world depends on each other; people are interdependent and “keepers [of their] brothers and sisters.”¹² The demands of the human community surpass all individuals’ differences (i.e. ethnicity, nationality, socioeconomic status, gender, age, and sexual preference).¹³ It is through the model of Jesus and his agapaic love (a.k.a. non-erotic, sexually-disinterested love, similar to friendship or social charity¹⁴) that persons respect the needs of the others by ordering their goods and works toward the common good, rather than the wants of particular individuals.

A question surfacing when comparing and contrasting these cultures is about the appropriateness of assuming that the relevant subcultures of society for this dissertation are the U.S. culture and local sub communities (cities, districts, states, regions) if U.S. Catholics and Catholic health care are relevant subsets of Catholicism worldwide. Yes, this assumption is appropriate and correct. Still, the issue about the relation between Catholics and Catholic subcultures with society for the common good is complex.

The common good is a declarative statement about justice, similar to the idea of a socially just society. As a justice concept, there are different ways that one may measure the ‘achievement’ of a just society (i.e. each person achieves his or her due based on merit or achievement, freely agreed social contract, the maximization of happiness and minimization of pain, community consensus or concurrence about priorities, expanding

or making the most of individual liberties or working agreements, or through the absolute equity of each individual). Additionally, each one of these, as well as other, measurements implies a different method or mode to work towards the fulfillment of a just society.

Historically, the Catholic Church has witnessed similar considerations – that is, different modes of working towards, achieving, and defining universal goods and justice – with the common good. Charlie Curran summarizes some of the developments associated with the common good in his book *Catholic Social Teaching 1981 - Present: A Historical, Theological, and Ethical Analysis*: First, Catholic social teaching has moved from a denunciation of concepts perceived as individualistic such as liberty, participation, and equity to their emphasis in current teaching. Second, contemporary Church teaching acknowledges a distinction between the temporal common good and the spiritual common good, which is not the case in earlier teaching. Third, the scope of the common good has become worldwide in current Catholic social teaching as opposed to previous emphases on specific societies and nation-states.¹⁵

IB. Philosophical Milieu for Typical Uses of the Principle of Cooperation

One may correctly assume that Catholic concept of societal common good, meaning the rapport and affiliation between Catholics (and those embodying Catholic ideals and ministering within the Catholic tradition) and society-at-large, is not only enmeshed but presupposes certain ethics and justice theories. In other words, achieving the common good benefits Catholics and other-than-Catholics alike. Boundaries between Catholics and other-than-Catholic society are porous and nebulous. Chapter two

discusses the perimeters and flux between Catholic and societal ideals in much more detail.

The most basic supposition of Catholic ethics and justice theories is that they have their basis in empirical metaethical absolutist theory. Metaethical absolutism generally means that ethical judgments “have meaning and can be verified.”¹⁶ There can be many sources of reality including supernatural or divine revelation, rationality, intuition (moral sensibility), or reality in this case. Thus, the verification of meaning for empirical metaethical absolutist theory is through the study of reality. Objects of study may include the individual and society through modes of study that use reason and experience. Examples within the Catholic tradition include scripture and the magisterium, both of which affirm independently validated and discerned facts of human experience. It is from this ‘starting position’ that many other ethics and justice frameworks have their grounding, such as the natural law.¹⁷

An ethics or justice theory presupposed by empirical metaethical absolutism is communitarianism. Mark Kuczewski, a bioethicist and self-disclosed and public communitarian, describes communitarianism:

Communitarianism is a neo-Aristotelian philosophy that focuses on the *common good* [emphasis added] and is concerned with the relationship between the good person or good citizen and the good of the community or society. As would be expected, it has much in common with other neo-Aristotelian approaches, such as casuistry and virtue ethics. Communitarianism is both a critique of the dominant Western ideology of liberal individualism and an orientation to ethical problem solving.¹⁸

Communitarians believe that elements of collective understanding have been lost and warrant discovery or rediscovery. The process of rediscovering is not an easy one, but according to some, it is the only germane salve for the wound of a fractured society. One

may have difficulty labeling all communitarians. Nevertheless, many communitarians are skeptical of deontological ethics and liberal democratic theory and practices.

Differences between communitarians evidence themselves in the nuances of the critical assessments of liberal theory.¹⁹ Individuals need to interact together in society in order to discover a core or common morality shared by individuals bound through common culture(s).

Justice for the communitarian is dependent on history, tradition, solidarity, and relation of individuals to the community and vice-versa. Community needs and goods take priority before individual needs and goods. For some communitarians, the basis for true societal consensus and justice is a core or common morality resulting in “a shared vision of the good life or shared hierarchy of goods.”²⁰ ‘The proof is in the pudding,’ meaning that members of society would not debate the constitutive elements of the shared vision or hierarchy of goods if they rediscovered their common morality. Given the divisiveness within contemporary American society – ranging from issues counting pro-life or pro-choice ideologies in the abortion debate, and access to reasonable healthcare as a right or healthcare as a commodity in American politics – a shared vision and hierarchy of goods is far from reality. Hence, it is tricky to argue that persons share a core or common morality. The pudding is not there. For other communitarians, there are easier ways of reconstituting the common morality of sub communities, and then society-at-large.

Kuczewski believes that the communitarian movement started in the early 1980s with works that emphasized the topics of responsibility and community. Examples of acknowledged early communitarian works include Alasdair MacIntyre’s *After Virtue*

(1981) and Michael Sandel's *Liberalism and the Limits of Justice* (1982).²¹ The communitarian philosophical review of liberalism in the 1980s gave rise to even more communitarian approaches in the 1990s.²²

Social psychology and the relationship of the self to others is a metaphor for communitarianism and the relationship between Catholicism and society. One of the fundamental concepts for each person is a sense of self. Still, people realize quickly in their infancy that they are social creatures and rely on others, while their conscious awareness about their environment expands.²³ Environment and others influence persons' behavior and conception of self. These influences are so significant that a branch of psychology, called social psychology, is the systematic study of the thoughts, influences, and relationships of others to self. As a capstone for this point and metaphor, the chapter on social psychology in an introductory psychology textbook begins with a quote from Herman Melville: "We cannot live for ourselves alone, for our lives are connected by a thousand invisible threads."²⁴

IC. Theological Milieu for Typical Uses of the Principle of Cooperation

Readers and participants in the model detailed in this dissertation who are Catholic, work for Catholic systems, or otherwise commit to Catholic ideals and foundations may identify with the foundations of Catholicism directly. Many can speak in the first-person about their knowledge and experiences related to Catholicism and its ministry, ideals, and interaction with society; Catholicism is self for those in this group. Similar to the skin, which is the barrier demarcating self from environment and others, one can identify those who claim to uphold the Catholic faith including one's own self. Environment may be a part of self, defined in a Catholic context. For instance, entering

any door to walk inside a Catholic health care organization, such as an acute care hospital, may serve as a reminder about self or, at least, the Catholic faith and its interdependent function with society. An associate (employee) of a Catholic hospital ministry may think, *The people within these walls are the living legacy of the founding Sisters, and as one of these people, I am an exemplar, who is to live the mission and ministry of the Sisters and the Catholic Church both inside and outside of these walls.*

Catholic social encyclicals consistently emphasize the collective and social nature of human beings, which is the foundation of Catholicism and strikingly similar to, if not, communitarianism in its origin.²⁵ Towing the line between capitalism without welfare and socialism, Pope Leo XIII (*Rerum Novarum*, 1891) defines the proper role of the State as serving the common good of its people, calls for strengthening entire commonwealth by achieving its Christian end, condones distributive justice because the goal of society is to make people better, asks citizens to contribute to the common good and rulers to protect the community and common good.²⁶ Pope John XXIII states that persons are innately social and, as such, live in community and further each other, thereby creating an ordered society in the (1963) encyclical *Peace on Earth (Pacem in Terris)*.²⁷ In addition to *Rerum novarum* (mentioned above), Pope Paul VI's (1967) *On the Development of Peoples (Populorum progressio)* enunciates, again, that it is social connection that binds all persons together. It is the responsibility of all people to advance society's development. The reality of being human with societal solidarity corresponds with the reality of obligation to all members of society.²⁸ Pope John Paul II, in (1987) *On Social Concern (Sollicitudo Rei Socialis)*, comments:

The obligation to commit oneself to the development of peoples is not just an individual duty, and still less an individualistic one, as if

it were possible to achieve this development through the isolated efforts of each individual. It is an imperative, which obliges each and every man and woman, as well as societies and nations.²⁹

He reaffirms the teachings of *Rerum novarum* in (1991) *The Hundredth Year (Centessimus annus)* by reiterating and insisting that human goods, including work (that is also communal in nature) and facets of private property ownership, are for everyone. Everyone should distribute accordingly with this end in mind.³⁰

Pope Benedict XVI, quotes the Leviticus 19:18 (“You shall love your neighbor as yourself”) as constructing an obligation to share love with others, which is reflective of God’s love for all, in his encyclical (2005) *God Is Love (Deus Caritas Est)*.³¹ Pope Benedict XVI echoes his own message in *Deus Caritas Est* with (2009) *Charity in Truth (Caritas In Veritate)*:

Another important consideration is the common good. To love someone is to desire that person's good and to take effective steps to secure it. Besides the good of the individual, there is a good that is linked to living in society: the common good. It is the good of “all of us”, made up of individuals, families and intermediate groups who together constitute society. It is a good that is sought not for its own sake, but for the people who belong to the social community and who can only really and effectively pursue their good within it. To desire the *common good* and strive towards it is *a requirement of justice and charity*. To take a stand for the common good is on the one hand to be solicitous for, and on the other hand to avail oneself of, that complex of institutions that give structure to the life of society, juridically, civilly, politically and culturally, making it the *pólis*, or “city”. The more we strive to secure a common good corresponding to the real needs of our neighbours, the more effectively we love them. Every Christian is called to practise this charity, in a manner corresponding to his vocation and according to the degree of influence he wields in the *pólis*.³²

As stated above, agapaic love is the sisterly or brotherly love modeled by Jesus. Charity is imbedded in agapaic love. Loving others with charity means that one treats them justly because justice is indivisible from charity. Justice and charity have an inextricable link.³³

ID. Interactions and Boundaries between Individuals and Communities (Society)

Personal success and leadership consultant and author Linda Galindo uses foundational social psychology in her book *The 85% Solution*. The environment and others influence people. The extent that society and environment modifies behavior, including how behavior modifies, is up to the individual as a result of her conscious, subconscious, or unconscious choice. People tend to be happier or more successful the more that they take responsibility for their own actions, rather than blame challenges on the environment or society.³⁴

Galindo's observations are particularly relevant to the communitarian and Catholic contexts. Some people may find it all too easy to 'opt out' of communal decision-making for several reasons. In response, on one hand, apathy and disinterest do not dissolve the inherent bonds between the person – or small group – and the rest of the community (society). For instance, consider the petulant teenager who considers other family members square and not cool. No amount of denial about family attachments or wishing for disownment will resolve the inherent union of person with family. The same holds true for Catholics who wish to totally cloister themselves from other-than-Catholic society or, at bare minimum, from other individuals who are not Catholic. Functioning in contemporary civilization, with only a few exceptions, necessitates a baseline of interactions with others, whether it is for food, education, or work to secure basic necessities. Additionally, and discussed in greater detail in chapter two, there is a Gospel

message that yields a paradoxical relationship: the Church lives in the world to spread her message throughout, whilst still retaining qualities that make her distinctive for Catholics and Christians.

Denial is a similar quality to apathy and disinterest for these purposes. Like apathy and disinterest, denying the connections between self and other – or Catholic-minded and other-than-Catholic-minded – does not absolve intrinsic correlations between. The ending of the documentary film *Food, Inc.* unequivocally draws out this connection. Movie viewers discover the unethical practices in the food industry, including the inhumane treatment of animals, may wish to conduct ‘business as usual.’ For many of us, the norm includes eating foods of convenience (despite inhumane, unsanitary harvest and slaughter practices of unhealthy foods to begin with) that we purchase cheaply (despite the fact that most food is the most inexpensive it has ever been in history). While pontificating on the abhorrence of such practices, some will do things like stop for fast food on the way home from a late night at work. Thoughts (intent), articulations (communication), and behavior (action) are incongruent in this case, similar to previous examples. One of the narrators, Michael Pollan or Eric Schlosser – Schlosser authored the bestseller book called *Fast Food Nation: The Dark Side of the All American Meal* that serves as one of the inspirations for the movie – nicely summarizes the idea that denial can contribute to inequitable or unethical practices. He suggests that there are things persons can do to ensure congruence between thoughts and actions. They can buy organic, local crops and, if we choose not to be vegetarian, meat from humanely raised, free-range animals. Like it or not, everyone affects food industry practices with their vote. Everyone cast their vote on this issue at least three times a day.³⁵

These examples serve not just as exemplars of community decision-making and its relation to the individual; they provide for other meanings (understandings) of communitarianism, including methods or processes in addition to structures or compositions. From Kuczewski's description, the reader may rightly understand that individual rights and welfare are inherently tied with the rights and welfare of others (the community). Ideally, there is a balance between individual and community good, which is difficult in practice (discussed later). In situations of competition or conflict, communitarians understand that the community may take priority over the individual. Communitarianism also is process, describing forms of communal deliberation using specific means to advance mutual group decisions and norms.³⁶ Scholars have proposed several different methods for communal consideration,³⁷ so one does not need to lock communitarianism into one particular method. (It is beyond the scope to detail all the various communitarian deliberative mechanisms beyond a cursory sketch. Mark Kuczewski masterfully summarizes the "whole tradition" method of reconstructing moral concepts within the specific tradition(s) that will truly understand them, as advanced by Alasdair MacIntyre and Stanley Hauerwas. Moreover, Kuczewski discusses the framework called liberal communitarianism, typified by a public deliberative process with participants from various moral traditions. This means that communal consensus defines and structures this "whole tradition" method, which reflects the minimal shared understandings and respects the rights of all its individual participants, as advanced by Ezekiel Emanuel.)³⁸

Individuals – especially in societies that value individualism such as the U.S. – may feel highly uncomfortable with community as the locus of decision-making as well

as the idea that community needs and good may trump individuals' needs and goods. Communitarianism is not totalitarianism.³⁹ (Gerald Gutek typifies totalitarianism as “a system, headed by a single person or party, that seeks complete or total control over all aspects of life – social, cultural, economic, and educational. It uses the agencies such as courts, schools, the media, churches, youth organizations, and art to carry out the policies of the leader or party...[the regimes of Hitler and Mussolini are examples of totalitarian establishments].”) Beauchamp specifies that in communitarianism, groups are given preference in decision-making and priority (moral preference of values, duties, goals, or consequences) with decisions over individuals, but this does not mean that the community decides everything. Individuals have liberty to determine their own priorities, which communitarians acknowledge and may include a conscious or unconscious refutation of communal priorities. Ethics is an enterprise that is both descriptive, determining what *is*, as well as prescriptive, establishing what *ought* to be; in communitarianism, the community prescribes or determines what ought to be. It may deem a person who disregards the communal norms as either inconsequential or immoral, especially if the person's values are different from the community's values. Some draw a more decisive line between the individual and community. Those persons accept that individuals' autonomous actions are contrary to the larger groups (i.e. sub communities, communities, society) that exist to guide decision-making.⁴⁰

A profound tension exists between balancing individual freedoms (liberties) with community needs. Stated differently, the strain itself is about where to ‘draw the line’ between respecting the autonomous choice of individuals and the justice for the

community. This stress is one that communitarians and other scholars, both secular and religious, are aware of its existence.

Jonathan Moreno, a secular philosopher, describes individual-societal tensions as they relate to this thesis of consensus:

Consensus...is reached in a social context. To understand consensus processes fully requires the study of subjects proper to fields such as communications and small group theory. The study of consensus also comports with the recent growth of philosophical interest in the idea of community. Those who strive to find a middle ground between individualism and socialism often call themselves communitarians, emphasizing the importance of common interests and responsibilities as a basis for novel means to manage seemingly recalcitrant societal problems. I do not claim expertise in this philosophy, but the study of consensus is surely an important feature of communitarianism.⁴¹

Not all philosophers understand individual-societal relationships in the same way. John Gray introduces the concept of *modus vivendi*, which refers to working relationships between people and society. Individuals do not have inherent, immutable rights. They have “enforceable conventions,” and it is in the best interest of government or society to recognize, respect, and protect these conventions.⁴² The individual-societal tension is evident, albeit in a different form than Moreno’s. Think of *modus vivendi* individual-societal affiliation as a pendulum that tries to stay at its lowest point. This point is the place where there is a balance between individuals and society. Raising the pendulum up on one side creates potential energy that tries to turn into kinetic energy so the pendulum will go back to its center. The metaphor continues that the pendulum going up on one side is similar to a government or society that does not respect the conventions of the individual. The transfer of potential energy into kinetic represents the changing of societal regimes in order to readjust the individual-societal arrangement.

Church documents also reflect the paradoxical nature between individual freedom and advancement of the common good. A passage in Pope Leo XIII's *Of New Things (Rerum Novarum)* quotes Thomas Aquinas with reference to personal property and possessions. It is lawful and possibly necessary, according to Aquinas, to have personal property and possessions. However, the end or purpose of ownership is not only for the self. Persons should consider possessions as common to all, taking only what they need and giving the excess to others. Doing this should provide everyone with necessities without surplus.⁴³

Pope Paul VI's (1965) *Joy and Hope (Gaudium et spes)* specifies that individual freedom is a prerequisite to seeking good. On one hand, some use their individual liberties to act selfishly either due to internal motivations or yielding to external pressures by pursuing those things that benefit themselves (the individual). Actions such as these may, in fact, ignore or disadvantage the community. These behaviors are the result of social tensions between the social, economic, and political spheres on one level. In a more basic way, individual conceit, greed, and egoism cause disequilibria on the societal level. On the other hand, others either consciously or unconsciously realize that individuals are reliant on one another. This reliance grows and persons become more interdependent as the world develops through technological and intellectual innovations. Full respect for individual dignity includes comprehending how secular laws and society promote a vision of Christian revelation that encourages the complete communion of human persons. The counterweight or 'equal and opposite reaction' to the duty of individuals to society is the obligation of society to provide basic necessities such as food, clothing, and shelter as well as fundamental rights such as liberty, education,

employment, existence in good repute, respect, suitable information, to act in accord with one's conscience, to defend privacy, and religious freedom. The tie or mediating factor between the individual and society is the interdependence needed for the development of both. An insoluble connection exists between individual and community flourishing. After all, the purpose of social institutions is for the person who is, in turn, totally reliant on social institutions for his or her prosperity.⁴⁴

Pope John Paul II cites the biblical passage about Cain and Abel (Genesis 4:9) and being "our brother's keeper" as the foundation for similar comments about the paradoxical dependency of individuals to society and vice-versa. God grants freedom and this freedom is innately communal and relational. A person can abuse his or her liberties:

...The roots of the contradiction between the solemn affirmation of human rights and their tragic denial in practice lies in a notion of freedom which exalts the isolated individual in an absolute way, and gives no place to solidarity, to openness to others and service of them... [W]hen freedom is made absolute in an individualistic way, it is emptied of its original content, and its very meaning and dignity are contradicted.

There is an even more profound aspect which needs to be emphasized: freedom negates and destroys itself, and becomes a factor leading to the destruction of others, when it no longer recognizes and respects its essential link with the truth. When freedom, out of a desire to emancipate itself from all forms of tradition and authority, shuts out even the most obvious evidence of an objective and universal truth, which is the foundation of personal and social life, then the person ends up by no longer taking as the sole and indisputable point of reference for his own choices the truth about good and evil, but only his subjective and changeable opinion or, indeed, his selfish interest and whim.⁴⁵

Evangelium vitae continues with the explanation about why the use of freedom in this way is a distortion of communal life. Absolute autonomy – in the form of positive liberty

(a state of existence structured towards allowing people to act in whatever ways they wish) – intrinsically results in impinging the autonomy – in the form of negative liberty (a state of being totally free from force, coercion, or harm) – of others. Society becomes merely a collection of individuals without any shared ties. Practices do not advance the common good; their design is for the progression of each person individually, in order to further the agendas of individuals.⁴⁶

The anthropological, philosophical, and theological stage has been set, positioning the background for more specific problems facing health care generally and Catholic health care specifically. A philosophical theory, communitarianism, and its theological embodiment, fidelity to the common good, create an undividable link between individuals and their society with community at the core of moral decision-making. There is tension involving boundaries, or where to draw the line around individual autonomy and community justice for the benefit of others. Whereas the tension is applied and tangible (e.g., the accumulation of personal possessions and wealth versus appropriately tithing for the maximum benefit of the community), it will remain predominantly theoretical for our purposes. Its service was groundwork for the latter portion of the chapter, which investigates some of the tangible challenges facing Catholic health care organizations.

II. Pivotal Times for Catholic Health Care: Challenges as Straws Piling on a Camel's Back

Roman Catholic health care is facing challenging if not perilous times. Certain needs, like decreasing acute care patient volumes and reimbursement for services, are universal challenges in U.S. health care and, as such, not unique to Catholic health care.

Other facets of these difficult times are unique to the identity and mission of Catholic health care. Catholic identity and mission are venerable and essential, albeit that their existence places additional demands on the ministry of Catholic health care. This dissertation addresses the distinctive nature and demands of Catholic health care before extrapolating insights to other organizations in the final chapter.

Two broad categories suffice as the starting position for describing the precise characteristics of the summons for Catholic health care. First, one group relates to the role of Catholic health care organizations with society, meaning *external* influences of organizations, which is critical. Perhaps the external pressures are the best known because they are the most visible to the people working outside of Catholic health care. The progression of the line of reasoning will be chronological because some external challenges have opposed Catholic health care since its advent in the U.S.

IIA. Historical Tests for Health Care and Catholic Health Care

Almost by definition, Catholic organizations reflect the story of courage and optimism in the face of adversity, down to their placement or locale. Catholic organizations are often in geographic areas with high concentrations of indigent and neglected people where Catholicism is not the primary religion.⁴⁷ Their geographic placement is deliberative, because the prophetic mission of such organizations corresponds with service to those who are poor or neglected.⁴⁸ The first Catholic infirmary – established in Baltimore by the University of Maryland physicians in 1823 – is an example, which had the mission of delivering ““piety, charity, and usefulness... for the sick, aged, infirmed,”” ... ““poor, prisoners and others.””⁴⁹ (A notable distinction from the Christopher Kauffman is that the Ursuline sisters opened a state facility in New

Orleans around 1627. This was considered an almshouse and not a hospital or infirmary.)⁵⁰

Placement of Catholic hospitals has been strategic since the advent of Catholic health care in the U.S. The central consideration and barrier in hospital placement is how to best meet the needs of communities. Approaches or tactics reflect the dichotomies between self and other as well as honoring integrity, Catholic integrity in this case, while serving in the larger community, which was and is pluralistic.

Exemplifying this was Bishop of New York, John Hughes, who established St. Vincent's in New York during the mid-1800s. According to Bishop Hughes, two reasons existed for the existence and strategic placement of Catholic hospitals.⁵¹ (For people such as Hughes and Kenrick, their intentions were reflected in the second item – Catholic institutions should be bastions of Roman Catholicism. The mainline Protestantism prevalent in society was a clear and present danger for the few Catholic organizations at the time. Their ideology suggested a fear that the new American, Protestant society would 'water down' the mother sauce of Roman Catholicism into a mushy, melting pot, resulting in a diluted roux of American Catholicism. Hospitals were only one facet of their desire to establish multiple institutions, including schools, infirmaries, hospitals, churches, and other outreach missions.)⁵² Primarily, they should attract people in need from any denomination or faith tradition together with their spiritual advisors. Catholics at the time knew of instances, now documented, when priests were not allowed access to Catholic patients in Protestant hospitals and wards. Catholic hospitals' staff members were to be open and accepting, serving as exemplars and virtuous role models for pluralistic communities. Fulfilling this need had profound results. Proselytism of

patients and advocates was somewhat successful and certainly commendable according to Bishop Hughes. Subsequent to this, Catholic hospitals also served a role for Catholics in the local communities. Bishop Hughes was candid about his perspective that Catholic hospitals provided Catholics safe havens or sanctuaries from the predominant Protestant culture. Protestants, according to Hughes, were known for their religious prejudice, paternalism, and (ironically) proselytism.⁵³

Demand for the Church's healing mission grew. Tom Nairn comments on the relationship between external need (demand) and the Church's response (supply):

[In the 18th and 19th centuries,] more and more religious communities of women were founded to carry out particular apostolic activities. Caring for the sick once again became a communal vocation. When these religious communities came to the United States, hospitals were among the institutions that they founded.⁵⁴

Many of these communities devoted themselves to either education or health care. In 1949, approximately five of 16 communities of women religious in the U.S. were actively engaged in health care. About 75 Catholic hospitals existed by 1875, and nearly 400 existed by the turn of the century (1900). With the mission of caring for sick poor and underserved, the challenge for communities of women religious became the rapid expansion of the country and increases in this population.⁵⁵

For years, women religious, including congregations of sisters, met the rapid growth of U.S. society. Women were involved prominently in most aspects of Church ministry. They were the infrastructure of the parish, and in many ways, the most visible parts of parish ministry in the nineteenth and early twentieth centuries. Many more women entered convents when compared to their brothers in seminaries and monasteries. Triple the number of women religious existed for every priest by 1965.⁵⁶

The demand (need) for deliberately placed (location) health care services continues, but the intricate expansion (“evolution” was not used because it suggests sophistication that the modern U.S. health care system lacks) of health care delivery placed new demands on Catholic hospitals and health care systems. There were several reasons for the rapid changes in health care delivery. First, shifts in the focus of health care itself began, from managing symptoms of large groups in epidemics in the late 1800s and early 1900s, to surviving acute events and trauma in the mid-1900s, to chronic disease management in the late 1900s, which continues today. Second, the rapid expansion of technology – that was minimal in the early 1900s but had unparalleled growth in the mid-1900s and late 1900s – transformed the way acute care organizations delivered care. Hospitals focused not just on caring and symptom management. The science of medicine changed them to places for cure – they were byproducts of the new emphasis on scientific methods, research and inquiry, and identification using laboratories.⁵⁷ New technology, equipment (X-rays in the late 1800s and the electrocardiogram and electroencephalogram in the early 1900s⁵⁸) and medications (e.g. penicillin, sulfonamides, and vaccines in the mid-1900s⁵⁹), procedures (e.g. antiseptic surgery in the late 1800s⁶⁰), and techniques required superior skills and backgrounds from medical professionals. To compete, acute care organizations needed a greater breadth of professionals than ever before.⁶¹

Hand-in-hand with other changes, the social organization of health care in the U.S. itself changed from virtually nothing in the early 1900s to our current system of infinite, unwieldy intricacy. Rudimentary efforts to provide medical services at a discount (for the volume) was the employment of physicians directly by industries (i.e.

railroads, lumber, textile, and mining), lodges, and fraternal orders in the early 1900s, followed by the establishment of the first private physicians' group practices. Rather than industries employing physicians directly, industries instituted contractual relationship with hospital associations, especially within the states of Washington and Oregon and Texas, in the 1930s and 1940s.⁶² Just prior to this time was "the birth of the Blues" (the now-mammoth Blue Cross and Blue Shield), which began in Dallas in 1929 when several hospitals including Baylor University Hospital and Methodist Hospital contracted with school teachers and others groups to provide up to a few weeks of hospital care for \$6-9 per person.⁶³

Employer and hospital cooperative insurance expanded as well as other new fee-for-service indemnity health insurance arrangements after World War II. These eventually included the dawn of health maintenance organizations (HMOs) in the 1970s and preferred provider organizations in the 1980s. Patchwork efforts by the U.S. Federal Government have extensively altered provisions of care for the public, purchasers, payers, providers, and brokers as well as created public assistance or welfare medicine programs. Examples include the Title XIX of the Social Security Act of 1965 founding Medicaid, instituting Medicare in 1965 after the precursor Title XVIII of the Social Security Act in 1957, the 1973 HMO Act allowing for economic incentives to start federally qualified HMOs, and the creation of Medicare diagnosis related groups (DRGs) with the Tax Equity and Fiscal Responsibility Act (TERFA) in 1982.⁶⁴ Rapid changes continued from the mid-1990s until the present day. Philip Keane identifies the major trends of the transformation, which consist of "the burgeoning growth of managed

care...[and] a government policy of piecemeal changes in health care coupled with substantial reductions in the rate of government spending on health care.”⁶⁵

All of the described changes had profound impact on the expectations of hospitals and other acute care facilities, beginning with the need for sterile surgical suites after popular use of antiseptics. Space for both surgical services and recovery (post-op) was at a premium, and hospitals needed to expand in order to provide a continuity of care. The addition of dedicated technical laborers (e.g. medical technicians and specialists) and necessary support functions in the physical facilities (e.g. hotels, food services and cafeterias, and laboratories) required new financial resources. To a lesser extent, an ‘answer’ to this strain was the systematic, business-model management of hospitals, signifying a transition from informal, trustee management to formal, bureaucratic management that still exists in the present day. To a greater extent, income arrived through the requirement of greater payment for services by patients, which catalyzed at least two other events. Hospitals benefited by having additional space available for more paying patients. Another way to encourage hospital patriotism or allegiance was to increase the number of staff appointments and affiliated physicians who brought their own patient clientele. The expansion of hospitals was so rapid that it outpaced the graduation rate and numbers of physicians; demand for physicians increased as well as the competitiveness between hospitals. Lastly, technological progress, financial incentives to control costs, and decreasing inpatient volumes produced most of the present difficulties for hospitals – the need to integrate delivery across the continuum of care, expand services (i.e. provide more outpatient and ambulatory services), leverage the economies of their size and scale, and provide local access to highly specialized

services.⁶⁶ The outcome of all the influences was a chain reaction that continues presently and accounts for the modern-day challenges of hospitals.

Perhaps the most visible and striking symptom of contemporary hospital tribulations is in the creation of hospital systems and the merging of hospitals and systems.⁶⁷ James Tubbs reports on a 2002 study by Bazzoli and colleagues that listed the top three reasons for hospital mergers in 1983-1986 and 1989-1996 (the top three reasons were the same in both time periods): to consolidate services, for operational economies, and to strengthen the organizations' financial stability.⁶⁸ Hospitals characteristically consolidated (and continue to consolidate) services in two ways – horizontally or vertically. Horizontal integration is when facilities and services at the same point or stage in the continuum of patient care join that streamlines services, eliminates excess and waste, and leverages economies of scale (useful for purchasing). Examples are several hospitals coming together to form a health care system. Vertical integration describes situations when a single organization organizes or commences several, often sequential, stages in patients' continuum of care. Examples are the assimilation of physicians' practices, rehabilitation clinics and centers, acute care facilities, long-term care, and geriatric services.⁶⁹ The type of management provided by multi-hospital health care systems varies, with some having a loose, holding system management and others having a tight, corporate operational management and supervision.⁷⁰

Consolidation of hospitals and services began in the 1970s and 1980s, resulting from the variables mentioned above, and rapidly picked-up pace in the mid-1990s with relevant current examples.⁷¹ Before these time periods, there were few mergers and consolidations. Only five examples of consolidations existed in 1961. About fifty per

year occurred in the early 1970s. There were between 176 and 245 multi-hospital systems in 1980 (depending on the survey used), accounting for about 30 percent of hospital beds in the U.S.⁷² According to Tubbs, citing data about hospital mergers and acquisitions from Irving Levin Associates:

The trend peaked in the period 1994-1997...with 163 deals completed in 1996 and a record 197 deals in 1997. During that period the number of hospitals belonging to health networks or systems also increased significantly, from 56.2 percent in 1994 to 70.9 percent in 1998. By the beginning of the new century, the frequency of deals had declined somewhat, to 86 in 2000 and 83 in 2001, yet these numbers remain much higher than pre-1990 levels.⁷³

While the number of mergers and acquisitions steadily decreased from the 1990s until 2003, the trend of mergers has crept back up from 2003 to 2008 with the number of hospitals within the deals between 149 and 249 for three of the years in this period.⁷⁴ In other words, the era of hospital and health care system mergers and consolidations has hardly tapered off, and evidence subsists of mergers between bigger hospital and health care systems.

IIB. Contemporary Challenges for Catholic Health Care

Catholic health care is not immune from the external stresses mentioned here. In fact, Catholic organizations are just as susceptible to pressure from the outside as other-than-Catholic institutions. Recent challenges to health care mentioned above, including the requisite to curtail expenditures, create new dilemmas for Catholic organizations with missions of providing care for, especially, the poor and underserved, based off of the fundamental commitment that health care is an essential, human right.⁷⁵ New structural and operating arrangements such as mergers and collaborations with other organizations are ways to continue operations and, sometimes, to ensure survival. Not surprisingly, the

numbers of mergers, affiliations, and joint ventures between non-Catholic and the nation's largest private health care provider, the health care facilities of the Catholic Church, continue to be higher than pre-1990s levels.⁷⁶

The other set of issues also have to do with Catholic health care carrying out her mission. Contrary to the former group, this consortium of dilemmas has to do with *internal* struggles and the availability of resources to fulfill the mission of Catholic health care. Internal predicaments mentioned below may be distinctive to Catholic health care, whereas the external quandaries indicated above are considerable but not exclusive to Catholic organizations.

It is safe to presume that there will always be people available to continue the healing ministry of Jesus, as told through the Gospel stories. Equally as reasonable is the supposition that the constituency or characteristics of people who carry out the Gospel ministries of healing have not and will not remain the same. As implied in the chapter's beginning, culture is not stagnant but is always shifting. Dynamics of Catholic health care are in such transition that one may wonder if previous shifts were mere tremors before 'the big one,' meaning the record setting, off-the-Richter-scale earthquake of movement within Catholic organizations currently.

Congregations of men and women religious founded most of the Catholic health care systems in the United States.⁷⁷ Sisters especially were actively involved, not only in mission and governance, but in administration and operations. Until the mid- to late 20th Century, nuns were so represented in day-to-day caregiving (i.e. clinical care, spiritual care, food services, and housekeeping) that patients thought of them symbolically, as God's earthy presence rather than as people.⁷⁸ Women religious acknowledged,

accepted, and fostered their angelic persona. Christopher Kauffman quotes Mother Mary Xavier Clark, a Sister of Charity, who wrote the following in a manual for sister nurses:

On the modesty, prudence and religious spirit which should always adorn a person consecrated to God The eyes of a sister should never rest upon any man's face; she should merely give the look that charity demands of her, and see... if the patient looks better or worse and that will suffice. A patient should be able to say, when a Sister leaves his bedside, 'That Sister is more like an angel than a human being: — The very sight of her makes me think of God and love him.'⁷⁹

This was congruent with the memory and personal experience of elders in the Squires family (including the extended family, the Grasleys and the Downings). Generations of the Squires family, dating back to the 1800s, lived in southeastern Michigan where the Saint Joseph Mercy Hospital in Ann Arbor has served community residents. It has been there for all stages of life; family members have been born, ill, and have died within the hospital and under the auspices of its extended care services. Loyal Grassley, a Squires family member, wrote a poem titled “Angels in Our Midst” remembering a bout of illness requiring hospitalization and thinking of his nurses, some of who were nuns. (Loyal Grassley was this author's great grandfather and paternal grandmother's, Laura May Squires, father. He wrote the poem after an experience at Saint Joseph Mercy Saline, which part of the Saint Joseph Mercy Health System.) Ransom Squires recalled when nuns sat with patients, one per room, throughout the course of their illness, even if they did not have any pressing needs. Their visibility and presence to patients was what differentiated Catholic health care from others. (Ransom Squires was this author's paternal grandfather who was a farmer all of his life. He died in 2008 while receiving care from Saint Joseph Mercy Health System home hospice after being treated for cancer at Saint Joseph Mercy Hospital in Ann Arbor.)

Men and women in Catholic health care ministry were the Jacks-and-Jills-of-all-trades. The same brothers and sisters often tended to many now-separate functions while a patient was in the hospital; they were the orderlies, nurses, housekeepers, spiritual caregivers, food service workers, and administrators (trustees). Because of the loose structure of hospitals, organizations had more institutional self-determinism, and its employees (associates) had additional leeway when compared with present day counterparts.⁸⁰

A couple reasons exist for the change in this now-dated milieu, typified by less involvement from women religious in the day-to-day operations and administration of hospitals. First, discoveries and advances in science and technology led to medical care in hospitals, laboratories, and schools being more formal, systematic, and specialized, as noted above.⁸¹ These improvements had recognizable side effects. Professional colleagues joined the likes of the scholarly profession of medicine with the establishment of formal academic programs and skills training. For example, Paul Starr traces the professionalization of nursing in the U.S. to the founding of three training schools in New York, New Haven, and Boston in 1873.⁸² More laypersons⁸³ slowly entered hospitals and health care systems as qualifications became more specific. Just as gradually, the predominant concern of Catholic health care became the encroachment of secularization. Nuns and brothers accommodated the change by becoming professionalized while still maintaining their individual subcultures, both Catholic and to their religious congregation or order. Women and men religious were less diversified but had more specialized knowledge and skills than their 1800s counterparts.⁸⁴

Second, Catholic health care was affected by a decline the number of women choosing religious life as their calling, which was symptomatic and indicative of a larger multinational trend. Congregations of women religious have been a part of the Catholic Church almost since the beginnings of Christianity; despite their early establishments, they face a current crisis.⁸⁵ There were 181,421 U.S. nuns in 1965. This number of women dropped to 153,645 by 1970 when, along with declines in women taking vows, 4,337 women left their orders and congregations. There were 92,107 nuns in 1995, roughly half the amount in 30 years prior, 68,000 in 2006, and only 59,000 in 2009.⁸⁶ The decline in the amount of nuns was 54 percent between 1945 and 2000 (from 122,159 to 79,876).⁸⁷

The statistics validate the experiences and observations of associates (employees) in the Trinity Health Home Office (corporate office) who have witnessed the diminishment in the number of sisters in all areas of the Trinity Health Home Office. Within the last five years, women religious have gone from at least half-a-dozen full-time associates to one full-time and one part-time associate. Trinity Health is not the only health system to experience the reality that as smaller numbers of women go into religious life, fewer women religious enter the health care setting.⁸⁸

The founders of Catholic health care systems bring many notable qualities to the table that laypersons generally have less familiarity with. Such features were and are innate to persons religious. They are also attributes that help make Catholic health care unique and meaningful to patients. Nuns, brothers, and priests owe, in part, these attributes to their specialized training, which involves their vocation and formation.

The journey begins with vocation, which depicts when men and women who have an “inner conversion experience of the transforming power of divine grace...[followed by] a public commitment to a calling...which took the form of disciplines and productive work.”⁸⁹ Those persons, who profess themselves within the Catholic Church, although vocation may be a secular term as well, commit to a life that has both individual and societal import.⁹⁰ Some religious orders are geared towards the contemplative life, but others are active. Although orders and congregations began being specialized in the 1930s, there were elements of their enculturation or formation that remain. Women and men religious have unique cultural ideologies of values, beliefs, ideas, theology, symbols, and ecclesiology. They have social order, which incorporates various role relationships (hierarchies within, between, and outside the orders or congregations). Each group has its own social resources, such as education, training, professionalization, and physical (‘bricks-and-mortar’) facilities.⁹¹

A detailed description of formation is in chapter five of this thesis. At a glance, formation is inculcation or indoctrination into a way of being. Forming religious candidates has the goal of initiating the person to religious life and generating awareness of distinctive characteristics within the Church, seeking to support candidates and persons religious through recognizing and appreciating their call to Christ through words of the Spirit, by means of spiritual, apostolic, doctrinal, and practical components.⁹² Formation catalyzes candidates to realize and then incorporate and expand their religious identity so that the person will be pertinent, helpful, and authentic in their witness and participation with God and the works of the Spirit.⁹³ Both before and after the Second Vatican Council (Vatican II), formation of men and women religious has been a priority of the

Catholic Church. Evangelical counsels produced a series of recommendations for superiors, provincials, and formation directors, which include precise and universal directives for the formation of candidates into religious life (e.g. how to practice chastity, poverty, and obedience).⁹⁴

Congregations of women have distinguishing attributes common to all, which is similar to many communities of men: They live simply and are celibate. The community, rather than the individual, makes decisions. Inasmuch as it is the predominant characteristic of some communities, all communities deliberately dedicate time to thoughtful prayer and contemplation. In addition, communities work to address the needs of others, especially the poor, disenfranchised, and underserved. (The charter of religious communities, even the cloistered ones, to have a service component ‘in the world’ was a byproduct of the 20th Century Church and the Second Vatican Council.)⁹⁵

In addition to universal directives, each religious congregation or order has its own charism or distinctiveness that permeates religious orders and communities, giving them a unique disposition.⁹⁶ The following examples use the two predominant founding congregations of Trinity Health in its 2000 establishment: Sisters of the Holy Cross embody the characteristics of their founder, Fr. Basil Moreau, with the core values of compassion, faith, prayer, and community for the ends of serving as prophetic witnesses to transform and bring hope to a fragmented world, supporting right relationships in diverse communities, promoting ecological sustainability, advocating for systemic change with poor, underserved, impoverished, and excluded persons through political, economic, and social mechanisms.⁹⁷ The Sisters of Mercy of the Americas exhibit their charism by serving in education, health care, and other ministries in order to advance the

further the well-being (that may be social, political, economic, or spiritual) of God's people, address concerns, care for the poor and women, create a spirit of hospitality, and address Christ's mission through mercy, justice, and collaboration by working alongside others.⁹⁸

There are other examples of charisms including the Dominican Sisters of St. Cecelia, who define their congregation as both contemplative – by dedicating times and places to silence, living in community and cloistered (at times), wearing a habit, regular prayer and devotions, choral recitations, and living simply in poverty – and active – mainly through teaching, education, and religious formation. An additional example is the sisters in the Mother Joseph Province of the Sisters of Providence and their expression of their charism as “the manifestation of the mysteries of the Providence of God and Our Mother of Sorrows in compassionate love and creative, prophetic solidarity with the poor.”⁹⁹

These circumstances beg a question about how organizations prepare themselves to continue the specific missions of the founding sisters by reflecting and serving within the distinctive charisms of the founding congregations, even though the numbers of sisters are shrinking. It is commonplace now to have predominantly laypersons in the administration and operations of hospital systems. Laypersons can and do answer callings to serve in business and corporate culture, including hospitals and health care systems.¹⁰⁰ Still, they do not have the training and backgrounds, the formation, of religious sisters.

Additional considerations and demands on an organization's internal resources include its ability to maturely discern or reflect on issues that are important to the

organization. Discernment and decision-making are processes that, at least in Catholic health care, include mechanisms to encourage the integration of an organization's mission, vision, values, and behaviors with the relevant issue. During discernments or decision-making, associates project their own development, values, and mores into their choices. Organizations are reflective of their constituent parts; therefore, it benefits an organization for its associates to make good decisions, which presumably embody the culture of its religious founders. The decrease in nuns, brothers, and priests and increase in laypersons within hospitals and systems begs other inquiries related to moral and values based discernment and decision-making: One may speculate about lay associates' awareness of the charisms, values, and priorities of the religious congregations or orders that founded the hospital or health system (often partially articulated in mission, core value, integrity, and behavior statements). Given awareness of these characteristics, one wonders about their application and implementation in organizational decisions and discernments. Another reasonable query also pertains to decisions and discernments, namely if they are reflective of the priorities, charisms, and values of the founding congregations or orders.

The broad answer to many of the internal and external challenges in Catholic health care is the development and formation of lay associates in health care systems. Obviously, the lives and careers of most professionals do not permit them to take vows to religious orders or congregations for similar knowledge and training to the organization's founders. This is not only impractical; it is unreasonable to suggest for reasons that involve family, lifestyle, commitments, finances, and time. Consequently, health care formation programs have structures that are conducive for participants to acquire

knowledge and skills using modes that are much more accessible for working professionals.

All these features act together with each other much like a pressure cooker. External and internal demands rise like heat from a burner. A high temperature causes the pressure to increase in the sealed vessel, or the cooker, which represents the organization. The fare inside the cooker is akin to the internal and external stakeholders of the organization, meaning those people within and outside of the organization who are impacted by its decisions. The pressure needs to be just right to cook the food. Too little is usually not the problem – the meal needs to cook longer. Too much pressure not only ruins the meal, but it can be disaster in the form of an explosive cooker ejecting its contents with such force that it damages everything around it. Continuing the metaphor, excessive strain on an organization, including its associates and communities they serve, can spell disaster in the form of collateral damage. What an organization needs is a release valve.

This dissertation describes a new, novel, and innovative use of the principle of cooperation as this valve, more specifically, by interpreting the principle of cooperation as a function of moral development. Moral development of participants with the model is not guaranteed. Even if participants do not develop, the model is an instrument for ministry discernment and ministry formation. Material cooperation is a principle of Catholic moral theology; and as such, moral theologians are the primary users, applying it to a specific range of issues confronting Catholic organizations. This proposal theorizes that the principle lends itself to a broader interpretation, use, and application, mainly for moral development, and to a lesser degree, ministry formation and ministry

discernment. It is precisely material cooperation's complexity that lends itself to these purposes. When used in this way, (completing the metaphor) the principle is not only a release valve on the pressure cooker, it is akin to loosening the lid or opening the vessel so that the pressure is right all the time.

IIC. The Ideal Release Valve: Cooperation as a Social Principle

A natural, next question is about what makes cooperation the appropriate release valve? The characteristics that make cooperation unique and distinct from other principles in Catholic teaching are answers to this question. This section addresses the distinguishing attributes of cooperation, which make it best for development and formation.

Many principles reveal inherent concern with the integrity of decisions. For example, the principle of subsidiarity pertains to persons making decisions at the most appropriate level and forum. In other words, leaders should not trump decision-making or sequester decisional authority. Decisions should belong to those people most affected by the results of that decision, thus ensuring a measure of integrity in the process of decision-making.¹⁰¹ Cooperation, as well, intrinsically concentrates on decisional veracity.

In contrast to other principles, including subsidiarity, we know that people, other-than-Catholics in many cases, do things that those in the Catholic tradition do not fully agree with. An option is for persons to indiscriminately participate in the questioned activity. Another is total removal and isolation from set questionable activity. Tensions exist between these two, arguably, diametrically opposed choices. Christians live in society, which is one they may not totally agree with, and they must question where to

‘draw the line’ between loosening the veil to let down their hair and building up their cloisters even higher. Stated differently, it is responsibility of those upholding Catholic norms to consider where the line is, based upon the characteristics of a situation. In some cases, this means sticking to Catholic norms and principles at the expense of participating in community. In others, it means recognizing that continuing in the spirit of the ministry of Jesus, articulated in the Gospels, means that Catholics and Christians inevitably get their hands dirty. Cooperation inherently expresses this particular tension in ways that other principles, such as subsidiarity, does not.

Various different agencies, some explicit and others implicit, accompany different Catholic moral principles. This statement merits further attention. A significant number of Catholic moral principles address only one agent, which is the person acting or refraining from a moral decision, one behavior, which may be an action or omission by the same or another agent, and predominantly one stakeholder, meaning that the import of the action or omission is principally one person. These principles are *individual* in character. For instance, a hospital ethics consultant attends to a case where an 88-year-old man and father of two, ‘Lou,’ with decisional capacity in multiple organ system failure looks to frame his treatment options. The intervention that is foremost in his mind is his dialysis, but he would also like to consider his rapidly escalating hospital bills left for his family. This case is similar to others where the moral agent is also the primary stakeholder. The ethicist or clinician structures the conversation using the principle of proportionate and disproportionate means, articulated by Directives 56 and 57 in the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)* and the ordinary and extraordinary means distinction in the Congregation for the Doctrine of the

Faith's (CDF's) *Declaration on Euthanasia*.¹⁰² Lou is the agent making the decision, will authorize one behavior (or interconnected series of behaviors), and will bear the import of his decision. The context of the principle is individual.

Likewise, the clinicians and ethicist working with Katherine's, a 51-year-old patient and mother of three, request for framing options, including double mastectomy, responding to her aggressive but still local cancer may know about the principle of totality and integrity. They mention the approach with the best outcomes and least bodily harm. Katherine ultimately makes the decision, approves a behavior that may also be a series of behaviors, and is the person most affected by the decision. Similar to proportionate and disproportionate means considerations, the principles of totality and integrity – describing the duty to preserve the body and spirit in total form unless there is a proportionate benefit to the harm or side effects¹⁰³ – are individual in their situation.

Other principles may *seem* social in character, but are more individual than not. For example, double effect reasoning (DER) or the principle of double effect (PDE) describes an action or omission that has two foreseen effects, one intended and the other not. An action is licit or “permissible if and only if” it meets a series of, typically, four conditions (discussed later).¹⁰⁴ The action or omission under consideration is the result of one agent, can impact another person, and a third person could authorize the choice. It is understandable why DER may seem social or communal. Still, it is not because DER only refers to the agent and that *person's choice*, including intent and circumstances, despite its appearance. DER is largely a single-agency principle.

The principle of cooperation joins the likes of other principles and theories, such as common good and the closely related distributive justice, which are social or

communal. The common good and its necessary components of respect for persons, social welfare, and peace and security apply to a choice or series of choices.¹⁰⁵ It reminds the agent and decider that choices have greater import and impact than ‘just’ the individual. Distributive justice is another consideration interconnected with the common good. This is the justice due to individuals from a community or society, which may depend on individual needs (wishes) and contributions, communal or societal resources, and the organization of distribution mechanisms.¹⁰⁶ It is equitable allocation for individuals and groups that incorporates benefit, burden, macroallocation, and microallocation factors.¹⁰⁷ Common good and distributive justice relate such that “society ought to structure itself so that individuals are able to participate in it and ought to distribute its goods and resources in ways that are equitable (which is not the same as equal).”¹⁰⁸ Using Kantian terminology, the common good is the end that depends on needs, resources, and order (organization) while distributive justice describes any number of means to that end. In other words, distributive justice describes various routes for achieving the teleological goals of the common good. (Teleology is the ethics theory of orienting ones decisions and behavior to a final cause or goal. Aquinas linked the concept of finality with “the good” because agents position themselves to achieve both.)¹⁰⁹ An individual or group may make the decision, approve a behavior or series of behaviors, and the decision impacts multiple stakeholders who may or may not be the person(s) making the decision. Applying common good and distributive justice considerations to a situation has a much more communal- or group-orientation than the principle of proportionate and disproportionate means, the principles of totality and integrity, and DER.

A unique factor regarding the principle of cooperation when compared with other communal principles and theories is that it is inherently a multiple-agency principle. There are two people or groups with moral instrumentality – the agent is the one responsible for the sin, injustice, or malfeasance in question (that cooperators or others are assessing) while the cooperator is the one with some type of connection (relationship) with the agent. There are two behaviors (acts or omissions) – the behavior of the agent and the behavior of the cooperator. The cooperator clarifies the naturalistic fallacy. (The origin of the naturalistic fallacy is the philosopher G.E. Moore, who observed that people often justify moral conclusions as ‘good’ because they are linked to happiness, development, evolution, or survivability. In contemporary philosophy, it is also known as the “is-ought” distinction or problem because it describes situations where people infer what ought to be from what is.)¹¹⁰ This person questions, *What should our level of participation be with something we do not agree with, irrespective of the current situation? Should what is also be what ought to be?* The cooperator implements his or her agency by either forming or continuing a relationship with the agent or distancing or ending the relationship. Cooperation refers to multiple agents and their choices and, as such, is a multi-agency principle.

Previously discussed and other Catholic moral principles and theories have multiple agents focused on a decision, which may or may not involve a series of behaviors towards a desired end, outcome, or duty. (That is, one could describe social principles as being deontological, teleological, or consequential.) For instance, the common good and distributive justice may apply to numerous people – there can be many stakeholders. Likewise, multiple persons can make and authorize a decision with

common good and distributive justice considerations that affects the stakeholders. The common good remains unfulfilled. Nonetheless, it has received well-deserved attention, enough to surmise that what *is* does not comport with what *ought* to be. The decision-at-hand is a vehicle – who, what, when, why, and how – for achieving the desired state or goods. For instance, the principle of stewardship, a chief concern for Catholic health care, implores its users to take responsibility for God’s creations, as humans were entrusted with “limited dominion” over the environment and animals.¹¹¹ Human and other animal life as well as the environment deserves careful consideration when human activities impact them.¹¹² Similar to the common good, the principle of stewardship may entail multiple agents making choices that affect multiple stakeholders. The focus in the application of the principles is the *decision* itself, and how the decision bears on the, as yet, *unachieved* goal, consequence, or duty.

In contrast to these other principles, the principle of cooperation intrinsically is about *relationships* with an *achieved* goal, consequence, or duty. The endpoint of applying cooperation has been determined – it is the evil, injustice, or malfeasance committed by the moral agent. Perpetration of the ‘sin’ either has or continues to occur. (Persons will not agree to the weight and categorization of any particular action as sin, injustice, or malfeasance. For these purposes, the Catholic Church weighs and categorizes sin even though we may personally disagree.) For example, a small, regional, Catholic health care system regards a partnership with a Protestant hospital within the same region that continues to perform elective sterilizations. Due diligence catalyzes the request from the Catholic system that the Protestant hospital cease and desist its elective sterilization program. The Protestant hospital does not agree. In this case, the evils

defined by the Catholic Church continue, and the cooperator questions: *What must be the nature of relationship, if at all, to the Protestant hospital for the Catholic system to maintain its integrity while working with this system doing evil according to the Catholic Church?* The agent (the Protestant hospital in this case) can agree to stop committing the evil. As a result, the need to use the principle of cooperation may not exist, as it is generally about the *relationship with someone committing evil*. It is cooperation, however, that may catalyze appreciation for the need to maintain apposite distance from another's moral evil, which results in a cease and desist request to the other moral agent. Even in this scenario, the impact of cooperation on new relationships is evident. The cooperator proclaims to the agent: *Continuing to behave in this way may impact our plans for continuing or developing our affiliation.*

The import of cooperation in the ministry of Catholic health care is significant already. The entirety of Part Six in the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)* uses cooperation as a framework for the formation of new partnerships with Catholic health care. Cooperation's impact becomes even more significant as a multi-agency principle for fostering organizational virtue for a couple reasons. As inferred from the example above and detailed later, organizations are moral agents; they have moral agency. Organizations must determine the best option between competing or conflicting choices in order exercise their agency with integrity. This is the work of both organizational ethics and cooperation, when used in this context. The 'other,' meaning the agent(s) under scrutiny for questionable decisions, may be secular (non-religious) organizations and society. It may also be the organization itself. In other words, organizational integrity concerns how organizations respond to internal dilemmas

and decisions with questionable morality. Virtuous organizations have moral integrity because they have both internal and external focus. From a psychological and developmental standpoint, moral organizations have both customer-focused agency, focused on product and societal impact, as well as self-discerning or self-reflective capacity, with a focus on ethical process. Incidentally, the last description is also one commonly captured in the definition of organizational ethics.¹¹³ Cooperation enjoys unique standing as a multi-agency, social principle oriented to relationships and good for analyzing choices both internal and external to the organization that the agent does not agree with.

It is worth mentioning some examples of what multi-agency dilemmas in organizational ethics within Catholic health care systems look like. This first of two examples involves a dilemma faced by many health care systems, while not referencing any actual, existing system in particular: The human resources department in hypothetical Agape Health recently made a controversial decision regarding employee benefits. In short, Agape Health approved an initiative for every associate to purchase a minimal level of health care and life insurance benefits. This requirement did not exist previously. They are considering broadening this to other benefits such as dental and vision. Income and position within the organization do not make a difference. Associates in human resources justify their decision on the grounds that many within the organization with lower incomes do not buy insurance, even though these people need it the same or more than others. They argue that support is found within Catholic social teaching, which states that everyone has “the right to life, rest, medical care, ... [and] security in the event of sickness.”¹¹⁴

The second example occurs before commentary about the first, as the discussion of each has similar elements and follows this example. Alike to the first, it references an oft-encountered situation, without referring to any existent health system in particular. The disputed situation, in contrast to the first situation, occurs outside the organization: A regional, Catholic system, St. Frances Xavier Cabrini Health (SFH), signed a letter of intent (LOI) to form a partnership with a small, accountable health network, St. Bernardine of Siena Wellness System (SBW), originally Catholic, sold to a Protestant denomination, which sold it again. A secular company operates SBW now, which is locally reputable and gaining national attention, mainly for its high reported patient satisfaction scores and efficient coordination of care. SBW includes two acute care facilities and a number of point-of-care, multi-specialty clinics with state-of-the-art technology for diagnostics, wellness (fitness), and coordination of care (e.g., electronic appointment scheduling and video and IM capabilities with physicians, nutritionists, therapists, wellness coaches, and other professionals). The LOI, signed after the due diligence processes of both organizations, specifies that they will slowly increase their operational integration over two years. This process recently started.

Some of the associates from SFH notice what they describe as troubling processes at SBW despite the unproblematic due diligence. First, more questions now exist about the technological capabilities of SBW. In short, access to care is great for those who have computers with internet connections. Customer service is poor for persons using the telephone. This issue is one of socio-economic justice: people who are more affluent receive better service. Second, SBW is beginning a preimplantation genetic diagnosis (PGD) program. PGD describes “techniques involving both genetic diagnostic

technology and assisted reproductive technology (ART) to gain genetic information about a newly conceived embryo prior to the establishment of uterine pregnancy,”¹¹⁵ The developing PGD program did not appear in the due diligence process and most ART is problematic and prohibited by Catholic teaching. Third, SBW has not stopped its involvement with the selective reduction (e.g., multifetal pregnancy reduction is the abortion of one or more fetuses to increase chances for normal gestation, development, and viability for the remaining fetuses).¹¹⁶ Due diligence provisions from SFH demanded the program’s abolition prior to the integration of the organizations, because of Church prohibitions of affiliations with organizations that terminate pregnancies. Fourth, there is evidence of patient ‘cherry-picking’ and ‘dumping,’ practices designed, in this case, to retain patients who are healthier and give better satisfaction scores, despite the moral repugnance and illegality of such practices. One could assess any of these practices individually using the principle of cooperation. Another concern is that SBW and SFH associates witnessed SBW administrators commenting, “We are too far along now to make such changes,” “This deal needs to go through,” and “We can sweep this under the carpet and revisit when there is less scrutiny.” The overarching concern is now about the cultural fit of SBW with SFH.

In the first example, the problem is that other elements are missed with a narrow focus on Catholic social teaching, which has many facets. For instance, one component may be the living wage and the inability of people with low incomes to pay bills for basic needs along with health care for family. The central question is about if there other ways to provide health care for the working poor and underserved without creating additional problems, such as loss of income. The second example involves the issue of cultural fit

between a Catholic system, which fosters respect for all people in words and actions, and a system that seems to be deceptive or negligent in many areas. In both cases, the social effects of using this multi-agency principle to assess the situations are evident, albeit with multiple agents within the same organization in the former example and multiple agents in different organizations in the latter.

IID. Future Hindsight – A Solution Becomes a Problem: Lessons Learned from Casuistry

The model of cooperation proposed here would be effective for moral development and ministry formation of associates in addition to the application of cooperation as issue discernment. Chapter two discusses some of the emblematic functions of cooperation; it is a staple for mergers and acquisitions. As this thesis demonstrates, its contemporary use and relevancy to the similar types of situations is ominous.

Lord Byron and Lord Halifax both comment that the past is the best predictor of the future.¹¹⁷ Søren Kierkegaard is attributed with the quote, “Life can only be understood backwards, but it must be lived forward.”¹¹⁸ The wisdom of these sayings has relevance for these purposes. Account for and learn from the past while bearing in mind that future situations in the experience of living life forward may not share the same characteristics of the past. Analyzing the present and adapting for the future requires a measure of creativity when applying lessons from the past.

Such is the case with applying the learning from the historical context of cooperation and casuistry, which is a method of argumentation predominantly driven by making analogies between case features.¹¹⁹ Casuistry was the method of choice for the Catholic Church for ritual and ecclesiastical discipline that began early in this history of

Christianity. Penitential books, canon law, and confessional books all exhibited casuistic reasoning. The period began with extrapolating natural law theory within the sources mentioned above to account for the variations of everyday life and situations. Decisions were highly dependent on reasoning, conscience, prudence, and circumstances.¹²⁰

Casuistry exploded in use, reliance, and popularity during the Middle Ages. During this time, various theologians developed their own practical confession books, meant to provide those taking confessions with guidelines for discussion and resolution in parishioner confessions. For instance, John of Fribourg made his own collection called *Summa Confessorum* (c. 1280), a Franciscan composed *Summa Atestana* (c. 1317), the Franciscan Angelo Carletti wrote *Summa Angelica* (c. 1480), the Dominican Sylvester Mazzolini of Priero compiled *Summa Summarum* (c. 1516), and the Dominican Thomas de Vio Cajetan penned *Summula Peccatorum* (c.1523). The *Summas* were highly intricate, encyclopedic in scope, (eventually) rarely relied on conscience or discernment, applied maxims to circumstances, and directly repeated other *Summas*.¹²¹

The downfall of casuistry was the byproduct of any number of dynamics. The abuse referenced in the title of the book *The Abuse of Casuistry* was the result of confessors who could astutely shape casuistic reasoning to “alibi the misdeeds of their patrons,” which discredited the method.¹²² Additional abuses in application include confessors who would categorize the confession and penance before hearing all the relevant detail from the patron. In other words, a full understanding of the sin is necessary if intent, circumstances, and context matter.¹²³ Problems existed in the writing of the guides. Casuistry gradually loosed the tether to its natural law, which is the belief that God or nature is responsible for creating persons’ ends or goals.¹²⁴ Authors began to

repeat each other and texts became increasingly subject to individual interpretation, as a consequence of misunderstanding, imprecise translation, and undue liberties creating new examples.¹²⁵ The rampant application of casuistry failed for other reasons such as “hard to find paradigm cases, weak maxims, and obedience to rules rather than moral value.”¹²⁶

It was in this milieu, after the high period of casuistry, that Alphonsus Liguori, who was the originator of cooperation, commented on moral theology. One word sums up the difference in Liguori’s moral theology – moderation. This meant navigating the tumultuous waters between a rigorist view, where adherers searched for a coherent moral system from the Gospels, and a lax view, where they “were content with plucking the most liberal opinions from the most recent authors if only they had the slightest shadow of probability.”¹²⁷ Unlike others, he was not ready to throw the enterprise of casuistry into the fire, but strict casuistry was similar to strict legalism, a practice where a person resorts to a rule for everything without intentional discernment, which Liguori abhorred. Application of principles, cases, and discernment require moderation from knowledgeable persons with well-guided consciences.¹²⁸

Similar to the casuists during the high period, Liguori was interested in providing practical and useful help to those priests listening to confessions. Liguori comments:

The office of the confessor is the greatest – it concerns eternal salvation – and the most difficult. The most difficult because it requires knowledge of all the sciences, all work, all the professions; because it touches upon every kind of problem; because it presupposes knowledge of a huge number of positive laws and sacred canons that have to be rightly interpreted and, finally, because there remains the hard work of applying all of this to the diversity of cases for which circumstances call for different solutions.¹²⁹

What is now the principle of cooperation is the ideal example of Liguori's even-keeled approach, which originally served as guidance for those taking confessions. Persons employing the principle cannot resort to strict legalism or casuistry; it requires users to discern the situation, context (intent, circumstances), applicable Church teaching, and the instrumentality, directness, and consequences of cooperating. Liguori wished to catalyze consciences rather than substitute reasoning with a scheme of rules.

Hundreds of years after Liguori, contemporary observations about the state of casuistry and cooperation reveal a peculiar set of circumstances. Kuczewski comments, "Casuistry...was discredited in philosophical circles for several hundred years but was revived by bioethicists in the 1980s...It is currently considered by many to be the quintessential method of medical ethics."¹³⁰ As discussed in chapter two, the principle of cooperation has been formalized into a scheme or nexus with copious differentiators. Its contemporary application is for more than just confessions, and it is useful for individuals and organizations. Despite the seeming breadth of issues for application, people frequently use it for the same types of issues with mergers between Catholic organizations and other-than-Catholic organizations performing sterilizations being the paradigm case. In fact, one could make the case that the many applications of cooperation are a type of casuistry. For instance, organizations made widespread use of duress for providing services to communities in mergers and joint ventures that would not be licit otherwise. These categorical uses led to a universal rejection of using duress for justifying organizations to be in immediate material cooperation with moral evil.¹³¹

One wonders how Liguori would react to this state of affairs. On the one hand, it is conceivable that he would think that contemporary society reduced the application of

cooperation to the legalism that he was trying to get away from. It could be that the customary, current use of cooperation is casuistry run amok for Liguori. This is difficult to categorically assume. On the other hand, Liguori may think that there are there methods to broaden the application and use of the principle while being more discerning and formative about issues. This may or may not get closer to Liguori's intent and purpose. This dissertation proves that the last approach, cooperation becoming more discerning and formative, is possible in the five chapters that follow this.

III. Chapter Summaries

Chapter two is the Theological and Ethical Analysis of Material Cooperation. The beginning of the chapter connects theology and ethics when addressing material cooperation, provides the historical context of cooperation, and establishes an understanding of theological ethics as a framework for right action. The latter part of the chapter defines material cooperation within the Catholic tradition of theological ethics, places it in relation with other ethical principles within the Catholic theological tradition, locates cooperation within the history of theological ethics, categorizes typical individual applications of cooperation to issues in Catholic health care, and identifies fundamental controversies in the application of cooperation.

The focus changes from individual to organizational in chapter three, titled Material Cooperation within the Organizational Context of Health Care. Critical backdrop to this chapter is establishing that organizations have moral agency, validated historically, which is a function of organizational ethics. There are pertinent differences between individual and organizational applications of the principle of cooperation that the chapter addresses along with usual applications of cooperation with organizations.

Chapter four shifts gears from theology to address psychology and development, appropriately titled Interpreting the Implementation and Use of Material Cooperation as a Function of Moral Development. It is moral development that serves as the foundation for moral agency to identify wrongdoing, and two developmental theories – Kohlberg’s Theory of Moral Development and Gilligan’s Theory of Woman’s Moral Development – are key to this foundation. After aligning moral development with discernment and organizational agency, the chapter concludes with the understanding that applying material cooperation is a function of moral development.

Chapter five not only ties together all the previous concepts but it introduces the new model of cooperation. Its heading is Material Cooperation as Model for Ministry Formation and Ministry Discernment and it begins by situating the model as a complex moral intervention. Then attention and detail goes to the model itself including its structure, roles, and process.

The conclusion is chapter six. The chapter begins with specifications about the strengths and weaknesses of the model. After reflecting on the complexity of cooperation, significant attention goes to justifying the utility of this model in other-than-Catholic settings. All sorts of organizations have mission statements, behaviors, and values that they may or may not pay attention to in action. In addition, anyone may find out that he or she, or an organization, is somehow complicit in a distasteful, immoral practice. Any of these issues can happen in every setting, providing a ripe environment for using this model based off of the Catholic principle of cooperation.

¹ Jack Levin and James Spates, *Starting Sociology*, Second ed. (New York, NY: Harper & Row, Publishers, 1979), 41-75.

² William Shakespeare, "The Merchant of Venice," in *The Complete Works of William Shakespeare*, ed. John Wilson (London, England: Cambridge University Press, 1982).

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Chapter Two – Theological and Ethical Analysis of Material Cooperation

I. Theological Ethics as the Context for Understanding Ethical Practice

The latter section of the chapter addresses the principle of cooperation as an application of theological ethics. Before this, the initial section establishes theological ethics as the context for understanding ethical practice. Essential to this establishment is bonding theology and ethics when addressing cooperation, explaining the historical context for addressing cooperation, and then understanding theological ethics, based on the bond and historical context between theology and ethics as a framework for right action.

The Georgetown University bioethics bibliography defines bioethics “as the systematic study of value questions that arise in health care delivery and biomedicine.”¹³²

Bioethics is the crossroads of ethics and the life sciences. The modern emergence of bioethics has had profound impact on other disciplines, such as medicine, biology, the social sciences, law (legal), public policy (government), literature, philosophy, and religion.¹³³

David Kelly observes at least two important things about the name and origins of bioethics. First, with respect to the name, Van Rensselaer Potter coined ‘bioethics’ in the early 1970’s, and delegated a broad, ecological meaning to it.¹³⁴ Bioethics has a more expansive meaning today, as it applies ethics to the environmental and animal milieu, than health care ethics and medical ethics, which designate value distinctions associated human condition of illness and the methods for attending to illness. Medical ethics and health care ethics are the most specific terms for our context and, like Kelly, their use is interchangeable.

The contemporary emergence of the multidisciplinary bioethics began in the 1950s and 1960s. Factors leading to its materialization included the advent and prolific use of advanced medical technologies such as dialysis, artificial respirators, intensive care units, and organ transplantation. Other dynamics included social developments and reforms such as the civil rights and feminist movements as well as the social welfare programs mentioned in the first chapter.¹³⁵

Kelly, second, notes that Roman Catholicism has been the most influential to the contemporary, Western development of medical ethics. The reason for this is because theologians, and Roman Catholic theologians more specifically, have commented on the link between morality, religion, and medicine for hundreds of years before the present time. A paradigmatic example of this is Francisco de Vittoria, a Spanish, Dominican moral theologian who lived from 1486 to 1546 and made the following comments in his *Reflection Theologica*:

One is not held to protect his life as much as he can...[Secondly], I say that one is not held to lengthen his life because he is not held to use always the most delicate foods, that is, hens and chickens, even though he has the ability and the doctors say that if he eats in such a manner he will live twenty years more... And even if he knew this for certain, he would not be obligated. Just as one is not held to live in the most healthful place, neither must one use the most healthful foods. If one uses food, which men commonly use and in quantity, which customarily suffices for the preservation of strength, even though one's life is shortened considerably, one would not sin. One is not held to employ all the means to conserve life but is sufficient to employ the means...intended for this purpose and which are congruous... If one had moral certitude that drugs would heal and prolong life, then one should take the drugs himself or give them to a sick neighbor. If...not, he would be excused from mortal sin. But because a cure can seldom be certain, one need not use drugs even though very ill.¹³⁶

Readers may notice at least two concepts prevalent in contemporary Catholic health care ethics. First is the concept of proportionate and disproportionate means discussed in the first chapter. Second, de Vittoria applies this mechanism of weighing burdens and benefits to food. His logic has resurfaced both explicitly and implicitly in the current discussions about medically assisted nutrition and hydration (MANH) with people who have chronic conditions such as being in a persistent vegetative state (PVS) or locked-in. The purpose of the example is not to discuss the issues, but simply to illustrate that Catholic theologians have been discussing morality as a matter of moral theology for hundreds of years. Albert Jonsen observes that moral theology emerged as a distinct discipline in the 1400s, and it immediately attended to matters of medicine and health as illustrated by the example.¹³⁷ This interface of ethics, religion, and medicine (health) continues today.

IA. Introduction: Connecting Theology and Ethics when Addressing Material Cooperation

The relationship between ethics and theology deserves more overt attention. Theology itself is the study of God or rational discourse about God. Theologians in the Western tradition do this by thinking about the history of interaction between God and humans. In this way, theology is a reflection on the faith relationship between persons and God. There are various different theologies because there are many different faith traditions.¹³⁸ Christian theology, for example, is the methodical contemplation on all facets of human life from a Biblical vantage.¹³⁹ Special attention goes to answering questions about what it means to be human within this historical context. There are two predominant strands of theology. One, there is a speculative theology that seeks to know

more about the relationship between God and humankind, called dogmatic, doctrinal, speculative, or systematic theology. Two, another strand of theology attends to the behavior and lives lived by those who believe in God, called pastoral, practical, or moral theology. It is the second kind of theology, moral theology, which serves as the primary point of engaging the tradition.¹⁴⁰ Moral or pastoral theology is the main way that theology engages the doctrinal foundations of Catholic tradition. That is, theology has an investment in the rules or ideas taught to believers as the truth.¹⁴¹

Ethics, too, has branches and divisions much like theology. Generally, ethics involves matters of common and reflective persons,¹⁴² and it describes the methodical and meticulous study of moral norms.¹⁴³ It is normative anthropology.¹⁴⁴ There are three major branches of ethics. Metaethics is the closest branch of ethics to doctrinal, dogmatic, and systematic theology. It is the branch that examines the significance and import of terms, the reasons behind moral reasoning, and focuses on ontology, epistemology, and justification. Descriptive ethics focuses less on *what should be* the norm and more on *how it is* we view circumstances involving ethics and morals. In other words, it seeks to depict how we think and behave in moral situations. Normative ethics applies to what we *ought* to do by attending to questions in a methodical and attentive manner.¹⁴⁵

Other closely related terms to ethics deserve explanation. Ethical theory describes the attempt to find a sufficient normative concept to attend to moral problems.¹⁴⁶ Ethical methodologies are endeavors to provide methodology or means “for producing a normative framework, for using the framework once it has been identified, or for navigating the complexities of moral life in the absence of a framework.”¹⁴⁷ The goal of

theory is not just academic;¹⁴⁸ the response must be proper conduct in the form of doing good or doing right.¹⁴⁹ James Walter distinguishes that potential versus actual conduct illustrates the difference between the terms morality and ethics – ethics describes the *normative ought* (to act a particular way) while morality depicts the *descriptive is* (about actions).¹⁵⁰ In effect, it is ethics that attends to the normative justification of actions within the tradition.

IB. Describing the Historical Context for Addressing Material Cooperation

Previous examples and discussion reveals that theology and ethics relate hermeneutically in the Catholic tradition to distinguish right and wrong action. On one hand, this happens within the context of nature through natural law. Natural law is the individual and collective experience of using reason to discover right and wrong within God's continually unfolding creation.¹⁵¹ *Ought* as well as *is* are functions of natural law, meaning that God is the creator of all things such as the environment and humans use these conditions along with their reason to determine what should be.¹⁵² Richard McCormick shares natural law as specified by Thomas Aquinas, namely that there are three tiers of natural tendencies and their corresponding good. First, all beings share a propensity to good that is compatible with their common nature. Other commonalities exist, second, with all animals that are taught by nature, i.e. reproduction and care of offspring. All rational creatures, third, have the predilection to rationalize in search of knowledge, truth, and quality interactions with others.¹⁵³ Reason helps people determine the order designed by God for all creatures that all other conventions measure against; it also involves recognition of innate qualities and invention of standards.¹⁵⁴ It is natural

law that is the groundwork for discriminating morality, establishing conduct standards, and providing significance for moral conduct.¹⁵⁵

On the other hand, the hermeneutic relationship between theology and ethics in the Catholic tradition that distinguishes right and wrong action also occurs within the grace granted through divine revelation. In the most basic sense, “grace is God’s deliverance...a gift from God that we do not deserve; it is not self-righteousness that we achieve by our own good works.”¹⁵⁶ Aaron Mackler draws attention to the association between grace and original sin, namely that God’s grace is not something we can live without because of the existence and prevalence of sin.¹⁵⁷ We are aided by supernatural grace;¹⁵⁸ it is our divine forgiveness for when we sin or make judgment errors. This grace generates agapaic love, which binds all people and establishes a basis for human conduct because of our love for God and our neighbors.¹⁵⁹

Theological ethics or moral theology is the context for understanding ethical practice for our purposes. The inclusiveness and distinctiveness of moral theology and Christian theological ethics is a noteworthy discussion. A foundational issue in moral theology is the existence and characteristics of a distinctly Christian ethic.¹⁶⁰ It begs the question about where to place Christian moral theology on a scale of integration with other ethical theories (e.g. secular, humanist ethics). On this scale, one endpoint delineates that moral theology is unique and distinctive from other ethics, and the other endpoint indicates Christian theology is universal. In other words, does a Christian ethic, a universal and human ethic,¹⁶¹ possess distinctive characteristics? Perhaps being universal and distinctive are not mutually exclusive. Christian ethics can be global in scope while including particular, distinguishing attributes.¹⁶² The minimal agreement

between theologians about being universal yet unique is the basis of Christian ethics in scripture and religious teachings, taken from the ministry of Jesus. Christian ethics contain descriptive statements about God's connection with humankind as well as the actual condition of humankind.¹⁶³ The Gospel provides a context for understanding human experience.¹⁶⁴ A particular subset of Christian ethics is Catholic moral theology. Catholic moral theology discriminates a range of viable options within the framework of nature and grace in the Catholic tradition.¹⁶⁵

IC. Historical Context for Cooperation and Theological Ethics as Framing Right Action

Theological ethics as a path for right action is a difficult one,¹⁶⁶ possibly due to the exemplar of taking the right path, even if not the road less traveled. The challenge and ideal of the Christian ethic is in part or wholly due to the exemplar of Christian ethics – Jesus Christ. Christ is a moral exemplar, and his virtue-based model serves as a guide for good and moral behavior, details that have not escaped theologians and other scholars.¹⁶⁷

By no means do persons understand Christ, as well as his morality, in the same way. That is, each person has his or her own Christology, meaning an understanding of the import of Jesus Christ to the Church.¹⁶⁸ Some identify most with Jesus as the Son of God, a high Christology, which is a characteristic of the Gospel of John. Using this interpretation, Jesus shares God's divinity, implements divine authority, and conveys his authority unambiguously.¹⁶⁹ He knows the perfect way to act because he is one with God. This includes being the ideal moral exemplar and teacher while accounting for all the various diversity and combinations of people and situations. Most likely, this is Christology that Martin Luther ascribed to when he referred to Christ's ethic an

impossible one.¹⁷⁰ Others recognize Jesus mainly as the Son of Man (sic) with a low Christology, which occurs in the contexts of “Jesus’ activity and teaching during his ministry, statements concerning his death and resurrection, and passages dealing with his ascension and apocalyptic return.”¹⁷¹ Jesus, from this perspective, was an enigmatic and charismatic prophet and teacher. Even if not the perfect exemplar, he was skilled nonetheless as a teacher of morality.

Biblical and historical references do not record any examples of Jesus Christ delivering a complete, methodical, or common ethical framework. He taught moral lessons in parable format, which is a manner of speaking that has an enlightening and moving proverb, allusion, analogy, or image. Numerous examples exist – all of them are Jesus responding *ad hoc* to situations and questions. Some of them include the parable of the sewer (Matthew 13:24-30) or examples of how to gain eternal life by total submission to God using the analogy of the camel and eye of a needle (Mark 10:17-25), the plowman looking ahead rather than back (Luke 9:62), or cutting off an appendage that hinders one’s moral behavior (Matthew 18:8-9, Mark 9:43-48).¹⁷²

Despite any theological significance, differences based on Christology, Jesus as moral teacher, and Jesus as moral exemplar are of little relevance to this discourse. The end is the same whether persons identify with Jesus as God or Jesus as man. On one hand, Christ as God would know the perfect and ideal way to transmit moral lessons to people. The Gospels promote the ideal moral teacher and exemplar – knowing exactly how to respond to every different context and situation. On the other hand, Christ as man may not have known the idyllic way to teach, act, and respond. Nevertheless, he did respond in the various parables and sayings, many of them having a moral lesson,

counting the divided house (all four Gospels including Mark 3:23-26), mustard seed (all four Gospels including Mark 4:30-32), wicked tenants (all four Gospels including Mark 12:1-11), fig tree (all four Gospels including Mark 13:28-29), two builders (Matthew 7:24-27; Luke 6:47-49), yeast (Matthew 13:33; Luke 13:20-21), lost sheep (Matthew 18:12-14; Luke 15:4-7), wedding banquet (Matthew 22:1-14; Luke 14:15-24), talents or pounds (Matthew 25:14-30; Luke 19:11-27), the growing seed (Mark 4:26-29), hidden treasure (Matthew 13:44), pearl (Matthew 13:45-46), great net (Matthew 13:47-48), unforgiving servant (Matthew 18: 23-25), two sons (Matthew 21:28-31), ten bridesmaids (Matthew 25:1-13), creditor (Luke 7:41-43), good Samaritan (Luke 10:30-37), unexpected guest (Luke 11:5-8), rich fool (Luke 12: 16-21), barren fig tree (Luke 13:6-9), lost coin (Luke 15:8-10), prodigal son (Luke 15:11-32), dishonest manager (Luke 16:1-8), rich man and Lazarus (Luke 16:19-31), Pharisee and the tax collector (Luke 18:9-14), good shepherd (John 10:1-18), and vine and branches (John 15:1-10).¹⁷³ Arguably, the worth of Jesus Christ as moral teacher and exemplar is relevant whatever Christology one chooses. The proof is in the pudding. The significance of his life and teaching is manifest in the popularity and widespread use of the Bible today, with the impact and weight of his teachings to past and present contexts, and as a subject of attention with contemporary theologians and scholars.

Following the life of Christ, the Church and its believers have and continue to join Christian virtue from its exemplars with basic Christian principles.¹⁷⁴ L. Gregory Jones offers examples of the most prominent virtues in Scripture – “receptivity, humility, truthfulness, courage, charity, and imagination.”¹⁷⁵ Some gospel lessons seem obvious. For others, we have to interpret gospel stories in light of our present-day situation.

Applied ethics, secular or religious, is the application of virtue and principles in practice with all of their various interpretations.¹⁷⁶ Ethical practice does not occur in a vacuum, meaning that our actions impact others and a just society. Scholars comment on the link between theory and action. James Tubbs, Jr. defines applied ethics as:

A term referring to the application of ethical theory, ethical reasoning, or ethical perspective to particular areas of human life and activity – for example, business ethics, legal ethics, health care ethics, or pastoral ethics – or to particular problems, such as the moral issue of abortion or of warfare. The term “practical ethics” is often used as a synonym for applied ethics.¹⁷⁷

James Rachels states that the end or purpose of morality is to direct conduct, using reason in order to effectively consider the import of behavior to others.¹⁷⁸ There are more than enough reasons to apply ethical theory, reasoning, and perspectives to particular problems. Thomas Aquinas believed that morality and human acts are synonymous, meaning that every act has a moral dimension.¹⁷⁹ According to David Kelly, pastoral medicine was a theological form of applied ethics, designed for physicians and theologians to apply moral theology to the practice of medicine.¹⁸⁰

Dr. Martin Luther King taught, “An individual has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity.”¹⁸¹ Prosaically, Dr. Martin Luther King also used a quote from the 19th century abolitionist and Unitarian minister Theodore Parker, “The moral arc of the universe bends at the elbow of justice.”¹⁸² He understood, as others do, that applying ethics to practice and situations relates to both individual action as well as social justice.¹⁸³ The National Conference of Catholic Bishops (NCCB) summarizes the connection between the moral life of individuals and social communities including the

family, the nation, and the international community in a 1976 pastoral letter on the moral life:

While the ultimate and most substantive values inhere in individuals, individuality and community are inseparable elements of the moral life. So, for instance, honesty, courage and hope, which abide only in individuals, can be fostered by freedom to learn, protection from violence, adequate income, and the availability of health care. As followers of Jesus we are called to express love of neighbor in deeds which help others realize their human potential. This, too, has consequences for the structures. Law and public policy do not substitute for the personal acts by which we express love of neighbor; but love of neighbor impels us to work for laws, policies, and social structures which foster human goods in the lives of all persons.¹⁸⁴

Underpinning this statement is the concept that, ideally, we behave ethically not just for ourselves but also for others. Like it or not, social, organization, and systemic injustices are reflections of weaknesses in individuals' morality. One need not look any further for a contemporary example of this link than the 2009 financial collapse in the U.S. and its connection with the greed of more than a few individuals in power.

Relating this back to Christ's example and Christian virtue and practices, ethical practice is rational discourse through natural law in the Catholic theological tradition.¹⁸⁵ As John T. Noonan notices, Catholic moral teaching is not dormant, but awake and active; it changes over time and is prone to misstep.¹⁸⁶ Thomas Aquinas realized this and expected a dynamic tradition.¹⁸⁷ The evolution of ethics as rational discourse within the natural law happens for several reasons. First, reasoning in light of personal experience varied because no two people experience and interpret the same way.¹⁸⁸ Second, any rational agent can reason, which does not hold a privileged status among Catholics or Christians. It does not matter if the person reasoning has faith or not.¹⁸⁹ Third, Aquinas also recognized that human nature changes over time.¹⁹⁰ As persons' natures change, so

do morality and the unfolding of natural law. Even respectful dissent from Church teaching is a part of the contemporary understanding of ethics within the context of natural law.¹⁹¹

II. Material Cooperation as an Application of Theological Ethics

IIA. Defining Material Cooperation in the Catholic Tradition of Theological Ethics

The use of the term ‘cooperation’ in the Catholic Church and in Catholic moral theology differs from other general terms describing partnerships, such as collaboration or participation. Cooperation is association, affiliation, or some other partnership with evil; it is assistance in an immoral act by another. The *Catechism of the Catholic Church (CCC)* expresses cooperation:

- We have a responsibility for the sins committed by others when we cooperate in them
- by participating directly and voluntarily in them;
 - by ordering, advising, praising, or approving of them;
 - by not disclosing or not hindering them when we have an obligation to do so;
 - by protecting evil-doers.¹⁹²

Cooperation is the choice of an individual or institution to assist an immoral act by an agent, usually another individual or institution.¹⁹³ The *CCC* continues with repercussions of sin on others:

Thus sin makes men accomplices of one another and causes concupiscence, violence, and injustice to reign among them. Sins give rise to social situations and institutions that are contrary to the divine goodness. “Structures of sin” are the expression and effect of personal sins. They lead their victims to do evil in their turn. In an analogous sense, they constitute a “social sin.”¹⁹⁴

The above passage is a reminder that both sin and cooperation in the sins of others may lead additional people to into sin. Cooperation is well suited to structure the relational

impact of others' sins as described in the first chapter. This particular multi-agency, social principle is perfectly positioned to address the social nature and impact of sin illustrated by *CCC* definition above.

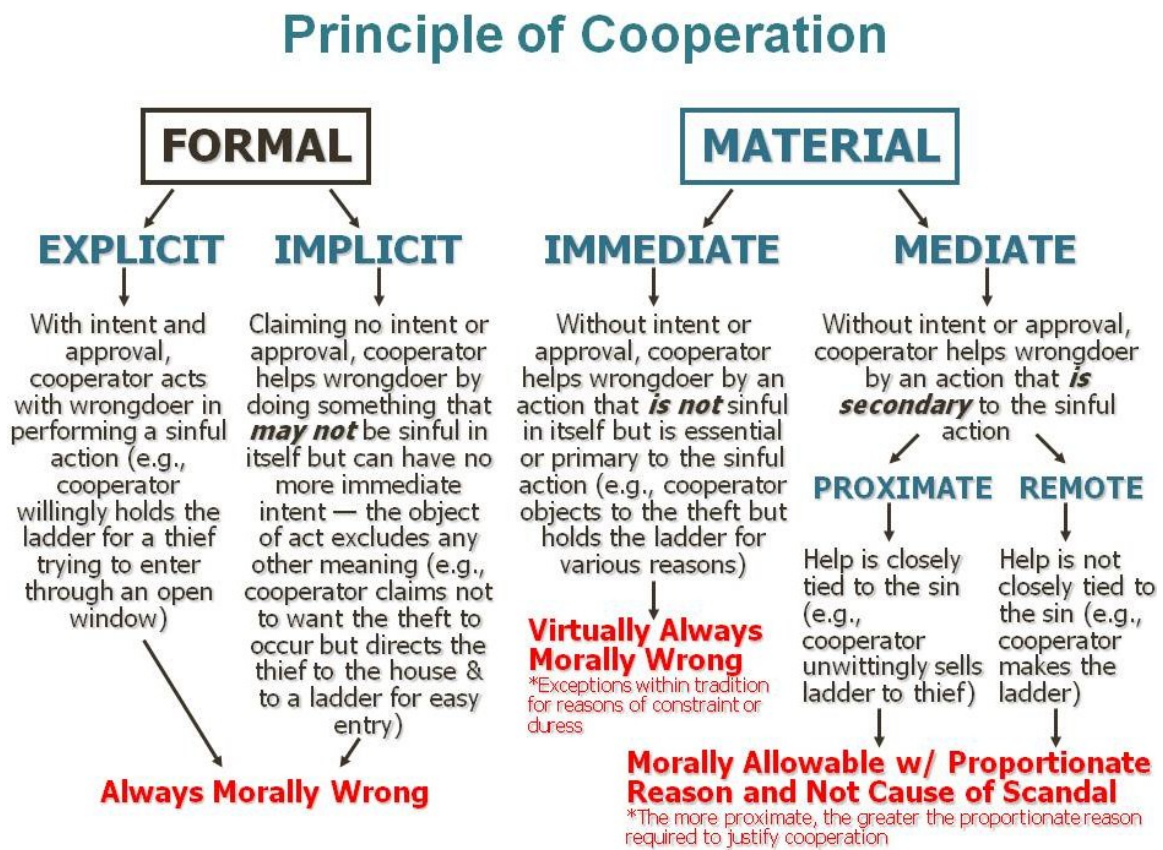
Collaboration describes something different in the context of Catholic teaching. Whereas the "evil act is the ultimate referent of the principle of cooperation," this is not so for collaboration, which describes a "deliberate joint...action."¹⁹⁵ This collaborative mutual behavior, presumably through action or omission, is not in reference to a moral evil. Therefore, collaboration is extraneous to this discussion it is not in reference to evil, injustice, or malfeasance, which are the focus of this dissertation.

Specifications are in order before discussing the divisions of cooperation. First, a cooperator's participation may be either positive or negative. Positive or direct cooperation involves a cooperator's action that, in some way, assists the principle agent in the form of counsel, petitions, incentives, requests, directives, or imperatives; conversely, the cooperator "does nothing to impede [the agent's evil]" in negative or indirect cooperation, which often takes the form of disregarding an occasion to warn someone or obstruct their action.¹⁹⁶ Second, according to Canon Law, cooperation may have physical and/or moral form, may precede (pre-) the immorality (injustice) or accompany it (peri-), and may be according to an agreement or not in accord with an agreement.¹⁹⁷ Just as there are many ways to sin, there are various ways to assist the sin. Manualist theologian Henry Davis remarks that cooperation may be after the evil itself (post-) by defending or sheltering the evildoer.¹⁹⁸ A tangible example of post-evil cooperation is the declaration of U.S. President Bush immediately after September 11,

2011, when he said that he would consider any country or faction who harbors terrorists as sympathizing with them and an enemy of the United States.

Cooperation uses a taxonomic scale to assess the level (amount) of participation in evil. Because cooperation is conceptually difficult, the following “Figure 1: The Taxonomy of the Principle of Cooperation” should provide visual assistance for conceptualizing the principle of cooperation.

Figure 1: The Taxonomy of the Principle of Cooperation¹⁹⁹



The initial taxonomic divisions of cooperation are formal and material cooperation.

Formal cooperation occurs when a cooperator helps an agent in sin while intending the sin.²⁰⁰ It is participation in sin while espousing the evil intent.²⁰¹ Clarifications of formal cooperation are in order. One is that participation in evil is independent of the attitude or

motive of the agent or cooperator,²⁰² meaning that the motives (justifications) of intent are irrelevant to the definition of formal cooperation. Another relates to slightly different descriptions some commentators use to explain formal cooperation. Some explain that formal cooperation is the cooperator's approval of evil.²⁰³ Others describe it as consent or concurrence to the evil by the cooperator.²⁰⁴ If there are subtle distinctions between 'intention,' 'approval,' and 'concurrence,' they are irrelevant; all of these are the same for this discussion. An additional clarification, related to the former, pertains to the extent that one who is cooperating must register disapproval that, by extension, illustrates a cooperator's different intent from the agent.²⁰⁵ For instance, one may evidence displeasure by cooperating with a perfunctory measure, not cooperating, or thwarting the agents' and others' participation while not cooperating.

Formal cooperation has two divisions, explicit formal cooperation and implicit formation cooperation. Explicit formal cooperation is when cooperator's intention (*ex fine operantis*) is the agent's sin.²⁰⁶ The end of the cooperator and the agent are the same; the cooperator makes a specific act of the will that directly approves of the agent's immorality.²⁰⁷ A definition of implicit formal cooperation is when the cooperator claims no intent or approval because the act (or omission) is not sinful in itself, but the nature (object) of the act cannot have any other meaning (*ex fine operis*).²⁰⁸ The Appendix of the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)* describes implicit formal cooperation:

Implicit formal cooperation is attributed when, even though the cooperator denies intending the wrongdoer's object, no other explanation can distinguish the cooperator's object from the wrongdoer's object.²⁰⁹

No other explanations for the cooperator's action exist other than the wrongdoer's object itself, because "the object of the act excludes any other meaning."²¹⁰

Material cooperation is different from formal cooperation in at least one important way. This difference is one of intent; Keenan offers, "The manuals agree" that "material cooperation requires that one cannot actually intend the illicit action."²¹¹ Therefore, the absence of evil intent defines material cooperation.²¹² It is cooperation without the knowing and willing assent, or approval, of the agent's act on the part of the cooperator.²¹³ The intent could be many things: personal gain, profit, or convenience as well as the avoidance of harm, loss, or nuisance²¹⁴ – just not the evil intent of the moral agent. Some commentators differ about the conditions necessary for one to prove that he or she does not assent (intend) the evil. Noldin defines material cooperation as the absence of intent and does not address approval.²¹⁵ Kelly believes the cooperators must indicate disapproval "by show[ing] in some way that they do not approve of [the evil]... otherwise their unprotesting assistance would imply approval."²¹⁶ Any tension resulting from these distinctions alleviates by defining approval as intention, and material cooperation as participation in evil without intent *or* while evidencing disapproval. After setting aside the issue of intent, the focus is on the act itself. Manualists observe a necessary precondition for material cooperation is that the cooperator's act is not sinful in itself, that is, by the object of the act.²¹⁷

Similar to the divisions of formal cooperation, material cooperation has two initial subdivisions. Material cooperation may be either immediate or mediate. In immediate material cooperation, "the object of the cooperator (nature of the cooperation) is the same as the object of the illicit activity" but the cooperator does not intend the evil

(cooperator's intent is apart from the moral agent's intent).²¹⁸ As the moral theologian Charles McFadden explains it, immediate material cooperation is participation in an immorality, in part.²¹⁹ In this way, the critical component of immediate material cooperation is the essentiality, or primacy, of the contribution to the evil act; this is because the cooperator directly helps to provide part or all of the conditions necessary for it. Some consider that immediate material cooperation is any willful, intentional contribution to the essential circumstances of the agent's immoral act while not intending the object of the act.²²⁰ In other words, a cooperator knowingly cooperates but does not approve of it. As can be assumed, mediate material cooperation occurs when the cooperator assists the evil act by contributing in a non-essential, or secondary, way. The cooperator's act is lesser when compared with the primacy of immediate cooperation, and the cooperator does not intend the evil of the primary agent in mediate material cooperation like immediate material cooperation.²²¹ Other explanations for the 'degree of separation' from the act are "something antecedent or consequent to the evil,"²²² "a preparation to a sinful deed,"²²³ "an action which one would ordinarily have a right to do,"²²⁴ or a contributing to the "nonessential [not indispensable] circumstances before, during, or after the act."²²⁵

Further delineations divide the subcategory of mediate material cooperation. In proximate mediate material cooperation, the cooperator's help intimately connects with the evil of another. The cooperator's help does not closely connect with the agent's evil in remote mediate material cooperation.²²⁶ McFadden further elucidates and exemplifies the proximate and remote classifications of mediate material cooperation:

Mediate cooperation is called *proximate* or *remote*, according as it is more or less intimately connected with the act of the principal

agent. Thus, a nurse who would stand beside a surgeon who was performing an immoral operation and hand him all the required instruments and material would be rendering *proximate assistance*. In contrast, a nurse who would prepare the patient in a hospital room for the forthcoming immoral operation, or the nurse who would sterilize and set out the instruments for the operation, would be rendering *remote assistance* [emphasis in the original].²²⁷

In other words, proximate mediate material cooperation has a more direct causal relationship than remote mediate material cooperation.²²⁸ A description of the relationship of proximate and remote cooperation with proportionate reason occurs below.

Four other concepts have an intimate association with the description and application of cooperation to any situation. First, the gravity of the moral evil is part of ascertaining cooperation. The history of magisterial teaching and pastoral application supports that certain moral evils, abortion and euthanasia for instance, are much more grave than others, such as direct sterilization and birth control.²²⁹ When applying cooperation, the weightier the moral issue, the more the weight anchors the application of cooperation. It becomes less likely that any sufficient distance exists to make tolerable mediate material cooperation with an especially grave evil. Yet, as one scholar notices about the words of John Paul II, “circumstances can mitigate even to a notable degree subjective responsibility and the consequent culpability of those who make these choices which in themselves are evil.”²³⁰

Second, duress has a pronounced association with cooperation. Thomas Aquinas provided a basic definition of duress: one’s will “moves towards [an evil], albeit not for its own sake, but on account of something else, that is, in order to avoid an evil which is feared.”²³¹ Duress is significant because it is an important distinction when considering

material cooperation and the legitimacy of immediate material cooperation. A cooperator may face a situation where he or she does not share the evil intent of the agent but, nevertheless, essentially or secondarily participates in an immorality (injustice) because of duress. In particular situations such as these, “If the cooperator could avoid it, he or she would do so; but, given the fact that duress is present the cooperator does do something that helps the principle agents to accomplish evil.”²³² In general, the duress involved in any situation is greater when fewer alternatives (options) exist.²³³ Duress can take any one of a number of forms: individual or social, corporeal or emotional (psychological), fiscal or material, direct or indirect.²³⁴ Historically, rare exceptions for regarding immediate material cooperation as legitimate due to duress have been allowed. Prudential judgment must be the basis for such decisions where there are little or no options.²³⁵

Third, another concept important for understanding cooperation is scandal. The Holy See defines scandal as the following:

[Scandal] is an attitude or behavior which leads another to do evil. The person who gives scandal becomes his neighbor’s tempter. He damages virtue and integrity; he may even draw his brother into spiritual death. Scandal is a grave offence if by deed or omission another is deliberately led into a grave offense... Anyone who uses the power at his disposal in such a way that it leads others to do wrong becomes guilty of scandal and is responsible for the evil that he has directly or indirectly encouraged.²³⁶

The moral manuals specify that scandal is seduction that causes another to sin, which includes offering the occasion to sin for the purpose of sin; it is conduct having the appearance of evil, leading a neighbor to the occasion of spiritual ruin.²³⁷ Scandal is relevant to the principle of cooperation. As summarized by Directive 71 in the *ERDs*, “Cooperation, which in all other respects is morally licit, may need to be refused because

of the scandal that might be caused.”²³⁸ Assessing scandal in cooperation is important, particularly as it applies to mediate material cooperation. Even though a cooperator’s action or omission might not be intrinsically evil, leading a third party to think less of the Church, its teaching, or its authority is sinful.²³⁹

Proportionality, fourth and lastly, correlates with any application of the principle of cooperation. Proportionate justification factors into material cooperation as a sliding scale, and it is especially relevant when determining if mediate material cooperation is licit. Less separation between cooperator and the evil (proximate) requires a more serious justification for the cooperation, while more separation between the cooperator and the evil (remote) requires a less serious justification for the cooperation.²⁴⁰

Validation for cooperation does not occur without proper proportionate justification.

IIB. Relating Cooperation with Ethical Principles in the Catholic Theological Tradition

As discussed in chapter one, cooperation is both related to and distinct from other theological concepts and principles. Three additional principles are worth mentioning, both for their similarities to and divergences from cooperation. The reason for detailing these principles now is because they, at first glance, may seem to be similar to cooperation in their function, history, or application. Perhaps it is more important to explain how the principles are sufficiently different and, subsequently, less valid for the purpose of this dissertation than specifying them only.

Theologian William May articulates the significance of human actions:

Human acts are not physical events that come and go, like the falling of rain and turning of leaves, nor do they ‘happen’ to a person. They are, rather, the outward expression of a person’s choices, for at the core of a human act is a free, self-determining choice, which as such is something spiritual which abides within the person, determining the very *being* [emphasis in original] of

the person. The Scriptures, particularly the New Testament, are very clear about this. Jesus taught that it was not what enters a person that defiles him or her; rather, it is what flows from the person, from his or her heart, from the core of his or her being, from his or her choice (cf. Matthew 15: 10-20; Mark 7: 14-23).²⁴¹

St. Thomas Aquinas specified that moral acts have moral object, intent, and circumstances. According to the ‘three-font’ (‘tres fontes’) or three sources of morality principle, the object is an act of the will, formed by conscience, which expresses the rational order of good and evil. It is in reference to the act itself. Intention, the secondary end of the act, has a close connection with the object, and is a part of the agent’s will. Circumstances are ancillary, or tertiary, elements involved in any moral act, and they may alter the goodness of that act. Neither good circumstances nor intention may justify an intrinsically evil act (by its object).²⁴² Object, intent, and circumstances must have a proper disposition in order for an act to be morally good.²⁴³

It is the dissimilar ways of considering of the object, intention, and circumstances that account for the range resulting from the assessment of human acts. Physicalists, for instance, accentuate the corporal dimensions of acts and do not regard other dimensions as important, such as the psychological, spiritual, and social. In contrast, personalists believe that all dimensions of an act (i.e. psychological, spiritual, and social as they relate to object, intent, circumstances) are significant. Personalists predominantly focus on the interpersonal and human characteristics of an action, including circumstances, as they relate to its goodness.²⁴⁴

The three-font principle also relates to the movement and method dubbed proportionalism, also referred to as revisionism or consequentialism. David Kelly traces the origins of proportionalism to an article by Peter Knauer in 1965 where Knauer

asserted that doing evil must have a ‘counterbalance,’ which is good serving as proportionate reason for the evil. Despite proponents’ arguments to the contrary, Kelly argues that proportionalism represents a change from legalism to judicious (i.e., not an extreme form of) situationalism or, to phrase this differently, a shift from deontology to an “intrinsic consequentialism.”²⁴⁵ Proportionalists are critical of physicalists because reducing an act to its physical properties does not account for other important factors. It is more likely that a proportionalist will not view an action as ontic or premoral evil; an act is wrong when proportionate justification does not accompany it.²⁴⁶ “Thus, just as not every killing is murder, not every falsehood a lie, so not every artificial intervention preventing (or promoting) contraception is necessarily an unchaste act.”²⁴⁷

John Paul II declared proportionalist reasoning as unfaithful to Church teaching in his encyclical *Veritatis Splendor* (1993),²⁴⁸ which does not repudiate the three-font principle. The denunciation means that one should not use proportionate reason as the sole or chief determinate about the acceptability or illicitness of actions. This relates to cooperation because the Church affirms that certain acts are ontic or premoral evils, irrespective of circumstances, which can be the focal point of cooperation.

Many know double effect as the ‘principle of double effect.’ Daniel Sulmasy caveats that people employ the use of the terms ‘doctrine of double effect,’ such as Quinn in 1989,²⁴⁹ and ‘rule of double effect,’ such as Ramsey in 1978.²⁵⁰ Scholars Thomas Cavanaugh and Christopher Kaczor expound that this classification as a single ‘principle’ is a recent occurrence, given the extensive history of concepts innate to double effect.²⁵¹ Scholars and theologians after Aquinas did not remark about one principle alone, but a sequence of conditions with more than one effect.²⁵² Therefore, according to Cavanaugh,

it may not be clear that these criteria are principles. Cavanaugh employs the use of “double effect reasoning” (DER) to evade any misinterpretation, a convention that Kaczor adopts.²⁵³

Questions abound as to the origins and formulators of DER because the current formulation of DER does not reflect the pre-conglomerated existence of potentially disparate, distinct concepts. According to Kaczor, some scholars believe that Thomas Aquinas was the originator of DER, as traces of the modern concept are in *Summa Theologiae*, either in his attention to killing in self-defense or discussion of the direct and indirect voluntary.²⁵⁴ Thomas Aquinas was not the originator of DER according to other scholars,²⁵⁵ despite little evidence of concept’s components existing before Thomas Aquinas.²⁵⁶ In either event, DER was contrary to the prevailing Christian teaching of St. Augustine that one should not kill another in self-defense, an almost universal prohibition, because bodily life is subordinate to eternal life.²⁵⁷

According to Kaczor, Aquinas addressed moral acts having two effects, one that is intended and the other apart from the intention, in *Summa Theologiae*. He continues by quoting Aquinas as he addresses intention, effect, and proportionality:

Nothing prevents that there be two effects of one act: of which the one is in the intention, but the other is outside the intention. However moral acts take their species from that which is intended, not however from that which is outside the intention, since it is per accidens, as is clear from things said before. Therefore, from the act of one defending himself a twofold effect is able to follow: one the preservation of his own life, the other however the death of the aggressor. Therefore an act of this type, from the fact that the preservation of one's own life is intended, does not have the character of the illicit, since it is natural to anyone to preserve himself in his being insofar as he is able.²⁵⁸

Little was written about DER for about 200 years after Thomas Aquinas. Then Cardinal Cajetan elucidated his interpretation of Aquinas and DER in the early 1500s, as it applied to self-defense. DER clearly derives its current form within his wording, and other implicitly accepted formulations by the end of the 1500s. It was not until the mid-1600s that the Salmanticenses used DER as a general line-of-reasoning, as opposed to always being attached to particular cases such as self-defense.²⁵⁹ Mangan quotes theologian Joannes Gury, where he specifies the four conditions necessary for legitimate, lawful action:

1. The ultimate end of the author must be good, that is, the author may not intend the evil effect, because otherwise he [sic] would intend something evil and consequently commit sin.
2. The cause itself of the effects must be good or at least indifferent, that is, as an act the cause must not be opposed to any law. The reason is evident. For, if the cause is evil in itself, of itself it makes the action imputable as a fault.
3. The evil effect must not be the means to the good effect. The reason is that, if the cause directly produces the evil effect and procures the good effect only by means of the evil effect, then the good is south by willing the evil. And it is never lawful to do evil, no matter how slight, in order that good may come of it... Therefore, one may never tell a lie even to save some man's life."
4. There must be a proportionately serious reason for actuating the cause, so that the author of the action would not be obliged by any virtue to omit the action. For natural equity obliges us to avoid evil and prevent harm from coming to our neighbor when we can do so without proportionately serious loss to ourselves.²⁶⁰

Some theologians believe that it was Gury – the French, Jesuit theologian, referenced above, who lived in the 1800s – who coalesced some of the principles in DER and, thus, was the originator of contemporary DER.²⁶¹

Unlike cooperation, which depends on two agents and acts (or omissions), DER concerns one agent and one act (or omission) with two foreseen effects. The connection

between DER and cooperation is that cooperation becomes an issue only for those issues that do not pass DER. DER is apparent in each of the following common examples: Categorically, informed clinicians and other associates in Catholic health care systems do not worry about treating women's ectopic pregnancies, taking out women's hemorrhaging uteri, or removing cancerous portions of women's reproductive tracks. Any one of these actions may render a woman infertile or sterile. As discussed later, the Church prohibits procedures that render someone infertile. Still, the purpose of the Church teaching are those procedures performed with the intent of inducing sterility. Ectopic pregnancies, cancer, or a hemorrhaging body parts are present and serious pathologies that, depending on the specifics of the situation, generally pass DER. Other health care procedures employing the use of DER include the separation of conjoined twins, terminal sedation, organ donation, and transplantation.²⁶² Procedures that do not pass DER are ones that may require the use of the principle of cooperation. In other words, cooperation is not needed, even if it could apply, for something that is licit per double effect. Catholic hospitals may perform those procedures covered by DER.

The direct/indirect distinction relates closely to double effect. Thomas Aquinas discussed the direct/indirect distinction, but his use of the terms is different from their present form. He distinguished between direct and indirect within a larger discussion of voluntariness.²⁶³ More contemporary issues revitalized the description and discussion of the distinction with results that were far from unanimous about its explanation. For some, direct become synonymous with immoral, and evil has justification only with indirect means. Scholarly discourse about abortion in the early 1900s typified this description.²⁶⁴ Peter Knauer understood the distinction as describing the presence or

absence of proportionate reason in his essay on double effect in 1965.²⁶⁵ Bruno Schüller critiqued the significance of the direct/indirect distinction in 1972 and 1979, arguing that its users overemphasized its significance. According to Schüller, the direct/indirect distinction was about the intending will (direct) and the permitting will (indirect) having similar temperaments.²⁶⁶

Richard McCormick and Daniel Maguire both believed that disagreements about the definition and use of the direct/indirect distinction were part of the problem. There was no agreed definition about the distinction. Still those using it interpret that direct is illicit and indirect is licit. This led to what he referred to as absolutism and abuse of the distinction. An illustration of this a person who likens something as morally justifiable because its cause is indirect, but the action clearly is not morally justifiable.²⁶⁷ Maguire's theory may hold true to the extent that most commentators do not comment on how they use the direct/indirect distinction. It is unclear if something indirect when it 'passes' double effect. Is, for instance, sterilization direct if the intent of the agent is to cease reproductive functioning, or is it direct merely in the absence of a severe and threatening pathology? The answer to this clearly depends on the definition of direct and indirect. A problem is that scholars are not always clear about the use of direct or indirect.²⁶⁸

In order to reduce complexity, rather than add to it, the indirect/direct distinction will be synonymous with double effect for our purposes. If an action or omission 'fails' double effect, using the previous definition of double effect, than it is direct. It is indirect if it passes double effect. Using this definition, cooperation concerns do not involve those things that are indirect. For example, Catholic health care organizations may not

directly sterilize men or women, but procedures may respond to a present and serious pathology even if they cause sterility.²⁶⁹

IIC. Locating Material Cooperation within the History of Theological Ethics

In contrast to the reasoning and principles mentioned above, the origin of the principle of cooperation is, most likely, not Thomas Aquinas.²⁷⁰ The framework and guidelines that coalesced into the principle of cooperation are the work of Alphonsus de Liguori.

The previous chapter outlined the context surrounding Liguori but did not detail the man along with his life and works as they relate to what is now the principle of cooperation. Alphonsus Maria Liguori was born on September 27, 1696 in the Kingdom of Naples, which was under Spanish rule at the time, to a noble family. His father, Don Giuseppe Liguori, was an accomplished naval officer and renowned as a commanding officer. Donna Anna Cavalieri, his mother, dedicated her life to service and the education of her eight children, four girls and four boys (three of whom besides Alphonsus became priests or nuns), of which Alphonsus was the oldest. The maternal grandfather of Alphonsus was one of the kingdom's chief magistrates.²⁷¹

His parents were both devout Catholics, and his interests in and contributions to the fair may be due to his pious upbringing. Alphonsus seemed to appreciate his mother's discipline and morality. As a young adult, he learned and practiced the arts, became an accomplished musician and fluent in three languages (Latin, Greek, and French), and studied civil and cannon laws, mathematics, literature, philosophy, and science. The extensive studying paid off – he became a doctor in 1713 when he was a little over sixteen years old and a practicing lawyer shortly thereafter. By his twentieth

year, he had a successful legal practice with a number of clients, some of them famous persons.²⁷²

Alphonsus remained interested in leading a virtuous life, which led him to maintain a reserved and pious life, join religious retreats with popular theologians, enter the service of others such as volunteering at hospitals, and devote himself to prayer. He renounced the legal profession after a particularly prominent and difficult case in his early twenties. His father renounced him after years in solicitude away from the legal practice. This furthered his intent to dedicate himself to God by entering the priesthood in 1723, a decision that disappointed his father. As a priest, he became even more ardent with strict spiritual exercises. In 1726, Alphonsus, now in his late 20s, was ordained.²⁷³

He became as well known as a skilled orator and saver of souls. Liguori not only enjoyed bringing peace to troubled souls, he was quite adept at it. There were numerous occasions of Liguori skillfully responding to those in confession as well as bringing the most obstinate and hardened-heart individuals back to the faith and good moral conduct. He conducted retreats, went on missions, and founded a retreat center and a religious congregation. Alphonsus was elected rector-major in the 1740s when he began to write his many works including *Moral Theology*, published in 1753. Liguori declined the bishopric one time but did not when he was asked thirty years after he founded his congregation. He accepted the calling well into his seventh decade of life.²⁷⁴

As an accomplished theological scholar, Liguori had many theological interests, with one of the foremost being the instruction, formation, and training of priests. A critical subset of this, for Liguori, had to do with the important practice of priests listening to the confessions of parishioners and responding appropriately to the occasions

of sin. The duty of being a spiritual director and hearing confessions was paramount, and priests should not take it lightly.²⁷⁵ Hearing confessions and responding appropriately – as well as being pastoral while also having concern with truth due to those seeking eternal salvation – is a difficult job as described by St. Alphonsus Liguori himself:

The office of confessor is the greatest – it concerns eternal salvation – and the most difficult. The most difficult because it requires knowledge of all the sciences, all work, all the professions; because it touches upon every kind of problem; because it presupposes knowledge of a huge number of positive laws and sacred canons that have to be rightly interpreted and, finally, because there remains the hard work of applying all of this to the diversity of cases for which circumstances call for different solutions.²⁷⁶

The role is so difficult that, according to Liguori, angels fear to tread on the office because, as described by St. Lawrence Justinian, there is nothing more delicate and hazardous than the duty of providing to God a description of others' lives.²⁷⁷ He took the 'office of confessor' seriously and expected others in the office to do the same.

Chapter one expressed the cultural milieu surrounding Liguori and the pushback against casuistry along with Liguori's sensible morality. Alphonsus Liguori comments more specifically about the cultural forces mentioned in chapter one:

Some pride themselves on being scholars and distinguished theologians and disdain to read the moralists whom they scornfully call casuists. It is enough, they say, for the confessor to know general principles of morality to solve every particular case. It is certainly true that all particular cases are to be solved in light of the principles. But the whole difficulty consists exactly in applying to particular cases obscured by complex circumstances the general principles appropriate to them. Reason comes into play in order to weigh the pros and cons of each principle. This is the task performed by the moralists.²⁷⁸

Liguori's morality is sensible because prudence, reason, and wisdom mediate the application of more abstract rules, principles, and values to specific situations that include

various intentions and circumstances. For the reasons expressed, Liguori considers moral theology one of the most difficult duties persons (presumably both priests and laypersons) may enter into for a few reasons. First, it requires knowledge of several disciplines (some mentioned above). Second, moral theology encompasses a gargantuan amount of information due to the first reason. Third, decisions are dependent on other variables such as intent and circumstances. No two situations may be exactly alike. The principles, concepts, and solutions employed for one case do not necessarily work for other cases, even ones that seem similar to the first. It is this density and complication that renders the proper practice of moral theology so difficult.²⁷⁹

One can find the concept now called the principle of cooperation in his writings. Not surprisingly, Alphonsus conceptualized components as ways to guide clergy listening to confessions. Confessors – who intentionally or unintentionally participate in the sins being confessed – sin themselves:

Priests who see insults offered to God and remain silent are called by Isaias mute dogs. But to these mute dogs shall be imputed all the sins that they could have but have not prevented. ‘Do not be silent,’ says Alcuin, ‘lest the sins of the people be ascribed to you.’ Some priests abstain from reproving sinners because they do not wish to disturb their peace of mind; but, says St. Gregory, for this peace that they desire, they shall miserably lose peace with God...St. Leo adds: “The priest who does not withdraw another from error proves that he is himself involved in it.”²⁸⁰

Liguori does not refer to this explicitly as cooperation. However, formal cooperation describes when a cooperator participating in the sin of the agent in such a manner that the sin of the cooperator is indistinguishable from the sin of the agent. In other words, Liguori is expressing the modern understanding of formal cooperation.

Evidence exists of the modern-day concept of material cooperation in Liguori's writings. Again in the context of confession, Liguori gives the example of the tightrope a confessor walks with a person who keeps himself or herself in the company of proximate or remote sin:

The occasion may be *remote* or *proximate*. The remote occasion is that in which a person rarely sins or in which men, commonly speaking, seldom fall. The occasion that is itself proximate is that in which men always, or nearly always, fall. The occasion that is proximate by accident, or the respective occasion, is that in which a particular person frequently sins. This is the correct definition of the respective occasion, according to the true and common opinion of theologians, in opposition to those who hold that the proximate occasion is that in which a person always, or nearly always, yields to sin. The occasion of sin is also divided into *voluntary* and *necessary*. The occasion is voluntary when it can be removed; it is necessary when it cannot be avoided without grievous loss or grievous scandal to others.²⁸¹

Restating this, persons keeping themselves in the proximate occasion of sin may require a 'tough love' approach from a confessor when compared to counterparts who are in remote proximity to sin. Proximate occasions of sin typically require more rigor than remote occasions, which may include, on the one hand, not absolving the sinner until the proximate reasons to sin have been removed. On the other hand, the confessor may absolve a person staying in the presence of proximate sin a couple times but no more if the sinner promises to remove the occasions for sinning. Proximate sins are much more difficult to remove than remote ones.²⁸²

An example of proximate (mediate material) cooperation Alphonsus gives is a parishioner who keeps a concubine in his house.²⁸³ The supposition from his writing is that the concubine is the moral agent who sins. He does not mention if the parishioner, who is the cooperator, has already sinned. Still, the example infers that by merely aiding

a sinner, while not intending the transgressions of the sinner, provides reasonable occasion for the cooperator to sin because of the assistance or relationship to the moral agent. Albeit not by name, this situation describes what now is proximate mediate material cooperation.

In the former example, the role of the confessor is to appropriately challenge the parishioner, lest he become inappropriately connected with the transgressions by ignoring, trivializing, or otherwise condoning the situation. Again, this is a delicate balance for the confessor, as Liguori's writings reveal:

In choosing an opinion, when it is a question of removing a penitent from the danger of formal sin, the confessor must often follow the most tolerant options, to the degree that Christian prudence allows him to do so...If, however, the penitent's opinion places him in close proximity to the danger of formal sin, then the confessor must advise him to follow the stricter opinion. I say advise because if the penitent holds a truly probable opinion and wishes to follow it, he cannot be refused absolution, since, by his confession which he has already made, he has acquired the right to receive absolution...A confessor [realizes that his penitent is committing sins the gravity of which he is unaware]; if he foresees that his admonition would do no good, must he nevertheless warn him? No. The confessor can and must leave him in good faith. Of two evils it is necessary to choose the lesser. When the choice lies between material and formal sin, one must at all costs avoid the latter, for it alone God punishes because by it alone is He offended. But what then of the truth? Certainly, the confessor cannot deceive his penitent if the latter asks him. But he is not only a teacher, he is a physician. And his faculty to hear confessions is first of all a ministry of charity. Is the truth to be sacrificed then? In no way. He does not choose between truth and charity. He practices charity toward the penitent and towards God [who will not be formally offended] without doing injury to the truth. He does not speak it [because it is not good to utter every truth]...A single formal sin is more serious than all the material sins together.²⁸⁴

Notice that prudence requires the confessor to react differently to various situations. The ideal is the removal of sin or the occasion to sin in totality. Yet this may not be optimal

for any number of reasons. In these cases, the lesser of two evils is material proximity to sin rather than formal, as well as maintaining the parishioner's good conscience if he or she is unaware of the sin's gravity rather than objectively informing the parishioner of the sin's gravity.

Church hierarchy and officials grew weary and suspect of (what scholars now dub) high casuistry "because it sometimes became oversubtle and even intellectually dishonest" around the time of and shortly after Liguori.²⁸⁵ Therefore, after Liguori, the significant applications of cooperation were by Manualists, who often defined it then applied it to health care and cases of assisting in illicit procedures as well as other assistance in evil.²⁸⁶ The purpose and name of the manuals originated from the desire of moral theologians for seminarians to use deductive reasoning, to reason from universal principles to individual situations. Theories, teaching, and principles were codified into textbooks or manuals predominantly from the eighteenth to twentieth centuries.²⁸⁷

The following is a survey of some more recent, English moral manuals. They are in chronological order by book edition: Henry Davis defines cooperation, explains the taxonomy and malice of cooperation, and provides practical examples of cooperation in his 1945 edition of *Moral and Pastoral Theology*. His examples include a priest giving a consecrated Host to an "unworthy recipient" during Communion (an application Liguori would appreciate), associating with immoral books and papers (i.e. printing, writing, publishing, selling, advertising, and so on), promoting idolatry (e.g. creating offensive art such as provocative statues, making Masonic emblems), selling sinful objects, illicit operations (i.e. surgeries such as direct sterilizations), spouses who use contraceptives, managers who ask employees to sin, associating with unjust laws and sentences, selling

furniture from churches, reading or reciting Anglican prayers, helping in public welfare clinics that give information about or distribute contraceptives, and participation in Chinese rituals.²⁸⁸ Heribert Jone and Urban Adelman applied cooperation, in their 1952 edition of *Moral Theology*, to cases of interacting within Protestant churches (e.g. attending a service, designing worship space) and with Protestant clergy (e.g. last rites), donations for building and maintenance of non-Catholic institutions (e.g. schools, orphanages), printed works with controversial content (i.e. authoring, printing, editing, proofing, advertising, selling, setting the typeface, and so on for inappropriate books, papers, or magazines), immoral shows and dances (i.e. arranging, conducting, financing, playing music for, or being security for an inappropriate exhibit or show), employers who sin (e.g. preparing a meat dish for an other-than-Catholic employer during a day of abstinence), laborers and tradespersons (e.g. sewing a revealing dress), and with a judge executing an unjust law through a sentence (e.g. invalid marriage, divorce).²⁸⁹ In his 1963 manual *The Law of Christ*, Bernard Häring focuses on avoiding cooperation to begin with, as his rules for conduct in cooperation portray:

First Principle: It is never permitted, directly or indirectly, to cooperate in an act which is in itself evil, even though one anticipates the very greatest good as a result of the act.

Second Principle: There is no universal obligation to omit a good or indifferent act because of the evil effects which it may also have because of the hazard of circumstance or the malice of others. But there must be a proportionate reason for performing the action.

Third Principle: If no relatively higher good is at stake, ordinarily love of neighbor, zeal for the kingdom of God, and frequently justice itself commanded us to omit actions which will have foreseen but unintended evil effects.

Fourth Principle: The obligation to prevent or avoid the unintended evil effects of our actions is all the more urgent, 1) the more baneful the effect can be, 2) the more immediately it flows from our action, 3) the more the duties of our state of life or of our vocation command us to prevent such evil efforts.²⁹⁰

Thus, his conceptual understanding of avoiding cooperation to begin with is more fitting than his examples, which seem to border on DER (e.g., a male gynecologist becoming aroused while examining female patients, killing in self defense, a priest giving the consecrated Host to a congregant whom he denied absolution). Using Häring's reasoning, we cooperate when we do not have proportionate reason to act or do not try to avoid the evil effects of an action with two foreseen effects.²⁹¹ This is Häring's way of saying that participators' cooperate with evil when an act or omission fails DER.

Some manuals focused on medicine and its moral practice in particular. One who had many editions of such a manual was Charles McFadden, whose first edition of *Medical Ethics* was in 1945. In his 1961 edition, he defines cooperation, explains the association between cooperation and DER, gives preconditions for using cooperation and DER like Häring, and applies it to a series of issues. Of significance to McFadden is a professional's (usually a nurse's) assistance in a suspect or immoral procedure, which is the title of his chapter ("Assistance at Immoral Operations") and a subject he nuances within. As McFadden knows, this is not the only form of cooperation within the medical setting. He also addresses mercy killings, referrals for illicit procedures, being 'ordered' by a superior to do something immoral, working in an office where a physician recommends contraception to patients, sterilization by non-surgical means, and working in a public health clinic.²⁹² Thomas O'Donnell, a Jesuit and Georgetown University professor, wrote *Morals in Medicine* in 1956. After defining cooperation and its taxonomy, he suggests that DER is the litmus test for the acceptability of mediate material cooperation. It is less likely that a cooperator's action is mediate material cooperation if the act does not pass all four elements of DER (the act is not intrinsically

evil, the agent intends the good and not the evil, the evil is not the means to the good, and proportionate reason exists). The cooperator's act would be formal or material cooperation. If the act passes DER, it could qualify as mediate material cooperation.²⁹³ O'Donnell's examples are similar to ones mentioned above, used by other manualists. He addresses cooperation in Church Canon law, which is more concerned with what kinds of cooperation are punishable by ecclesiastical penalty than what kinds are immoral. Using O'Donnell's interpretation, cooperation can be an act, omission, morally necessary or not, according to agreement, or in preparation to the evil act or omission.²⁹⁴ Jesuit Gerald Kelly wrote popular manuals beginning in the late 1940s. Many of these were condensed to make *Medico-Moral Problems* in 1958. Kelly only briefly addresses cooperation in *Medico-Moral Problems*' "Chapter 38: Cooperation in Illicit Operations," where he introduces the principle of cooperation through the example of a nurse assisting in an illicit operation.²⁹⁵

Commentary about cooperation the application of cooperation to situations did not end with the manualist tradition. Far from it, contemporary discussion ensues. Developments make obsolete some discussed applications of cooperation in the moral manuals (e.g. attending Protestant services, preparing meat during periods of abstinence). People find new ways to apply cooperation as a result of new technologies (e.g. Esure, preimplantation genetic diagnosis, stem cell research), unfolding Church teaching, and arguments for its use.

The influence of cooperation was evident when it was added to Part Six and the Appendix of the third edition (1994) of the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)* and when Part Six and the Appendix were substantively

revised in the fourth edition (2001). At least three reasons contributed to the revisions between the third and fourth editions: First, the Congregation for the Doctrine of the Faith (CDF) alleged that Catholic health care organizations were misusing the *ERDs* for agreements, arrangements, and cooperatives with other-than-Catholic organizations. Second, the CDF challenged that cooperation distinctions applying to individuals, a topic in this chapter, did not apply the same way with organizations, the focus of the next chapter. Organizational agreements had commenced with the assumption that individual and organizational distinctions were similar. Third, the justification of duress was inappropriately applied in Catholic organizations.²⁹⁶ All three of the above issues intricately relate to one another. Despite the changes between the third and fourth editions, Part Six has stayed consistent with subsequent *ERDs*' revisions, including the most recent fifth edition (2009) of the *ERDs*. Discussion of contemporary uses of cooperation occurs in the next section.

IID. Applied Material Cooperation to Issues in Catholic Health Care

There are litanies of ways that one can apply cooperation to issues that arise with individuals either in Catholic health care or pertaining to Catholic health care. This will not survey all the possible ways someone can apply cooperation, but simply attend to the main ones for individuals. Attention to the topics will include a thorough explanation of the topic, the relevance of cooperation, and the variety of different ways to apply cooperation. Literature is replete with the subsequent topics.

IID1. Assistance in Morally Illicit Procedure(s) (Termination, Direct Sterilization)

Catholic health care professionals or those who align with Catholic values, including the *ERDs*, may encounter situations when they must respond to requests to

assist a morally illicit procedure. Morally questionable or objectionable procedures are those that go against the conscience of the individual that often accounts for Catholic teaching about morally grave procedures. For instance, Pope John Paul II affirmed in *Evangelium vitae* that direct abortion – meaning deliberate or direct killing of life *in utero* from conception to birth as an end or means – is always morally grave and disordered according to the Catholic Church.²⁹⁷ Direct sterilization – that is any procedure that dispossesses a man or woman of the ability to reproduce intended in itself or as a means²⁹⁸ – is also illicit even though it has a less severe moral gravity than abortion.²⁹⁹ In other words, direct sterilizations are for the purpose of contraception either in intent or in the absence of other mitigating reasons;³⁰⁰ they are intrinsically evil according to the Catholic Church. Some patients wish to end their lives for various reasons, often involving chronic, intractable pain associated with a terminal illness. Concurrently with such wishes, patients prefer to die in a humane way, as death with some illnesses is undignified, and ask for their physician’s help in doing so. Physician assisted suicide (PAS) is the practice when physicians provide the means for a patient who is able to commit suicide and does so.³⁰¹ According to Pope John Paul II in *Evangelium Vitae*:

[PAS describes the cooperation or perpetration] of an injustice which can never be excused, even if it is requested. In a remarkably relevant passage Saint Augustine writes that “it is never licit to kill another: even if he should wish it because, hanging between life and death, he begs for help in freeing the soul struggling against the bonds of the body and longing to be released; nor is it licit even when a sick person is no longer able to live.” Even when not motivated by a selfish refusal to be burdened with the life of someone who is suffering, euthanasia must be called a false mercy, and indeed a disturbing “perversion” of mercy. True “compassion” leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear.³⁰²

Per this passage, PAS is impermissible in the Catholic tradition.

Other reasons exist for objecting to something or considering it immoral besides the moral norms of the Catholic Church. In one case, for instance, a surgeon may object to a request from a patient for an unreasonable or unsafe procedure. In another, a nurse may consider restraining a pregnant woman for delivery morally repugnant, even after knowing of the infant's acute, severe distress and the woman's seemingly unreasonable objections to the Cesarean Section because she does not like surgical pain. Whereas these instances exist and cooperation may assist, they are topics inherent in chapters four and five and do not aid the understanding about the application of cooperation to this category of issues. This line of reasoning will concentrate on moral evils according to the Catholic Church.

Cooperation applies to individual participation in abortion, sterilization, PAS, and other moral evils defined by the Church. Scholars comment on participation in illicit medical procedures, such as abortions and sterilizations.³⁰³ Gerald Kelly, in particular, defines an important caveat and applies cooperation to the individual assistance in an illicit procedure. His caveat is that there should not be any illicit procedures in a Catholic hospital, so no issues should exist in reference to assisting such procedures in a Catholic hospital. The issue he attends to is Catholic nurses participating in illicit procedure, presumably, in a secular hospital or clinic. In these cases, nurses' actions are not the ones in question. Nevertheless, they may assist other clinicians, most likely physicians, in procedures running contrary to Catholic teaching.³⁰⁴ Kelly is astutely aware that the principle of cooperation is apposite for instances such as these.

Health care professionals in these situations should register their disapproval. Not doing this is tacit approval of the procedure and formal cooperation. It is disapproval that

exemplifies material cooperation, where the cooperator does not intend the evil of the moral agent. The ideal is that the supervisor excuses the professional wishing to decline for reasons of conscience. Depending on various factors, honoring the professional's objection would either place the professional in remote, mediate, material cooperation or would eliminate cooperation altogether. This may not happen. If it does not, the professional faces a choice whether to resign from the position or stay. Factors influencing this evaluation (staying or leaving) are the availability of other positions both within and outside the organization based on geography and travel, job market, family structure and dynamics, and personal or family finances.³⁰⁵

Although not referred to by name, these features have to do with the presence and intensity of duress. Occasions when a professional has options, such as moving to other jobs without the same trying conditions, are ones the professional should exercise because the duress on that person is low. Conversely, not everyone will have this option. Family, geography, finances, and job markets may create higher degrees of duress and limit options. Professionals in such situations may be in proximate, mediate material cooperation, which is licit with proportionate justification, or immediate material cooperation, which is typically not licit but may be so under duress. The 'distance' from the procedure also matters along with the essentiality of the cooperator's action. Examples are a nurse, the cooperator, who operates the suction machine during an abortion as opposed to a nurse who takes care of women after the abortion. The latter is not only more distant from the abortion itself; the nurse does not provide anything essential or significant to the abortion. This is not true of the former situation.³⁰⁶ Edwin

Healy and Charles McFadden interpret that only an extremely grave reason should justify the former.³⁰⁷

IID2. Assisting in Suicide(s)

PAS may involve a number of health care and other professionals (cooperators) who play roles in supporting the patient (agent) in his or her suicide. Involved professionals may be “a hospital administrator, a nurse, a pharmacist, and possibly even an orderly if the orderly must retrieve the lethal dose from the pharmacy.”³⁰⁸ The professionals who may or may not cooperate depend on the means used to facilitate the suicide. Means may be proactive or reactive, and the discussion of both occurs below.

In the event of a patient request for medical assistance, there are a series of ways that a health care professional could act, with all the ways fitting into the nexus of cooperation. For instance, the patient’s physician could agree with the patient’s request and write a script for enough controlled substances to provide a lethal dose. The physician may articulate disapproval of PAS but justify it with another belief, such as autonomy and individual choice, and write a script for the substance. The latter incidence is implicit formal cooperation while the former is explicit formal cooperation; both explicit and implicit formal cooperation are prohibited. Another scenario is that the physician could object to the patient’s request just to be told by an insurance provider that she or he cannot question intent when patients request potentially lethal doses of medicines all the time. Prescribing a dose despite suspect circumstances that a patient uses for suicide is immediate material cooperation with duress. Robert Miecz, a person commenting on all levels of cooperation with PAS, believes that the loss of livelihood is not significant enough to claim duress for legitimate immediate material cooperation in

this case. Miech is equally rigoristic with an example of mediate material cooperation he provides – covering a fellow coworker’s duties while she or he attends to the patient’s suicide request. Proportionate reason means having no other work available, and this type of organizational policy must not give rise to scandal according to Miech. His specific example of proximate, mediate material cooperation is a physician advising another to buy stock in a pharmaceutical company that is releasing a new substance that one could use or dispense for suicide. Remote, mediate material cooperation is a physician writing a script for a substance that happens to have the same manufacturer that produces and markets a substance prescribed for PAS.³⁰⁹

Philip Boyle and the ethics department at Catholic Health East consider a different situation related to cooperating with another’s suicide:

Harry is 82-years-old and has Chronic Obstructive Pulmonary Disease (COPD) and has the initial signs of memory loss. Admitted to the hospital unconscious after a failed drug overdose and attempted suicide, he was placed on a ventilator. An out-of-hospital DNR and other advance directives make it clear he does not want CPR or other invasive treatments. His duly appointed healthcare agent [a.k.a. durable power of attorney for health care (DPOA-HC)] requests that the vent be removed on Harry’s previous statements. Staff wonders whether they will be cooperating in Harry’s suicide.³¹⁰

Again, staff members confront a range of options for reacting to this situation that serve as models for others facing similar situations. Health care professionals know that removing the ventilator based on this information alone (assuming Harry did not have a DNR order or other expressed wishes to forgo invasive treatments) will make them complicit in Harry’s choice to commit suicide. This is tantamount to formal cooperation. The existence of the DNR order and other advance directives to forgo aggressive treatments, though, are justifiable reasons to limit interventions. Ethicists at Catholic

Health East point out that the cooperators, the hospital staff in this case, must make it clear that they would not cooperate with the agent and that person's intent, Harry's attempted suicide in this case. The ethics department does not resolve how immediate or mediate material cooperation would 'look,' meaning what actions, if any, the staff could take to presumably honor advance directives while still depicting that they are not intending Harry's suicide.³¹¹ On one hand, not honoring the patient's advance directives would likely remove the opportunity to cooperate altogether, but would disrespect Harry's self-determinism and expressed wishes. On the other hand, there is conscientious objection and referral to a different physician, as long as that physician will be more comfortable with the suicidal patient while still preventing the suicide itself.³¹² Such referrals from one uncomfortable professional to another would be neither formal nor immediate material cooperation.³¹³ An ethics consultation and subsequent chart note, potentially referencing the use of cooperation in discerning the issue, before tapering down or withdrawing invasive interventions would be another way for the staff to illustrate their disagreement with the patient.

Helen Watt shares a nuance related to the gravity of the moral evil of suicidal patients as an application of the principle of cooperation. In the three font (tres fonts) or three sources of morality criteria explained above, acts change according to their object, intent, and circumstances. With this in mind, all suicide attempts or suicidal patients are not of the same ilk. Watt distinguishes a range of suicidal thoughts and actions where patients on one side are strongly suicidal and weakly suicidal on the other. A strongly suicidal patient is one who articulates the motive of committing suicide and seems to make an unreasonable refusal; the patient justifies his or her decision based on burdens,

but others do not perceive the burdens as justifying refusal, even taking into account the particular patient's context. A weekly suicidal patient is one who has the primary, week or strong, motive of avoiding a procedure based on his or her benefits and burdens calculus. (Presumably, others do not question the patient's decision given the situation's benefits and burdens.) The intent to die is only a week motivation – an acceptable byproduct, or foreseen consequence, of avoiding an intervention or procedure. A patient between these two extremes is one who “is strongly suicidal, but is, in addition, strongly set on avoiding on the procedure itself.”³¹⁴

Discerning correct action is thorny given the range of intent and circumstances in these situations. A cooperator may think of the following question: Keeping in mind Helen Watt's distinctions, does a cooperator need a more compelling proportionate reason to cooperate with a 'strongly suicidal' patient (in essence, making even proximate, mediate material cooperation difficult) than a 'weekly suicidal' patient? Using this reasoning, cooperating with a strongly suicidal patient is more grave than cooperating with a weekly suicidal patient. Another line of reasoning is that assisting a weekly suicidal patient is not a cooperation issue at all. The basis for this idea is that weekly suicidal patients 'pass' DER. Such a claim is not easy to adequately justify because it involves a primary intention and a secondary order of the will. In other words, it is possible to intend to decline a procedure based on a weighing of benefits and burdens while simultaneously willing a suicide. It is this complex nature of intention that makes at least one criterion in DER difficult to justify. As the use of DER here is a side issue, few reasons subsist to pursue this particular conundrum any further.

IID3. Allowing, Prescribing, or Distributing Contraceptives (Birth Control, Condoms)

The prescription or distribution of contraceptives such as birth control and condoms are other opportunities to apply the principle of cooperation to individuals. As cooperation is always in reference to evil, it is prudent if not crucial to define what evil is in reference to artificial contraceptives. In *Humanae Vitae*, Pope Paul VI reaffirms the magisterial teaching that there are two purposes of the marital act or sexual intercourse between spouses: it is unitive, meaning that it connects husband and wife, and procreative, signifying that it is open to the generation of life.³¹⁵ These two functions of the act should be inseparable from each other; humans should not tear asunder those things willed by God.³¹⁶ Artificial means to separate the unitive and procreative function include sterilizations, ‘the pill’ (birth control pill), condoms, and others. These are ‘unlawful means’ according to *Humanae Vitae*.³¹⁷ Lawful means utilize the rhythm method, which is when a couple uses the woman’s cycle by resorting to intercourse during infertile times only.³¹⁸ John Paul II reiterated these teachings again in *Familiaris Consortio*.³¹⁹

Catholics or those adhering to Catholic teachings may find themselves in a variety of situations related to the prescription or distribution of contraception or birth control. In secular supermarkets and drug stores, for instance, a clerk may face the choice of selling (distributing) contraceptives at a customer’s request. Pharmacists specifically and regularly deal with requests and scripts to dispense birth control and the morning after pill (such as “Plan B”). Catholic health care organizations, similar to their secular counterparts, have in-house pharmacies in acute care facilities and primary care and gynecological clinics where physicians and pharmacists receive requests for birth control, fitted contraceptives (such as diaphragms), and abortifacient substances. Moral

theologians comment on the appropriateness of applying the principle of cooperation, which is fitting in these situations.³²⁰

An important caveat is in order before applying cooperation to some representative occasions of contraception. Various examples of conscientious objection to the distribution of contraceptive substances and mechanisms involve professionals other than the persons prescribing them. It is the attending, primary care, or specialist physician (nurse practitioner or physician's assistant), for instance, who prescribes the contraceptive that then goes to the in-house (within the clinic, acute care, or other facility) or commercial pharmacist to fill. When the pharmacist fills the script, he or she does not know the clinical indications of the patient when doing so. Instances of conscientious objection demonstrate the professional's presumption that dispensing the substance or mechanism illicitly ties them to a moral evil. Such a presumption may not be accurate, per the use of DER and cooperation.

A case may assist understanding of this claim. Supposing a woman visits her gynecologist for abnormal periods, which she describes as being both painful and having a heavy flow. Her gynecologist diagnoses her with primary dysmenorrhea and profuse menstruation,³²¹ which are of great concern because she is now anemic and is developing other severe conditions.³²² Hormones, an often-effective treatment for such conditions,³²³ to regulate the menstrual cycle in the form of a specific birth control pill is the recommendation of the physician, who writes a script for the patient.

This is a classic use of DER. Going through the conditions of DER, this situation will result in two foreseen results with the intended effect of diminishing or eliminating her heavy, painful periods causing serious illnesses and the unintended effect of

contraception: The object of the act, which is swallowing a pill or hormonal regulation, is not evil in itself. Attending to the serious condition is the intent, not the contraception. Both effects occur simultaneously, meaning that the evil effect is not the gateway to the good effect. Proportionate reason exists for the pill as treatment, not only because of the heavy and painful periods themselves, but also because of the other resulting conditions' severity such as the anemia. The case passes DER using this reasoning.

The patient takes the script to the pharmacy in a local drug store that is part of a national retail chain. She hands it to the pharmacist on duty, who is Catholic and refuses to fill the valid script. The pharmacist is not the treating physician and does not know the clinical indications that led to the prescription. Accepting the application of DER above, the pharmacist's presumption has its basis in the use of contraception as evil in this case, which is not accurate because it passes DER. No need for using cooperation exists, because moral evil is not there.

One could respond that many of the scripts falling under the pharmacist's purview are for the purpose of contraception or birth control, which is not permissible in Church teaching. Such responses lack empirical evidence. Arguments such as this are categorical by nature – persons using them make unfounded empirical claims. Notwithstanding this categorization, professionals such as pharmacists have the principle of cooperation to gauge their complicity.

A different, hypothetical example portrays the application of cooperation to the dispensing of substances and mechanisms. St. Ignatius Hospital has a dispensary in the emergency department (ED), similar to other hospitals, which requires the in-house pharmacist to key into the safe cabinet for the relevant pharmaceutical. A physician in

the ED calls the pharmacist to dispense levonorgestrel, commonly known as Plan B, for a patient. The pharmacist refuses by phone, verbalizing her conscientious objection as an “obedient” Catholic serving within a Catholic hospital. As is often the case, the in-house pharmacist does not know the clinical indications for dispensing this, or any, pharmaceutical. Treating physicians could use medications, including Plan B, in direct or indirect ways.

From one perspective, categorical situations – occurrences when we do not know case-based specifics – do not lend themselves well for applying cooperation, which depends on knowing specifics like the moral evil, injustice, or malfeasance; from another perspective, an agent could try applying cooperation to what little is known in this situation. The pharmacist, or other evaluator, may have difficulty equating her actions with formal cooperation. Any evaluator does not know the intent of the physician ordering the substance. It could be to treat a sexual assault victim, which is licit according to the Church teaching expressed in the *ERDs*. It might be that the physician does not know about such licit and impermissible distinctions within Catholic health care. The script was signed out of apathy, not bad or malicious intent. Circumstances may exist where a physician disregards the Church and orders something not permitted by Catholic teaching. The pharmacist may reasonably assume good intent based on the continuing education about Catholic teaching for physicians within the hospital. The significance of this statement is that associates in the Catholic hospital reason through issues using their knowledge of Catholic teaching, meaning that most requests should be licit. Playing Devil’s advocate, an objecting pharmacist may assume the opposite, or that Catholic teaching prohibits most requests, and apply cooperation categorically. The

pharmacist still does not know the intent of the agent, is unable to articulate the same intent, and, therefore, cannot assume explicit formal cooperation. It would be as equally as difficult for another evaluator to allege implicit formal cooperation. In fact, sufficient reason exists to show that the pharmacist does not have the same intent as a physician, even assuming a physician ordered the substance for use in a direct and illicit manner. Discerning correct action with Catholic moral teaching on the part of the pharmacist exhibits concern for the relationship and respect for Catholic teaching, which does not conform to the intent of the agent. One could allege that the primacy of providing the medication for an illicit purpose makes the cooperative act immediate material cooperation. It is unlikely that any one pharmacist's contribution is essential, as another could easily complete the order in the absence of another.

James Keenan addresses the example of dealing with the realistic occasion that not all persons with HIV or AIDS chose to live a chaste life. In these instances, the principle of toleration is not the apposite principle for considering barrier methods of contraception known to reduce the spread of HIV through sexual intercourse, but cooperation is. Keenan employs the use of six questions in order to ascertain the cooperation level:

First, what is the object of [the cooperator's] activity? Second, is the cooperator's cooperation in the agent's illicit activity formal or merely material? Third, is the cooperation immediate or simply mediate? Fourth, is the cooperation proximate or simply remote? Fifth, does the cooperator have sufficient cause for acting? Sixth, is the cooperator's cooperation indispensable?³²⁴

He answers all six of his questions when applying cooperation to giving condoms to persons with HIV/AIDS to protect others from transmission during sex.

His reasoning is as follows: Answering the first question is tricky and Keenan spends considerable attention trying to navigate the precise object of the act. Keenan's conclusion is that the object of the act is the distribution of accurate information and, on another level, "to give hygienic advice for diminishing the threat to the common good as found in an action with two objects, sexual activity and endangerment of the common good."³²⁵ Arguing that this action is implicit formal cooperation does not suffice because of the inability to separate the common good apprehension from the illegitimate sexual intercourse. Implicit formal cooperation is for instances that exclude any other meaning, and these are not examples of them. Cooperation is, therefore, material. The object of the cooperator's act is the same as the object of the agent's act in immediate material cooperation. This is not so because there is a difference between sexual unions and educational and health programs, so cooperation must be mediate material. Keenan classifies the cooperation as remote (mediate material), with grave reasons for the cooperation, which are restraining a pandemic (HIV/AIDS), preserving life, and defending the common good. Contrary to other writers on this topic, Keenan has "not found any case that better illustrates the 'dispensability' of cooperation than this case. Thus, we see that the letter's proposals of cooperation *in no way assist the person to commit the act* [emphasis in original]."³²⁶

Someone contrary to Keenan's categorization of the distribution of contraceptives for health (HIV/AIDS) reasons is Bernard Häring. His comments about applying cooperation to supplying contraceptives in *The Law of Christ* precede Keenan's analysis by decades; still Häring's analysis appears remarkably different than Keenan's:

[Pharmacists, druggists, or drugstore clerks who are aware of the immorality of contraceptives being sold are] guilty of formal

cooperation in every instance of sale...A conscience attuned to the divine law steers clear of [evasions] and of the evil deed. This is not to deny that the manager or owner of the store in question obviously must be charged with far greater guilt than a mere clerk.³²⁷

Häring's application *appears* different from Keenan's because the context or circumstances of the response are slightly different. Keenan's comments are in response to the specific context of HIV/AIDS and its education, prevention, and impact on the common good, as addressed by the NCCB's 1987 document *The Many Faces of AIDS: A Global Response*, as well as the follow-up 1989 *Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis*.³²⁸ It seems that Häring's statement is much more general to contraceptives, appearing to be a physicalist in nature even though Häring, like Liguori, did not like the legalism that often accompanies physicalism. Perhaps Häring would understand the specific situation Keenan comments on in a similar way, which seems much more personalist.

IID4. Allowing, Prescribing, or Distributing Erectile Dysfunction Substances

The next category of situations where individuals individually apply the principle of cooperation needs additional specification. Generally, this grouping includes any clinician who prescribes or person who distributes erectile dysfunction substances. Examples of these include Viagra (Sildenafil), Levitra (Vardenafil), and Cialis (Tadalafil). Unlike other examples, Church teaching does not nuance the conditions associated with the justifiable use pharmaceuticals for erectile dysfunction. The Church does not need to comment, as it is the person using the pharmaceutical who determines its legitimacy.

A couple possesses the ability to separate the unitive and procreative functions of the marital act in any number of ways, despite the Church teaching that they should not be split.³²⁹ The couple is homosexual with a sexual relationship. A couple is heterosexual and having sex where one or both are single (i.e. unmarried), married and “cheating” (i.e. sex with another who is not the spouse), or married while engaging in pleasure other than penile-vaginal intercourse (e.g. oral sex, anal sex). Any duo may also use a barrier or other contraceptive method such as condoms, spermicide, diaphragms, and so on. (For the purposes of discussion, it is better to assume that the use of a contraceptive barrier such as a condom is not for health reasons such as HIV/AIDS. Cooperation assumes a moral evil, injustice, or malfeasance. Something is licit that passes a Catholic moral principle such as DER, the Church does not address in its teaching, is not part of the Church’s authoritative Magisterium, is a matter of following one’s conscience, or Church teaching establishes as legitimate. Recent Church teaching represents an unfolding line of reasoning with respect to the use of contraceptives such as condoms and grave health threats that include the HIV/AIDS crisis.³³⁰ As such, it is easier to assume that one of the intimate partners does not have a grave health risk.)

Privacy, confidentiality, and relationships have expected connections to applying cooperation to the prescription of erectile dysfunction substances. The first of these, privacy, may cause one to question how these personal and intimate subjects relate to physician-patient relationships. Quite simply, there are at least two ways that patients share private information with their physicians. Doctors’ offices and clinics typically request demographic and personal data at the first patient visit in order to begin a new patient chart. Categories and questions comprise indications about marital status. In

addition, patients always have the option of sharing sensitive, personal information under the umbrella of the physician-patient relationship, which relates to the second topic, confidentiality. Consider an admission, for instance, to an urologist from a gentleman who admits to having “two girlfriends” who are sexual partners in addition to his wife. This information is mostly irrelevant unless the physician knows about a health or safety threat to the patient, his wife, and his girlfriends such as HIV/AIDS. However, it may have relevance to a Catholic practitioner, or a clinician working in a clinic or office owned, managed, appropriated, or operated by a Catholic health care system. The third topic, the relationship between physician and patient, becomes paramount given the disclosure about infidelity and, upon appropriate screening, the patient’s request for the physician to prescribe an erectile dysfunction substance.

Cooperation enters the equation at this point. Writing a script for an erectile dysfunction pharmaceutical is, most likely, formal cooperation with clear indications that the person is heterosexual and unmarried, cohabitating, cheating on a spouse, or homosexual. Especially given specific requests, the purpose of such controlled substances is the restoration of normal sexual functioning for a male. It would be difficult for a physician to justify his or her script for anything else (assuming the patient asks or its use is not for a different condition). The cooperator, the physician, shares the same intent as the moral agent, the patient. Even if the physician denied the intent, another could allege that he or she engaged in implicit formal cooperation. The assistance is immediate material cooperation assuming that one could convincingly establish a different intent for the cooperator because of the instrumentality of the erectile

dysfunction medication. Upon appropriate testing and diagnosis, men diagnosed with primary erectile dysfunction are dependent on medicines to be sexually active.

Mike Delaney, a general practitioner, comments on another central feature related to the last comment above. A man's erectile dysfunction may correlate with another illness or disease process. In other words, the dysfunction is secondary to another concern. Restoring health also restores erectile functioning. For this reason, Delaney proclaims that there is no moral dilemma because, "The doctor has simply fulfilled his or her professional obligation to investigate and treat disease."³³¹

Moral dilemmas do not exist from the perspective of Church teaching, as DER applies to the treatment of disease that has two foreseen effects, the alleviation or abolition of a disease state as well as the restoration of this component of sexual functioning. The mitigation or eradication of disease is the intended effect. Restitution of the ability to maintain an erection *may* be an unintended effect given indications that a patient indulges in immoral sexual activity according to the Church. Medications or exercises to treat a condition such as heart disease are not evil by their object. Their intent is to allay the condition and to restore, as much as possible, what Norman Daniels calls species-typical normal functioning, which ailments hinder; they block not only our biological wellness but "reduce the range of opportunity open to the individual in which he [sic] may construct his [sic] 'plan of life' or 'conception of the good.'"³³² The evil effect is not the way to the good effect. In fact, quite the opposite is true, if at all. The physician, in all likelihood, does not know if treating heart disease and high blood pressure will resolve erectile dysfunction. If it does, the treatment of the heart and blood pressure precedes any resolution of the sexual dysfunction. Proportionate reason exists

for the possible restoration of the patient's sexual functioning that he could use for illicit purposes. The proportionate reason is the re-establishment of an even more critical condition or disease, such as heart disease and high blood pressure. Because it passes DER, there are no reasons to use cooperation in instances of secondary erectile dysfunction.

Dr. Delaney handles cases of primary erectile dysfunction slightly different – a sufficient moral solution avoiding formal cooperation that he reached after many years and consulting with experts. Using the information sources mentioned above, he assumes a marriage is valid unless he hears otherwise (as he points out, he is a physician and is not in a place to judge a marriage). He may clarify with a superficial question about marital status, and commences by treating the married while forgoing treatment from homosexuals (irrespective of marital status), “cohabitating” persons, and the unmarried.³³³

IID5. Prenatal Genetic Testing and Screening

Another area for individual applications of the principle of cooperation in the health care setting is prenatal genetic testing. Prenatal genetic testing or screening describes the exercise of diagnostic equipment to establish a genetic account of an embryo or fetus before birth.³³⁴ Methods of prenatal testing or screening include three methods, listed in order of most to least frequently used and described according to the “Genetic Testing and Screening: Reproductive Genetic Testing” entry in the

Encyclopedia of Bioethics by Nancy Press and Kiley Ariail:

1. Amniocentesis – is a technique for removal, via a needle puncture of the uterus, of amniotic fluid from the sac, which surrounds the fetus during pregnancy...performed in the middle of the second trimester of pregnancy. [The test is

- invasive, carrying the risk of fetal (and maternal) harm, and costly.]
2. Chorionic villus sampling (CVS) – is a technique for removing fetal tissue cells, the chorionic villi, which are precursors of the placenta...by a transabdominal or transvaginal biopsy...performed safely as early as the tenth week of pregnancy. [The test is invasive, carrying the risk of fetal (and maternal) harm, and costly.]
 3. Maternal serum fetal cell recovery – [is a less invasive procedure than amniocentesis and CVS for the mother and non-invasive for the fetus administered] through a maternal blood draw...[where] a small number of fetal cells are sloughed off and cross into maternal blood circulation...[Difficulties include the difficulty of fetal cell identification and isolation, the numeric rarity of fetal cells in the maternal serum, and the fetal cell types being suboptimal for detection, isolation, and analysis.]³³⁵

A test called the maternal serum alpha fetoprotein (MSAFP) is not a genetic test. It is, however, a procedure that detects a substance present in the maternal bloodstream that the developing fetus generates. It was the first screening test offered to all pregnant women and detects the risk of particular fetal anomalies such as neural tube defects (NTDs), but has a lower sensitivity to accurately detect chromosomal anomalies such as Down syndrome.³³⁶ Scientists have developed probes from the gene responsible for the disease (disorder) or molecular markers linked to the disease (disorder) gene. There is common and wide use of these probes in the prenatal testing and screening for Huntington disease, cystic fibrosis, sickle-cell anemia, and hundreds of additional genetic diseases (disorders).³³⁷

James DuBois lists some of the reasons why parents opt for prenatal genetic testing or screening:

- To enable parents to make an informed decision whether or not to continue a pregnancy
- To diagnose disorders that can be treated or that require special management of a pregnancy

- To help parents to prepare for the birth of a child with special needs
- To put parents' minds at ease
- To satisfy a physician's legal requirement to provide patients with information³³⁸

The difference between prenatal genetic testing and prenatal genetic screening is that people with a known genetic risk employ testing to identify genetic disease in their progeny. On the contrary, people who do not have any known genetic conditions or disease use screening to detect a higher disposition of a defect or carrier status in their children.³³⁹

According to Catholic moral teaching, there is nothing inherently evil about prenatal genetic testing or screening, as articulated by John Paul II in *Evangelium Vitae* and directive 50 in the *ERDs*:

Special attention must be given to evaluating the morality of *prenatal diagnostic techniques* [emphasis in original] which enable the early detection of possible anomalies in the unborn child. In view of the complexity of these techniques, an accurate and systematic moral judgment is necessary... When they... are meant to make possible early therapy or even to favor a serene and informed acceptance of the child not yet born, these techniques are morally licit.³⁴⁰

Prenatal diagnosis is permitted when the procedure does not threaten the life or physical integrity of the unborn child or the mother and does not subject them to disproportionate risks; when the diagnosis can provide information to guide preventive care for the mother or pre- or post-natal care for the child; and when the parents, or at least the mother, give free and informed consent...³⁴¹

This begs an answer to questions about what the cooperation issue is, given that this statement in the *ERDs* coincides with DuBois' second, third, fourth, and fifth points in his list. The answer is simple. Directive 50 concludes with a sentence about not employing prenatal diagnosis tests or screenings when doing so with the intent of

terminating the pregnancy if the child has a significant defect.³⁴² DuBois articulates this same concept in his first point; obviously the Catholic Church disagrees with this as a valid option because abortion is a grave evil.³⁴³

Abortion is the connection that makes the advice pre- and post-testing (screening) for the prospective child's parents a cooperation issue³⁴⁴ – and such an important one to address from a Catholic perspective. The Church is unambiguous about its condemnation of abortion, a perspective that is evident throughout Church teaching since the first century.³⁴⁵ Moreover, abortion is something that has a particularly high moral gravity, meaning that it is a severe mortal sin because of the absolute sanctity of human lives. Pope John Paul II warned the faithful that they should cooperate with abortions in any way because of the sin's gravity and the risk of scandal and corruption.³⁴⁶

Using cooperation, DuBois suggests that *recommending* abortion is formal cooperation, which is accurate because the cooperator, the counselor, shares the intent of the agents, the parents, to terminate a child. He goes on to state, “[Genetic counselors in Catholic health care]...must *refrain from presenting it as merely one among several legitimate options* [emphasis added].”³⁴⁷ Explanation about why does not accompany his statement, leaving the question open as to the level of cooperation (implicit formal, immediate material, or mediate material) and significance with the act of mentioning pregnancy termination as one of several options (the mere mention of abortion or the absent objection to this in order to clarify it as an unacceptable option, for instance). Defining and applying cooperation appropriately, presumably mediate material cooperation at most, during genetic counseling is not simple because of the options and divergences in experts' opinions and advice.

This issue deserves closer attention with the qualification that greater awareness will not ‘settle’ the issue, meaning that moral and theological consensus about the application of cooperation to genetic counseling does not exist. The following writings represent a range of opinions about the application of cooperation in these instances. On one side, Norman Ford infers the mere mention that abortion is not a service provided in religious organizations is acceptable.³⁴⁸ While not overtly referring to Catholic organizations, his logic is solid that most religious organizations share a common sanctity for the value of human life and do not perform direct abortions. The declaration that the Catholic hospital does not recommend or perform abortions to parents consenting to genetic screening or testing shows the counselor’s difference in intent from the parents who may intend abortion if the procedures reveal fetal abnormalities. Such declarative statements delineate the counselor’s response as material, not formal, cooperation. Furthermore, information is hardly essential or primary to the evil itself, nor is indispensable to the choice, given the prevalence of abortion as a popular societal issue and the availability of information from sources such as the Internet. Informative disclosure is at most proximate, mediate material cooperation.

On the same side, as well, are Michael Panicola and Ron Hamel in their commentary about full disclosure about options counting abortion during genetic counseling in a Catholic health care organization. Their reasoning is:

1. The object of the cooperator’s activity is the communication of factual information to patients about their condition [or the condition of the fetus] and the options available to them. Arguing that this is promoting or condoning practices [prohibited] by the Church... is a hard case to make, especially when the information is provided in an objective manner as part of the informed consent process and within the context of a Catholic moral vision.

2. *Cooperation is material* [emphasis added] because options were provided out of a sense of professional obligation, with the intent to inform the conscience of the patient and meet the legal requirements of informed consent, and within the context of a Catholic moral vision.
3. *It is mediate material cooperation* [emphasis added], as neither the Catholic provider nor the patient would actually be engaged in the morally illicit action and full disclosure...in the form of stating options about which the patient probably already knows and for which the information is obtainable elsewhere, does not rise to the level of essential support.
4. *Cooperation is proximate, mediate material* [emphasis added] because it is very far removed from the patient's actually undergoing an abortion...in that he or she would still have much work to do to get from the stating of the option to the actual performance of the morally illicit action.
5. *Proportionate reasons exist to cooperate* [emphasis added] for several reasons. There is the moral responsibility to inform the conscience of the patient. Withholding information could seriously undermine patient trust in the patient-professional relationship. The need [subsists] to provide moral guidance to the patient in a time of great need.
6. *The cooperation would not be indispensable* [emphasis added], as the patient could pursue one of the prohibited options without having been told by the Catholic provider, since the information is available elsewhere and is probably already known by the patient.³⁴⁹

Panicola and Hamel's account does not address the need or importance of a perfunctory disapproval of abortion from the genetic counselor to the parents. Presumably, it is not needed or important because the requisite info is so causally removed and differently intended than abortion itself.

On the other side, Germain Grisez and William May represent a different and opposite perspective regarding the application of cooperation to genetic counseling. William May makes a recommendation for counselors to give a blanket disclaimer, presumably with each patient, that they respect the sanctity of human life from conception to natural death. Accordingly, the counselor cannot direct anyone to

procedures contrary to Catholic teaching, such as contraception, sterilization, and abortion.³⁵⁰ One can reasonably infer from May that the only time the counselor mentions contraception, sterilization, or abortion is in the disclaimer; the counselor does not address abortion as an option in response to troublesome genetic information after the procedure and examination of the genes. May refers to Grisez in his segment on genetic counseling within *Catholic Bioethics and the Gift of Human Life*. Grisez is even more cautionary than May on this issue in the third volume of his *The Way of the Lord Jesus*. He recommends that Catholic health care professionals (or those upholding Catholic teaching), including physicians and genetic counselors, draft a broadly based conscientious objection clause with their organizations of employment. The clauses should include not only the provision that they will not do procedures such as sterilizations and abortions, but they “will give no medical advice regarding these matters and no information about their availability, and...will not refer patients to others from whom they might obtain any service, advice, or information that...[they] would not provide personally.”³⁵¹ Grisez appears to have more stringent standards than May.

A complete cooperation breakdown does not accompany May and Grisez’s application of cooperation to genetic counseling, unlike Ford, Hamel, and Panicola. It should suffice to claim that May implies some form of illicit cooperation (formal or immediate material) without the counselor’s specific disclaimer indicating her or his disapproval. Without the disclaimer, May surmises a reasonable person may infer that the counselor intends the evil act (e.g., sterilization, abortion, contraception, etc.). Grisez is even more regimented. His reasoning is that any mention of procedures by a professional, counting direct sterilizations and abortions, is a form of illicit cooperation.

Standards recommended by May and Grisez seem too cautionary, even counterintuitive, for at least two reasons. First, imagine the implications if discussion of illegitimate acts was, itself, tantamount to recommending the acts. The works of most moral theologians, Catholic health care ethicists, and this dissertation would be formal or immediate material cooperation. Second, even the opinions of May and Grisez could lead others into sin. They are not recommending acts such as direct abortion and sterilization. Still, a reader could read their argument, realize that there are options he or she did not know, and exercise options if he or she were in a similar situation. Someone applying cooperation in a manner similar to May and Grisez could summarily render the opinion that either commentator was in immediate material cooperation. Scandal does not seem to a significant consideration to either theologian.

Another situation, as a supplementary note to this issue, validates Grisez's application as farfetched. It involves the 1995 German legalization of abortion during the first twelve weeks of pregnancy and role of counseling through the Catholic Church. Shortly summarizing events after the legalization, the German bishops protested but also consented to being part of the abortion boards, which women were required to have a certificate from in order to demonstrate they took part in counseling. The bishops reasoned that the Church-state sponsored and operated boards were, in fact, a good way to dissuade mothers from abortion. Pope John Paul II and the Vatican required the Church boards to issue a different kind of certificate that the pregnant woman could not use to procure an abortion. Despite doing this, three out of four women were able to use the Catholic caveat certificate for abortions. This became a divisive issue for the German bishops and others. Some believed that complicity with abortion was illustrated by

backing away from the boards. Others thought the previous level of involvement was tantamount to giving Catholic, German bishops a “license to kill.”³⁵² Recounting this situation, Bishop Anthony Fisher recalled that no party alleged formal cooperation with the counseling agencies during exchanges amongst involved Catholic Germans and between them and the Vatican. Although it is “naïve to assume that *all* [emphasis in the original] those involved in such agencies shared the bishops’ abhorrence of abortion.”³⁵³ This recollection diverges from Grisez’s application and justification of cooperation, which he would surely describe this situation as formal cooperation.

As a summary note on this issue, scripts assist genetic counselors by providing them with highly regimented procedures as well as answers to frequently asked or difficult questions. Screening – from Table 1 of Nancy Press and Kiley Ariail’s “Genetic Testing and Screening: Reproductive Genetic Testing” in the *Encyclopedia of Bioethics*, 3rd Edition – includes questions about age, family genetic disorders, a partner’s ethnicity or culture or country of origin, prenatal care. An algorithm then follows, depending on the answers to the questions. For instance, answering that age is over thirty-five years should catalyze a referral for an amniocentesis or CVS. People of certain ethnicities and cultures (e.g., African-American, Ashkenazi Jewish, Mediterranean such as southern Italian, and some European American people) are often referred for blood testing. Depending on the results, parents may need to go through further testing.³⁵⁴ DuBois remarks that there is a prevailing model of genetic counseling is “non-directional,” meaning that the counselor does not actually recommend any option.³⁵⁵ Counselors are highly adept at ‘staying on topic,’ ‘sticking to a script,’ and answering difficult questions. All of these variables provide an advantage to the counselor who wishes to maintain an

acceptable distance for licit cooperation...at least using an application of cooperation per Panicola and Hamel. Those adhering to orthodox interpretations of applying cooperation may find the counseling role more difficult or regimented.

IID6. Stem Cells, Research, and Other Uses of Embryos and Aborted Fetuses

The category of research and therapies derived with stem cell lines from aborted fetuses is expansive because it subsumes various other topics. It is *possible*, albeit not necessarily *ethical*, to conduct scientific research on embryos and fetuses in nearly any stage of development. For instance, researchers use embryos before implantation and before the fourteenth day of development, embryos before implantation and after the fourteenth day of development, implanted fetuses, and aborted fetuses.³⁵⁶ Several discoveries resulted from research on tissues from embryos and fetuses. There is also the prospect of additional discoveries with the goal being useful information and therapies. In some cases, embryonic research is for the identification of genetic disease in embryos, called preimplantation genetic diagnosis (PGD), where scientists implant healthy embryos and discard diseased ones.³⁵⁷ In others, it is the hope of therapies from embryonic stem cells. Embryonic stem cell research began in 1998 at the University of Wisconsin and describes the harvesting and use of undifferentiated cells.

Stem cells can “propagate indefinitely” while being appropriately assisted in the laboratory.³⁵⁸ *Pluripotency* refers to the stem cells that have the potential to develop into many different tissues and organs. *Totipotency* is the earliest cells in an embryo, located in the inner embryo called the blastocyst, which can differentiate into any type of bodily tissue. The hope is that influencing (if not manipulating) cells will enable them to grow into whatever tissue we see fit for tissue damage and diseases: pancreatic cells to help

with diabetes, kidney tissue for those with kidney disease, liver cells for those in liver failure, heart tissue for those in heart failure, and neurons for those with Parkinson's, spinal cord injuries, Alzheimer's, and multiple sclerosis for example.³⁵⁹ The potential impact of versatile stem cells on even a single health issue mentioned above is amazing. For instance, with organ transplantation, there is the hope of considerably “decreasing the annual death rate of nearly 4,000 patients awaiting transplants in the U.S.”³⁶⁰

While anchoring the moral evil is easy, it is much more difficult to categorically define cooperation. The moral evil is research or therapies derived from embryos or aborted fetuses. The level of cooperation depends on the cooperative act, which varies according to the particular uses referred to above. It is outside the scope to discuss every use of embryos and fetuses, so only the most discussed issues follow.

Vaccine development and production has used cell-lines from fetuses aborted in the 1960s and 1970s. Any current research and development for vaccines does not use the fetal cells themselves. They are derivatives from an original line of cells, which required some manipulation in order to produce the cell lines.³⁶¹ Examples of vaccines with origins and cell-lines from aborted fetuses' lung cells are MRC-5 and WI-38, which Merck & Co., Inc. used for the rubella vaccine “Meruvax,” Merck & Co., Inc. used for the chicken pox vaccine “Verivax,” and SmithKline Beecham used for “Havrix” that treats rheumatic fever, scarlet fever, kidney inflammation, and other hepatitis A infections.³⁶²

This is a moral issue and cooperation applies. A few points related to cooperation and vaccines are worth noting. Using stem-cell lines for development of vaccines from aborted fetuses is contextually different from using stem-cell lines from aborted fetuses

for research. There is demonstrated benefit with vaccines where the benefit is uncertain for research. Benefit is general or collective, rather than individual, because we do not know if inoculating a person will benefit *that* person.³⁶³ Another noteworthy specification is that some vaccines use other means for deriving future vaccines other than the original embryonic material. Time and replication methods make a difference because they add distance to the original act.³⁶⁴ There is little risk of scandal because the same cell lines grow in culture. “There is little incentive to being new human cell lines when these are well established and their various scientific properties well understood.”³⁶⁵

Most commentaries on the type of cooperation associated with vaccines derived from fetal or embryonic tissue agree that the cooperation is mediate material, if at all, and licit.³⁶⁶ Commenter Alexander Pruss reinforces this by adding that even the most orthodox ethicists consider the use of abortion-derived stem-cell lines licit. Those who use the vaccine clearly do not share in the intent of those who chose the abortion, nor is there anything in the use of vaccines that encourages past abortions.³⁶⁷ Likewise, “the abortion was not done for the purpose of obtaining the vaccine.”³⁶⁸

In embryonic stem cell research, the process begins with technicians ‘creating’ a blastocyst, which is an embryo in an early stage of development, created through *in vitro* fertilization (IVF) or somatic cell nuclear transfer (SCNT). Technicians remove the inner cell mass. This, in turn, kills or destroys the embryo.³⁶⁹

Again, this is a moral issue for the Catholic Church, as it involves the moral evil of assisted reproductive technologies (ARTs) and violating the protection of life from conception until natural death through the embryo’s death; cooperation pertains, given the moral evils.³⁷⁰ Similar to other applications of cooperation, one may become

affiliated with embryonic stem cell research in any number of ways. For instance, the scientists doing the research and developing therapies, research sponsors and financiers, companies providing the laboratory space, clinicians who administer therapies, and legislators involved in creating or altering laws pertaining to stem cell research all have some connection, some more direct than others, to embryonic stem cell research.

Martin Onwu provides a broad analysis about the use of cooperation given the type of act and cooperation as well as a moral caveat to this issue:

[The] principle does not justify any form of medical research in this new field. For examples, the principle cannot justify therapeutic cloning which entails the creation of embryos via nuclear transfer method and their subsequent destruction via the extraction of stem cells; moreover, the principle of cooperation cannot justify the creation of embryos for research. However, the future of potential [embryonic stem cell] therapies, utilizing immortalized cell lines created from stem cells extracted from human embryos (despite their unavoidable destruction in the process) in principle may possibly be justified under the principle of cooperation.³⁷¹

Using preserved embryonic stem cells lines for research is parallel to the licit use of suspended fetal stem cell lines for vaccines. Putting it simply if not bluntly, ‘the deed is done.’ It would not make the “user complicit in the previous destruction of embryos insofar as the use of therapies would be distinct from the act of destruction and there would appear to be a sufficient distance between the different acts.”³⁷² As Birgitta Mackiewicz comments, ample separation exists between the principal agent(s), who destroyed the embryos, and the cooperators, who wish to advance and preserve people’s health.³⁷³ Cooperation is mediate material because the preserved cell lines do not cause the embryos’ destruction. Michael Prieur and colleagues paraphrase Peter Cataldo “that

to study and investigate *what* such stem cells are and can do has no essential relation to *how* they are obtained.”³⁷⁴

An essential qualification subsists. Cooperation is material only when enough time has passed to inherently create sufficient distance between the cooperator and the principle agent. Therefore, it is one thing to use, per Onwu’s terminology, ‘an immortalized cell line’ initially created from the tissue of embryos or fetuses.³⁷⁵ Scholar Gerry Magill offers that it is another to claim clean hands by ordering another agency to do the dirty work. His example is National Institute of Health (NIH) researchers who use private companies to remove stem cells from embryonic or fetal tissue. The NIH can allege sufficient distance by using another company for the moral act, but such claims are morally insufficient. Stem cell researchers know better than most that harvesting stem cells destroys embryos. The NIH request is an order to this effect. Magill describes this as formal cooperation.³⁷⁶ Indeed, this is a textbook example of the academic distinction of implicit formal cooperation, when the cooperator does not claim to have an evil intent, but the act of cooperation cannot have any other meaning.

Those who create, rescind, or alter legislation regarding embryonic stem cells also have involvement and moral complicity, presenting another occasion to employ cooperation. (Participation in unjust or immoral legislation is the topic of the next section. Arguably, this topic could belong in either this or the next section.) Magill also uses cooperation to contrast the policy decisions concerning embryonic stem cell research of President Clinton and President G.W. Bush. President Clinton’s executive order in 2000 permitted NIH research of embryonic stem cell research as long as NIH researchers are not the persons to remove the embryonic stem cells. Presumably, the purpose of such

orders or legislation was to create distance between the research and the embryo destruction caused by removal of stem cells.³⁷⁷ President Bush opposed President Clinton's stance a year later. While President Clinton's policy approved ongoing harvesting, President Bush's policy was to use immortalized embryonic stem cell lines.³⁷⁸ Using these stem cell lines, as Onwu stated, does not require further destruction of embryos. By doing this, President Bush "adopted a practical policy 'without crossing a fundamental moral line by providing taxpayer funding that would sanction or encourage further destruction of human embryos.'"³⁷⁹

Both leaders sought to create a distance between the destruction of embryos and stem cell research; though, President Bush was more successful in this endeavor from the perspective of licitly applying the principle of cooperation. Continuing to harvest embryonic stem cells is an example of implicit formal cooperation, as the section below details. As Magill states, "In the getaway car, the driver wants to 'work with' the loot in the bags – similarly, the scientist under President Clinton's policy is driving a research agenda that wants to 'work with' embryonic stem cells involving the *ongoing harvesting of these stem cells* [emphasis in the original]."³⁸⁰ Theoretically, President Bush's policy is mediate material cooperation because it does not intend nor provide anything essential for the destruction of embryos, uses immortalized cell lines, and seems to yield proportionate benefit. Some bishops express a reluctance to categorize President Bush's policy as licit because of the slippery slope argument that the magnitude of embryonic stem cell research and therapies will become an impetus to harvest additional stem cells.³⁸¹

A noted objector to the use of any fetal- or embryonic-derived stem cell lines, which seems to include immortalized cell lines, is a National Catholic Bioethics Center (NCBC) ethicist and education director, Tadeusz Pacholczyk. Anything associated with the grave moral evil of fetal or embryonic demise renders collaborators in treatments and research complicit in the evil. Pacholczyk's 'answer' is to only collaborate with efforts that use adult stem cells, which is not a cooperation issue at all.³⁸²

IID7. Involvement in Unjust (Immoral) Legislation or Legislators

The last individual cooperation issue addressed in this section is involvement, mainly through voting, for unjust or immoral legislation. This also applies to voting for legislators with a history of supporting unjust or immoral legislation. Abortion is the most relevant issue involving policy, political candidates, and elected officials. It is also the issue receiving a great deal of publicity because of President Obama's health reform plan, popularly referred to as "Obama-care."

In 2010, the United States Conference of Catholic Bishops (USCCB), acting for the U.S. bishops, and the Catholic Health Association (CHA), representing Catholic health care in the U.S., took opposing sides to this health care reform.³⁸³ CHA as well as many orders of women religious opined the exclusion of any federal money supporting abortions in the Affordable Care Act. The USCCB stated that the new legislation would permit federal funding for abortion.³⁸⁴ Seemingly, neither group used cooperation in the analysis because, according to one side, there was not a connection between the bill and the moral evil; a reasonable assumption for the other side is that the gravity of abortion is so severe that the supporting the bill was formal cooperation.

Abortion is a ‘cut-and-dry’ moral evil in the Catholic Church, but the issue becomes much more complicated considering the ways that a vote or voter influences legislation. In other words, laws are never as simple as ‘yea’ or ‘nay’ to the issue itself. Laws have nuance, provisions and caveats, as well as history. Acts may catalyze existing, just legislation becoming more strict or less strict. Acts can influence existing, unjust (immoral) laws by adding or loosening restrictions.

An exchange about voting for unjust legislation(s), apparent with chapters in *Cooperation, Complicity, & Conscience*, typifies the disparity about how to apply cooperation. It is beyond the scope to detail the nuances of the various perspectives. In summary, one set of positions holds that any vote cast for a position other than total repeal of a current abortion is unjust and formal cooperation.³⁸⁵ Included in this is that making an abortion law – whether it is restrictive, moderate, or tolerant – more lenient or permissive is inappropriate, as well as voting for candidates with track records of voting for such permissive legislation.³⁸⁶ Likewise, equally as inappropriate are legislative votes to block an even more restrictive amendment or alteration. All of these are formal cooperation.³⁸⁷

Equally valid alternative considerations exist. One alternative is a caveat to the amendments and appropriations mentioned above. “A legislator who, having tried and failed to exclude abortion funding from a general appropriation bill, then votes for the bill only to bring about the good things it will fund.”³⁸⁸ Rather than formal cooperation, this is mediate material cooperation according to Bishop Anthony Fisher.³⁸⁹ Perhaps it is licit cooperation because the legislator openly demonstrated her or his disapproval with the appropriations before discussion ceased. Bishop Fisher interprets *Evangelium Vitae* as

promoting proposed legislation that would limit the harm done by a previously existing bad law.³⁹⁰ Another perspective is that many reasons exist for voting for something other than total repeal of an unjust, unethical law – and the reasons are not necessarily formal, illicit cooperation. It would be only mediate material cooperation and licit to vote for a bill or amendment if an imperfect law (one permitting abortion totally or in certain circumstances) already exists, if no other sufficient bill exists to restrict even more, if the bill sets more limits than current law, and if it does not abolish future possibilities for additional limitations.³⁹¹

IIE. Identifying Fundamental Controversies when Applying the Principle of Cooperation

There are a few observations about cooperation worth noting. Implicit formal cooperation is a frequent topic of discussion and debates among Catholic moralists. Conversations in academic publications center around implicit formal cooperation as both an academic distinction and formal cooperation ‘trump card.’ As discussed previously in the chapter, implicit formal cooperation is when the cooperator claims that he or she does not intend (will, act) to cooperate, but no other reasons support such statements. Third parties who witness the cooperation often cite implicit formal cooperation when there is no other reason for the cooperator’s intent except for willing (assenting, intending) the same evil as the evildoer.

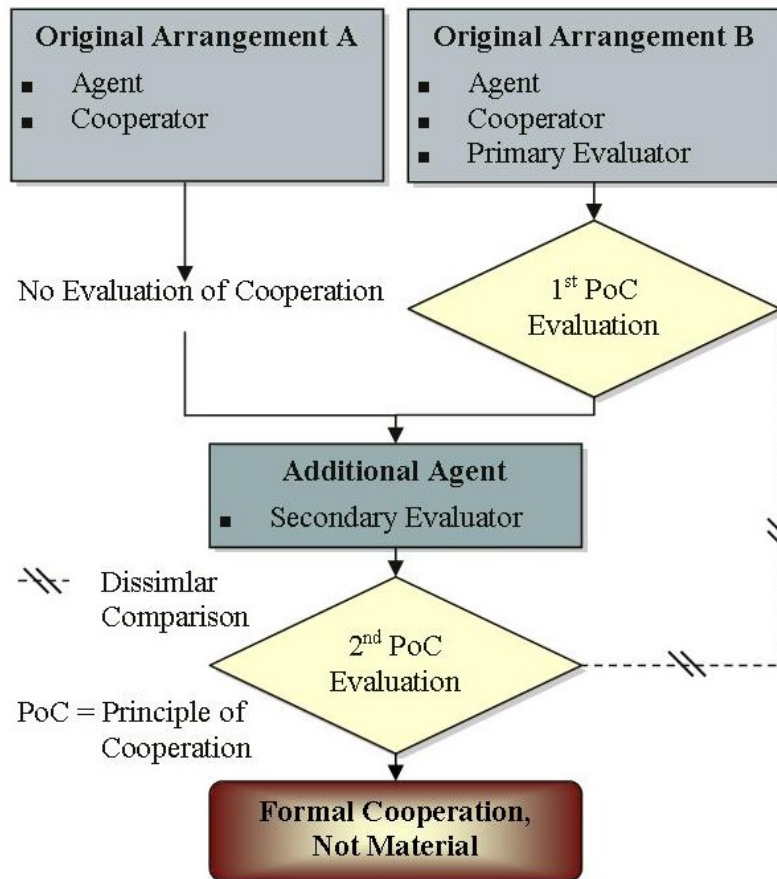
Accepting this, the difficulty is that anything can become formal cooperation if the third party evaluates a cooperative arrangement as such. All cooperation is subjective and dependent on the person evaluating the level of cooperation; formal cooperation is perhaps a more transparent component for the subjectivism of those persons who apply cooperation. The foundation for this claim is the introduction of another distinct moral

agent, an evaluator, in addition to the previous representatives. Examples below in Figure 2 and Figure 3 and depict how two possible arrangements may look before and after another evaluative moral agent:

Figure 2: Implicit Formal Cooperation Structures³⁹²

Preexisting Arrangements (i.e. before the addition of an additional agent)	
<p>Original Arrangement A –</p> <ol style="list-style-type: none"> 1) Agent (i.e. the one or group directly associating with the evil, injustice, or malfeasance) 2) Cooperator (i.e. the one or group somehow participating in the sin of the agent) 	<p>Original Arrangement B –</p> <ol style="list-style-type: none"> 1) Agent 2) Cooperator 3) Primary Evaluator (i.e. the person or persons assessing cooperation levels, whom may cooperate, too)
New Arrangements (i.e. after the addition of another agent)	
<p>Revised Arrangement A –</p> <ol style="list-style-type: none"> 1) Agent 2) Cooperator <p>+ Primary evaluator (additional agent)</p>	<p>Revised Arrangement B –</p> <ol style="list-style-type: none"> 1) Agent 2) Cooperator 3) Primary evaluator <p>+ Secondary evaluator (additional agent)</p>

Figure 3: Implicit Formal Cooperation Structures³⁹³



In any instance of implicit formation cooperation, including those mentioned above, there is someone else evaluating the actions of the connection between the agent and cooperator. The cooperation in arrangement A either did not include an evaluator, or the cooperator also served as the first evaluator. Arrangement B already included one evaluator and appends another. Again, the secondary evaluator deems the actions of the cooperator to be in formal cooperation with the agent in every case. An evaluation of the cooperation level contradicts the assessment of the cooperator or evaluator in some cases. In others, explicit evaluation does not exist, so the evaluator disagrees with the statements of the cooperator, who does not claim any intent to cooperate; however, as explained above, the evaluator can find no other reason for the actions of the cooperator.

Examples of implicit formal cooperation are helpful. In Figure 1, Michael Panicola uses the example of a how various forms of providing a ladder for a thief to break into a house and steal have different forms of complicity. Holding the ladder to steady it as the burglar breaks into the home and steals possessions is formal cooperation, while making the ladder that a thief eventually uses for theft is a remote type of mediate material cooperation. His example of implicit formal cooperation is when someone directs a crook to a house and a ladder whilst claiming not to want the theft to occur.³⁹⁴ Suppose another moral agent, one who would evaluate the level of cooperation, was included in this scenario. The first evaluator assesses the act and intent of the cooperator, and determines that the cooperator neither intended nor condoned the robbery. In other words, the cooperation is some form of material cooperation. A second evaluator labeling this implicit formal cooperation would be disagreeing inherently with the first evaluator, because the cooperator who directs and gives tools, for two reasons. First, the cooperator provides necessary and essential elements for the agent's sin (robbing). Second, there can be no other reason for the cooperator's help, presupposing he or she knows the agent is a thug, despite any statements from the cooperator to the contrary.

In tribute to Liguori's views on the confessor's office, the next example of implicit formal cooperation uses the connection between a sinning but penitent parishioner and the confessor priest. The situation, in general, is nothing new to either party, as it is a perpetual reoccurrence, which Liguori refers to as relapsing sin (those who revert back to similar sins after confessing them).³⁹⁵ Yet again the parishioner confesses to having extramarital sexual intercourse with a prostitute at a local residence, identified by many as a brothel. The priest, feeling defeated from his inability to stop this

reoccurring sin, forgoes his previous warnings and suggested repentance. “If I know the building you are talking about,” explains Father who continues, “it has been shut down by the cops just this week.” Without any mental reservation, he adds sarcastically, “You obviously haven’t found the other brothel hideout behind the metal fasteners building to the side of the old 4th Street Bridge.” The priest may claim that he was only being acerbic and flip, and that his cooperation is only material. Still, such an act is essential, bearing little other moral meaning for this recognized, perpetual sinner than intent for the evil to continue.

An historical controversy in the application of cooperation is around the issue of duress. At least one reason for the seeming difficulty using duress as a mitigating factor while applying cooperation to a situation pertains to the arduous task of defining duress. Theologians and ethicists comment on the disjunction between the individual and societal uses of duress. Common examples of duress involve instances with perceived threat(s) of bodily harm to *individuals* (emphasis added).³⁹⁶ There is disconnect when defining and applying duress to an organizational context. For example, The Congregation for the Doctrine of Faith (CDF) as well as Cataldo and Haas reflect that intimidation(s) to an individual’s life do not transfer to the organizational level because nothing mimics the gravity of losing one’s life.³⁹⁷ Scholar Thomas Kopfensteiner recognizes institutional forms of duress;³⁹⁸ The National Catholic Bioethics Center, like the CDF and others, believes there are no institutional forms of duress;³⁹⁹ a concern of Peter Cataldo is that acknowledging institutional duress led institutions to cooperate when they should not.⁴⁰⁰ Duress was in the appendix of the 1995 *ERDs* before its omission in the fourth edition of the *ERDs* in 2001. Purported misapplications of duress were the subjects of many

debates, eventually leading to a change in the *ERDs*. Working towards the changes to Part Six and the Appendix of the *ERDs* resulted in tensions between the CDF, CHA, national bishops' conference, religious congregation leaders, and Catholic health care system leaders.⁴⁰¹

Disparities in implicit formal cooperation and duress are the result of several different factors. First, scholars define concepts such as material cooperation, proportionality, gravity, scandal, and, of course, implicit formal cooperation and duress differently.⁴⁰² Second, a definitional issue also pertains to the fact that someone may not perceive a particular association as cooperation. The affiliation may be some other form of complicity, such as toleration.⁴⁰³ Third, scholars may define concepts in the same way, but could interpret and apply the same understanding to the same situation in totally divergent ways. Finally, and most importantly, how we define, interpret, and apply cooperation is representative of ideological and methodological differences.⁴⁰⁴

An illustration of differences based on ideology, methodology, and the application of cooperation is in the writings of Germain Grisez, William May, Richard McCormick, and Benedict Ashley and Kevin O'Rourke (consider Ashley and O'Rourke as one). All of these theologians comment on applying cooperating with other health care systems providing direct sterilization. Cooperation in and with organizations and groups is the chief focus of the next chapter. Still, this is the issue that all of these theologians comment. Some minute differences subsist in the issues they apply cooperation to, which the concluding comments address.

Germain Grisez presents an opinion that using a third party to oversee functions, such as direct sterilization, is formal cooperation.⁴⁰⁵ William E. May believes that

Catholics and Catholic hospitals may be in material cooperation with evil acts only under expressly particular conditions. He goes on to specify particularities with direct sterilization. For instance, he does not see any reason to cooperate at all in locations that have respectable other-than-Catholic facilities. Likewise, Catholic hospitals that are sole providers for communities may wish to reallocate resources or relocate to an area where tension between service in resource scarcity, witness, and Church 'teaching' does not exist. Concurrently, those evaluating such agreements must consider the likelihood of scandal, which may be an overriding factor in Catholic sole provider situations.⁴⁰⁶

In their first edition of *Health Care Ethics*, Ashley and O'Rourke recounted that the Second Vatican Council changed some of the thinking around cooperation. Previously unjustifiable acts now were licit. A greater emphasis was placed on acting according to conscience and respecting others' consciences. "Thus, we may sometimes cooperate with other *persons* out of respect for their right to act according to their conscience, even when we cannot in good conscience ourselves cooperate with their *acts as such*."⁴⁰⁷ Even in the fourth edition of *Health Care Ethics*, they state, "[W]e believe that exceptional cases may occur in which material cooperation of the Catholic hospital would be justified if it is mediate cooperation only."⁴⁰⁸ Without Ashley, O'Rourke responds to other moral theologians such as Grisez who contend that allowing a third party to perform direct sterilizations is illicit. Classifying this as formal cooperation "seems to rigorous."⁴⁰⁹

[T]he Catholic hospital's officials could explain their position without persuading someone else to perform the proscribed procedures. ... Would it ever be acceptable for the third party that provides the prohibited procedures to do so in the Catholic hospital, or in a hospital managed by a Catholic health care corporation? ... In theory, it is possible, and has indeed been

approved in a few situations in which a Catholic corporation has been employed to manage a community hospital. ... Serious reasons would be required for such a 'partnership' to occur. [It may require] a different hospital, ... personnel performing prohibited procedures would have to be employed and managed by a third party, ... and the diocesan bishop would have to determine that scandal would not arise.⁴¹⁰

McCormick conceptually recognizes that the principle of cooperation applies to working with other health care systems for direct sterilizations. He hesitates to call such arrangements as applications of cooperation for two reasons: First and unlike some others, he recognizes that psychological, emotional, social, spiritual, and medically indicated reasons are valid; consequently, sterilizations categorized by others as direct are actually indirect for McCormick and justified for the overall good of the patient. Second and related to the first, cooperation becomes merely "a cautious and controlled approval in individual instances" because few instances exhibit "less than adequate reasons."⁴¹¹ The implication of McCormick's view is that Catholic hospitals should act in accord with their consciences, which means acting for the overall good of the patient. Cooperate with others who will act for the holistic good of the patient, with sufficient justification of that good, when others restrict options available in the Catholic hospital.⁴¹²

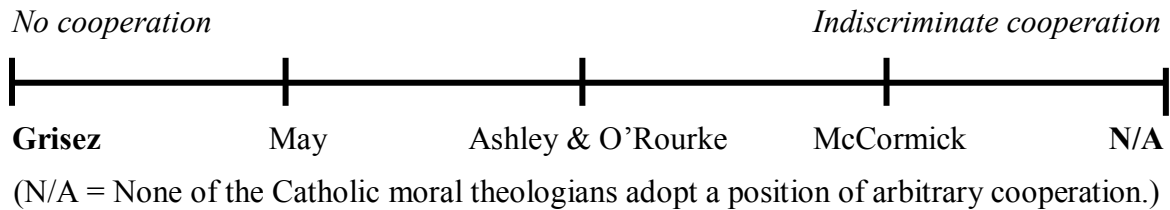
In summary and explanation of some differences, the above passages provide enough information for one to extrapolate the differences between authors based on their applications of cooperation. While Grisez comments on establishing third party oversight, it is a reasonable presumption to assume that most third party referrals and arrangements for direct sterilization, whether formalized or by practice, are formal cooperation for him. May wants to allow material cooperation only in specific instances, most likely for medically indicated reasons before psychological, emotional, social,

medically indicated, and spiritual ones (such reasons would qualify sterilizations as direct for May). The specific instances, which May mentions, are so few that he cannot find any in regions where there is an other-than-Catholic organization in close proximity. Furthermore, he seems so concerned with scandal in instances where the Catholic organization is the sole provider that he recommends getting out of the business of being sole providers. Similar to Grisez, this leaves few options or exceptions to categorizing most instances as formal cooperation. Unlike May, Ashley and O'Rourke seem to recognize more occasion to partner with other-than-Catholics, even in standing arrangements. Such agreements, partnerships, or referrals are merely material cooperation. Their caution is to achieve total separation between the entities for sake of appearances and possible scandal allegations. McCormick is less cautious about categorizing anything as formal cooperation. Catholic health care organizations should be free to partner or refer whenever needed with other-than-Catholics, especially if the Catholic organization will not provide total care of the individual – body, mind, and spirit.

Another way to discuss the above moralists is to place them into a scale based upon perceived stringency or flexibility with cooperation. The basis for this determination is the result of constructed assumption and interpretation of this author. The scale placement derives from comments May, Ashley and O'Rourke, and McCormick make about specific applications of cooperation. Not allowing any cooperation (no cooperation) is on one end of the scale (see Figure 4 below) and allowing every opportunity for cooperation (indiscriminate cooperation) is on the other. The latter position serves society at will, compromising Catholic identity and teachings, while the

former upholds Catholic identity and teachings at the expense of keeping hands clean as an isolated entity from society. This is what the scale would look like (endpoints of the scale are on top in italics; commentators are on the bottom with extreme positions in bold):

Figure 4: Cooperation Scale with Moral Theologians⁴¹³



III. Conclusion: Interpreting the Ethical Principle of Material Cooperation within the Catholic Tradition of Theological Ethics

In summary, this chapter grounded theological ethics as the context for understanding ethical practice. It then interpreted the ethical principle of material cooperation within the Catholic tradition of theological ethics. A major component of the interpretation of cooperation within Catholic theological ethics was describing traditional, individual applications of the principle.

Cooperation is likely to have greater use in the future as Catholic health care systems form new partnerships and make new care delivery arrangements. In fact, at least one ethicist views cooperation as the most important issue in Catholic health care in years to come.⁴¹⁴ The next chapter focuses on the fundamental shift from individual to organizational use of cooperation in Catholic theological ethics.

¹³² *Bibliography of Ethics*, ed. LeRoy Walters, Tamar Kahn, and Doris Goldstein, vol. 35, Bibliography of Ethics (Washington, D.C.: Kennedy Institute of Ethics, Georgetown University, 2009), 3.

¹³³ Daniel Callahan, "Bioethics," in *Encyclopedia of Bioethics*, ed. Stephen Post (New York, NY: MacMillan Reference, Thomson Gale, 2004), 278.

¹³⁴ David Kelly, *Contemporary Catholic Health Care Ethics* (Washington, D.C.: Georgetown University Press, 2004), 9-10.

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- ¹³⁵ Callahan, "Bioethics," 278-80.
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Chapter Three – Material Cooperation within the Organizational Context of Health Care

Cooperation not only applies to individual contexts such as the ones mentioned in the previous chapter. It applies to institutional or organizational settings. This section places cooperation within the organizational context of health care. While cooperation is a Catholic principle, the implications of this chapter and this dissertation in its entirety go beyond the walls of Catholic health care. Discussions about cooperation within an organization apply to health care generally, which includes Catholic health care organizations.

The groundwork for establishing material cooperation within health care organizations is through interpreting the moral agency of organizations. Achieving the examination of organizational moral agency is through defining and describing organizational moral agency, clarifying this agency through the lens of theological ethics, and establishing this agency as a function of organizational ethics. Differences in moral agency are apparent when individuals and organizations apply the principle of cooperation. This chapter explores many of the relevant differences, such as the greater scope of decisions (decisional affect) and possibility for scandal with organizations. Much like the previous chapter, this chapter concludes by featuring how health care organizations act as moral agents while applying the principle of cooperation. Issues specific to organizational applications of cooperation are at the heart of this final segment of the chapter.

I. Interpreting Moral Agency within Organizations

The previous chapter established the various ways individuals express their morality, mainly through applying the principle of cooperation. This chapter considers moral agency with organizations, both generally and through the lens of cooperation. Beginning this section properly necessitates exploring the concept of moral agency, as compared and contrasted between individuals and organization.

IA. Defining Organizations and Their Moral Agency

Organizations act as moral agents.⁴¹⁵ Agency and identity for organizations is more than the cumulative agencies and identities of its associates. As such, organizations are distinct as moral actors.⁴¹⁶ They have behaviors and actions, which may or may not be ethical. Organizations also think, decide, and justify.⁴¹⁷ Prerequisites to being a moral agent, in either an individual and organizational context, are the ability to make meaningful promises and fulfill (i.e. carry out, execute) those promises. The former case requires competence or capacity (the distinction between competence and capacity applying to individuals does not translate to organizations so uses are interchangeable); the latter requires not only resources, but also the ability to ‘make good’ on promises and commitments.⁴¹⁸

The relationship between organizational culture, thinking, decisions, actions and behaviors, and justification with agency is composite and intricate, as the following example illustrates. Professor Ronald Sims quotes Goodman and Dean from ‘Why Productivity Efforts Fail’ in *Organization Development: Theory, Practice, and Research* with respect to definitions for organizational acts and behaviors. They are “‘performed by two or more individuals, persist over time, and exist as a part of the daily functioning

of the organization.”⁴¹⁹ The previous statements about actions and behaviors may seem like the organizational agency is the “mere sum of the individuals within them.”⁴²⁰ This is a façade because of the other factors that influence organizational agency. Physician and philosopher Edmund Pellegrino quotes A.V. Dicey, ““Whenever men act in concert for a common purpose, they tend to create a body which...differs from the individuals of whom it is constituted.”⁴²¹

In any situation, actions and behaviors are the visible signs of less-overt culture, thoughts, decisions, and justifications. In some instances, organizational thoughts and values, articulated through mission statements and core values, are congruent with decisions that are, in turn, harmonious with actions and behaviors. In others, associates ignore mission and value statements in their decisions, actions, and behaviors.⁴²²

Referencing the Sims definition above, common and repeated organizational acts and behaviors may be chance or unintentional at minimum. At maximum, they are cultural artifacts or decision making that does not reflect preferred or ideal articulation of mission and values. While it is possible for groups to back flawed or repugnant ideals, Pellegrino makes the claim that is more likely for moral community to work for good when ideals, commitments, values, and behaviors have there foundations in more than just self-interest.⁴²³

Other inherent minutiae with organizational agency and moral communities are perceptible. In some cases, particular individuals within the group or organization speak for others within the same group or organization. This representation includes occasionally describing or protecting the morality of other group members.⁴²⁴ Dynamics within and between communities, described next, are in addition to the characteristics of

organizational moral agency mentioned above. Organizations are competitive and will use their agency by trying indirectly to assume a superior position with other organizations. Coercion and misrepresentation also factor into organizational dynamics. In this context, coercion is an intentional effort to alter another's behavior such that it is incongruent with ideals and values. Misrepresentation is counterfeit influence, which depends on the pretense of genuine discourse and relationships with others. Discourse is only the constructed means to the end of generating an artificial trust. Rhetoric and persuasion is a more legitimate dynamic to influence others and is available for use within and among organizations. Another dynamic among groups and organizations is appealing to other parties (i.e. third-parties, tertiary agents, outside observers) for validation and persuasion. It is also possible to appeal to internal and external stakeholders for future hopes and promises; stakeholders reciprocate with faith in the organization that it will improve, steward resources, adapt to changes, and ensure a future for the benefit of all.⁴²⁵

With respect to the above details, the author of the "Organizational Ethics in Healthcare" entry, Robert Hall, in the *Encyclopedia of Bioethics*, third edition, summarizes some of the discussions about organizational agency. On one side, authors question the substantiality of institutional agents, given that they are unlike individuals who possess feelings and understandings, purposes and intentions, and scruples. On the other side, organizations possess characteristics of moral agents; they decide, make goals, act to achieve goals, are accountable for harm and praised for good, and are responsible for the evaluation and assessment of the suitability of those goals and behaviors. After his summary review of discussions, Hall concludes that organizational agency is vaguely

different from individual agency. Still, “It cannot be doubted that they are responsible agents in an ethically meaningful sense.”⁴²⁶

Generally, one of the ends of organizational agency is respect and congruence for individuals. Moral communities persuade members and stakeholders to share ethical concerns involving the organization (community) in order to considerately and thoughtfully resolve them. They also exhibit consistency between their publicly stated and professed ideals and values and the actions and behaviors witnessed by various stakeholders (associates or employees, patients, families, community).⁴²⁷ So as not to confuse the naturalistic fallacy (is/ought distinction), the previous claims sound like empirical descriptions of moral communities. This is not entirely accurate as they are normative accounts of what the ideal organization or moral community *could be*.

Similar to individuals, communities and organizations change and are never stagnant. They grow and develop through interactions and discussion,⁴²⁸ constantly assimilating and interpreting new information in light of its ideals and, ideally, its goals. Organizations and communities consider “proposed alternative meanings for various behaviors that matter in the group... Discursive action to create community means building shared and mutually beneficial interpretations of reality that become the taken-for-granted basis for valued action.”⁴²⁹

Organizational moral agency is, in fact, *the* model of business ethics.⁴³⁰ Magill and Prybil stipulate that business ethics attends to value and justice issues, such as financial and purchasing practices in management and care delivery, within and among organizations. Corporate ethics is the consideration of value and justice matters with the corporate identity and character of hospitals and their congruence with articulations of

identity and character, including their policies, procedures, and guidelines.⁴³¹

Organizations, their agencies, and their influences are considerable. Scholar Susan Dorr

Goold considers organizations as the principal actors in contemporary society:

Organizations expand our abilities in ways that allow common people to do uncommon things: a trauma center is able to achieve what no individual, no matter how skilled or talented, could hope to accomplish. As dominant actors in health care, organizations merit our moral attention for several reasons. First, they create role expectations that have moral content...In addition to creating role expectations, organizations as actors respond to social conditions... Finally, organizations have a normative structure. They set goals and express values and norms in addition to creating role expectations.⁴³²

Multiple theories of business ethics subsist – the integrity, virtue ethics, pragmatist, and social contract approaches for instance – similar to assorted, general ethical theories. All approaches recognize organizational moral agency, and some believe that the social contract approach has enough substance and malleability to become the prevailing approach.⁴³³

IB. Clarifying Organizational Moral Agency in Theological Ethics

Moral agency of organizations is and has been recognized by scholars of religion and the tradition of theology. Recognition of moral agency within groups is not a new development in the Catholic moral tradition. Manualists have commented on the moral agency of groups. Some representative examples should suffice. In Jone and Adelman's *Moral Theology* (1952), they speak of legal persons, such as the State in instances of eminent domain, appropriately acting in the interest of the common good or common welfare. One may also argue that organizational agency is inherent in their discussion of eternal law, precepts, and customs and their legislators (e.g. God, pope), promulgators (e.g. cardinals, bishops), and subjects (e.g. Catholic faithful).⁴³⁴ In other words, the

Catholic Church, many individuals as one, is an organization with agency regarding ecclesiastical matters. Gerald Kelly infers organizational agency when he appeals to the authorities of Catholic hospitals to ensure the duties, witness, and virtue and set the tone for personnel, patients, and policies. This is, in fact, one of the first things he discusses within *Medico-Moral Problems* (1958) in his review of the *Ethical and Religious Directives for Catholic Hospitals*, second edition, which is the precursor to the contemporary *Ethical and Religious Directives for Catholic Health Care Services*, fifth edition.⁴³⁵ Manualists John Ford and the aforementioned Gerald Kelly discuss the relationship between individual and group agency in *Contemporary Moral Theology* (1960). Specifically, an argument was levied that certain groups (e.g. artists, scientists, politicians and statespersons, etc.) and the individuals in them were categorically exempt from moral laws. Ford and Kelly comment on the statements from Pope Pius XII; organizations and the individuals within them are not exempt from moral laws.⁴³⁶ The conclusion is that group (organizational) agency does not absolve the agency of individual, representative agents. Moralist Edwin Healy assumes organizational moral agency within *Moral Guidance* (1960) in his discussion of corporations and unions, as these relate to topics such as just wage, living wage, strikes, and benefits.⁴³⁷ McFadden infers the moral agency of groups of medical professionals in the segment titled “The Value of Ethics to the Profession” in *Medical Ethics* (1961). A distinction he makes is that the character of the medical professional mirrors the culture of its members.⁴³⁸

Papal encyclicals, Catholic social teaching, and Canon law address the moral agency of groups and organizations. In reference to papal encyclicals, evidence of the recognition and articulation of group moral agency dates back over one hundred years.

Leo XIII's *Rerum Novarum* ("On Capital and Labor," 1891) – as one may reasonably assume from the title – focuses on human work and labor, including the role of organizations and associations. There is an unequivocal acknowledgment of the autonomy of associations and organizations, which should allow their members to achieve their individual spiritual ends.⁴³⁹ In addition, they should work for the good of society itself:

It is clear that [associations] must pay special and chief attention to the duties of religion and morality, and that social betterment should have this chiefly in view; otherwise they would lose wholly their special character.⁴⁴⁰

Specific statements such as these are tacit acknowledgment of organizational agency. Pius XI devotes significant attention to the development of workers' associations and workplaces, wages and contracts, and the morality of institutions (organizations) in *Quadragesimo Anno* ("After Forty Years – On the Reconstruction of the Social Order," 1931). Corporations and groups are juridical personalities having the moral authority to work for their interests, their associates (employees), and the common good according to Pius XI.⁴⁴¹

Encyclicals from the latter half of the 1900s continue to take in hand organizations and their moral agency. *Mater et Magistra* ("Mother and Teacher – Christianity and Social Progress," 1961) by John XXIII speaks to the role of private associations, workplaces and organizations, and unions as mediums for social growth – for individuals and the common good.⁴⁴² They should use their agency for these purposes. He emphasizes the need to form groups and organizations in order to advance human dignity and freedom while fostering responsibility, which individuals could not do by themselves, in *Pacem in Terris* ("Peace on Earth," 1963).⁴⁴³ To state this observation

differently, organizational agents can achieve what individual agents cannot. Within the same encyclical, he refers to states and intermediate groups as having juridical status and agency that must correspond with the moral order.⁴⁴⁴ *Laborem Exercens* (“On Human Work,” 1981) is one platform where John Paul II attends to the role of organizations as agents. For instance, he appeals to organizations to act justly by hiring and creating suitable environments for disabled persons.⁴⁴⁵ He directly connects groups and organizations, such as agencies and centers, with ethical agency and responsibility, in *Evangelium Vitae* (“The Gospel of Life,” 1995).⁴⁴⁶ Benedict XVI attributes some of the financial collapse to the breakdown of businesses that have concentrated more on their own self-interests than broad social responsibility and stakeholders other than the proprietors in *Caritas in Veritate* (“Charity in Truth,” 2009).⁴⁴⁷ The agency of some organizations lacked evaluative, reflective, self-discerning, self-observing egos; the result was a narrowing scope that excluded or ignored the charitable, altruistic dimensions of their moral agency.

With respect to Catholic social teaching, the section on business initiatives and business goals in the *Compendium of the Social Doctrine of the Church* affirms the following about how organizations should use their agency:

A businesses’ objective must be met in economic terms and according to economic criteria, but the authentic values that bring about the concrete development of the person and society must not be neglected ...All those involved in a business venture must be mindful that the community in which they work represents a good for everyone and not a structure that permits the satisfaction of someone’s merely personal interests.⁴⁴⁸

The National Conference of Catholic Bishops (NCCB) infers, now reconfirmed by the United States Conference of Catholic Bishops (USCCB), that organizations are agents

and may act ethically in the “medical-moral issues” and “prophetic role” sections of *Health and Health Care: A Pastoral Letter of the American Catholic Bishops* (1982).⁴⁴⁹

Similarly, phrases in *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy* (1986) validate organizational (corporate) agency:

Businesses have a right to an institutional framework that does not penalize enterprises that act responsibly. Governments must provide regulations and a system of taxation which encourage firms to preserve the environment, employ disadvantaged workers, and create jobs in depressed areas.⁴⁵⁰

Organizations (agencies, associations) not only have voices and actions, they can use their agency for more than just their narrow self-interest – they can be moral by acting for the benefit of others. The U.S. bishops go on, in a later document, to stress that “economic choices and institutions must be judged by how they protect or undermine the life and dignity of the human person, support the family and serve the common good.”⁴⁵¹

Arguably in an example of an organization on a macro-level, the U.S. bishops maintain that Church teachings support that the State, or government itself, has moral agency that it should use for guarding human rights and ensuring justice for all.⁴⁵² In fact, in another statement, the U.S. bishops define the relationship between two types of group agents – the state and non-state organizations. No need exists for state intervention and imposition into additional areas of life when there is responsible use of non-state organizational agency for the common good.⁴⁵³ Similar to the concerns about the state, the Church has concerns about abuse of multinational corporations and organizations. The agency of large groups may turn into a tyranny, which may oppress or subjugate others either intentionally or unintentionally.⁴⁵⁴

Church procedures and canon law address the agency of organizations. For instance, the protocol proposed by The Archdiocese of Philadelphia addresses the role of group agency in its suggested procedure for collaborative relationships. Put simply, some factors that merit consideration use organizational agency by:

- a. Helping to implement the church's moral and social teaching.
- b. Furthering the health care ministry to the community
- c. Witnessing to a responsible stewardship of limited health care resources.
- d. Providing poor and vulnerable persons with a more equitable access to basic health care.⁴⁵⁵

Changes to an organizational agent in the form of joint ventures or collaborative relationships require a *nihil obstat* (i.e. "nothing stands in the way" or a Catholic Church censor ensuring there is nothing damaging to the faith) from the Secretary for Catholic Human Services.⁴⁵⁶ John Boyle provides a summary about the canonical status of Catholic hospitals and the Catholic Church in the U.S.:

The interorganizational relationship of Church and hospital in the United States has usually taken the form of Church sponsorship of hospitals. The hospital is usually under the direction of a religious community or diocese, which in canon law forms a "moral person"... The hospital is then usually incorporated separately, but with arrangements that give the sponsoring religious group decisive control through its control of the corporate membership, majority membership on the board of directors, or some other similar arrangement. This the organizational relationship is strongly reinforced in the United States by legal and canonical arrangements that vest ownership and control of the hospital in the religious sponsor who is, in turn, tied by legal and canonical arrangements to the hierarchy of Church authority.⁴⁵⁷

The eight-and-a-half year, CHA-sponsored project on shared understandings around the principle of cooperation and its applications also discussed the moral agency of groups according to canon law:

- As understood in canon law, a moral person is a group of natural persons who have a particular relationship to one another, and because of this relationship, may be conceived of as a single entity which does not exist in reality and cannot be conceived of apart from the people who comprise it.
- In church law, a moral person is called a juridic person and has been given recognition by proper authority. The moral person has rights and responsibilities recognized by society and civil law. Like natural persons, it must fulfill these rights and responsibilities in order to act ethically.
- The notion of moral agency of institutions is also rooted in the church's social tradition. The tradition presupposes an understanding of the moral agency of corporate entities such as governments.⁴⁵⁸

From the above description, it may seem that group agency is more ethereal, nondescript, and therefore less substantive than natural persons' (individuals') agency. This inference is not entirely correct. It may take additional time and energy to articulate boundaries and scope of organizations, but this does not make them nondescript.

The canonical and ecclesiastical understanding of the hospital as moral person is similar to the understanding of other moral agents, such as professionals and professional groups. As described by moral theologian Philip Keane, the *Code of Canon Law* acknowledges the autonomy and sphere of influence of qualified professionals who are knowledgeable in their profession.⁴⁵⁹ Such is the agency with organizations. They have a scope and a sphere of influence whilst simultaneously understanding the overlap of other individual agents (e.g. associates or employees, stakeholders) and organizational agents (e.g. the Church, state).

The theological community is not the only one to accept organizational moral agency. The secular community supports this idea. Regulatory, legal, and compliance recognition of organizational agency is prevalent. Attention to organizational morality is a requirement of the regulatory agencies that regulate health care. For instance, the Joint

Commission for Accreditation of Health Care Organizations (JCAHO) requires all health care organizations to have a method for resolving ethical issues and disputes arising within the organization. Initially, requirements had a clinical focus for organizational morality. However, more recently (1995) this regulatory agency recognized the importance of also having an organizational focus, given the prevalence of organizational dilemmas and the need to attend to them.⁴⁶⁰ The new mandate included a requirement for health care codes of conduct to govern external relationships, marketing, billing, admissions, and discharge or transfer. Other groups enumerated in the expected conduct consisted of payers, other health care providers, and educational institutions.⁴⁶¹

As previously mentioned, there is secular, legal precedent for the identification of organizational agency. One of the earliest, pivotal, and defining legal cases in bioethics is *In re Quinlan* (355 A.2d 647, N.J. 1976), which the Supreme Court of New Jersey opined. The case details are not important for this discourse. Yet, the segment of the opinion, titled “IV. The Medical Factor,” delivered by Chief Justice Hughes encourages the use of institutional ethics committees for inter-institutional dilemmas. Legal professor Jerry Menikoff elaborates, “While [ethics committees] are now standard in modern hospital care, this was a new concept at the time...The court was also ahead of its time in concluding that ‘a practice of applying to a court to confirm such decisions would generally be inappropriate.’”⁴⁶² Statutes and other legislation in the States of Maryland, New Jersey, New York, Maryland, and Arizona mention the helpful role of ethics committees in attending to moral dilemmas.⁴⁶³ It is a reasonable supposition to suggest that such proposals not only exhibit appreciation for organizational agency, they imply

trust or conviction that organizations, in certain circumstances, may use their agency to attend to internal dilemmas.

Institutional compliance programs are illustrations of the balance between individual agency (persons' autonomy) and organizational agency (groups' autonomy). Categorical examples include anonymous, error-reporting systems for adverse events and other mistakes as well as confidential integrity hotlines. Individual mistakes and adverse events may have implications to the organization. In using the system or hotline, individual stakeholders are human moral agents acting for the good of the organization and its agency. Phrased another way, individual agents leave problems that may impact the institution for the organization to solve. It does so with its agency. The suggestion of the President's Commission in 1983 suggested the utility of health care ethics programs to act, in at least one capacity, as a method of compliance and dispute resolution for organizations.⁴⁶⁴

IC. Clarifying Organizational Moral Agency as a Function of Organizational Ethics

Organizational moral agency is a function of organizational ethics. Parts of organizational ethics' origins are from business ethics, which was discussed above, and it is often contrasted with clinical ethics, although any distinction between the clinical and organizational ethics is often nebulous. Providing some definitions of organizational ethics, sometimes called institutional ethics,⁴⁶⁵ may be useful and, as defined by religion and ethics professor James Tubbs, one such description is that it is moral discernment about the determinations and actions of health care organizations and institutions, often comprising board, juridic person, executive committees and groups, administrators, and other organizational authorities.⁴⁶⁶ Scholar and professor Gerry Magill defines it "as the

integration of values into decision making, policies, and behavior throughout the multi-disciplinary environment of a health care organization.”⁴⁶⁷ Two professionals involved with ethics in the Sentara Healthcare define organizational ethics and its goal as crafting and framing appropriate options in order to alleviate or abolish organizational ethics dilemmas.⁴⁶⁸ Common situations in organization ethics include justice and ethics as they connect with safety and workplace conditions, charity and other uncompensated care, environmental impacts associated with health care provision, confidentiality of patient information, changes to managed care understandings, associate (employee) relations and benefits, just wages and living wages, and discriminatory practices.⁴⁶⁹ Other issues, depicted ‘from a higher altitude,’ include clarifying appropriate care broadly and within the organization as well as stewarding resources in order to balance multiple stakeholders (e.g. associates, providers, payers) and fluctuating dynamics (e.g. access, cost, quality).⁴⁷⁰

Further approaches to redefine organizational ethics and its functioning have met with mixed reviews, both theoretically and practically. Ethicist and Loyola University Chicago professor David Ozar insists that ethics education within the institution should be a trademark of organizational ethics, similar to the education function of clinical ethics.⁴⁷¹ Likewise, ethicist Robert Orr suggests that organizational ethics shares functional similarities with clinical ethics:

...John Fletcher, one of the pioneers in clinical ethics, made a cogent observation. He noted that early efforts in clinical ethics aimed to make the clinical decision making in medicine more transparent, and this met with initial resistance from clinicians. More recent efforts in organizational ethics aim to make business decision making in medicine more transparent, and it should not be surprising that this is meeting with some resistance from hospital administrators and boards of trustees. The following is a story of “forced transparency.”⁴⁷²

For Orr, transparency is a mode to honor shared decision-making and to use a Catholic moral principle, subsidiarity, in order to achieve a more respectful and unified organization. Another function of organizational ethics has gained traction in the literature – organizational ethics as a change agent. Many health care organizations face the need to change with the increasing demands on clinical quality, safety, efficiency, equity, and effectiveness – as recommended by reports such as *To Err is Human: Building a Safer Health System* and *Crossing the Quality Chasm: A New Health Care System for the 21st Century* – and organizational ethics processes are positioned to facilitate changes.⁴⁷³ A number of other ethicists and moral theologians have commented on the significance of organizational ethics within health care.⁴⁷⁴

Catholic health care systems have an organizational duty beyond the ones mentioned above. Identity as a Catholic organization is a function in addition to making decision in light of mission and core values. Catholic identity has particular commitments, requiring promotion and defense of human dignity, action on behalf of justice, promotion of the common good, attention to the whole person (i.e. body, mind, and spirit), care for poor and vulnerable persons, stewardship of resources, and behaviors in communion with the Catholic Church. Organizational ethics is also useful as a method to interpret challenges and conflicts in light of Catholic identity, mission, and core values.⁴⁷⁵

The broad footprint or scope of ethics in health care generally may be, in part, one of the attractions to the Next Generation Model of Ethics (also called Next Generation or Next Gen) because Next Generation programs attend to both clinical and organizational ethics issues. Next Gen ethics integrates many of the considerations in organizational

ethics mentioned above in addition to the core elements of case consultation, education, and policy review and development as mentioned in the President Commission's report on forgoing life-sustaining treatment.⁴⁷⁶ Specifically, many Next Gen ethics programs have the foundational characteristics of being strategically proactive (i.e. responsive fluctuating dynamics such as access and costs and to an organization's quality, safety, efficiency, equity, and effectiveness), having measurable outcomes (i.e. transparent about its own effectiveness, alleviates or abolishes inequities and dilemmas), staying organizationally integrated (i.e. program functions as a change agent, integrates into the multi-disciplinary health care setting), and including an orientation to mission and values (i.e. ensures congruence between identity, commitments, and behaviors).⁴⁷⁷

To expand on the link between organizational agency and organizational ethics, organizations exercise their moral agency when making organizational decisions that impact associates, patients, or the community. Often, this occurs within the context of organizational ethics, or integrated ethics (e.g. Next Gen ethics), deliberations and decisions,⁴⁷⁸ which are attempts to ensure that ethical decision-making and morality diffuse throughout the entire organization.⁴⁷⁹ Actions and behaviors may be the result of organizational agency through organizational ethics or catalysts for organizational ethics consideration. Similar to previous discussions about organizational agency, organizational ethics programs may consider an issue, but the decision does not result in noticeable action. Organizational agency still occurs – noticeable in considerations and deliberations rather than actions and behaviors.

Similar to clinical ethics or ethics generally, it can be both descriptive and prescriptive.⁴⁸⁰ It is descriptive because ethics observes human behavior, attempting to

define what behavior *is*. An example of descriptive organizational ethics is organizational or system ethics audits to ascertain the ethics of behavior and practices with some specificity.⁴⁸¹ It is prescriptive because it posits or recommends certain thoughts, behaviors, and omissions as having more or less value than others; ethics defines what *should be*. Another organizational ethics example, prescriptive this time, is expressing the value behind organizational assumptions, policies, strategy (strategic planning), and decisions in terms or recommended behaviors and actions.⁴⁸²

The CHA “Report on a Theological Dialogue on the Principle of Cooperation” provides a series of theological conclusions. The conclusions serve as a summary of the material covered in this section:

- Institutions are considered to be moral agents, though analogously. They decide and act. They have an obligation to do good and avoid evil. They are held accountable for their decisions and actions, and are praised or blamed for what they do. The moral agency of institutions is recognized in civil and canon law, in business, and many other fields.
- The moral manuals assume institutional moral agency, e.g., the armed forces, political parties, quasi-religious sects are identified as possible wrongdoers. If institutions can be wrongdoers, they can also be “cooperators” in wrongdoing.
- The moral agency of institutions is recognized in the church’s social teaching on workforce issues, the responsibilities of governments and states, and societies themselves.⁴⁸³

Furthermore, organizational ethics is one way to exercise organizational moral agency. Organizational ethics as a discipline is both equivalent to and disparate from clinical ethics, not unlike individual and institutional applications of the principle of cooperation – the emphasis of the next section.

II. Differences in Moral Agency when Individuals and Organizations Apply the Principle of Cooperation

The previous section interpreted the moral agency of organizations, including the use of that agency in organizational ethics considerations typically impacting associates, patients, and the community. A few of the examples above pointed out the similarities or congruency between group (organizational) agency and individual (natural person) agency as well as organizational ethics and clinical ethics. Similarities persist between organizational and individual applications of the principle of cooperation.

Descriptions, comparisons, and contrasts thus far have explained some of the dichotomy between individual agency, group agency, clinical ethics, and organizational ethics. Little attention has gone to similarities and differences between individual applications of cooperation and organizational (group) applications of cooperation. While some uses are analogous, many are disparate on both a theoretical and practical level. The focus of this next section is on the differences in moral agency between individuals and organizations while applying cooperation.

IIA. Cooperation Used with Organizations as Well as Individuals

The following is a simple statement, but one worth making: In addition to individual uses, organizations may use the principle of cooperation by applying it to appropriate organizational situations.⁴⁸⁴ The task force and theological dialogue on the principle of cooperation sponsored by CHA stipulated that there was consensus among the participants that cooperation applies to institutions. Some of the noteworthy observations included:

- As moral agents, institutions encounter evil and cooperate with evil. There seems to be no other available principle to assess the morality of their actions than the principle of cooperation.
- The principle of cooperation in the wrongful acts of another applies to moral persons (juridic persons) as well as to individual “physical” persons.

- The fact that the principle has not been widely applied to institutions [and corporate entities] until recently is not a sufficient reason for saying it cannot apply. There is not adequate basis for saying that it does not apply.
- Given the evidence in the tradition, it seems that the burden of proof for saying that moral principles, both primary and secondary, may not be applied by corporate entities in a way analogous to their application by an individual falls on those who say it may not.⁴⁸⁵

Cooperation is the relevant principle for organizations by default, despite the clarity that initial applications of cooperation were for individuals (natural persons). The contemporary emphasis on organizational applications of cooperation speaks to natural law and the ever-unfolding revelation of the eternal law. Humankind learns more about itself and God’s expectations for persons as moral beings with additional uses of cooperation.

Differences in moral agency prevail between individual and organizational applications of the principle of cooperation.⁴⁸⁶ These differences are significant.⁴⁸⁷ As described by the CHA task force on cooperation, “When one applies the principles governing cooperation to instances of institutional cooperation, however, there are certain characteristics of institutional cooperation that may affect the outcome of the moral assessment in significant ways.”⁴⁸⁸ To reemphasize a point from above, just because there are noteworthy differences does not mean that the principle applies only to individuals. Peter Cataldo explains that the distinction is indicative of the disparity between the various types of moral agency – the principle applies to institutional agents.⁴⁸⁹ The remainder of this section details some of the relevant differences in agency between individual and organizational applications of the principle of cooperation.

IIB. Greater Possibility of Scandal with Organizations

One stipulation is in order before a discussion of organizational cooperation and scandal. Scandal was defined as leading another into evil in the previous chapter under the section titled “Defining Material Cooperation in the Catholic Tradition of Theological Ethics.” One should interpret scandal in a “strict theological sense,” which is in accord with the *Catechism of the Catholic Church (CCC)* definition (nn. 2284 and 2287) – the exact definition provided in chapter two.⁴⁹⁰

Regarding the moral issue, a greater possibility of scandal exists with organizational cooperation when compared to individual cooperation. This concern is intrinsic to the Congregation for the Doctrine of the Faith’s (CDF’s) statement about sterilization in Catholic hospitals. The CDF affirms that the principle of cooperation is appropriate when considering referrals or partnerships to institutions that will provide direct sterilizations. However, the Catholic organization must take all possible precautions to avoid the scandal and hazards created by misunderstandings.⁴⁹¹ The CHA task force studying cooperation concluded that, “When the principle of cooperation is applied to institutions, scandal is a heightened moral concern with regard to Catholic hospitals and Catholic hospital affiliations.”⁴⁹²

To some, it may seem trivial to explain why scandal is an increased concern with institutions. It is, nevertheless, a necessary task to reduce any misgivings or misunderstandings. This has to do with the types of agency.

All individual agents may cooperate with someone or something that generates scandal. Depending on the issue, many individual agents (natural persons) have a narrow scope vis-à-vis how many people could (or will) regard an action or behavior as

scandalous. Consider the following hypothetical situation. Your Aunt Gertrude lives in a small, Midwestern U.S. town. She is Catholic and prides herself on being well informed about contemporary Church and social justice issues. One weekend in 2010, Aunt Gertie visited close friends in a larger city, which is within a few hours driving distance of Gertie's home. Her friends take her to Mass in the larger city's cathedral, where Gertie hears about the dispute between the bishops, nuns, and CHA regarding the proposed health care act in the homily. The bishop, who delivers the homily, tells parishioners not to support legislators who, in turn, support the health care proposal. While telling this story, Aunt Gertie adds, "I don't care what the bishops said – I was at Berkeley in the 60s – and I am not afraid of authorities. So I wrote my senators in support of the act. The bishops are being ridiculous. Other legitimate organizations find that none of the federal funds will go towards abortions. Don't they realize that little, no, or unaffordable health care kills people, just like abortions? In fact, some studies find that inadequate or unaffordable health care kills more people than abortions." Without discussing conscience and faithful dissent, one would have a legitimate argument that Aunt Gertrude was scandalous while informing you and others of her opinion that was in opposition to the bishops. Still, Aunt Gertie's scope is small. She scandalizes her family members and a few friends within her small town.

Gertie's example, while not trivial, has much less impact than the scandal from institutions. Whether the locales are urban or rural, community members are aware of Catholic organizations and their identity. Scandal is on a different level with cooperation such that laypersons – such as associates (employees) of the Catholic organization and community members – are unclear, confused, or led into sin. Generally, the amount and

severity of scandal with organizations greatly outweighs the scandal produced by individuals when using a benefits and burdens (i.e. consequential, utilitarian) analysis. The effect is more profound for more people with organizational scandal.

There are exceptions. Some persons have regional, national, or international esteem as public figures, celebrities, or authorities. By analogy, one could make a legitimate argument that scandal certain individuals can create is similar, in amount and severity, to organizations. This is not the case with most people, but deserves additional consideration for individuals who are high profile.

IIC. Organizations' Actions Affect More than a Few People (Greater Scope)

Discussion about the differences in agency between individual and organizational applications of cooperation with the first issue, scandal, also touches upon the second issue, scope. As mentioned above, organizations' actions and behaviors affect more than a few people.⁴⁹³ Their scope of influence is greater than individuals' scope.

Theologian and ethicist Jan Heller explains this influence as it relates to his definition and scope of organizational ethics:

Broadly (and very briefly) construed, organizational ethics is concerned with what elsewhere I have called the three domains of ethics: conduct, character, and conditions – and these form the perspectives of two types of moral agents: the individual and the organization. That is, organizational ethics is concerned with the moral conduct of individuals as they are effected by conditions established or affected by the organization; with the moral character that inclines these same individuals to choose habitually in certain ways; and, with the organizational conditions that influence the conduct and characters of these individuals. Further, organizational ethics is concerned with the moral agency of the organization itself, for individuals in organizations may act jointly as a collective moral agent, and as a bounded whole the organization can be help morally (and legally) accountable for their actions individually and collectively.⁴⁹⁴

Organizations are not only accountable, as Heller explains, for the individual and collective actions of their associates (employees); they are also accountable for the repercussions and impact on the wider community.

Some community impacts are caustic but may be unconscious or latent to the organization and its associates. The Jesuit Thomas Massaro traces the development and future of Catholic social teaching in his book *Living Justice*, where he examines social sin as a developing, prominent area of contemporary teaching. Social sin addresses the way groups of people (e.g. institutions, associations, municipalities, governments, nation-states) perpetuate injustices and inequities, albeit often inadvertently, through destructive behavior patterns. This has been a topic of Catholic social teaching since the 1970s, and it often involves actions and behaviors that individuals unintentionally and subtly inculcate (i.e. learn) and then transmit (i.e. perpetuate). The accumulation of these behaviors and actions results in an undeniable, manipulative effect on others in society. Examples are institutional and social elitism, sexism, ageism, or racism. Even though, in the words of John Paul II, social sin has its foundations in individual sins and evil choices (end paraphrase), corporations could do a better job about identifying their contributions to institutional and social sins:⁴⁹⁵

As the quip goes, when we think about sin, most of us imagine the bedroom, not the boardroom. In other words, most of our awareness of sin and practice of sacramental confession remains squarely focused on the level of our larger-scale involvements in social institutions such as corporations.⁴⁹⁶

Discourse about social sin is an attempt to show that groups have greater scope and influence more people.

IID. Decisions Last Longer for Organizations

Person's earthly lives and the decisions made during that time tend to be short in duration. An example of this goes back to Aunt Gertie. Her decision to write her senators in favor of the health care proposal has a defined, time-limited duration. Any repercussions are likely to be temporary, as well, for Aunt Gertie – even if an outcome lasts for the rest of her life. Especially likely, the particular circumstances surrounding this issue will not be exactly the same in a few years, meaning that the proposal will be passed and enacted into law, or debates will still exist, albeit with different variables that change the context. The relevance this has to Aunt Gertie is that, similar to decision-making capacity, this decision is relevant for this particular issue at this time for her.

Princeton Theological Seminary professor Patrick Miller writes about longevity with communities, which applies to organizations and associations:

The community is one that exists in time and space. It assumes a conventional locale, proximate relationships, place to live, and the provisions for life. But the community [discussed in the chapter] is not fixed in a *particular* time and space. It may be constituted at different times and places. It is assumed that the community created by this formal and given definition of the character of its life together is a *continuing community* [emphasis in original]. The assumption of that community is tied to [particular] relationships, to successive generations, whose instruction in the moral character of the community is a prime concern.⁴⁹⁷

Miller describes two divergent types of communities. One sort has temporal and physical anchors, making them sensitive to time and space. The other sort has no such temporal and physical moorings.

Debatably, this is true of organizations and associations as communities. Some are time-dated and organized to be so. For instance, the creation of task force or *ad hoc* workgroup is for discussing and resolving a particular issue. Task forces and workgroups either have a hard stop (i.e. time limit) for considering an issue, or they dissolve when the

issue resolves. In the discipline of clinical ethics, the Veterans Health Administration's (VA's) Integrated Ethics model, disseminated by the VA's National Center for Ethics in Health Care, promotes "*ad hoc* workgroups convened to address specific topics identified by the Integrated Ethics Council."⁴⁹⁸ These workgroups may disband after the six-step ISSUES approach to quality improvement as others sustain, disseminate, and continue improvements.⁴⁹⁹

Other organizations and associations do not have such constraints. Their foundation and operation, in most cases, does not include any thought of ending. In fact, the establishment of an organization, and its respective agency, *is to survive as long as possible into the foreseeable future*. Numerous examples exist of corporations that survive well beyond the lifetimes of their founders – Ford Motor Company (1913 start of mass production),⁵⁰⁰ Rolls-Royce Motor Cars Limited (1904 as C.S. Rolls & Co.),⁵⁰¹ Macy's, Inc. (1929 was the union of Abraham & Straus and Filene's to form Federated Department Stores, Inc.),⁵⁰² Boeing (1916 as Pacific Aero Products Co.),⁵⁰³ and Proctor & Gamble (1837).⁵⁰⁴

The question remains, despite hints in the descriptions above, as to what group of organizations health care, or Catholic health care more specifically, belong. Without question, they are part of the second group that transcend time and place. Referring to Miller's distinction, Catholic health care is a community of committed, knowledgeable, and skilled persons in health care delivery, all with specific trades, skill sets, or backgrounds (i.e. clinicians, finance, admissions, administration, etc.); it has and continues to function through successive generations, transcending both time and physical locations (refer to the history of Catholic health care in chapter one); and it

maintains a commitment to its Catholic identity, organizational mission and core values, as well as a continuing prophetic and healing witness of Jesus Christ.

Such is the same with the decisions of organizations. “Institutional decisions may endure longer than those of individuals.”⁵⁰⁵ It appears that the reasoning behind this claim is because organizations’ decisions typically impact more than one individual and, in some cases, they involve other organizations resulting in a marked impact on stakeholders such as associates and the community. Bear in mind that an organization’s cooperation may entail situations that are continuing, episodic, or contractual.⁵⁰⁶ Any kind of these decisions has the ability to affect groups of people.

III. Less Organizational Capability to Create Moral Distance from Injustices or Evil

The descriptor “moral distance” portrays how close the cooperator is to the primary agent, who is the person committing the sin, injustice, or malfeasance. An example is the bank manager who, under gunpoint, enters the code or combination to the safe so thieves can steal gold bullion. In contrast, the used car salesperson who sold a deluxe, high-speed, sports car to the robbers – not knowing their intent nor what they would use it for – is in a different position than the bank manager. The car salesperson has more moral distance, being further removed, from the moral evil than the bank manager. In terms of cooperation, the bank manager is in immediate material cooperation under duress, which is a mitigating factor; while the used car salesperson is in remote, mediate material cooperation. Per the cooperation matrix, there is more culpability in a cooperator’s behavior if that cooperative agent is closer to or intends the wrongdoing.

An individual (natural person) who cooperates often has a certain amount of elasticity in the creation of moral distance from the wrongdoing. Using an oft-cited example from the moral manuals,⁵⁰⁷ consider the Catholic nurse whom a superior schedules to assist in an illicit procedure. The nurse typically assists in any number of ways such as preparation and handing instruments. This person has a few options to register or display disapproval with the request after communicating dissatisfaction so others know why the nurse objects: He or she may request a schedule change to assist in a licit procedure; refuse to participate under grounds of conscientious objection; continue to participate but only in nonessential (i.e. mediate material cooperation) after appealing for assistance with the theological analysis; resign and hopefully take a comparable, different position. The presence of duress changes conditions somewhat.⁵⁰⁸ Even so, the example goes to show the range of options that, typically, are readily and rapidly available for individuals, allowing most persons flexibility to move away from the evil, injustice, or malfeasance.

Institutions do not have the flexibility of individuals in order to move further away from the evil, injustice, or malfeasance.⁵⁰⁹ Consider the hypothetical example from chapter one with the regional, Catholic system, St. Frances Xavier Cabrini Health (SFH), which signed a letter of intent (LOI) to form a partnership with a small, accountable health care network, St. Bernardine of Siena Wellness System (SBW), formerly owned by a Protestant denomination and now owned and operated by a secular company. (The story changes somewhat from the previous example to assist this one.) The period of due diligence after LOI signing did not reveal anything unusual from either organization. However, after the SFH and SBW integrate, sharing associates and resources, they notice

many issues (the ones mentioned in chapter one) – in SBW, people who are more affluent receive better service, there is a developing PGD program that was not disclosed in due diligence, selective reduction services continue despite wishes from SFH to the contrary, and the practice exists of patient ‘cherry-picking’ and ‘dumping’ in order to self-select healthier patients. The reaction of the administrators (i.e. “we are too far along now to make such changes” and “this deal needs to go through”) is indicative of the difficulty organizations have in creating moral distance.

Changing culture and practices for individuals is similar to driving a speedboat; they are light, sleek, and agile, quickly changing to most variances in the water. Altering institutional culture is more like steering a cruise ship or ocean liner; it takes much more time to alter course when compared with the speedboat. The rudder in the cruise liner is more sluggish than the speedboat, representing the difficulty involved in transforming culture, systemic changes, and even the time needed to amend or resolve previous agreements.

III. Greater Responsibility for Organizations to Prevent Irreparable Harms

At this point, this section established scandal is an elevated moral concern, scope is greater, influence of others is wider, decisions last longer, and there is less flexibility to create moral distance exists with organizations. Part of organizational agency involves being accountable for official messages (e.g. press releases, internet, advertising, internal policies) and unofficial messages (e.g. postings on social media, publicly available data, community benefit ministry, national recognition such as rankings, awards, accolades, and scandals). This means individuals working for the institution transmit organizational agency even when not intending to do so. The result of all these factors is an increasing

accountability and conscientiousness for organizations when contrasted with individuals.⁵¹⁰

The above claim depends on awareness of some associates (employees) in organizations and making others aware. In an article about whistle-blowing, the author comments on other conditions shaping individual and organizational agency:

...We must recognize that ethics education often proceeds from the assumption that individuals make decisions with far more information, power and freedom than actually exists. Individual actors are immersed within a web of other demands and responsibilities, ranging from the personal to the civic...As organizations becomes more complex, powerful and multi-agent, the potential for harm to society grows. This makes necessary a sense of responsibility that exceeds the scope of any particular organization.⁵¹¹

Those in bioethics know well the radical autonomy and self-sufficiency – as well as the pervasiveness – of the individual over community in U.S. society. Even ethics theories such as Englehardt’s libertarianism, which promote the maximization of individual liberty through minimal societal or communal interventions, also concede a certain amount of tension between respecting persons and accomplishing good, based on moral communities.⁵¹² The passage above not only reflects this tension, but the idea that individuals assume liberties in the ‘name’ of respect for autonomy more so than truly exists in a complex, interconnected web of relationships. A logical inference is that organizational agents inherit the tyranny of autonomy and collective apathy of their individual agents. As Susan Dorr Goold explains, organizations are “the dominant actors in health care,”⁵¹³ and when taken in tandem with the previous statement, which (to use an analogy) is similar to two trains leaving the same station in opposite directions. On one hand, the ‘voice’ of health care organizations is the prevailing one. On the other

hand, the individual voices may have their bases in an overdeveloped sense of freedom as well as a certain amount of apathy.

Conceivably the analogy of two trains leaving the same station in opposite directions is not as appropriate as two trains heading on a collision course for each other after leaving different stations (similar to the old story problem of two stations 240 miles apart where train A leaves the west station headed east at 70 m.p.h. and, at the same time, train B leaves the east station headed west at 90...). A number of recent, case-based situations seem to support non-empirical claim that the latter analogy is more apposite than the former. Recent scandals including the collapse of Enron may be the product of fostering unchecked ambition and breaking rules,⁵¹⁴ twisting or suspending ethics guidelines (e.g. conflict of interest policies),⁵¹⁵ ignoring and terminating whistleblowers,⁵¹⁶ inattention or disregard on the part of industry watchdogs,⁵¹⁷ self-imposed rapid associate attrition (i.e. quickly and automatically terminating the ‘bottom’ or low performing 50% associates in the workforce within a year),⁵¹⁸ and top executives hiring friends into other high-level executive positions.⁵¹⁹ Societal and organizational methods for troubleshooting these situations include encouraging that good-faith complaints and worries are brought to the attention of others in the company,⁵²⁰ crafting new legislation and higher fines for conduct breaches,⁵²¹ acknowledging the respecting the immense accountability of organizational leaders (i.e. the shadow cast by leaders),⁵²² giving multiple stakeholders greater decisional and corporate control,⁵²³ and codes of ethics, policies, procedures, and statements that articulate reasonable constraints on autonomy (autonomy does not mean at will liberty).⁵²⁴

Enron was neither the first nor the last in a long line of unethical organizational conduct: Some of the recent companies charged with fraudulent financial reporting include Sunbeam (\$60 million, 1996-1997), Xerox (\$1.5 billion, 1997-2000), Adelphia Communications (\$3.1 billion, 2001), Waste Management (\$1.7 billion, 2002), WorldCom / MCI (\$3.8 billion & \$400 million, 2002), Tyco (\$600 million, 2002), and Healthsouth (\$4.2 billion, 2003).⁵²⁵ Further charges of irregularities include Adelphia Communications for theft of assets (2001), Anderson for obstruction of justice (2002), Tyco for theft of assets and unauthorized loans to management (2002), Imclone Systems, Inc. for insider trading and perjury as well as obstruction of justice (2002), Parmalat for looting the company (2003), and Ahold NV for management fraud (2003).⁵²⁶

Someone may observe that the preceding statements have their bases in a claim, namely that these corporate scandals and federal charges *indicate* that the corporations were unethical. Stated differently, the above statements misuse the *is/ought* distinction by inferring moral impropriety with scandal and judicial charges. While such a remark has legitimacy, scholars react to these scandals by addressing the organizations' moral culpability rather than exonerating their morality, as if separate and additional evidence was required to demonstrate moral culpability.⁵²⁷

Various reasons accompany the response pertaining to the morality of these organizational agents, as illustrated by scholars. First, regarding the *is/ought* distinction, organizational agents may have gotten themselves into trouble because they used the same assumption for different conclusions. Assuming no overlap between the legal and moral, an organization that *is* operating with disregard for ethics *ought* not to have this affect their legal adherence. Assuming total congruence between the legal and moral,

immorality *is* contextual (i.e. the law is casuistic or case-based and nuances differences between organizations) and *ought* to respond only in the most egregious cases. That is, the knowledge that everyone bends the rules a bit and the watchdogs rarely call any organization to task *is* (or was) the situation. To behave by bending the rules as much as possible because this is the practice infers what *ought* to be the norm. While morality and legalism are not synonymous, it is reasonable to assume there is overlap between laws and moral behavior.⁵²⁸ People craft and pass laws that are reflective of national or state values, which change as persons' sense of morality changes over time.⁵²⁹ The law relates to morality because it supplies a path or course for reflective ethical decisions. For example, the law reflects the most serious issues and concerns for society. Legal foundations, reasoning, precedence, and value of impartial judgment also evidence in morality; thus, legal analysis (process), judgment, and justification are similar to moral analysis, judgment, and justification.⁵³⁰ A reflective business approach recognizes the letter and the spirit of the law.⁵³¹ It also may catalyze internal discussions about the extent of the overlap between legal and ethical behavior with organizations in *every* instance. One cannot assume that acting within the bounds of the law is also ethical behavior in *this* situation. In other words, deliberating about the legal and the ethical is a method to become more reflective about what moralists call the *is/ought* distinction.

Second, in each case mentioned above, the infractions mentioned were not the result of only one behavior. Consider that “the types of fraud were pervasive, extended over years rather than single episodes, and involved very large sums of money.”⁵³²

Behaviors were repeated numerous times with various individual agents.

Behaving morally, third, is akin to aircraft safety checks for quality reasons in the era before regulatory mandates, or beginning checklists in industries or processes that do not have or mandate them. Prolific author and physician Atul Gawande relates a conversation with a business leader and investor about, generally, using checklists as a means to catalyze thoughtful reflection and, specifically, considering the utility of checklists with Enron. This investor states, ““This is basic basic basic. Just look! You’d be amazed by how many people don’t do it [i.e. do not use checklists or a reflective decision-making process]. [In reference to Enron,] People could have figured out it was a disaster entirely from the financial statements.””⁵³³ Thoughtful employment of a checklist exhibits concern for quality above and beyond the letter of the law as well as disciplined attention to mundane processes for the good of others.⁵³⁴ It is also an opportunity to ensure that an organization’s mission and values infuse all levels of decision-making. An organization demonstrates moral literacy when it identifies and attends to situations and prospective ethical issues before any legal ramifications; that is, good ethics precedes legal compliance.⁵³⁵ The justification is that responsible, accountable, ethical behavior will prevent the failures described above.⁵³⁶ Similar to an iceberg, it is the organization’s public face that is the visible part of the iceberg above the water’s surface. This observable portion of an iceberg is only a fraction of its total volume. The iceberg’s majority, which is underwater, is comparable to the organization’s culture and behaviors. Insufficient attention to moral behaviors is comparable to the iceberg becoming bigger. Damage may result from any piece of the iceberg, public or hidden. In fact, the hidden portion may be even more dangerous because it remains unseen by the outside.

Continuing the metaphoric iceberg, one may ask what the issue is with an iceberg becoming bigger. Maybe it runs an increased risk of bumping into other icebergs. It is possible that the greater volume will distribute evenly. Then again, it may not. A company may be lucky if the extra volume is below the surface and remains largely unnoticed by society. Unlucky companies may have the added size above the water, meaning that practices have been exposed to the public.

All of the imagery so far ignores the proverbial elephant in the room – society, which passes by as numerous freighters just trying to reach their destinations. Without fail, every organization serves four different groups of stakeholders, namely customers, employees, owners, and the community.⁵³⁷ In Catholic health care, we may term the groups as patients, associates, public juridic persons and founding religious communities, and community. The U.S. Senate report examining the Enron failure spoke of organizations' fiduciary duty, which goes beyond narrow self-interest. U.S. Courts acknowledge the fiduciary obligation categories of obedience, loyalty, and due care.⁵³⁸ Fiduciary obligations to the company include all of the stakeholder groups above. "It is hard to believe that popular (and accepted) thinking has become individualized and jaded to the point of only 'what's in it for me' is the thing that counts most."⁵³⁹ Arguably, employment itself is what links the individual to the fiduciary obligations of the organization.

By extension, organizations have a greater responsibility than individuals for preventing irreparable harms.⁵⁴⁰ The reasoning and examples above serve to prove the point about the amount of harm that organizations may create, and their accountability to

avoid them. President George W. Bush took measure of the harm created by corporate scandals and deceptions:

[These] high-profile acts of deception have shaken people's trust. Too many corporations seem disconnected from the values of our country. These scandals have hurt the reputations of many good and honest companies. They have hurt the stock market. And worst of all, they are hurting millions of people who depend on the integrity of businesses for their livelihood and their retirement, for their peace of mind and their financial well-being.⁵⁴¹

President Bush's statement is both prophetic and ironic given that he was addressing the corporate scandals early in decade that began in 2001. It was made before the 'bursting of the housing bubble' later in the decade that brought down mortgage and other lending companies, such as Freddie Mac and Fannie May, because of immoral lending practices tantamount to usury. The subsequent financial recession has brought down many more organizations, including ones that operate ethically and justly. Inattention to the prevention of irreparable harms *is* cataclysmic.

IIG. Defining Who Is On the Team (Moral Agent)

With individuals, it is obvious who the moral agents are in most situations that apply cooperation. For instance, it is the obstetrics (OB) physician who consults the patient who requests an elective sterilization stating, "I am done having kids; my family is big enough." The OB physician performs the surgical procedure and, throughout the procedure, a nurse hands instruments to the physician. Obviously, the physician is a moral agent as well as nurse. Using the cooperation terminology established before, the physician is the agent and the nurse is the cooperator.

In organizations and communities, social dynamics, roles, and relationships make the accountability with organizational agency more complex. Consider the Enron

debacle for an initial example. It was clear early in the scandal's fallout that Enron's leaders, including Kenneth Lay and Jeffrey Skilling, were responsible for initiating and commissioning counter-cultural climate as well as approving specific decisions to ignore warnings, push boundaries, and foster an unrestrained, aggressive culture.⁵⁴² The question that investigators are still trying to process is how much others, such as "Lay's Lieutenants,"⁵⁴³ had to do with each specific decision including cooking the books. A lieutenant whom the media credits often with being the Enron whistleblower (*Time Magazine* chose her as person of the year in 2002) is Sherron Watkins, Vice President for Corporate Development. Watkins submitted an anonymous comment about financial mismanagement to a comments and suggestions box after leadership prompted associates to do so. She met with Kenneth Lay three times when her comment was not addressed (Lay did not have a response), and submitted an unsigned memo where she encouraged Enron to silently rectify concerns. Watkins did not notify anyone about the distressing practices outside of Enron.⁵⁴⁴ Despite the press attention, her individual culpability for Enron's organizational agency is dubious.

At least two expansive categories of responses about individuals and organizational moral agency generally, counting the Enron example specifically. One approach is that the entire organization is responsible. With respect to Enron, this means that Kenneth Lay, Jeffrey Skilling, Sherron Watkins, entry-level associates, as well as all other associates bear the same accountability and responsibility for Enron's misguided organizational agency. The other approach is incongruent with the first approach. If anything, Watkins exemplifies that not everyone has the same level of accountability for immoral organizational agency. At least she made some attempts to bring awareness to

disturbing practices in the corporation. She could have made more of an effort, but hers illustrated that almost all her colleagues made less of an effort. With this perspective, Watkins should be less culpable than Lay or Skilling, less culpable than Enron associates who knew about the immoral practices and did nothing about it, but more culpable than associates who did not have the slightest clue about the practices.

A similar issue garnered the world's attention in 2011 when the Murdoch publication *News of the World* shut its doors due to phone hacking allegations. The allegation, with substantial evidence and indictments, is that wires of politicians and authorities were tapped. Accusations of payments to Scotland Yard in attempts to bribe the justice system also subsist. Rupert and James Murdoch appeared before the British Parliament's House of Commons to answer questions regarding the phone hacking and payments.⁵⁴⁵ Parliament is attempting to ascertain the level of involvement of others in the organization. Questions of interest may include who approved, sanctioned, protected, covered-up, created, supervised, participated, or ignored the immoral actions as well as who knew about it and who did not. In other words, people are interested in who the agents and cooperators were.

To suggest that all individuals in the Murdoch empire or *The World*, which is less than 1% of the Murdoch empire, are equally accountable for the phone hacking and payments is preposterous. It is probable that many individuals within organizations with suspect or dubious agency know about the organizations' immoralities and injustices. Certain individuals in organizations have less involvement in organizational agency at any given moment and situation. Within organizational agents, there is a cascading culpability, or accountability, for every decision. In this way, a visual representation of

accountability and responsibility within organizations looks more like a patchwork quilt or mosaic than a solid color. Persons accept the work or piece in its entirety, which is comparable to the culpability of an organizational agent; still, in that piece, there are variances of color and patterns that render the whole as a montage or medley, making it anything but homogeneous and uniform.

Patrick Miller, mentioned previously, speaks about the constitution of a moral community. They center on relationships, lives lived together, and conduct between members. Their moral character is intrinsic, a component of their being as communities. Individual membership in moral communities does not only depend on official acceptance in the group but the eagerness and capacity to be moral. Other community attributes the incorporation of time and space (even though communities may continue over generations), voluntary associations, sanctioning and rationalities, commitment to ideals and ideologies, human ambitions and desires, orders and liberties (freedoms), memories and experiences, inclusive and exclusive behavior (communities have relationships, memberships, and reject 'the other' or others).⁵⁴⁶ Sub-communities also enter the consideration of larger communities.

All of these factors mean that organizations assessing past or future opportunities to cooperate require more energy in defining their own moral agency and cooperation than individuals. Cooperation can be episodic, continuing, or contractual.⁵⁴⁷ Organizational consideration of the culpability or accountability of particular, individual agents for the organizational agency necessitates intentional consideration about which sub-communities, committees, and teams were involved most with any particular moral behavior, decision, or repercussion. Going back to the image of the community quilt or

mosaic, this is akin to finding out who is responsible for the patches or tiles of the dominant color in the art, assuming that various people contributed to begin with.

This section summarized the differences in moral agency when individuals and organizations apply the principle of cooperation. The differences include the greater possibility of scandal, broader affect of decisions (i.e. they impact more people, have greater scope, etc.), longer lasting decisions (i.e. duration of decisions is longer), greater responsibility to prevent irreparable harms, increased intentionality and effort defining who is on the team in any given situation, and less capability to create moral distance from injustices and evil with organizational agents when compared to individual agents. One other notable difference between individual and organizational agency has so many facets that it is the predominant focus of the next section.

III. The Moral Agency of Health Care Organizations Applying the Principle of Cooperation

IIIA. The Kinds of Issues Weighed are Dissimilar between Individuals and Organizations

The other, extensive distinction in moral agency between individual and organizational agents applying the principle of cooperation is that the kinds of issues considered are dissimilar. A few of the individual applications of cooperation covered in the last chapter consist of assisting in a morally illicit procedure (e.g. pregnancy termination, direct sterilization), genetic counseling, using stem cell lines from research involving aborted fetuses, prescribing and distributing contraceptives (e.g. birth control, condoms), prescribing and distributing erectile dysfunction substances, and voting for health care legislation that, especially, involves morally grave procedures such as pregnancy termination. This final segment in the chapter details the exercise of

organizational agency with applications of cooperation typical for health care organizations and groups.

At hand are some differences in the exploration process of individual and organizational applications of cooperation between the former chapter and this one. Chapter two attended to a thorough explanation of the topic, the relevance of cooperation, and the variety of different ways to apply cooperation. This segment and chapter will not explain the topics in the same way as the last, precisely because this groundwork was covered before. To be perfectly clear, the applications of cooperation between organizations and individuals are different even though some of the moral evils and injustices are same. The moral evils and injustices were covered in the last chapter, so this segment about organizational applications of cooperation is significantly shorter than the last chapter section about individual applications of cooperation.

To recap, health care organizations act as moral agents when they apply the principle of cooperation to the different types of issues mentioned above. This is explicit in some literature and implicit in other literature.⁵⁴⁸ The following are some common examples of institutional uses of cooperation.

IIIB. Sponsoring, Allowing, or Initiating Groups, Messages, and Initiatives with Controversial Content

As the subtitle indicates, the sponsorship, permission, or initiation of groups, messages, or initiatives with content controversial to Catholic Church teaching is an expansive topic. One such topic is about how a Catholic health care organization treats those patients who have tried to commit suicide. The Catholic Church's stance on suicide was one of the few moral evils not discussed in the previous chapter. It specifies the following the *Catechism of the Catholic Church*:

Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obligated to accept life gratefully and preserve it for his honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted us. It is not ours to dispose of. Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.⁵⁴⁹

Theologian David Kelly writes about suicide in at least two of his books. Suicide is a pillar of consensus between law, secular society and its morality, and the Catholic Church. This is the reason that state identifies an interest in preserving life – life has value even though a person may rebuff that value.⁵⁵⁰

Knowing this, it becomes easier to understand why Catholic health care organizations could use the principle of cooperation in instances of treating individuals whom unsuccessfully try to commit suicide. The Ethics Department in Catholic Health East reviews a scenario where clinicians treat an 82-year-old patient with COPD after a failed suicide attempt. According to cooperation, the organization needs to exercise its agency by making it clear that their intentions and actions are different from the patient's.⁵⁵¹

Richard McCormick writes about a different situation he became involved in regarding a proposed student group at Georgetown University. In this case, the issue involving cooperation pertained to a decision about not allowing a gay, lesbian, and bisexual group to be recognized as an official student organization of Georgetown University. This situation exemplified the need to walk a fine line between respecting Church teachings about homosexual *acts* (i.e. sex between two men, sex between two

women) and avoiding unjust discrimination in all forms, which is also in Church teaching.⁵⁵²

[Men and women with homosexual tendencies] must be accepted with respect, compassion, and sensitivity. Every sign of unjust discrimination in their regard should be avoided. These persons are called to fulfill God's will in their lives and, if they are Christians, to unite to the sacrifice of the Lord's Cross the difficulties they may encounter from their condition.⁵⁵³

Joseph Cardinal Ratzinger, before becoming Pope Benedict XVI, was all too aware of this dichotomy and the tension, or moral distress, created by balancing these interests in his "Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons (1986)."⁵⁵⁴

Catholic health care organizations also must weigh factors including their response to homosexual associates and patients. One tool available for Catholic organizations considering actions such as 'plus one' insurance coverage or organizationally affiliated groups is cooperation. The reference point is always the 'homosexual act' and how the cooperative act relates to it. For instance, group agents may use the framework of cooperation questions to ascertain the cooperation level presented by CHA: Does the organization intend homosexual intercourse by providing 'plus one' coverage? Does 'plus one' insurance coverage somehow support or contribute to homosexual intercourse? Is the act of 'plus one' coverage closely related to gay sex?⁵⁵⁵

Christianity and Catholicism have always been countercultural, and the issue of conscience clause protections is another that connects organizational support with a controversial message. In *Health Progress*, law professor Lynn Wardle wrote that pressure on rights of conscience would increase in three different ways. Medical schools

that do not offer ‘opportunities’ to participate in certain procedures (i.e. ones contrary to Catholic teaching) are less attractive to competitive medical school candidates. The demands of aging populations place increased pressures on health systems, which could truncate conscience protections in lieu of the system’s ‘necessities.’ Plans for health care reform threaten to change the few provisions for conscience protection in federal law, and state protections are lacking with challenging case law that diminishes the significance of legislated conscience protections.⁵⁵⁶ Groups such as the American Civil Liberties Union (ACLU), women’s groups, and abortion-right activist groups are progressively more challenging, citing ideological differences to conscience protections.⁵⁵⁷

Ordinarily, rights to conscience seem like an issue for individuals and, indeed, opting out because of moral or religious beliefs is the decision of a natural person. It is for this reason alone that Catholic health care organizations ‘have a horse in the race.’ Religious institutions have used their option to “‘opt out’ of public policy in conflict with their religious beliefs.”⁵⁵⁸ Individuals know this and count on the organizational agency of their workplace to protect their consciences and advocate larger communities, such as the government, to follow suit. Conscience clauses provide exemptions for *in vitro* fertilization and other assisted reproductive technologies, contraception, sterilization, and abortion.⁵⁵⁹

Ultimately, all of these dynamics are indicative of the rift between the Church and secular society.⁵⁶⁰ On one side of the chasm are the Church and its longstanding support of conscience, even to the extent that conscience leads one to faithful dissent from noninfallible Church teaching.⁵⁶¹ A conscience motivated by truth has priority over groups and their consensus, accommodations, demands and power as well as personal

preferences and tastes.⁵⁶² On the other side of the rift are secularist groups and U.S. society-at-large that label conscience clauses as “refusal clauses.”⁵⁶³ To an extent, part of the secular perspective is the regard for religion as a routine or way of life and nothing more. The predominant component of the secular view is the individual rights perspective, which they believe entitles U.S. citizens to positive liberties in addition to negative liberties – people have a right to reasonable services and goods whenever and wherever they request it.⁵⁶⁴ So the seemingly incommensurate sides with their own versions of the *summa bonum* reside with their tensions suspended across the rift.

The application of cooperation to organizational conscience rights and conscience protection may not be evident. In a manner of speaking, this is an issue about *not* using cooperation. Following the trends of diminishing secular conscience protection means that, at some point, Catholic health care organizations may have to apply cooperation to their inability to opt out of procedures such as sterilizations and abortions for reasons of conscience. To do so (i.e. opting out) would threaten the ministry itself and its continuing witness within the U.S. Stated differently, exercising organizational conscience by opting out could be a catalyst for applying the principle of cooperation in the future.

Consider a more immediate application of cooperation as a function of organizational agency with conscience protections. Institutions need to consider their own internal messaging with respect to conscience protections. Responding to other messages, preparing press releases, and talking points for frequently asked questions, for both internal and external stakeholders, all may be opportunities to employ cooperation. Cooperating with groups such as the ACLU, especially given its messaging, are also

occasions to apply the principle of cooperation. Organizational cooperation with groups is the focal topic in two of the following subsections, including the next one.

IIIC. Philanthropic Donations

Catholic institutions respond to Christ's commitment to charity as a part of their identity, as exemplified through generous and extensive efforts to eliminate social ills and injustices such as poverty and disease. Acting charitably and for the love of one's neighbor necessitates partnerships or charitable recipients who do not share a commitment to Catholic identity, teaching, and values. Occasionally, there are instances when donations and activities with associations and organizations conflict with Catholic teaching.⁵⁶⁵ For this reason, another burgeoning context that has received increased attention in the past ten years is philanthropic organizations' use of Catholic donations for purposes understood as sinful to the Catholic Church.

It is not necessary to cover the breadth of moral evils and injustices that external organizations use with charitable donations. A few examples should be adequate.

Ethicist John Brehany writes about the Juvenile Diabetes Research Foundation (JDRF):

[O]ne of the most successful [health and medical charities – JDRF], not only publicly endorsed research involving human embryonic stem cells, but dedicated millions of donated dollars to fund it. Moreover, JDRF engages in political advocacy to promote such research, donating over \$1 million to a California initiative to provide state funds for human embryonic stem cell research...JDRF contributes approximately 10% of its research budget to stem cell research (over \$10 million in FY 2005), with the vast majority of such grants funding human embryonic stem cell research.⁵⁶⁶

March of Dimes (MoD), a medical or health charity, has addressed birth defects and infant health for over 50 years. Starting in the 1970s, MoD promoted abortion after positive tests for birth defects, followed by legalized abortion and selective reduction

support in the 1990s, and public endorsement of human embryonic stem cell research even more recently.⁵⁶⁷ Other philanthropic organizations supporting or endorsing stem cell research include the American Diabetes Association and the American Cancer Society.⁵⁶⁸

Another philanthropic organization under scrutiny is Susan G. Komen for the Cure, which was established in 1982 and has dedicated itself to early detection of breast cancer, fund treatment and prevention, advocacy at all levels (i.e. local, state, and national), as well as encouragement and aid for women grappling with breast cancer. The alleged immorality on the part of Susan G. Komen is an affiliation through grant awards to Planned Parenthood. Specifically, Komen awarded 21 grants to Planned Parenthood chapters for a total of \$475,000 (1.24 percent) out of \$38.4 million donated in 2003. More recently, it conferred 19 grants for a total of \$375,840 (0.54 percent) out of \$69.6 million given in one year.⁵⁶⁹ Planned Parenthood has ties to abortion clinics.⁵⁷⁰ The result is similar to giving money to a friend who used some of the money to buy gas to encourage another to get an abortion. The general description above is not the full story regarding Komen and Planned Parenthood. Komen awards two different kinds of grants, and one applies to the kind given to Planned Parenthood. Yet, grants petitioned to Komen are restricted, meaning that the affiliate petitioning the grant uses the funding in accord with the terms of the grant. “All the Planned Parenthood grant proposals that are funded are concerned with breast health education and screening, or with the prevention and treatment of breast cancer.”⁵⁷¹ These grants often serve underserved and low-income women.⁵⁷² To reiterate, none of the funding goes to moral evils; at most, it goes to a secondary source that, under different circumstances, advocates abortion to different

patients ‘under the same roof.’ Suggesting the withdrawal of Catholic funding for these reasons is somewhat akin to boycotting your physician’s office because a different physician in the practice referred your friend to an abortion clinic after disclosing she was pregnant from an affair. This boycott makes sense to some, but seems an overreaction, and a bit drastic, for others.

The University of Notre Dame (Notre Dame) is an example of a Catholic institution that maintains a periodic review of charitable giving and philanthropic donations. Notre Dame may require affiliates to provide written assurance of how they use the funds. It has the right to withhold funds from future endeavors if it finds inappropriate uses of funds. Notre Dame also provides a guideline of seven questions to guide those considering institutional donations.⁵⁷³

In a fashion similar to Notre Dame, ethicists Ron Hamel and Michael Panicola suggest answering eight sets of questions for Catholic health care organizations to assess wrongdoing:

1. Does the philanthropic organization (PO) openly and publicly promote or advocate for the wrongdoing? If so, does the PO’s activity constitute a central part of its mission and does it dedicate a considerable amount of resources toward this end?
2. Does the PO provide support to another engaged in wrongdoing?
3. Does the PO’s support contribute in essential ways to another’s ability to carry out the wrongdoing?
4. Does the PO’s support contribute in non-essential ways to another’s ability to carry out the wrongdoing?
5. Does the Catholic health care organization’s (CHCO’s) support contribute in essential ways to a PO that promotes wrongdoing and/or supports the wrongdoing carried out by another? (Note: if the PO is not engaged in this type of activity or relationship, then the CHCO’s support is not problematic.)
6. Does the CHCO’s support contribute in non-essential ways to a PO that promotes wrongdoing and/or supports the wrongdoing carried out by another? (Note: if the PO is not engaged in this

type of activity or relationship, then the CHCO's support is not problematic.)

7. Does the CHCO's support of the PO lead to scandal?
8. Is there a proportionate reason for the CHCO's support of the PO?⁵⁷⁴

Note that the questions not only assess the level of cooperation with the Catholic health care organization but the philanthropic organization's involvement in wrongdoing.

Using their proposed scheme, Hamel and Panicola find that the intent of Komen in working with Planned Parenthood is to provide breast health screening for underserved women; Komen has not taken a public stance regarding abortions; and Komen does not provide anything essential to the procurement of abortions. At most, Komen is in remote, mediate material cooperation with Planned Parenthood. The Catholic organization's moral object is sponsoring a team to run in Komen's race for the cure, which is indifferent; there is no intent for wrongdoing on the part of the Catholic organization; the organization does not have any link to the wrongdoing; and there is little chance for scandal.⁵⁷⁵ Thus, a Catholic organization's funding to Susan G. Komen is permissible given the listed conditions.

IIID. Research Participation (Stem Cell and Birth Control Protocols)

Organizational agents are accountable for the variety of issues that arise in research, as discussed in the previous chapter. Rather than recounting detail, it is sufficient to give some examples, while referring to chapter two for the detail. At least two general contexts exist pertaining to cooperation with research.

First, involves the moral evil of partnering with research using stem cells or therapies derived from immoral procedures. When drafting or revising research policies, a Catholic institution must take into account the involvement of the research sponsor as

well as the sponsor's request of participating institutions. Clearly, a moral distinction exists between using adult stem cells that do not result in death, and the use of fetal or embryonic stem cells, which result in the destruction of the fetus or embryo. A careful way of applying cooperation is to not allow any partnerships with research institutions sponsoring, suggesting, or participating in embryonic stem cell research.⁵⁷⁶ This is the view offered by the Pontifical Academy for Life about a Catholic organization obtaining embryonic stem cells offered by other researchers – it is not morally acceptable.⁵⁷⁷ The research issue, however, is not only about the research itself. It is about the therapies that result from the research.

The most accurate, albeit being nondirective, summary about Catholic organizations and stem cell research derived therapies is from Albert Moraczewski, “Arguments may be made on both sides of the question as to whether or not research and therapies that do not require any further destruction of human embryos constitute immoral cooperation of scandal.”⁵⁷⁸ This is a thorny predicament for Catholic health care.⁵⁷⁹ On the one hand, some things seem clearly inappropriate as formal or immediate material cooperation. For instance, several sources acknowledge the unsuitability of having another organization ‘do the dirty work’ of extracting, or to encourage the harvesting of, stem cells from the embryos for use in Catholic organizations.⁵⁸⁰ This is formal cooperation as the cooperator shares the intent of the moral agent. On the other hand, some other interactions with embryonic stem cell therapies are permissible as mediate material cooperation. For instance, therapies that use immortalized cell lines or suspended fetal tissues do not have a connecting relationship between research and therapeutic uses and the original abortions.⁵⁸¹ Cell lines derived from abortions are many

generations removed from the aborted fetal tissue used to start them.⁵⁸² A sufficient distance may exist for Catholic health care institutions to use therapies derived from the lines. In addition, options that skirt the issue include harvesting stem cells from umbilical cord blood or placentas, which are both plentiful sources of stem cells and do not destroy embryos during gathering procedures.⁵⁸³ Catholic health care organizations also must reflect on social justice considerations. For this reason, Michael Prieur and colleagues recommend that Catholic institutions adopt guidelines that include provisions about not using stem cells attached to a profit – that is, when organizations pay the donor.⁵⁸⁴

Second, Bishop Anthony Fisher states unequivocally that an agency dispensing or circulating contraceptives is in formal and illicit cooperation.⁵⁸⁵ His statement is accurate to the extent that allowing another agency to dispense contraceptives especially within a Catholic organization is explicit or implicit formal cooperation. This is only one piece of the puzzle when it comes to cooperation, research, and organizations.

Catholic health care organizations also must consider policies and procedures as they relate to research investigations and protocols that recommend contraception or other forms of birth control. Examples include cancer treatment protocols. Cytotoxic substances and radiotherapy (i.e. chemo and radiation) generally result in abortion or significant, congenital fetal abnormalities when conception occurs in conjunction with these cancer treatments. Naturally, no one expects mature adults to abdicate their sexuality while being treated for cancer.⁵⁸⁶ Another source adds:

The literature advises that a pregnancy should not be attempted for 2 years following a breast cancer diagnosis, due to recurrences occurring most often in that period (Isaacs, 1995; Petrek, 1994b). According to a review of the breast cancer and pregnancy literature, avoiding pregnancy in the short term brings forth a “quagmire of issues related to contraceptive methods” (Puckridge,

Saunders, Ives, & Semmens, 2003, p. 502). Despite little concrete evidence, nonhormonal contraceptive methods are preferred (International Planned Parenthood Federation [IPPF], 1999).⁵⁸⁷

Research protocols as well as standard disclosures for cancer treatment often involve and even stress the need for contraception during the treatment course.

With respect to cooperation, a former Director of Education at The National Catholic Bioethics Center, Germain Kopaczynski, addresses cancer treatment research protocols that encourage contraceptive practices for participants. As an example, he uses a sixty-page protocol for LC3267 – an experimental substance in Phase II trials for patients with non-small-cell lung cancer – that counsels sexually active persons to take precautions to avoid conception given the presumed powerful effects of the substance on the fetuses. Kopaczynski advises Catholic health care institutions that they may serve as sites for such research as long as they promulgate natural family planning (NFP) and abstinence, not artificial birth control methods (e.g. barriers such as condoms, hormones and substances such as ‘the pill’).⁵⁸⁸ Seemingly, Kopaczynski likens the blanket advocacy of not conceiving within Catholic health care institutions with formal cooperation. It is the sole promotion of NFP and abstinence that makes the participation of Catholic organizations mediate material cooperation.

His logic regarding the application of cooperation has flaws on two levels. First, a general backing for not conceiving has the same intent as NFP and abstinence. In fact, broad recommendations, such as not conceiving, do not endorse any particular method. It is information absent description in its object with contraceptive intent for patients in dire circumstances, which describes both the overall, general recommendation as well as the encouragement of NFP and abstinence. Second, a high burden-of-proof exists to

categorize mentioning specific barrier or chemical contraceptives *with* NFP and abstinence as formal cooperation. Part of this burden includes the establishment of intent and essential causal links to the evil. It is doubtful that mentioning barrier and hormonal contraceptives, information available on the internet, is a necessary link. Furthermore, the intent of all methods is to warn in order to make sure a difficult situation does not become even more so. Much of the proof should explore if the provision of information is equivalent to advocacy of that information. (Keenan made a similar argument about artificial contraception information from health professionals for the prevention of HIV/AIDS transmission.)⁵⁸⁹ By extrapolation, reasonable arguments exist that general recommendations or NFP and abstinence as parts of a range of options are all permissible as mediate material cooperation.

III.E. Physicians' Practices (Insurance, Residents' Training, Unrestricted Funding for Procedures)

Situations within the context of physicians' practices may relate to evils according to the Catholic Church, therefore making cooperation analysis essential. It is not necessary to apply cooperation to each instance because cooperation has been applied and discussed in relation to the same moral evils previously. A quick survey of issues relevant for applying cooperation within physician's practices suffices. The provision of vaccinations derived from aborted fetuses (and distributed through physicians' clinics) was covered already. Like acute care organizations, clinics administer therapies and conduct research that may, somehow, connect to a moral evil.⁵⁹⁰ Clinicians, and others such as therapists, who make home visits to evaluate patients (clients) occasionally find some who live in "physically dangerous situations."⁵⁹¹ Lease agreements with physicians' practices and other clinicians typically include provisions about abiding by

the *Ethical and Religious Directives for Catholic Health Care (ERDs)*. These agreements give the Catholic organization in ownership the right to revoke the lease if indiscretions come to light.⁵⁹² Organizations that are also teaching institutions should consider policies, guidelines, or procedures dealing with issues such as employed physicians teaching students ‘required’ but immoral professional procedures offsite, requesting participation of residents and students for these procedures, immoral demands of supervisors, and how to respond when asked for counsel or referrals about immoral treatments and procedures.⁵⁹³ All of the occasions mentioned above are ripe for applying cooperation.

IIIF. Social Injustices and Inequities

At least one infers that the use of cooperation is appropriate for gauging organizations’ complicity with evil for the elimination of social injustices. Keenan, as mentioned previously, seems to understand the paradoxical relationship between injustice, mercy, and cooperation. In order to correct injustices, one must act with mercy without intending or being closely complicit in moral evils.⁵⁹⁴ An example is Keenan’s argument in favor of the distribution of prophylactic information within Catholic organizations as a health measure to prevent the transmission of HIV/AIDS, which affects populations disproportionately (i.e. HIV/AIDS epitomizes and perpetuates existing social injustices).⁵⁹⁵

One way to describe Catholic social teaching is a yardstick to measure the accomplishments and limitations of specific social justice characteristics.⁵⁹⁶ Similarly, cooperation is a compass to navigate a sailboat through the stormy seas of behaving with integrity. Sailing is not as simple as setting a course and going the direction of the

course. A sailor knows to tack, using the elements of wind and waves, which are never constant, to zigzag to the destination. Overreacting to the elements can be destructive. On one hand, avoiding them entirely by staying close to the shore never takes the vessel away from familiar land. On the other hand, ignoring the elements while at sea may cause the craft to be swept away by the very forces it could use to its advantage.

III.G. Mergers, Partnerships, and Affiliations with Other-than-Catholic Organizations

One of the most popular applications of cooperation is for mergers, partnerships, and affiliations with other-than-Catholic systems that do procedures such as direct sterilizations. Many moral theologians and ethicists comment about mergers, partnerships, and affiliations.⁵⁹⁷ Part Six of the *ERDs* is “Forming New Partnerships with Health Care Organizations and Providers,” and description of cooperation has been tailored to the context of mergers, partnerships, and affiliations because they have become so prevalent.⁵⁹⁸

Organizations flex their muscles of moral agency when they perform due diligence and integrate with other organizations. The structure of ventures assumes various forms depending on the identity of the institutions:

[Involvement may be between] two Catholic institutions; a Catholic and another denominational institution; a Catholic and a nondenominational (secular) institution.⁵⁹⁹

(Readers may notice an incongruity with the quote immediately above and the subheading of this section. Merging or affiliating Catholic organizations act as moral agents, Part Six of the *ERDs* is relevant, and cooperation applies. In all probability, Catholic organizations have fewer issues to apply cooperation to in a merger or affiliation because it is unlikely that moral evils exist in those institutions than when contrasted with

their other-than-Catholic counterparts.) Multiple aspects merit close consideration in a merger, acquisition, or joint venture. Some are board structure, policies and procedures, assets, administrative structure, operations, revenue, and legal provisions. The number and specificity of features for consideration is intricate. Organizations frequently codify these considerations into binding legal documents for the new organization or between the new entities.⁶⁰⁰ The reference point(s) for cooperation, the behaviors of the moral agent (as opposed to the cooperator), could be any one or more issues, including the ones mentioned in this chapter and chapter two. For example, the other organization could perform direct sterilizations, fit patients for contraceptive devices, do IVF or other artificial reproductive technologies, and/or contribute to social sins and social injustices such as inhumane treatment of its associates. While possible, it is less likely that acute care organizations being considered in a venture, merger, or acquisition perform direct abortions. An example of an organizational merger includes the hypothetical example of St. Frances Xavier Cabrini Health (SFH) and St. Bernardine of Siena Wellness System (SBW) presented both in the previous chapter and the “moral distance” segment of this chapter.

IIIH. Resistance that Health Care Organizations Encounter when Applying Material Cooperation

Associates in health care organizations may be resistant to applying cooperation, for reasons that either may be intentional or inadvertent. An unintentional reason is apathy or a lack of awareness about processes or available resources. Beth Dixon, an associate professor of philosophy at the State University of New York, makes a distinction between culpable and non-culpable ignorance, with culpable ignorance

reflecting that the person proclaiming his or her ignorance *should have known* to do something correctly. A person with non-culpable, or what Aquinas calls “antecedent,” ignorance has *circumstances that legitimize that person from not knowing* what to do.⁶⁰¹ “The difference between these two types of ignorance rests not in the specific state of the agent nor in his personal description of what he was about. It concerns instead the more public matter of what we reasonably expect people to know.”⁶⁰² Liguori adds that there must be full knowledge about the truth of an evil or offense for a sin to have significance.⁶⁰³ Examples of ignorance from apathy include an individual who does not know the moral act is wrong or unjust, organizational resources for dealing with issues, or about the incongruence with Mission and Core Values. Another is an organization that does not know ordered cell-lines were originally derived from something illicit, such as an abortion.⁶⁰⁴

Intentional reasons for resistance when applying cooperation may originate from theological grounds, such as another principle being better suited or an individual being unconnected with the issue. For instance, one may argue that the Church’s stance on the use of condoms for HIV/AIDS reduction and prevention is either an application of the principle of cooperation or the principle of lesser evil.⁶⁰⁵ In addition, various individuals with the organization may disagree that something is a cooperation issue at all, or one that they are remotely connected to. Such perspectives depend on some knowledge of the issues and Church teaching as well as weighing information in order to conclude that cooperation is not relevant.

Agents may have practical concerns. Persons may have time constraints, work deadlines, or a lack of resources or support. For instance, physician M. Scott Peck

detects that certain professions such as medicine seem inherently resistant to religious and morality talk and examinations. The resistance may be societal in nature, resulting in professionals feeling that they do not have support in religious and moral matters, as they do not want to offend their coworkers.⁶⁰⁶ Agents may disclose issues with processes, including the model proposed in chapter five as well as with the principle of cooperation itself. Furthermore, associates within the organization may not agree about the issue itself and its priority with other organizational concerns. Individuals have experiences that, rightly or wrongly, attract them to or lead them away from issues and processes.⁶⁰⁷ The last series of obstacles to the organizational application of cooperation is personal reasons that the organization's associates will not become involved in an issue. Instances consist of disagreement that the issue is relevant or fear of 'burning platforms.' Many of these issues translate to a lack of consensus within the organization and an inability to prioritize issues.

In conclusion, this chapter showed that organizations are moral agents, exercise their moral agency by applying the principle of cooperation, and confront different issues while applying cooperation when compared to individuals. Organizational issues were explored, such as the sponsorship of groups, messages, and initiatives with controversial content; philanthropic donations; research participation; physicians' practice issues; social injustices and inequities; and mergers, partnerships, and affiliations with other-than-Catholic systems. Resistance to applying cooperation within organizations may occur and persist. Some areas and examples of resistance were discussed. Solutions to these categories of opposition exist. For instance, critical analysis is necessary for

employees' experiences to become meaningful and educational.⁶⁰⁸ The next chapters consider methods for overcoming resistance, including a model that directly addresses these and other barriers.

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Chapter Four – Interpreting the Implementation and Use of Material Cooperation as a Function of Moral Development

This chapter diverges in its content from the previous two chapters. Exploration of the use and application of cooperation is no longer under the backdrop of individual and organizational agency from a predominately theological context. Instead, this chapter considers the use and application of the principle of cooperation as a function of moral development.

The introduction establishes that individuals exercise their moral agency and conscience in their decisions, the principle of cooperation is a method to gauge complicity with malfeasance, moral development theories are means to regard agents' perceptions and reactions to malfeasance, and moral development explains an agent's evaluation of his or her application of material cooperation. Various developmental theories such as psychosocial, identity, typology, and cognitive-structural theories are the means situate the most appropriate developmental theories for the purpose of this dissertation. The best theories, cognitive-structural theories, are most apposite and, therefore, garner the most attention – two theories in particular. There is not only discussion about the stages of the two theories, but corresponding stage-related behaviors, both generally and in the context of business. The emphasis of the chapter's reminder is the alignment of moral development with discernment and agency – that is not dependant on moral decision-making approaches such as deontology (duty-based), consequentialism (consequence-based), teleology (goal-based), and virtues-based – and understanding that the application of the principle of cooperation is a function of moral development.

I. Moral Development as a Foundation for the Moral Agency to Identify Wrongdoing

IA. Introduction

Moral development is the backdrop or foundation for the moral agency to identify wrongdoing. Individuals exercise their agency and conscience in their decisions, and material cooperation is a method to gauge complicity with perceived evil, injustice, and wrongdoing.⁶⁰⁹ There are means to look at agents' perceptions and reactions to perceived evil, injustice, and wrongdoing.⁶¹⁰ These means are moral development theories, which are not new, but have existed in psychology and development literature for decades. These theories have empirical support, moral language, and general acceptance and respect, although there are significant comments and apprehensions about some of them, which this argument will address.

A focal concept of this chapter is that moral development explains an agent's application of material cooperation. The basis for this idea is that moral development is fundamental for moral agency, which includes the identification of wrongdoing.⁶¹¹ As stated before, moral agency applies to both individuals and organizations, as does development, as both are able to exercise agency and conscience in decisions, which is inherent in one of Richard McCormick's critiques about the Catholic Church in *Corrective Vision*.⁶¹² Therefore, applications of cooperation are functions of moral development.⁶¹³

The mechanism or process of demonstrating one's moral development while applying cooperation involves the moral agent's discernment. In this case, the moral agent uses his or her discernment to identify the relevant evil, injustice, or wrongdoing. Then, and equally as important, the agent uses discernment while employing the

categories (i.e. lexical components) in the principle of cooperation. Methods exist to measure and develop individuals' moral reasoning and, hopefully, corresponding behaviors.

While the former context is individual, the former distinctions also apply to organizations. Organizations express moral development while discerning issues in whatever decision-making process the organization employs, which may include the identification of wrongdoing and utilization of cooperation. Organizational cooperation is a product of its associates' (i.e. employees') formation and development. Development of an organization's conscience and response, as both evidence through its reasoning and behaviors, to evil and injustice is dependent upon assessing and fostering the development of its associates.

IB. Appropriate Developmental Theories

Various developmental and typology theories are available to gauge development. The rest of this segment concentrates on the available theories for categorizing moral development. The goal of this endeavor is to select and focus on the most appropriate developmental and typology theories.

First, one group of relevant theories is psychosocial and identity development. Psychosocial and identity development theories are examinations of the content of development and how individuals cope (respond) to changes in the environment. Theorists believe that development occurs throughout one's life and there is a foundational structure steering development. Components of this foundational structure include in the influence of environmental demands, culture and gender-related influences, and cultural norms.⁶¹⁴ Examples of psychosocial theories are Erik Erikson's eight stage

theory, Arthur Chickering's Theory of Identity Development (seven vectors of development), and Ruthellen Josselson's Theory of Identity Development in Women (four identity groups). Identity development theories include Jean Phinney's Model of Ethnic Identity Development, sexuality identity development theories such as Vivienne Cass's Model of Homosexual Identity Formation, and change and transition theories such as Nancy Scholssberg's Transition Theory.⁶¹⁵

The next group, second, are systems called typology theories. Typology theories identify characteristics that create particular ways of coping because people respond differently depending on type. They are not developmental in the same way that psychosocial and cognitive-structural are because they do not consist of progressive stages. The distinctiveness of individuals' learning, interests, and mental processing results in development in other areas, based upon the underlying presumption that variety (i.e. not seeing things in the same way) is positive and vigorous.⁶¹⁶ Examples of typology theories are David Kolb's Theory of Experimental Learning, John Holland's Theory of Vocational Personalities and Environments, and the Myers-Briggs Adaptation of Jung's Theory of Personality Type.⁶¹⁷ The Myers-Briggs theory and inventory, called the Myers-Briggs Type Indicator[®] is an excellent, popular example of a typology theory. A person using the Myers-Briggs Type Indicator[®] chooses options from a series of preferences, which places that person into any one of sixteen personality types. That person who took the inventory being evaluated may exist in a world of introversion (I) and extraversion (E), assimilate information through the senses (S) or intuition (N), make decisions according to thoughts (T) or feelings (F), and create structure by judging (J) or perceiving (P).⁶¹⁸ A person taking the inventory only 'falls' into one of the two options

in each category. Four categories with two options (e.g., I-E, S-N, T-F, J-P) results in sixteen different personality types, often referred to as ‘table types.’ In a list, these categories are:

- INFJ
- INTJ
- INFP
- INTP
- ISTJ
- ISFJ
- ISTP
- ISFP
- ENFP
- ENTP
- ENFJ
- ENTJ
- ESTP
- ESFP
- ESTJ
- ESFJ⁶¹⁹

None of the sixteen types and their gradations, as each characteristic is not binary but on a gradient, represents a better or more morally developed form than another.

Another group, third, is the theories describing people’s interaction with their surroundings, or person-environment theories. Foundational to these frameworks is the idea that environmental conditions impact people’s growth and development.

Interventionists occasionally alter or manipulate the surrounding circumstances to facilitate development. Examples of person-environment theorists are Nevitt Sanford, A. Astin, Nancy Schlossberg (also mentioned above under psychosocial theories), and L. Rendón.⁶²⁰

Fourth and finally, the last group of development theories is the cognitive-structural theories. Cognitive-structural theories focus on how people think, which developmental theorists categorize into stages. Stages are set, universal, hierarchical, occur in the same order, and refer to general characteristics. Changes happen as a result of assimilation and accommodation.⁶²¹ Models include Jean Piaget’s four periods of development, William Perry’s Theory of Intellectual and Ethical Development (nine positions), Marcia Baxter Magolda’s Model of Epistemological Reflection, King and

Kitchener's Reflective Judgment Model, James Rest's Theory, Lawrence Kohlberg's Theory of Moral Development (six stages and three levels), and Carol Gilligan's Theory of Moral Development (three levels and two transitions).⁶²²

IC. Situating and Selecting the Appropriate Development Theory

Situating the various developmental and typology theories was a precursor to selecting the theories that are the most helpful for advancing this thesis. Examining the contents of development, things people think, or distinctive types and ways of coping to situations and others are not as helpful as studying how or why people think they way they do. To a lesser degree, characteristics of coping with the environment are also not as helpful as knowing how persons' filters or lenses change for identification and assessment of situations. The pertinent interest is about how people think and a universal hierarchy (i.e. not culturally specific), with the hope that relevant models can, at minimum, increase awareness and opportunities for development and, at maximum, catalyze the moral development of persons.⁶²³ For these reasons, cognitive-structural development theories are the most relevant, as they attend neither to coping, categorization, nor environmental adaptation.⁶²⁴

A specification is in order. The model of cooperation advanced in chapter five uses a form of situational (i.e. interpersonal interactions with others are a subset of the environment) adaptation by creating opportunities that would not otherwise exist. This does not mean that the relevant development models are person-environment theories, which center on the precursors or optimal conditions for development.⁶²⁵ The existing environment of the organization, its culture, is set and does not change easily. Using Sanford's postulate as an example, there is only so much one can do in order to avoid too

much or too little challenge, resulting in less adaptive modes of behavior, polarization and solidification of current behaviors, disregard in light of no escape, or be complacent in their current environment. In other words, barriers to development (discussed at the end of the previous chapter) evidence themselves in one's reasoning to participate, or not, in development opportunities. Environmental adaptations through interventions occur, but only in response to evidence of a person's level or stage of moral development. Stated differently, person-environment theories would be more relevant to this dissertation if they were the chief and germane concerns. They are not the paramount concerns; they are partners (or cooperators) with cognitive-structural development theories, setting the stage for the main act, which does enhance development.

There are cognitive-structural theories that expressly attend to moral development, and the philosophy of how to educate or catalyze moral development.⁶²⁶ Kohlberg's Theory of Moral Development and Gilligan's Theory of Woman's Moral Development are time-tested and, arguably, the best of the specific cognitive-structural theories that concentrate on moral development.⁶²⁷ Both the Kohlberg and the Gilligan theory relate to each other.

Lawrence Kohlberg is in the tradition of Dewey and Piaget. His focus was on how people make moral judgments, and persons' views of justice are central to his theory.⁶²⁸ Kohlberg researched formulated, researched, and tested his theory over a period of thirty years at the University of Chicago and then Harvard.⁶²⁹

Gilligan was a student of Kohlberg and felt that woman reasoned differently than men.⁶³⁰ A significant departure and difference between the Kohlberg theory and the Gilligan theory is that men reason using "the justice voice" and women reason using the

“care voice.”⁶³¹ Gilligan also perceived Kohlberg to have an individual and hypothetical orientation to his theory (Kohlberg’s formulated his theory from hypothetical examples), while her theory has its basis in relationships and actual situations.⁶³²

Despite some critics, they are both appropriate as respected and empirically tested theories.⁶³³ The nature of the theories’ critics, for example, has incorporated concerns about the assertion that stages are ‘universal and invariant,’ which researchers have challenged. For example, James Rest, another moral development theorist addressed in invariance of stages, “[finding] that while people evolve in their moral development, they keep vestiges of their earlier stages with them, and thus the behavior and reasoning marking earlier stages sometimes reappear.”⁶³⁴ In addition, others have challenged the ability to universalize the theories. For instance, does Kohlberg’s theory bind all people in all cultures, or is it simply a representative example of a heterogeneous, diverse, individualistic, Western culture, which is where Kohlberg studied and tested his theory?⁶³⁵ This matter has not been settled, much like the continuing discussions about whether a common morality connects all human persons or if morality is fractured into smaller moral communities (e.g. camps, academic disciplines).⁶³⁶ Another critique is that Kohlberg’s theory, specifically, centers too much on cognitive process (e.g. the reasons supporting moral decisions), ignoring other crucial factors in moral decision-making (e.g. the motivations and emotions structuring moral behavior). Arguably, emotions and motivations have central roles in decisions in addition to cognitive reasoning.⁶³⁷

ID. Characteristics of Kohlberg’s and Gilligan’s Theories of Moral Development

Kohlberg’s Theory of Moral Development has six distinct stages divided into three levels, with two stages per level. The Kohlberg stages are synonymous with

another developmental theorist mentioned above, James Rest. Because they are complimentary (with the caveat that an individual could regress in Rest's stages), Rest's stages will appear in parenthesis next to the explanation of Kohlberg's stages.

The title of Kohlberg's first level of moral development is preconventional morality. The description of the level is that morality derives from external sources. In other words, the locus for morality is not set or derived from the individual; it is a product of authorities and their standards, which they impose on the individual. This level of development typically involves children between one and ten-years-of-age.⁶³⁸

In the preconventional morality level are two stages. Stage one is heteronomous morality, where an agent bases his or her actions on punishment avoidance (Obedience – “Do what you're told”). Persons in stage one have absolute deference to authority figures, acting not for the good of others but out of fear of penalty and harm. Authorities are those persons who can reward or punish others, thus its popular coining as the ‘obedience and punishment stage.’ All persons start in this stage per Kohlberg. Individualistic, instrumental morality is stage two. In this stage, someone follows rules because it benefits a person to do so; interests may conflict so fairness is about equal exchange or agreement (Instrumental egoism and simple exchange – “Let's make a deal”). The foundational value for this stage is pragmatism and achieving a balance between advancing personal needs and satisfying others' needs only to the extent that doing so avoids repercussion, retribution, or punishment.⁶³⁹ Stage two, or what others often call the ‘individualism and reciprocity stage,’ persons practice a weighted or stacked mechanism of barter, connoting that he or she will always enter a trade thinking in his or her own self-interest. One enters agreements to promote self-interest, or one

changes the conditions of the agreement to favor oneself.⁶⁴⁰ An example is a weighted consequentialism where benefits and burdens (i.e. positives and negatives, pleasure and pain, happiness and unhappiness) become more or less pronounced when it affects the stage two individual evaluating the agreement. Thus, the stage two individual needs a greater proportionate benefit for the agreement to seem fair; a moderate burden may seem like a huge burden to someone in stage two.

The next developmental level is conventional morality (i.e. conventional reasoning). By this stage, individuals have partially internalized their morality. Still, external sources still have a large influence on the person's sense of right and wrong. Social norms and expectations shape a person in this level, even though authority figures are less dominant in their ability to manipulate a response. Persons ten to twenty-years-of-age often are at the level of conventional morality.⁶⁴¹

The two stages in the conventional morality level are interpersonally normative reality and social system morality. Interpersonally normative reality, stage three, is when doing right is being acceptable in relationship according to social roles and in the expectations of those who are close (Interpersonal – “Be considerate, nice, kind, and you'll get along with people”). Being virtuous is being good, which one garners through the acceptance of others. This is why a name for the stage is the ‘interpersonal conformity stage.’ While this stage is not as egocentric as others, an overarching social fairness perspective – where interests of the self and others balance differently and appropriately according to the needs of the situation – does not yet exist. A person just begins to understand a moral problem by putting himself or herself ‘in the shoes’ of others. One's scope is not comprehensive enough to gauge the needs of the common

good. Community is local, typically tied to a social group or business organization. Persons with knowledge of organizational wrongdoing who do not become whistleblowers may typify this stage. What matters is being a good Enron employee, for instance, with exceptional performance and not making waves. Broader social welfare and responsibility is outside of these persons' scope. Stage four is social system morality, which is doing right by obeying or upholding laws established by society because adequate social system functioning depends on people obeying coherent rules and procedures applying uniformly to everyone (Law and duty to social order – “everyone in society is obligated and protected by law”). Maintaining the system and its regulations and conventions is the ultimate good of someone in a social system morality stage.⁶⁴² Because of the emphasis on the preservation of social functioning, some commonly call Kohlberg's stage four the ‘law-and-order stage.’ Kohlberg believed that most adults in the U.S. culminate their moral development at this stage.⁶⁴³

The highest level for Kohlberg is postconventional or principled reasoning. Those who reach this level have completely internalized their morality. Others have little ability to influence moral standards. It is rare to find an individual under twenty-years-of-age who exhibits thoughts and behaviors from a postconventional or principled reasoning.⁶⁴⁴

A stage in the postconventional level is stage five, human rights and social welfare morality, where social systems and codifications, such as laws, are open to interpretation. The evaluation of social systems and codifications is according to how much they promote basic, or more fundamental, human rights (Societal consensus – “You are obligated by whatever arrangements are agreed to by due process procedures”).

Social systems are useful and ‘good’ to the extent that they promote guard rights and promote values, and according to their helpfulness, individuals may enter and exit, validating or invalidating the social contract, according to needs. Phrased differently, stage five persons have perspectives that begin to transcend particular cultures and societies, making the persons less dependent or attached to their own specific culture or society. Agents illustrate their coherentism, contractarianism, or rational metaethical absolutism with their perspective that all rational persons would agree to basic determinations of right and wrong. “This hypothetical social contract is taken as the basis for moral decisions by persons at this stage.”⁶⁴⁵ The characterization of the final stage, stage six, is what Kohlberg calls the morality of universalizable, reversible, and prescriptive general ethics principles. The exceedingly few persons in this highest developmental stage believe that basic or fundamental ethics frameworks apply in all situations. There is equal consideration for the points-of-view of all stakeholders in any particular situation. Fair process and procedures are just as important as decisions (Nonarbitrary social cooperation – “How rational and impartial people would organize cooperation is moral”). Some title this stage the ‘universal ethical principles stage’ because of the common and collective application of norms to all people, based on their intrinsic rights and human dignity.⁶⁴⁶ The ‘principles’ term of the title originates because “moral decisions are not based on simply what is best for everybody. They are based instead on principles that are chosen freely by the agent, but that agent would be willing for everyone to live by as well.”⁶⁴⁷ All contracts and agreements materialize within a milieu, which one must consider when evaluating obligations and the fairness of any situation. Persons in this stage may endure passive suffering in order to show respect for

all, as well as “transform the world in accordance with a divine and transcendent image.”⁶⁴⁸

The description of Kohlberg’s highest stages illustrates what philosophers call reflective equilibrium. Philosophers David DeGrazia and Tom Beauchamp summarize reflective equilibrium as the affiliation between general norms of morality and specific judgments of morality:

[Rawls] argues it is appropriate to start with the broadest set of *considered judgments* [emphasis in the original] (i.e. a technical term referring to judgments in which moral beliefs and capacities are most likely to be presented without a distorting bias) about a subject and to erect a provisional set of principles [i.e. or values, goals, obligations, etc.] that reflects them. Reflective equilibrium views investigation in ethics (and theory construction) as a reflexive testing of moral principles, theoretical postulates, and other relevant moral beliefs to render them as coherent as possible. Starting with paradigms of what is morally right or wrong, one searches for principles that are consistent with these paradigms as well as one another. Such principles and considered judgments are taken, as Rawls puts it, “provisionally as fixed points,” but also as “liable to revision.”⁶⁴⁹

John Rawls explains how he derived the name – equilibrium describes how theory, ideals, and ideologies (e.g principles, duties, goals, and values) correspond with acts (e.g. judgments and behaviors), and reflective depicts that we know to what theory, ideals, ideologies, and acts coincide and how they derive.⁶⁵⁰

University of Michigan M.E. Tracy Distinguished Professor of Organizational Behavior and Human Resource Management Robert Quinn understands the concept even though he does not refer to reflective equilibrium by name:

...[O]ur actions can be symbolic representations...[They] are like seeds. They carry transformational potential. Each time we act, we represent our beliefs and values. We embody possibilities and illustrate constraints.⁶⁵¹

In one of his books, philosophy professor Jacob Needleman refers to the need for congruity between understanding good principles, duties, goals, and virtues and acting in accord with them.⁶⁵² Professors John Rich and Joseph DeVitis use the psychology and development terms “‘self-actualized person’ (Maslow)” and “‘fully functioning human being’ (Roger)” to describe Kohlberg’s stage six, which is similar to reflective equilibrium.⁶⁵³

Adding all-the-more credence to Kohlberg’s stage six as reflective equilibrium is the description from John Rawls that the various points on the reflective equilibrium line are not permanent and unchanging. They are always in a state of flux where actions from situations and experiences refine postulates, theories, and ideologies. Vice-versa is true as well – postulates, theories, and ideologies constantly influence actions.⁶⁵⁴ In his study of morally developed persons, Quinn notices that change agents, which Kohlberg stage six persons are typically, are constantly in a process of translating and responding to our and others’ behaviors:

We are thus ever-involved in a process of co-creation with the world around us. We create the world that also creates us. This process can then be correctly interpreted in two opposite ways: The world creates us or we create the world. Both statements are true. Overemphasis on the first, however, can lead to resignation in which who we are increasingly becomes determined by external forces. An overemphasis on the second leads to self-deception in which we claim that all constraints are illusions. The focus here is on the reality of constraints and the reality of potential; both are true... [Actions carry our beliefs and values.] With each action, we become a living symbol that others must interpret and to which they must respond. That is, our actions are signaling devices in the process of co-creation. What we represent matters deeply.⁶⁵⁵

The theoretical claim is solid, albeit not empirically tested, that the few persons in Kohlberg’s stage six of development exhibit the most congruence with reflective

equilibrium. In a sliding scale to lower stages, persons in each lower developmental stages display less self-actualization, full function, all-encompassing ethical frameworks, and ability to adequately maintain a reflective equilibrium.

Kohlberg and some others proposing revisions to his theory hypothesize that there is a seventh stage of development. “At one point, Kohlberg himself postulated a seventh stage, a religious one, beyond Stage Six. This level was said to be the stage of moral development reached by such religious figures as Jesus or the Buddha.”⁶⁵⁶ Kohlberg eventually revised this stage because he acknowledged that religious development was its own process with of development. While there are points of interconnectivity, someone’s religious development may follow its own independent path from moral development.

An example of a religious development theory is James Fowler’s Stages of Faith Development. Similar to Kohlberg and Gilligan, an individual grows through several different stages or levels of faith, beginning with a pre-stage (ages three through seven) called intuitive-projective faith where a child adopts the symbols and rituals of his or her caregiver(s), intertwining fantasy (i.e. illusion) with reality. Concrete operational thinking generally transitions a child to the next stage, which is mythic-literal faith (ages seven through early adolescence), typified by factual thinking of hyperbole, allegory, and parable. The next stage is synthetic-conventional faith (adolescence; some never advance), catalyzed by the recognition of inherent contradictions in stories; and characterized by following the convention and expectations of others without any conscious thought (i.e. examination) about the adherence to a particular ideology. The vehicle for another stage, individual-reflective faith (early to mid-twenties; some never advance), is often disagreements between authority figures or changes to rituals (i.e.

practice), symbols, and teaching (i.e. policy) formerly understood as unchangeable and sacrosanct. Its categorization is through individuals who adopt an identity that is independent of authorities and their hopes, critical reflection about self and ideology, and the acceptance of rituals, symbols, and teaching as less literal and more conceptual. A person is not ready for transitioning to the next stage until he or she abandons the rote, overdependence on logical, rational, conscious thought and accepts the influence of unconscious, multifaceted, and abstract concepts. Upon recognition of the former disillusionment, a person evolves to the subsequent stage, called conjunctive faith (mid-life; some never advance), distinguished by the individual's recognition of the unconscious mind, gratitude for the contradictions and paradoxes inherent in the truth (i.e. accepting conflicts with a both/and disposition rather than an either/or orientation), and the ability to create meaning through imagination and (theoretical) obligations to act. Exceedingly few persons make it to Fowler's last stage, universalizing faith, exhibited by rare exemplars – Gandhi, Dr. Martin Luther King, and Mother Teresa. Those who transition into this stage eliminate the disparity between a world in need and the transformative power of action and change. Inaction perpetuates injustice and inequity, so self-actualization becomes more than *thinking* about good; it is *doing* good.

Gilligan does not refer to her developmental categories as stages. Nonetheless, they are phases or levels of sorts, which each has a corresponding transition. The intricacy and understanding of self in relationship with others becomes more multifaceted with each level, culminating in a “sophisticated understand between selfishness and responsibility.”⁶⁵⁷

The categorization of the first phase or level is an orientation to individual survival. A person can only have a framework for right and wrong if that particular decision emerged already in that person's own life. Individuals are self-centered and preoccupied with survival. Their goal is the preservation of self and they have no way to distinguish between what should occur and what would occur. Often, relationships fall short of their potential for persons in this level. The first transition is from selfishness to responsibility. Individuals realize that there is potential for social acceptance, integrate responsibility and care into moral decision-making patterns, and transition from independence and selfishness into connection and responsibility. In other words, "should" and "would" become distinguishable. The key to the first transition is the recognition and acceptance of relationships and associations with others.⁶⁵⁸

In Gilligan's second level, agents define goodness as self-sacrifice. Survival becomes linked with social acceptance, and judgments may favor social connection over individual judgment because choices that hurt others reflect disequilibrium. Discontent and unease for the prioritization of others over self exists, but acknowledgment of this may occur in private rather than public because public acknowledgment may hurt others, making any disequilibrium worse. The second transition is from goodness to truth. An individual in this transition questions why pleasing others is favored to the detriment of the self, and decides that the needs of the individual need to have the same weight as others. The struggle to balance care and harm between self and others maintains, but with the conclusion that the self is important as others. The needs of the self are not frivolous or egoistic, and the fulfillment of needs is valid and sincere.⁶⁵⁹

The third and final phase (level) is the morality of nonviolence. Here, the individual recognizes the moral equality between self and others, achieving an elevated understanding of relationships and morality through the principle of care. Nonviolence, the imperative to avoid hurt or pain, trumps the needs of the self and to appease others, such that previous dichotomies disappear.⁶⁶⁰ The settlement of prior divergences “opens the door for the individual to recognize her power to select among competing choices and to keep her needs within the mix of moral alternatives.”⁶⁶¹ A transition from this level does not exist because it is the most developed phase of reasoning.⁶⁶²

II. Aligning Moral Development with Discernment and Organizational Agency

IIA. The Lenses of Ethical Theories and Frameworks

While applying cooperation, or when reasoning in general, persons may use reasoning that illustrates approaches in addition to developmental ones. There are at least three main styles of moral reasoning and justification – consequentialism, teleology (virtues), and deontology. Accepting moral development theory, the highest stage of moral development, perhaps the goal of human development, is the flourishing of all, with universally applied, equitable norms, fair processes, and just procedures. The ends of human development as being perfectly just and fostering flourishing, and the corresponding characteristics to achieve this, are the hallmarks of goal-based theories, which include teleology and virtues.⁶⁶³ As Robert Quinn observes in *Change the World*, virtuous persons embody these ends, which are the characteristics of an advanced stage of moral development.⁶⁶⁴ In deference to moral development theory again, a deontologist’s duty becomes to create a scheme with the correct principles such that every obligation has a lexical priority to others. Crafting appropriate rules may assist.⁶⁶⁵ The ultimate

result is that each action or behavior is measured in accord with aspiration-oriented rules, presumably consistent with perfect flourishing and equity in process, procedure, and product (decision). In the words of Immanuel Kant:

Rules of ethics are measuring-rules of action and ought to set before us the standard of moral necessity. They ought not to be trimmed in consideration of [humankind's] capacity. Any system of ethics which accommodates itself to what [persons] can do corrupts the moral perfection of humanity. The moral law must be pure.⁶⁶⁶

Those making use of consequential reasoning consider the immediate repercussions of a decision – the consequences, effects, or products.⁶⁶⁷ The result of many of the lower developmental stages, using consequentialism, appears to be an increase in happiness, but this is a façade, as it may increase your (the agent's happiness) at the expense of making others unhappy; the amount of unhappiness greatly increases. Persons in later stages or levels of development understand the difference between a more objective, balanced consequential reasoning and a subjective, imbalanced (i.e. weighted) consequential reasoning, and they adopt the more objective standard.

Using any of the three frameworks and approaches does not invalidate applications of cooperation as indicative of moral development.⁶⁶⁸ Indeed, all of the above theories and frameworks – and others, many based on the above theories and frameworks – are significant when assessing and crafting an intervention to advance moral development.⁶⁶⁹ Using any of the above three frameworks or approaches, or others, does not invalidate applications of cooperation as indicative of moral development.⁶⁷⁰ They are the equivalent of different color lenses on a camera or tints on a photograph. Ultimately, they do not change the ways of seeing, but not the components of the background or objects in the image itself.

Examples will facilitate a better perspective of the former point. Someone could describe Kohlberg's stage six using any of the moral theories or frameworks mentioned above. Using teleology and virtues, and accepting moral development theory, the highest stage of moral development, perhaps the goal of human development, is the flourishing of all, with universally applied, equitable norms, fair processes, and just procedures. As noticed by Robert Quinn in *Change the World*, virtuous persons embody the characteristics of an advanced stage of moral development. Accepting moral development theory again, this time using deontology, duty in stage six is to find and adhere to the correct principles such that every action is consistent with flourishing and equity in process, procedure, and product (decision). Crafting appropriate rules may assist. With consequentialism, the result of many of the lower developmental stages appears to be an increase in happiness, but this is a façade, as it may increase your (the agent's happiness) at the expense of making others unhappy. The amount of unhappiness greatly increases. Higher stages of development add less weight to the self, including a subordination of personal interests to that of others.

IIB. Kohlberg Stage Behaviors

Persons' behavior corresponds with their developmental stage. As the context of this model is professional and organizational, rather than personal and clinical, it is useful that the authors of *Practical Business Ethics*, Warren French and John Granrose, spend most of their book outlining the Kohlberg stages, how they present in the business setting, and the corresponding managerial styles to the stages. Their text serves as an exemplar for surveying the behaviors that accompany each stage while being precise to the business setting.

Exercise of power is nothing new to business. Still, it is in the abusive implementation of power or obedience to authority through coercion that stage one businesspersons show their true colors:

...[C]oercive power is most likely to be accepted by persons who are at Stage One of moral development since they consider themselves to be ethical when they obey a more powerful force. In effect, Stage One adherents narrowly interpret the third component of our definition of ethics – societal well-being – to mean only their own person well-being.⁶⁷¹

Coercion relies on one party giving into another because of fear generated through threats. Presumably, the authors are referring not only to those who obey such authority without considering those others affected by and left out of the decision-making process, they are making an observations about those who inappropriately use coercive force.

Behaviors of stage one persons are selfish and egoistic.⁶⁷²

Many of the individuals who rely on Stage One reasoning can be identified by the defensive nature of their statements. They are not so much interested in resolving conflicts as in presenting their perception of the facts and principles underlying their positions.

Scholars such as Jürgen Habermas explain that this type of communicative behavior is self- or ego-centric, which focuses on the listener rather than the person speaking.⁶⁷³

The key word for stage two of Kohlberg's moral development is *exploitation*, which is different than *reciprocity* and *mutuality*. (*Mutuality* is a reciprocal relationship where both parties treat each other respectfully or as end-unto-themselves, meaning that there is appreciation for the other person's goals. This is not true with *reciprocity*, where both or all parties use the other as means to their own ends; it is mutually self-serving.

Exploitation is disproportionate because only one party takes advantage of another.)

Those in stage two will not totally ignore others, but they are still ego-centric, only

seeking to frame their rationale and justifications in more socially appropriate ways. Rather than being defensive in communication, stage two persons go on the offensive, attempting to reframe others' positions to their own advantage using tactics such as paraphrasing negatively, observing incongruence, assailing interpretations, establishing incommensurate examples, and broadening analysis to an improbable end. From this description, exploitation and coercion is not only written and physical (i.e. threatening posture, gestures, and body language), it is verbal. Some persons, just as philosopher Johann Schmidt, advocate the ethical egoism involved with stage one and two persons. This approach, nevertheless, garners little support because of the strength of arguments that refute it.⁶⁷⁴

Conformity epitomizes stage three reasoning, which French and Granrose title custom, convention, and courtesy. Another way to describe business behaviors in this stage is that they are deferential to force-of-habit or etiquette. The models for custom and convention are generally small or medium groups, such as teams or cliques or organizations, rather than large groups, including religions (in their entirety) or societies. A person in this stage will conform to the expectations and practices of an organization or business, but has no concept that these practices may be right or wrong when one expands the scope beyond these groups.⁶⁷⁵

The classic stereotype associated with this stage is that of the "Organization Man." Loyalty to the firm more than any other characteristic marks this person's behavior. Stage Three people seek acceptance and respect from others and do not mind giving up person autonomy in the interest of mirroring the group's image. Hence, the connections with *custom* and *convention* should be obvious [emphasis in the original]. The group-directed values of those in Stage Three, as contrasted with the self-centered nature of people in the first two stages, stem from a different motivating force. Shame, rather than punishment or

deprivation of personal rewards, is the perceived penalty that results from behavior that does not live up to the ethics of this “Organization Man” mentality.⁶⁷⁶

To oversimplify somewhat, the individual at Stage Three is likely to be (1) more motivated by group acceptance and complimented for team play than motivated by selfish gain; (2) more motivated by consequences benefiting the reference group from which self-worth is derived rather than by consequences for society as a whole; and (3) more motivated by only those deontological norms that are held as sacred by the chosen reference group rather than by universal principles. Individuals may go far in the business world, at least as employees, by adopting a Stage Three profile of behavior. Their thought pattern can be captured by the phrase, “Be a team player.”⁶⁷⁷

Social appearance, looking good, fitting in, keeping one’s ‘nose to the ground,’ or ‘not making waves’ all demonstrate loyalty and courtesy. The pitfalls of this approach should be obvious and were demonstrated in the discussion of the recent ethical failures of big business in the previous chapter on organizational and business ethics. Simply, it muddles the is/ought distinction, implying that industry and organizational standards must be ethical. On one hand, organizational values and behaviors may not reflect society as a stakeholder. Organizational values and statements, on the other hand, may reflect societal values, but behaviors may not match.

Legal approaches are always components of business ethics. A law-and-order perspective, with its concentration on the letter rather than the spirit of the law, is archetypal for Kohlberg’s stage four persons. The legal and the ethical are the same thing for those in stage four even though the law, like morality, is one way to appease conflicting or contradictory interests.⁶⁷⁸ French and Granrose describe the business behaviors of stage four individuals:

The law provides an external reference point for resolving conflicts. That reference point is usually more unbiased than the

individual and group perspectives that underlie the first three states of moral reasoning. The law also draws a detailed boundary about what constitutes the society over whose well-being the business community must be concerned. But laws are not perfect; in many cases they show both an obsolescence and a vagueness that bring consternation to business decision makers.⁶⁷⁹

It seems likely that those who stress the importance of adhering to the letter of the law when conflicts involving business arise – rather than considering the spirit, intentions, or purpose behind the law – are comfortable with Stage Four reasoning (the so-called law and order stage).⁶⁸⁰

Each approach has a downfall, as does those behaving in Kohlberg's stage four. St. Paul succinctly summarizes the inadvertent drawback of stage four in Second Corinthians 3:6, namely that – according to one interpretation of the passage as “our qualification comes from God, who has indeed qualified us as ministers of a new covenant, not of letter but of spirit,” – the spirit of the law matters.⁶⁸¹

The most obvious sign of a person's transition to Kohlberg's stage five reasoning is a scope that now accounts for the spirit of the law. French and Granrose have a potentially disproportionate focus on decision-making they term as ‘cost/benefit analysis.’ They base their observations off of a comment by Kohlberg that persons at stage five go beyond laws, duties, and obligations and begin to consider overall utility.⁶⁸² Perchance it would be best to honor the spirit of Kohlberg's statement rather than the letter of it. It seems more likely that Kohlberg intended to express that the scope of the stage five person goes beyond the law to a basic understanding of the common good, not that individuals suddenly develop comprehensive, consequential reasoning in stage five. Laws may contribute to the common good, but they are not the totality of the common good. Furthermore, stage five persons exhibit congruence between a cycle of thought-behavior-justification not seen in other stages:

Stage Five behavior implies rights as well as correlative responsibilities. If one goes beyond or against the traditional moral norm in the name of individual autonomous rights, it is his or her concurrent responsibility to reasonably justify his or her actions in terms of enhancing societal rather than person (Stage Two) well-being. This is the obligation under the social contract of the justice that allows such behavior.⁶⁸³

A business example of stage five reasoning ‘in action’ provided in *Practical Business Ethics* is someone who is a whistleblower. In the authors’ estimation, the case’s circumstances determine if the whistleblower’s development stage is four, five, or six.⁶⁸⁴ They do not go into detail, but whistleblowing in itself does reflect postconventional reasoning (stages five and six). For instance, someone in stage four reasoning may work entirely within the legal framework for whistleblowing from identification to the process itself, which not only demonstrates rote adherence to the law (a hallmark of stage four reasoning), it depicts risk-averseness that high stages do not. It is, for example, much more risky to be a whistleblower when a practice meets industry (i.e. regulatory, legal) standards, and the whistleblower argues that the practice does not meet good ethical standards, or that the industry standard is unethical. Besides, strict adherence to the legal process of whistleblowing does not present the personal risk of bypassing the legal to do moral good in the interest of others and at the expense of self.

Stage six behaviors, generally and in the business setting, epitomize our ideals of equity, justice, and fairness. Moral judgment and reasoning have little to do with the expectations of others and more to do with internal guides, whether they are values, goals, consequences, obligations, principles, analogous cases (i.e. comparative, contrasting, casuist), relationships, or other ethics frameworks.⁶⁸⁵

[Stage six persons are] (1) more motivated by autonomously arrived-at personal goals with a societal orientation than by

imposed social rules or totally self-focused concerns, (2) more motivated by long-term consequences than by short-term consequences, and (3) more motivated by universal principles than by calculations of utility.⁶⁸⁶

They are not lofty ideals, but congruent with actions. The scope of stage six persons is immense; their moral compass is even more expansive than stage five persons, with the flourishing of society always in mind as well as noted appreciation for the decision's impact on people. Decisions do not have the same impact on people (e.g. primary stakeholders, secondary stakeholders), and stage six persons consider this in their judgments and reasoning.⁶⁸⁷ The ensuing passage describes the methods of communication with stage six persons:

The individual at Stage Six is likely to engage in what Habermas labels *Discursive Communication* [emphasis in the original] to resolve conflict. This form may be contrasted to Ordinary or self-serving Strategic Communication. Kurtines has isolated separate types of Discursive Communicative action that flesh out Habermas's concept: (1) Reflective action by which we make explicit to the other party our understanding of the facts underlying that person's position. (2) Reflective action by which we state in explicit terms to the other party where we understand are the principles underlying that person's position. (3) Integrative action by which we attempt to establish a new shared mutual understanding with the other person, based on facts and principles.⁶⁸⁸

Although not specified in the passage, those in stage six know how to master the communication process such that these steps adapt to every situation with deference to timing, style (e.g. assertive, 'laid back'), and setting.

IIC. Gilligan Level Behaviors

Behavior may look different when considering it from Gilligan's framework, which emphasizes relations. Level one persons think there is not an answer that is more correct than another because they do not know how to respond to situations outside of

their experience.⁶⁸⁹ Gilligan's first level is similar to Alasdair MacIntyre's argument in *After Virtue* that humankind has fractured into various moral camps or traditions that need reconstruction. The loss of an ultimate human *telos* reduces normative ethics to an exercise in subjectivism or emotivism.⁶⁹⁰ In essence, people have lost a shared, common moral structure, which is analogous because people in Gilligan's first level lack a mutual, joint appreciation for issues outside of their experience. An example of a level one woman in Gilligan's studies was an eighteen-year-old who was asked about her views and normative position on abortion. She responded, "there was no right decision" about the issue because she had not been and did not want to be pregnant.⁶⁹¹

Persons in Gilligan's second level will go along with others in a group situation, even if the majority of others disagree with those persons' opinion. The tyranny of the majority rules in this stage as the preservation of relationships through socially conformist behavior outweighs 'sticking out of a crowd,' dissent, and even recognized (but unsupported or unpopular) injustice. The authors of *Student Development in College* provide an example of two young women who believe that the intramural volleyball team has become too competitive (intramural sports are for fun and recreation only). Additionally, one of the two young women believes that her lifelong friend, Vanessa, should be able to join the team. Both women, however, initially have trouble speaking up to the team about their views, knowing that other members of the intramural volleyball team feel differently about both issues.⁶⁹² On one hand and of relevance to cooperation discussions, does agreement about perspectives and courses-of-action truly reflect a genuine and sympathetic agreement between the will and intent of an individual? On the other hand, is the connection between the will and intent of an individual weak because

the disposition of the will is not absolute equity, but the egoistic approval of a group? The disciplines of philosophy and theology have attempted to discern the will and intent for thousands of years; much remains unknown despite the effort. The prospect exists that altering the size and constituency of the group – by breaking it up into smaller groups for instance – may change the dynamic for Gilligan’s level two individuals.

Just as Kohlberg’s higher stages, those in Gilligan’s third level demonstrate reflective equilibrium, meaning that relationships fit into a congruent structure between higher-order beliefs and practical judgments and behaviors. Level three persons understand the duty to care, as this relates to cooperation, in the broadest way possible, including the role of self. This may require subverting personal interests for the group, or standing up for what is correct, despite personal risk. Either way, the greatest violation for someone in this level is being disingenuous to one’s beliefs, even if this immediately strains some relationships.⁶⁹³ Using the above example, the *Student Development in College* authors point out that both women involved with the intramural volleyball league initially have trouble speaking out and ‘going against the grain.’ However, one eventually does:⁶⁹⁴

[She moves] beyond her individual desire. She chooses to speak out in favor of accepting Vanessa onto the volleyball team at the risk of other members’ rejection. [She] rejects the unstated criteria for membership on the volleyball team, which [other members] adhere to, and makes a strong appeal to disregard them and include Vanessa on the team.⁶⁹⁵

The selfish egocentrism of before has been replaced with overarching moral ideologies, methodologies, decisions, and behaviors.

III. Understanding the Application of Cooperation as a Function of Moral Development

*IIIA. Moral Agency Discerns Wrongdoing and Applying Cooperation Distinctions
(Lexical Matrix Components) Requires Discernment*

It is central to understand how cooperation is a function of moral development. Moral agency discerns wrongdoing in different ways. As illustrated above, moral agents discern or perceive evil, injustice, or wrongdoing differently. Furthermore, agents justify thoughts and reasoning in disparate ways. An organization's moral agency is a composite of its associates' development and exercise of agency. Therefore, fostering moral development assists organizational agency and discernment.⁶⁹⁶

Applying cooperation requires discernment on the part of moral agents.⁶⁹⁷ It reflects an agent's moral development. One may exhibit that person's framing of cooperation by using the statements about moral stages given above. Relating this back to organizations, interpreting the application organizational material cooperation is reflective of its individual associates' development.

IIIB. Discernment Functions to Identify Evil, Injustice, and Wrongdoing as well as Apply Categories of Cooperation

Both theoretical and real examples exist of agents reflecting their moral development while discerning cooperation. Exploring the theory first, someone asked to use cooperation in Kohlberg's stage one may question the benefit of using the cooperation. He or she may ask, "What's in it for me?" Someone in Kohlberg's first stage may display unease around changes to defined standards, including how cooperation fits into or deviates from those standards, as well as wish to defer to the norm or what has been done in the past that this may deviate from. A corresponding question is, "Why would we do this if we didn't get into trouble before?" Angst or concern for getting into trouble while applying cooperation may surface. It is possible that some

persons in Kohlberg's stage one need to be told what is right or wrong. Trying to discern such matters for one's self becomes a daunting and intimidating matter.⁶⁹⁸

Those using cooperation in Kohlberg's second stage will exhibit concern for associating with something that may or may not be bad, look for rewards such as money and prestige in exchange for participating in assessments using cooperation, and seek relatively equal benefit for time and money burdens, either in process or as a result using cooperation. Persons in Kohlberg's second stage will not like the idea that a form of cooperation could be formal cooperation or immediate material cooperation, which are impermissible. The obvious method for minimizing negative consequences is to avoid participation or the use of cooperation altogether for persons in this stage. Egoistic pragmatism also expresses persons in the second stage. One may question, "What's in it for me if I participate in this discussion of cooperation? Do I receive remuneration or comp time?"⁶⁹⁹

Moral agents using cooperation in stage three will craft compromises to appease stakeholders. Doing good is appeasement, making themselves and respected stakeholders happy, not taking action with the recognition that pleasing everyone is not always an option. Stage three persons want to know the opinions and expectations of persons that the agent respects with respect to the cooperation issue. After all, one must know *how* to appease someone, meaning what the boundaries and parameters are for making a person happy, before doing so. Persons in this stage often exhibit personal unease with nonconformists, disagreements resulting from cooperation discernments themselves, or lacks of definitional uniformity.⁷⁰⁰ Nonconformists represent precisely the items stage three persons seek to avoid – dissent or disagreement is uncomfortable. The wish to

evade uncomfortable situations extends to instances when people do not agree, but they also do not disagree, often referred to as ‘agreeing to disagree.’ For instance, one person agrees that an issue is unjust while another dismisses it as a justice issue, labeling it as an unfortunate circumstance that nobody can control. After a discussion, the two persons involved in the definitional disparity simply agree to disagree. The tension resulting from this leaves others uncomfortable.

Those in stage four, social system morality, can be fiercely systematic. They could insist on a uniform process for triggering cooperation discernment and procedure for using cooperation. The idea that cooperation discernments only have rough frameworks and may proceed in any number of different directions is unnerving. Because they are intensely methodical, stage four persons would appreciate, for example Hamel and Panicola’s structured cooperation questions in *Health Progress*. Skipping questions, even irrelevant ones, and revising questions generates anxiety. They believe that doing what is right, potentially resulting from cooperation discernment, should not break a laws, codes, policies, and procedures (strict principlism, rule utilitarianism). For instance, it is better to have a member of the legal counsel check into relevant laws surrounding the donation of food and emergency supplies after a local, natural disaster than going to the immediate aid of persons in need. With cooperation, stage four persons will create scales, systems, and procedures for assessing the gravity of evil, levels of injustice, or use of cooperation. They will not deal with nonconformists – meaning those who will violate laws and rules to do the right thing (e.g. those in higher stages of development) – well.⁷⁰¹

The few persons who advance to Kohlberg's stage five will realize that different people discern cooperation issues dissimilarly and discernment depends upon the evaluator's values. Disagreement is not failure, despite its discomfort. She or he will not let regulations or rules, such as organization and system policies, get in the way of doing what is right. Stage five persons notice the existence of other injustices and associations with evil along the way, meaning while in process. To provide an example, a cooperation issue examines the injustice of closing a halfway house in the inner city – a noble purpose. Meanwhile, stakeholders attend the discernment, but they are cut off and drowned out by a highly focal majority in the meeting. Stakeholders have not been able to get a word in edgewise, much less adequately represent a difficult and contrary opinion – a flawed process. People in stage five will perceive the complexity of some scenarios, but not necessarily let the difficulty dissuade one from doing what is right, while insisting that some values outweigh others, even to the point of standing out against the crowd.⁷⁰²

Stage six persons will be fair and equitable to all parties during the cooperation discernment process, which includes making sure the appropriate stakeholders are 'at the table.' In other words, fair process has a wide scope encompassing stakeholders who others may not recognize as such. This is because he or she understands that interpreting concepts, such as the common good, needs to be in the broadest sense possible. The use of cooperation in this way is an opportunity to correct other injustices and associations with evil noticed along the way, meaning those things noticed while in process. Being fair and equitable to everyone at every stage means being fluid and adaptable to changes during processes and the reevaluation of results. The few persons who reach Kohlberg's

stage six understand that following one's conscience can come at extreme personal risk and act despite the threat of harm.⁷⁰³

Predictable responses in the application of cooperation also accompany Gilligan's theory and levels. Those persons, as her theory applies to women and men, in her first level will not know how to respond to a cooperation dilemma that they do not connect with themselves for any number of reasons. Participants in the first level may experience disconnect because Catholic teaching does not resonate, the evil or injustice does not have import, or the affected stakeholders experience is not commensurate. They may not understand the complexity of a particular cooperation issue, especially with situations the agent has not encountered. Their ontological discomfort with others applies to the discernment of issues outside their experience, meaning that they could be aloof or disquieted by many of the alien cooperation topics. For example, in a cooperation discernment (or many other settings), a woman born into privilege – consisting of wealth, education, and limitless resources – in Gilligan's first level will not connect with the underprivileged person whose misfortune was exacerbated by poor organizational decision-making.

It is Gilligan's second level that applies to those persons who submit to a certain group-think or peer pressure, which causes them to relegate their own interests in favor of the majority. Behaviors such of these have implications for group settings such as the model for applying cooperation advanced by this dissertation. Not taking views during cooperation discernment that seem contrary to the group (because they may sever relationships) means that the setting for the scope of harm is still, largely, the individual and his or her 'inner circle' of relationships. Using consequentialism, the scope of

pleasure/pain, happiness/unhappiness, and benefits/burdens is not comprehensive enough for a neutral balancing. Level two persons already have weighted the scale. Women and men in this level will assume a position contrary to that person's actual view or perspective (incongruent thought and action) to keep the peace or 'save face' in a cooperation discernment. These situations present a challenge for cooperation discernment facilitators, as these women and men may need isolation from others in order to educe their authentic opinion and reasoning.

Persons in the third level who participate in this model of cooperation will be attentive to the group's interpersonal dynamics, potentially even challenging those who seem disingenuous or detached. They will understand the duty to care, as this relates to cooperation, in the broadest way possible, including the role of self. A more objective, broad-scope utilitarianism for determining the best action replaces the narrow-scope or weighted-to-self utilitarianism of the second level. They may resolve disputes and differences in ways that do not exclude self or the group. These third level persons are useful in many ways, which consist of helpfulness in shaping or revising the model itself so it is even more inclusive and just.

Advanced stages or levels per Kohlberg and Gilligan may be challenging for those organizing and facilitating the proposed model for non-traditional reasons. They may not fully appreciate the process for reasons of fairness, inclusiveness, objectivity, sensitivity, and relationship building. Suggestions for improvement may accompany their interpretation. For instance, it may be insincere and uncaring to bring in the poor and underserved persons who were disadvantaged by the initiative in question while not making appropriate accommodations for them. Food, transportation, and methods of

remuneration are reasonable to avoid inadvertent nonmaleficence, or the obligation not to harm,⁷⁰⁴ even while attempting to serve justice. Higher stage and level persons will notice incongruities throughout the process, which others may not observe or address.

Organizations are replete with examples of moral agents who exhibit their levels of moral development in group situations. For instance, the director of spirituality in an organization begins weekly worship services. She offers an orientation session for colleagues who would like to lead the services. At the end of the leader training session, a young man discloses that he has trouble with the idea of inclusive language in worship and liturgy. His reasoning is that “it alters the Word of God.” The director of spirituality points out that, historically, the Bible was not transcribed immediately after the life of Jesus, nor was it written as an entire work. Furthermore, there are many different versions of the Bible (i.e. King James Bible, New American Bible), which were translated into English. He seemed to acknowledge this, but later articulates five passages in his version of the Bible, including Deuteronomy 4:2 and Galatians 1:9-10, which address altering the word of God or the Lord. The director responds that she will print the words with revised inclusive language on the bulletin, so he does not participate in the alteration of Biblical passages. He seems to accept this compromise. Still, when she asks him to read a passage during the worship service, he takes out his different version of the Bible and reads directly from it to the confusion of the worship participants.

Arguably, these behaviors all *may* demonstrate this young man’s level of development. His discomfort with breaking rules, unease with nonconformity (probably because this is different from his faith tradition), and systematic approach reveal a

Kohlberg level two – stage three or stage four – reasoning. From Gilligan’s theory, he does not seem to appreciate the feelings of others, those who may prefer inclusive language for instance, or the confusion of the participants. This *may* reveal that he is in Gilligan’s first level of relationships because he seems to disassociate with the things that he does not have experience in or comfort with.

Another example, as told by The Catholic Health Association, involves a diocese that associated charitable gifts and fundraisers for a philanthropic group as being immoral because of purported, but not verified, associations with evil. The diocese prohibited any association. It did so without any investigation as to the specifics of the situation. The prohibition seemed to be a reaction to others’ fears without investigation into the particulars.⁷⁰⁵ No discernment, in fact, seemed to take place.

This event, rote reaction without discernment and reflection, appears to exemplify Kohlberg’s first level of pre-conventional morality because they promote following the rules as it is in the interest of the diocese to do so.⁷⁰⁶ Rome (i.e. the authority conferred by the hierarchy of the Catholic Church) will not question the reasoning and justifications of the diocese if it avoids the appearance of impropriety through a categorical ban. This is a textbook example of Kohlberg’s stage two, instrumental morality.

Some considerations about exhibiting moral development while applying cooperation relate to organizational uses of cooperation as opposed to individual uses of cooperation. A definitive threshold does not exist for officially categorizing something as a certain kind of cooperation. Examining an issue is not a utilitarian calculus, nor is it simply acting in accord with duty or principles:

There are more than practical reasons, however, as to why all of the actions of a corporation can not be reducible to individual

actions. There are philosophical reasons as well, having to do with the nature of a corporation as a collective entity. There is something called collective corporate action even though the actors are individuals who make individual contributions to the collective action. But one individual action in itself is not sufficient to produce a collective action. In a collective action is mixed with others and transformed into an action or policy of the organization. Because of this process of transformation the collective action of the corporation is quite different from the primary inputs of any of the individual contributors. In principle, at least, it is possible for an immoral collective action to be the result of a mixture of moral primary actions, this making the moral evaluation of corporate actions different from the moral evaluation of individuals within the corporation who played a role in the action.⁷⁰⁷

Policies themselves demonstrate the convolution of the organizational machine. They are not the result of one person, but demonstrate another form of collective action. All these factors along with the size and intricacy of organizations make it difficult to assign the apposite responsibility to the appropriate individuals within the organization.⁷⁰⁸

Other difficulties subsist, but there cause for hope. Barriers in group situations include fear, wish for privacy, inability to confess and change failures, and failure to acknowledge vulnerabilities, proving once again that organizational agency is more than the sum of individual agencies. Individuals can affect organizational change through the cultivation of improvement. Change is the facilitation of others' learning, which is dependent on our own consciousness and willingness to make our own actions open to inquiry. Improvement means that we learn that we have roles in evils and injustices associated with our organization, the ability to make a difference (agency), recognize our own role in the development of others, and respond accordingly, which means that actions correspond with preferences.

An illustration of the difficulty of the barriers mentioned above is a series of events that unfolded with a health system of a program called Higher Ground.

Facilitators asked participants in Higher Ground, a series designed to enhance their spirituality and formation, to disclose something personal that no other work associates knew about them. This made participants nervous, as the instructions were interpreted as a mandate to expose private information. One uncomfortable associate disclosed she had an abortion. Her discomfort later manifested as paranoia, feeling that her coworkers judged her and treated her differently based on her disclosure.

IIIC. Conclusion

Some specifications about the developmental theories deserve attention. A common reaction to the two theories is that they are antagonistic or contrast one another. This is not so. Gilligan was, indeed, a reaction to Kohlberg, but even according to Gilligan, her theory does not invalidate Kohlberg's. They are complimentary. Men and women use both care and justice in their reasoning and justifications, proving that both theories are relevant.⁷⁰⁹

Researchers continue to examine relationships and discernment with various different methods and instruments, some described below. One particular area of interest is the worldwide, cross-cultural character of the theories. Do they apply to everyone in every society? For instance, Gilligan has expanded her studies beyond the original sample of predominantly white women of privilege in order to examine the cultural differences inherent in relationships and development. Some findings related to the DIT have been validated in other countries besides the United States, perhaps giving a certain amount of the credibility of Kohlberg's stages as universal and invariant.

Both Kohlberg and Gilligan had assessment instruments for their theories. Generally, psychological or developmental assessment instruments gauge or measure a

person's stage or level, type, or approach.⁷¹⁰ Assessments in developmental research have challenges and limitations. As many go beyond linear answers (e.g. true/false, multiple choice, etc.), scoring and understanding responses requires dedicated training and experience. The amount or number of reliable and valid instruments is small, especially when assessing particular aspects of development. It would be rare to have a choice of three to five instruments to measure an aspect of development; for instance, there are only three main measures of gay, lesbian, and bisexual identity development – the Cass's Stage Allocation Measure, Cass's Homosexual Identity Questionnaire (HIQ), and Brady's Gay Identity Questionnaire (GIQ).⁷¹¹ The authors of *Student Development in College* specify some other difficulties with developmental assessment instruments:

Often, [assessment instruments] must be individually administered and hand-scored. These are costly and time-intensive procedures that limit the number of participants in studies. For many theories, no standardized instruments exist to test related propositions and hypotheses. For other theories, such as that of Chickering, existing instruments relate to only certain components of the theory. To compound the problem further, some existing instruments are becoming dated. For example, the Defining Issues Test (Rest, 1986a) includes a dilemma that references the Students for a Democratic Society, an organization active in the 1960s that many individuals today would not recognize. Obviously, the lack of appropriate instrumentation limits how research is conducted and what can be studied.⁷¹²

Kohlberg and Gilligan's assessment instruments are not immune from the inherent difficulties just described.

Two instruments are available for determining a person's level or stage of moral reasoning per Kohlberg and the corresponding theory from Rest. Incidentally, the same theorists, Kohlberg and Rest, constructed corresponding assessment instruments, namely Rest's Defining Issues Test (DIT) and Kohlberg's Moral Judgment Interview (MJI).

Rest completed design of the DIT in 1986. It is a written estimation of moral reasoning using six hypothetical dilemmas that respondents read and rank. Each situation has twelve statements that accompany them, with each statement exhibiting an interpretation and way of reasoning in response to the predicament. The instrument instructs participants to appraise and hierarchically position statements in order of importance or most to least appropriate reasoning. Every statement connects to Rest's stage descriptions. Weighted ranks are the bases for determining a percentage of reasoning at each level and a p score, which has the highest reliability and validity, in the .70s and .80s range, among all test-scoring mechanisms. By no means are test-retest reliabilities in the .70s and .80s exemplary. Accordingly, Rest was cautious about overemphasizing minor changes in repeat tests of the DIT.⁷¹³

The year after Rest (1987), Kohlberg issued the final version of the MJI, an instrument that has three analogous versions and scoring systems that underwent three revisions. The arrangement is a structured written or verbal interview with respondents where each format (i.e. three version) has three hypothetical quandaries. Each problem demonstrates a conflict between moral issues where some challenge participants to decide between two seemingly bad options. The converse is true, as well, meaning that the instrument forces participants to pick one of two equivalently good options.⁷¹⁴ An example follows:

[The Heinz dilemma places] the value of preserving life and the value of upholding the law [into] conflict..., in which a husband must decide whether to steal a drug to save his wife's life when the druggist is charging more for the drug than the husband can pay. Other conflicts [in the MJI] include conscience versus punishment and authority versus contract.⁷¹⁵

Between nine and twelve standardized questions are together with each dilemma in order to elicit participants' explanations, rationalizations, and elucidations. For this reason, theorists and researchers prefer the verbal interview, as it allows investigators (i.e. the person or persons conducting the interview) to clarify a subject's responses if any ambiguity exists. As stated above, there have been three revisions to the MJJ scoring system, with the final version labeled Standard Issue Scoring, which does not have guidelines for stage six thinking since none of the subjects in Kohlberg's research reached this level of reasoning. Not only did the scoring undergo three revisions, there are three different procedures for arriving at a final score. For instance, one of the versions provides a mixed or cusp stage score, where persons can be in two stages at the same time (e.g. stages one/two, stages three/four). The subsequent passage relates to the reliability and validity of the MJJ:

Colby and Kohlberg (1987) reported very good to excellent test-retest reliability (high .90s), alternate form reliability (.95), and interrater reliability (.98) for the MJJ. Walker (1988) and Colby and Kohlberg (1987) have demonstrated construct validity, in the form of invariant stage sequence and consistency of stage usage across moral issues.⁷¹⁶

Before attending to Gilligan's assessment instruments, some stipulations are in order with respect to the DIT and MJJ, both individually and as they relate together. Concentrating on the latter first, a modest association exists between the DIT and MJJ, at .70s for varied (i.e. heterogeneous) samples and less for the same, identical (i.e. homogeneous) samples. Rest felt that it is easier for participants to understand and concur with statements than to create an unguided response. At least one research team provides data that corroborates Rest's reflection. This team found that DIT scores are, time and again, more diverse and susceptible to change when compared with MJJ, which

reflects sluggish stage movement with a typical peak of stage four before midlife. With respect to each test individually, other measures – ones assessing moral concept understandings, legalism and ordered society attitudes, and political open-mindedness – have a moderate correlation with the DIT. A pertinent difference between the DIT and MJI is that the DIT, on one hand, relies on recognition, where participants read moral dilemmas and then select a written response that aligns best with their reasoning. The MJI, on the other hand, depends upon recognition, or the participant reacting instinctively to questions about the verbal or written moral dilemmas.⁷¹⁷

A number of formal assessments, including verbal interviews with intricate scoring and written tests, existed in order to recognize and determine various care approaches. One of Gilligan's students, Nona Lyons, was the initial person to create a systematic, empirical test specifically for Gilligan's theory in the early 1980s. She developed dependable, assessable conditions to correlate self-perception and moral reasoning. An improvement in the early 1990s was the Ethic of Care Interview (ECI), which was conceived and expanded to refine the assessment of moral reasoning such that it coincided with the levels and transitions in Gilligan's Theory of Moral Development. The inventory's format was an interview where facilitators ask participants to express their reactions to four dilemmas. One is a genuine, real dilemma and the other three are theoretical, hypothetical dilemmas. Scoring of the responses corresponds to Gilligan's three levels and two transitions, such that answers fall into one of five categories (i.e. one, one-and-a-half, two, two-and-a-half, and three). Studies testing the validity of the ECI generated an interrater reliability range from .78 to .96 with one untrained and two trained female raters with, in the original study, eighty-six female, undergraduate student

volunteers. A correlate was found between Gilligan's level of development, as established through the ECI, and an theory of identity development, called Marcia's four levels of identity development (diffusion, foreclosure, moratorium, and achievement).⁷¹⁸

Modifications to testing instruments and methods allowed for the investigation of identity, moral relationships, and moral reasoning derived from Kohlberg's and Gilligan's theories with both men and women. For instance, Skoe and Diessner administered the MJI, ECI, and Marcia's Measure of Ego Identity Status to 134 (76 female and 58 male) predominantly white high school and university (ages 17 to 30) students within the Boston area in 1994. When researchers examined the test results, they found that Marcia's identity status was a better correlate of ECI and MJI scores than chronological age for men and women. A few researchers developed and improved the Measure of Moral Orientation (MMO) during the early and mid-1990s.⁷¹⁹ It was targeted for "traditional-aged college students, ... was designed to be easy to administer and score, [and] ... is the only paper-and-pencil instrument designed to measure justice and care."⁷²⁰ It was revised in the mid- to late 1990s, which included enhancing the scoring through, for example, the removal of a moral problem. The following section addresses the structure of the MMO itself:

The instrument measures preference for care or justice responses to moral problems through a series of nine moral dilemmas. Each dilemma includes an option to choose a care or justice orientation. Participants choose from a four-point Likert scale (strongly agree, somewhat agree, somewhat disagree, strongly disagree) in response to each option. The instrument also measures [the] "respondent's perception of himself or herself as caring or just" (Liddell et al., 1992, p. 327) through a twelve-item self-description questionnaire.⁷²¹

A stipulation is that the MMO does not measure Kohlberg's and Gilligan's moral development stages; it does, however, heighten the awareness of students aged in their late teens and early twenties to the idea that morality involves both justice and care. The MMO is a reliable measure of an individual's interpretation of a state of affairs (i.e. a measure of moral sensitivity).⁷²²

Arguably, measurements of development are imperative; still they are not the preferred or desired end of moral behavior. Doing more good (doing better) nor moral development are for the purpose of 'teaching to the test' or getting better scores on an inventory. Morality is inherently a social enterprise. Moral development is for the betterment of others and self – benefiting society, which also better the person. Ideally, people demonstrate moral behavior in their actions and behaviors, not just their thoughts. Moral reasoning and moral behavior were correlated at higher developmental stages for Kohlberg. Others, with some exceptions discussed in the next chapter, validate associations between moral reasoning and moral behavior.⁷²³

In conclusion, this chapter began by establishing moral development as a foundation for the moral agency to identify wrongdoing through, among other things, establishing and examining the appropriate development theories. The next the task was the alignment of moral development with discernment and organizational agency, which required a more detailed exploration of individuals' behaviors, many of them in an organizational setting, with the corresponding Kohlberg stages and Gilligan levels. Finally, going from theory to application, the chapter concludes by 'drilling down' specific behaviors within the context of applying cooperation within a group,

organizational setting in order to understand the application of material cooperation as a function of moral development.

Both literally and metaphorically, this represents a ‘new chapter’ of this dissertation. The literal meaning of new chapter is obvious. A brief review about the progression of the dissertation provides context for the metaphoric meaning. This dissertation began with the cultural milieu of health care, generally, and Catholic health care, specifically. Chapter one framed the historical and contemporary problems facing Catholic health care, which include the need for formation within relevant traditions and moral engagement and development in order to make values and principles congruent with behaviors. The principle of cooperation was introduced and nuanced as a mechanism to analyze collective behaviors and relationships in chapter two. The chapter concluded with individual applications of cooperation. Chapter three was a smooth segue from chapter two because it discussed the nature of organizational agency, namely that groups and institutions act as organizational agents, as well as organizational applications of cooperation. This chapter shifted gears in the ways mentioned above to address moral development and moral interventions. It is now feasible and appropriate to recommend a model using cooperation for addressing and assisting the moral formation of stakeholders after having resolved that the use of and implementation of material cooperation is a function of moral development.

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- ⁶¹⁷ Evans, Forney, and Guido-DiBrito, *Student Development in College: Theory, Research, and Practice*, 207-59.
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Chapter Five –The Contribution of Material Cooperation as a Function of Moral Development for Ministry Formation

Whereas chapter three served as a bookend to chapter two, this chapter, chapter five, is particularly complimentary to the previous chapter, chapter four. Differently stated, this chapter discusses interventions generally and a model for cooperation as a function of moral development for ministry formation in specific. This chapter was based on foundations established in the previous chapters and especially the groundwork of moral development and the application of the cooperation as a form of moral development in the last chapter. Knowing commonly *how, what, where, why*, and to *whom* interventions apply must precede the establishment and description of this exact intervention.

This chapter divides into the segments mentioned above. First, the chapter situates the model for ministry formation and ministry discernment, which includes further specifications about ministry formation and ministry discernment, qualifying the likely effects and character implications of this and similar interventions, and stipulating the benefits of using cooperation for moral formation and discernment. Second, the chapter proposes a specific model using cooperation for ministry formation and ministry discernment, which necessitates attention to the model's structure, roles of those involved with the model, and process.

I. Situating the Model for Ministry Formation and Ministry Discernment

The latter part of this chapter builds upon the former portion, similar to the foundations from former chapters serving this chapter. For this reason, this section is more empirical and oriented to interventions generally, as opposed to the next section that uses the observations in the literature to construct a particular intervention. To this end,

this section begins by defining and describing the similarities and differences between formation, ministry formation, discernment, and ministry discernment. The next task is to position Kohlberg and Gilligan's theories amidst the complexity of reasoning, behaviors, and measurements. Subsequently, moral interventions are 'thrown into the mix,' or roux, of moral thoughts and actions. Folding in the face of such complexity and challenges is to abdicate our duty as moral teachers and ignore the utility of cooperation for formation and discernment. Cooperation's characteristics as a postmodern concept in a modern principle's 'clothing' are portions of what enables its utility.

IA. Introduction

Beginning with definitions for ministry formation and ministry discernment is appropriate groundwork for a chapter about material cooperation as a model for advancing formation and discernment if not moral development. Formation is an indoctrination or inculcation into a particular system or way of thinking. At least one theorist argues that formation involves the recognition and acceptance of moral agency, the development and improvement of ethical deliberation skills, as well as shaping and configuration of conscience. Formation is a constant process, meaning that the conscience is both the product of past formation and will be the effect of current and future formation.⁷²⁴ As it relates to morality, formation is "laying down a path which leads to coherence in understanding and interpreting the world, living in the story, allowing it to become the framework of one's own worldview and shaping life within its horizon."⁷²⁵ Just as every act has a moral component, all actions and exchanges form moral conscience, character, and decision-making.⁷²⁶

Thus, ministry formation is about becoming steeped in the beliefs, traditions, rituals, history, ethos and morality, and behaviors, called charisms, of a hospital system's founding congregations. This involves a responsible negotiation between respecting Church teaching and development of one's own conscience and exercising it according to sponsors' charisms.⁷²⁷ Material from the Sisters of Mercy Health System's Advanced Formation Program also describes the ministry formation process:

(Organization name) has defined formation as a continuous process for leaders to assess and deepen their understanding of and commitment to the healing ministry of Jesus in the spirit and charism of (Organization name). As part of (Organization name) formation, this developmental initiative is intentionally and specifically focused on formation of participants, that is, it will assist leaders in modeling the (Organization name) mission and values and integrating our Catholic / Christian identity into decisions, behaviors, and organizational activities.

Formation shapes and orients an individual's life, identity, and heart for ministry. The format of sessions, therefore, will be different from other leadership meetings. Leaders will meet consistently with a small group of peers. Sessions are designed to enable leaders to reflect on their experience, expand their knowledge and understanding in the context of their abiding convictions and commitments, pray together, engage their heart/emotions, and identify ways in which the content will effects their behavior and decisions as a Mercy leader.

Since this program is meant to be formative in nature, it will focus on increasing knowledge, and deepening abiding convictions and aligning one's behavior with (Organization name) values. Sessions will include educational content, experiential learning, integration of knowledge and application in daily work, discussion and faith development.⁷²⁸

The intended audience for the above material is ministry leadership. One does not need to occupy a leadership role, though, to be the recipient of ministry formation (i.e. to be formed). It applies to anyone who is a stakeholder in the organization, its mission, or its values. Formation is a more expansive category than mere education because it involves

shaping character in addition to providing information. In formation, information (the pun notwithstanding), events, and experiences combine to, ideally, change character such that information and behavior processes reflect the content of information, events, and experiences.

Transcendent formation is when the indoctrination or inculcation alters the participant. This kind of formation concentrates on symbols and encourages transcendent acts. Such acts may encourage corresponding character dispositions. Character formation inherently involves the definition of exploration of roles between a person, and his or her uniqueness, and community. Transformation inherently implies congruence between dispositions and behaviors, meaning that people show integration of the transformation in the internal and external realms. Finally, there is harmony between character dispositions as a result of transformation.⁷²⁹

Discernment positions towards decision-making that best reflects morals, values, and relationships. It is a process that helps users interpret right or moral behavior according to Christian understandings of persons and society.⁷³⁰ At least one author suggests that the Bible reflects the contemporary understanding of discernment in at least two different passages. First, Solomon prays for discernment in 1 Kings 3:9 when he states, “Give your servant, therefore, an understanding heart to judge your people and to distinguish right from wrong.”⁷³¹ (At least one translation uses ‘discern’ instead of ‘distinguish.’)⁷³² Next Paul mentions it throughout Romans 8 with the passage that “‘the renewing of our minds’ will help us ‘discern what is the will of God.’”⁷³³ In an article about discernment, musical liturgist Kathleen Harmon provides additional definitions of discernment:

According to Augustine, discernment is “love distinguishing with sagacity between what finds it and what helps it ... prudence is love making a right distinction between what helps it towards God and what might hinder it.” For Joseph Pieper, discernment is “a studied seriousness ... a filter of deliberation” and “the perfect ability to make decisions in accordance with reality ... the quintessence of ethical maturity.” Finally, Lewis Smedes defines discernment more colloquially as “having a nose for what’s going on under the surface.”⁷³⁴

Peter Browning believes that discernments function as a channel or method:

- Recognize and acknowledge what God is doing and what God desires;
- See a situation from God’s perspective;
- Uncover, rather than make, a decision; and
- Listen to the Holy Spirit, who prays within and among us.⁷³⁵

Harmon continues her explanation of discernments by quoting John Witvliet with the six qualities or characteristics needed for good discernment:

First is the willingness to give an alternative viewpoint, movement, or style...a fair hearing [meaning that]...we need to be open to examine viewpoints different from our own. ... Second, discernment involves making choices [and] becoming *self-conscious* [emphasis in the original] about the choices we make, realizing to what we are saying “yes” or “no,” why we are saying this, and what the implications are. ... Third, discernment requires knowledge [as it provides]...the tools necessary to pass judgment on the options before us. ... Fourth, discernment requires love [i.e., Christian agapaic love] that prompts us to both listen empathetically to another and to challenge the other when fidelity to the gospel calls for such a challenge. ... Fifth, discernment comes out best when done in community...in ongoing conversation with one another. ... Sixth, [accept and acknowledge] the presence of the Holy Spirit [because]...discernment is only and always a gift of the Spirit.⁷³⁶

Discernments require both an internal disposition, such as openness to other viewpoints and becoming self-conscious, as well as alignment of external factors, such as the inclusion of appropriate stakeholders and provision of the relevant information.

Mission discernment and ministry discernment are similar concepts. They are deliberative reflections about right and wrong courses-of-action, using the filter of the organization's mission or ministry's identity. The difference between discernment and mission discernment as well as discernment and ministry discernment is the end or goal of the discernments when comparing mission discernments and ministry discernments. Paul's, Aristotle's, and Browning's definitions (above) all refer to the discriminate either the service, will, desires, or perspectives of God. God is the end or orientation of the discernment. With mission discernments, the goal or aim of the discernment is the organization's or system's mission, whether it is the mission's preservation, flourishing, fulfillment, propagation, protection, or actuation. The purpose or aspiration of ministry discernment is acting in accord with the principles, values, obligations, or goals of the ministry. Although specifics may change specific situations, mission discernments focus more on the mission and core values of the organization than ministry discernments, which center on the identity and charisms of the organization. The ultimate object or orientation of a mission discernment or ministry discernment may still be God, but mediated through the ministry or its mission as intermediate ends. Ministries still serve God through their mission, values, identity, and functioning, even with these as ends-unto-themselves. An ecclesiastical positivist view would understand the function of the health ministries to follow or be in sync with the Church Magisterium, or the teaching authority of the Church, as promulgated by the Church hierarchy (i.e. the pope and bishops).⁷³⁷ Patrick Hays, former and then-chairperson of Trinity Health, Novi, MI described mission discernments as prerequisites to significant decisions by the board. "The board wants to know, for instance, how a given decision 'meets our Core Values

and who might be adversely affected.”⁷³⁸ Inclusion of mission discernment in decisions such as the ones described here is not exclusive to the Trinity Health board. Others share the responsibility for intentional decision-making in all areas of the organization or system. The specific model using applications of the principle of cooperation may also function is discernment, ministry discernment, or mission discernment.

These are different concepts, as formation has more to do with instruction and conscience advancement than discernment, while discernment has to do with considerate decision-making according to our values and beliefs.⁷³⁹ Formation relates to the amendment of character, as demonstrated through reasoning, behaviors, and actions. Discernment pertains to the exercise of conscience by congruence between a relevant decision and identity, values, and beliefs. At least one source states that formation and discernment interrelate, mainly that formation supports discernment. “Formation in the skill of discerning the ‘voice of God’ should become the key educative and formative goal of all moral education in the parish, particularly for adults.”⁷⁴⁰ Even though this is about parish formation, the same holds true for formation within other settings – one could use formation as indoctrination into an organization’s particular discernment process.

IB. The Reality of Using Cooperation for Formation – Advancing Formation But Not Necessarily Development

Kohlberg’s and Gilligan’s theories were cognitive, meaning that they explore the connection between the capacity to reason from conflicting values with living in accord with those chosen values. The theories are also about reasoning, disposition, and possibly judgment. In addition, some think awareness of self and others, or what some call moral sensitivity, is important. There is a disconnect with evidencing that moral

behavior is a result of reason, disposition, and judgment because of the complexity between reasoning and behavior. The divide has empirical evidence. For instance, Krebs and colleagues demonstrated that there is a connection between moral judgment and moral performance (i.e. behavior) which seems to vary between dilemma types (nuanced below), proving that stage-theory is like a tiered cake (i.e. people will exhibit a lower stage of development depending on the dilemma) even though individuals rarely demonstrate higher stage reasoning outside of a western academic context.⁷⁴¹

The mere assertion of intricacy is not enough. This argument must nuance the issue's complexity. Specifying the distinctions must precede the discussions of interventions, as this intervention must respond to difficulties and barriers in order to have the greatest effect with participants in this model.

First and foremost with respect to reasoning itself, persons must realize that multiple right and wrong answers to any situation may exist simultaneously – using the same form of moral reasoning or different forms. One moral theory or framework for a state of affairs does not necessarily outrank another. Two examples about charitable giving may assist this point: In some occasions, decision-makers may agree to use a utilitarian, consequentialism theory to allocate charitable donations; however, they disagree about the level of need of certain individuals and, consequently (pardoning the pun) how much to allocate relative to need. In other occasions, some decision-makers agree to apply utilitarian reasoning to resource allocation, whereas others wish to donate a little extra to whomever ‘walks through the door’ of the charity for reasons of sentiment and compassion because it is the holiday time. Either party in both cases is not more or less correct than the others. In other words, reasoning using moral theories and

frameworks is only one feature of behaving morally.⁷⁴² A certain amount of ambiguity exists.⁷⁴³

Certain variables influence moral reasoning. Gender is one of them. Gilligan's belief that women reason differently than men influenced her development theory, which was initially tested with women. When Gilligan widened her investigations, by studying reasoning and development in both genders, she concluded that most people use both justice (e.g. Kohlberg's development theory) and care (e.g. Gilligan's development theory) moral orientations. Roughly three-quarters of all men favor a justice approach, and over three-quarters of all women defer to a care approach according to Gilligan, who also theorized that over one-third of men do not use a care approach at all and one-third of all women do not use a justice approach at all. Other investigators, wishing to know more, developed studies to explore gender differences in moral reasoning with more specificity. Another study categorized undergraduate students into four gender-related categories – masculine, feminine, androgynous, and undifferentiated. The researchers used participant responses to real-life and hypothetical dilemmas; all dilemmas had justice and care components. They found that the difference between females and males in moral judgments was not statistically significant. Some difference existed between gender roles. In general, participants tended to use more of a care-based orientation with real-life dilemmas, and more of a justice-based orientation with hypothetical, non-personal dilemmas. Given the results, the investigators assumed that there was not a predominant approach, signifying that participants used both approaches in dilemmas. Sometimes researchers noticed incongruities when participants stated the significance of

one approach (i.e. a certain kind of justice, caring about power relationships and struggles) and then used another (or multiple approaches as justification).⁷⁴⁴

An observation, noticed by Gilligan and others, is that Kohlberg's dilemmas to gauge moral development stage were hypothetical. It begs the question, pondered by a few theorists, if reasoning in hypothetical dilemmas differs from the moral reasoning employed in real dilemmas. A number of studies have replicated the results of a study reported by Cheryl Armon – using the Moral Judgment Interview (MJI) and others, such as the Good Life Interview, studies have found that responses to real and hypothetical dilemmas are similar. Also consistent between all the studies, any differences in dilemma responses manifested as higher moral development exhibited in hypothetical dilemmas when compared to real-life dilemmas.⁷⁴⁵

This supports the commonsense notion that the requirements of hypothetical moral dilemmas, usually lacking the subject's actual interests, motives, and skills are easier to generate than those of real-life moral events, each of which contains its own unique constellation of values, desires, and nuances of interpretation, as well as its variable fit with the specific competencies of the moral actor.⁷⁴⁶

The investigation also concluded that women's everyday moral reasoning appears to be significantly lower than men's, even though abstract, hypothetical moral reasoning is equivalent. A reason for this is that women in the study reported more real-life dilemmas of a personal or impersonal nature than men. The study has limitations; most notably, descriptions of reasoning for past moral dilemmas may not be predictive of behaviors at the time of the real-life dilemmas.⁷⁴⁷ Only studies gauging moral reasoning and behavior in the moment would be the most predictive of future correlates between thought and

action in the future. Still, it is possible that the other variables described below are reasons why moral reasoning does not always transcribe to corresponding moral actions.

The previous chapter established the association of age with moral reasoning, which is worth reiterating. Previous theories hypothesized that people's moral reasoning abilities tapered off with age, as represented graphically by Robert Keegan and Lisa Laskow Lahey in *Immunity to Change: How to Overcome It and Unlock the Potential in Yourself and Your Organization (Leadership for the Common Good)* by a plateau effect in the beginning of a person's third decade of life after rapid growth of moral reasoning complexity. (Mental complexity means that the individual is less ego-driven, more accountable, and has a more comprehensive view of the realities of human nature and relationships.) This was the standard perspective thirty years ago.⁷⁴⁸ The perception of people's ability to grasp abstract moral reasoning with age has changed, which is now more indicative of another graph by Robert Keegan and Lisa Laskow Lahey in *Immunity to Change*. This time the graph shows a continuous incline of mental complexity reasoning over time, such that people are able to grasp more difficult moral concepts throughout their lives, without a plateau. The graph illustrates that people can comprehend increasingly more difficult concepts into their 60s and 70s.⁷⁴⁹ Perspectives about the ability of adults to learn morally complex concepts have changed. The obvious implication is that moral education and interventions have the ability to be effective with adults.

Moral agency has pre-conditions, similar to elements of informed consent. Choice, vision, and end-in-view are constituent components of moral agency. Choice involves a few interrelated concepts. Actions must be free or voluntary (i.e. absent undue

influence), more than one competing or conflicting course-of-action must exist, and the decision-maker must be in control, have capacity, and understand the situation. Even though vision may seem vague, it refers to the ability to understand any given situation from a variety of perspectives, taking into account our own biases and preferences. Vision is an awareness of different worldviews and is analogous to the moral sensitivity concept explained below. End-in-view is the ordering of choice and vision towards a goal or objective. Goals are not self-serving but ordered to the common good or social benefit. An assumption regarding end-in-view is that increased consciousness about the import of involvement in social goods leads to a more profound understanding of moral agency. The end-in-view is malleable and can change. Reasoning, moral or otherwise, and reassessment may produce a fresh end-in-view.⁷⁵⁰

Emotions are considerations in moral reasoning and action. Philosophers have argued for a long time that emotions are adverse to moral decision-making involving choice and judgment. However, those with backgrounds in anthropology, sociology, and feminist theories have not only challenged the previous dialectic, they have risen above it to illustrate and test the following points of almost uniform agreement: “Emotions are a way of knowing. They are socially and culturally constructed. Emotions are ineluctably tied to power relationships. Emotions are fundamental ingredients of the moral life.”⁷⁵¹ The authors of *Emotional Intelligence 2.0* believe that people need to concentrate more on their awareness and processing of emotions in their theory of EQ (i.e., Emotional Quotient, which combines with other personality traits and IQ during decision-making).⁷⁵² Aristotle differentiated between three different types of emotional virtues, which also describe ways that our emotions ‘interact’ with moral sensitivity, motivation,

reasoning, and behavior. Emotion-virtues are emotions, in themselves, are morally fitting feelings (e.g. compassion). Emotion-regulating virtues are methods of controlling or normalizing emotions, but are dispositions and not emotions themselves (e.g. courage counteracting fear). Emotion-combining virtues help lexically prioritize emotions into a timely and acceptable hierarchy and, similar to emotion-regulating virtues, are dispositions and not emotions themselves (e.g. justice).⁷⁵³

Layers of nuance exist about the ways that emotions relate to moral decision-making. One layer is that many conflicts characterized as conflicts of principles, values, goals, duties, or consequences are actually disagreements about apposite emotions in situations. For example, parents should bond with their babies, even those with terrible prognoses, and failure to do so is a signal to health care professionals, such as nurses, that the parents are neglecting their roles (i.e. derelict or abusive parents). Conversely, health care professionals and others often react with equal concern if the parents bond with an infant with an incurable, fatal prognosis. Emotional attachment, to some, then impedes or impinges more ‘neutral’ decision-making in these cases. Another layer is emotional or emotive dissonance, which is when one’s actual experience disagrees with perceived apposite emotions. For instance, professionals in NICUs and special care nurseries must deal with the reality that mortality and morbidity in such settings are better today than previously, and they may care for infants who grow up to have profound disabilities. Professionals develop strategies, such as situational emotional engagement and detachment, to cope with the emotional dissonance of caring amidst thorny circumstances and prognoses. Yet another layer exists. Power relationships convey emotions, and some may use emotions strategically and politically to disparage, criticize, or disavow others.

A case-in-point is a physician who discredits nurses' legitimate concerns by stating that nurses, in general, are too emotional.⁷⁵⁴

Mustakova-Possardt, Hartshorne and May, and Morton and colleagues believed that more processes mediate or connect moral reasoning with moral behavior. Stated differently, moral behavior is not the sole byproduct of moral reasoning. In fact, moral reasoning only accounts for 10-20% of the variance in moral behavior according to Morton and colleagues.⁷⁵⁵ Hartshorne and May observed only a slightly higher correlate between moral reasoning (as measured through a moral knowledge test) and moral behavior at 30%. Although Kohlberg made the same distinction (between moral judgment and moral behavior), he believed that cognitive moral development is the “only distinctively moral factor in moral behavior,” “the single most important or influential factor in moral behavior,” and “the ‘will’ becomes normal only when informed by moral judgment.”⁷⁵⁶ At first, this may appear contradictory to the findings of Mustakova-Possardt, Morton, and colleagues. For Kohlberg, some other factors, such as emotions and the will, play parts in moral reasoning and development.⁷⁵⁷

He [Kohlberg] would argue that the exemplars of Stage 6 morality – Gandhi, Martin Luther King, and Jesus – are proof that ‘the cognitively developed’ person is also a person of great moral passion and feeling. Will and emotion are certainly not irrelevant factors in moral development; but rather that existing as independent factors of morality, they are part of and flow from general cognitive-moral development. The Stage 6 person who has reached the heights of cognitive moral development is also a person of great moral passion.⁷⁵⁸

Jonathan Friday also challenges the determinants of moral behavior as well as the basic ethical assumption that optimal moral reasoning is unbiased application of reasoning to specific situations. Stating his second conclusion differently, knowing more about moral

theory (e.g. educated and trained ethicists and moral theologians) does not make one a better person.⁷⁵⁹

The other considerations in addition to emotions and moral reasoning are moral sensitivity, moral motivation, and moral character. Moral sensitivity involves the determination of values, duties, consequences, or goals at-stake. It is the awareness of problems or dilemmas, including their stakeholders and impact. In their proposed model, emotions and their regulation are skills that apply moral sensitivity. For instance, the ability to be empathetic exemplifies moral sensitivity. Moral motivation is the filtration or negotiation between values, duties, consequences, or goals, meaning the prioritization of these qualities amongst themselves, others, and self-interest.⁷⁶⁰ For instance, one researcher studied the moral “motivational process by studying the role of empathy in motivating an orientation to justice.”⁷⁶¹ Mustakova-Possardt seems to encompass moral sensitivity and moral motivation in what she calls moral identity, which is rooted in values and mediates social conventions, becoming the determiner of what is understood as the right thing to do.⁷⁶² Higher religious and spiritual development may aid a person’s ability to prioritize. Moral character is the capacity or capability to persevere in the face of obstacles.⁷⁶³ Having a well-formed or cultivated character is the substance of the virtuous person.⁷⁶⁴ Morton and colleagues’ statement about perseverance amidst difficulties implies that resilience is a desirable quality. (It would be interesting for Morton and colleagues to address how resilience differs from less desirable attributes such as stubbornness.) Although moral reasoning has been described, it is making the determination about how to act, given the available considerations.⁷⁶⁵

Experimenters tried to test the interrelatedness between moral sensitivity, moral motivation, and moral reasoning. The hypothesis is that moral sensitivity mediates the relationship between motivation and reasoning. Moral motivation measures, moral reasoning measures, and some with moral sensitivity measures correlated. Moral sensitivity positively correlated with moral motivation and one moral reasoning measure.⁷⁶⁶ Critical consciousness is a comprehensive theory that incorporates moral identity (including moral sensitivity and moral motivation), moral reasoning, emotions, moral development, and faith development. It is the glue that binds all elements with its developmental themes of moral interest, moral authority, moral responsibility, expanded moral and social responsibility, sociopolitical consciousness, principled vision, philosophical expansion, and historical and global vision. These occur across consciousness levels of pre-critical consciousness (CC), transitional CC, CC, and lifespan development, with critical consciousness as the tipping point for sufficient moral engagement.⁷⁶⁷ Critical consciousness is another way to categorize moral development (taking into account moral identity, moral reasoning, emotions, moral development, and faith development), where pre-CC, transitional CC, CC, and lifespan development are the levels; moral interest, moral authority, moral responsibility, expanded moral and social responsibility, sociopolitical consciousness, principled vision, philosophical expansion, and historical and global vision are the corresponding descriptors or stages. Another way to conceptualize CC is by progressive concentric circles similar to the ‘rings’ of a tree, starting with the awareness of self representing Kohlberg’s stage one as the “bulls eye” center, at least one other in stage two as the next circle, “one’s peer group or equivalent” in stage three as another larger circle, “one’s nation” in stage four (continuing as larger

concentric circles), “the broader group as described by a bill of rights or constitution” in stage five, “and mankind as a whole” in stage six.⁷⁶⁸

The influence of experience and knowledge to moral sensitivity, motivation, and reasoning varies. A tendency exists to assume that more experience in anything, including ethical decision-making, makes one better positioned to properly respond to other situations. This is not the case. There is not a correlation between age and better learning from and application of moral experiences. Older persons do not necessarily have more enriching experiences. Adults can live and exist in a minute moral universe; and for this reason, romanticizing experience is not educational or helpful.⁷⁶⁹

Conceptualizing all of these factors is difficult, but not impossible. One way to do so uses visual representation. Figure 5 is a visual depiction provided by one of the Catholic Health Association ethicists, Tom Nairn, of the elements involved in moral reasoning and behaviors:

Figure 5: The Process of Inputs, Judgments, Behaviors, and Outcomes⁷⁷⁰

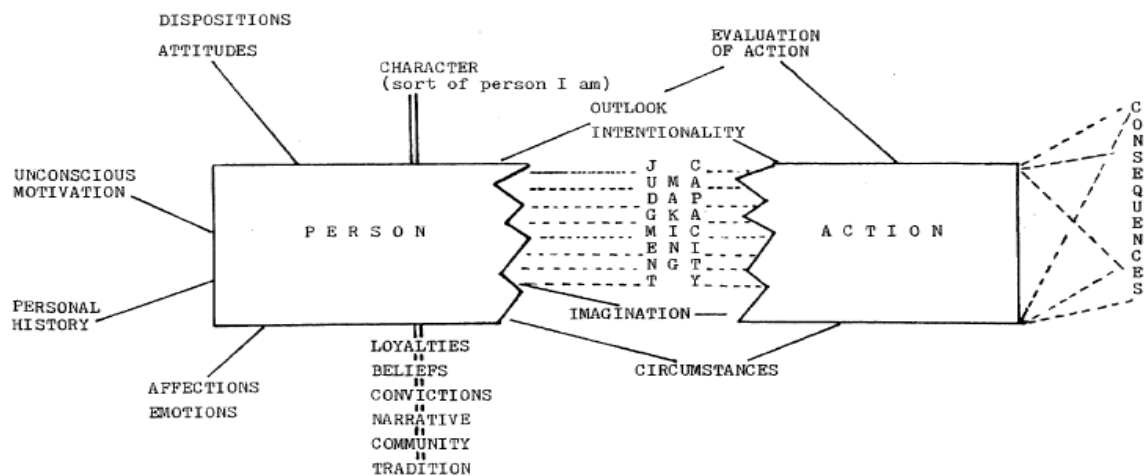


Figure 5 requires minimal explanation; it depicts the input-decision-behavior-result process. The core considerations are moral reasoning, with the influences of “person”

and “action.” The other factors, such as “emotions” and “motivation,” support the person-judgment-action-consequences progression. Moral sensitivity (i.e. awareness) is the notable absence, which one could easily add to the “person” influences.

Amidst the complication, our goal is simple. It is to create a more moral organization by providing opportunities using the principle of cooperation, as described below, for associates to act morally, further associates’ formation, and possibly advance associates’ moral development. Ideally, fully formed and more morally developed associates think differently about moral issues, and of even more importance, they behave differently. Behaving better individually (i.e. more in-line with or representative of Kohlberg’s and Gilligan’s highest levels) – as typified through more deliberative decision-making and thoughtful decisions (i.e. considerate, justifiable, and in sync with normative morality and Catholic teaching) – means the greater possibility of behaving better organizationally. Because of organizations’ characteristics (refer to chapter three descriptions), the chances of effecting meaningful, societal change increases greatly with moral organizational agents. The result is that there is considerable complexity in reaching the simple goal.

After making an argument about misguided perceptions about moral judgment, one author concludes that “the study of moral theory and its application to particular moral problems is unlikely to make one a better moral thinker.”⁷⁷¹ This comment pertains to the nature of moral education and interventions. A way to describe moral education and interventions is the process of taking the goals, import, and values of a morally-developed, mature adult and interacting with an immature, under-developed person with the goal of changing that person.⁷⁷² By the end of this segment, the reader

will have an appreciation about why the mere knowledge of moral theory and its application is not enough for moral education and interventions.

Using Kohlberg's commentary, Robert Carter reflects Kohlberg's stance on moral interventions, which should have the goals of helping someone transition through moral stages. According to Carter, Kohlberg avoids two extremes with moral education and interventions, which fall into accord with two camps of critics and their critiques. On the one hand, moral reasoning and interventions must be more than values clarification, which is non-normative and relativist in nature. Any justified answer is acceptable. On the other hand, the deliberate inculcation of normative moral values, often referred to as character education – without critical inquiry or exploration of how values they work – is equally as avoidable as mere values clarification. Character education interventions usually are methods that promote the tyranny of the majority without inquiry. Furthermore, children will especially confuse traditional educational methods, such as discipline and by-the-book management, as morality rather than pragmatism. Teaching morality as doctrinal, when it is not, “violates one's moral freedom” according to Kohlberg.⁷⁷³ Education, principally education involving religion, has not always acknowledged the element of free choice in its learners.⁷⁷⁴ Indeed, religious education has attempted to balance the two extremes outlined above.⁷⁷⁵ In a moderate approach, which may be preferable to Kohlberg, moral interventions include the illustration set by the educator, the organizational or school identity including its mission and values, and specific instruction methods.⁷⁷⁶

Interventions must be more than the transmission of knowledge. Consider the example about virtue inculcation or formation provided by Dennis Moberg from Santa Clara University:

Each virtue may be thought of as an integrated psychological system comprised of four independent components: knowledge, motivation, emotion, and cognition (cf., Staudinger, Lopez, & Baltes, 1997). If individuals possess the virtue of courage, they have expert-level knowledge about when and how to be courageous. Additionally, the individual would have the emotional discernment about when and how to be courageous. Additionally, the individuals would have the emotional discernment to receive, process, and express emotions within a courageous act. A person with a courageous character would be motivated by a desire to be morally excellent, and they would approach decisions wisely.⁷⁷⁷

Adding more specificity to the above components, knowledge in this context has at least two dimensions – knowing the parameters of the profession and organization as well as the occupational content and information needed to do the job. Motivation describes an optimistic, genuine regard; in other words, authentic willingness to help others animates legitimate virtue, not using others for the means of one’s own self-enrichment. In addition to the attributes mentioned above, being virtuous with emotions means not only appropriately integrating emotions with reasoning and behavior, it implies the ability to recognize (i.e. identify) others’ emotions and suitably address (i.e. process) them. Cognition or reasoning entails the balancing of knowing and doubting, confidence and cautiousness, and sensitivity and resolve.⁷⁷⁸

The “Classroom Mentor Project” is perhaps the most convincing evidence that using emotions are a bridge linking moral thinking to meaningful moral behavior. This was a university program that brought moral concepts ‘to life’ by pairing predominantly white, middle- and upper-class, adult graduate students with troubled, inner-city youths in

a mentorship program along with a traditional ethics and social justice curriculum. Of the mentors, 66 percent strongly agreed that their initial beliefs about the population changed as a result of the experience, 79 percent thought that they directly addressed social justice issues during the mentorship, 82 percent believed the experiences helped them understand racial tensions, 71 percent agreed that theory was put into practice during the experience, and 92 percent listed the experience as personally helpful in an immediate follow-up. After a two-and-a-half years, 91 percent of the mentors answered, yes, that things have come up in their subsequent thoughts, attitudes, or behaviors related to the internship experience, and 95 percent reported that the internship affected their motivation to participate more actively in the community. Researchers concluded that the program had significant impact on the mentors. The program enabled persons to see impacts and problems; as one must see that a problem exists before moral reasoning and action occur. Long-term follow-up results were similar to those of the initial study, meaning that results were long-lasting for many, and seem to influence major life and career changes. Another major supposition of the researchers is that mentors must have a personal and emotional connection with the participants for experience to be meaningful. Students not only need to understand the social problem academically or conceptually, they need to emotionally connect and care for the people affected. The impacts of this assumption are far-reaching, especially given the individualism present in the U.S. They surmise that moral education and interventions should take place in the workplace, home, and the street, while it is only typically in schools. Furthermore, they need to go beyond abstract reasoning, so that they are applied to experienced and relevant social problems.⁷⁷⁹

In a study titled and about “Changing Moral Judgment in Divinity Students,” researchers divided students (mostly Protestant, ranging from 22-57 years old) at a local, conservative, Bible-based divinity school into three groups. First, one group had 32 hours of lecture on ethics concepts, topics, and applications. Some lively discussions about specific topics and applications ensued. Second, another group had less lecture time, only 25 hours, with more dedicated and structured discussion time. There were seven hours dedicated to small-group discussions of moral dilemma cases. Third, the final group did not have lecture at all, just reading assignments for each day along with corresponding ethical dilemmas, dedicated and structured group discussions, and required written reflections. The number of hours dedicated to cases increased to 28. The content or topics remained exactly the same during the comparable time periods for the sake of eliminating variability. The Defining Issues Test (DIT) was administered as a pre- and post-test to the class. The pre-tests scored the same (i.e. little variation) between all three groups. The difference in moral reasoning between the pre- and post-test increased the most dramatically for the third group, which was nearly twice the increase of the second group. The first group exhibited hardly any difference between the pre- and post-test. The primary investigator, who is also the author, concludes that small-group discussion of moral dilemmas improves moral reasoning more than lectures and other variables such as setting or location.⁷⁸⁰ Locations, nonetheless, matter, but seldom are classrooms for adults. They may include libraries, workplaces, museums, multimedia presentations, and self-directed study for adults.⁷⁸¹

A way of considering the above study is that constructed experiences to process and apply knowledge are perhaps more important than the knowledge itself.

Observations and conclusions such as these would not have surprised John Dewey, who theorized about education in the late 1800s and early 1900s. Dewey and his colleague, Emile Durkheim, believed that education itself served a social function. Standard education and its delivery (i.e. techniques, processes) also transmit understandings, worldviews, and values. Values and morality always involve relationships with others; thus, the institutions such as schools serve as instruments for providing the experience to exercise morality in social settings.⁷⁸² “It is an environment where moral forces are created and sustained within a social context.”⁷⁸³ Durkheim, therefore, believed that a teacher is a secular priest because she or he is an interpreter of moral ideas, just as priests interpret the divine.⁷⁸⁴ Ideally, educators need to allow for the assimilation, processing, and application of information in a group setting:

Because society is composed of many diverse groups, children need assistance in understanding individuals from other groups. The genuinely democratic society as an integrated and balanced community rests on mutually shared understanding. Although problem solving is individualized and personalized, it is also a social process. Group experience is a cooperative enterprise in which all the participants share their experiences. The more sharing occurs, the greater are the possibilities for growth.⁷⁸⁵

Moral education has optimal impact when it arises from “‘real events,’ not simply ‘abstract lessons.’”⁷⁸⁶ In fact, one contemporary scholar explicitly links experiential learning with Gilligan’s care approach for at least a couple reasons. First, experiential learning exposes a person to opportunities to interact by tending to others with care, which is demonstrated interest in the welfare of others. Second, persons may experience the reality that justice and care at higher developmental stages involves working with others where they are, meaning that persons conform to individuals’ needs (e.g., needs for interaction and education).⁷⁸⁷ With respect to Dewey, he tested his educational

theories at the Laboratory School at the University of Chicago from 1896 to 1904.

Although Dewey's pilot studies were with children, his validated conclusions extrapolate to adults, as adult moral learning and development is possible and addressed in the literature. Even Aristotle and Plato made observations about philosophy and moral teaching in adults because moral formation and education requires maturity.⁷⁸⁸

Per Dewey's concept, imbedded learning is the "hidden curriculum:"

Mention the phrase, and people with a sociological background will think of Bowles and Gintis' (1976) study of "Schooling in Capitalist America," in which they argued from a Marxist perspective that the organization of public schooling in the States was designed to prepare pupils to be wage-slaves ... For our purposes in higher education, let us ... start with Snyder (1971). Snyder's observations pre-figured all the later research on "Deep" and "Surface" learning; he noted that at MIT in the 'fifties and 'sixties, the curriculum was getting more and more crowded as technological knowledge grew, and so undergraduates were taking "short cuts" in their learning. They could not absorb everything, so they strategically tried to guess what would be assessed, for example, and revised only that. Snyder's additional insight, however, was to realize that unintentionally the Institute was teaching them to act strategically, hence the term "hidden curriculum."⁷⁸⁹

In other words, the hidden curriculum refers to the messages, modeling, education, or other content that is part of pedagogy or process apart from the stated or formal curriculum (which contains its own pedagogy or process with messages, modeling, education, and other content). The hidden curriculum is also a method that transmits culture. Kohlberg offers that it serves the role of acclimating students to social systems.⁷⁹⁰ Elizabeth Vallance makes a chronological curriculum argument, which advances that articulated concepts, many of them in a formal curriculum from a previous age, become components of the hidden curriculum later.⁷⁹¹ In this way, Dewey stands with other educators, educational theorists, and educational researchers who attend to

pedagogy, culture, organizational identity, and ideologies transmitted within hidden curricula. A scholar in Christian ethics and theology, Werner Schwartz, illuminates two different camps of religious and moral formation, and both exemplify hidden curricula. In a *volkskirchlich* model, persons experience morality and religion, told through stories, as individual, out-of-touch, passé, and largely irrelevant to everyday life. Whereas in a free-church model, stories live and are organic, are personally meaningful, and integrate into social life. The free-church model exemplifies the natural law, as persons are more inclined to notice their role in the continuous unfolding of the Christian people's story. They are also more likely to view moral actions, and their rightness or wrongness, in community, as opposed to individually.⁷⁹²

The “shadow curriculum” is a similar concept explained in an article bearing the same title (i.e., “The Shadow Curriculum”). This describes a particular kind of hidden curriculum which is more than competing with a formal curriculum; it is in direct contradiction or opposition to the public, stated mission, vision, values, statements, policies, and curriculum. Shadow curricula are questionable subsets of hidden curricula. For instance, a 2003 study noticed that universities with public ‘environmentally friendly’ statements had practices that illustrated disregard or absolute neglect for the environment. Phrased differently, universities stating their positions as environmental stewards did not all conserve natural resources. Another example is organizations taking public positions against direct-to-consumer marketing within industries while allowing such marketing within their own organization.⁷⁹³ The shadow curriculum has an apt title because it is opposite of what appears in the light.

One may have the tendency to think that hidden and shadow curricula are unintentional. While shadow curricula are more likely to be unintentional than hidden, the terms are not synonymous with being unintentional, just as a formal curriculum is likely, but does not have, to be intentional. ‘Unintentional’ curricula (i.e. teaching methods) describe when people learn despite the absence of purposeful learning outcomes. ‘Intentional’ curricula is the inverse or opposite, describing learning from sources that are in accord with purposeful learning outcomes.⁷⁹⁴

In an article about professionalism and medical education as moral formation, Warren Kinghorn of the Duke University Divinity School notes that medical professionalism, which is descriptive and evaluative, “cannot be considered in abstraction from the whole of medical practice.”⁷⁹⁵ Stated differently, moral formation should integrate into other professional education in order to enhance effectiveness.⁷⁹⁶ Kinghorn proposes a utility model for educational (formation) endeavors of this kind that is strikingly close to Griffin Trotter’s utility definition and characteristics (the notable difference is the third step, which is a negative criterion in Trotter’s model and a positive one in Kinghorn’s):⁷⁹⁷

(1) the end or goal is specified in advance of the application of “method,” (2) the focus is on the best method...by which to attain the pre-specified end, and (3) ...any sufficiently skilled person, adequately trained in the correct educational method, can successfully implement the end...the successful application of the method...does not depend on the moral character of the agent.⁷⁹⁸

A specification is in order for Kinghorn’s method. Kinghorn addresses mainly professionalism, such that professional moral formation amalgamates with, not surprisingly, other professional training and education. The context of the model proposed here is not specific to certain professions. It is one generated through the

workplace, binding all who embody Catholic teachings and identity. This becomes the glue or foundation for addressing formation, not exclusively disciplines and professionalism.

Others have entertained similar debates about the ability to educate morality independently from religion and religious beliefs. Compelling arguments exist on both sides. On one hand, situations attempting to establish sufficient separation between religion and morality have failed to do so, as interviewees exhibit standard answers that have religious connotations. On the other hand, the knowledge of the good may precede the knowledge of God as good, meaning that the concept of God depends on the right and the good, and religion and morality can exist independently.⁷⁹⁹ Taking a side in this distinction may be irrelevant because of the context of moral interventions within Catholic health care systems or other organizations with religiously-derived values. The context automatically fuses religious and secular morality using mission and value statements, core values, visions, and more.

Nel Noddings expanded many of Gilligan's theories about development in greater depth. She also created a particular feminist position to moral education, based upon the tenets that "to be cared for is a human universal (i.e. not gender-dependent and the language of the mother is the original condition), caring is engrossment and motivational displacement, and asymmetrical reciprocity [is] moral independence."⁸⁰⁰ Moral motivations and duties, as characterized by Gilligan's higher levels, arise when there is recognition of and reciprocity within community. All of these conditions give rise to Nodding's framework for education, as all education should be moral education, such that it includes modeling, dialogue, practice, and confirmation (i.e. not making others

conform to one particular ideal). Some of Nodding's particular critiques about morality and education were the perpetuation of a western, male-dominant pattern of thinking (e.g. leading to a devaluation of things that are earth, body, and woman), the historical categorization and connotation of 'evil,' and the lack of caring to the "traditional concerns of women" as well as modeling, dialogue, practice, and confirmation.⁸⁰¹

For moral education and interventions to be successful, one scholar hypothesizes that they must address four domains. The four domains and their descriptions are as follows:

The direct, external domain characterizes didactic instruction conveying clear behavioral objectives for the moral-ethical domain, helping students understand the moral expectations for life in the classroom, school and society.

The indirect, external domain represents classroom strategies for shaping moral climates: with specific regard for activities aimed at applying moral principles in the classroom and school; also the active examination of the application of these principles.

The direct, internal domain depicts self-regulatory practices which promote a state of harmony between the mind and body – thereby reducing errant internal responses and fostering the capacity to find moral conduct intrinsically rewarding.

The indirect, internal domain embodies the examination of emotions: in oneself and in others – with special reference to their influence on our perceptions of others and ourselves, and our conduct with others. [There is] consideration of strategies for controlling impulse and regulating mood.⁸⁰²

Goals of moral education can and should address all domains, providing "structure and dimension" for each one.⁸⁰³ Stephen Brookfield from the University of St. Thomas

considers that adult moral learning encompasses five, interrelated processes. First, moral reasoning is unavoidably related to context and situations; situations can matter without ascribing to situationalism, and context can have import without being relativism.

Second, morality is inherently communal or social in its purpose, diffusion, and

implementation. Third, persons can become aware of incongruence and ambiguities in their own and others' moral reasoning and behavior; individuals can be conscious of reflective equilibria. Fourth, education can and should make people aware of their own moral shortcomings, which involves the acknowledgment of ambiguity in many situations, including recognition on the part of facilitators and educators.⁸⁰⁴ Fifth and finally, persons can become self-aware and thoughtful about their own moral reasoning and assertions. The precondition for all five is that teachers must acknowledge and respect that moral learners are adults.⁸⁰⁵ Another theorist comments on educational processes as they relate to justice, restorative or relationship justice in particular, and leveraging moral development for the common good. The conclusion is that fractured relationships repair when there is a problem-solving process (an intervention) between the victims and the offenders, enabled by their models of four kinds of victim-offender conferencing – *victim-offender reconciliation* that includes resolution between the two parties and a mediator, *family group conferencing* that depends on the inclusion of the victim's support persons for social pressure on the offender, *community conferencing* that places the locus of victimization on the community itself and involves key community members and public officials, and circle sentencing, which is a popular form of Native American justice and includes "victims, offenders, their support groups, justice officials, community members and elders...totaling 15-30 people, but up to 100 people."⁸⁰⁶ Such a theory is relevant because evils, injustices, and malfeasances of the health care system contribute to victim-oppressor cycle.

The same creator of the critical consciousness theory – described above as a comprehensive theory accounting for moral identity, moral reasoning, emotions, moral

development, and faith development – surmises that formational or educational interventions must maintain equilibrium between head (mind) and heart, so that behavior is expressive of integrated harmony. Methods of doing this include “cultivating a moral and spiritual sense of identity, relatedness on all levels including relationships with nature as well as individuals and groups, conversations on the meaning of life, and a sense of authentic personal authority, responsibility, and agency.”⁸⁰⁷ Others who summarize various approaches to moral education make similar conclusions – approaches must exhibit balance. In a meta-analysis, a team observes that both direct (i.e. classroom instruction, discussions, reflections, thinking, and reflection) and indirect (i.e. modeling moral behavior, using narrative and stories, and giving opportunities to apply learning in ‘real’ settings) approaches have demonstrated utility and effectiveness; hence, arbitrary distinctions, such as direct and indirect, are not helpful.⁸⁰⁸

Educators, researchers, and theorists recommend a number of approaches or frameworks for moral education or formation. In its most simple form, any educational or instructional process has four variables: an instructor, learners, method or subject matter (i.e. curriculum), and setting (i.e. environment).⁸⁰⁹ One such framework, listed below in the outline format provided by the authors, encourages consideration of instructional methods, materials, goals (ends), and content:

- A. Psychological assumptions
 - Regarding what the salient features of our moral psychology are;
 - Regarding the nature of those features; and
 - Regarding how those features develop and/or how they are likely to respond to various environmental variables.
- B. Moral assumptions
 - Regarding the nature and scope of morality (metaethical assumptions); and

- Regarding what is good/right/virtuous/caring (normative assumptions)
- C. Educational assumptions
 - Regarding nature and scope of teaching and education in society; and
 - Regarding the aims of education.
- D. Contingent factors
 - Personal
 - Historical
 - Social
 - Political
 - Institutional⁸¹⁰

A later form included the following elements:

- I. Thinking
 - Thinking on various levels
 - Critical thinking
 - Moral reasoning on the higher levels
 - Divergent or creative thinking
- II. Feeling
 - Prize, cherish
 - Feel good about oneself
 - Aware of one’s feeling
- III. Choosing
 - From alternatives
 - Considering consequences
 - Freely
 - Achievement planning
- IV. Communicating
 - The ability to send clear messages
 - Empathy – listening, taking in another’s frame of reference
 - Conflict resolution
- V. Acting
 - Repeatedly
 - Consistently
 - Acting skillfully in the areas in which we act (competence)⁸¹¹

The values clarification approach, originated by Durkheim, is another general framework for moral education. In its earliest form, it consisted of education where persons were exposed to choosing “freely from alternatives after thoughtful” deliberation of each alternative, “prizing (i.e. cherishing, being happy with) the choice enough to be willing to

affirm it with others, and acting (i.e. doing something with the choice),” which includes repeated behaviors.⁸¹² Kohlberg recommended that education account for a number of different moral perspectives (i.e. pluralism), indoctrination of particular moral thoughts and behaviors, and the stimulation of cognitive moral development through challenge and choice.⁸¹³ The role of the instructor in this model is to instill accountability in students, be influential but not unrelenting, set limits or parameters on discussion, elucidate the perspectives of individuals, occasionally clarify responses, not respond to every individual, and to stay away from preaching, judging, and disapproving.⁸¹⁴

A few authors comment on the idea of identity formation. The attributes needed for this are:

(1) frequent, long term contact; (2) warm, loving relationships; (3) exposure to the inner states of others; (4) models who can be observed in a variety of life settings and situations; (5) consistency and clarity in others’ behaviors, values, etc.; (6) correspondence between behavior and beliefs espoused; and (7) explanation of the lifestyle conceptually, with instruction accompanying shared experiences.⁸¹⁵

In this model, the teacher or instructor is a community facilitator, who must guide the education and experience in order to live out God’s revealed reality.⁸¹⁶

Others’ frameworks concentrate less on moral education and development and more on methodologies for faith formation. Scholars have debated the role of human behaviors, some of them categorizing faith as only an internal (i.e. interior, e.g. emotional, spiritual) relationship with God while religion is about external relationships (i.e. interactions, e.g. conduct, behaviors). Such claims are weak and do not have an adequate historical support.⁸¹⁷ Otherwise stated, some believe that faith is about the greatest commandment, as articulated by Jesus (Matthew 22:37), “You shall love the

Lord, your God, with all your heart, with all your soul, and with all your mind,” which speaks to internal dispositions.⁸¹⁸ In this case, religion is more like the next commandment articulated by Jesus (Matthew 22:39), “You shall love your neighbor as yourself.”⁸¹⁹ In the next verse (Matthew 22:40), Jesus posits that both commandments are important.⁸²⁰ They are, and both are the work of faith and religion.⁸²¹ Therefore, there is not a stark contrast between faith formation, religious education, and religious instruction.

A simple framework for faith formation is quite similar to the moral education and development frameworks: be open, say yes, trust, give one’s heart, listen, and respond.⁸²² The basis for religious instruction should always be the instruction itself, from its use and rigorous, empirical verification; however sufficient, robust theory is also critical for religious instruction.⁸²³ Religious instruction always contains the following eight components: “(1) product content; (2) process content; (3) cognitive content; (4) affective content; (5) verbal content; (6) nonverbal content; (7) unconscious content; (8) lifestyle content.”⁸²⁴ Harold Burgess identifies six components in religious instruction: “aim, subject matter, teacher, learner, environment, and evaluation.”⁸²⁵ Efforts geared for transcendent formation have the following qualities: They help participants become conscious of their own congruent and contradictory character temperaments. Efforts aid the awareness and approval of the ideal dispositions, which may be consistent with other traditions (e.g. faith). They should assist the advancement and attainment of character and personality traits that are harmonious with the ideal dispositions. Interventions should focus on three types of ideas – the importance of character trait congruence, reveal and stress the magnitude of supportive and subordinate ideals to the overarching and

transcendent ideals, and endeavor for the effective realization of both the subordinate and overarching ideals. Interim goals and objectives may help the process, as long as they are realistic.⁸²⁶ Finally, the setting is important.

The principles of character formation should come alive in well-guided interformation groups. The participants should charitably and wisely interform by reflecting together on the tradition-inspired character dispositions they may have in common. The principles underlying this character formation can be clarified in interformational discussion groups.⁸²⁷

People being formed have a right to “moral self-constitution,” which depends on a three stage model of moral education. First, moral education must promote three dimensions of the good life – living well, living well with others, and working with just institutions – characterized by self-esteem, solicitude, and justice. Second, a critical testing process judges and calls others to action, using the three-dimensional criteria of discarding action that harms the individual (and his or her autonomy), refraining from those things that are unfavorable to the respect of others, and desisting from impediments to justice. Third, is phronesis, which is the ability to be dialectic between theory (i.e. premises) and concrete problems (e.g. both top-down and bottom-up reasoning), the recognition that individual and group processes can be as good as product, and the attestation of processing a conviction.⁸²⁸ Catechesis, which is a dialectical and long-term process, “implies (1) intentional, mindful, responsible, faithful activities; (2) lifelong sustained efforts; (3) open, mutually helpful interpersonal relationships and interactions of persons within community; (4) a concern for every aspect of life; and (5) involvement of the entire person in all of that person’s relationships with God, self, neighbor, and the world.”⁸²⁹

The ways chosen to teach and form others each have their own methods of assessing success. For instance, it is one thing to train or teach someone a habit using

sanctions and rewards, which is measurable through behavior patterns. It is another thing to teach a rule and the reasons for it, assessed by communications about the appropriate or undesirable norms. Yet another method is to teach beliefs in morality with user-provided reasoning and justifications, evaluated by the provision of appropriate reasons for the belief. Finally, a totally different way is to teach culturally accepted beliefs (moral norms) and to act according to conscience and convictions, which demands an explanation and proof of behaving in accord with the behavior and explanations.⁸³⁰ The presence, absence, or degrees of behaviors are assessment measures themselves.

University of St. Thomas professor Neil Hamilton lists some behaviors relevant within health care as empirical evidence of the central link between professional development and formation with practice and action.

Higher moral judgment scores are related to

- clinical performance ratings by supervisors of medical residents
- internship performances in nursing (better predictor than grade point average, standardized entrance scores, or age)
- resisting use of insider knowledge in a trading simulation
- detecting fraud in financial statements & whistle blowing in organizations
- maintaining independence of judgment
- decreased malpractice claims for physicians
- effectiveness of verbal responses in a case role play⁸³¹

Any one of these or other behaviors may serve as assessment measures of moral education or interventions within health care.

Some have more specific recommendations for interventions. Based on his Choice-Vision-End-in-View theory, Robert Boostrom challenges some typical preconceptions about environment and learning characteristics, based on observing the moral teachings of Socrates, Aristotle, John Dewey, and Nel Noddings. Rather than

honoring only the teacher's (facilitator's) goals, facilitators and teachers must honor the goals and motives of students. Classrooms (meetings) that are a 'safe space' rarely challenge people to develop and grow; students (participants) must prepare to have their beliefs and preconceptions challenged, engage in meaningful dialogue with others about their deliberation, and to have their vision validated by others. Learning and developing must be reflective, and everyone involved must be able to see the fruits of their labors or 'test their vision.'⁸³² Commenting the use of moral education as restorative justice, Schweigert identifies three principles for moral education and development. First and in reference to sources of moral authority, persons need to emphasize "the complementarity of communal and universal norms."⁸³³ (Essentially, this is teaching communitarianism, which could be a significant detriment for those who approach morality and justice from libertarian, egalitarian, contractarian, utilitarian, or meritarian perspectives.) Pertaining to the operating space for moral authority, second, moral education occurs best in the space between different parties (e.g. offenders and victims, responsible and less responsible, etc.). Finally, moral education and development done in this manner should strengthen community, which is about the process of moral authority.⁸³⁴

David Candee, from Harvard University's Center for Moral Education, uses Rest's components from moral thought (i.e. reasoning) to moral action as the basis for assistance or interventions during the process from reasoning to action. Each of Candee's steps has corresponding measures. First, one must recognize something as a moral dilemma by identifying a statement that best frames a situation as an ethical dilemma. Second and third, a person groups, extracts, and establishes the bases for the moral claim. This is about the framing of the problem, or identifying the persons involved in the

situation, as well as the behaviors, moral claims, and the basis for the moral claims of each. Fourth and fifth, a person ascertains the legitimacy of each person's moral claims and the precedence of each claim. This involves exposing individuals to other modes of reasoning and justification (e.g., deontological, utilitarian, virtue). The assessment or measure is about acclimating the person to the end or result of a certain line-of-reasoning. Sixth and seventh, the person communicates and settles the decision with others. Either the moral agent or others implements a behavior or action.⁸³⁵ The author does not disclose measures or means of gauging the last three steps.

Studies by Turiel (1966), Rest (1969), and Rest, Turiel, and Kohlberg (1969) all validated another important specification about moral reasoning and interventions. Persons understand moral reasoning below and at their own stage of reasoning. Beyond this, persons are likely to understand statements and justifications one stage above their own stage, but incrementally less likely to understand each stage beyond.⁸³⁶ With this in mind, Kohlberg advocated the use of "environmental influence by passive exposure to external examples of higher thought with environmental influence by the induction of conflict leading to internal reorganization."⁸³⁷

Arguments against moral education are present. Some have to do with the appropriateness of some locations (e.g. schools) for this kind of education. A second has to do with the intrusion of certain moral norms (i.e. the norms of the majority or community) on individuals. Another reflects concern about the use of moral education as a subjugation device to carry on social structure. There is not adequate specification for the framework of character education both within society (some arguing it is too shallow to do so, as well), and the framework and underlying assumptions for specific content.

Some claim it does not have a useful, grounded, and methodical pedagogy. Rarely are the students' autonomous needs for independence, reasoning, and judgment recognized. Yet another is a claim that there has not been a significant measure of the empirical effectiveness of moral education within schools.⁸³⁸ Finally, a last claim is that schools "have been proved to be institutions of manipulation and imposition."⁸³⁹

The first and last objections are not relevant to this model, which takes place in organizations and not schools. The second and third objections – the intrusion of moral norms and moral education as a suppression mechanism – seem less relevant, especially in Catholic health care. It is reasonable to assume that an organization would expect individuals who work in the organization to uphold its mission and values. One would expect the organization to perpetuate its identity. Alasdair MacIntyre does not specifically advocate moral education and interventions within organizations. Though, he infers that organizations are better suited to advocate a specific morality than general, public education advocating multiple or shared, public morality.⁸⁴⁰

Kohlberg also seems to downplay the concerns of 'cultural indoctrination' because moral development requires "something more universal in development, something that would occur in any culture," as revealed by the results of his cross cultural studies.⁸⁴¹ Kohlberg, and his colleague Kramer, published graphs based on his studies of middle-class, urban boys from ten to sixteen years-of-age in the U.S., Taiwan, and Mexico as well as boys from isolated villages in Turkey and the Yucatan, also from ten to sixteen years-of-age. All the graphs (each graph represents an average per nation) show a decline in stage one reasoning over these six years. Stage two reasoning either peaks at thirteen years-of-age and then decreases, or it steadily decreases over the six

years. In general, stage three, stage four, stage five, and stage six reasoning increase over the six years, with more pronounced progression in stage three and stage four reasoning.⁸⁴² (Remember that people displaying stage five and stage six reasoning tend to be rare in general, and even more uncommon for people so young.)

Cultural differences coincide with the developmental status of youths within the universal stage hierarchy.⁸⁴³ With respect to framework and pedagogy, this model, arguably, advances both in a grounded, specific, and useful manner. According to Kohlberg, scholarship and methods within the moral philosophy and, even more specifically, the Catholic moral tradition are uniquely suited to advance education with frameworks and pedagogy.⁸⁴⁴ This sentiment was echoed by others with other addenda:

(Presbyterian Church in the U.S.A.) Children and youth cannot take over a ready-made body of truth from other people. They must wrestle with each aspect of truth in the light of their experience until they make it their own and until it becomes a part of their lives.

(Randolph Crump Miller) The clue to Christian education is the rediscovery of a relevant theology which will bridge the gap between content and method, providing the background and perspective of Christian truth by which the best methods and content will be used as tools to bring the learners into the right relationship with the living God...The task of Christian education is to provide opportunities for the right kind of relationships and to interpret all relationship within the framework of the revelation of God in Christ.⁸⁴⁵

[The grace-faith relationship with God and others] is an experience that we cannot create, but which we are empowered to offer to others when we have known it for ourselves...This grace is persuasive rather than irresistible. It is the product of love rather than coercion. It is a gracious personal relationship which we are free to reject...Education at this point [i.e. when it offers choices such as theses] is evangelical... When the right theology, which again must be open-ended, and not dogmatic, stands in the background and when grace and faith are in the foreground, the learner's sense of worth will be underscored and the teacher-pupil

relationship will operate on an I-thou level within the broader community of the church, and the transforming power of the gospel will work to bring about a decision of faith in Jesus Christ.⁸⁴⁶

The method is also respectful of students' autonomous independence, reasoning, and judgment. As to empirical proof of effectiveness, studies discussed later in the chapter demonstrate effectiveness of moral teachings and interventions in settings other than schools.

Another caution is the avoidance of theological imperialism in method or process. In other words, theological methodology is not sufficient proof for or ability to judge the worth of teaching processes (i.e. techniques). Theology can only justify the connection of a specific method or practice to theology.⁸⁴⁷ "By attempting to be all explanations to all reality, theological imperialism becomes no explanation to all reality, and loses its own reality in the process."⁸⁴⁸ The most obvious way to avoid imperialism is to remain neutral and objective about the application of cooperation using this model. It is one method, albeit an historically useful one, from a religious tradition for describing relationships where a partner is doing evil. It may not be the answer to every such situation for everyone. The function of cooperation in this model is not theological imperialism, but using a religious concept as mediation to a new reality as a bridge between theology and religious instruction, in which both method and content intertwines to create a different ontic reality.⁸⁴⁹ Instruction becomes a mode for unveiling and experiencing reality together, which is also Catechesis, as an intentional, methodical process of creating and maintaining valuable relationships within a community of faith that lives, listens, learns, worships, and witnesses together.⁸⁵⁰ In this manner (the one proposed here), any education becomes less focused on the cognitive dimension and

more on the interpersonal and experiential dimensions, which has been a traditional difficulty of religious education.⁸⁵¹

This intricacy, and the difficulty, of addressing issues only intensifies when considering moral education, formation, and interventions. Effectively using moral interventions becomes tedious and daunting, but not impossible. Trends are present in the above literature about moral education, from which one may extrapolate helpful generalities. People can learn to be moral (i.e. good character) in a manner similar to a skill, which requires a skilled facilitator (teacher). For moral interventions to be effective, they must engage the person so he or she has the chance to practice moral behavior, and have his or her views challenged. Fostering an environment that confronts persons' most fundamental beliefs also defies the typical notion of the classroom as safe space. Furthermore, the end result is the organization and its associates acting morally. To accomplish this, moral interventions need to address the convolution of moral motivation (intent), sensitivity, reasoning, judgment, and behavior (actions) such that none of the elements impede the goal of associates acting morally. Arguably, the success of interventions may have something to do with how many components of moral reasoning and action the researchers address. In effect, the assertion is interventions that successfully address more components linking education to moral behavior including moral motivation (intent), sensitivity, reasoning, judgment, and behavior (actions) will do better than interventions that do not. Objections to the claims of success in moral education and skill building do not result in the unconditional claim that educating morals does not work, merely that the evidence is inconclusive, which could be due to survey instrument design and methods. Due to the inconclusive evidence, it is a much safer

claim to state that interventions, such as the ones proposed here, advance participants' moral formation, but not necessarily their moral development.⁸⁵²

Discussing cooperation in this context is critical. The proposed use of cooperation maintains the context of Catholic, substantive moral principle and adds the milieu of vehicle for moral education. One may also describe the use of cooperation here as a moral intervention. For these reasons, it is necessary to discuss opportunities and challenges of moral education and interventions, generally, and using cooperation as moral education and intervention in a health care organization.

Moral teachers would abdicate their duties if they surrendered to the difficulty of the educating morality effectively.⁸⁵³ Those acknowledged as moral exemplars and teachers, even though they may not recognize themselves as such, are ideal examples. One may regard Jesus Christ, for instance, as having either having God's perfect knowledge and *phronesis* (practical wisdom), or he did not, but had special gifts and talents. In the latter case, we concede that Jesus is a respected teacher with an exceptional method for showing others how to be moral. In the former, the Gospels tell us about God, who knows the perfect way to educate. Either case exemplifies the unique character of selfless, moral teaching. Others acknowledged as moral exemplars, such as Gandhi and Martin Luther King, were called to action, not stagnation in the face of complexity and challenge, even at their own personal expense.⁸⁵⁴

The result of moral interventions and models, both generally and in this proposed use of cooperation, is not necessarily moral development. Stated differently, it is possible for someone to 'move,' for instance, from a Kohlberg stage four to a Kohlberg stage five. Likewise, it is equally as possible to expose someone in Gilligan's first level to a new

situation and way of relating, such that the person advances to the second level. The reality of the model of cooperation proposed in this dissertation is that it advances participants' formation and, hopefully, their moral development. No guarantees accompany claims to progress moral development.

A demonstration of the above claim within the proposed cooperation discernment process should provide clarity. Assume that Brianna is in the process of defining evil. Her annoyance rises as Darius, a coworker, insists that the “appropriate people are not at the table” for the discussion. In other words, Darius makes a compelling argument the group omitted relevant stakeholders in this particular issue. The facilitator explains how justice is a Core Value of the organization, and the concern of Darius is a procedural justice issue. Andrew, the facilitator, asks Darius and Brianna if they will discuss their concerns with each other. They consent and continue their discussion. The discussion escalates with periodic reframing from Andrew, they eventually ‘agree to disagree,’ and both Brianna and Darius leave with feelings of disquiet and incompleteness.

We can assume that Darius, Brianna, and the other participants learn something more about acting justly in accord with the Mission and Core Values of the organization. Studies and theory suggest that Brianna could progress her moral development, as measured by the MJI or DIT posttest when compared with the pretest. Brianna may not progress at all, albeit the intent of the facilitator to pair the two with each other to create respectful challenge to foster moral development.

IC. The Reality of Using Cooperation for Discernment

The use of cooperation in this model is not only a good chance for moral development, but also qualifies as organizational and moral discernment. Some

explicitly comment on using this principle or other methods for discerning organizational issues, albeit not with the model proposed here.⁸⁵⁵ The reference of cooperation is always an action that is evil, or actions that are evil (and in our case unjust or inappropriate). By the means proposed here, this structure is conducive to some clarity about issues. Attempting to define the evil (injustice, inappropriate activity, etc.), discussing the organization's connection or proposed link to it, interpreting and applying Catholic and/or organizational identity to the issue, and suggesting options or alternatives, described below, all are means of discerning present or future organizational issues. In other words, the proposed model *is* discernment.

Various methods or modes accompany the variety of ways associates may use discernments. For instance, many organizations already have mission discernment or assessment processes, performance improvement (evaluation) tools for leaders, and organizational or social ethics committees that exemplify the organization's stewardship.⁸⁵⁶ Cooperation discernments can integrate well into any of these mechanisms, such as acknowledging a leader's participation in discernments during that person's performance review. Values based decision-making, discernment, and process excellence tools foster retrospective review of decisions, and cooperation discernment could serve a useful function for 'after-action' analysis.⁸⁵⁷ Organizations may or may not have a tool called an identity matrix (the most notable is the Catholic Identity Matrix by St. Thomas University) to assess the knowledge (awareness), infusion (permeation), and displays (demonstration) of Catholic identity throughout Catholic health care organizations.⁸⁵⁸ Again, the proposed use of cooperation may illustrate the knowledge,

infusion, and displays of Catholic identity within the organization. This cooperation model also could be part of the matrix itself.

ID. The Benefits of Using Cooperation for Moral Formation and Discernment

The once-prevalent culture or structure for moral and value inculcation (i.e. education, indoctrination, formation) was a modern one, which had the following features: Rules and regulations are useful for shaping behavior. Conscience is the inner voice telling persons that they are guilty when wrong. Examples, inspirational stories, and role models have an absolute, untarnished quality of perfection. Persuasion and arguments rarely allow for persistent ambiguity (i.e. agree to disagree), but concentrate on rhetoric and debate, which depend on the weaknesses and fallacies of others' reasoning. Persons should not question religious teaching and dogma.⁸⁵⁹ The teleological direction of modern ethics is to the legislation or regulation of human behavior. The application of reason for rational analysis needs structure and bounds. Modern education is egocentric, individualistic, and has the additional following qualities:⁸⁶⁰

1. Claims are universal or universalizable.
2. It has principles and is rule-governed.
3. Ideals involve reasoning and deliberation.
4. Its nature is closed.
5. It is confident in wisdom and certain in judgment.
6. Moral presumptions are subjective.
7. Generation and justifications are instrumental and prudential.
8. Morality is timeless, holding for successive generations.
9. It attempts to be as coherent as possible.
10. Morality, ideally, is non-contradictory.
11. Unity is a value unto itself, which grounds morality in a single, unitary, and universal ethical code.⁸⁶¹

The pitfalls of this method involve a typical lack of explanation about why (i.e. the reasons) to act a certain way, and it does not allow persons to practice decision-making

and acting morally. In addition, persons do not experience conflict, opportunities to discard or revise previously held beliefs (possibly a sign of transitioning to another to another Kohlberg stage or Gilligan level), nor chances to operate autonomously.⁸⁶² Ultimately, it may even diminish the autonomy of individuals who exhibit good decision-making in other life decisions, while synonymously expecting the same individuals to unquestionably submit to ideologies (some that are hypocritical in their expectations).⁸⁶³

Using the Bagnall criteria of modernism listed above, the Catholic Church and natural law reasoning (NLR) is an example of modern reasoning, education, and setting:

1. NLR is universal in scope and sensitivity.
2. Laypersons and clergy inform NLR through discourse, but NLR does not operate this way; it operates as principled with rules and an increasingly narrow mode of application.
3. Only a few reason NLR, offering less of a feeling of *sensus fidelium* or experiences of the faithful informing NLR through deliberation.
4. The Church hierarchy increasingly regulates and comments on pastoral application as dogma, which virtually closes it to expression and empathy.
5. While moral theology has some latitude for determining the appropriateness of moral acts, the Church specifies, with increasing frequency, the suitability of specific acts assuming confidence in its ability to determine the object, intent, and circumstances of the act.
6. Due to the perceived loss of *sensus fidelium*, human experience seems less intersubjective and more subjective, with clergy positing norms for laypersons to follow (e.g. the Vatican overriding the committees' reports during Vatican II is an example).
7. NLR is both instrumental and prudential.
8. The Church is timeless; NLR is ahistorical.
9. The Church and NLR are coherent, meaning that it is a system unto itself.
10. In some matters, the Church claims itself to be inerrant, validated by the process itself, which often does not acknowledge wisdom about doubts or contradictions noticed by others.

11. We acknowledge one universal, Catholic Church, which only recently has outwardly acknowledged the wisdom of other faiths, but not to the extent of full extent of full inclusion.⁸⁶⁴

Those who are familiar with the Catholic Church and NLR are aware, whether outwardly or unconsciously, of its typical method of operation and education. Although empirical data to back this claim does not exist, people perceiving its enculturation, operation, education, and formation as outdated and modern (versus relevant and postmodern) could be part of its problem – the Church does not seem to appreciate or acknowledge the observations about education, formation, and development presented here. There seems to be a divide between what the Church proclaims and how it does so with the perception of the faithful. Per Robert Quinn in *Change the World*, the Church fits the description of not recognizing its hypocritical self.⁸⁶⁵

A postmodern structure or context, as it relates to moral formation and education, is one that will:

1. Encourage [persons] to make choices, and to make them freely.
2. Help them discover and examine available alternatives when faced with choices.
3. Help [persons] weigh alternatives thoughtfully, reflecting on the consequences of each.
4. Encourage [persons] to consider what it is that they prize and cherish.
5. Give them opportunities to make public affirmations of their choices.
6. Encourage them to act, behave, and live in accordance with their choices.
7. Help them to examine repeated behaviors or patterns in their life.⁸⁶⁶

It allows those being formed to practice morality, which is more than learning morality.

“Aristotle said, ‘we become just by doing just acts, temperate by doing temperate acts, brave by doing brave ones.’”⁸⁶⁷ This postmodern model concentrates on the internal

motivations rather than only external sanctions, has the goal of exposing the person to difficult situations taking account of ones with competing or conflicting morals, and centers on the acquisition of “second order dispositions (e.g. integrity, self-control)...rather than solely first order dispositions (e.g. honesty).”⁸⁶⁸ The setting of interventions becomes a location for significant investigation of competing and conflicting perspectives, not the obligation to inculcate (i.e. submit to) praiseworthy traits and morality.⁸⁶⁹

The cooperation model proposed here is a postmodern concept in a modern principle’s ‘clothing.’ Employing cooperation in this manner is counter-cultural to the Church, much as the teachings of Jesus to the culture of the time. Discernment with this cooperation model is postmodern and counter-cultural because it is a theological principle that does not operate like a traditional principle or rule. Again, using the Bagnall modernism criteria, cooperation in this model is:

1. Tailored to be in response to specific situations and events.
2. Grounded in and informed by intersecting discourse.
3. Dependent on situations as a discernment and, therefore, spontaneous and enlightened by the experience and lenses of the participants.
4. Open to self-expression, empathy, and challenges to our development and formation through interactions between participants.
5. A framework used for categorizing participation in evil, injustice, or malfeasance, meaning that right answers may not exist; also, moral expertise or mediation skills do not translate to having correct answers in a cooperation discernment.
6. A discernment process involving a group of stakeholders and interested associates using the principle of cooperation, and the decision, if any, is not the product of an individual moral agent.
7. Purposeful in addressing the concerns of associates about specific issues (relevant for cooperation discernment); presumably, the impetus is not a tangible reward, but concern for others.
8. Always a link to a particular issue and, as such, has time constraints; a discernment cannot go on indefinitely and any results work for those stakeholders, at that time, and in that particular setting.

9. A discernment process that will generate differences in opinion and justification; nothing in particular may trigger a cooperation discernment other than concerns.
10. Not a consensus-generating mechanism, as the discernment may not yield a unified perception or solution (this is the reason for using it to assess and challenge moral development); several solutions may result from a single discernment
11. Already complex, but due to its non-universal nature, but becomes even more so, and stronger, when used in a group rather than only an individual moral agent's sole employ of the principle.⁸⁷⁰

Whatever elements are not postmodern to begin with could integrate into the cooperation discernment to make it even more postmodern. Cooperation discernment, used as group formation, challenges the typical means of using cooperation, which involves an individual moral agent, a moral theologian or ethicist, assessing participation and justifying that assessment.

II. Cooperation as the Model for Ministry Discernment and Ministry Formation

An explanation of the proposed use of cooperation for ministry development and formation takes place below. Structure, roles, and processes are ways of dividing the nuance of the model into distinct categories. One limitation of these divisions is the perceptual difficulty of seeing the model in its entirety (i.e. 'the big picture,' '30,000-foot view'). The intent of Table A (top of the next page) of the CD4DF Model is to alleviate this difficulty:

Table A: Cooperation Discernment for Development and Formation (CD4DF) Model

Meeting Number & Title	Members	Cooperation Pedagogy	Purpose
Pre-Discernment Meeting: Organization and Planning	Facilitator, planner, and cooperation specialist	Minimal; initially to process in order to frame the issue to facilitator and advocates	Process request or issue; agree on utility of other meetings
1 st Discernment Meeting(s): Establishing Relevance	Advocates, facilitator, planner and cooperation specialist (both optional)	Provide facts about the evil, injustice, or malfeasance; discuss needs for more info	Introductions, determine issue's relevance, confirm process and stakeholders
2 nd Discernment Meeting(s): Defining Relevance	Advocates, facilitator, cooperation specialist, and issue specialist(s)	Defining, discussing the evil act (malfeasance, injustice) and the act of cooperation	Participants define the issue; facilitator creates development opportunities
3 rd Discernment Meeting(s): Introducing Info, Ethics or Justice, and Cooperation	Advocates, facilitator, and cooperation specialists	Explain cooperation's utility, history; detail and discuss cooperation categories	Informational; knowledge about applying justice and ethics theories, cooperation
4 th Discernment Meeting(s): Discussing Cooperation	Advocates, facilitator, planner, and cooperation specialists	Discussion of application of cooperation to situation; finalize group categorization	Participants discuss their cooperation categorization; development opportunities
Follow-Up Meeting	Advocates, facilitator, and cooperation specialists	Possible; depends on participants' requests	Review possible changes in issue's status; discuss

The use of cooperation in the pre-discernment meeting and the follow-up meeting is minimal. Aside from these, all steps either frame the cooperation issue or use cooperation in significant ways. In addition, most meetings allow for the possible moral development of participants (advocates). Examples are the first and second discernment meetings. Both are relevant for establishing the issue and its associated facts and stakeholders. A cooperation issue always pertains to two separate yet specific acts. Information and discussion about these acts is necessary before discussing the taxonomic level of cooperation. These first meetings are more than perfunctory; they are opportunities for development of the participants. Participants may illustrate their stage of development at any point, including their questions and explanations. For instance, a

participant stating, “Lying is always evil,” may indicate one level of development, with another depicted by the question, “What is in this for me if I do this?”

IIA. Structure

In addition to moral education models, the proposed structure of cooperation as model for ministry formation and ministry discernment employs several suggestions for structuring productive organizational discernments and decision-making opportunities. For instance, Ben Davis outlines five distinctive types of ethical processes. To an extent, this model embodies all five. That is learning about morality (i.e., moral norms and principles, e.g., the principle of cooperation in the Roman Catholic tradition), learning moral theory (i.e. people approach problems differently, e.g., consequentialism, deontology, teleology), discussing social ethics (i.e., how persons react to perceived injustice and immorality), practicing ethics applied to an issue (i.e. discussing a difficult issue), and applying ethics to specific individual and professional situations (i.e., how this affects each person and his or her profession).⁸⁷¹ It incorporates Mark Repenshek’s and Dave Belde’s model for respecting experience in moral discourse through case studies and examination, elucidating diverse moral viewpoints through experience sharing, and studying lived meanings through the lens of the Catholic tradition.⁸⁷² In addition to embodying moral education and intervention suggestions, the CD4DF Model also uses other theological concepts and principles. An example is that using the model could be an application of the principle of subsidiarity, meaning that the persons involved with the model are the most appropriate level.⁸⁷³ (Perhaps the original decision-makers were not the most suitable for the decision.) Much of this model is dynamic, so that it fits the needs, identity, and culture of any organization. For instance, an organization will need

to determine how to use this model for ministry discernment (e.g., retrospective review of decisions, for divisive issues, etc.).

To start, a focus group may want to ask the following questions: What role does this cooperation discernment serve in the system? How does it fit operationally in the organization? To whom do discernment discussions go? If there are any, what authority do determinations have? Stakeholders in the formation of this cooperation model should vet the proposed structure and operations with a wide group of associates in the organization. Formation and discernment participants should also have a voice in the model.⁸⁷⁴

A few points are always helpful before seeking appropriate buy-in for a new model. First, processes and structures should be as transparent as possible.⁸⁷⁵ Second, stakeholders need engagement; therefore, organizers should invite feedback for strengthening process and structure.⁸⁷⁶ Third, it is easy for stakeholders to become disenchanted if no evidence exists of feedback being integrated. An option to integrate feedback is by organizing a group to do this.⁸⁷⁷ Finally, all of these specifications depend on associate awareness. Organizers need to promote or advertise this option to associates so that they are aware of the ways to become involved in co-creation or as participants.

IIB. Roles for the Cooperation Issue

Before summarizing the process itself, a description of the suggested discernment participants will enhance clarity. The facilitator is the person who mediates the cooperation discernment. The function of mediator is similar to how Dubler and Liebman describe clinical ethics mediation when they contrast consultation with

mediation in their text. For instance, mediators are optimists who assist other parties to move from their positions to focus on solutions based on interests. The principles of party autonomy, informed decision-making, and confidentiality are at the core of mediation.⁸⁷⁸ The facilitator should have skill in mediation and counseling, generally, and this method specifically. The facilitator can benefit from some other basic techniques. Equal to other mediation roles, this is a difficult role because the person must be a role model for acceptable behavior. He or she does this through being a respectful challenger while being nonjudgmental, which is a delicate balance between extremes. On one hand, a facilitator does not confront issues from a position of moral superiority. On the other hand, he or she does not challenge people directly.⁸⁷⁹ A meta-analysis of the most effective pedagogies for facilitating moral reasoning by Pascarella and Terenzini reported that the best facilitators truly facilitate and mediate discussions rather than only provide information, meaning that these persons promote self-assessment, analysis (i.e., discernment), and reflection. Their feedback is multi- or cross-disciplinary, cultivates development and formation, and if necessary, attends to injustice, bias, discrimination, and intolerance.⁸⁸⁰ Facilitators should tailor techniques with perceived moral stages.⁸⁸¹ For instance, imitation, suggestion, and identification may be effective tools for those at lower stages of development, but not for those at higher stages of development. Finally, the facilitator also needs to be familiar with both the principle of cooperation and the particular issue catalyzing the discernment.

Advocates are those who participate in the discernment. Presumably, most will be associates of the organization. They do not need any background in cooperation. Nonetheless, they should be passionate and engaged about the issue (not implying

agreement with cooperating in the situation) and the organization. It is prudent for members of such groups have interest in their own formation and development, and represent different areas or various departments of the organization from leadership to clinicians, specialists, and technicians.⁸⁸²

Specialists describe two different categories of persons. Category A is the persons, or those, who know the principle of cooperation well, which is fundamental to the proposed process that involves an explanation of cooperation to the advocates. Those in Category B are specialists who know the germane issue. For instance, consider a situation where within the past three months, all senior executives made their bonuses while a rather large, inner-city clinic shut its doors. The clinic was the only vestige of the system that had three inner-city hospitals at one time. These decisions, the closure and rewarding bonuses, were related and many associates are outraged or disappointed. It would help make arrangements to involve some of the previously underserved, now unserved, to be specialists in the cooperation discussion. Including stakeholders most affected by decisions, as specialists in this case, not only exemplifies the principle of subsidiarity, it brings the most relevant voices to the table and provides a first-hand account for advocates who may dialogue with the issue specialists.⁸⁸³ Irrespective of the specialists' category, role of the specialist is that of an expert witness who presents his or her informed perspective to the group.

The final role is the planner. A planner coordinates and helps determine the sequence, timing, and participants, as all need specificity and are central details to groups such as this.⁸⁸⁴ In addition, the planner organizes the events' details, informs discernment advocates about specifics and asks for assent, manages schedules, and distributes helpful

information. The facilitator, cooperation specialist, and even the planner may be the same person, or different persons could take these roles.

IIC. Process – Mostly Accomplished Through a Series of Meetings

A series of group meetings is the suggested process for cultivating discernment, formation, and possibly development. All of the meetings center on an explicit topic and may take place over several months. In total, there should be at least four meetings with the specialists, advocates, and facilitator. Most of the time in meetings is in a group setting, although there are advantages to allowing time for individual processing of the group time. Each of these specifications has reasonable justifications for enhancing discernment, formation, or development.⁸⁸⁵

An organizing and planning meeting is always constructive for laying the groundwork for other meetings.⁸⁸⁶ The meeting would involve the associate who catalyzed the request as well as a standing cooperation discernment planner, facilitator, and specialist. Goals of this meeting should be to process the request to try and agree on the utility of other meetings, and to arrange the aforementioned meetings. Some of the preparation work includes researching the relevant issue and contacting the issue specialists to present the issue at the first meeting.

Each subsequent discernment meeting has its own focus and characteristics, which draws support from the literature. The focus of the first discernment meeting is for establishing the relevance of the issue. Participants will introduce themselves to each other as well as familiarize themselves with the cooperation issue, process structure, and the discernment purpose and goals. Partaking in the discussions assumes the participants' consent. Still, similar to any informed consent process, the facilitator should

dialogue with participants about options, risks and benefits, and alternatives. In this case, participants need to know everything is confidential within the group, they can opt out at any time, there is no data collection, and processes may challenge comfort levels, as they confront underlying assumptions and preconceptions. Moral formation and development are not easy, but participants need to know this and judge if the end result, moral formation and development, is worthwhile.⁸⁸⁷ A facilitator must introduce the concept of respectful space, meaning that participants will face challenge, which may not always feel ‘safe,’ but this can occur in a respectful, collegial manner.⁸⁸⁸

Achieving the purpose of the second discernment meeting would be through each participant defining the relevance of the issue. This involves the participants describing how each individual group member views the alleged impropriety, whether some perceive it as evil, others recognize it as injustice, and more may not identify an issue at all. An ‘expected’ way of reasoning does not exist. Nevertheless, there will be differences that are indications of a person’s moral development. The role of the facilitator is not to judge. He or she catalyzes discussion between the participants about why they categorize an issue in a particular way by calling attention to the differences in the issue’s characterization, for instance, by asking why one advocate calls it “evil” and another “malfeasance.” The facilitator listens for indications of participants’ moral development. Rather than commenting perceived moral development category or stage, he or she uses mediation techniques to catalyze discussion between participants in adjacent stages.⁸⁸⁹

Specialists and facilitator(s) initiate advocates to concepts such as cooperation, ethics theories, and justice theories to catalyze additional discussions in the third

discernment meeting. Transparency about cooperation, including that no ‘right’ answer exists, assists participants, as well as using relevant case-based examples or casuist reasoning (always helpful education models for health care professionals, specifically, and adults, generally).⁸⁹⁰ Not only is it valuable to acquaint advocates to cooperation’s history and contemporary uses, it is equally as significant to remind participants of three things:

1. Cooperation does not ‘tell’ a person what to do. People can disagree, depending on their perspectives, about the categories of cooperation.
2. Therefore, we all have wisdom as a group for discerning cooperation issues.
3. Nobody holds special knowledge about cooperation that makes an answer more ‘correct’ than another.

Additionally, using the principle of cooperation in this manner is only one way of addressing our complicity with evil, malfeasance, or injustice.

Encouraging each participant to discuss his or her perception of the organization’s level of cooperation (i.e. implicit formal, immediate material, proximate mediate material) is the focal point of at least one other discernment meeting. Discussion should have the goals of attempting to categorize the level of cooperation and for participants to have some awareness of their and others’ emotions and views.⁸⁹¹ Total agreement or consensus among participants is not necessary. Written summaries of the meetings may, and should, reflect differences of opinion. The facilitator will initiate a wrap-up of the meetings, encourage advocates to discuss lessons learned from the meetings, and suggest a follow-up meeting. Additional or follow-up meetings are at the discretion of the

participants and may be constructive for reviewing any changes in the status of the discussed issue.

IID. Conclusion

As stated in the chapter's beginning, this chapter serves as a natural resolution to the previous chapter – the purpose of the former chapter to introduce moral development and this chapter to build upon those foundations by exploring other developmental considerations and interventions. The nature and framework of the precise intervention entails the principle of cooperation. Chapter two detailed common individual applications of cooperation, and chapter three stipulated conventional organizational applications of cooperation.

This chapter built upon the general foundations of moral development by distinguishing the other factors in moral development and behavior besides moral reasoning. Emotions, moral sensitivity, moral motivation, character, and experience are examples of aspects explored in the literature. Tom Nairn's diagram served as a visual representation of the relation of these features in moral reasoning and behavior. Moral interventions are methods for shaping moral reasoning, influencing moral sensitivity, and bringing awareness about possible moral motivations, character traits, and the influence of experience. Studies of moral influences and interventions (e.g., education) support the complexity of successfully changing behavior. Whilst complex, it is not impossible. Arguably, persons abdicate their role or duty as teachers when they surrender to the complexity, or when they choose not to address as many of the above dynamics as possible, which would give moral interventions, such as the one proposed here, the best chance of success. The chapter concluded with an explanation of the specific proposed

employment of the principle of cooperation. The conclusion and final chapter gives more detail about the model through its strengths and weaknesses. It also explains why this model is useful for other-than-Catholic organizations.

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Chapter Six – Conclusion

This chapter's conclusion recaps and summarizes the entire dissertation, including this chapter. Therefore, these opening, summary comments in this introduction will be brief. Chapter five, which explained both general and specific interventions, built on the former chapters, which described the principle of cooperation and moral development in detail. There are three main topics for this chapter – the advantages and disadvantages of this model of cooperation, the relevance of this model to other-than-Catholic (whether secular or religious in identity) organizations, and finally, a review of the progression of this dissertation.

I. Strengths and Weaknesses of the CD4DF Model

No model is perfect, including this one. A number of strengths and weaknesses exist that are likely to arise in the implementation and use of the Cooperation Discernment for Development and Formation (CD4DF) Model. This model is adjustable and highly malleable to the extent that it may be possible to alleviate or resolve some of the drawbacks, as discussed in this section.

IA. Weaknesses of This Model

Beginning with weaknesses, there are a few that merit discussion. Planners, facilitators, and specials can mitigate the drawbacks anywhere in the development, implementation, and debrief and feedback of the model. Some are more theoretical, and others are practical. This segment starts with theoretical concerns.

A popular quote in organizational culture often attributed to Peter Drucker is, “Culture eats strategy for breakfast every time.”⁸⁹² To explain this quote, it is imperative to review the definition of culture, defined in the first chapter of this dissertation. Culture

is the “collective personality of an organization, including its assumptions, attitudes, values, behaviors, beliefs, and collective memories.”⁸⁹³ One may further characterize the components of organizational collective personality by what Edgar Schein calls “culture levers,” which appears as a pyramid structure with “underlying assumptions” (i.e., why people do something both individually and collectively) as the base, “behaviors” (i.e., how individuals do something) in the next tier up, “systems” (i.e., how people work as a system) in the following upper tier, and “technical” (i.e., what people do using “processes, tools, and structures”) at the top of the pyramid.⁸⁹⁴ It becomes progressively more difficult to change the culture levers going from the top of the pyramid to the base because culture elements are “observable and manageable” (e.g. “structures, processes, leadership values, strategic histories, metrics”) nearer to the top, but “hidden and hard to influence” (e.g. “collective memory, unwritten rules”) nearer to the base.⁸⁹⁵

Explanations of culture, culture levers, and complexity in changing culture levers are by way of explaining the first theoretical weakness – many organizational nuances and relics exist that could make meaningful change using this model difficult, as evidenced by organizational responses. A number of subsets and examples of this weakness exist. For instance, consider the use of the CD4DF model in an organization where a senior vice president is a participant. The group is exceptionally quiet; no one seems to disagree. Participants are aware of the organization’s history (i.e., collective memory) of slowly ushering those who disagree with senior leaders, even respectfully, out of the organization. This leads to the underlying assumption that you cannot challenge organizational leadership – ‘what a leader says...goes.’ The organizational climate and culture of ‘yes men’ [sic] is not hidden; however, it is hard to change. The

above example is one where the culture may hinder the use of the CD4DF model, which is a strategy for formation and development.

It is entirely different, for instance, to have a situation where the planner forgets to communicate with direct supervisors of the participants. In particular, the planner does not mention that any time used for the discernment meetings are typical work hours and do not need special codes or management in the digital, computerized, timekeeping and workforce management system. All of managers have given their permission, but lacking coding information, some tell their direct reports that they cannot attend the meetings until they have the timekeeping codes. This example is one about a technical cultural lever, as it involves how people use processes, structures, and tools. It is a manageable and easily correctable portion of organizational culture, and does not present the challenge to the optimal purposes (e.g., issue discernment, formation and, hopefully, development) of the CD4DF model that the former example does.

Similar to persons, organizations must be minimally open to change and feedback, making the model optimal for organizations that truly value feedback and accountability. As established before, persons may have more or less reflective equilibrium, which is the affiliation between general norms of morality and specific judgments of morality.⁸⁹⁶ Matching individual moral agents' (i.e., natural persons) actions or behaviors with specific judgments and general norms is in the same vein. Organizations (i.e., juridic persons) are also moral agents, as discussed in chapter three. They decide, make goals, act to achieve goals, are accountable for harm and praised for good, and are responsible for the evaluation and assessment of the suitability of those goals and behaviors.⁸⁹⁷ Organizations also possess culture or collective personality.

Arguably, organizational reflective equilibrium is just as conceivable as individual reflective equilibrium. With respect to culture, assumptions, attitudes, values, beliefs, and collective memories, all part of basic underlying assumptions and values, which are difficult to change, while behaviors are part of behavioral and technical cultural levers, which are less difficult to modify. Ideally, cultural congruence (i.e., organizational reflective equilibrium) should exist. In other words, saying that there is value to accountability within the organization is not enough. Actions and behaviors, as cultural characteristics, must match statements and claims in order for the model to have optimal chances for success.

The absence of definitive ends or goals for participants in the model could be problematic, if not a teleologist's nightmare. It is more about process (i.e., means) than product (i.e., ends). On one hand, this theory does not ensure or guarantee moral development. While it seems more certain, despite being perfunctory, that one could contend that the definitive ends are formation and issue discernment. On the other hand, one could employ a more distant end and contend that this model is part of the unfolding of reasoning and moral order (e.g., serving the common good) through the natural law or the work of the Holy Spirit, which is redemptive in itself.⁸⁹⁸ An answer such as this may be unsatisfactory for some as well:

The theological approach really does not come to grips with environmental variables by issuing vague and amorphous statements about the Holy Spirit or the faith community providing the environment for effective religious pedagogy... To be practical and useful for... instruction, advocates of the theological approach must not simply state *that* the Holy Spirit and/or the faith community act as powerful environmental factors, but *how* these environmental forces specifically affect religion teaching and learning... [A]ssertions about the Holy Spirit as the basic environmental factor mean nothing beyond what is known

empirically about the specific effects which various environmental factors have on teaching and learning.⁸⁹⁹

Theologians from Martin Luther to Karl Barth question humans' capability to know the natural law, or that everything possesses a natural end.⁹⁰⁰ Therefore, there is no way of knowing or proving the claim that this model is part of unfolding natural law.⁹⁰¹ A compromise, perhaps, between the more immediate and distant goals is the establishment of a process-oriented purpose. It is what Lawrence Richards calls mutual experience and participation in the unfolding reality established through Jesus Christ, which is similar to Kuczewski's concept of mutual self-discovery discussed below.⁹⁰²

One could claim a theoretical weakness because the model embodies Catholic teaching, including common good and subsidiarity, and is communitarian in its foundations, subsequently. Such a claim has merit. The CD4DF model is a textbook example of how bioethics scholar Marck Kuczewski describes Ezekiel Emanuel's approach and liberal communitarianism, "Communal deliberation is intrinsic to communitarianism. So it is natural that some communitarians should propose that community members gather and deliberate to develop consensus."⁹⁰³ Furthermore, the possible impact of the model on the individual is similar to what Kuczewski calls mutual self-discovery (within the communitarian model), which is an intentional, dialectic process where a person interprets behaviors, goals, and values through the community where others engage their own self-discovery, and adjusts his or her own response.⁹⁰⁴ To concede that the model has communitarian groundwork demands concurrent justification from someone contending that this is a weakness. Namely, the objection must demonstrate how this model impedes or undercuts those who use different foundations (e.g., consequentialism, libertarianism). For instance, how does this communitarian

model act as a positive liberty, which forces the libertarianism believer to use it?

Providing such proof is difficult, as the model does not force anyone to do something that she or he does not want. Absent justification, the ultimate result is a stalemate – the age-old attempt to prove that one philosophy and way-of-seeing the world is better than another.

Somewhat similar to the last objection and weakness, one could also contend that applying the model to situations is an exercise in theological or moral imperialism. Differently stated, imperialistic claims are overtly or intrinsically oppressive attempts to assert that one system of morality is superior to another.⁹⁰⁵ (The theoretical struggle between relativism and universal, normative understandings, often interpreted as imperialism, has not resolved.)⁹⁰⁶ Practically, however, to assert this is to maintain that this theology and model are fundamentally normal for all persons, which is not the case.⁹⁰⁷ Illinois Institute of Technology professor Michael Davis discusses five types of ethics across the curriculum. One type is what he titles “morality across the curriculum,” which describes when a school or university indoctrinates students to a specific moral code, often written, and stresses the significance of adhering to the code or specific moral norms.⁹⁰⁸ According to Davis, this type of specific moral codes and norms were common in U.S. liberal arts colleges in the 1800s and in Christian liberal arts colleges today. Another type of common ethics education is instruction about moral and justice theories themselves, often in a separate class in universities.⁹⁰⁹ The implicit worry is that educating about moral and justice theories without practice and experience, or perpetuating rigid adherence to particular moral norms is myopic, sheltered (i.e., confined), and narrow. The situation does not exist because facilitators and specialists do

not purport Catholicism and the model to be ‘all things to all people’ (i.e., ‘everything to everyone’). The model’s function and utility must be realistic and not overinflated. It is a useful tool and a description of one perspective, which is coherent with the reality and nature of Catholic teaching and moral theology.⁹¹⁰ Using the model is simply “one possible way to understand our lives and history, [make] possible particular experiences, and [impart] particular ways of living.”⁹¹¹ Facilitators and specialists should describe the model this way.

Unfortunately, religious education in general and Roman Catholic education in particular does not enjoy a forward-thinking and respected status and history. In fact, religious education has struggled to come unto its own throughout the 1900s. This is, in part, because theology has driven and guarded content, structure, and form. Additionally, perspectives and languages are binary, implying that a person is either in or out of the religion, including its educational pedagogy. Because each religion views itself as *the* way, education will naturally reflect wholehearted commitment to the faith, demanding total devotion of students to that way.⁹¹² This observation encapsulates some other difficulties people may have with the model, some discussed previously – it represents Roman Catholic imperialism, is mechanism for conversion, reflects a traditional binary view of the faithful, and has a sheltered, non-progressive, and self-perpetuating form. Some concerns – namely the imperialism and sheltered, non-progressive format – have been attended to previously. (Chapter five discussed the progressive format of this model as a post-modern teaching method in a modern principle’s ‘clothing.’ This model is not sheltered nor is it archaic.) The other points of unease – binary outlook regarding the faithful and others as well as conversion method – merit a reciprocal remark that Catholic

health care has come to terms with the idea that many associates, perhaps the majority, working in Catholic health care are not Catholic themselves. Little or no empirical support exists that bolsters claims that Catholic organizations are trying to subtly or overtly convert their associates. The same holds true for binary views about the faithful. Again, if the distinction exists at all, Catholics working in Catholic health care regard associates of different faiths, or agnostics, who perpetuate the Catholic Mission, Core Values, identity, and traditions as being ‘in the family’ or ‘a family member.’

Claiming and boldly proclaiming the model’s Roman Catholic foundations also eliminates another contentious issue and possible objection. University of Illinois at Chicago’s professor Larry Nucci and Indiana University’s professor Robert Kunzman debate about if religious content and norms are inherent to morality, or if moral and religious norms are independent, in the *Journal of Moral Education*. In other words, the following question could summarize their debate: Is there a ‘public’ morality that is free or unaffected by religious norms?⁹¹³ While both make compelling, empirically-based arguments, they are not relevant for our purposes, as their debate pertains to education in secular education and public schools. Barry Chazan summarizes the caution as, “Moral education is not a legitimate activity of schools and that it should, in fact, have no place therein.”⁹¹⁴ In all probability, Nucci, Kunzman and others such as Godwin, Rosseau, Tolstoy, and Illich would concede that there is a suitable setting and method for religious education and interventions, namely in religious organizations with the requisite knowledge. This describes many of the settings that could use this model. The next main section will make a compelling argument about why this model is useful to secular organizations. If nothing else, organizers could predicate the use of the model in a

secular organization as a framework with some historical success for catalyzing good discussions and debate within the Catholic Church and organizations.

Problems may arise related to the use of a modern principle in a postmodern way. The two approaches do not mesh – a modern approach denies or abolishes an individual’s decision-making and action based upon experience, and a postmodern approach is critical of modernism’s attempt to replace self-determinism with rule-following behavior.⁹¹⁵ In practice, this presents as a participant disagreeing with the structure of the principle of cooperation or offering to revise (i.e. ‘improve’) the lexical matrix. Nothing is wrong with doing so. It is a legitimate, postmodern critique made even more understandable with appropriate justification. Still, it does bring participants, facilitators, and specialists into uncharted territory concerning responses and the utilization of a new model that lacks testing and history.

The CD4DF model is theoretical and difficult to measure. Some standard tests, such as the Defining Issues Test (DIT), gauge moral reasoning and may help determine moral development. One could administer a pre- and post-test (i.e., before and after the CD4DF model) using a standard reasoning test such as the DIT to detect changes in participants’ moral reasoning before and after the CD4DF model. Doing this, however, would only capture changes in reasoning, not moral behavior. It would be more successful to assimilate a test such as the DIT with another method to estimate changes in the moral behavior of individuals and the organization. Professor Neil Hamilton and Verna Monson offer empirical evidence about the role of formation and moral interventions on practice. Higher moral judgment scores, calculated using instruments such as the DIT, correspond with changes in health care practice such as “clinical

performance ratings by supervisors of medical residents, internship performances in nursing (better predictor than [other standard measures]), maintaining independence of judgment, and decreased malpractice claims for physicians.”⁹¹⁶ Process improvement and performance change professionals are appropriate associates to connect with for the establishment of optimal performance measures, which may include the quantifications above or others, such as increased associate satisfaction, congruence between values and behaviors, and highly engaged senior leadership in an organization’s associate surveys.

With respect to practical concerns, moral development researchers James Rest and Darcia Narvaez believe that even well-constructed interventions may have difficulty affecting the moral reasoning for the lowest-scoring (i.e., less developed, e.g., Kohlberg stages one and two, Gilligan level one) individuals. For example, reframing this using Mustakova-Possardt’s “critical moral consciousness” model begs the question if it is more difficult to elevate persons from a pre-critical consciousness to a transitional critical consciousness level than from transitional critical consciousness to ‘pure’ critical consciousness. These persons, meaning those at a lower stage or level, cannot anticipate the concepts discussed in group. Topics may seem vague or imperatives to these persons. The conclusion that interventions are ineffective with lowest-scoring is not consistent with the experience, research, and recommendations of others.⁹¹⁷

Participants (facilitators and specialists, for that matter) develop many coping (i.e., self-regulatory mechanisms) skills over a lifetime, which evidence at various times. Such occasions may include the use of the model. The use of coping skills includes moral disengagement whilst behaving as a moral agent. Famous psychologist Albert Bandura describes moral disengagement as reorganization of immoral, inhumane, or

unjust conduct into something more harmless, or even praiseworthy, through displacing and diffusing mechanisms such as euphemistic or sanitizing language, displacement of responsibility, diminishing or overlooking consequences, or attributing blame to someone or something else.⁹¹⁸ This is similar to Alesdair MacIntyre's notion that people can seem virtuous without actually being so. Virtue is a façade or visage.⁹¹⁹ Kohlberg, similarly, discusses genotypic and phenotypic educational objectives and behavioral changes, where genotypic changes involve "underlying processes and structural organization which determine moral behavior," and phenotypic changes are more "immediate, observable changes in moral behavior."⁹²⁰ Stating MacIntyre's concept as Kohlberg, one needs to get beyond the phenotype, which is the observable characteristic, to detect the genotype.

Similarly, persons are often resolute, passionate, and compelling about their convictions. Someone clearly in the wrong from another perspective can justify his or her actions, knowing that it was the right, substantiated, and acceptable thing to do. Phrased another way, some persons do not experience any cognitive dissonance nor do they have any awareness about a fractured reflective equilibrium. This situation puzzles philosopher Beth Dixon, who poses the question, "Under what circumstances do we hold a person blameworthy for the beliefs she acquires about the moral correctness or incorrectness of the acts she performs?"⁹²¹ Some of her reflections indicate that diminished cognitive or deliberative capacities are reasons to suspend blame and accountability; whereas self-induced vices, bad decisions, or failure to self-reflect then self-correct are reasons to hold someone accountable for poor choices. Difficult upbringing and socialization are considerations, but they are not ones that exonerate

persons from blame and accountability. Other important information includes knowing “the extent of a person’s social isolation, the degree of cultural homogeneity she experiences, and the amount and kinds of educational opportunities available to her.”⁹²²

In response to Dixon, facilitators of this model are not trying to attribute blame. They may challenge presumptions of participants, but their role is not one of judge.

The challenge is recognizing such behavior when it happens and responding accordingly, which requires skill on the part of the facilitator. For these reasons, it would help facilitators to be familiar with common coping, displacement, diffusion, and other self-disruptive behaviors. These behaviors are not insurmountable challenges, just ripe for reframing, perhaps using the example of Edmund Burke, “The only thing necessary for the triumph of evil is for good men to do nothing...[and] a lot of people, doing a bit of it, in a morally disengaged way, with indifference to the human suffering they collectively cause.”⁹²³

Attending to matters involving ethics and spirituality are not tidy; in fact, they are quite contrary – they are messy. Theologian Jack Shea ‘connects the dots’ when he observes that people should pay attention to spiritual wisdom. Spirituality and its insight are matters of the heart that reveal internal conflict, manifesting conflicted results in matters of the head and hands.⁹²⁴ The CD4DF model proposed here impacts people both internally and externally. Effects may range from disappointment and malaise with self, groups, and the organization to frustration and even rejection of person(s) and groups. For example, an organization may witness a certain amount of attrition when those experiencing a high degree of conflict decide that they are not called to be a member of their particular profession or work for the organization. At face value, this seems to be a

weakness inbuilt to any formation, spirituality, or other inner-directed process. Further thought and reflection capitulates different insights. Organizations and their personnel should be congruent; a mutual best-fit enhances both the organization and its associates. An individual noticing contrast or rifts between personal and organizational goals, values, and obligations is saving the person and the organization time, effort, and money. What seemed to be weakness is actually strength.

Participants may not understand each other, making productive, respectful challenges more difficult to achieve. Using Brian O’Toole’s four different ethics approaches (and there may be even more than four), a participant using a moral sentiment (i.e., feelings, emotions) approach may not understand the participant using a duty-based approach (i.e., obligations, e.g., framing duty according to principles). People not only reflect their spiritual-theological insights with these approaches, they also articulate themselves using any of the approaches.⁹²⁵ This is an innate weakness to any moral decision-making model or process. Facilitators can mitigate these difficulties by reframing the different perspective to the participant using that participant’s moral approach. For instance, stating, “I think what Eve is trying to say is that she acknowledges your feeling about the issue, but her ‘gut reaction’ is to follow our own, internal protocol on this matter – imagine how others would feel if we started to break our own procedures” to the moral sentiment person. The statement above reframes a principle- or duty-based statement as a moral sentiment. Likewise, one could frame a moral sentiment as a principle- or duty-based statement – “While Peyton is appreciative of the role of protocol, he also acknowledges an obligation, perhaps an even stronger

duty, to follow his intuition and instinct, which is just as valid even though he may not be able to justify his perspective in the same way that you explain yours.”

By at least one account, participants do not only want to critically reflect. They wish to also “act out of the joy of living in moral ways.”⁹²⁶ At face value, this may seem to be a weakness of the CD4DF model because of the critical reflection involved with applying the principle of cooperation. Conversely, this is one of the reasons why the model promotes participation of community members affected by the decision among other ‘tangible’ efforts. Using the model is not an academic exercise; it is an opportunity for meaningful change. It brings social justice issues to the learner.⁹²⁷

This model requires substantive time commitments from participants, facilitators, specialists, and planners. Sr. Pat Talone from the Catholic Health Association makes a corresponding and compelling argument, regarding starting and maintaining organizational ethics committees, about why time allocation and participation is critical. For one, successful implementation is dependent upon time allocation and associate availability. Most of all, “Members [who] do not do their homework or fail to attend meetings...[do not serve the organization well.]”⁹²⁸ Ensuring attendance often incorporates other factors. Associates will need to ask their supervisors about their comfort level with participating in the model for a few days total throughout a several month period. Any letters or communiqués sent to supervisors on behalf of organizers should frame this as associates channeling their productivity in a different way, but also for the benefit of the organization, for a few days total. It is not ‘lost’ productivity. It is alternatively directed efficiency. In fact, at least one study about volunteerism, one supporting workplace-endorsed volunteerism during work time, suggests that work time

spent volunteering is not ‘lost’ productivity, as associates become more engaged and self-fulfilled overall. The corollary should be evident. The CD4DF model is another method for associates to gain a greater sense of organizational and community engagement. Catholic health care organizations with substantive, independent ministry formation programs may have their own data and assessment tools for illustrating the impact of similar programs on associates. (Ministry formation is one of many interrelated variables affecting job satisfaction, engagement, and other scores on general surveys. Some ministry formation programs may have their own ways of trying to isolate the impact of ministry formation, to the extent possible, with program pre- and post-assessments.)

Finding the correct person for the role of facilitator is a significant challenge. This person, as explained in the last chapter, must be a Jack-of-all-trades or Jill-of-all-trades, requiring, at minimum, experience and skill, and at maximum, mastery of numerous different subjects – counseling, moral development, mediation, education pedagogies, health care organization and operations generally, specific organizational Mission and Core Values, this model of cooperation, as well as ethical and justice theories and frameworks. The facilitator must tailor his or her style, as well as edit the responses of others, to the developmental needs of each participant.⁹²⁹ He or she must “demonstrate genuine concern for the issues and others’ moral development...[and] not ‘force’ ethics down [others’] throats, but neither should [he or she] be afraid to engage [others’] concerns and their own.”⁹³⁰ Furthermore, there are understandable hesitations about trying to assess a person’s stage of moral development because of perceived ties to sin, damnation, culpable versus non-culpable upbringing, and intrusion into private

domains.⁹³¹ The role of facilitator is a difficult one to assume and attract talent to because of these factors.

There are other practical considerations endemic to this and other similar models and committees. Sufficient funds must exist.⁹³² It is unlikely that the CD4DF model will be costly, but transportation costs and other reimbursement for specialists, meals for participants and others, and other associated material are matters requiring awareness and deliberation. Needed organizational resources include administrative services (provided primarily through the planner), the use of public relations personal and mechanisms to inform associates about the model (generally and then related to specific initiatives), and the enlistment of support and cooperation from key executives and department leads.⁹³³

This subsection entertained counterarguments to the weaknesses. For this reason, this subsection is longer than the next, which is about the strengths of the CD4DF model. Also for the same reason, there are few references from the next segment on strengths back to this segment on weaknesses.

IB. Strengths of This Model

The attractiveness of the CD4DF model involves its strengths, which are impressive both in number and significance. Similar to the weaknesses, some strengths are more theoretical, and others are practical. This segment begins with theoretical strengths and gradually transition into more practical or applied strengths.

One of the most obvious strengths relates to the observation above. To the delight of utilitarians, the CD4DF model has many more strengths than weaknesses. The implication is that the theory is solid and well-supported, which could translate to strong chances for producing tangible and helpful results.

Especially if the cooperation issue involves organization-society relationships, this is a good first step to furthering the organization's mission within itself and society. It is a good way to witness the organization's role and influence in wider society. In itself, it may not be the mechanism of social reform. All social reform, though, has catalysts, which are often "small group discussion, reflection...and charitable service," leading to social change.⁹³⁴ This model qualifies as such a catalyst, meaning that it is an embodiment of "the Catholic vision of the human person...grounded in our relatedness to one another and God."⁹³⁵ For Dewey and Durkheim, morality is essentially social in nature, and its practice should involve others for the good of groups and society.⁹³⁶ The CD4DF model fits the Dewey and Durkheim vision.

The method and pedagogy of this model nicely fits into some of the larger trends within education and development, which includes suggested educational pedagogies and structure as well as new insights from developmental research. For instance, it is now known that the development of moral reasoning does not plateau after young adulthood. These studies inaugurated a new era of education – "lifelong moral education" and "adult education."⁹³⁷ With the progression of moral education, another approach amidst two endpoints developed – on one side, there is the values clarification approach that simply elucidates the morality involved in any given situation or decision and, on the other side, there is teaching reasoning, moral theory, and preferred behaviors as academic topics. According to Kohlberg, the latter approach tends towards indoctrination, while the former lends itself to moral relativity. In either case, students do not learn about the validity of moral norms for themselves. Amidst this, another approach emphasized students as moral actors, based upon the need to practice behavior and moral agency as

well as attend to social justice issues.⁹³⁸ “Practice may not make perfect, but ‘practice makes morals.’”⁹³⁹ The teacher must avoid the appearance of only values clarification or indoctrination with the third approach. For instance, it would not help to promote a number of rules for using, nor principles assisting, the model without explanation.⁹⁴⁰ The best teaching (facilitation) and learning environments are ones tailored to the developmental needs of individual participants.⁹⁴¹ Appropriate use of this model is one that honors moderation in the interest of moral development – the facilitators and specialists, on the one hand, do not want inflexible, regimented, and doctrinal adherence and, on the other hand, also do not seek to clarify without direction. They can also explain the relevance of moral concerns within all professions, both related to the organization and independent from the organization.⁹⁴² It also honors the developmental needs of individual participants through the pairing of persons in adjacent stages or levels for conversation and respectful disagreement. It also avoids the flaws inherent to only presenting moral theory without meaningful application.⁹⁴³

Further research and reflection reveals that adults wish to be part of “a more skilled and education workforce, and the desire...for wider-participation.”⁹⁴⁴ Adults wish to be part of progressive workforces that encourage active citizenship. They also acknowledge the imperative for education to extend beyond classroom walls, including self-directed learning, group situations, libraries, museums, and more.⁹⁴⁵ This model does exactly that. Chapter five recommends putting those made more vulnerable by a particular decision at the ‘front and center’ of the issue by involving them in the process. Doing this embodies the Gospel ethic of putting the sick and poor at the center of the organization.⁹⁴⁶ The danger of Machiavellian, self-righteous, single-minded individual

who does not want to change, or wishes to deflect accountability, is evident, and it is something that the facilitator can respectfully challenge.⁹⁴⁷ Participants must be open to seeing their own shadow after having their thoughts, behaviors, and contradictions exposed to others.⁹⁴⁸ The use of the model is also malleable, so that exercises such as ‘field trips’ to visit with affected persons and to see impacted settings are also possible because of their value and proven helpfulness.⁹⁴⁹

Method and pedagogy also exemplify some of the trends in religious education. For instance, theology and educational theory in a model should operate as dialectic, where method and pedagogy encourage students to think and act in the face of real problems. Likewise, acting or doing illustrates the relevance of theological concepts and may even inform these theological theories, models, and principles.⁹⁵⁰ The correct model will act as a mediator, “in which two or more realities become united in a new reality,” and the new reality will include the following characteristics concurrently:⁹⁵¹

- (1) Incorporates and retains the essential features of its original components, and (2) puts the essential features of the original components in to a new fused relationship with each other so that they are no longer separate but become inextricable combined in the new reality – so inextricably combined, in fact, that in this new reality the components are no longer separate and distinct ontic entities but exist in the new reality only in their united state.⁹⁵²

One component does not dominate another in this new reality. “A dynamic equilibrium reigns.”⁹⁵³ This mediation balances theology and instruction (i.e., substantive content and structural content), where external criteria do not determine the place of theology, but how internal criteria, namely how instruction and its function, fit the needs of specific communities and times.⁹⁵⁴ Because it is social in nature, the structure of a social setting model, such as this, should have the characteristics of prolonged contact, supportive and

agapaic relationships, contact with others' inner states, models to observe in a variety of settings, steadiness and clearness with others' behaviors and values, congruence between others' behaviors and their beliefs and ideals, and the persistence of clarity in concept with corresponding group experiences.⁹⁵⁵ Much of this, of course, originates from the commandment to love one's neighbor and perpetuate culture or a way of life, which is in community.⁹⁵⁶

Alasdair MacIntyre may identify the CD4DF model as being strong and resilient as well as vulnerable at the same time. His position is consistent and well-documented that morality has fractured into different moral camps, ones that do not 'speak the same moral language,' which need mending by reconstructing moral traditions in themselves before engaging each other.⁹⁵⁷ Surely the CD4DF model is a first-rate method for reconstructing the moral tradition of a Roman Catholic organization or components of the Catholic tradition within the U.S. (The former is a presumptive statement because the Catholic tradition in the U.S., or even one Catholic organization, is a conglomerate of many other cultures, as introduced in the first chapter.) It may appear, at first blush, that this model is *not* the relevant instrument for other traditions. A response to this is that the CD4DF model has the flexibility to adapt to the needs of other organizations and moral traditions. It is not a one-size-fits-all product. It is a tool for adjusting and adapting to the needs of distinct groups and moral camps.

Opportunities are present to expand the model to integrate other important facets. There is, for instance, occasion to connect experiences within a group to scripture, which is appropriate especially for Christian organizations. Moreover, the experience of discerning in community is occasion to correlate other communities doing the same in

scripture. Examples are Deuteronomy 6:6-8, Hebrews 10:24-25, 1 Corinthians 14:26, Acts 2:42-47, and Acts 4:32-35.⁹⁵⁸ In the interest of meaning, though, the group should complete the circle by reflecting on the import and association between the Biblical passages and the contemporary issue and process.⁹⁵⁹ Scripture, case studies, and stories are means to obtain fuller or analogous narratives. Without delving into the dense amounts of narrative literature, comparable case studies, experiences (without idolizing them), and telling narratives, in written or verbal form, are ways to create value and add moral coherence to any situation.⁹⁶⁰ Creating a comprehensive narrative and providing case studies for casuistic comparisons are methods to get all the facts necessary to make a good group decision. Although the model already integrates many components, another opportunity is to integrate Zigler's version of the Jakari window, the four domains of moral education. This means that the pedagogy should include direct external (e.g., sharing objectives of the experiences as well as expected behaviors), indirect external (i.e., strategies for achieving the objectives, e.g., exposing participants of various moral stages and levels to different moral stages and levels through structured discussion of real-life dilemmas), direct internal (i.e., reflective and self-regulatory practices, e.g., structured periods of silence, reflection, and journaling for participants), and indirect internal (i.e., examining how emotions factor into discussions, e.g., taking time within a group to acknowledge emotional affect).⁹⁶¹

The debate between Nucci and Kunzman about the existence of a secular morality apart from religious values was discussed above. Nucci argues that religion and religious values are independent of a secular morality and not important for moral decision-making. Kunzman disagrees. While religion is not the sole catalyst for 'secular

morality,' it is an influence, has relevance, and cannot extricate or separate itself from morality generally (i.e., religion and morality cannot be wholly independent).⁹⁶² As mentioned above, the debate may be irrelevant to the use of this model within religious-based organizations. The context of Nucci and Kunzman's debate was public schools. One expects the foundations and derivations of morality in religious-based organizations to be religious, even if in part. This debate becomes more relevant when considering the application of a theological principle and model within a secular organization. A method for justifying its relevance and use is by mentioning its helpfulness and historical use in the Catholic setting for framing certain problems. A later section addresses the role of mission and values within secular organizations. It is worth mentioning that the debate between Kunzman and Nucci did not resolve; subsequently, one could assume that organizations may already have mission and values with religious foundations and derivations. Attempting to strip anything with a remote religious message from secular organizations and society sends its own message, and it is not necessarily a positive one.⁹⁶³

The segment about weakness of the model remarked that it is presumptuous to label it as part of unfolding revelation and natural law, because of the difficulties inherent to proving (or disproving) this claim; and while it is equally as presumptuous to call embodying the model 'a slice of the City of God,' applying the model in the way described here serves as a role model not only for a Catholic witness in the world, it exemplifies deliberate and relational decision-making as well as a form of justice. It is an example of religious education materializing from a theological position in an imaginative and skilled manner, and in this way, it works in a "temporal sequence of

creativity” with God.⁹⁶⁴ As stated many times before, this model proposes uses and applications of the principle of cooperation in a new and innovative way, as it is communal, formative, and, hopefully, transformative. It also embodies the restorative justice characteristics of Schweigert’s four kinds of community-based victim-offender conferencing. Namely, the model is a framework for a mediated discussion and conflict resolution per victim-offender reconciliation programs, community participation in societal-community injustices and malfeasance per community conferencing programs, and brainstorming and enacting restorative justice plans that address underlying causes per circle sentencing, which is common in Native American communities.⁹⁶⁵

The end of the first section of chapter five explored the relationship of this model using a modern principle in a postmodern way. Rather than going through modern and postmodern qualities, it merits noting that postmodern methods are new to some cultures and subcultures, especially considering that professional societies and organizations tend to address complaints and concern through regulations and rule-adherence, which is modernist in structure.⁹⁶⁶ It is the fusion of modern and postmodern in this model that, optimally, creates the following situation:

When the right theology, which again, must be open-ended, and not dogmatic, stands in the background and when grace and faith are in the foreground, the learner’s sense of worth will be underscored and the teacher-pupil relationship will operate on an I-thou level within the broader community of the church, and the transforming power of the gospel will work to bring about a decision of faith in Jesus Christ.⁹⁶⁷

The model utilizes the technique of not telling persons what to do; it lets participants discuss and find out for themselves, which has not been the traditional approach.⁹⁶⁸ It exemplifies what Davis calls attention to social ethics situations as well as “ethics *from*

across the curriculum,” symbolizing when a group attends to an issue that it considers important.⁹⁶⁹

Integrating the conclusions from empirical studies strengthens the CD4DF model, including its utility, relevance, and persuasiveness (i.e., academic support). Some data suggest that incrementally less traditional lecturing and more small-group case discussions improves persons’ moral judgment.⁹⁷⁰ Other studies demonstrate the value of interpersonal interactions, especially with those affected by injustice and intolerance, in order for people to form meaningful connections and develop.⁹⁷¹ Another study recognizes the need to address other vectors besides moral reasoning – including identity, authority, responsibility, agency, relationships, and the meaning of life as they relate to categories such as moral sensitivity, moral motivation, and emotions (i.e. feelings, e.g. caring) – in moral development, which another has adapted into educational theory and pedagogy.⁹⁷²

Without even knowing it, participants in the model are cast into the roles of students as moral agents. That is, they entertain significant moral agency about the distinct cooperation issue. Participants are unawares because education typically has not permitted students to exercise their moral agency. Applying this model allows such decision-making. The CD4DF model achieves Boostrom’s conditions for moral agency, which were based on Plato’s *Meno*, of honoring choice, vision, and end-in-view; and, moreover, it also promotes the characteristics of a modern classroom or learning environment, also discussed by Boostrom, which he derived from his conditions for moral agency. Namely, the classroom honors the students’ own motives, redefines the notion of ‘safe space,’ promotes dialogue between students and teachers about genuine

issues, acknowledgment and encouragement of students' visions on the part of teachers, and allows students and teachers to test their vision.⁹⁷³

The model utilizes a number of respected principles and approaches. This will not go into detail about them because explanations are in previous chapters. Some of the Catholic principles and approaches are the principle of cooperation, of course, the principle of subsidiarity (i.e., ideally, it is inclusive of the people who should be part of the decision-making), mission and ministry discernment, ministry formation, and Catholic social teaching. Other methods and approaches include mediation techniques, adult learning techniques and methods, change leadership methods, and if needed, casuistry, principlism, and justice theories.

II. Relevance of the CD4DF Model Outside of Catholic Organizations

IIA. Relevance of Accountability in Other-than-Catholic Settings

The introduction in the first chapter of the dissertation compared the variety of challenges and struggles in Catholic health care to the heat surrounding a pressure cooker. The pressure cooker itself is the organization; the fare inside the cooker is the organization's associates. This suggested mechanism does not only work on one pressure cooker, corresponding to not only working with Catholic organizations. It can work for others.

Although cooperation is a Catholic moral principle, its use applies to other-than-Catholic organizations. In fact, it is particularly relevant in contemporary situations with complex relationships and accountabilities. Individuals act within groups in a variety of situations, and "because participating individuals orient themselves in acting with respect to collective outcomes, they may be warrantably accountable for acts done by other group

members in pursuit of the collective object. Among structured groups, therefore, accountability can be simultaneously collective and individual.”⁹⁷⁴ This does, of course, relate with more basic concepts of individuals, society, and baseline assumptions about the function of morality. Discussed in the segment about weaknesses above, communitarians may more readily accept the description above and agree to the concept of societal moral norms than libertarians.⁹⁷⁵ Methods exist for introducing the notion of causality to those who are skeptical or not accepting, for instance, by showing how denying collective relationships and causality may force others into unfortunate situations. Some tools and methods occur after the examples below.

Two examples may suffice. The first relates to individual accountability in actions with collective influence. It is a good example, albeit its position outside of an organizational setting. Mia wants to buy a hybrid car and has looked at several different models. Her justification is that the car is more environmentally ‘friendly’ (less deleterious to the environment) than other vehicles. She has not ‘done her homework’ regarding the assembly and production of various vehicles. Cameron, Mia’s friend, knows much more than Mia about the assembly and production of hybrid vehicles. He suggests that Mia expand her search to other vehicles because of the carbon footprint left by other vehicles and processes associated with making the hybrid vehicles. In other words, there is a larger carbon footprint (a.k.a. more environmental degradation) associated with producing hybrids than other cars. A person interested in the environment should be aware that buying a hybrid is more deleterious to the environment before purchase than other cars.

Christopher Kutz uses the bombing of Dresden in 1945 by the Allied forces as an example. Its purpose was mostly retaliatory, as payback for civilian bombings in Allied countries, and ideological, as disapproval of Nazi methods (that included indiscriminate killing). To achieve this purpose, Allied forces waited until the meteorological conditions were precise, to inflict the most damage by generating a firestorm for more civilian casualties.⁹⁷⁶ It was a massive undertaking with thousands of persons contributing and participating:

The city was bombed in three raids, and at least 1,000 planes and 8,000 crewmen were directly involved in the raids, in various roles as pilots, navigators, bombers, and gunners. The firestorm was already raging before many crews dropped their bombs... Many thousands further were involved in planning and support at Bomber Command – what Freeman Dyson, the physicist and peace activist, would later call “a huge organization dedicated to the purpose of burning cities and killing people, and doing the job badly.” (A consequence of this mass participation is the wealth of personal accounts about Dresden as well as Hamburg and Tokyo, in which participants reflect on the nature of their responsibility for the events...) ⁹⁷⁷

By the end of the destruction, nearly 35,000 civilians lost their lives. Admittedly, not everyone who participated in the process knew what was going on. Some did.⁹⁷⁸ For those who did, the defense of “I was just following orders,” is just as repugnant for the Allies as a defense from high-ranking Nazi officers justifying the Holocaust.

A few different tools and methods are available to analyze the examples above – some traditional and some different ways of framing individual actions. Two ways of viewing contributions to collective action are individual in orientation and framework. As such, they are traditional to U.S. culture. Kutz labels them the “Individual Difference Principle” and the “Control Principle:”

Individual Difference Principle: [Emphasis in the original.] (Basis) I am accountable for a harm only if what I have done made a difference to that harm's occurrence. (Object) I am accountable only for the difference any action alone makes to the resulting state of affairs.

Control Principle: [Emphasis in the original.] (Basis) I am accountable for a harm's occurrence only if I could control its occurrence, by producing or preventing it. (Object) I am accountable only for those harms over whose occurrence I had control.⁹⁷⁹

Kutz is unsatisfied by the two approaches above because of the ability of an individual to absolve his or her accountability in group actions due to diminished (i.e., minimal) control or the lack of an individual difference (i.e., action, behavior) profoundly affecting the group's results.⁹⁸⁰

Two main reasons present for Kutz's discontent with the approaches. First, traditional ethics theories and frameworks are not equipped to handle collective wrongdoing including malfeasance, sin, and injustice. In the case of utilitarianism, for instance, this deficit partly results from individual variances in the use and application of objective versus subjective, hypothetical versus actual, rule versus act utilitarianism to groups. Likewise, deontology, including Kant's categorical imperatives, is not equipped to deal with individual participation in collective wrongdoing, similar to consequentialism. The problem is that firebombing cities does not lend itself to becoming a universal maxim; therefore, a lesser statement about marginal participation (e.g., "I will drop my...bombs...in order to avoid the criticisms of my commander and follow crew, but only because I know these few bombs won't make a difference to whether a firestorm arises.") is equally as skeptical as a universal.⁹⁸¹

...[T]he problem posed by collective action is that it introduces a gap between act and harm. In the standard case, where individual

agency is sufficient to produce the harm, universalizing the act universalizes the harm. In the case of marginal participation, universalizing the act is no longer the same as universalizing the harm, in light of the fact that the act requires universal (or at least very wide-spread) participation for there to be any harm. Since universalization is already built into the collective act, a universalized harm does not simply follow logically from universalizing the individual act...[The following is a description of the moral link:] An agent who wills even a remote connection to a nonuniversalizable harm wills a world incompatible with relations of cooperation and reciprocity. [This kind of situation breaks more fundamental, *a priori* duties.]⁹⁸²

Variations exist between the import of intention, results, probabilities, and marginality that marginalize the effectiveness of traditional ethics theories and frameworks. Second, defining a different connection between individuals and groups makes accountability less complicated. An example is Kutz's definition of collective intention, which a group achieves upon meeting the subsequent three conditions:

- (1) Members of the group are intentionally members of that group. That is, they are disposed to participate as members of the group in deciding upon a shared plan and then in acting in conformity with that plan.
- (2) There is an explicit or implicit collective-decision rule by which a collective intention may be assigned to the group in virtue of individuals' intentions to participate in forming and abiding by that collective intention.
- (3) The participatory intentions of the individuals overlap sufficiently to meet the constraints of the collective-decision rule.⁹⁸³

Another way of stating the above conditions is that collective intention describes when groups have structure such that persons are intentional in membership and plans of action, method where individuals share their intentions and pledge (explicitly or implicitly) to abide by group decisions, and occasion where individuals evidence similar intentions.

This explanation of collective intention creates compelling individual links to group malfeasance and injustice. Consider the example of various professionals who reviewed the documents for the example in chapters one and three of the regional, Catholic system, St. Frances Xavier Cabrini Health (SFH), which signed a letter of intent (LOI) to form a partnership with a small, accountable health care network, St. Bernardine of Siena Wellness System (SBW), formerly owned by a Protestant denomination and now owned and operated by a secular company. As discussed previously, presume the observation of many distressing practices – including multiple infractions of confidentiality and ignoring and dismissing legitimate patient and associate complaints – after SFH and SBW integrate. Unlike the former scenarios, assume that professionals performing due diligence found distressing issues during document reviews and visits; though they did not mention anything because ‘too much was riding on the merger.’ Their justification may have been that their individual ‘red flags’ may not have made a difference in the overall merger. Likewise, the professionals reviewing documents and visiting were not the persons conducting the questionable practices, nor were they in a position of authority such that they could slow down or stop the process until the suspect customs were addressed. Still, the professionals performing the due diligence were nominated and subsequently accepted departmental responsibility for reviewing documents and visiting sites. They attended group meetings with other departmental leaders about due diligence. In these meetings, a process for addressing questions or suspect practices was addressed. Additionally, discussion in the due diligence planning meetings also articulated a few different intents – perpetuate the mission and guiding values throughout the proposed transaction by checking for congruent and compatible

values, the articulation of such values in policies and other guiding documents, and evidence of behavior and practice that corresponds the complementary values of the other organization(s).

With these parameters in place, the department head could claim could *claim* absolution under the Individual Difference Principle and the Control Principle. On one hand, claims such as these, indeed, would fit the definitions of both principles. Yet, both principles, by definition, are insufficient for linking individuals to collective action for the two main reasons discussed above. On the other hand, the situation meets the three criteria for strict interpretation of collective intention. Namely, an intentional, methodical process for the selection of group member occurred. Leaders from the Department of Mergers, Developments, and Acquisitions in each organization formed a plan, openly shared the intent of due diligence within their own organization, and the other group members within their own organization demonstrated that they shared the intent by agreeing to participate as leads for their own departmental review. (In fact, for the purposes of this situation, group leaders meet the standard elements of disclosure for informed consent by detailing the recommended course-of-action, benefits and drawbacks, and the alternative of electing someone else to participate. Participants had the chance to clarify their understanding, ask questions, decide, and authorize freely, without undue influence.)⁹⁸⁴ Then the group members actuated the plan by leading the due diligence within their own departments. This was a strict interpretation of collective intention because it applies to those involved with this specific initiative, denoting the associates charged with due diligence. One could make the weak case that employment in an organization is an intentional membership, which includes commitment to the

Mission and Core Values as a shared plan, spanning all departments, which all associates act in accord. In their initial orientation, associates become aware of the centrality of Mission and Core Values as well as the need to uphold these ideals throughout the organization. All associates demonstrate a sufficiently overlapping collective intention by an implicit rule where all, presumably, agree to uphold that intention in the form of ensuring that actions are in accord with Mission and Core Values. It is possible to construct a weak obligation to hold oneself accountable for any situations that seem to impinge or violate the organization's ideals.

The Individual Difference Principle and Control Principle are categorically different from the "Complicity Principle," also described by Kutz:

Complicity Principle: [Emphasis in the original.] (Basis) I am accountable for what others do when I intentionally participate in the wrong they do or harm they cause. (Object) I am accountable for the harm or wrong we do together, independently of the actual difference I make.⁹⁸⁵

On one side, the Individual Difference Principle and Control Principle are attractive from a first-person and third-person perspective, meaning that the principles are more convincing for moral agents complicit with evil, injustice, or malfeasance as well as from a typical, Western bystander perspective. The two principles are less pleasant from a second-person perspective, signifying those who were harmed. On the other side, the Complicity Principle is uncomfortable for cooperators, who are morally complicit with an evil, injustice, or malfeasance. It is much more palatable from the second-person vantage of those who were harmed.⁹⁸⁶ Kutz explains the interrelation between all three principles:

The Complicity Principle conflicts with well-rooted convictions about the necessity of a link between individual accountability and

individual causal contribution. Its ground, however, lies not in a consequentialist conception of accountability, but in a conception that relates agents to wrongs and harms in virtue of the content of their wills. Given a proper analytical understanding of collective intentional action and of the nature of intentional participation in a shared project, the Complicity Principle stands secure. When we act together, we are each accountable for what we all do.⁹⁸⁷

Clearly, it is the Complicity Principle that bears the most import when compared with the Individual Difference Principle and Control Principle for Kutz.

Kutz does not reference the principle of cooperation, but his distinctions are similar to cooperation distinctions. Three notable differences exist when contrasting the Complicity Principle to cooperation. First, the Complicity Principle is about complicity generally, whether the reference point is the moral agent (i.e., the person causing the evil, injustice, or malfeasance) acting as an individual or as part of a group, or a cooperator with various levels of connection (e.g., proximate association, remote association). Cooperation is only a principle of association, where the focal point is the cooperator and not the moral agent. Second, the Complicity Principle presupposes intention by definition with, “I am accountable for what others do when I intentionally participate in the wrong they do or harm they cause.”⁹⁸⁸ Cooperation distinguishes different affiliations of intention and justification. These gradations do not share universal agreement, as discussed in chapter two. In principle, though, formal cooperation describes direct participation of cooperation independent of the agent’s or cooperator’s attitude or motive (i.e., motives or justifications of intent are irrelevant), the cooperator’s approval of evil, or the cooperator’s consent or concurrence to the evil.⁹⁸⁹ Material cooperation is when the cooperator does not intend the evil, injustice, or malfeasance; it is the absence of evil intent on the part of the cooperator, or cooperation without the knowing and willing

assent, or approval, of the agent's act on the part of the cooperator.⁹⁹⁰ Third, Kutz goes on to explain the difference between a cooperator's different levels of association or relationship (e.g., proximate, remote) with the moral agent even though it is not explicit in his Complicity Principle. These differences are inbuilt to cooperation. For example, immediate material cooperation is the willful, intentional contribution to the essential circumstances of the agent's immoral act while not intending the agent's evil, injustice, or malfeasance.⁹⁹¹ Mediate material cooperation is when the cooperator assists the evil act by contributing in a non-essential and secondary way, but the cooperator's act is lesser when compared with the primacy of immediate cooperation.⁹⁹² The cooperator's help intimately connects with the evil of another in proximate mediate material cooperation, and the cooperator's help does not closely connect with the agent's evil in remote mediate material cooperation.⁹⁹³

The differences between the Complicity Principle and cooperation evidence themselves during the application of both. The Dresden fire bombings is a tragic but valuable example if and only if one eliminates the theory, influence, and justification of "just war" reasoning, which would mitigate all persons' accountability. With this caveat in place, it is easier to contrast the Complicity Principle with cooperation. Kutz recounts the role of the firebombing crews, "Each crewman's causal contribution to the conflagration, indeed each plane's, was marginal to the point of insignificance."⁹⁹⁴ A bomber, for instance, *could* try to justify his actions with the Individual Difference Principle and the Control Principle by explaining that he is only accountable for the result of his own actions, if noticeable harm occurs at all, and that he is accountable for the harms that he could control. Implied is that his actions were minor or insignificant in the

overall result, and he could not minimize or prevent the harm. Justification according to these two principles alone is unsatisfactory. Using the Complicity Principle, the bomber is accountable because he intentionally participated in a collective wrong and harm, which was not dependent on the actual difference he made.⁹⁹⁵ This links the bomber to the collective evil. According to Catholic moral theology, the Catholic bomber is not in collaboration, as collaboration is a deliberate joint action but not in relation to a moral evil. Bombing innocent civilians is unjust, ill-advised, or evil, (depending on perspective) so collaboration is not valid.⁹⁹⁶ The principle of cooperation also may not apply to the bomber. Remember that cooperation is association, affiliation, or other partnership with evil, when another chooses to assist an immoral act of by an individual or institutional moral agent.⁹⁹⁷ The bomber *is* one of the agents directly committing the evil, so the principle of cooperation is not relevant.

Applying the principles to different agents yields dissimilar results. Consider the commander who strategically plans the mission, the specialist who attaches the bombs to the planes, and the pilots who fly the planes in the execution of the mission. Assume that all of the described persons know the mission generally, as well as the specific, tactical plan. Just like the last situation, the Individual Difference Principle and the Control Principle are insufficient explanations. Again, the commander, specialist, and pilot are accountable because they intentionally participated in a collective wrong and harm, which was not dependent on the actual difference they made.⁹⁹⁸ The Complicity Principle is relevant and applicable. So is the principle of cooperation according to the brief definition above and the extensive definition in chapter two because all the cooperators, presumably, intend the moral evil and have a connection to the moral agents,

such as the bombardier, who directly cause the evil. Pilots, commanders, and specialists may not have the same level of connection – pilots seem to be much more instrumental to the commission of sin than commanders. Still, proximity or remoteness does not make a difference with applying cooperation this case because all parties intend the evil. It is explicit formal cooperation when the cooperators directly will, which is approval of, the immorality of the agents.⁹⁹⁹ It is implicit formal cooperation when the cooperators claim no intent or approval because the act is not sinful in itself (e.g., commander giving orders, specialist ensuring the plane is safe and ready to fly, pilot flying a plane) but the nature (object) of the act cannot have any other meaning (*ex fine operis*).¹⁰⁰⁰

At least two main reasons exist for the nuance provided about Kutz's theories as well as the extended application comparison with the principle of cooperation. First, Kutz convincingly argues for the relevance of individual accountability when another or a group causes injustice or malfeasance. He does so solely from a secular perspective. The significance is demonstration of secular significance and importance for the principle of cooperation. Second and furthermore, Kutz's Complicity Principle bears some similarities to the principle of cooperation. It is helpful for establishing individual connection and accountability to group injustice or immorality. The Complicity Principle links the causal connection between evil, primary agency, and cooperation (i.e., secondary or antecedent agency). The principle of cooperation picks up where the Complicity Principle stops. Therefore, the lexical matrix of cooperation may prove useful in secular society for differentiating different affiliations of intention and justification and different levels of association or relationship between the cooperator and the moral agent.

The various sources in this dissertation illustrate that many accept the premise that knowing the barbarism, unfairness, or unacceptability of certain acts and, nevertheless, participating in them does not release a person from accountability. All of us are accountable, and we are all part of something that is cooking – the unfolding of the Natural Law and the improvement of the common good. Methods correctly identify that, when it comes to cooking, we are all chefs, belong in the kitchen, and bear responsibility for not burning the stew.

IIB. Ideals and Norms in Other-than-Catholic Settings

Applications of the principle of cooperation are analogous to ships anchored in the open sea. The vessel, representing the cooperator, has various positions or locations in comparison to the anchor, which depends on the length of chain to the anchor, cardinal direction of the bow, weather and water currents, and internal momentum. The heavy line connecting the ship to its anchor is symbolic of the relationship between the cooperator and the agent causing the moral evil, injustice, or malfeasance. The relevance of this relationship, including the accountability of others to sin (i.e., evil, injustice, malfeasance), in all settings was established in the last subsection. This subsection attends to the anchor, which is the person(s) causing the sin as well as the sin itself. It demonstrates how the anchor is still germane for secular and other-than-Catholic settings. In other words, incongruence can survive between ideals, norms, and behaviors despite any claims about the irrelevance of Catholic teaching about sin in other-than-Catholic contexts according to other-than-Catholic theories, frameworks, explanations, and justifications.

In short, secular and other-than-Catholic organizations have anchors in the form of mission, philosophy, and value statements. For instance, Macy's, Inc. corporate philosophy statement specifies that it:

[I]s committed to open and honest communications with employees, shareholders, vendors, customers, financial analysts and the news media. The company seeks to be proactive in sharing information and in keeping these key stakeholder groups up-to-date on important and material developments.¹⁰⁰¹

Without implying any past, current, or future malfeasance, it is hypothetically conceivable that a partner of Macy's could cover-up an error, an accounting error for instance, which other associates within the corporation 'turn a blind eye to' even though it will affect shareholders and other key stakeholders. This situation may be a good place to use cooperation because, at face value, it seems to violate the corporate philosophy statement.

The premium ice cream company, Ben & Jerry's, is also known as a company 'with a heart' because of their social activism. Their mission statement and 'progressive values' codify this in the following way:

[The social mission] is to operate the Company in a way that actively recognizes the central role that business plays in society by initiating innovative ways to improve the quality of life locally, nationally and internationally. [The product mission] is to make, distribute and sell the finest quality all natural ice cream and euphoric concoctions with a continued commitment to incorporating wholesome, natural ingredients and promoting business practices that respect the Earth and the Environment. [The economic mission] is to operate the Company on a sustainable financial basis of profitable growth, increasing value for our stakeholders and expanding opportunities for development and career growth for our employees. [Progressive values include seeking and supporting] nonviolent ways to achieve peace and justice. We believe government resources are more productively used in meeting human needs than in building and maintaining weapons systems.¹⁰⁰²

Hypothetically, it is possible that one of Ben & Jerry's charitable causes could, in turn, support causes that use aggressive methods to 'advance' peace and justice. (Again, this is hypothetical and does not imply any past, present, or future malfeasance.) This is another opportunity to use the principle of cooperation and the CD4DF model.

Johnson Controls has a 34-page guide, called Ethics Policy: Integrity Every Day.

It articulates the Johnson Controls International (JCI) vision and values:

Our Vision –

[Is] a more comfortable, safe, and sustainable world.

Our Values –

Integrity: We act with honesty, fairness, respect and safety, furthering a culture of unquestioned integrity. This strengthens relationships across businesses and functions.

Customer Satisfaction: Our future depends on us serving as customer advocates and customers' success. We are proactive, hard-driving and easy to work with. We offer expert knowledge and practical solutions. We deliver on possibilities.

Employee Engagement: As we grow, so will our people. We foster a culture that promotes excellent performance, teamwork, inclusion, leadership and growth. Our employee and leader diversity will mirror our global markets and population.

Innovation: We believe there is always a better way. We encourage change and seek the opportunities it brings. We will commercialize innovations globally at an accelerating pace.

Sustainability: Through our products, services, operations and community involvement, we promote the efficient use of resources to benefit all people and our planet. The environment and sustainability are key elements of our business proposition.¹⁰⁰³

The introduction of the JCI ethics policy acknowledges that only clear-cut choices are easy, but most ethics dilemmas are not between good or bad, right or wrong, yes or no.¹⁰⁰⁴ The hypothetical situation facing JCI (which is not intentionally in reference to past, present, or future real-life persons or situations) is that a 'third-party,' engineering firm has been in trouble with the Better Business Bureau for alleged improper practices,

including claiming others' intellectual property as their own. The firm is being audited. This firm has been an intermediary between a key client and JCI's business as the designer and tester of the client's climate control systems. During design and testing, JCI associates work with the engineering firm, not the client directly. JCI is not working with the firm at present and the alleged inappropriate activities happened in association with a different client, meaning that neither JCI nor the clients were involved. This may be the perfect occasion for JCI to use the CD4DF model, as the engineering firm's conduct is not cohesive with JCI values.

Portions of the Starbucks mission statement about partners, customers, stores and neighborhoods as well as a corporate ethics statement are as follows:

Mission –

Our Partners: We're called partners... Together, we embrace diversity to create a place where each of us can be ourselves. We always treat each other with respect and dignity. And we hold each other to that standard.

Our Customers: ...[Our work] is really about a human connection.

Our Stores: ...[O]ur stores become a haven... [They are] always full of humanity.

Our Neighborhood: Every store is part of a community, and we take our responsibility to be good neighbors seriously. We want to be invited in wherever we do business. We can be a force for positive action – bringing together our partners, customers, and the community to contribute every day. Now we see that our responsibility – and our potential for good – is even larger. The world is looking to Starbucks to set the new standard, yet again. We will lead.¹⁰⁰⁵

Ethics –

Starbucks believes that conducting business ethically and striving to do the right thing are vital to the success of the company... We share our customers' commitment to the environment. And we believe in the importance of caring for our planet and encouraging others to do the same.¹⁰⁰⁶

Starbucks commits to the wellness of its own partners (i.e., associates), including various programs and the provision of health insurance for part-time and full-time partners since

1988.¹⁰⁰⁷ Hypothetically, a situation that could call for cooperation (not implying any actual past, present, or future wrongdoing) is if Starbucks was to partner with a community development firm, which advances community initiatives but does not provide basic services, such as health insurance, to its employees.

There is always use for this model of cooperation because of our accountability to each other. It is a multi-agency principle for improving the way we handle our dynamic, multi-faceted, complex organizations, relationships, and lives. Cooperation always has an anchor to someone or a group doing something we do not agree with, where the heavy chain tying the vessel (i.e., the cooperator) to the anchor (i.e., the moral agent) is a relationship or association. The compass (i.e., values, mission, standards) does not have to be religiously-based to be relevant.

III. Summary and Conclusion

Cooperation has been called one of the most difficult concepts in moral theology.¹⁰⁰⁸ It is not only a difficult concept because of the nuance of its taxonomy; people rarely interpret and apply it in the same way. “Cooperation is so difficult because it reflects the complexity of life.”¹⁰⁰⁹ For these reasons, one could easily regard it as a recipe for frustration, if not disaster.

The thesis did not begin with the complexity of the principle or the suggestion of a different and novel use. Three topics preceded this in chapter one. It started with foundational assumptions as context, historical challenges for Catholic health care, and the complexity of challenges in contemporary life and Catholic health care. It transitioned by introducing cooperation as an essentially social principle.

Specifying the complexity of cooperation was the latter task of chapter two. This included defining material cooperation and its taxonomy from within the tradition, relating (e.g., comparing, contrasting) it with other principles within the tradition, locating it (i.e., describing its development) within the history of theological ethics, applying it to individual issues within Catholic health care, and identifying fundamental. Establishing the Roman Catholic theological foundations of cooperation was the former task of chapter two.

Cooperation has organizational uses, which was the topic of chapter three. It began with the assertion that, indeed, organizations have moral agency, although their form of agency differs from individual agency. Organizations' agency is a function of organizational ethics and acknowledged within the Catholic theological tradition. The chapter completed by comparing and contrasting individual and organizations during the application of cooperation as well as conversing about the organizational applications of cooperation, which are different from the individual applications.

A strategic shift in emphasis occurred in chapter four that set aside cooperation and switched to the implementation and use of cooperation as a function of moral development. The chapter began with moral development as a foundation for moral agency to identify wrongdoing. Next, it aligned moral development with discernment and organizational agency, and it ended with an understanding that the application and justification of material cooperation is a function of moral development. In other words, an agent who employs cooperation may reveal cues as to his or her moral development while explaining why he or she categorized an issue in a particular way (e.g., explicit formal, immediate material, proximate mediate material).

Chapter five had two major divisions, both pertaining to the contribution of cooperation as a function of moral development for ministry formation. The first division was about situating the model for ministry formation and ministry discernment, which consisted of defining formation and discernment, discussing the complex connections between moral reasoning and moral behavior than moral interventions, the reality of using cooperation for discernment, and the nature of this postmodern use in a ‘modern principle’s clothing.’ The second division discussed the CD4DF model itself – its structure, roles, and process.

This chapter, the sixth and final, covered the benefits and burdens, advantages and disadvantages of this CD4DF model. It also extrapolated the relevance of the CD4DF model outside of Catholic organizations – secular and other-than-Catholic organizations. Making this argument necessitated substantiation that secular and other-than-Catholic organizations have missions, values, and thus, reason to establish malfeasance, incongruence, and injustice, if not moral evil in the sense of the Catholic tradition. Similarly, people in secular and other-than-Catholic organizations have relationships and moral proximity (or distance) to those causing the malfeasance, incongruence, or injustice. Cooperation, therefore, has relevance in these settings.

With reference to cooperation’s intricacy, it is precisely this nuance – this mixture of ingredients – that makes cooperation the perfect principle for gauging persons’ moral development when applying cooperation to an issue. Utilizing the above model, the complexity of cooperation in its application is one mechanism for addressing multiple dynamics including organizational ministry discernment, individual ministry formation, and possibly individual moral development. The relationship and interconnectivity, if

any, between moral motivation (intent), sensitivity, reasoning, judgment, and behavior (actions) is complex and unclear, presenting a significant challenge for many moral interventions. Still, by addressing what we know about this relationship as well as moral and adult education, we create an optimal environment for advancing participants' moral development by addressing as many of the mentioned factors as possible. The CD4DF model becomes an optimal release valve for ensuring that the fare inside the pressure cooker, the people in an organization, reaches its full potential, which is their formation and development.

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