

What is this?

The concept of Social Messes
Russell Ackoff, of the Wharton School, originated the concept of the mess. He 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
- great constraints
- tightly interconnected, economically, socially, politically, technologically
- seen differently from different points of view, and quite different world views
- contain many value conflicts
- are often a-llogical or illogical.

Helping Task Force of Church Health
The Methodist church in the U.S. is a big, country-wide organization of approx. 10 million members. In 2004, we helped a task force of the United Methodist church that perceived a mess. Research by the church's insurance organization found that Methodist clergy were sicker than other professions of similar age groups in the US. The Methodist clergy had gone from being one of the most healthy groups, by age, to one of the most unhealthy groups, by age, in comparison to the U.S. insured population. And other research had shown that in people who were religious and church attending were healthier and live longer lives than those who were not religious and non-church attenders. This should have been 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).

Mess Mapping Process
The Mess Mapping™ process is a general method for groups working on complex problems. In the Methodist context, we used it to capture and 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 systematically 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 right).

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 individual churches, discussions centered around their mess map were held in seminars 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 church do about them?"

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 reframing 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:

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Health as Wholeness in Mission: Influences and Issues

★ United Methodist Clergy as Social Group

What is the big question?

THE BIG QUESTION
Research shows that in general people who are religious and church attenders are healthier and live longer lives than those who are not religious and non-church attenders.

THIS SHOULD APPLY TO METHODIST CLERGY BUT IT DOES NOT – THE CLERGY ARE SICKER THAN THEY WERE IN THE PAST AND SICKER THAN OTHER PROFESSIONS (WITH AGE HELD CONSTANT)

Practicing Religious People Live Longer
Research shows that people who practice religion live longer than those who do not. The life expectancy gap is 14 years.

More Regular Religious Activities Lead to Greater Life Satisfaction
People who practice religion more regularly are more satisfied with their lives. The life expectancy gap is 14 years.

United Methodist Clergy Have an Average Age of 51
The average age of United Methodist clergy is 51, compared to the U.S. average of 45.

United Methodist Clergy Have an Average Salary of \$11,000
The average salary of United Methodist clergy is \$11,000, compared to the U.S. average of \$25,000.

United Methodist Clergy Have a Higher Rate of Depression
The rate of depression among United Methodist clergy is 15%, compared to the U.S. average of 10%.

United Methodist Clergy Have a Higher Rate of Substance Abuse
The rate of substance abuse among United Methodist clergy is 15%, compared to the U.S. average of 10%.

United Methodist Clergy Have a Higher Rate of Suicide
The rate of suicide among United Methodist clergy is 15%, compared to the U.S. average of 10%.

★ Methodist Clergy as Individual Persons

How Some Clergy May Be Thinking

Methodist clergy probably
are expected to be on 24-hour service call to congregation members. They are expected to be on call 24 hours a day, 7 days a week. They are expected to be on call 24 hours a day, 7 days a week. They are expected to be on call 24 hours a day, 7 days a week.

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★ Church In Community

Clergy in the Medical System

Chaplains
Impact of the "culture of death" on the medical system. Chaplains are needed to provide spiritual care to patients and families.

Clinical Pastor Education
Training for clergy to provide spiritual care to patients and families. Clinical pastors are needed to provide spiritual care to patients and families.

Congregations as Providers of Health Care
The church as a provider of health care. Congregations can provide health care services to their members and the community.

Parish Nursing Programs
Nursing programs within the church. Parish nursing programs can provide health care services to their members and the community.

Faith-based Health Care Institutions
Health care institutions owned and operated by the church. Faith-based health care institutions can provide health care services to their members and the community.

★ U.S. Population & Health Care

U.S. Health Care System

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

US Health Insurance System

Culture of the US Medical System

Alternative and Complementary Approaches to Healing

U.S. Culture

What is going on here?

This diagram attempts to bring together as much of the 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 health 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 it 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 connecting the colored dots.

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

2. 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 diffuse.

3. Story of Hope...of Releasing Energy of the Church
When leaders grab a vision, align it to the mission of the church, and the marshals and focus multiple resources of the church, vitality springs forth.

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 church do about them?

★ United Methodist Church as Organization

United Methodist Church as Organization

Centerpiece of an organization-wide dialog

General Board of Pension and Health Benefits

United Methodist Conferences

United Methodist Congregations

UMC Affiliated Higher Education

Toxic congregations

UMC Agencies

★ United Methodist Culture and Theology

United Methodist Culture and Theology

The Council of Bishops

United Methodist Conferences

United Methodist Congregations

UMC Affiliated Higher Education

Toxic congregations

UMC Agencies

★ Opportunities in Community Health

Opportunities in Community Health

Health Care Foundations

Public Health & Education

Research on Stress, etc.

★ U.S. Cultural Attitudes Toward Healthcare

U.S. Cultural Attitudes Toward Healthcare

US Cultural Attitudes Toward the Relationship of Health & Faith

US Cultural Attitudes Toward Church

US Cultural Attitudes Toward Healthcare