

Parish Nurse Conference

“Gaining Altitude for a Clearer Vision” Isaiah 40:31

Vaughan Park, Auckland

October 2007

THEOLOGY AND HEALTH

I was ordained 30 years ago in Liverpool cathedral, England, by Bishop David Sheppard. For the first year of my ordained life I was a Deacon, under training from my wise and vastly experienced Rector, former prisoner of war of the Japanese, Owen Eva. It was Owen who asked me to preach my first sermon as a curate one week later.

I did not keep a copy of that first sermon as I discarded all my sermon texts 10 years later in an attempt not to re-use them time and time again. However, I do remember the New Testament passage very well. It was from the Act of the Apostles chapter 3. Allow me to read it to you.

“One day Peter and John were going up to the temple at the hour of prayer, at three o’clock in the afternoon. And a man lame from birth was being carried in. People would lay him daily at the gate of the temple called the Beautiful Gate so that he could ask for alms from those entering the temple. When he saw Peter and John about to go into the temple, he asked them for alms. Peter looked intently at him, as did John, and said, ‘Look at us.’ And he fixed his attention on them, expecting to receive something from them. But Peter said, ‘I have no silver or gold, but what I have I give you; in the name of Jesus Christ of Nazareth, stand up and walk.’ And he took him by the right hand and raised him up; and immediately his feet and ankles were made strong. Jumping up, he stood and began to walk, and he entered the temple with them, walking and leaping and praising God. All the people saw him walking and praising God, and they recognized him as the one who used to sit and ask for alms at the Beautiful Gate of the temple; and they were filled with wonder and amazement at what had happened to him.”

I can just about remember some of the points I made, I think! Starting a new ministry with a new congregation, I remember saying something like “I come to you not as someone with pots of money (and that hasn’t changed!) or even the length of experience of the Rector, but what I have I would like to share with you: in the name of the risen Christ I would like to help you to walk the Christian faith and spiritually, to leap and praise God.” I also recognised the importance of maintaining a regular pattern of worship as the disciples did in those early days of the church.

What I didn’t emphasise very strongly was the healing ministry. In those days I had an uncomplicated faith but healing didn’t come into it very much. Dare I say that was true for the vast majority of the church as well? We seemed to spend more time debating whether or not miracles were possible, even if they were attributed to Jesus himself. The church was entering a new stage, one of open questioning of the tenets of the faith and the poor old Bible came in for a direct hammering!

Other reasons for not referring to the healing aspect of the Acts passage were probably more personal. In 1973 I passed my exams as a State Registered Nurse and later did further operating theatre training and district nurse training. Through my theological college years, I worked in two Liverpool hospitals, mainly on night duty, and recognised this as being as much of my training as all the reading of theology I was called upon to do. In my nursing, I had come face to face with the whole gamut of human suffering, and even though prayers were offered, many people died or didn't achieve wellness. More personally, towards the end of my theological days, my mother (who was then younger than I am now) was diagnosed as having an inoperable bowel tumour. This devastated me and the rest of my family, including Elaine to whom I was then engaged by that time.

Maybe I would have found it hypocritical to talk about the man being so effortlessly healed by the side of Beautiful Gate of the Jerusalem temple when my beautiful mother was in so much pain and discomfort and all our prayers seemed to be to no avail. For me in those days, healing was either about miracle or it was nothing. How much further I have moved and the church for that matter, in our understanding of the healing ministry.

THEOLOGY

Theology for me, is not something you learn from a book, excepting the Bible, that is. In my study back at home there are many books, some of them I confess I haven't read completely. These are the dry, theological works, which try to intellectualise the faith we celebrate. Some of them attempt to turn vibrant faith into a philosophy, and turn me stone cold. Which is why I would prefer to read biographies any day. Reading biographies of men and women who strive with their faith, sometimes getting it right, oft times getting it wrong, gives me encouragement to go on, to persevere and to hope.

Now, we are told that the Gospels aren't biographical, truly biographical, as they do not contain a whole life of Jesus in the way that we would expect these days. I disagree. I see Christ's life (bio) written about (graphe), expressed in more holistic terms, beginning with creation, peaking on the cross and culminating with his ascension into heaven, releasing us, the church, to carry on the life (bio) and add to the story, the writing (graphe). Central to all of this is the truth that the salvation Christ came to bring encompasses wholeness, a healing, and a peace that is beyond the tangible. To be a partner in this ministry as a parish nurse or a priest, is to enter the story, enabling the latest chapter to be written, with us and the people we are called to care for as principle characters in the drama of life.

In my study time in Adelaide this year, I tried to get a handle on this area of thinking for myself. Advised by Dr Anne van Loon, I looked at many books in which time and time again I was faced with the understanding of holistic health and our contribution to it. It seemed to me, that this was the mainstay of the parish nurse philosophy. The guru of the movement, Granger Westberg said,

'The whole-person movement takes a person's belief system seriously. If one's belief

system is faulty, it affects the way the body functions. If wholistic concepts can be integrated with one's religious beliefs, then each will provide motivation for the other.'

For me, that's theology with an edge. If by theology we simply mean the study of God, then in Westberg's words, not only are we talking about an intellectual understanding of the Divine, but a total understanding using all our faculties. Such a response to the wholeness of God is truly healthy and health giving and celebrates the vitality of life.

I truly believe that it is in this area that parish nurses have so much to teach the church, even though the church is still dragging the chain in terms of implementing this ministry. In fact, I would go as far as saying that God's timing is perfect in the establishment of this health ministry, and what we need now are the present-day prophets of the movement to challenge us all as "Thus says the Lord". What is at stake is not honour or even integrity, but the health of the church and the health of the community she is commissioned to serve.

Spirituality and Health

The wholeness concept of understanding our nature as persons, recognises the spiritual dimension as of equal importance to the physical and the intellectual. Not that I am trying to divide up this understanding of our true nature, of-course. Post second world war modernism attempted to subsume the spiritual as being of another age, regarding the spiritual as being primal, lacking the intellectual sophistication we moderns deserved. Humankind was taught to take control of its own destiny and not to abandon control to external forces, especially belief in the Divine. And so Western religion suffered and our churches declined, and here in New Zealand continue to decline. If the churches were declining in numbers, then any talk of a healing ministry went by the board as being twee at best or emotional at worst. Healing equalled embarrassment!

So it was important for the Westberg's and the Morris Maddox's of the Church once again to present the healing ministry as being Christ centred, part of his will for the salvation of humankind. Any reading of the Gospels will make plain that Christ's greatest activity was his engagement with a broken people, bringing them healing, wholeness and hope. In our understanding of the mission of Jesus, we can't avoid the fact that healing was the prime focus of his three year ministry. The wholeness of the Godhead encountering the wholeness of each person with the outcome that creation was restored. In a nutshell we have defined the incarnation. Incarnation equals healing, which is why at Christmas I love to sing the Charles Wesley hymn, "Hark, the herald-angels sing". Do you recall the third verse?

*Hail the heaven-born Prince of Peace!
Hail the Sun of Righteousness!
Light and life to all he brings,
risen with healing in his wings.*

This ties in perfectly with the theme of this conference, *Gaining Altitude to Get a Clearer*

Vision. Parish Nursing is, I feel, helping to re-establish the spiritual essential that Christ, whether in person two thousand years ago or by the presence of his body today, the Church, offers a ministry of healing and hope to a broken and hopeless people. And if there is anything I learnt in the few weeks of study I had earlier this year, it is the truth that healing and salvation are coterminous, they are facets of the same diamond. In 'Parish Nursing' by Mary Elizabeth O'Brien, she includes a prayerful summary of the extent of Jesus's healing ministry, the extent of the incarnation. Let us begin to celebrate the truth of what God is doing for his people, and can do again if we share in this incarnational ministry.

All the Towns and Villages

Dear Lord Jesus,
You are the role model for parish nurses.
You didn't minister only in the Synagogue;
You went out to the "cities and the
villages" (Matthew 9:35);
You went to wherever the ill and the
infirm were in need.

You went to Capernaum and cleansed the
man with the unclean spirit (Luke 4:35);
You went to the home of Simon and visited
his feverish mother-in-law (Luke 4:39);
You went to Lake Gennesaret,
and touched a leper (Luke 5:13);
You went to Galilee and healed a paralytic (Luke 5:24-25);

You went to meet a Centurion and
cured his servant (Luke 7:10);
and
You went to the house of Jairus and
restored his daughter (Luke 8:34).

Dearest Lord Jesus,
You taught:
"Daughter your faith has made you well." (Luke 8:48);

You counselled:
"Those who are well have no need of
a physician," but the sick do. (Luke 5:31);

You advocated:
"Her sins ... have been forgiven,
[because] she has shown great

love” (Luke 7:47);

and,

You referred:

“I will ask the Father and he will give you another Advocate to be with you forever, the Spirit of Truth” (John 14:16).

Teach me, Dear Lord, to learn from Your Blessed example.

O’Brien didn’t make this up. She simply quoted from the gospel accounts to make this catalogue of care to inspire and encourage us in ministry. From ‘Dear Lord Jesus, You are the role model for parish nurses’ to ‘Teach me, Dear Lord, to learn from Your Blessed example.’ We can be as theologically erudite as we like but unless we start and end with the Lord of the Scriptures we are doomed to fail. Good theology starts with the Bible, recognising the divine imperative to love and to be loved. Good theology has a practical outworking, the engagement of God’s love that sees the healing ministry as the norm and not as some add-on, the prerogative of a wacky core of believers! For as I learned time and time again this year, both in parish nurse training and in other contexts, the words healing, wholeness and salvation are all sourced from the same root. That’s why the specialised training of a nurse, in a Christian or any faith context, translates well into ministry.

Granger Wesberg talks glowingly about the nurse bridging the gap between scientific doctors and theological pastors. He makes this clear in the way he sees nurses advocating an wholistic approach to health which he sees as biblical. After describing his vision for a nurse with an office on church premises and the benefits of this he says, ‘Again we may describe her [the nurses’] work as that of intermediary. She helps to create a meeting place for the physical and the spiritual.’ (The Parish Nurse p.69.) And he adds, ‘Parish nurses seek to bring the “I-thou” dimension to every human contact. Physicians and pastors who have worked with parish nurses have frequently commented on their unusual ability to combine the resources of science and faith.’ (Ibid. p. 70)

This opens up an interesting question about the extent of the parish nurse ministry. In a hospital there are many separate health professional who combine to make up the caring team. Years ago people would be loathe to stray over the boundaries of professional work. The doctors would reign supreme, nurses would care for the basics of life whilst overseeing therapy’s, radiographers would be busy with their x-rays and so on. These days its much the same but there is a little more blurring of the edges, with the concept of nurses with prescribing authority etc.

How different is it in the church? For years, the clergy have been expected to pick up all the roles of ministry, whether they were proficient in them or not. So the roles of theological consultant, teacher, liturgist and pastor were all combined in one person. Now

with the growth in understanding of every member ministry which has opened the door wide for the introduction of parish or faith community nurse ministry, we have entered a new day. Instead of the paternalistic model of the male minister doing everything, and some things not very well, now the whole body of the church is taking responsibility for fulfilling Christ's mandate to preach, teach and to heal.

But does this mean that if a parish is fortunate enough to have a nurse on the staff, then ministry should be divided up in much the same way that hospital professionals had their specific roles? The minister can get on with the theological/spiritual support, the nurse can look after the physical needs of people? No, I and others don't see it that way. Lynda W Miller in her book 'Faith and Health: A Framework for Christian Nurses' has this,

'Traditionally a nurse's focus has been on tasks. This is clearly reflected in the job lists included in Parish Nursing program design and evaluation reports in the literature.

Stated positively in theological terms, the Parish Nurse promotes *shalom*-wholeness of parishioners by living out the Gospel in partnership with God. In practice, the nurse may be caring (being) by not caring (not doing): that is, by sitting still and being still, thus creating sacred space for the Holy Spirit's ministry.'

Well, that's one way of understanding it. I see it as being more than that although I do agree with what Lynda Miller said. The Christian is always learning the truth of God and is on a journey, in relationship with the divine, throughout life. Every member ministry expects every committed Christian to be involved in serving God and serving the needs of people. So I would expect a parish nurse to be relating to the whole person, including the spiritual, in the outworking of this ministry. As a spiritual person, the nurse can relate to that facet of being that marks who we truly are. I did attempt to write my definition of 'spirituality' and this is what I came to.

'SPIRITUALITY may be defined as that aspect of the human condition which enables the person to extend their relationships to include the divine (depending on faith system chosen) or the forces that determine life on earth. '

I want to break off at this point to ask you, how do you define spirituality? I have read several classical definitions this year as I have been reading around, each of them reflecting differing viewpoints. What is your definition of spirituality?

I want you to hold on to the definitions we have shared as we develop our thinking some more.

Earlier, I raised the question as to whether or not nurses should be involved in the spiritual care of their clients or just concentrate on the physical, the practical needs that require attention. I intimated that parish nurses, are people of faith whose Christian pilgrimage gives them authority to minister to the heart of their clients' needs. Westberg seemed to indicate that although his concept has grown and developed as the ministry has grown. In *Visiting the Sick: A Guide for Parish Ministers*, Patti Normile (1992) asserts

that the task of any pastoral caregiver visiting the sick is to “be present to patients as they attempt to find God in their life situation, to listen as they grow in awareness and understanding of themselves and their God, to encourage them to grow in faith”. Let’s unpack that a little.

Any pastoral care giver, be they parish nurse, priest or a member of the church, is called - *To be present to patients as they attempt to find God in their life situation.*

To be present to patients, being there with people in their times of need. The church, in my opinion anyway, has lost the art of just ‘being’. With the passage of time, we have locked our ministries into formal constructs that sometimes, sometimes get in the way of establishing and effecting good, responsive care. We clergy, for example, sometimes carry the misconception that as ministers of the Word, wherever we go, we need to have clever, erudite words to meet any situation, however dire! If we would only learn to be, to allow our Lord, the Word, to enter the situation and to utter the word that heals, the word that gives life.

In my own ministry, I have come to understand this fact. I will never forget being asked to visit a young wife of 33 years of age, whose husband had dropped dead only hours before. Now, I had dealt with grieving relatives throughout my professional life as a nurse and so the situation was not unknown to me. What was different was that I would be going to the family home, that I wouldn’t be wearing a nursing uniform, instead wearing a shiny new collar, representing the church, representing God, if you like. And yet when I parked outside this young woman’s house, I sat in my car, paralysed with fear. As a nurse, there were only a few times when people expressed anger at the death of a loved one. Now, if she wanted, she could turn her justified anger on God, the unseen whipping post in many of these situations. If she did, what could I say to help her? What was I told at theological college?

And then the penny dropped. My concerns were all about me and less about the grieving widow. She didn’t want glib answers or strange quotes from the Bible even. She wanted her husband back, something which was impossible, but fully understandable. She needed me “to be”. To be there as she worked out her response to the situation: to be there to allow God to enter her suffering and to redeem it with his love: to be there and let God. That is what happened and it is a lesson I have practised throughout my ministry.

The challenge for nurses here is two-fold. Firstly, as those who are trained in practical caring, can we learn to let go and just be there for people. We may need to complete some practical task or other first, but then to be still with a needy person, and in that moment, to discern God’s presence with her or him, is to introduce healing from its source, from the heart of God. The second point is not to try to emulate the trained Minister, but to be yourself, introducing life’s experiences in what is a deep, personal moment of fellowship. Mary Elizabeth O’Brien, in recognising the particular role of the ministry of the parish nurse, says this:

‘The uniqueness of parish nurses is that, while they present themselves as professional

nurses, they are also representatives of faith communities with the dual mission of providing holistic care (within the scope and standards of parish nursing practice) and the pastoral care usually associated with ministry representatives of a parish or congregation.’

And again,

‘The core component of the nursing theory of spiritual well-being in illness is the concept of finding *spiritual* meaning in the experience of illness’

The mandate to fulfil this holistic ministry comes from our holistic understanding of God, Father, Son and Holy Spirit.

Returning to the Patti Normile definition of pastoral care we need to think about the second element, which is,

To listen as they grow in awareness and understanding of themselves and their God’.

This flows out of the first element of the definition which is learning ‘to be’ to allow God to enter and redeem even the most awful of situations. Being and listening are the most important pastoral functions for any ministry, I would assert. Being and listening lead to the spiritual growth of the client and the nurse and turn an often negative situation into something positive and life enhancing. If we were to decide on preferred outcomes of any form of pastoral care, would this be it? I hope so.

However, we must note that being and listening enables a person to grow in their understanding of God and by extension, themselves. When I was so dangerously ill in 2005, after I had come to an understanding of just what happened, I began to think and pray a lot and really did grow in my understanding of God. People might say that it is OK for me to say that because this time my life was saved. True, but there is no doubt that my life has changed physically, spiritually and emotionally. I was helped by Elaine, Elisabeth and Stephanie but also clergy friends, other Christian friends, Chaplains, health professionals and a multitude of folk who didn’t try to intellectualize or spiritualize what I was experiencing but were there for me. And I appreciated that.

The third and final element of the Normile definition of pastoral care describes such a ministry as being

To encourage them (the client/patient) to grow in faith.

Finding God, understanding God, leads to a growth in faith towards God. This is not a hit and miss activity but is the result of a relationship where love is paramount. This is theology at work or if you think that the word theology is overdone these days, the essence of spirituality, our relationship with the divine. Pastoral care, the spiritual care of God’s children, enables both client and nurse to grow in faith. It is about giving, yes, but involves receiving as well. Receiving love because God is love. How many times have

you said it when you have been thanked for helping someone, that you received as much as you gave? I feel that all the time. For example, last week I took the funeral of a dear man with whom I established a great relationship, not just as clergy person and parishioner but as a friend. We didn't talk about loving each other but in Christian terms, I felt we came to the end of his journey where love won out. Our faith grew and God was honoured. As David's priest, his pastor, I was greatly blessed. This is theology I can deal with.

Spirituality and Health Conference

At the conclusion of my study leave in Adelaide in July and August this year, I attended the 2nd Australian Conference on Spirituality and Health. It was a wonderfully interesting, informative and challenging time. There were impressive speakers, addressing us from a variety of disciplines. The keynote speaker was Professor Harold Koenig from the US who is described as: 'Professor of Psychiatry and Behavioural Sciences, Associate Professor in Medicine and founder of the Centre for the Study of Religion/Spirituality and Health at Duke University Medical Centre.' These days, people are more comfortable in talking about spirituality rather than theology because spirituality is personal, experiential and unhindered by denominational or faith boundaries.

In one of his addresses, Harold Koenig defined spirituality this way. 'SPIRITUALITY - some relationship to the sacred or transcendent; spirituality is more personal, individual-focused, and inclusive; although a popular term, is difficult to define and quantify'. I tend to agree with him.

Whatever your opinion of the first chapters of Genesis, they are a beautiful and edifying examination of the work of the Creator, peaking in the arrival of the first humans, Adam and Eve. The earlier verses describe God's Spirit as 'brooding' over the surface of the creation. Later, when figuratively, man, or Adam is created, life comes into him when God breathes into him.

'Then the Lord God formed man from the dust of the ground, and breathed into his nostrils the breath of life; and the man became a living being.'

'The breath of life'. Here is the Bible's way of describing what we sometimes glibly describe as spirituality. For me, the breath of life equals health, and wholeness and creativity and hope. When people recognise the divine in them, when they see God at work in others, when they sense God in the loving touch of a caring friend, then the sense of the spiritual comes alive and creation is redeemed. When people exist not for themselves but for the sake of others, especially needy people, then creation is renewed. When the parish nurse reaches out and ministers to a sick or lonely or anxious person, then not only is creation redeemed and renewed, creation is seen as the extent of God's power, because creation equates to love.

CONCLUSION

I have not tried to lecture you or to preach at you. Please forgive me if you feel I have done either or both! I have done lots of reading this year on the theology of health, much of it, most of it, well thought out and cogently argued. I am not a lecturer with sophisticated power point presentations to impress you. I hope that what has come across in my meandering is my belief and understanding that as children of God, however we choose to outwork that understanding, that for me, the Creator God is still sovereign and his Son Jesus, continues to be worthy of our allegiance. As we minister to his loved ones, the beloved, we are expressing the primal love of the Creator for the creation and this surely, is our mandate to care and to be cared for as children of the God who is love.

This is my core theology of health. Is it yours?

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