

Victoria Slater, *Chaplaincy Ministry and the Mission of the Church* (Norwich, UK: SCM Press, 2015), 160 pp.

The role of chaplains within many denominations appears very much to be a work in progress. My assessment represents a Presbyterian perspective, but I suspect some Protestant and Roman Catholic colleagues may find some connecting points—as well as those in some other religious traditions such as Judaism and Islam. Fifty years ago, when the Presbytery of Western Colorado ordained me to serve in a two-point parish, the option of being ordained as a chaplain did not appear to exist within the Presbyterian judicatories, and this appeared the practice in most other denominations. The general process would more commonly be to opt for a few years in one of several opportunities to minister in a parish leadership role and then receive permission to accept a chaplaincy position. Of course, chaplaincy was a given in hospitals established by religious groups with roots in the sixth century CE in the monastic orders. However, within secular community hospitals and medical centers, many established since the early twentieth century, administrators found that justifying a chaplain was a bit like trying to fit a square peg in a round hole (e.g., “If I hire a chaplain from one religion, will other religions be offended? And, what about the atheists who oppose all religions?”). Nor were the issues less muddled on the religious side, especially those pertaining to accountability. All clergy, in every religious tradition, have an administrative superior to whom s/he is accountable. At the same time, every chaplain reports to someone within the medical center’s administrative structure.

Adjust the time clock ahead fifty-plus years, and the minister/chaplain equation has changed dramatically. Many of the religion-based hospitals and medical centers, overwhelmed by the enormous costs of medical care, have turned over the care and cost of a modern hospital to nonreligious medical networks. Moreover, in a society that has no reservation about saying “I am spiritual but not religious,” there seems to be few qualms about engaging chaplains. Indeed, chaplaincy is becoming as specialized as the medical subspecialists, with titles such as intensive care chaplains, pediatric chaplains, cancer chaplains, hospice chaplains, palliative care chaplains, outpatient chaplains, etc. Ironically, although chaplaincy positions appear to be growing annually, the traditional ministerial positions appear to be diminishing. Seminary enrollment is decreasing. Many seminary graduates, especially women, go straight into a chaplaincy position. Church membership has declined noticeably. Within my Presbyterian community, there are twice as many ordained clergy as there are congregational positions available.

With this background and experience, and with my own commitment to integrate ministry and chaplaincy as much as possible, I looked forward to reading *Chaplaincy Ministry and the Mission of the Church*. Victoria Slater attended the University of Cambridge and describes herself as “a practical

and pastoral theologian and Anglican priest . . . with 20 years working as a health care chaplain.” This book was written while she was working at the Oxford Centre for Ecclesiology and Practical Theology. Her three case studies, although quite engaging, examine three pastoral situations: (1) a rural setting in which a self-supporting vicar provides pastoral care to five small churches, (2) a center-of-town ministry in which five part-time priests focus on urban needs, and (3) a cooperative urban ministry provided by three Anglican churches and one Methodist church. I was disappointed that she chose not to focus on her hospital chaplaincy experiences, but I believe the three things she discovers in these case studies are quite relevant in relation to the current development of clinical chaplains. The first is the extensive social reach of chaplaincy ministry. The second is the “remarkable fact that these chaplaincy roles have emerged so rapidly over the past decade within a diverse and plural social context.” The third pertains to the fact that the “exponential growth in chaplaincy has hitherto not been identified as a ministerial trend or phenomenon: roles and chaplaincy practice have developed rapidly but there has been little accompanying theological reflection on practice.” To the third point, I would also add the need for a study of the demographics and the impact on seminary curricula of contemporary chaplaincy. Such a study may discover that the mean salary of chaplains is equal to—or higher—than that of clergy serving in congregational settings. I wish Dr. Slater had focused more directly on her health care experience as a chaplain. Should she elect to do so, I believe she will find many health care chaplains on this side of the Atlantic who will appreciate her work.

George Fitzgerald
Alameda, California