

Leadership Paradigms in Chaplaincy

Joel Curtis Graves

Dissertation.com

DISSERTATION.COM



Boca Raton

Leadership Paradigms in Chaplaincy

Copyright © 2007 Joel Curtis Graves
All rights reserved.

Dissertation.com
Boca Raton, Florida
USA • 2007

ISBN: 1-58112-372-8
13-ISBN: 978-1-58112-372-2

Dissertation.com

COPYRIGHT © 2007 JOEL CURTIS GRAVES
All Rights Reserved.

THE HOLY BIBLE, NEW INTERNATIONAL VERSION®, NIV® Copyright © 1973,
1978, 1984 by International Bible Society® Used by permission. All rights reserved
worldwide.

ETHICS STATEMENT

I am the sole author of the content and ideas set forth in this study, except where I
acknowledge other authors and contributors through citations and quotations.

Dissertation.com

TABLE OF CONTENTS

| | |
|----------------------------------------------------|----|
| CHAPTER 1-INTRODUCTION..... | 1 |
| Statement of Problem..... | 1 |
| Importance of the Problem..... | 2 |
| Thesis..... | 3 |
| Definition of Major Terms..... | 4 |
| Historical Antecedents..... | 15 |
| Scope and Limitations of the Project..... | 15 |
| Methodology..... | 15 |
| Chapter Outline..... | 16 |
| CHAPTER 2-CHAPLAINCY IN HISTORY AND AMERICA..... | 17 |
| The Legend of Martin of Tours..... | 18 |
| Armed and Dangerous..... | 20 |
| Clergy in Uniform-Two Ultimate Authorities..... | 23 |
| The Revolutionary War..... | 24 |
| The Civil War-Advent of Modern Chaplaincy..... | 27 |
| Early Hospital Chaplaincy..... | 29 |
| After the Civil War..... | 31 |
| World War I..... | 32 |
| After World War I..... | 33 |
| World War II-A Spiritual Battle..... | 34 |
| Love unto Death-Leadership unto Death..... | 36 |
| Denominations Represented During World War II..... | 37 |
| After World War II..... | 38 |
| The Korean War-Communism versus Christianity..... | 38 |
| The Vietnam War..... | 39 |
| After Vietnam..... | 43 |
| The Balkans..... | 43 |
| Airborne School..... | 46 |
| Desert Storm..... | 47 |
| CHAPTER 3-OVERVIEW OF VARIOUS CHAPLAINCIES..... | 49 |
| Buddhist Chaplains..... | 49 |
| Civil Air Patrol Chaplains..... | 50 |
| Civil Aviation and Airport Chaplains..... | 52 |
| Correctional Chaplains..... | 54 |

| | |
|------------------------------------------------|---------|
| Fire and Emergency Chaplains | 57 |
| Healthcare Chaplains | 58 |
| Hospice Chaplaincy | 62 |
| Certification | 68 |
| Healthcare Chaplaincy Dynamics..... | 69 |
| Jewish Chaplains..... | 70 |
| Law Enforcement Chaplains..... | 73 |
| Mental Health Chaplains..... | 75 |
| Military Chaplains | 77 |
| Muslim Chaplains | 80 |
| Pediatric Chaplaincy | 82 |
| Senate and House Chaplains..... | 82 |
| University Chaplains..... | 84 |
| Workplace Chaplains..... | 85 |
| Miscellaneous Chaplain Opportunities..... | 87 |
| Volunteer Chaplains..... | 88 |
| CHAPTER 4-LEADERSHIP DYNAMICS | 89 |
| Chaplaincy Top Leadership | 89 |
| Traditional Church Leadership | 92 |
| Pastoral Authority | 94 |
| Influence | 96 |
| First Chair Influence | 98 |
| Second Chair Influence..... | 99 |
| Second Chair Leadership | 99 |
| Spiritual Leadership | 100 |
| Women In Chaplaincy | 102 |
| Female Chaplain Leadership..... | 105 |
| Servanthood | 108 |
| CHAPTER 5-THE CHAPLAIN LEADER MANAGER..... | 112 |
| CHAPTER 6-CHAPLAIN MINISTRY DYNAMICS | 119 |
| First Chair Dynamics | 120 |
| A Theology of Pastoral Care..... | 121 |
| Ethics in Chaplain Leadership | 124 |
| Lesser of Two Evils | 125 |
| Best of Two Rights | 125 |
| Two Positions..... | 130 |
| Graded Absolutism | 131 |
| Passive Euthanasia | 132 |
| Jonseniand Paradigm | 135 |
| Ethics in the Military | 137 |
| Geneva Convention..... | 138 |

| | |
|------------------------------------------------------------|-----|
| In Jesus' Name | 140 |
| Religious Tolerance | 142 |
| CHAPTER 7-CHAPLAINS AT WORK AND IN LEADERSHIP | 144 |
| Leadership Challenges in Ministry | 145 |
| Spiritual Assessment..... | 149 |
| Spiritual Assessment Model | 150 |
| Upward Relationship | 151 |
| Inward Relationship..... | 152 |
| Outward Relationship | 154 |
| Theological Reflection and Theological Insight..... | 159 |
| Disenfranchised Grief..... | 161 |
| Lack of Recognition of the Relationship | 164 |
| Loss is Not Acknowledged | 165 |
| Griever is Excluded..... | 167 |
| Circumstances of the Death | 167 |
| Ways Individuals Grieve..... | 168 |
| Self-Care, Soul-Care..... | 170 |
| How to Meditate | 174 |
| Sufferance Self-Care..... | 178 |
| Spirituality of Self-Care..... | 180 |
| Retreats-A Time of Healing..... | 183 |
| CHAPTER 8-CONCLUSION | 186 |
| Problem Restated | 186 |
| Importance of the Problem Restated..... | 187 |
| Concluding Thoughts..... | 188 |
| APPENDIX A-CHAPLAIN ORGANIZATIONS AND LINKS | 191 |
| APPENDIX B-JONSENIAND PARADIGM..... | 209 |
| APPENDIX C-INTRODUCTION TO CHAPLAINCY COURSE OUTLINE | 210 |
| BIBLIOGRAPHY..... | 215 |

ACKNOWLEDGEMENTS

I wish to thank and bless the Lord Jesus Christ for the work of the Holy Spirit in my life, which has prompted me to work in the area of chaplaincy and has sustained me through the vagaries of life. My wife, Rena, the love of my life, and kids, Joshua and Christina, support and bless me every day. My parents, Curtis and Patsy Graves, set the example early in my life, for a life well-lived in God's service. The President of Faith Evangelical Lutheran Seminary, Tacoma, Washington, Dr. Michael Adams' support and mentorship throughout my theological education and beyond have been a magnificent blessing. He had a vision of me in ministry from the minute I walked into his office. Dr. James Gibson and Dr. Gary Waldron are gifted teachers and men of faith, whose training, expertise, and passion for ministry have inspired me long after the classes were over. Dr. Gordon Hilsman and Rev. Dr. Arthur Schmidt, my Clinical Pastoral Education supervisors at St. Joseph Medical Center, Tacoma, mentored me through ministry formation and helped me find my ministry, my voice, and my self. There were many others: peers, coworkers, patients, and staff: Thank you and bless you all.

CHAPTER 1

STATEMENT OF PROBLEM

Traditionally, chaplains don't tend to draw attention to themselves as they quietly go about their business. But the needs of people are growing and society is changing. I say *the needs of people are growing* because of the growing gap between the have's and the have not's, more people outside the church than in (many unchurched or dechurched), a growing discontent and violence in the world evidenced by school shootings and terrorism, generalized fears and angers, and the many people who seem to have a spiritual thirst for something they can't even identify.

In chaplaincy and in many churches, leadership, management, and ministry have a synergistic effect when they come together in response to a problem or crisis. An understanding of chaplaincy dynamics, scope, methods, possibilities, and issues in relation to this effect is vital to this growing field in four areas: (1) It helps prepare people for ministry as chaplains, whether clergy or lay; (2) It benefits those already in chaplaincy ministry; (3) It helps clergy reexamine their ministry to determine if they are where God wants them; and, (4) It serves to teach everyone, including upper-level management and senior church leaders (first-chair leaders), of the roles, actual or potential, that chaplains can fill in response to the growing needs of people.

If chaplaincy is to be effective across a broad spectrum of ministry and in the great diversity of settings, it is important to standardize training overall, and if appropriate, train chaplains in the area of management. This will be a giant step in this

growing field and increase the professionalism of the group as a whole. Success in ministry and the quality of ministry do not happen by accident; they are the purposeful result of a response to a divine calling, coupled with sincere effort, effective training, respect for people, and skillful execution.

IMPORTANCE OF THE PROBLEM

Chaplains are leaders, and they must be at the forefront of ministry to people on the fringes of our churches and society. Without chaplains helping to meet the growing needs of these people, we will not be fulfilling the mandate to take the Gospel into the whole world, addressing the justice needs of people, or helping alleviate suffering. Simply put, we might finally reach the unreached peoples groups of foreign countries and fail in our mission to reach the people at home.

Chaplain leadership can be enigmatic. The leadership dynamics and concepts in the ministry of chaplains flow from different sources and perspectives, then are articulated in a variety of ways which do not necessarily fit with the standard literature on leadership. Yet, leadership concepts applicable to chaplains can be found in all leadership studies, in their various forms and possibilities. Chaplains are ministers and leaders outside the traditional church building to people who need clergy support, and they often exert great influence on the people they encounter. Although some chaplaincy organizations have continued to challenge their members to grow in training and professionalism, this is not true everywhere. In many areas, people are answering the call to chaplaincy, but are having to learn on the job, through trial and error, and their effectiveness, success, and quality are very elusive or spotty at best. This study addresses

some of the areas necessary for successful chaplaincy, although each ministry is unique and has its own challenges.

In this study, I want to look at the history of chaplains and the associated leadership perspectives; look briefly at different types of chaplaincies; discuss contemporary church leadership, chaplain management and leadership dynamics; then look at the work of chaplains, some of their tools, and associated leadership issues.

THESIS

Clergy, lay persons, business people, and many chaplains do not understand the leadership and management dynamics of chaplaincy, and this lack of knowledge has a direct impact on how chaplaincy is done and not done in certain areas. In chaplaincy and many churches, leadership, management, and ministry have a synergistic effect when they come together in response to a problem or crisis. An understanding of chaplaincy dynamics, scope, methods, possibilities, and issues in relation to this effect is vital to this growing field in four areas: Helps prepare people for ministry as chaplains, whether clergy or lay; benefits those already in chaplaincy ministry; helps clergy reexamine their ministry to determine if they are where God wants them; serves to teach everyone, including upper-level management and senior church leaders of the roles, actual or potential, that chaplains can fill in response to the growing needs of people.

DEFINITION OF MAJOR TERMS

Chaplain

A chaplain is a person (clergy or lay) who represents a religious and/or spiritual perspective in an institution or organization, and who ministers to people in need. In some places, the chaplain may not be clergy, while in other places like many hospitals, there are numerous requirements, including specialized education, training, and certification.

Chaplaincy

Chaplaincy is the location and work of the chaplain, in whatever place that might take them, in a variety of settings. A person might say, "I am in the chaplaincy," the way someone might say, "I am in the pastorate." It is a way of saying that someone is served or ministry takes place. The work of the chaplaincy is whatever the chaplain does to help those in need. It can be as simple as listening or as dangerous as accompanying soldiers on patrol.

Clinical Pastoral Education (CPE)

From 1920 to 1922, the Reverend Anton Boisen was hospitalized for schizophrenia. Based on his experience in the mental institution, he believed that certain types of schizophrenia were problems of the soul. In 1925, Dr. William A. Bryan, Superintendent of Worcester State Hospital, Worcester, Massachusetts, hired Rev. Boisen as a hospital chaplain. In an attempt to study the relationship between religion and medicine, Chaplain Boisen invited four students to work with him in the hospital. At the same time, Dr. Richard C. Cabot suggested that theological students at Harvard Divinity School do an

internship in the medical school. Boisen endorsed this program and clinical ministry began.¹

In the last eighty years, CPE has become an international organization that trains people in a variety of clinical settings. Usually in a hospital, a trained and certified supervisor directs a group of four to eight students at a time who perform ministry in different parts of the facility, including satellite or branch operations (hospice, soup kitchens, skilled nursing facilities, mental institutions, dialysis clinics, etc.).

There are two programs: regular and extended. The regular program is on a quarterly schedule and has two types of students: residents and interns. The interns are in a non-paid position and can work in different units (also known as *wards*) each quarter (rehabilitation, mental health, oncology, renal dialysis, etc.). The residents are in paid positions for one year, usually specializing in one particular area (one of the branches or a hospital unit). The extended program is for students who can only attend part-time and usually meet once or twice a week in the evening with a supervisor and the group. They are assigned to a hospital unit or branch, where they work part-time for their ministry experience. They earn one point of credit for approximately eight months of work, which equates to one point a year. There are extended groups which earn two credits per year.

To successfully complete a CPE course and meet the minimum requirements for most hospital employment opportunities and certification, a student must earn four credits, which equates to four quarters of training.

The regular CPE training environment consists of two five hour weekly supervised peer group meetings, a one hour weekly supervisor meeting, verbatims of

¹ Joan E. Hemenway, *Inside the Circle: A historical and practical inquiry concerning process groups in clinical pastoral education*. (Decatur, GA: Journal of Pastoral Care Publications), 1996.

chaplain/other person (patient, client, family, staff) interactions that are discussed in the group, programmed training/classes, book reviews, and diverse didactics with guest speakers. The students are immersed in ministry and report to their peer group and supervisor on what happens in that ministry, how the patient reacts, how they react, and especially how they feel. It is important to determine what goes on actually but also personally, as they learn who they are and often validate their call to ministry of any kind.

Who takes CPE? Many seminaries require at least one quarter of CPE, which seminarians often complete during a summer break. Some people feel called to a clinical ministry and explore that calling by taking CPE. Then there are others who just want the experience and training to learn how to serve people in great need and suffering, as in a church visitation ministry.

Disenfranchised Grief

Loss is a fact of human existence as is the resultant grief that follows. People have a right to grieve their losses. But when a person who needs to grieve and cannot because of complications from relationships, societal restrictions, and a variety of other problems, that grief is said to be disenfranchised. Dr. Doka, who first coined the term *disenfranchised grief* in relation to people who experienced a problem with loss and grief, wrote, “The loss cannot be openly acknowledged, socially validated, or publicly mourned.”² In another place he wrote, “The person experiences a loss, but the resulting grief is unrecognized by others. The person has no socially accorded right to grieve that loss or to mourn it in that particular way. The grief is disenfranchised.”³

² Kenneth J. Doka, ed., *Disenfranchised Grief: new directions, challenges, and strategies for practice* (Champaign, Ill.: Research Press, 2002), xiii.

³ Doka, *Disenfranchised Grief*, 7.

For example, sometimes children are not allowed to attend a family funeral, or their grief is not acknowledged as important. They carry the burden of the loss in themselves, and it often gets expressed as acting out, behavioral changes, bed wetting, fighting among siblings, and poor school performance. In another example, parents might not attend the funeral of their grown child who committed suicide or died in prison. Chaplains often run into people suffering from complicated grief issues like these, and unresolved grief can affect a person's emotional and physical health, and hinder healing.

First Chair

The concept of *first chair* refers to the person who is the head of an organization, the leader and person in charge, who makes the final decisions. In a church, this is usually the senior pastor.

Influence

Influence means having the ability to produce a response in a person and affect their thoughts or actions.⁴ In the realm of leadership, influence is said to be the basis of leadership.⁵ In this way, influence is how we relate to the people around us. We cause influence, and we experience the influence of others: influence goes out from one person to another and requires a response. Influence can grow and wane based on the personality and character of the leader.

⁴ Oxford American Dictionary-Heald Colleges Edition, "Influence," (New York: Avon Books, 1982), 454.

⁵ John C. Maxwell, *Developing the Leader Within You* (Nashville: Thomas Nelson, 1993), 1.

JCAHO

Pronounced *jay-co*, the Joint Commission on the Accreditation of Healthcare Organizations, is also known as the Joint Commission. The American College of Surgeons (ACS) began inspecting volunteer hospitals in 1917 to raise the standard of healthcare. Using the idea of *end result system of hospital standardization*, a hospital would follow up on patients who had been treated to determine if the treatment was effective. If it was not, the hospital was supposed to determine why and try to correct the problem for the benefit of future patients. In 1951, the ACS was joined by the American Medical Association, the American College of Physicians, the American Hospital Association, and the Canadian Medical Association to form the Joint Commission on Accreditation of Hospitals.

In 1965, Congress passed an amendment to Social Security stating that hospitals must be in compliance with Medicare Conditions of Participation to participate and get paid for Medicare and Medicaid programs. The money from these programs is important to a healthcare organization's profitability. Determining compliance with this law and accrediting hospitals who comply with the provisions is the job of the Joint Commission. Today, the Joint Commission evaluates and accredits approximately 15,000 healthcare organizations and programs, and its mission is to "continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations."⁶

⁶ Joint Commission on the Accreditation of Healthcare Organizations, "About Us," Oct 2006, *JCAHO Web*, http://www.jointcommission.org/AboutUs/joint_commission_facts.htm (28 Oct 2006).

JCAHO requires that a spiritual assessment be done to determine if there are spiritual issues related to the patient's healthcare. The established standard not only requires a definition of the spiritual assessment, but also the qualifications of the people performing the assessment. In that regard, the criteria for chaplains has grown to ensure the highest quality patient care, and chaplains must now be board certified by recognized certification agencies, like the Association of Professional Chaplains, the National Association of Catholic Chaplains, or the National Association of Jewish Chaplains. The section on Healthcare Chaplains has more detail about certification.

Leadership

To *lead* means to influence the actions or opinions of another.⁷ The person who has the lead causes leadership when the effect of influence happens to people: cause and effect. John Maxwell wrote that leadership is influence.⁸ Leadership implies followers. In the church, the designated first chair person exercises leadership over a group of people willing to subject themselves to that person's influence. The inverse would also be true, that the loss of influence means that a person has lost the ability to lead the group, and the leadership is less effective or a failure.

Medical Ethics

Medical ethics is also known by the names *Clinical Ethics*, *Biomedical Ethics*, *Healthcare Ethics*, and *Bioethics*. Medical ethics is about the moral principles of patient autonomy, beneficence, nonmaleficence, and justice. In many medical cases, there is a sense of urgency, and the medical ethical dilemma must be resolved quickly and a

⁷ Dictionary, "Lead," 503.

⁸ Maxwell, *Developing the Leader*, 1.

decision made. In the section on the Jonseniand Paradigm, medical ethics principles and a technique for determining a course of action are covered in more detail.

The Jonseniand Paradigm is useful for people working in healthcare, but also for ministers who get involved in the healthcare issues of their church members. Issues of quality versus quantity of life often come up. For example, a church member wants to talk to the pastor about stopping the cancer treatments and wants advice based on shared beliefs. Another church member has a husband who wrote in his living will, that he did not want to live in a persistent vegetative state when his Parkinson's disease got real bad. After three years of steadily declining health, she now wants to honor his wishes and wants to know what her pastor thinks about stopping his tube feedings and letting him die.

Palliative Care

The simplest definition of palliative care is *comfort care*. Palliative care is a key component of hospice care, because a patient's relief from emotional, physical, and spiritual pain is a primary goal in helping them die in peace. Palliative care services include symptom control, pain control, counseling, religious and spiritual ministry, music therapy, massage and various healing touch therapies, and various support systems. Palliative care is a team approach with doctors, nurses, social workers, chaplains, bereavement counselors, bath aides, and volunteers all working together to improve and maintain a high quality of life at the patient's end of life. This care affirms life and neither hastens nor postpones death.

Pastoral Authority

Jesus presented and represented the idea of a spiritual leader being a shepherd of people.

“I am the good shepherd; I know my sheep and my sheep know me.”⁹ *Pastor* means shepherd and *pastoral* relates to the duties of the pastor. The pastor shepherds people the way a shepherd in the field takes care of a flock of sheep. Pastoral authority is the shepherd’s authority over the flock in their charge, as a part of their duties. In the church, pastoral authority is about the expectation people have in a religious or spiritual leader to exercise influence over them based on history, culture, and experience. The position of authority comes from a denomination, organization, or congregation, and is often called ordination. In this position, the ordained person is expected to carry out certain agreed upon teachings, rituals, sacraments, and celebrations in a recognized format.

Second Chair

The concept of *second chair* refers to the person who works with and for the first chair person who is in charge, subordinate to the first chair leader. In a church, this could be the executive pastor, assistant pastor, youth minister, or a ministry leader.

Servanthood

“Whoever wants to become great among you must be your servant, and whoever wants to be the first must be the slave of all.”¹⁰ In this statement, Jesus is speaking about the attitude that he wants his followers to have in the Church. “You know that those who are regarded as rulers of the Gentiles lord it over them, and their high officials exercise

⁹ John 10:14.

¹⁰ Mark 10:43-44.

authority over them. Not so with you.”¹¹ The Gentile-style or worldly type of leadership would be the opposite of servanthood, as defined by Jesus. In the Church, leaders should have a servanthood attitude in their relationships to fulfill these scriptures.

Spirituality

I define spirituality as the upward, inward, and outward aspects of a relationship and connection to something other than our selves. *Other* is anything higher or greater or deeper than our personal self, such as transcendence, immanence, and life’s mysteries, which brings fulfillment. Transcendence means *going beyond*, and immanence is considered the opposite of transcendence and means *to remain within or contained within*.¹² In Christianity God is transcendent and at the same time is immanent in the incarnation.¹³

Spiritual Assessment

Spiritual assessment is the purposeful determination of the patient’s support systems, coping abilities, and relationships with a higher power, themselves, and others with the goal of helping or assisting them with spiritual issues and problems. There are different spiritual assessment models and many different questions that can be asked to find what concerns a person in relation to their spiritual needs.

Spiritual Leadership

Spiritual leadership is influence on the spiritual level, which includes issues of transcendence, connections, meaning, contentment, relationships, support, grief, loss,

¹¹ Matt 20:25.

¹² Wikipedia Encyclopedia, “Transcendence,” [http://en.wikipedia.org/wiki/Transcendence_\(philosophy\)](http://en.wikipedia.org/wiki/Transcendence_(philosophy)) (30 Nov 2006).

¹³ Wikipedia Encyclopedia, “Immanence,” <http://en.wikipedia.org/wiki/Immanence> (30 Nov 2006).

hope, coping, values, ethics, sacred tradition, sacraments, music, ritual, presence, beliefs, prayer, meditation, reconciliation, and end of life.

All people have spiritual needs, which change over time and circumstances. The person with spiritual leadership ministers to people with spiritual needs. People in hospitals have strong spiritual needs, and chaplains are in a unique position to minister to them.

Theological Reflection

As the name implies, theological reflection is reflecting on an experience or situation theologically, usually using the Bible. Theological reflection takes place in the space where experience and the scriptures meet. It asks the question, “What does God have to say in this situation?” God speaks to us through direct revelation, the scriptures of the Bible, and the wise counsel of those people we respect and hear. Theological reflection can be used to minister to ourselves and others. I believe theological reflection is a way the Holy Spirit speaks to us, and helps a person understand their ministry better and grow spiritually.

Unchurched and Dechurched

George Barna was the first to coin the term, *Unchurched*, in a study his group conducted on church attendance and beliefs in the United States. The Barna Group define unchurched as, “an adult (18 or older) who has not attended a Christian church service within the past six months, not including a holiday service (such as Easter or Christmas) or a special event at a church (such as a wedding or funeral).”¹⁴

¹⁴ George Barna, “Unchurched,” *The Barna Group Web*.
<http://www.barna.org/FlexPage.aspx?Page=Topic&TopicID=38> (12 Nov 2006).

I disagree with the Barna definition. To me, *unchurched* means someone has had no church exposure. People who were in church at one time, perhaps when young, but do not attend anymore for a myriad of reasons are more accurately described as *dechurched*. Although they might consider themselves Christians or believers, they either got out of the habit of going, were somehow disenfranchised by formal religion, or just felt it was no longer important. Like the unchurched, many claim to have a form of spirituality that is intimately personal and meets their needs, or they believe nothing and don't feel compelled to believe anything, as long as life is cruising along without troubles.

In many cases, the formal church has had little impact in their lives, as an entity or through an individual. Many of the dechurched do not have a Christian belief system anymore, but they might say they have a form of spirituality, which they claim meets their needs for inner contentment.

In both groups, the religious ideas and concepts of sin, heaven, hell, Jesus, God, and Satan are often rejected or just ignored. Some people can carry their personal spirituality into all phases of their lives with little conflict, but for some it fails in a personal crisis. When these people experience great need and suffering, such as in illness or loss, Chaplains must move through this area of personal spirituality with great sensitivity and respect, if they are going to help.

Unreached Peoples Groups

Ethnic groups of people living in foreign countries who have not heard or read the Gospel are considered unreached. For two thousand years, Christian church groups and

individuals have taken the Gospel into the farthest reaches to fulfill the mandate from Jesus Christ to take the Gospel into all the world.¹⁵

HISTORICAL ANTECEDENTS

I am not aware of previous work done in the area of chaplaincy leadership and management dynamics.

SCOPE AND LIMITATIONS OF THIS PROJECT

Although the scope of this study was to look at chaplain leadership patterns and examples, it was possible that some people reading this might want to know more about what a chaplain is and what chaplains do. In that light, I expanded the study a little to give the best possible overview while supporting the original intent.

METHODOLOGY

This dissertation is an historical and exegetical analysis of chaplaincy in history with attention to leadership dimensions and traits, and analysis of leadership concepts relevant to ministry, business, and management as applied to chaplaincy.

¹⁵ Acts 1:8.

CHAPTER OUTLINE

Chapter 2 of this study describes chaplaincy from its earliest beginnings in history and takes the reader through the development of chaplaincy, including leadership dynamics in all its forms to the present day.

Chapter 3 describes the different religions in chaplaincy and types of chaplaincies in an effort to show the depth of the ministry in all its facets.

Chapter 4 looks at leadership in relation to church ministry, chaplaincy, women in leadership, and talks about the concepts of authority, influence, and servanthood.

Chapter 5 is about the chaplain as leader and manager and how these aspects differ in chaplaincy leadership. It discusses the leadership requirements in churches and chaplaincies, the difference between leadership and management, and a discussion of the skills required for the chaplain leader manager role.

Chapter 6 looks at the First Chair leadership concept, a theology of pastoral care, ethics, and tolerance in an effort to show some of the leadership dynamics and challenges in chaplaincy.

Chapter 7 carries forward the theme from the previous chapter but talks more about how things are done and how ministry takes place. Spiritual assessment, self-care, theological reflection, and disenfranchised grief are important issues in chaplaincy ministry and affect leadership and management dynamics.

Chapter 8 summarizes the previous work and has more of my own personal reflections on the subject.

CHAPTER 2 – CHAPLAINCY IN HISTORY AND AMERICA

Throughout history, military organizations and religious establishments have been closely linked. The crisis of war caused people to seek their gods for divine guidance, protection, and victory on the battlefields. When attacked, the military and religious leaders quickly came together to defeat the threat to their lives and way of life. At different times the religious leaders played a key and pivotal role, and at other times a supporting role.

The problems and tensions of war and faith, and the morality of war, have always been present.

Throughout the long history of Christianity, three major stances on this dreadful subject [of war] have prevailed: the crusader, the pacifist, and the combatant who participates in war as a grim reality and sad necessity of life while wishing wholeheartedly for peace, good will toward men. Many, if not most chaplains, went to war though longing for peace and the quiet life of their homes, churches, and communities.¹⁶

Whatever the cause and no matter how they felt about it, many clergy and religious leaders felt compelled by God to lead or follow their congregations, the people of their charge, to war and into battle. Some ministers, men and women, did not enter combat, but saw the crisis of war as an opportunity for spreading the gospel, both by their good works and their words, to their own soldiers, the enemy, and non-combatants on the fringe.

¹⁶ Parker C. Thompson, *From Its European Antecedents to 1791: The United States Army Chaplaincy* (6 vols.; Washington DC: Office of the Chief of Chaplains, Department of the Army, 1978), 1:95.