Five Steps to Authentic Partnering: Addressing Issues of System and Community

Introduction. An Encounter with the System and Patch Adams

Years ago in another province after having been introduced as a new employee to a very cynical mental health professional nearing retirement, my manager commented to me that I had just met "the system." Such a person was not very helpful in empowering patients. Over the years I met other persons similarly affected by self-identifying with the system. Many were burned out employees who at one time had been patient advocates. Knowing that many professionals still wished to truly be part of the patients' healing process, one day at a conference in Winnipeg, Canada, I seized the opportunity to ask the great Dr. Patch Adams immortalized in film by the late great Robin Williams, to offer his advice on the situation. When I asked, "How can those of us who work in the health care system change it from within?" Dr Adams responded simply with "Just leave." If you are reading this article it is likely that you do not want to leave but to help people from within the system. This article is about just that.

In contrast to Dr. Adam's advice *The Soul of the Firm,* a book by C. William Pollard, outlines the transformative community building impact that the giant support services corporation Service Master has had on many of the hospitals they serve. Both Dr. Adams and Service Master have valid points. Systems, as organizational structures, will always be lifeless by definition and consequently they do have a dehumanizing impact. This causes some progressive professionals like Patch to leave. However, life affirming community can co-exist within a system despite the constant tension between them. Such co-existence is made much more likely when one possesses an adequate conceptual understanding of the nature of the beast and the relational skills required to intentionally create community within the system. When health care organizations consciously identify and behave as communities they are no longer regarded by other groups as just

"the system" but as containing co-communities with whom they can navigate the "system" together.

In this presentation, conceptual and practical means of empowering health care professionals to partner in community will be explored in an innovative approach based in the teaching of some of the leading thinkers of our time. Through putting the core concepts of these visionaries into a clear sequential format we can see how a new perspective and intentional ways of relating can make true progress possible.

Through understanding the difference between "system" and "community," a new dynamic becomes possible. The five steps to creating this change are outlined below.

STEP 1. SYSTEM: Clarifying what it is – what it is not

A system is an organizational structure and an organized process involving many parts and factors, all designed to achieve or preserve a certain standard or outcome. For example McDonald's restaurants have a system designed for selling their product, just as the human body has multiple systems (e.g. digestive and circulatory) designed for the maintenance of health and function. The value of a system can be measured according to how it fulfills its purpose but it is in and of itself by definition impersonal whether it be a computer system the judicial system or the health care system. A system is only the collective interaction of its parts. It has no seat of consciousness and cannot make judgements and has no identity – thus the term, the faceless system. It does what it is set up to do or programmed to do. It is not the same as community. It is a huge frustration when we look to a system for that which one can only get from community. Systems have an innate propensity to dehumanize which is counter to community. Yet every community needs to have a system and sub systems. Health care professionals and leaders need to identify as working within the system not for it. Each of us reports to a human being, not to the system. Instead of thinking of ourselves as working for the system we need to make the system work for our partners in community. One way we are slaves of the system, the other way we are masters of it. (For reading on this topic see the many works of Jacques Ellul in particular *The Technological Society* as well as *The New Demons*.

STEP 2. COMMUNITY: Identify with it - not the system

If community is not the same as system - then what is it? Human community is an experience of personal connection between individuals who identify collectively as a group gathered together for the purpose of enjoyment, achieving common ends and meeting individual needs. It only

exists through interpersonal connections that rely upon volitional actions between persons indicating their desire to work or play together. It is dependent upon a way of relating rather than upon an organizational structure. It is by definition, personal, largely conscious and in constant need of maintenance of relationships. All communities have and employ organizational structures that we call systems but although they co-habit the same space, they are very different in nature and purpose. Confusing the one for the other is a major mistake that will negatively impact all attempts at partnering. Such an error can be seen perhaps most clearly in how the Canadian federal government sought to change the communal identity of indigenous peoples through residential schools. The school "system" could not replace the home community and the results were dehumanizing. A school system that had been designed and employed by the indigenous community could likely have been successful in achieving the goal of education without such destruction because the community could have ruled the system. Instead the system that was used destroyed and wounded many people. People are not meant to get their identity from a system but from their interaction with persons and living things. (Readers may wish to explore Stanley Hauerwas's book entitled *A Community of Character.*)

STEP 3. RELATE – Make it personal

A person is an individual who has a seat of consciousness that includes thoughts and feelings. Mature individuals are capable of making judgments and behaving according to individual and collective values of community. Persons may work in systems but they live in communities. People want to acknowledge one another as persons of community not parts of a system. In order to do this we need to relate as one living soul to another. One way to begin this is to acknowledge the other person as part of a community. Communities can overlap but only when persons permit themselves to participate in each. So for example a person of a religious or ethnic community may be willing to see themselves as relating to the hospital community if the hospital employees can authentically identify itself as a community. If they do not identify themselves as a community, but just as a system, then the person will never feel connected because systems by definition are impersonal. So health-care professionals need to in some way identify themselves as part of a caring community – a healing community and there is a way to do this. The language of community is *story* not facts or figures or metrics, so the professional needs to somehow tell a story, however brief or however long, to identify that they understand themselves to be representing community not the system. The professional's job is to make the system work for the partner. Once this interpersonal I-Thou bridge is made there is a chance for real partnering. This is true for one professional with one patient at bedside just as it is true for a group of

professionals trying to partner with a group or persons who identify as an outside community of their own. (See works of Martin Buber for true dialogue and, Robert Coles about the role of story)

STEP 4. Externalize the Problem: neither of you are the problem

Generally speaking, people are not motivated to engage with the system unless it is to challenge it. They challenge it because they are experiencing a problem with the system. People have a tendency to identify the other person as "The Problem" if that person is perceived as working "for" the system rather than in the system. When people see each other in this way it is virtually impossible to make any progress because each is invested in defending themselves more than they are invested in seeking understanding. The renowned family therapist Michael White developed an approach to breaking through such an impasse by teaching people to externalize the problem. In this approach persons are led to name the problem as clearly as possible. In many cases in health care, this will be a problem with the system. If the health care professional has already identified herself as a person of community instead of the embodiment of "the system,"clarifying the nature of the problem and naming it is a major step in externalization. At this point it is a matter of naming the problem as something each can identify and agree on as external to either one of them or either group. This is true even when there is a problem within a community or within a person. For example, a drug addict is not himself the problem but he does have a problem. A community may have a problem with patriarchal violence but the community is not the problem, the ideology is the problem. When these things are not named clearly and agreed upon there can be a lot of projection so that the one blames the other for the situation.

STEP 5. Partner: Empower each other over the problem

Once the problem has been externalized and neither party is identified with it, the health care professional or group needs to join with the other person or group to partner together on solving the problem. If the problem is a systems issue which it so often is, the situation is now one of two communities partnering together to solve the problem by making the system work. In this way the communities feel empowered as the masters of the system rather than its victims. When the systemic issue is much larger than either community, the sense of alliance between the two communities is still comforting and important bonding can occur. This is a totally different dynamic than is seen when the health care professional feels they must defend the system and is therefore attacked by the community as the part of the problem. The aim of this joining is the empowerment of both groups of people or both individuals. Such mutual empowerment in community can

create strong and lasting bonds. Essential to this are the preceding steps in which the stage is set for understanding the nature and role of both community and the system. The system is regarded as a necessity with an innate propensity for dehumanizing but with no actual malice. The system needs to be the tool of the community. It is the job of the health care community within the system and the communities outside of the health care system to be in an alliance of using the system as a tool for the good of the community rather than having the community serving the tool. To just slightly paraphrase Jesus of Nazareth, The laws (Sabbath) were made for humans not humans for the law. (For further reading on the philosophy of empowerment see the works of **Paulo Freire**).

I believe spiritual care practitioners have been practicing partnerships like those described above for many years without necessarily articulating the steps or the theological, philosophical, sociological and psychological foundations on which they rest. I believe it is important for our profession to use the distinct insights we have gleaned from our unique education to assist others in understanding the nature of systems and community because at the core these matters are most of all decidedly spiritual in nature. The more we give voice to our perspective, the more chance we have of keeping the system from dehumanizing health care institutions as well as many other institutions like schools and social services departments. The same can be said for corporations. I believe this is one of the most major challenges of our time as systems are at the basis of almost all modern power. **Paulo Freire** once said: "Washing one's hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral." In that case all chaplains have a spiritual calling to educate, to advocate, and to partner with other health care professionals in fostering healing communities within the bowels of the beast.

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