

## DO I CALL YOU FATHER?

### REFLECTIONS ON HOSPITAL CHAPLAINCY IN A TIME OF TRANSITION.

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*Abstract: The author writes as an Anglican woman, ordained by the Scottish Episcopal church as deacon and later as priest, at a time when the controversy over female ordination was at its height. She describes the spectrum of reactions which she encountered, as church people, often painfully, reviewed their often deeply held beliefs and attitudes. The story is told largely in the light of the author's experience as a hospital chaplain: a ministry which can sometimes be viewed by some as less complete than that of the parish clergy. And so, as a woman, ordained, and a chaplain, she understands well the feelings of being on the margins. She describes coping with the tensions between perceived pastoral need and ecclesiastical correctness which can arise in hospital, complicated by her own peculiarly exposed situation. The hurt, the anger are there, but the tone is ultimately positive and hopeful. Her ministry has been as liberating and affirming as it has been costly and challenging.*

*The Editors*

I recently stood before a huge painting by Stanley Spencer, an Anglican traditionalist, at an exhibition called "Seeing Salvation". It portrayed his understanding of the resurrection of Christ. ("The Resurrection Cookham", 1924-26. Tate.) The figure of Christ was central. What was riveting was that the artist portrayed with startling insight and utter gentleness, not a male image of Christ in judgement, reminiscent of a mediaeval ecclesiastical law court, but a maternal figure cradling two babies. The artist seemed to have prophetic insight towards a time when the church would move on to a more inclusive view of God's nature. Seventy years have passed and this painting offered a startling revelation to me of how a resurrection in thought and action has overtaken the institution.

#### **Milestones are stumbling blocks.**

Anglican Synods decreed in 1984 that women could be ordained deacons, the first tentative step towards the priesthood. I was ordained to the diaconate in 1985 by the Scottish Episcopal Church. A male deacon would normally only serve for one year in a parish before ordination to the priesthood, but for women there was no such possibility. Although the

diaconate in the Anglican Church is a clerical order, I was excluded from any actions regarded as priestly. I could baptise, marry and bury people, but I could not give a full blessing. I could take a service of Holy Communion but could not say the prayer over the bread and wine; the sacrament had to be reserved by a priest for my use. I could not hear confession or give absolution. I was not supposed to take a communion service if a priest was present. There were many other negative aspects I was yet to discover.

This was a time of transition. Women and men had to accommodate each other within an institution where male authority had dominated. It became strategic policy for woman deacons to be appointed into posts traditionally held by male priests. After working in a parish, and as the first woman pastor in the Episcopal Theological College, and then as a deacon in a large parish in America, in 1987 I was appointed as the first woman Anglican chaplain at Edinburgh Royal Infirmary. It was a shock to enter the hi-tech institution of the hospital, where chaplains are respected but sometimes feel superfluous, and where one is confronted with the deepest suffering, yet the bravest examples of the human spirit. At

first my path was uncomfortable, for as a woman in my denomination, I had the distasteful feeling that I was having to prove myself. I was advised to wear clerical dress in the hospital, which I did not welcome. I soon learnt that it was necessary for Anglicans to instantly recognise a woman entering a new role in the church and hospital, however I was then thought to be a fully fledged priest! As a chaplain I discovered I was walking a collision course with church rulings because the pastoral situations I began to encounter often rendered those regulations inappropriate, useless and redundant. I struggled with the negativism of the church and my inner grief, anger and questioning, and my support systems felt inadequate. "One was left wondering if the religion one once wore would ever fit again." (Rupp 1998). However the work of chaplain put my own life into perspective. There is no training that can prepare anyone for this.

### **"For Christ's love compels us"**

One day Annie, a very old lady slipping into a coma, took my hand saying, "Give me a blessing dear". Stepping over the boundary of what was ruled as ecclesiastical correctness came gently and naturally. From that time I risked responding to patients in whatever way that seemed most kind and loving if it was appropriate, irrespective of church rulings.

The Anglican chaplain is likely to meet patients and families with a wide range of religious practices. The evangelicals might find a lit candle irrelevant, and favour unstructured prayer. The Anglo Catholic tradition, accustomed to the ritual of the High Mass, the genuflecting at the right place, incense and heavily robed priests, might easily be offended. This group could be surprised and sometimes confused by the presence of a woman chaplain when they had expected a visit from a male priest. In the first few minutes of contact, they needed reassurance that the alternative of a male priest was on offer. "Do I call you Father" was a comment made to me, which revealed their dilemma. "Call me Mother, if you like" was my reply, but then some thought I was a nun. It relieved the tension, and brought a laugh, when I revealed that I had four children. Sometimes, questions would arise about my authority to give communion, and whether it was a 'proper' Mass. For some it just could not be, for others this was usually resolved by talking it through and coming to the compromise of "Let's see if it works for you. If not,

no harm has been done, and I will call a male priest." In my experience, the barriers came down with the familiar prayers and the sharing of the bread and wine together.

Some patients wanted to make their confession. This could be requested, quite suddenly sometimes in the late evening, before a serious operation, and was an important part of the road to healing and peace. To call in a male priest would be disruptive to say the least. The kindest and most appropriate response to this request was not to deny the patient the words of absolution and a proper blessing! I felt privileged to encounter other patients, who had been christened into the Anglican Church but rarely attended. They were not encumbered by expectations, and illusions about what the church should be doing for them, and had no hang-ups about women in ministry, and were grateful for every card or prayer. I experienced acceptance from those with no, or only tenuous links with a church, and they cared very deeply about where the church was going.

It became clear to me that the pastoral needs in a large general hospital sometimes necessitated actions being taken that by-passed denominational rules; this not only applied to me as an Anglican deacon, but also to any ministers appointed to the post of chaplain. We were there as a Christian presence to a sick person, and felt called to make the most responsible and loving action to bring about God's peace in the situation, however that was achieved. It was part of the unique role of chaplains who daily have to face unpredictable pastoral problems. In the many differing situations, I felt compelled to move out of the limitations imposed upon me to a place where I was the one holding out a begging bowl to be filled with God's inventiveness to mediate his love and compassion to patients. 'For Christ's love compels us' (2 Corinthians.5 :14)

In the maternity hospital, I was confronted with the most controversial subject I have ever faced. The request to baptise stillborn babies and neonatal deaths presented, and still presents, a problem of theological correctness. Theologically speaking, a dead baby cannot be baptised into the new life of Christ. And yet, this means little to grieving parents, who want what they see as the very best for their child, and for themselves, need the comfort and reassurance which baptism has the power to convey. The felt pastoral need is often made more acute by

the lingering superstition, for which the teaching of the 19th century Anglican church must bear responsibility, that a non-baptised infant will not be able to enter heaven; to such parents, a service of blessing is simply not the same. I felt it utterly inappropriate to deny parents what they most needed at their time of anguish. Baptism seemed the natural, the loving, if not strictly speaking the most theologically correct response. To me, the ceremony was always a most precious moment for the salving of the grief of parents, and of the staff members who took part in the delivery. It left a feeling of peace. I did not feel that I was doing anything inappropriate, but only the will of God, who I believe can redeem and sanctify what we do in caring response to pastoral need. I felt privileged to be part of this moving ceremony.

Sometimes things were literally taken out of my hands. Sacramental anointing with holy oil is practised in the Anglo-Catholic churches by the priests, but I was not surprised at the request of a woman for me to visit her dying mother to say the last rites and anoint. The family had gathered around the bed; the daughter however took the oil from me. The next few moments became a unique rite of farewell, as the young woman massaged her mother all over with the fragrant oil, in sweeping loving gestures saying in her own words, her goodbye. It was an Easter moment! The mother prepared so rightly for death, died peacefully very soon afterwards. On another occasion, I was called in the night to an old lady who was in the last stages of dying. On anointing her and saying the Lord's prayer, I was startled as she opened her eyes and took over the prayer, and later sat up and demanded her breakfast. The lady enjoyed many more years, much to the surprise of her family. These incidents confirmed to me that a chaplain may have no alternative but to bend the rules to accommodate pastoral situations, and only good can be the result.

**"What on earth are you doing here, in heaven's name?"**

My presence in the hospital as an ordained woman could be a problem for some clergy, especially if they happened to be patients. Even those who were in agreement with the ordination of women in principle took a while in practice to become accustomed to receiving ministry from a woman. A patient said in a very serious tone that someone whose need was far greater than his own was in the ward. He knew

that the gentleman would be very pleased to have me at his bedside. After receiving permission to enter the curtains, I was faced with a Bishop with a look of horror on his face, and with the sheets firmly pulled up under his chin, asking me what in heaven's name I was doing there. When he had regained a little ecclesiastical composure, he relaxed with a grin when I suggested he called me if he needed any spiritual advice. On another occasion a senior clergyman seemed unsure of the woman chaplain. It was a sensitive moment for both of us, but a time of moving on. This was a man to whom I had looked for ministry in the past. Here was a complete role reversal. I felt awkward when I asked him if he would like communion, and received a negative reply. I felt anxious, as I am certain he did, as I went away feeling it was too soon for women to be chaplains. After I had spent most of the night in the delivery room with a patient, the problem had receded, but next morning I received a request from the priest to give him absolution, communion, and a full blessing. It was a moment of affirmation for me and indicated a break-through for both of us as he too was prepared to over-rule the constraints of the church, and we both ministered to each other's needs.

Most difficult was meeting with clergy who were hostile to women's ordination. A chance meeting changed my perspective on this. In the office, a visiting Episcopal priest seemed anxious and uneasy when I introduced myself as the Anglican chaplain. He asked me curtly what that meant, who appointed me, and what was my remit. I was then given an inquisition into the finer details of the sacramental practice of the ministry of the chaplain, in particular that of anointing, and he became more anxious than ever. I explained that I anointed freely wherever it was needed. The man was visibly shocked, and almost tearful. "Who gave you permission, to do this, where did you get the oil, who consecrated it?" he continued to fiercely question, and then, "Do you know where I stand?" I confessed that it was painfully obvious where his views lay. For the first time I could see how much a woman doing these precious things was such an affront to his tradition; he was deeply hurt. I too was shocked. I could only take his hand and say that I was so sorry. I felt a responsibility towards him and to others that has never left me. We parted company amicably and a moment of mutual healing had taken place.

In retrospect, it is easy to think that if only one had acted differently the outcome might have been better. My worst moment was when a priest, whose young parishioner, had been brought in to A&E terribly injured, seemed to be acting in an entirely inappropriate way with both the family and the patient. The patient was on life support, and the look in the staff sister's eye, confirmed to me that things were getting out of hand. The priest was making matters worse and the thought occurred to me that I was the one who should remove him. Unfortunately I did not do that. It was one of those times of inner conflict concerning authority. He was the male priest, I was the deacon; who was in charge? Sadly, the patient died.

### Epilogue

Twelve years have now passed, I have been a priest for five years, and have worked as an Anglican chaplain in two further hospitals. I have continued to reflect on the experience of those earlier times, as the problems do not recede. The work of a chaplain is at the front line of suffering, we are in the place of encounter. On the one hand, we have a responsibility to uphold our tradition, and attempt to practice some kind of theological correctness, but on the other we have to balance that with the hard question of how best to make an appropriate response to a particular pastoral need. We may often be caught in that paradoxical situation. Listening with the heart and taking the risk of acting on an inner impulse, even if that means overstepping church ruling, can be seen as irresponsible, or are we being led by the Spirit? In my time as a deacon, Christ's overturning of the laws of the Sabbath, to heal the sick, became my touchstone, (Mark 2:23 ff.) and St. Paul's words of being all things to all people for the sake of the Gospel, constantly came to mind. (1 Corinthians 9: 22.) They remain with me. It seems to me that the

answers arise from within the patients themselves. In them we encounter the many faces of the suffering Christ. We are on holy ground. The responses therefore are as many and as varied as the people we encounter. This might mean putting aside denominational legalities and certainly personal theological suppositions, for the sake of doing what is best for the patient within our experience and understanding.

In conclusion, I remember the charge by Bishop Alistair Haggart former Bishop of Edinburgh to us as students concerning pastoral care: "The informed conscience must always over-ride the power of the institution, to follow this may be risky, open to criticism and can be costly". To do that can be liberating, and develops a trust in the God who walked the path of suffering before us, who is alongside, and is for us.

I stood before another painting, "The incredulity of St. Thomas", by Bernardo Strozzi, a Franciscan, painted in 1620. It seemed to me, to express the learning curve of the artist himself as he encountered the sick and poor. In the painting, Christ's hand is seen guiding the reluctant hand of the disciple into the deep cavity of the wound in his chest. Christ's post-resurrection body is radiant, in contrast to the earthliness of Thomas. The risen Christ, no longer bound by laws and limitations, invites his earth-bound disciple to be freed into experiencing without hindrance, his suffering in a different dimension, and that, I think is how it is for us.

### References

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