What is this?

describes messes as collections of inter-related problems, suggesting that "no problem ever exists in complete isolation. Every problem interacts with other problems and is therefore part of a set of interrelated problems, a system of problems." In this mess map, the problems are highlighted in yellow boxes.

At MacroVU, we think of social messes as having these characteristics

- complicated, complex, and ambiguous
 much uncertainty even as to what the problems are, let alone what the solutions might be
- tightly interconnected, economically, socially, politically,
- seen differently from different points of view, and quite different

- are often a-logical or illogical.

Helping Task Force of Methodist Church

applied to Methodist clergy but it did not -- the clergy are sicker than they were

in the past and sicker than other professions (with age held constant)

The Mess MappingTM process is a general method for groups working on synthesize stakeholder expertise and create organizational alignment. It was based on the assumption that multidisciplinary task groups need special forms of group interactions in order to effectively use the expertise assembled. The church assembled two task forces composed of preacher, their wives, bishops, MDs, psychiatrists, nurses, and members of the public.

The use of the concept of a "mess' as a systemically inter-related set of problems breaks that initial mental set of the experts and challenges them to work together to produce an analysis they would not have produced by themselves or in a conventional group process. This changes their motivation from displaying their expertise to involvement in exploring new territory together.

The use of the physical metaphor of a "map" also intrigues them. It draws on their experiences of navigating in new territory as well as in the process of constructing the map which changes significantly over several sessions.

During the process, a large version (24 x 36 inches) of a "seed" mess map or template was placed on each table. An even larger, mural size version hung on the wall. The different tables contributed their understandings of the various interlocking problems and dilemmas. The MacroVU team together with the task force then created a more polished mess map for communication (Shown on the

Centerpiece of an organization-wide dialog

At the end of the mess mapping process, their nation-wide task force decided to use the mess map as a tool around which dialogs about the mess could be conducted in congregations around the country. This would lay the groundwork for a wider organizational discussion about changes that needed to be made in the church's structure and organization.

For this phase another task force was formed and worked for two years deepening their understanding of the issues and taking the Mess Map back to their home congregations and organizations to ponder the meaning of the mess before coming up with recommendations. In addition to many discussions with seminaries and in meetings of the church bishops. They said by way of invitation on the map: "What's next? These are the patterns that can be seen in the data from these focus groups. You may see other patterns. What should we as a

Health resources recognized

In part this resulted from the inclusion of a section of the mess map that we had not previously included. It was called "Church in Community" and is pictured in the large green blob. They recognized that Methodists were major components of the US healthcare system. In fact, they estimated that one of every ten members of the church had something to do with healthcare. They were physicians, nurses, social workers, etc.

Enabled people to see a picture of hope

Another part of the reframe that was an outcome of the nation-wide discussion was a story of hopeful change. On the map, they invited participants in the nation wide dialog this way:

President, MacroVU®. com hornbob@earthlink.ne

IN EUROPE

70's - turned into "entitlement" - "we work

an't create a proactive response to the

MONEY AND GIVING

ame as Unitarians and well under

e 10% tithing of the Mormons.

The General Board:

provides health benefits through

HealthFlex to 10,000 clergy and

3,000 lay employees plus their

- Medical claims increased b

approx. 15% from 2000 to 200

dependents (over 60,000 people

Money spent on health could

indicate wellness rather than

illness. It is important not to

equate lack of utilization o

wellness, particularly if the

funds are used in a prevent

COSTS FOR THE GENERAL BOAF

health insurance with

United Methodist Church as Organization

comparative data that their

volunteer staffing has changed; number of

NOT MULTICULTURAL

LACK OF ACCOUNTABILITY

It took 10 years to fire a pastor

UMC Affiliated

Higher Education

123 UMC facilities for education

- UMC affiliated higher education

UMC General

commissions that provide vital

ministry and mission to the

enroll over 250,000 a year

who killed 4 churches.

health has deteriorated

strong dedication that

Retired clergy has less health

about one half of the cost before

the religion - it's one dimension - we are extremists

24 of the 65 Conference

and 4 United Methodist

organizations participate in

MANY CONFERENCES WILL FACE

HE DIFFICULT DECISION OF

BENEFITS, REDUCING STAFF, OF

BOTH -- IF HEALTH CARE COSTS

ION-LEADERLY LEADER ROLES

Role of clergy reflects post-Vietnam

- motivate and inspire people

- finding support to reflect new

ell known to district supervisors that ma

generally negative attitude toward any clerg

person who is assigned there.

superintendents can do it.

congregations as quickly as district

CONTINUE TO RISE.

leadership. Difficulty:

- aligning resources

casting vision

leadership model

church-affiliated

costs and on average are

(Mercer study) Costs of

resources for personal spiritual formation hard and we work long"

Clergy with supervisory relationships

"burden" of younger clergy with different

(lower) work ethic - generational divide in

(aka clergy managers, eg., DSs) bear

is. This process takes a long time.

ote in the general conference.

Methodist Church. (The

- Administers pensions for

within the industry

HealthFlex Plan is intended

Pays benefits that are standard

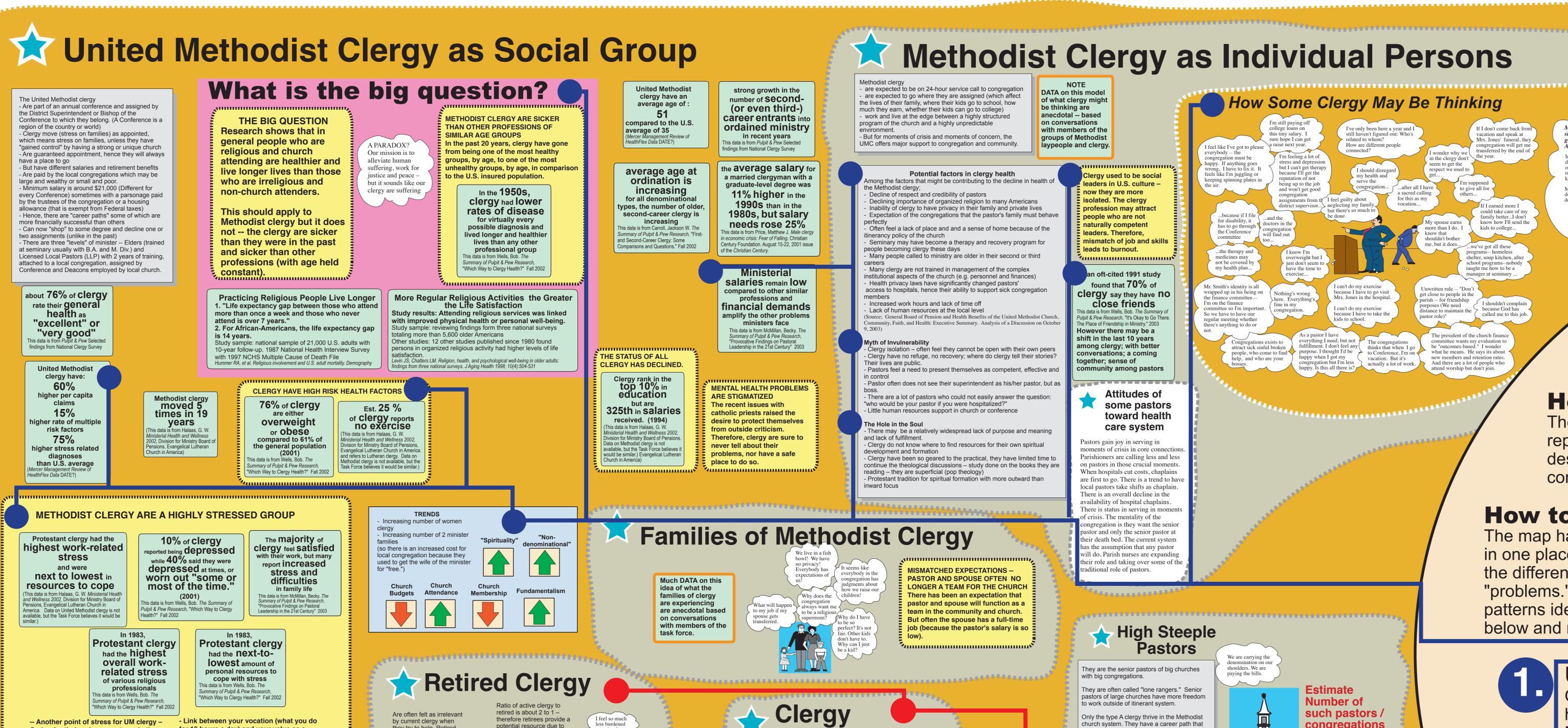
Some Conferences are in the process

and some have eliminated retiree

Many of these non-HealthFlex plans

have less technical and administrative

Health as Wholeness in Mission: Influences and Issues



Are clergy outside of the system healthier?

The Council of Bishops

HEALTH IN ITS TEACHING

United Methodist Congregations

Jnited Methodist congregations

Often have "Super Pastor"

expectations- members of

have skills they don't have.

TRENDS

ne to volunteer with churches and

ongregation members may have less

pport pastors because they (like most

is in "maintenance mode."

Youth scared of

dying; don't go to

funerals; youth's

attitude toward death

is that they are not

lon't go to hospitals

o visit the sick; the

to talk about death;

expected in most

XIC CHURCHES MAKE PASTORS

When the district superintendent

church they will probably get sick.

Pastors are not rewarded for fixing

Pastoral = nice. Therefore, churches

puts a healthy pastor in a toxic

messes, but for being pastoral.

stay toxic and pastors get sicker

and the problems are not addressed

astor can say "I too

church can be a place

Observation: Clergy outside the formal itinerant system report

Healthy Congregations

volved in various community

Reflect range of ages in service

Positive relationships with pasto

Disciple Bible study appears as

Positive relationships w/ Pastor

Woody, how many

rural congregations

Congregations

A rural pastor can drive

There is a category of low

performing pastors assigned

to smaller, family-type

chapels. Sending people

vith a deficiency of skil

a situation requiring strong

skills is or can set them up

for stress, failure and

up to 150 miles every

Sunday to get to their three-point parish.

Church In Community Clergy in the Medical System Trends Funds Available For Health Care Initiatives Traditionally when a community require the clergy and the hospital. ervice, they have turned to the l ngregations to help fund their work er the past decades, there has bee trend toward privatizing community nospitals (and other services). There E CLERGY NOT EDUCATED TO DEA till a need for increasing these service nd this kind of funding in communitie H THE HEALTHCARE SYSTEM. ut the funding is less available becaus more or less of the clergy resource ith the head of hospitals for a pastor is **Clinical Pastor** DEATH IS MAIN CONNECTION WITH **Education** There is a divide between the medical What is going on here? This diagram attempts to bring together as much of the part of the hospital and the chaplains they only come together around death

relevant data as possible about the United Methodist Church and its health.

How was this knowledge map created?

The voices on the map have been collected from several UMC focus groups and do not represent the collective voice of the UMC. This American heath care system has been described by many observers as a "mess" or "in crisis." The picture of the Methodist health is congruent with this assessment

How to read this knowledge map

The map has been created with the assumption that it is helpful to see as much of the mess as possible in one place. You can read is by starting anywhere. You will note that evidence of the mess shows up in the different sectors as bright yellow boxes and are usually experienced by people in them as "problems." The data is in green boxes. We, then, connect some of the data and problems together in patterns identified below. You can also begin by reading the patterns we see in the map described below and read by connectting the colored dots.

UMC Decline

over the last 30 years, the UMC has been in a state of decline. Membership is down, churches have been closed. Revenues has been directed to administration not mission. And clergy health is deteriorating. Follow the blue thread to see how

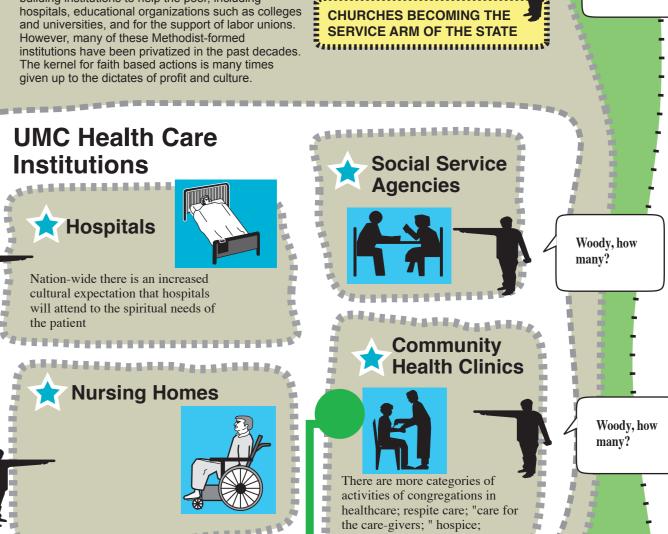
of the Church

Untapped, Underutilized and Unfocused Resources of the UMC

The UMC is ubiquitous. It is everywhere. Churches are in every community, and the missions and ministries are broad and diverse, even if, many times, the focus and effect may be limited or

Story of Hope...of What's next? These **Releasing Energy** are the patterns that can be When leaders grab a vision,

seen in the data from these focus groups. You may see other patterns. What should align it to the mission of the we as a church do about church, and marshall and focus multiple resources of the church, vitality springs forth.



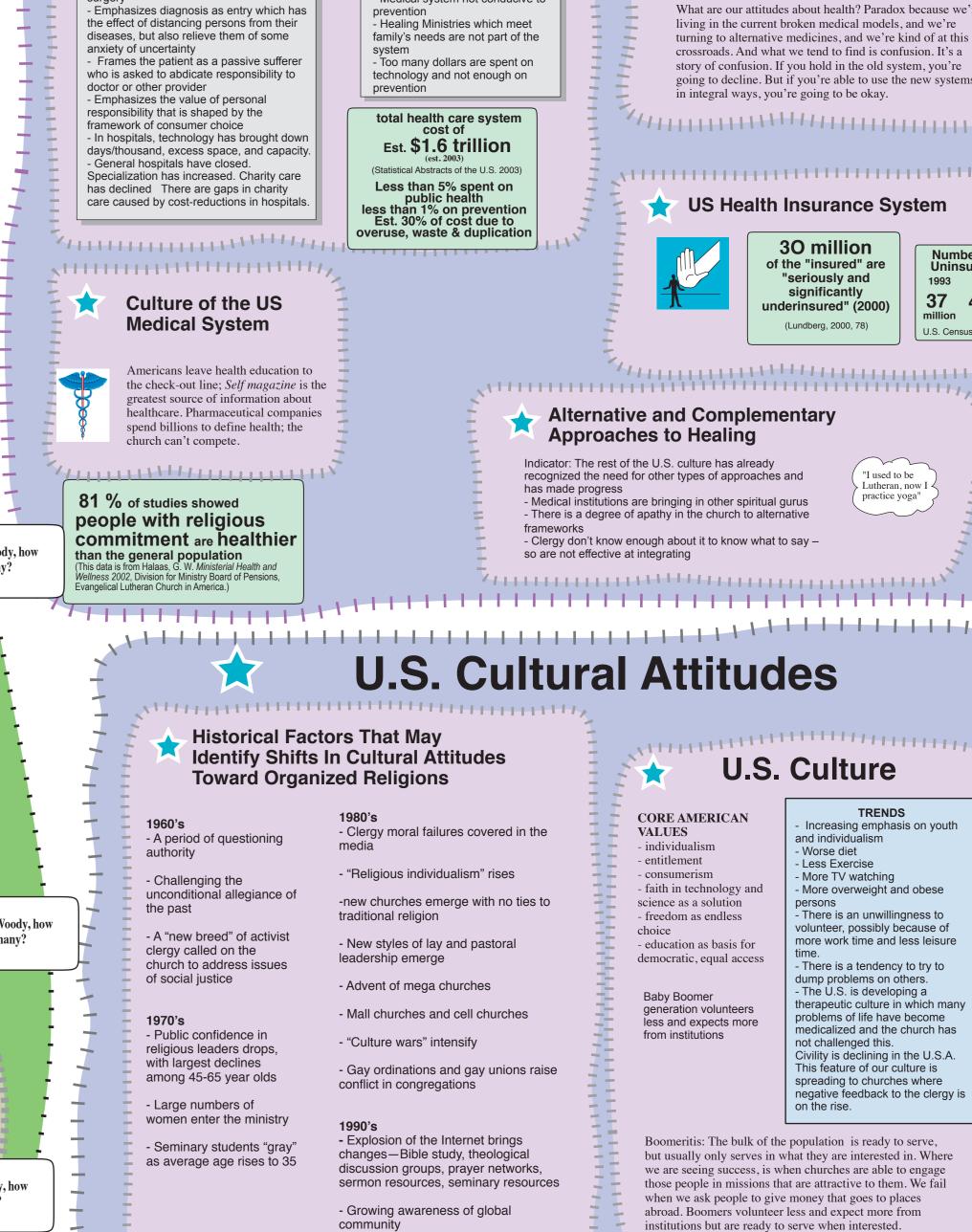
ne hospital; gets paid a nursing

- May make more money than - Many parish nursing programs

Parish Nursing

Faith-based Health

Care Institutions



- Immigrants reshaping and influenci society, communities and churches

Younger people, ages 25-44 years express less confidence in the clerg

US Cultural Attitudes Toward the Relationship of Health & Faith

body and spirit in our culture as an

- Privatization of our institutions that has

individual consideration.

US Cultural

U.S. Population &

Changes in the US
Population and Culture
in the last 40 Years

🙀 U.S. Health Care System

Built around a mechanistic model

symptom, diagnosis, illness, drugs, an



enomination.

leaves is an issue

will get to return to their

Pastoral recruitment

- UMC allows for many theological erspectives Methodists are an offshoot of the oot of the Roman Catholic rgy are regarded as being "in ce to the total community." clergy are the "suffering ne physical body is not highly arded by comparison with the There is a tradition of faith rath n practice in keeping with the otestant emphasis on faith as sed to good works and that s more a mental than a

CK THEOLOGY OF CULTURE-CHURCH

UMC does not have one answer to question of

shows up if we share our views on what it

means to be whole and healthy.

relationship between church and culture. This

Western tradition does not have a

theology of the body that is healthy.

Lack theology of church-culture

leads to bigger churches and then enables

them to get out of the clutches of the church

system. They look for their spiritual fulfillment

outside of the church (ie, they often don't go

to Methodist retreats and often don't hang o

with other clergy).

training and assignment SENSE OF MISSION seminary are not t difficult to lead and grow the bringing as much urch experience – equipped to deal with issues in the church system than the past

URCH LACKS REALITY-BASED OMMUNITY SUPPORT FOR THEM Renewal leaves (sabbaticals) may be seen as a sign of weakness rather than a sign of strength.

There is a Wesleyan heritage of

service in community with practical

guidelines to personal responsibility

about health. "Primitive Physicks"

by John Wesley

Seminary Education n diverse locations in the U.S. with diverse curriculums whose teaching is more theological than pastoral and lack of practical application for day-to-day ministry health and wellness and connection to faith seldom taught

renewal leave are not a requirement n some conferences, financing here is no guarantee that pastors congregations after a leave AMBIGUOUS ATTITUDES Many congregations struggle with CONCERNING BODY AND SPIRIT senior pastors absence -- especially Spirit-good, body-bad during major illnesses or death

Different colored BLOBS are individual

SECTORS OR ORGANIZATIONS or **EXPLANATORY** information Yellow boxes describe PROBLEMS

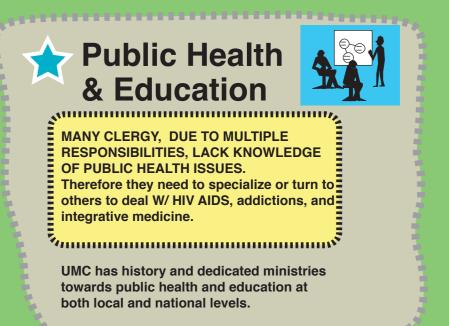
Light green boxes present DATA

Light blue boxes present TRENDS

Partnerships between affluent suburban support clinics, community health, numerous Partnerships between government and faithinstitutions exist and are not being run by religious institutions -- medical institutions are bringing ir other "spiritual" gurus that are not the church Level of apathy in the church to alternative frameworks – to other spiritual "gurus" (e.g., Leland Churches provide: training, access, role Kaiser's Spiritual Leadership Institute in Colorado Rachel Naomi Ranem (sp?) Kitchen Table Wisdom) Healthy community movements: AIDS Smoking cessation
-- Health Clinics say – so not effective as a catalyst for other methods Shows up as mission work for both lay and



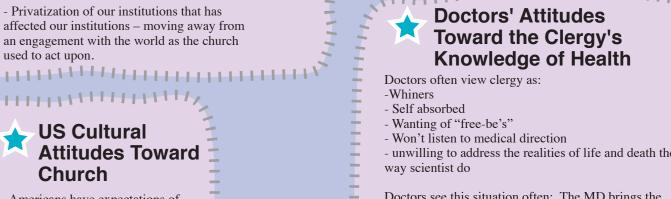
These are organizations that receive money from (please fill in and uses these funds to (please fill The amount of funds spent in an average year is \$ (please fill in)





ins; other lay health ministries

Church - Americans have expectations of church along the lines of: what are you, church, doing for me' - Multiple generations present different expectations; - Individualistic culture dominates in churches that have a void for an alternative definition of what spiritual formation is. -American churches have no common definition of spiritual formation – therefore it is defined by the broader culture. - US culture imposes medical



model on the Church (e.g. pastoral counseling becomes psychiatric counseling rather than spiritual counseling)

Doctors see this situation often: The MD brings the bad news to the patient/ followed by the chaplain oblivious and filled with joy (no sharing of Doctors are afraid chaplains are saying to patients, "You really don't need those pills — God will heal

There appears to be a trend in the U.S. health care system to make spirituality a part of overa spiritual gurus into hospitals and medical schools. Traditional Methodist clergy are uncomfortable with this role.

U.S. Cultural Attitudes

Toward Healthcare



Research on the Impact of Status on

Seventh Draft

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