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The Spirits of Capitalism and Christianity and Their Impact on the Formation of Healthcare Leaders

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Abstract In this article, I portray how the ethos of Christianity, broadly speaking, and the mores of capitalism intersect in the formation of healthcare leaders and the difficult decisions they make in insuring the viability of healthcare institutions. More particularly, I argue that healthcare leaders in Christian healthcare institutions are largely formed by and dependent on a capitalistic ethos in making decisions and less so by a Christian ethos. There are key differences in these two meaning systems, and these differences, in part, reveal an incompatibility between them. This incompatibility does not imply a rejection of capitalism, if that is even possible, but rather a recognition of its effects and limits vis-à-vis the formation of healthcare leaders and their decision-making process. Finally, I offer an approach that deals with the spirits of capitalism and Christianity in forming healthcare leaders and their decision-making.

Keywords Healthcare · Capitalism · Christianity · Formation

> What I'm saying to you this morning is that communism forgets that life is individual. Capitalism forgets that life is social, and the kingdom of brotherhood is found neither in the thesis of communism nor the antithesis of capitalism but in a higher synthesis. It is found in a higher synthesis.[1]

At the dawn of the twentieth century, sociologist Weber (1992) wrote a book, *The Protestant Ethic and the Spirit of Capitalism*, wherein he argued that the moral energy and frugality of the Puritans helped give rise to modern Western capitalism. Weber recognized and sought to understand the interplay and intersection of these two systems of meaning and valuing and their impact on society. In this article, with deference to Weber's genius, I portray how the ethos of Christianity, broadly speaking, and the mores of capitalism

[1] The Southern Christian Leadership Conference Presidential Address by Martin Luther King, Jr., 16 August 1967. http://www.hartford-hwp.com/archives/45a/628.html, accessed March 15, 2011.

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intersect in the formation of healthcare leaders and the difficult decisions they make in insuring the viability of healthcare institutions.[2] In particular, I argue that long before healthcare leaders rise to their positions, they are formed by a capitalistic ethos—an ethos more prominent and pervasive than the religious tradition that undergirds Christian healthcare institutions. I also contend that there are key differences in these two meaning systems and that these differences, in part, reveal an incompatibility between them. Leaders in religious-based healthcare institutions usually strike Faustian bargains with the values and mores of capitalism to secure enough funds to deliver healthcare to citizens. This said, incompatibility does not imply a rejection of capitalism, if that is even possible, but rather a recognition of its effects and limits vis-à-vis healthcare. Between the poles of unwitting Faustian bargains and rejection, I offer a third approach that deals with the spirits of capitalism and Christianity in forming healthcare leaders and their decision-making.

I begin by briefly describing the larger Western sociocultural context in which the current healthcare system operates. This context accounts for the prevalence of capitalistic ethos in organizing life in the West. The dominance of the capitalistic symbol system necessitates defining capitalism and identifying core meanings, values, and aims that shape perceptions, attitudes, behaviors, and types of relationships or associations. This is followed by an analysis of Christian core symbols and their corresponding values and ends. Juxtaposing these two symbol systems reveals central conflicts in organizing experience and relationships. I conclude with a proposal regarding the formation of healthcare leaders that takes into account these two contentious spirits and how leaders may handle them in making decisions.

Before embarking, a few caveats are in order. First, a number of large generalizations are made regarding both capitalism and Christianity. To suggest that each can be understood in terms of a spirit or attitude is clearly reductionistic. This said, I recognize the complexity of both systems and the ways they intersect, yet I believe that my analysis of each possesses heuristic value—calling greater attention to the role of symbol systems' values and meanings in shaping attitudes and decisions and how two powerful symbol systems intersect in forming healthcare leaders and the decisions they make. Second, while I address Christianity in general terms, I acknowledge that various Christian denominations are involved in healthcare. Glossing over the differences is not meant to deny them, but rather to suggest that there are foundational similarities vis-à-vis meanings and values. Third, just as there is diversity within Christianity, there is also a diversity among religious communities and traditions (e.g., Jewish) that are involved in healthcare. Narrowing the focus to the core symbols of Christianity reflects only the limits of my expertise and not the limits of other religious traditions.

Cultural Context: Postmodernism and the Decline of a Christian Grand Narrative

The culture in which we live is like water to a fish or the air that we breathe. We are mostly unaware of how culture shapes our perceptions and how we think or even what we think. We consciously and, more often than not, unconsciously organize our individual and shared experiences based on cultural symbols, archetypes, beliefs, and values. Long before

[2] It is necessary to state that this article addresses healthcare institutions that have their roots, identity, and mission in a Christian tradition. Secular or for-profit healthcare institutions are largely "free" of religious symbol systems that may spark cognitive dissonance or questioning of current capitalistic mores related to their impact on healthcare.

we are aware of it, culture forms us. We can expect, then, that the formation of and decisions made by healthcare leaders take place in a cultural ocean in which we all live. While there are innumerable features of Western cultures, I focus on the prevalence of postmodernism in Western cultures, because it has accompanied the decline of religious grand narratives and the concomitant rise of the capitalistic symbol system in organizing life and, in particular, how we care (Evans 1999). A brief excursus on the rise, features, and consequences of postmodernism provides the foundation for understanding the pervasiveness of capitalism and the decline of Christian mores and vision of care in the decision-making of healthcare leaders.

In the West, the edifice of modernity began to crumble under the weight of the horrors of two world wars, the Holocaust, and the specter of nuclear annihilation. Foucault (1972), Lyotard (1999), Habermas (1971), and others began to question the premises of modernism, giving birth to the age of postmodernism. Not surprisingly, postmodernism is a concept that has a contentious history with no clear resolution regarding its definition (Cahoone 1996). Acknowledging this contentiousness, I, nevertheless, understand postmodernism to refer to a new situation in which people in the Western world find themselves. This new situation is characterized, in part, by the (a) disbelief in any ultimate reliability in knowledge or truth, (b) disbelief in being able to "discover" the essential nature of an object, (c) doubt regarding unity, understood as sharing a common language, ethos, and language, and (d) denial of the transcendence of norms and values. This new circumstance has several effects, namely, the end of tradition, heightened ambiguity vis-à-vis authority, and the crisis of meaning and legitimacy.

Before the concept of postmodernism was in vogue, Arendt (1954) argued that the "end of tradition" began in the nineteenth century when philosophers such as Marx, Feurbach, Kierkegaard, and Nietzsche "tried desperately to think against the tradition while using its own conceptual tools" (p. 24). The "rise of modern science, whose spirit is expressed in Cartesian philosophy of doubt and mistrust" (p. 39) further undermined tradition—philosophical and theological. This rebellion and the rise of science were contributors to the end of tradition, though traditional concepts did not "necessarily [lose] their power over the minds of men" (p. 25). Indeed, Arendt contended that some of these notions were tyrannically held "as tradition loses its living force" (p. 26). Decades later, Lyotard (1999), not unlike Arendt, added that the "end of tradition" accompanied the eclipse of a grand narrative and this eclipse fostered a crisis of legitimation of truth claims. Previously, a grand narrative—Christianity—comprised overarching truths that people accepted and used to provide meaning and organize social relations. Weber's argument that the rise of capitalism was facilitated by Christian ethos is an example of the prevalence of a religious grand narrative and its effect vis-à-vis capitalism. For Lyotard, the eclipse of the grand narrative raised questions regarding the legitimacy of truth claims, which accompanied the questioning of authority. As Reiger (2003) wrote, "the rupture of an older way to make sense of the world is indeed one of the markers of our time" (p. 11). This rupture is seen in the presence of diverse language games and their accompanying legitimacy claims and depictions of authority.

There is clearly explanatory power in the idea that there was and is an eclipse of a grand religious narrative for interpreting daily life, making way for a multiplicity of societal narratives and competing claims vis-à-vis meanings, values, authority, and legitimacy. Nevertheless, I wish to offer the view that the vacuum created by the loss of a grand narrative was inadvertently filled by another symbol system—capitalism. In the West, the rise and spread of capitalism has its roots not simply in the ethos of Protestantism, but in the Western colonialism and industrialization of the nineteenth and twentieth centuries

(Zaretsky 1973). As the US and other colonial powers sought territory and markets, capitalism was the *lingua franca* of politicians and business leaders. After WWII, while colonial powers were losing their grip on client states, the supremacy of capitalism continued as government, corporate, and academic leaders devised methods to extend political and economic power without colonizing other countries. Klein (2007), for instance, painstakingly outlined the collusion of US government leaders and economic experts to destabilize governments and economies (Chile, Argentina, Brazil, etc.) during the 1970s, 1980s, and 1990s to install a capitalistic system that favored US and European interests (see also Reich 2007, pp. 44–45). This accompanied an "evangelical" zeal for establishing "free" markets. Perhaps the clearest examples of the rise and dominance of capitalism were the collapse of the Soviet Union and China's adoption of a capitalistic market system, which only served to demonstrate the power and legitimacy of capitalism as a way of organizing economic life not only within all nations, but also between nations (Johnson 1999, p. 207).

The capitalistic symbol system has provided a common language with a shared set of beliefs, expectations, and values to make sense of the world, filling the vacuum that occurred, in part, as a result of the demise of a religious grand narrative in organizing perceptions, behaviors, and social relations. The dominance and pervasiveness of this symbol system is seen not only in how "cultural ideals [become] shaped by economic ideals" (Reiger 2003, p. 12), but also in its impact on democracy (Reich 2007; West 2004). For instance, democracy and freedom have become intertwined with capitalism. I, as a consumer-citizen, have the freedom to buy, to choose between products. We incentivize instead of encourage people, leading to commodification of motivation and desire. The presence of this grand narrative is seen in the commodification of many aspects of social life. Hedges (2009) describes how capitalism has overtaken higher education. In health-care, patients become consumers. Caring for patients is reduced to relative value units.[3] Time is money. Raising a child costs approximately $120,000. Fame is worth millions. Success in sports is evaluated in terms of profits. Sectors of society that were not previously organized in terms of capitalism are now increasingly shaped, if not determined, by capitalism. The military now farms out supply and security to private-sector companies (Bacevich 2005, 2010, 2011).[4] President Eisenhower warned of the interweaving of the military and capitalism, calling the new phenomena the military industrial complex.[5] A more recent illustration of this is the rise of corporate paramilitary and security companies used by the government to prosecute the wars in Afghanistan and Iraq (Johnson 2010, pp. 93–108). The penal system is another sector of society that has seen a proliferation of privatization, and it is now frequently referred to as the prison industrial complex.

[3] http://www.nhpf.org/library/the-basics/Basics_RVUs_02-12-09.pdf, accessed March 14, 2011.

[4] Of course, the US military has had a very close relationship with US businesses, in general, and capitalism in particular. Consider General Smedley Butler, winner of two Congressional Medals of Honor, who called himself a "gangster for capitalism" (Bacevich 2008, p. 142). General Butler, reflecting on his years in the US military, remarked, "I spent 33 years and 4 months in active military service….And during that period I spent most of my time as a high-class muscle-man for big business, for Wall Street, and the bankers….Thus, I helped make Mexico and especially Tampico safe for American oil interests in 1914. I helped make Haiti and Cuba a decent place for National City Bank boys to collect revenues in. I helped in the raping of a half a dozen Central American republics for the benefit of Wall Street….In China I helped to see Standard Oil went its way unmolested." (quoted in Johnson 2004, p. 169). This highly decorated general clearly understood the essential link between US economic expansionism and militarism.

[5] http://mcadams.posc.mu.edu/ike.htm, accessed December 22, 2010.

Capitalism, as a way of organizing life, has and continues to shape numerous aspects of society, including healthcare.

All of this illustrates capitalism's functioning as an occult grand narrative, quietly altering and influencing how we make sense of ourselves, our relationships, and the world. Like any grand narrative, capitalism has its own logic that seems compelling, forming our perceptions, decisions, and actions. Just as few questioned the superiority and universal truths of the religious grand narrative, few question the dogma of a market economy without being labeled a heretic or, in current parlance, a socialist. In the days of the grand religious narrative, people who were not Western Christians were deemed to be uncivilized or primitive and, therefore, in need of Christian evangelization. Now those poor souls who live in third world countries are considered primitive or backward, and, therefore, their only hope or salvation is education in the ways of capitalism. Today "market forces" have replaced the specters of an older age. Indeed, we speak of markets as if they are entities that make decisions. For instance, markets advance the welfare of society and foster individual freedoms, as if market forces are the gods. These market forces may be just as haunting as the specters of old, though they are much more powerful, pervasive, unforgiving, and ineluctable.

The Spirit of Capitalism

Capitalism is a deeply complex symbol system comprised values and aims that organize financial matters and, in turn, shape society, culture, and politics. In brief, capitalism is an intricate economic symbol system "organized…around the institution of property and the production of commodities" (Bell 1996, p. 14), which is determined by a "rational" calculus of cost and price—commodification of goods and services—and the market law of supply and demand. The aims of capitalism are productivity and profit or the accumulation of capital for reinvestment and market expansion. Profit is the core value, motive, and aim that determines decisions vis-à-vis expanding production, seeking larger markets, wages, hiring, etc. As the former CEO of Coca-Cola said, "We have one job: to generate a fair return for our owners….We must remain focused on our core duty: creating value over time" (in Reich 2007, p. 75). By value, the CEO meant maximizing the price of shares. Naturally, the price of shares is linked to labor and wages, which, in turn, are inextricably joined to and determined by material production, productivity, services, supply and demand. Again, these are largely determined by the overarching aim of securing profit (Zaretsky 1973). Finally, the means of production, in capitalism, are, for the most part, privately owned, whether by an individual, family, or stockholders (more precisely, legal entities called corporations that have stockholders).

Aristotle argued that the polis should aim to promote the virtue of its citizens with the aim of *eudemonia* or happiness. Whether one agrees or not, Aristotle was suggesting that the group's symbol system, with its varied meanings, values, and aims, shapes relationships, character, and behavior. Capitalism, as a grand narrative, likewise promotes an ethos—an ethos that I argue undermines a spirit of care. To understand this ethos, I address how capitalism fosters both a particular attitude toward the world and type of relationship. This attitude or disposition and relationship are contrary to the kinds of care that found healthcare. In addition, I briefly point out capitalism's shortcomings as a symbol system shaping social relations.

Weber (1992) differentiated between the "attainment of goods necessary to meet personal needs" and "the struggle for profit free from the limits set by needs" (p. 64). For

Weber, the spirit or ethos of capitalism promoted an attitude that "seeks profit rationally and systematically," which is not defined or determined by need. This acquisitive impulse, Weber stressed, is not peculiar to capitalism, for there are illustrations of this human impulse throughout history (p. 57). Nevertheless, acquisitiveness "is an attitude toward material goods which is so well suited to that system (capitalism)…that there can today no longer be any question of a necessary connection" between capitalism and the promotion of an acquisitive attitude (p. 72). This does not necessarily mean that capitalism, in and of itself, promotes greed, but it is difficult to argue that it does not foster an acquisitive attitude toward life and the world, especially when capitalism is divorced from religious or other ethical worldviews. Perhaps the proclamations of Gordon Gekko—the character from the two "Wall Street" movies—that greed is good and that it is legal epitomize the tendency of the capitalistic symbols system to cultivate acquisition, whereby acquisition becomes an end in itself. An acquisitive disposition inevitably leads to a Gordon Gekko proclamation that greed is good, transforming vice into virtue. More real-life examples of greed run amok are Enron, the S&L crisis, hedge funds, exorbitant bank profits and salaries, to name only a few.

The acquisitive disposition that capitalism feeds is related to the types of relationships that this symbol system fosters. Kirkpatrick (1986) depicted three types of relationships exemplified by various philosophies, namely, organic, contractual-functional, and mutual-personal. The relationship that is linked to the capitalistic ethos is the contractual-functional relationship, which subordinates or eschews mutual-personal types of relationships. In a contractual-functional relationship, the Other is constructed and treated primarily in terms of his/her function vis-à-vis particular ends. The type of association or relationship that capitalism promotes is a contractual-functional form of association, whether that is between producers and consumers, between corporate entities, or between the worker and his/her boss. By contractual-functional, I mean that the relationship is governed by an agreement between two or more parties that a service or product be exchanged for remuneration. The terms of the agreement, often regulated by the state, are conditional and contingent. Once the terms have been met, the relationship is disbanded or renegotiated. Duty or loyalty and trust are defined in terms of the Other fulfilling the contract. For instance, a nurse is paid wages and benefits for his/her labor and skills, which are part of his/her contract with the hospital. In terms of the economic institution, the nurse is conceptualized in terms of wages and benefits vis-à-vis productivity and hospital profits (or for not-for-profits, net). The hospital as a corporate entity has no loyalty to the nurse, except in terms of fulfilling the contractual demands. This type of contractual-functional relationship is, to use Buber's (1958) terms, an I-It relationship. In this I-It relationship, as Bell (1996) noted, a "person becomes an object or a 'thing,' not because the enterprise is inhumane, but because the performance of the task is subordinated to the organization's ends" (p. 11).

Loyalty and duty, which are fundamentally relational, are also framed in terms of market forces that give rise to a contractual-functional form of association. Many people who strongly identify with the capitalistic system manifest their confidence in and loyalty to the object—capitalism or free market. After the price gouging during Hurricane Charley, economist Thomas Sowell and commentator Jeff Jacoby argued that markets need to be left alone (in Sandel 2009, pp. 4–5). Indeed, there is no such thing as price gouging in a "free" market, because this is simply the market responding to scarce resources and pent-up demand. This allegiance to and trust in the "market" displays a remarkable indifference toward people who suffer (Chomsky 1999). There is, in other words, a pervasive attitude that fosters I-It relations. There is fidelity to an it—the market as impersonal object—and this fidelity and confidence subordinates one's social feeling and fidelity to and care of

fellow human beings. This does not mean that "free market" advocates like Sowell and Jacoby are callous or do not care about the suffering of Floridians. Rather, it means that their care of and loyalty to Floridians are subordinate to their allegiance to the free market.

There are three points I wish to stress. First, saying that capitalism fosters contractual-functional relations (I-It) does not mean that corporate entities are devoid of mutual-personal relationships, wherein the Other is recognized and treated as a person. However, these types of relations are imported, if you will, and accidental. They are imported in the sense that a mutual-personal ethos is not part of the capitalistic symbol system. Indeed, mutual-personal relationships may subvert the aims of profit, efficiency, and productivity. When a mutual-personal relationship is present, it is because it has been imported or grafted onto the capitalistic system. Thus, mutual-personal relations are accidental in that they are not fostered by capitalism's symbol system, but occur in spite of it. Second, while contractual-functional relationships are integral to all societies, as Macmurray (1961) points out, they can become problematic when they become the dominant mode of organizing a society. These problems stem from recognizing and treating people primarily as objects (e.g., commodification) and secondarily as persons. Loyalty and trust become conditional, contingent, and, therefore, transient, because they are dependent upon meeting contractual/functional demands. This is a problem because the pervasiveness of these types of relationships undermines community and care. In other words, a society dominated by contractual-functional relations cannot foster community, only I-It types of groups that are transient and conditional.

The third point deals with the symbol system itself. In contending that capitalism fosters an acquisitive disposition and contractual-functional relationships, I am also arguing that it is devoid of symbols that found and support attitudes and actions of care toward others. Consider any system of morality, and one will find that it promotes various forms of caring relations, wherein individuals are, first and foremost, recognized and treated as persons. These ethical symbol systems (e.g., religions, philosophies) also include ways to understand when mutual-personal relationships go awry (e.g., sin, vice, injustice) and the means to repair these relationships (e.g., reconciliation, virtue, justice). Capitalism is a complex symbol system aimed at financial relations; it is not a moral system, but strictly a financial one. Clear evidence of this is seen in the lack of an ethics statement for the American Economists Association,[6] National Association of Business Economics,[7] or the Society of Government Economists.[8] Similarly, Sowell and Jacoby reject any notion of justice when considering so-called price gouging in Florida. The concept of justice or morality simply does not apply, they believe, and, therefore, caring for those who are suffering becomes the concern of others. Any repair of relationships is framed in terms of contract and function vis-à-vis the aims of productivity, profit, economic exchange, etc. This said, I am not suggesting that economists or business people are amoral or fail to use moral standards in their application of the rules of capitalism, but the moral systems they use are grafted onto capitalism and are not a part of capitalism itself (Weber 1992). This can be seen in the shifting mores that Robert Reich portrays in his book, *Supercapitalism*. Fifty years ago, he argues, many business leaders acted like corporate statesmen concerned about the community and society. Today, given global competition and deregulation, corporations fight to retain market share and profit, more often than not, overlooking social concerns. Of course, many corporations contribute to a wide variety of social projects, but with the aim

[6] http://www.vanderbilt.edu/AEA/, accessed March 15, 2011.

[7] http://www.nabe.com/index.html, accessed March 15, 2011.

[8] http://www.sge-econ.org/about/bylaws/, accessed March 15, 2011.

of making the corporation more appealing to consumers. The point here is that capitalism is not a moral system, but a financial one.[9] Confusing the two,[10] which occurs frequently, obscures the fundamental limitations of capitalism vis-à-vis mutual-personal relations and community.

In sum, capitalism as a symbol system founds and promotes the disposition of acquisitiveness and functional-contractual relationships (I-It relations) and only accidentally mutual-personal relations. This means that recognition of the worker as a "person" is subordinate to recognition of him/her as an object—a means to economic ends. More particularly, capitalism as a symbol system objectifies and commodifies loyalty and confidence in that loyalty toward other persons is subordinate to loyalty to the overarching market system. In addition, capitalism, as a symbol system, founds financial relations and behaviors of economic exchange and not moral relations whereby one is concerned about the Other as person (Levinas 1969, 1981). That is, there is no core symbol that upholds and reinforces the belief that the individual human being is first and foremost, a person, which is a foundational limitation of capitalism as a symbol system. One could say that the capitalism as a symbol system is completely non-Kantian in this regard, which means that it can support and regulate social relations vis-à-vis financial matters, but not communal relations and the common good. Since capitalism as a symbol system exists in relation to other moral symbol systems (e.g., religions, political philosophies), its depersonalizing effects are often mitigated. In other words, mutual-personal relations, morality and care are grafted onto capitalism, limiting its less savory effects.

The Spirit of Christianity in Healthcare

If capitalism fosters the spirit of acquisitiveness and contractual-functional relations, how might we understand the spirit that emanates from the Christian symbol system? Clearly, any attempt to delineate the spirit of the Christian symbol system(s) must be both general and reductionistic. This said, I believe there are several key aspects of this religious symbol system that undergird and serve to promote caring attitudes and behaviors toward Others—attitudes and behaviors that found and are integral to healthcare systems and those directly involved in the work of caring for patients and families.[11] For brevity's sake, I argue that

[9] One might argue that the duty to secure a higher value or profit is an ethical demand placed on the CEO and others in the company leadership. This is faulty for two reasons. First, it confuses the notion of duty with a contractual demand and functional role that are contingent on monetary gain and not duty. That is, the CEO is securing profits to retain his/her job and obtain salary and benefits. We would not say that a drug dealer has an ethical duty to secure a profit for his/her suppliers. While the first situation is legal, the second is not, but each identifies not a duty, but a contractual demand. Second, there is a difference between rules of a game and morality. Capitalism, which is intertwined with state regulations, has numerous rules and expectations that are integral to its functioning. It is easy to confuse violation of the rules with morality, but they are distinct. Morality deals with rules of conduct that aim at a good relevant to the larger community and society. A game has rules relevant to the functioning of the game. The CEO is concerned with following the rules of the financial game to secure a larger market share and profit for his/her shareholders. Any concern about friendships, community, and the good of society are secondary at best.

[10] We often anthropomorphize capitalism or the free market, which lends itself to believing that it is an ethical system. The recent Supreme Court ruling in Citizens United v. Federal Election Commission that corporations are agents and cannot be denied freedom of speech is an obvious example. The fiction of companies as agents moves people to consider issues such as rights, obligations, duties. This is complete fiction because corporations are not agents who have agency, character, and virtues.

[11] Naturally, other religions and ethical systems can foster attitudes and relations of care.

two key metaphors—embedded in Christian narratives (*imago dei*, Kingdom of God)—found mutual-personal relations, interpersonal loyalty and trust, and dispositions to care for others. Moreover, I contend that the Christian command to be compassionate toward neighbors, strangers, and enemies points to developing the discipline of *kenosis* that gives rise to a spirit of generosity in acts of care. This said, we know that Christians fail, frequently and tragically, to live up to these ideals, but these failures, which are understood theologically as sin, do not negate the necessity of these mores for promoting cultures and communities of care.

The idea of *imago dei* is found in the very beginning of the Hebrew Bible (Gen 1:26–28). Biblical scholars have extensively explored the meanings associated with the image and likeness of God (Miller 1972; Middleton 2004). My purpose is not to provide an exegesis of this concept, but rather to claim, relying on theological and philosophical perspectives, that this metaphor underscores the ontological reality of human beings as persons—unique,[12] valued, inviolable, and responsive subjects. From a Levinasian perspective, this ontological reality founds our ethical obligations to recognize and care for the Other as person (Levinas 1981). This said, two initial questions emerge from the notion of *imago dei*: what does it mean to be created in the image of God and what does it mean for human beings to have a likeness with regard to God? In the Judeo-Christian traditions, God is consistently portrayed as (a) mystery, beyond our ability to apprehend God as God, (b) inviolable, (c) singular or unique, (d) worthy of adoration—that is, worthy in Godself, and (e) founding relationships (Creator, covenant, etc.). In terms of *imago dei*, as human beings, our likeness to God means that we experience ourselves and Others as mystery—known and beyond knowing—beyond our abilities to assign categories and quantifications that would definitively capture or limit who we are (Levinas 1981; Zizioulas 2006). In brief, the Other as a person has ontological value, which cannot be commodified, objectified, or measured without distorting the relation.

Human beings are also inviolable, unique, and valuable in relation to the Creator and each other. That is, we exist and have our being in relation to and for others—we are not monads, we are not solitary objects involved in impersonal exchanges, but persons-in-relation (Macmurray 1957; Mounier 1952). As Dussel (1985) writes, "A person…is born from someone, not from something….[and] anterior to all other anteriority is the responsibility for the weak one" (pp. 18, 19). In this relation, the Other's ontological vulnerability confronts and demands a response of care.

The notion of *imago dei*, then, points to mutual-personal relations, whereby I recognize and treat the Other as a person—a unique, inviolable, responsive subject. There is paradox in this notion of *imago dei*. The Other as person is a matter of fact, which is why I use the language of ontology. At the same time, however, there is intentionality in our recognition and treatment of the Other as person (Macmurray 1961). We experience the Other as a matter of fact, while also *intending* to recognize and care for him/her as a person. Evidence of the nature of our intentionality or will is seen on the myriad occasions when human

[12] We may consider an object unique because of its valued characteristics and its rarity. If the object were to lose some or all of its characteristics and/or become common, it would no longer be considered unique. This is not the case when the Other is constructed and treated as a person. In the construction of the baby as a person, for instance, uniqueness is primarily an ontological attribution and secondarily refers to the baby's specific traits (see Mounier 1952; Levinas 1981; Zizioulas 2006). Even before the child is born, a good enough parent believes the child is a person without being able to know or identify any specific physiological and psychological traits that make him/her unique. At the other end of life, we consider a loved one with Alzheimer's to be a person even when personality traits have long been submerged beneath the ravages of this illness.

beings do not treat other human beings as persons. From fear, anxiety, and thoughtless pursuit of pleasure, human beings can intentionally recognize, construct, and treat other human beings as objects to be used or eliminated (see Goldhagen 2009). We can also commodify and thus objectify persons. We can construct them in terms of their role and functions vis-à-vis productivity and profit. This suggests that human beings can develop dispositions that contribute to or detract from the recognition and treatment of Others as persons. The Christian symbol system ideally constructs an ethos of care that is founded on the notion of *imago dei*, which obliges us to recognize and care for the Other as person, as well as to repair relationships marred by acts of depersonalization or impersonalization (e.g., reconciliation, mercy, forgiveness, justice). When practiced, this obligation, which involves a fidelity to the Other—a fidelity to recognizing and treating him/her as a person—fosters a disposition to care.

Macmurray (1961) recognizes that there are occasions when people in caring relationships objectify the Other, by subordinating personal knowing to object knowing. For instance, a physician or nurse may objectify a patient when diagnosing him/her. Although this is a necessary act of care, for Macmurray, this is only ethical if it is momentary and aimed at benefiting the patient (pp. 29–30). Therefore, objectification—subordinating personal to object knowing—must last only long enough to garner enough information to provide care. If the nurse or doctor continues to display an impersonal attitude, then his/her behavior is unethical and an incomplete act of care. Macmurray is also careful to insure that the intention must be aimed at the welfare of the patient and not the benefit of the nurse, doctor, or hospital. Thus, objectifying patients primarily in terms of efficiency, productivity, and profit would be, even if a patient gets better, a distortion of human relationships because of the impersonal attitude.

Yoked to the notion of *imago dei* is the metaphor, Kingdom of God. This political metaphor, which has numerous references in the Synoptic Gospels, points to a vision of reality in which people will abide with God and with each other in harmony and peace. Citizenship in this kingdom appears to overturn typical human notions of participation and inclusion (Hughes 2009). For instance, Mt 5:3, 10 mentions the poor in spirit and pursuers of righteousness as criteria for citizenship. Later in Mt 25:34–36, care of the vulnerable is necessary for gaining entrance. The Kingdom of God also appears to upend common notions of power and authority. In Mt 18:1–5 and Mt 19:23 (see also Mk 10:25 and Lk 19:25), humility and the absence of acquisitiveness and accumulation of wealth are necessary requirements to gain entrance into this kingdom. Another important feature of this metaphor, especially in the Gospel of Luke, is that it points to a present experience of a future reality of the Kingdom of God. Theologians, such as Pannenberg (1969), Moltmann (1996), and Volf (1996), argue that the Kingdom of God is not divorced from the present, but rather reaches into the present, though realized in fragmentary ways. God's love, compassion, and justice, for instance, reach into the present political milieu and are partially experienced whenever and wherever human beings act in cooperation with God's grace—grace, in my view, that creates, restores, and affirms caring relations and experiences of being a-person-with-other-persons. Put another way, the Kingdom of God is experienced and partially lived out whenever the *common good* is determined by practical actions that involve recognizing and caring for members of society and people from other societies as persons—as individuals created in the image and likeness of God.

Trust and loyalty in this kingdom are not determined by religion, race, class, ethnicity, tribe, function, etc. These social categories may be present, but they are *subordinate* to the primary recognition that all are children of God, all are persons created in the image and likeness of God. Thus, loyalty, which is expressed in I-Thou relations, is not conditional,

contingent, nor contractual. We greet, care for, and are loyal to the Other *as* person. Stated differently, an individual's personhood is not questioned, conditional, or subordinate to object knowing. There is no contract, only a covenant of caring for Others as persons. Since we live on this side of the veil, we know, of course, that betrayals, closed communities and groups, acts of dehumanization, dispositions of objectification, and attitudes of hate exist. We are, therefore, in need of mercy, forgiveness, and justice, precisely because we often do not recognize and care for Others as persons. Forgiveness and justice are aimed at restoring the disposition to recognize and treat the Other as a person. The metaphor, Kingdom of God, then, is incomplete without symbols that support acts of forgiveness, justice, and mercy, which restore mutual-personal relations and caring actions.

Thus, the Kingdom of God metaphor points to a social, communal, and political reality that is founded upon *imago dei*. This means that, while we experience the Kingdom in only fragmentary ways, we are obliged to subordinate those symbol systems that objectify human beings, that sort human beings into categories, and that make conditional and material valuations of human beings, to mutual-personal relations. Symbol systems that objectify or evaluate other human beings are rightly part of all societies and communities (Macmurray 1961), but if they are not subordinate to recognizing and caring for the Other as person, then there is little chance of experiencing the partial in-breaking of God's Kingdom.

Another feature of a Christian ethos is Jesus' command to be compassionate as God is compassionate (Lk 6:36; see Armstrong 1993). I argue that the concept of *imago dei* is the foundation of any disposition to be compassionate and that the Kingdom of God is the political metaphor that points to the obligation to be compassionate to fellow citizens. That is, the belief that the Other is created in the image and likeness of God is the basis for the disposition to be compassionate, which involves one's motivation to be moved by and empathically respond to the suffering and needs of Others. Compassion, then, presupposes a will and disposition to surrender to and be moved by the other person's story. To be moved by and to care for the Other, as Jesus did in relation to the outcasts of society, requires the discipline of emptying oneself of constructs or beliefs that threaten to impede recognition of the Other as person and compassionate care. This self-emptying is seen in the Greek term, *kenosis,* which means self-emptying (Philippians 2:7). My eisegetical interpretation is that self-emptying did not mean giving up Jesus' identity, role, or mission. It is not really emptying, but a setting aside of one's own convictions, ideas, etc. to recognize and be compassionately moved by the Other as person. *Kenosis*, in brief, is an action and discipline of subordinating object recognition to personal recognition. Object recognition involves constructing the Other in terms of his/her functions, characteristics, and conditional values vis-à-vis my own needs and desires, all of which conditions loyalty and trust. Personal recognition involves constructing and caring for the Other as person. *Kenosis* is the discipline of creating a space to consistently subordinate object to personal recognition, and this discipline gives rise to a spirit of generosity. There is, in this ontological obligation to recognize and treat the Other as person, a generous practice and disposition of creating a compassionate space for the needs and assertions of the Other.

In my view, "healthcare" exemplifies this foundational reality of human life. We care for people who are not only ontologically vulnerable, but vulnerable physically and psychologically. Their very vulnerability evokes this demand, this obligation to care for them holistically as persons. We are horrified, or should be, when an ill person is turned away from receiving care because of class, race, or inability to pay. This experience of shock and disgust at the idea of denying care to ill people reveals, in my view, our existential obligation. From a theological perspective, these biblical metaphors found an ontological

obligation or responsibility to recognize and care for the Other as a person—unique, inviolable, and agentic. This Levinasian responsibility is not conditioned by commodification, productivity, or profit. It is neither contractual nor contingent, and, thus, loyalty and trust are rooted in the duty and disposition to care for the Other as person. This is not necessarily an onerous obligation, but rather one that is born from and, paradoxically, gives rise to a spirit of generosity. In terms of healthcare, this means providing appropriate physical, psychological, and spiritual care for the ill Other and his/her family.

All of this may seem idealistic and certainly these metaphors and ideas represent ideals, ideals that we often fall painfully short of. This said, there are many patients and families that know these are not mere ideals because of their experiences of being treated and cared for as persons, because of their experiences of compassionate nurses, chaplains, and doctors, because of their experiences of the generous spirit of those who were moved by, understood, and responded appropriately to their needs. They recognize that they are not cared for because of their ability to pay. They are not treated as consumers who are then obligated to provide remuneration for a service, but rather as vulnerable persons in need of physical, psychological, and spiritual care.

The idea that individuals are created in the image and likeness of God, rooted in relationships with other persons (Kingdom of God), founds the obligation to be compassionate, which, in turn, gives rise to the spirit of generosity in acts of care. In my view, these symbols point not simply or solely to a religious reality, but to an anthropological reality found in interpersonal acts of care, especially caring for those who are most vulnerable in our society. As indicated above, acts of diagnosis or objectification of patients are justifiable or ethical when they are momentary and aimed at benefiting the patient. These symbols are contrary to the capitalistic symbol system that primarily (1) objectifies persons and relations, making them into consumers, (2) seeks to secure profits for one's company and its shareholders, (3) pursues expanding market share, and (4) fosters the spirit of acquisitiveness. The capitalistic symbol system, in short, nurtures acquisitiveness not generosity, profit not care, objectification not personalization, contingent recognition and relations not unconditional recognition of and fidelity to the Other as person.

Handling Contentious Spirits: The Formation of Healthcare Leaders

The spirit of care and generosity, which undergirds a Christian symbol system and our intention to provide healthcare, contends with the spirit of acquisitiveness that founds capitalism. These spirits exist together in the healthcare system, but the question is how are they to exist together when it comes to healthcare leaders making decisions? Before addressing this question, it is important to further distinguish healthcare systems and routine businesses. These differences highlight some of the struggles when capitalism becomes the dominant organizing symbol system in making healthcare decisions.

There are several key differences between healthcare institutions and non-healthcare corporations. First, regular businesses can legitimately deny services when there is no remuneration or when the payment for service cuts into their profit line. If you do not have money for a car, you do not get a car. If you cannot afford to pay for basic food items, you are left to beg or to seek government assistance. The grocery store owner has every right to turn you away. Put differently, the car dealer and grocery store owner are not obliged to give you what you have not paid for. Certainly, for-profit healthcare systems have and continue to turn people away who cannot pay. However, most hospitals struggle precisely because they are obliged to care for those who have medical needs, yet cannot pay. This is

why healthcare companies turn to the government to help offset the losses incurred in caring for the uninsured or underinsured. We usually think of government help as corporate welfare, but hospitals must receive some remuneration for these costs; otherwise, they would not be able to continue aiding people.

A second difference between normal businesses and the healthcare companies is seen in terms of profits. We may not like the fact that large oil companies are making exorbitant profits, but, like Sowell, these windfalls are defended in terms of market principles. Moreover, we expect companies to secure the largest profits possible for their shareholders. For those who cannot afford gasoline, Sowell might suggest they walk. A hospital system that makes exorbitant profits is more disturbing to most people, because the profits are obtained at the expense of people who have little choice and who are vulnerable. We do not want to think that healthcare companies are concerned solely with profit and market share. Indeed, for-profit healthcare companies, while concerned about profit, are sure to lead with their healthcare of the customers in their advertising, screening the motivation to secure profits that result from caring for vulnerable people.

A third and related difference is seen in the idea of the "consumer." The person seeking to buy a car or some other product is a consumer and is not physically or psychologically vulnerable and needing assistance. Frequently, persons seeking healthcare are vulnerable and in need of medical attention. To suggest that the patient is a consumer of healthcare is a gross distortion of the reality of his/her existential and physical vulnerability, even if it is true that she/he is "purchasing" medical care. The idea that people are consumers of healthcare not only reveals the prevalence of the market symbol system in organizing reality, but also shows the underlying impersonal mode to conceptualizing individual persons who are vulnerable.

All of this is to say that there are some foundational distinctions between healthcare businesses and those corporations not involved in the care of vulnerable people. This means that hospitals are at a disadvantage, in my view, because they cannot compete on the same playing field without ceding or subordinating what it means to care for people who are ill to profit, productivity, and efficiency. This said, given the fact that healthcare companies exist within a market economy, how are healthcare leaders to handle these competing sprits or values? Two basic guidelines ought to shape the formation of healthcare leaders in making decisions.

The first guideline is that healthcare leaders should have a clear understanding of the limits of the capitalistic symbol system in organizing social reality. Much of this article is aimed at articulating the flaws that arise when the capitalistic symbol system serves as the occult narrative in organizing social reality. Healthcare leaders, then, need to be educated not simply in market principles, but also in the philosophical and theological traditions that have founded and supported the care of individuals and families for centuries. This may mean giving equal voice to those traditions that have habitually been subordinate to the capitalistic narrative. For instance, can we imagine a budget discussion that involved not only financial people, but also ethicists, philosophers, theologians, and members of the wider community the hospital serves? This may be laborious, but it would certainly highlight the limitations of the capitalistic symbol system in framing reality.

Recognition of limits does not mean eschewing capitalism, even if one could. Rather, it means placing capitalistic values, such as profit, productivity, efficiency, in the service of caring for people who suffer, which is the second guideline. Put differently, capitalism as a symbol system should be subordinate to symbol systems that found interpersonal relations extant in a vibrant society and community. In making these decisions, the spirit of acquisitiveness is subordinate to the spirits of generosity and hospitality. Of course,

someone may call this naïve or unrealistic given the market economy. How are we going to make enough money to continue to keep our doors open? Subordinating capitalistic values to the existential-theological values identified above does not mean one cannot or should not earn money. It does mean that profit cannot be the sole or even the most important factor. This may mean that healthcare companies earn less or form cooperatives. Put differently, this means channeling the creativity and energy of healthcare leaders toward developing other models and methods instead of focusing primarily on earnings.

In my view, subordinating capitalistic values to existential values requires not merely a mission statement, but discipline. That is, healthcare leaders ought to be trained in and develop the habit of constructing the business environment in terms of values that primarily promote all aspects of care, while secondarily bringing in earnings. So, for instance, hospitals that slash departments that are involved in care (e.g., spiritual care departments), but are not profitable or do not add to earnings, are placing profit in the foreground. Another example is a hospital that closes its psychiatric facility because it is not cost-efficient. This would be fine if other psychiatric facilities pick up the slack in serving the local community. However, if the hospital is the only game in town, then the decision ignores the needs of individuals and the larger community, thus placing earnings or profit ahead of care. A disciplined approach would involve finding creative ways to subordinate capitalistic ways of organizing experience to existential-theological values that recognize and respond to the vulnerable person-patient instead of the consumer.

Conclusion

In the Gospel of Matthew, Jesus said, "No one can serve two masters; for the slave will either hate the one and love the other, or be devoted to the one and despise the other. You cannot serve God and wealth." My eisegetical interpretation is that the pursuit of wealth should be subordinate to one's allegiance to God and to the care of Others. US society seems to be dominated by our service to and allegiance toward the so-called free market system. It permeates the way healthcare leaders conceptualize the delivery of care and their decisions. To serve the capitalistic system means to succumb to the spirit of acquisitiveness, a spirit that constructs the world into a zero-sum game of scarce resources, organizes society and healthcare into I-It relations, and makes patients into consumers. By contrast, to serve "God," or what I have called existential or ontological values, implies recognizing our existential obligation to care for the Other as person, which means subordinating any symbol system that does not have these core values. The formation of healthcare leaders, I argue, requires (a) a sophisticated understanding not only of the market economy, but also of theological and philosophical traditions that humanize care and (b) facilitate a disciplined approach of subordinating capitalistic ethos to those symbol systems that found caring relations.

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