

## OFF THE EDGE? A THEOLOGICAL ASSESSMENT OF SCOTT'S "PERIPHERAL STANCE" OF CHAPLAINCY

*Michael J Ward*

*Abstract :* In the light of the recent Scottish Executive Health Department (SEHD) Guidelines, the author examines the validity of the late Tom Scott's "peripheral stance" of institutional chaplaincy, with specific reference to contemporary healthcare chaplaincy. Scott's views are discussed in the context of the premise of secularisation. By drawing on Gill's critique of Hauerwas, the author cites recent events in the aftermath of the Alder Hey inquiry to claim that healthcare chaplaincy can be defined as a central activity: one that is socially significant and capable of influencing society. By redefining chaplaincy as a form of "community church" (Moltmann), the author concludes that the question of the precise locus of chaplaincy is transcended by adopting a "double strategy" that enables chaplaincy to maintain an authentic Christian presence but at the heart of the hospital community.

*Key words:* secularisation, spiritual care, peripheral, double strategy, community.

### Introduction

Tom Scott once suggested that chaplains should adopt a peripheral stance on the edge of institutions for whom the development of chaplaincy could never be a central goal (Scott 2000). There are, he noted, a host of theological questions that emerge from the "peripheral stance", and, furthermore "a deep division between the Church institutions and the agents of Christian presence." This article will attempt to address some of those questions.

In broad terms, many chaplains would find themselves in agreement with Scott's sense of *Götterdämmerung*. Alastair Hulbert, formerly with SCAWD, plotted the shift using a cartographic metaphor. From the medieval *mappae mundi* in which the world map is identified with its Saviour, 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): "Things fall apart; the centre cannot hold..."

Cartographically, Hulbert was merely reflecting the process that church historians have long characterised as 'the secularisation of the European mind'. The notion of secularisation was, at the time in which Scott was working, stemmed in no small part from the *weltliche Interpretation* of Bonhoeffer: "God lets himself be pushed out of the world on to the cross." (Bonhoeffer 1971: 357). In Bonhoeffer's rejection of religion, Christianity is relegated to the edges of real concern. His radical interpretation of Barth's Christology – calling Christians to live in the world *est deus non daretur* - naturally leads to the secularisation theses of writers such as Harvey Cox, Ronald Gregor Smith and, returning to chaplaincy, Tom Scott. Indeed, in many ways Scott may have been setting the context for the later work of Hauerwas with its clarion call, 'Let the secular world be the secular world!'

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 Guidelines: chaplaincy as a central or peripheral activity? The 2002 Scottish Executive Health Department (SEHD) Guidelines on Chaplaincy and Spiritual Care will be comprehensively reviewed elsewhere in this journal. The development of spiritual care services, supported by a new SEHD Spiritual Care Development Committee, suggests that spiritual care is no longer seen as a peripheral matter. 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 anticipated 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)

There is little escaping the widely perceived feeling that chaplaincy has come in from the cold.

Nor is it simply a matter of perception. With Health Boards being asked to implement new spiritual care policies by May 2003, the Health Secretary aims to ensure that “spiritual care and support is delivered as an integral part of NHS care” (Chisholm 2002: 26). Few of the SEHD Guidelines would have been envisaged by Tom Scott; taken together, they must at least suggest that the perception of healthcare chaplains playing a “central role” deserves careful consideration.

### **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’. If the contrast is stark, that is Hauerwas’ intention. The church gives us the inter-

pretative 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 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’ 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).

An accommodationist view of chaplaincy – trying to meet the world halfway as it were - will only result in frustration.

Scott reflects at least some of Hauerwas’ 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 what is at stake. The *proclamatory* function of the “confessing church” that is a key tenet in Hauerwas’ ecclesiology, or the *prophetic* function Scott cites, is not a neutral but an opposing stance in a “secular” institution. ‘Prophet’ and ‘listener’ are strange bedfellows; 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 as confused as Hauerwas claims, nor may the churches be quite as pure as he might hope. 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 “signifi-

cant harbingers and carriers of values in an often fragmented world". 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 is generally admitted – and, in Gill's opinion, with more widely held Christian roots than are recognised even by the carers themselves (Gill 1992: 77).

If the process of secularisation has been given historical and theological credence, as indicated above, then the decline in church-going – in Scott's lecture, "the un-churched world" – has frequently been cited as evidence for the erosion of Christian belief. But like Hulbert's cartographic metaphor, the story is often Eurocentric and the interpretation of data oversimplistic.

*"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).

To which one could add: so too does Chaplaincy.

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, 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, 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 increasing emphasis upon spiritual experiences – and the SEHD terminology of 'spiritual care' – may suggest 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. But, as Gill aptly states, we cannot overesti-

mate the importance of such *perceived* theology, even if the data of researchers such as David Hay are open to interpretation: "Perceived, mediated theology may in the end be far more influential than the theology studied by most theologians." (Gill 1992: 77).

### Theology at the centre: Alder Hey

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 the impact of Robinson's *Honest To God* to argue his case. 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 scandal. Parallels with the debate following the publication of *Honest to God* can be traced in what was perceived by many as a technical and remote subject of interest only to those engaged in the specialism before the "unexpected outcome" of widespread debate 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).

Further parallels can be detected in the manner in which the media interpreted the Alder Hey debate. Indeed, Fred Coutts describes how the preparedness of the chaplaincy to act as "a point of contact for the public" was thrown into disarray by a sensationalist newspaper headline (Coutts and Nelson 2001: 10). No doubt John Robinson would have sympathised.

Coutts' account, 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'. Coutts raises the question, of course, whether others acting as 'hospital spokespersons' could have usefully carried out this work? But the wide range of pastoral responses he cites is scarcely the domain of 'hospital spokespersons'. Coutts concludes that chaplains will continue to have a key role in the new culture of openness and consent regarding post-mortem and organ retention, which again will demand the pastoral skills of chap-

lains to be central to the system of post-mortem enquiry.

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, Coutts detects a “spiritual shift” which has little to do with considered understanding or theology but one that reflects and indeed *influences* wider thinking. (Again, note the parallel with Gill’s analysis of *Honest To God*.) Thus a picture is emerging 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**

The German theologian, Jurgen Moltmann, on the other hand, is not convinced that the question can be couched in terms of a centralist or peripheral role. He 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 becomes a cult of the religious genius, if we do not make the one charismatically living community our point of departure.”* (Moltmann 1977: 290)

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 values, is constantly engaged with the world

and at the service of the world. One could see this as an excuse for chaplaincy to retreat into cliché, advocating a vague notion of ‘being there’ rather than engaging in concrete issues. Moltmann would counter, following Barth, that any authentic ecclesiology must begin with the proclamation of the Word that follows the direction from above to below. It is this directionality that gives the Church its mission *towards*, rather than away from, the institutions to which we are called to witness.

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. 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”. 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, at the heart of which is the use of lay people in effecting the work of chaplaincy. There are signs

that here Scott was unduly pessimistic. Many chaplaincies have come to rely on volunteer services in response to a marked increase in the profile of spiritual care. The Barthian imperative, as it might be described, through which God is proclaimed, is discernible by 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 holds in tension its "representing God" and being alongside those in the hospital community. Moltmann's "double strategy" acknowledges Christian truth and community coexist 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. 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 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 en-

agement, 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 Heron 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 in 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.

## Acknowledgements

The author is grateful to Reverend Stewart MacGregor and Mrs Dorothy Scott for the kind loan of Tom Scott's original lecture notes.

## References

- BONHOEFFER D. 1971. *Letters and Papers from Prison*. Fontana, London.
- COUTTS F. NELSON G. 2001. *Organ retention: helpline experiences*. Scottish Journal of Healthcare Chaplaincy Vol. 4: 1: 10-13.
- GILL R. 1992. *Moral Communities*. University of Exeter Press, Exeter.
- HAUERWAS S. WILLIMON, W. H. 1989. *Resident Aliens*. Abingdon Press, Nashville.
- HERON A. 1980. *A Century of Protestant Theology*. Lutterworth, London.
- HULBERT A. 1991. *'The Centre Cannot Hold.'* *Essays and Papers*. Scottish Churches Action for World Development. Edinburgh.
- JOHNSTON P. W. 2001 *Developing the approach to post-mortem practice in Acute hospitals*. Scottish Journal of Healthcare Chaplaincy Vol. 4:1:2-6.
- MOLTMANN J. 1977. *The Church in The Power of The Spirit*. SCM, London.
- MUNRO G. MCDONALD S. BOND S. GILMOUR J. 2001 *chaplaincy Volunteer service*. Scottish Journal of Healthcare Chaplaincy Vol. 4: 2: 29-33.
- NELSON G. MITCHELL D. 2002 *Editorial*. Scottish Journal of Healthcare Chaplaincy, Vol. 5: 1: 1.
- SCOTT T. 2000 *Chaplaincy – a resource for Christian presence*. Scottish Journal of Healthcare Chaplaincy Vol. 3: 1: 15-19.
- SWINTON J. 1999 *The politics of caring*. Scottish Journal of Healthcare Chaplaincy. Vol. 2: 2: 25-30.

*Mike Ward is chaplain for NHS Orkney.*