

Off the Edge? A Theological Assessment of Scott's 'Peripheral Stance' of Chaplaincy

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Introduction

The Report of a Working Group on Spiritual Care in the National Health Service, and the subsequent guidance notes issued to NHS Boards in Scotland for action, have once again raised the issue of professionalism for chaplaincy. The late Tom Scott¹, writing in 1979 as then chaplain for Heriot-Watt University, foresaw many of the questions addressed by the Working Group. His 1979 lecture, edited for a recent issue of *Scottish Journal of Healthcare Chaplaincy* (Scott 2000), attempted to define how professionalism in chaplaincy operates. Central to his thoughts was the notion of a 'peripheral stance', with chaplaincy resisting the temptation to be drawn into the structures of healthcare (or university) institutions. It is this notion that the author wishes to examine in the light of the NHS Spiritual Care Guidance and other developments.

Maintaining a 'peripheral stance' is not without its difficulties. Pragmatically, it may so remove the influence and presence of chaplaincy from healthcare that chaplaincy is pushed off the edge, its pastoral work and witness to the hospital community taken over by others. Historically and socially, Scott's thesis that secular institutions can never entertain the development of chaplaincy as a central goal may be seen to be outdated in the light of the Scottish Executive's commitment to healthcare chaplaincy and the questioning, indeed, of institutions who may not be as secular as Scott assumed. More importantly, Scott's thesis raises issues relating to the power and influence of theology in a postmodern society and specifically in a healthcare context, and so the time seems ripe for a theological reassessment of Scott's 'peripheral stance'.

Scott's 'peripheral stance'

In his lecture, Scott noted that Scottish responses to the development of institutional chaplaincy have been largely esoteric. As a chaplain of some note, Scott had tested the responses of the Church, (Scott 2000: 16²), suggesting that there are three linked elements of professional content to chaplaincy work: the listening posture, the peripheral stance and the capacity for theological experiment. Chaplains are engaging, in Scott's terms, in a new ministry, taking into an institutional setting their own understanding of the Christian faith and a fundamental hypothesis that the essence of the gospel is concerned with change. 'Starting from this basic Christian hypothesis chaplains next have to adopt the listening posture... They will probably discover that the bulk of such changes are occurring at the periphery of the institution, among groups and individuals who are open to the dynamics of change and thus chaplains will adopt the peripheral stance.'

(Scott 2000: 18)

He concluded that the Church did not see its agents of Christian presence as having much relevance to its basic strategy for survival. There are, he noted, 'a host of questions' relating to the theological reflections that emerge from the 'peripheral stance', and, more contentiously, 'a fairly firm refusal to listen to the questions' (Scott 2000: 19). Furthermore, Scott detects, '(T)here would appear to be a deep division between the Church institutions and the agents of Christian presence.'

'The centre cannot hold'

In broad terms, many chaplains and, indeed, church members, would find themselves in agreement with Scott's sense of *Götterdämmerung*. Alastair Hulbert, formerly with Scottish Churches Action for World Development, plotted the shift using a cartographic metaphor. From the medieval *mappae mundi* in which the world map is identified with its Saviour (the Hereford *mappa mundi* occupied the central panel of a triptych where the central panel illustrating the Annunciation depicted the world rather than the usual figure of Christ), the portolan maps of

the following century became purposeful Eurocentric charts to aid the navigators and traders in their exploits. The incarnation - and for that matter Jerusalem itself - is no longer central, but pushed to the margins (Hulbert 1991); hence the title from Yeats' *The Second Coming*: 'Things fall apart; the centre cannot hold...'

Cartographically, Hulbert was merely reflecting the process that church historians such as Chadwick have long characterised as 'the secularisation of the European mind' (Chadwick 1975). The process from which Scott's concerns arose and to which his thesis was addressed is summed up thus:

'Churchgoing decline results primarily from a gradual loss of religious belief, itself resulting from the development of scientific and rational thought in the nineteenth century, and enhanced by war and technology in the twentieth century.'

(Gill 1992: 47)

I shall examine this assumption, as it relates to Scott's concerns, later. Suffice to say that the notion of secularisation was, at the time in which Scott was working, theologically popular and stemmed in no small part from the *weltliche Interpretation* of Bonhoeffer: 'Gott lässt sich aus der Welt herausdrängen ans Kreuz'. In Bonhoeffer's rejection of religion, Christianity is relegated to the edges of real concern (Heron 1980: 154). His radical interpretation of Barth's Christology - calling Christians to live in the world *etsi deus non daretur* (Bonhoeffer 1971: 360) - naturally leads, in Heron's analysis, to the secularisation theses of writers such as Harvey Cox, Ronald Gregor Smith and, returning to chaplaincy, Tom Scott. And in drawing the reader's attention to the important distinction between secularisation and secularism (secularism rules God out altogether; secularisation by no means does so), Heron may be said to be setting the context for the later work of Hauerwas with its clarion call, 'Let the secular world be the secular world!' (Heron 1980: 159).

If such an approach is not without its difficulties twenty years on, as we shall see, Scott's advocacy of the peripheral stance and its implicit acknowledgement of secularisation also needs to be examined in the

light of the recent SEHD Working Party Report. Can it still be said that secular institutions can never entertain the development of chaplaincy as a central goal?

The SEHD Report: chaplaincy as a central or peripheral activity?

In November 2000, the author attended a conference on 'Spirituality in Health and Community Care' in Stirling, organised by the Scottish Executive Health Department (SEHD)⁴. From the keynote speech by the then Deputy Minister for Health and Community Care⁵, Malcolm Chisholm, to the presentations of empirical research⁶, the emphasis was upon wider issues of spiritual care rather than the specific focus of Christian or religious care that had preoccupied Scott. 'Spiritual care', however ill defined such a catchall phrase may be, was no longer seen as a peripheral matter. So the Deputy Health Minister was able to declare the Executive's commitment to 'make spiritual care a *central* element of the way the NHS cares for people' (my italics) and 'recognise the central role of Chaplains... in the local team that must deliver holistic patient centred care' (Chisholm 2002: 24, 26).

The perception of spiritual care as a 'central element' of healthcare, complementing the work of other healthcare professionals in meeting the needs of patients is reflected in a recent editorial:

'Chaplaincy is poised for a quantum leap; no longer the realm of the gifted amateur working at the margins of the institution, catering to the need of the few, but a service provided by trained and accountable professionals, fully integrated and part of the healthcare team, who offer spiritual care to all; in one sense the chaplain will be expert, and yet at the same time one who affirms the shared nature of the task of spiritual care.'

(Nelson and Mitchell 2002: 1)

Whether it is fair to Scott and his generation to identify them as 'gifted amateurs' is a moot point - though Scott stressed that specialist training was almost non-existent in his experience - and doubtless Campbell, for one, would express a certain disquiet at the notion of being elevated

to 'expert' status⁷. But perceptions are important, and there can be no escaping the widely perceived feeling that, from the recommendation of redesignating Chaplaincy departments as 'Departments of Spiritual and Religious Care' to the much-publicised SEHD appointment of Chris Levison as a full-time Healthcare Chaplaincy Training and Development Officer and Spiritual Care Co-ordinator for Scotland, healthcare chaplaincy has come in from the cold.

Nor is it simply a matter of perception. Health Boards have been given twelve months in which to produce and implement new spiritual care policies, with the new Health Secretary promising guidance that 'will ensure spiritual care and support is delivered as an integral part of NHS care' (Chisholm 2002: 26). Chaplaincy services will be monitored and reviewed by the local NHS Trust, with chaplains themselves line-managed by senior management staff and their departments of 'spiritual care' adequately resourced. Few of these recommendations would have been envisaged by Tom Scott⁸: taken together, they must at least suggest that the perception of healthcare chaplains playing a 'central role' deserves careful consideration, even if, allowing for the hyperbole of politicians, the reality may yet be some way off.

Resident aliens?

The theologian whose work epitomises Scott's 'peripheral stance' is Stanley Hauerwas, who has argued that it is in the nature of the church, in any visible form, to be a colony in a culture which would not merely be unable to contemplate a visible Christian presence such as chaplaincy as a central goal but, indeed, stands opposed to the values of the Christian 'colony'.

'A colony is a beachhead, an outpost, an island of one culture in the midst of another, a place where the values of home are reiterated... a place where the distinctive language and lifestyle of the resident aliens are lovingly nurtured and reinforced.'

(Hauerwas and Willimon 1989: 12)

If the contrast is stark, that is Hauerwas' intention. The church and the world are not only different cultures, but Hauerwas' 'pure' churches

risk, in leaning over to speak to the modern world, falling in (Hauerwas and Willimon 1989: 27). The church gives us the interpretative skills to see the world for what it is, with an entirely different set of values, a different language and a different goal.

Hauerwas' countercultural model of church, when extended to chaplaincy, has the attraction of explaining the chaplain's frustrations. If we become limited in our thinking to the parameters set by an institution that 'doesn't know God' (in the black-and-white world of Hauerwas), then it may indeed follow that

'the pastoral ministry is doomed to the petty concerns of helping people feel a bit better... The pastor [or chaplain] becomes nothing more than the court chaplain, presiding over ceremonies of the culture, a pleasing fixture for rites of passage like weddings and funerals.'

(Hauerwas and Willimon 1989: 123)

Hauerwas has always asserted that the world, and its institutions, does not know the narrative of God's salvation: 'Paganism is the air we breathe, the water we drink' (Hauerwas and Willimon 1989: 151). An accommodationist view of chaplaincy - trying to meet the world halfway as it were - will only result in frustration on the part of chaplains. So our churches and chaplaincies must be part of 'a confessing church' - Hauerwas frequently invokes Barth's Bremen Declaration of 1934 to state his case - which proclaims the antithesis of cultural values. Lacking any coherent metanarrative by which to interpret their own stories, Charles Gerkin for example argues that the 'interpretive guidance' of confessing Christians becomes essential⁹ (Gerkin 1991).

Scott reflects at least some of Hauerwas' and Gerkin's suspicions of the accommodationist view, in his warning against the 'temptation' of chaplaincy to become another hospital department battling for scarce resources or building itself into the committee structure. Learning the language of the institution is one thing; but losing the neutrality with which healthcare chaplaincy can bring insights and perceptions to bear on conflict and enable their resolution is, in Scott's view, quite another.

But 'neutrality' is not, in my view, what is at stake. The *proclamatory* function of the 'confessing church' that is a key tenet in Hauerwas'

ecclesiology, or the prophetic function Scott refers to that mirrors this, is not a neutral but an opposing stance in a 'secular' institution. 'Prophet' and 'listener' are strange bedfellows in spite of Gerkin's special pleading to the contrary; Hauerwas is an apposite reminder that Scott cannot have his 'neutral' cake and eat it: it is difficult to listen, or indeed be heard, on the periphery.

Gill's critique of a 'peripheral stance'

Robin Gill has consistently argued over two decades that we take seriously the possibility that theology is a central activity - socially significant and capable of influencing, as well as being influenced by society. Essentially, Gill's thesis is that the world may not be as confused as Hauerwas claims, nor may the churches be quite as pure as he might hope. In *Moral Communities*, Gill argues that belief in a loving God offers a more coherent *logical* context for a commitment to care than secularism (Gill 1992: 2), and that therefore worshipping communities can be perceived as 'significant harbingers and carriers of values in an often fragmented world'. Any evidence of goodness beyond self-interest raises problems for purely secular thought¹⁰. And, Gill goes on to say, even outward secularity (such as the work of Samaritans) can frequently disguise a less than secular inside (Gill 1992: 21). In other words, the central dominance of secularism may be a myth from which theology has no need to retreat to the periphery. Indeed, society may consist of individuals and organisations with more moral passion than sociologists generally admit - and, in Gill's opinion, with more widely held Christian roots than are recognised even by the carers themselves (Gill 1992: 77¹¹).

If the process of secularisation has been given historical and theological credence, as indicated above, then the decline in church-going - in Scott's term, 'the un-churched world' (Scott 2000: 19) - has frequently been cited as evidence for the erosion of Christian belief. This is not the place to discuss in detail the interpretation of trends in church attendance. But it is apposite to sound, with Gill, a note of caution. Like Hulbert's cartographic metaphor, the story is often Eurocentric and the interpretation of data over-simplistic.

'If instead the data suggests (*sic*) that secularisation is not some ineluctable process sweeping moral communities before it, then selfless care may after all have a future.'

(Gill 1992: 51)

To which one could add: so too does Chaplaincy as an embodiment of selfless care.

Specifically, borrowing Gill's analysis, two aspects of healthcare chaplaincy run counter to Scott's suggestion that chaplaincy maintains a 'peripheral stance'. Firstly, in common with many Reformed theologians of his generation, Gill emphasises that worship itself is a form of care (Gill 1992: 23). In the later Prideaux lectures, Gill takes this further, reminding us that worship requires its practitioners to go out to help the world to become more God-like. To the extent that we respond as worshipping communities in a hospital, we are required to go back to the hospital to be effective agents of social change. (The alternative, Gill points out, is to take the path of the world-denying sects who are so socially marginalized they cannot hope to influence society.) To maintain a 'peripheral stance' would imply a denial of our God-given worshipping telos.

Secondly, the *Zeitgeist* itself may have changed significantly from Scott's day from that of secularisation (however problematic such a definition may be, for the reasons stated above) to postmodernism. If, as Gill describes, modernism was secularisation and ignored or patronised the past, then postmodernism yearns for selective features of the past.

Alasdair MacIntyre set the theological tone for postmodernism in the final paragraph of *After Virtue*:

'What matters at this stage is the construction of local forms of community within which civility and the intellectual and moral life can be sustained through the new dark ages which are already upon us. And if the tradition of the virtues was able to survive the horrors of the last dark ages, we are not entirely without grounds for hope.'

(MacIntyre 1981: 263)

Plus ça change... English literature of the post-war years is replete with similar doom-laden statements pronouncing 'the new dark ages... are already upon us'. As an example, here is a conclusion from another book on ethics, written quarter of a century before MacIntyre:

'Once we hoped for Utopia, now, in a chastened mood, we can at best hope for a reprieve... for had the dinosaur learnt the art of prayer, the only sensible petition for him would have been to go down on his scaly knees and beg "Lord, give me another chance."'

(Koestler 1955: 253)

'Closing time in the gardens of the West', as Cyril Connolly famously described post-war Europe (Connolly 1949: 362), the world of *Nineteen Eighty Four* in which Koestler perceived 'the place of God had become vacant' (Koestler 1951: 447) had already set the agenda for a body of dystopic literature in which moral communities would be notable only by their absence. 'The real problem', Orwell wrote, 'is how to restore the religious attitude while accepting death as final'.

(Orwell and Angus 1970: 281).

The 'restoration of religious attitude' that Orwell described can be perceived as one of the hallmarks of postmodernism. The new *Zeitgeist* may be thus more conducive to spirituality, even if the antecedents of such spirituality may be recognised in the dystopic literature of Orwell and Koestler¹² and that the kind of empirical data cited by David Hay (Hay 2002) on spiritual experiences may have been manifest in different forms in Orwell's generation.

Nevertheless, what the perceived acceptance of spiritual experiences - and the SEHD terminology of 'spiritual care' - may suggest is that chaplaincy may be operating with a broader constituency than the narrow 'religious' world as defined by Tom Scott. The prophet is more likely to be Kahlil Gibran than Isaiah. In our postmodern thinking, we may have returned to Winston's dream in *Nineteen Eighty Four* of the bluebell wood and the Golden Country that equated with Orwell's nostalgia for pre-war England, to a world where there is room for Winston's coral paperweight, and 'time for wandering among old churchyards and balancing caterpillars on a stick and falling in love'

(Shelden 1991: 478). And, as Gill aptly states, we cannot overestimate the importance of such perceived theology, even if the intellectual rigour of researchers such as David Hay is found wanting: 'Perceived, mediated theology may in the end be far more influential than the theology studied by most theologians.'

(Gill 1992: 77)

If the perception is one of a return to wider spiritual care in place of a religious or Christian presence, then we must take heed. The perceived centrality of spiritual care is certainly more evident in current theological journals than was the case when Scott delivered his lecture.

Theology at the centre: Alder Hey

Gill's assertion of theology as an 'independent variable ignored in the context of secularisation' (Gill 1977: 61) can usefully be applied to healthcare chaplaincy, given that the extent of secularisation is, at the very least, questionable. After all, if the secularisation model does not do justice to the blurred boundaries between contemporary religion and so-called secular institutions, then Gill's interactionist approach merits serious consideration. At various points in his writing, Gill uses Robinson's *Honest To God* and its impact in the wider (i.e. non-theological) world to argue his case that theology can still be socially significant and its ideas capable of influencing society.

A similar argument can be presented, in my opinion, to demonstrate the influence of healthcare chaplaincy upon society in the aftermath of the Alder Hey scandal¹². As one consultant pathologist comments, 'The publicity that has suddenly highlighted the postmortem has had an unexpected outcome. It has presented us with a singular opportunity: we can now engage the health care professionals and the public as never before on the subject of death, its management and investigation.'

(Johnston 2001: 2)

Parallels with the debate following the publication of *Honest to God* can be traced beneath the surface of what continues to be a sensitive and, for many, distressing issue. Emerging from what was perceived

by many as a technical and remote subject of interest only to those engaged in the specialism has been the 'unexpected outcome' of widespread debate among the public of underlining issues regarding death and grief. Just as Gill stressed the paradox of the impact of Robinson's stylistic and conceptual language, incomprehensible outside theological circles, so the Alder Hey debate equally paradoxically engages the public with information that can best be described as 'difficult' (Johnston 2001: 5).

Further parallels can be detected in the manner in which the media interpreted both the *Honest to God* and Alder Hey debates. Indeed, one hospital chaplain at the forefront of the post-Alder Hey crisis, Fred Coutts, describes how the preparedness of the chaplaincy to act as 'a point of contact for the public' following the publication of the McLean Report was thrown into disarray by a sensationalist headline in a local evening newspaper (Coutts and Nelson 2001: 10). Reporters had obtained information from a website containing verbatim reports put together for the McLean review group (whose Report was not yet published) and had taken the statistics out of their original context. No doubt Bishop John Robinson would have sympathised.

'The same night the helpline began to flood with calls from angry, sad, bewildered people; the chaplains were thrown in at the deep end, as relatives demanded information about the fate of their loved ones' bodies. The calls concerned children, babies and adults. And so it continued right through February: the chaplaincy office at times resembled a call centre.'

(Coutts and Nelson 2001: 10)

Such a description, by no means unique in the months before and after the McLean Report was published, fits uneasily with the notion of chaplaincy as a 'peripheral activity'. But Coutts does raise the question, of course, whether it was necessary to have a team of chaplains at the end of the telephones? Could this work have been usefully carried out by others acting as 'hospital spokespersons'? In Coutts' opinion, if it had been simply a matter of relaying information then that would have been true. But the wide range of pastoral responses in Aberdeen - formal counselling, arranging meetings with the Director of Nursing

and pathologists, creating simple liturgies for the disposal of organs - are scarcely the domain of 'hospital spokespersons'. Coutts also notes that chaplains will continue to have a key role in the new culture of openness and consent regarding postmortem and organ retention, which again will demand the pastoral and listening skills of chaplains to be central to the system of postmortem enquiry.¹⁴

Significantly, this marks not simply the influence of healthcare chaplaincy upon society in literally headline terms, but also seems to confirm the move away from secularisation and modernism that Gill highlights. Comparing recent experiences with his own earlier ministry in a fishing community, Coutts observes that the technology (of retrieving bodies from the sea, for example) has changed, and grief counselling emphasises the importance of the physical body of the deceased to facilitate mourning. He concludes this marks a 'spiritual shift' (Coutts and Nelson 2001: 12), which has little to do with considered understanding or theology but reflects and indeed influences wider thinking. (Again, note the parallel with Gill's analysis of *Honest To God*.)

'Perhaps this spiritual shift accounts at least in part for the intensity of outrage which has resulted in some families demanding to reclaim for burial the most miniscule of tissue samples, mounted on slides and kept as part of the deceased person's medical records.'

(Coutts and Nelson 2001: 12)

Add to the role of the healthcare chaplain, post-Alder Hey, the raising of the ethical, moral and spiritual implications of organ retention - and extend that to the ongoing crisis relating to organ donation (Thomson 2001) - and a picture emerges of the need for the chaplain to be engaged at the centre of such events. Indeed, the experience of Alder Hey suggests that chaplains will have little choice, as the perceived spiritual shift that is evident in public responses to such news and the influence of the media in the (mis)interpretation of technical data set the agenda. I venture to suggest that the evidence presented points to an affirmation of Gill's thesis that theology can still be socially significant, even if the practice of healthcare chaplaincy may now represent something wider than mere Christian belief.

'The centre can hold' - a double strategy for chaplaincy

There is a real sense in which the discussion, thus far, could be construed as a merely academic one, without critically examining the practical way in which chaplains engage in and reflect upon their work. Certainly, Moltmann has taken the view that discussions between church and community suffer from being pursued along too narrow lines, failing to see the wider context of the hope (the *eschaton*) of the Christian message.

Moltmann's 'double strategy' approach, whilst far from providing neat answers that would happily reconcile a Gill with a Hauerwas or centralist versus peripheral approach to healthcare chaplaincy, does have the attraction of retaining the Christian heart of chaplaincy without entering a potentially fruitless debate regarding definitions of spiritual care. He also takes as his starting point a phenomenon that would be recognisable to many chaplains, namely the loss of function in a supposedly 'secular' society or institution (with all the caveats discussed above). This, to Moltmann, is an opportunity to build up a community church. Integral to this concept is the role of every believer in the church. The opportunity comes with a warning:

'The ministry is turned into an insipid - a 'spiritless' - kind of civil service, and the *charisma*¹⁵ becomes a cult of the religious genius, if we do not make the one charismatically living community our point of departure.'

(Moltmann 1977: 290)

Shades of Campbell's critique of professionalism. To talk of 'community church', or 'community chaplaincy', at once leads us from a debate on function and status to the role of fellowship and the messianic unity of the worshipping community - which, unlike Hauerwas' pure church unsullied by the world's values¹⁶, is constantly engaged with the world and at the service of the world.

Moltmann suggests that in such service, 'the witness of existence is crucial' (Moltmann 1977: 290). One could, however, accuse Moltmann of theological cliché - an excuse for chaplaincy to retreat into a vague

notion of 'being there' rather than engaging in concrete issues. Moltmann would reply by pointing out, following Barth, that any authentic ecclesiology must take, as its starting point, the proclamation of the Word that follows the direction from above to below¹⁷ and it is this directionality that gives the Church its mission towards, rather than away from, the institutions to which we are called to witness. Consequently, visibility is all: 'If the Church has not this visibility, it is not the Church' (Barth 1949: 142).

From this, Moltmann formulates a 'double strategy' that, whilst not without its inherent tension, at least acknowledges the problems identified by Scott and Gill in their respective approaches. Reform from above, in which chaplaincies arose from a reform of the church's ministries, not from the community, is essentially futile. So too is reform of the community from below in spite of Moltmann's admiration of the Medellin churches of Latin America. The solution he favours is the 'double strategy' of the two taken together. True, it will never be possible to do proper justice to our work, say, in the hospital community and our role as a worshipping and identifiable Christian church with the hallmarks of charismata. But by attempting to hold the two in tension - sometimes being peripheral, sometimes central - we maintain what Moltmann calls 'the fellowship of Christ'¹⁸. Without this fellowship, various conflicts in the hospital become reduced to peripheral questions of ethics rather than the questions and crises on the human level at which chaplains operate.

What, one might reasonably ask, are the practical consequences of adopting a 'double strategy' approach to chaplaincy? It is reasonable to extrapolate from Moltmann's theology that healthcare chaplaincy would require to look again at its human resources - community and particular assignments or functions of chaplaincy grow up together, and unless there is a role for every believer in the community, chaplaincy simply becomes 'hierarchology' (Moltmann 1977: 289). A community chaplaincy, therefore, is one in which there is due acknowledgement to those who worship and whose Christian witness permeates the wider hospital community, and which, as the community grows, gives specific functions to its members to work alongside the recognised chaplains.

Such an analysis brings us back to Tom Scott's vision of chaplaincy. For once we disengage ourselves from arguments over centralist or peripheral stances, at the heart of Scott's vision is the use of lay people in effecting the work of chaplaincy¹⁹. There are signs that in his prognosis Scott was unduly pessimistic. Many healthcare chaplaincies have come to rely on volunteer services in response to a marked increase in the profile of spiritual care (Munro *et al* 2001). The Barthian imperative, as it might be described, through which God is proclaimed, is discernible in the words of one such chaplaincy team:

'The chaplaincy team is one step removed... and bring a special quality of representing God, of being ready to journey alongside, without providing answers or advice, but sharing laughter and tears, compassion and peace.'

(Munro 2001: 29)

'One step removed ...' Chaplaincy is neither central nor peripheral, but by holding its tension as 'representing God' and being alongside those in the hospital community, the one-sidedness of much of the debate on the future of healthcare chaplaincy can be transcended. Moltmann's 'double strategy' acknowledges Christian... and community co-exist in a hospital environment. The 'double strategy' permits the evolution of the multiplicity of functions through which Chaplaincy is seen, even if it also demands a degree of 'fellowship' that some chaplaincy teams may not recognise.

Conclusion

With due recognition of the Christian community out of which Chaplaincy arises, healthcare chaplaincy has every opportunity to stand on its own, 'one step removed', without losing its distinctive contribution. A peripheral stance is unnecessary and inauthentic when chaplaincy is seen as an example of a 'community church'.

To engage with society at a practical and theological level has been one of the hallmarks of theology in the latter half of the twentieth century. Such an approach is not without its critics. With Torrance's

reconciling approach between science and theology in mind, Moltmann once launched into a stinging attack on the practicalities of engagement.

'Of course, we say $2 \times 2 = 4$. But for some, two days of work times two days easily equals \$80; for others it equals only \$8. Practically, $2 \times 2 = 4$ is something different in Harlem than in Wall Street, and in Botswana something different from in Tübingen.

(Cousins (ed) 1972: 58-59)

For the patient, the question of engagement in community is not the same as that of the chaplain (or volunteer): the question is more likely to be couched in the pain and anger of terminal illness or the death of a child than in neat theological terms.

So the task of chaplaincy is 'always complicated, often messy and rarely simple' (Swinton 1999: 25). When the questions in the previous paragraph widen to involve apparent injustices and organisational malfunctioning at a hospital level, the temptation, as Swinton admits, is for the chaplain to shy away from involvement in these wider, messier and more complex socio-political aspects of care and to retreat into the safety of personal encounters. But to shy away from such engagement, to retreat from community, is the antithesis of the Christian message. Chaplaincy, to borrow Barthian language, is a worldly thing open to all in the community. As one historian of modern theology has put it,

'The religious captivity of Christianity... is still a most effective instrument for the muffling of the gospel of Christ who was not crucified on an altar between two candles, but on Golgotha between two thieves.'

(Heron 1980: 168)

Chaplaincy, like Christ, cannot stray off the edge of the world.

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- ¹ Tom Scott served as a Church of Scotland parish minister before becoming chaplain to Heriot-Watt University. In 1979 he became Director of Strathcarron Hospice in Denny and in 1992 was appointed Director for Scotland and Northern Ireland for MacMillan Cancer Relief. He died in 1997.
- ² I refer to the lecture as it appears in *SJHC*, in extract form. I am grateful to Dorothy Scott and Stewart McGregor for providing me with Tom Scott's original notes, and where these are referred to in the text, the notes are referenced 'TS' with the page numbering used by Scott.
- ³ 'God lets himself be pushed out of the world on to the cross.' (Letter to Eberhard Bethge, 16 July 1944; Bonhoeffer 1971: 357, English translation).
- ⁴ Those present included fellow hospital chaplains, representatives of faith communities and members of NHS Scotland (NHSiS) Boards, gathered to discuss the Report of the Working Party revising the guidelines on chaplaincy and spiritual care in NHSiS. The Report is widely available and a synopsis can be found in McGregor 2002.
- ⁵ Malcolm Chisholm MSP became Minister for Health and Community Care.
- ⁶ See Hay 2002 and Ryan 2002.
- ⁷ See Campbell 1985: 36ff, in which he argues against 'professionalism' on the part of the hospital chaplain, on the grounds that it is 'individualistic [and] also change-resistant'. Campbell cites Faber's clown metaphor as an example of how healthcare chaplaincy may be seen as peripheral - without, however, acknowledging the clown's importance as performer (and thus central figure) in the circus!
- ⁸ Scott cites the 1976 Assembly Report, which noted that 'so far as training for hospital chaplaincy is concerned, Scotland must be regarded as an underdeveloped country.' (Scott 2000: 16).
- ⁹ For an attempt to place a countercultural model into a Scottish healthcare context, see Due 1999.
- ¹⁰ As an example, one need look no further than the recent account by John Bayley of his wife, Dame Iris Murdoch, as she succumbed to Alzheimer's disease (Bayley 1999). It is difficult to see how

self-interest in either the short or medium term explains the devotion and love of Bayley for his wife as ‘every day we move closer and closer together... She is not sailing into the dark: the voyage is over, and under the dark escort of Alzheimer’s she has arrived somewhere’ (Bayley 1999: 283-284).

- ¹¹ For a detailed explanation of Gill’s re-interpretation of seemingly secular values as faith values, see his fourth and final Prideaux Lecture, ‘Churches as Moral Communities’ (Gill 1992: 62ff).
- ¹² See the author’s PhD thesis: Ward, M. ‘The Development of Spirituality and Ethics in the Work of Arthur Koestler, 1937-1959’. University of Edinburgh, 1997, for a detailed examination of Orwell and Koestler.
- ¹³ For a review of the findings of the reports associated with the revelations at Alder Hey, the reader is referred to Royal Liverpool Children’s Enquiry, London, Stationery Office 2001. The McLean Report, published in February 2001, contains the findings and recommendations of a review group, which looked at *post mortem* practice in Scotland. See *Independent Review Group on the Retention of Organs at Post Mortem*, Edinburgh, Stationery Office 2001.
- ¹⁴ Coutts’ argument is strengthened by the publication, in March 2002, of the Draft Clinical Standards Board for Scotland (CSBS) consultation document on Post-Mortem and Organ Retention, and in particular Standard Statement 1f, and Essential Criterion 1f.1, referring to ‘religious support’ (CSBS 2002: 30-31).
- ¹⁵ Moltmann points out (Moltmann 1977: 295) that the New Testament knows no technical term for ‘the church’s ministry’ Paul talks rather of *charismata*, gifts of grace. There are, therefore no claims or privileges identified with particular functions or abilities.
- ¹⁶ Moltmann’s critique of the ‘multiplicity of sects’, which, he argues, repress elements of Christian love and mission open to the world (Moltmann 1977: 321f), is strikingly similar to the argument Gill uses against Hauerwas.
- ¹⁷ See Barth 1963, Chapter 16 ‘Service’. ‘When it proceeds properly, Church proclamation must follow the direction from above to below, from the shining life of God into the shadowy substance of the individual and collective life of humanity. Theology must

demonstrate this movement in a manner exemplary for the church proclamation, making this movement impressive and winning. This movement is the law and freedom of the *intellectus fidei*' (Barth 1963: 180).

- ¹⁸ See Babcock 1996 for a more recent thesis that attempts to relate Church to both Truth and Community and reaffirms the importance of *fellowship*: 'It [the Church] is the place where the Word of God comes to expression, and in a view of Christian community as the primary content of the Word itself: God's fellowship with humanity, and its consequences for our fellowship with God and one another.' (Babcock 1996: 31)