



Beyond horror: mapping the contours of holiness in an acute hospital

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Reflecting on the experience of hospital chaplaincy in an acute hospital in the north-east of England, this article explores the conviction that God is with us both in and beyond horror. Echoes of Scripture are identified in a number of pastoral encounters, which help to illustrate the presence of God in the midst of horror. The work of chaplaincy also points to God's presence beyond the horror of present pain and death, turning the hospital into 'holy ground'.

CHAPLAINCY • HOSPITAL • DEATH • DYING • PASTORAL CARE • HOLINESS

Introduction

This article reflects on how holiness is embodied in a small patch of the NHS, an acute hospital in the north-east of England, and focuses on my daily practice with others as a hospital chaplain.

I am a 52-year-old single woman, a baptised Christian and a Methodist Presbyterian. I have known God to work very powerfully in divine and human experiences of health, healing and wholeness. First, as I was coming to faith as an adolescent a team of very skilled people, including a surgeon, saved my life. It later transpired that the surgeon was a Christian. Later I was an occupational therapist; occupational therapy being a discipline that sets out to promote health, wholeness and quality of life – surely the gospel in action. Third, I saw God at work most powerfully as my mother was dying. We had two weeks from her diagnosis to her death, and in this time she came to faith. One of the gifts she left me is my understanding that death lies within God’s healing purposes. In the vocabulary of the NHS, Mother died a good death, which means that she enjoyed a life in good health followed by a time of compressed morbidity before death. We were very fortunate that it was possible for Mother to die in a hospice.

These three events equip me on a daily basis as I go into work. My personal Christian experience leads me to expect, to anticipate and to know that God is present in the hospital. In the hospital, amid all that is good, such as people offering care and working together, we are likely to encounter horror and catastrophe on a daily basis. My conviction is that God is with us in daily horror, and on the other side of horror.

Institutional context

To map the contours of holiness in a place takes time, and we need to make time intentionally to get to know the context and to build up relationships as we go out on what is holy ground.

There are many committed, fine people working in the NHS here in the north-east of England. The region faces many difficulties: we have higher than average rates of alcohol and drug addiction (older drinkers turning to sherry and Bailey’s, as a specialist nurse colleague tells me, surely signs of hopelessness); very poor child dental health; an increasing number of young

women with learning difficulties who are subject to sexual exploitation; and a significant number of older people who arrive in hospital malnourished.

The culture of the NHS is increasingly target-driven, which can often stifle individual initiative and decision-making. Sometimes the NHS can feel like a political football and it can be enervating to work in an institution under such scrutiny, which is the subject of endless media stories that are often unfavourable, especially in relation to the contentious issue of funding. It is therefore immensely encouraging to see letters in the local paper or obituaries which acknowledge good experiences of care. I reflect that it is a deeply holy thing to offer encouragement.

We see perseverance modelled daily as ward staff in particular go into shift after shift to be with people who may be acutely ill, frightened, angry or in pain, often while those same staff are carrying their own concerns about their own health, family or financial resources.

The NHS is a human institution, and one of the largest employers in the country. As such, it is a flawed institution run by flawed people, and so sometimes things do go wrong. Some events are labelled 'never incidents', in the sense that checks should be in place to eliminate the possibility of the mistake happening; nevertheless, these incidents do happen, perhaps as a corporate outworking of Paul's understanding of the human condition wherein sometimes, even when we set out to do the right thing, we can still fail.¹ Clearly the consequences of something going wrong in the hospital may be life-changing for a patient, or indeed for the person who carried out the failed procedure.

The collision of life and death

Sadly, as a chaplain, I am often called to the labour ward to bless a baby that has died either before or shortly after birth. When birth and death collide something is dreadfully wrong and, for the parents at that point, all hope is lost. God is present as skilled nurses and midwives continue to administer pain relief; as members of the hospital medical illustration team take photos of the child for the parents to keep; as the bereavement support officer offers help with paperwork to prove the child had an existence so that local registrars may register the birth and the death. Each year the chaplains hold a special Baby Loss Service to help the parents.

In the immediate aftermath of the loss a chaplain may be invited in to bless the baby. At this point a simple prayer will affirm that God treasures all life, no matter how short or long, and that, through the life, death and resurrection of Jesus, God has shown us that death does not have the last word in our life.

In my first Advent as a hospital chaplain the hard reality of pregnancy loss revealed to me in a new way the extent of the risk that God chose to take in the Incarnation. What if Mary and Joseph had known this acute sadness? Mary took a huge risk in cooperating with God; in those days a Jewish woman had a one-in-three chance of dying in childbirth. I found one baby loss funeral that Advent even grimmer than usual. The young parents attended the crematorium alone (this may have been their choice) and it seemed to me they could so easily be the Holy Family.

Experiences of 'horror' in hospital can be enlightened by reflection on Scripture, which in turn can help the chaplain to recognise God's holy presence in the situation.

Recognising holiness

Holiness is a defining quality of God. Rowan Williams has written recently that holiness evolves throughout the Scriptures.² In the Hebrew Scriptures, God's holiness is ascribed to God by the angels, as the Seraphs proclaim in Isaiah 6:3. Here God is set apart, since no one could look on God and live. As events unfold into the New Testament, it is another angel, Gabriel, who is present to announce to Mary that her son Jesus, as God's son, will also be holy.³ Holiness is now incarnate.

One of the early Church Fathers, Athanasius, wrote about the Incarnation: 'He became what we are that we might become what he is.'⁴ In the Epistles, holiness becomes a marker of God's people as we increasingly reflect the glory of God in our daily lives. Our calling as Christians is to live a life of sanctification; that is, throughout our lives we are called continually to choose to cooperate with God in the lifelong process of becoming holy by drawing closer to God and entering more deeply into our common humanity.

For Williams, John's Gospel presents the crucifixion as the ultimate holy act as Jesus embraces the Cross. In the Hebrew Scriptures God is often set apart; whereas in the New Testament God, as we know him in Jesus, allies himself with the totality of our human experience, including suffering and catastrophe,

going beyond the city walls to accept death in its most humiliating and shameful form. Holiness is recognised in the Cross.

But holiness is also recognised in the people of God who are called together by Jesus. In the New Testament the holiness that characterised the Temple in Jerusalem now permeates Christian people. In 1 Corinthians 3:16–17 we become holy as we work with the Holy Spirit in our lives.

During a sabbatical from circuit life and work I undertook a 30-day silent retreat and followed the spiritual exercises of St Ignatius. As part of the retreat the Lord invited me to call to mind the faces of the people in my life who show me Godliness, and then he asked me very directly if I would like a vision of the Holy Spirit. Of course I said yes. When I looked again, I saw the same faces. We recognise a holy person through what they embody and the degree to which the fruits of the Holy Spirit are shown in their lives.⁵ To put this more simply, I turn to L, a woman in her nineties in the South Wales Valleys who once said to me, 'You see, Catherine, we're the Bible for people who don't go to Church.'

What each and every one of us embodies as Christians is crucial as people do evaluate us to see if we are people of integrity. Eyes are on us. One colleague remarked recently, 'Do you know, Catherine, you're the only vicar [sic] I know?'

Holy presence, holy Scripture

In all contexts holiness is expressed through relationship as God continually desires to draw people to himself through Jesus. A key component of relationship is presence, and the chaplain has the opportunity to model that God is present at all times and in all places, one moment holding and blessing a baby that has died of Sudden Infant Death Syndrome in the presence of the child's family, and the next moment taking part in the wedding of a nurse colleague.

Time and again the hospital chaplain is present as death, perhaps the ultimate impenetrable mystery, is faced. Death lies ahead for all of us. To journey with a person who knows they are dying and with those around them is a huge privilege. The hospital can be a place of excoriating truth as things we value – the things we may think make us who we are – are stripped away: our health, our vitality, our accomplishments, our ability to self-care. In response we may begin to ask key questions: is my life worthwhile? Am I being punished? What will happen to the people I love when I die?

Often the chaplain encounters people at a moment in their lives when medicine can do no more and the questions may be huge. It is enormously humbling when a dying person's chief concern is for those who will survive them. There are echoes in Scripture. In John 14, at a point when Jesus knows his own death is at hand, he is concerned to prepare the disciples from whom he is soon to depart and he reassures them by promising the presence of the Holy Spirit. Recently a woman of great faith was diagnosed with a rapid, aggressive form of cancer. She immediately called her minister to her bedside in order to plan her funeral. I have seen some Christians make a huge impact by the manner in which they faced their own death.

Holiness in pastoral relationships is shaped by the engagement we have with Scripture, with ourselves and with those around us. It requires that we remain alert and attentive as Scripture unfolds around us each day.

At times of catastrophe the chaplain may be called upon to stand with bereaved parents and to acknowledge that, at that point for the parents, all hope is lost. The Scriptures engage with all our human responses and the Psalms voice the depths of human distress on occasion, as in Psalm 6:6–7: 'I am weary with my moaning; every night I flood my bed with tears; I drench my couch with my weeping. My eyes waste away because of grief.'

In the book of Job we read of a man who came to wish he had never been born (Job 3:1–3). Three of his friends attempt to respond: Eliphaz's response is to focus on his own woes (4:12–16); Bildad's response is to infer that Job has sinned (8:3–6); while Zohar appears to believe that God has turned against Job (11:5–12). Finally, Elihu becomes angry with Job. None of these are particularly fruitful responses. Ultimately it is the presence of God (Job 40—42) that transforms life for Job. It is not helpful to construe suffering as a problem to be solved; rather, to borrow the words of Neil Richardson, 'No experience is wasted if in it we experience God.'⁶ Unlike Job's friends, chaplains are at times called to silence, as there are moments when only silence is adequate.⁷ A silent presence may be deeply healing.

In the hospital the chaplain has the deep privilege of accompanying people at key moments and the chaplain needs to be anchored and grounded in the narrative of faith. When we search the Scriptures we hear much written in the human register that addresses events likely to unfold in the hospital. In many of the circumstances referred to above – on the labour ward, for instance – we hear an echo of Matthew 2:18, the lamentation of Rachel as she weeps for her dead children.

In the hospital the chaplain needs to be alert to the fact that people may be frightened and that fear may present as anger. In the New Testament the disciples know fear in Matthew 8:23–27 as they face drowning. Phyllis Tribble identifies fear as a theme in the Hebrew Scriptures and in the New Testament.⁸ ‘Do not be afraid’ is the most frequently occurring command.

Hagar, the Egyptian slave girl, is so fearful she runs away from her mistress Sarai who is treating her harshly (Gen 16:6). It is in this fearful state that she encounters an angel of the Lord right in the wilderness by a spring (Gen 16:7). This frightened young slave girl is the first person in Scripture to be visited by such an envoy. At times, it may be very important to give people permission to feel fear, in order for them to then encounter God in the fear.

The events surrounding the crucifixion are shot through with fear and we may only speculate as to what prompted the words Jesus spoke from the Cross in Matthew 27:46, ‘My God, my God, why have you forsaken me?’ A presbyter, then living with cancer, became exasperated with those who kept telling her there was light at the end of the tunnel. One day she snapped and said, ‘I’m not interested in light at the end of the tunnel; I want light in the tunnel here with me now.’⁹ Chaplaincy seeks to reveal the presence of God that accompanies us wherever we go. This work is characterised both by being present and by listening for the echoes of Scripture in the situations that are faced day by day.

Chaplaincy invites us to consider God’s presence at all stages of life. As increasingly we are living for longer, a visit to the Elderly Care Ward causes us to reflect deeply: what is it to be human? Here I encounter many people who seemingly come to consciousness in hospital, unaware of what has happened to them, or why they are in hospital. Many things can be disorientating, such as a urinary tract infection or a stroke, or a fall that precipitates a hospital admission. On this ward we encounter people who may have lost their speech temporarily or permanently; here we encounter people living with dementia and other degenerative neurological conditions.

Here, holiness lies in remembering that each person continues to be a beloved daughter or son of God, irrespective of their medical status or condition. It means continuing to treat them with respect when, perhaps in the eyes of the wider world, the person is no longer useful (for example, no longer economically active). This ward really brings us face to face with our common humanity as we recognise that we are all on our way to the Elderly Care Ward unless death intervenes.

Death itself remains a taboo subject and yet holiness requires of us that we keep company with Jesus who also died. For this reason, we are wise to engage with death, to prepare ourselves and to help others before death approaches. Death can be a gift that helps us to refine and to identify what really matters to us. A chaplain may participate in specific circumstances in emergency weddings on the ward or in ITU: these are deeply moving events when a person can go from being a bride or groom to widow or widower in a matter of hours. It is a reminder that death is the ultimate backdrop to our lives, as we draw closer to God in the present.

The hospital as holy ground

In conclusion: holiness can be found in the hospital, as life and death are encountered day by day. Chaplaincy enables God's people intentionally to explore this piece of holy ground, secure in the knowledge that God is present and in Jesus knows what it is to be fully human, and in the confidence in God's ability to transform people and situations.

In my experience, the hospital is a distinctive context, in that it can function as a place of truth when all our props and distractions are taken away. As a Roman Catholic deacon colleague notes, in Luke 8 some soil is fertile and receptive, and in hospital the ground can often shift under us and focus our attention on ultimate matters. The ground of people's lives here in hospital may be better prepared for the Lord to help them make sense of their lives.

The holiness of our common humanity is continually at the forefront as we together face times of illness, despair, pain and fear and look for God in them. Equally, there are times of joy and delight: for example, blessing a live baby, hearing and sharing in laughter, and remembering that, of course, most people do go home after an admission. The mystery that is God is glimpsed in birth and death, and the Scriptures equip us for holiness as they pay careful attention to our range of human experiences – including fear on occasion – revealing to us the God who is continually seeking us out and who longs to engage with us.

The hospital as a place of life and death reveals to us the magnitude of the risk that God took in the Incarnation. The hospital chaplain is called upon to walk the boundary between life and death regularly; in so doing, the reality of Jesus' resurrection putting death in its place becomes more acute. We see holiness

in the hospital as we explore together the God who is ultimately greater than and able to contain our horror. This is holy ground, as we encounter Jesus who enters into all things with us: with us in horror, and waiting for us on horror's other side.

Notes

1. Romans 7:19–20.
2. Rowan Williams, *Being Disciples: Essentials of the Christian Life*, London: SPCK, 2016.
3. Luke 1:35.
4. Athanasius, *On the Incarnation*, para 54.
5. Galatians 5:22–23.
6. Neil Richardson in a private conversation.
7. Ecclesiastes 3:1–8.
8. Phyllis Trible, *Texts of Terror: Literary-Feminist Readings of Biblical Narratives*, Philadelphia, PA: Fortress Press, 1984.
9. In a private conversation.

