

the marginalised, the little people. If God is partisan, his predilection is surely for the poor, the humanly unlovable and the sinner.

Let us explore how this works out in practice: in the hospice where I work, we have two women dying of cancer. Beth is a good Christian lady, a pillar of her local church, beloved by everyone. The locker beside her bed is crowded with flowers, the wall covered with cards and her friends are at her bedside at all hours of the day. It is not surprising, for she is truly a lovely lady, brave and charming, radiating joy to all of us. And in the other bed is Mary, a young prostitute dying of cancer of the cervix. The tumour has eroded into her bowels and bladder so she is constantly wet and dirty. Mary has almost no visitors – certainly no friends. Her man has left her for a younger woman and her thirteen year old daughter is already 'on the game'. Poor Mary. She is her own worst enemy. She is selfish and demanding and quite blatantly manipulating all of us. It is hard to forgive the fact that just two weeks ago she was cruelly vindictive to the young husband of another of our patients who was dying. But somewhere, underneath the brittle façade of this degraded woman, there is a spark of gentleness and a delicious humour. If things had been different, if she had been loved for herself long, long ago, who knows how she might have flowered.

I do not want to go into a sociological study of how these two women's circumstances have moulded them, but rather look at them with what I understand to be God's eyes. One only has to think of the God of Hosea who lures the unfaithful wife into the wilderness so that he may speak to her heart, to realise the special love God has for the sinner:

That is why I am going to block her way with thorns,
and wall her in so that she cannot find her way;
she will chase after her lovers and never catch up with them,
she will search for them and never find them.
Then she will say, I will go back to my husband,
I was happier then than I am today . . .
That is why I am going to lure her
and lead her out into the wilderness
and speak to her heart.

Hos. 2:8-9,16

In the New Testament too, there is an abundance of stories

to illustrate God's love for the weak and sinful. The most famous are the woman taken in adultery and the Good Shepherd. One can picture so well the woman dragged naked from her bed, standing terrified and humiliated before the excited crowd.

The scribes and Pharisees brought a woman along who had been caught committing adultery; and making her stand there in full view of everybody, they said to Jesus, 'Master, this woman was caught in the very act of committing adultery, and Moses has ordered us in the Law to condemn women like this to death by stoning. What have you to say?' (John 8:3-5)

We know the story well, of course; how Jesus turned the tables on the Pharisees by asking that whoever amongst them was without sin should cast the first stone. And then, when they had all slunk away and he was left alone with the woman, he neither rebuked nor condemned her but said 'go away and don't sin any more'.

In the story of the Good Shepherd the virtuous sheep are left singing hymns in church while the shepherd goes out into the hills or down into the dark alleys of the inner city to search out and bring back in triumph the one who was lost. This is the God I meet in the gospels and the God I meet in those pastors who seem to me to be worthy of the name. It is the God who has come to save not the virtuous but the sinner.

How then, do we imagine God copes with our prayers, or lack of them, for his people? What does he do with the prayers for Beth's healing? How on earth can we know? I am quite sure that it is right that we pray for those we love – and for those we hate – and I believe deep in my heart that no prayer is lost. On the other hand I find it impossible to believe that those who have no one to pray for them are somehow disadvantaged – that would surely be a monstrous injustice. Perhaps our prayers are shared out, like alms, at some great sorting office, being distributed to those who need them most. Or perhaps our all powerful, all loving, all knowing, transcendent God has the whole world in his hands, and we pray more from our own need than from his.

A few weeks before he died from cancer the broadcaster Robert Foxcroft said something like this:

PRAYER is asking God for the power to do his will.

MAGIC is asking God to do your will.

I believe in prayer rather than magic.

Another way of looking at the problem of suffering is that of the writers of the Old Testament Wisdom literature. They see suffering as sent by God, to purify people, to refine them as silver in a furnace. The author of the book of Ecclesiasticus writes: 'Whatever happens to you, accept it, /and in the uncertainties of your humble state, be patient, /since gold is tested in the fire, /and chosen men in the furnace of humiliation' (Ecclus 2:4-5). A rather similar passage much beloved by Catholics and used to comfort the mourner, is the beginning of the third chapter of the book of Wisdom:

But the souls of the virtuous are in the hands of God
no torment shall ever touch them.

In the eyes of the unwise, they did appear to die,
their going looked like disaster,
their leaving us, like annihilation;
but they are in peace.

If they experienced punishment as men see it,
their hope was rich with immortality;
slight was their affliction, great will their blessings be.

God has put them to the test
and proved them worthy to be with him;
he has tested them like gold in a furnace,
and accepted them as a holocaust.

Wisd. 3:1-6

Has God really put them to the test? That is the question. How can we know? Do we believe in an intervening God, in a God who actively causes this person to have cancer or that person's child to die in a road accident? I really do not know what I believe, but the question no longer vexes me. I am quite content to remain in a state of unknowing.

What is clear, however, is that many people are purified by suffering. I have seen it in my own life and I meet it in the people around me. The mystery, of course, is that some people are warped and embittered by suffering while others are strengthened and become more loving and selfless. I believe that an important part of the vocation of the carer is to support people during a period of trial so that they may

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indeed grow and transcend the bonds of their captivity. When I write about spiritual growth of this sort, I sometimes take a sideways look at myself and wonder if I am imagining it: talking pious language to comfort myself and others. I was fascinated therefore when a nurse with whom I work, commented: 'It's really such a privilege to do this work, to be with these people. The way they grow - it's fantastic.' This sort of language in fact is quite common in the hospice world. Perhaps the easiest way to explain what I am talking about is using a 'case history' - telling the story of a real person's struggle with pain, fear and impending death.

It always makes me cringe when people refer to the dying as 'they' - do they do this, or that, in your 'home'? - as though people were stripped of their individuality by suffering a common fate or coming together as a group. Perhaps, of course, it is just an emotional survival manoeuvre, a distancing, a subconscious clutching of the rabbit's foot in the hope that it will protect them from evil. But people remain individuals with their quirks and idiosyncratic needs. They get cancer at all ages and many of our patients are in their thirties and forties - some even under twenty. Let me tell you about one young woman's struggle to survive - and her triumphant letting go and birth into new life.

Joy was around thirty-two when she developed a rare tumour in her leg. It was surgically removed and it was hoped that she was cured. Then, one day, she coughed up blood and a chest X-ray revealed that her lung was compressed by fluid. At the operation the surgeon found that the surface of her lung and the whole pleural cavity were covered with malignant deposits. This situation in fact is quite common, and if the tumour is not responsive to radiation or drugs, it is incurable. In Joy's case there was an added complication because the deposits were bleeding and nothing would stop the haemorrhage.

I first heard about her at a medical dinner when I sat with a colleague, talking 'shop' as doctors do. Knowing I was interested in the emotional difficulties of the young dying he said, 'We've got a terrible problem at the moment - a girl who is bleeding to death. The nurses are finding caring for her terribly difficult because she's very angry. Only this morning she said to them, "One human being couldn't stand by and watch another bleed to death, could they?"'

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Exhilarated as always at the prospect of a challenge, I said boldly, 'I'll help her accept death.' My friend raised his eyebrow at my pride and said he'd be grateful for any help.

ballik

The next day when I went to the ward, I wondered if this time I had bitten off more than I could chew. The young woman I met in the side ward was very different from what I had imagined. Sitting bolt upright in bed, she was tense with anger and fear and in no mood to co-operate with a stranger. Knowing she would never accept my offer to come to the hospice, we gave her no choice, telling her quite truthfully that the bed was needed for another patient. That afternoon, with blood running into a special line to her heart and flowing out just as surely through her chest drain, we moved her by ambulance to the hospice. Urgently we revised the management of her equipment, for people with drips and chest drains are usually cared for in intensive care units, not hospices.

kapachva

It would take too long to tell in detail the story of the two and a half weeks that Joy was with us before she died; gradually, when she realised that we were competent to look after her and did not intend to withdraw her life support systems she began to trust us. I negotiated with the blood bank for more time to transfuse her, although we all knew the blood was, in practical terms, being 'wasted' for it was only buying her a day of life at a time.

After gaining her confidence, there came the first breakthrough in the journey to acceptance. I was standing behind her one morning, examining her chest, when she asked me the question all carers find so difficult to handle: 'Am I going to die?' Questions like this are so often asked when one is quite unprepared, perhaps thinking of something different and the temptation is to run away or to be falsely reassuring, telling the patient that which, at one level, they long to hear. If however one lies outright, one runs the risk of depriving the sick person of their greatest need – a companion on whom they can rely to be truthful. At that particular moment there were five of us in the room – Joy, the senior nurse on duty, two visiting nurses and myself. The nurses, well used to this work, somehow merged into the background as Joy and I engaged in dialogue. I do not recall exactly how it went, except that I spoke gently and truthfully, responding as sensitively as I was able to her questions, overt and hidden. When

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I had finished, there was a bond between us that was never broken – an indefinable link between two people facing the unknown. I was completely spent. Such conversations are enormously demanding in terms of intuition and sensitivity, for one is tailoring one's conversation to the language and needs of the individual, moving as in a dance – now leading, now following, but always listening to the music.

babany

People outside this kind of work are often caught up in what seems to be a common mythology of our culture: that if you tell people they are going to die, they will 'give up hope' and die more quickly. The breaker of bad news is thus often perceived, if not as an executioner, as someone who cuts short the life that is left. In reality, of course, people vary in their reaction to such news. Sometimes it spurs them to an angry determination to fight and they set about defeating the enemy with a vigour that may buy them extra time. Some do indeed become very sad and lose their taste for fighting but for many people it is an important watershed in which physical and emotional energies may be redeployed so that precious relationships are explored and unfinished business settled.

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I was not privy to the secrets of Joy's heart, but the change in her was obvious to all. As the days passed, she changed from an angry, brittle, rather demanding young woman to someone whose calm and serenity gave life to others. From clutching desperately to life for herself, she was able to rejoice in it for others and as I went off duty for a long weekend she was able to be happy for me at the prospect of respite and fun.

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We did not speak much more about her illness, for she was content to live each day as it came, and the hospice is more about living than about dying. One day, however, I went into her room as her priest came out and she smiled at me rather ruefully and said, 'I've just been planning my funeral.' Crossing my fingers, I replied, 'It's got to be a party, Joy, it's got to be a rave up. Death's the beginning, not the end.' I sat there, heart in mouth, not knowing if my words would be marvellously right or terribly wrong, but she grinned and gripped my hand and said: 'You give me so much strength when you talk like that.'

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About a week later Joy died, very peacefully, in her sleep. If one is going to talk about 'healing' in cancer care, I

think one could say that Joy was 'healed'. She was healed of the anger and the bitterness, the selfishness and the discontent with her very cruel situation. Not only was she healed, but she grew, spiritually and humanly, in a way which amazed us all. I have no doubt that this was the work of God. True, some of us were the channels of this healing, for surely he has no hands but ours. The work though, was his.

Her father, who had found her illness terribly difficult, was able to say of her death, 'It was so beautiful' – and indeed it was. The growth of the spirit is perhaps the most beautiful revelation of God's love that we are privileged to see, and like all beginnings of life, it is about the secret emergence of something new and vulnerable in the darkness. In the presence of such mystery one can only bow down in awe.

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Out of the Depths

Out of the depths have I cried unto thee, O Lord. Lord, hear my voice: let thine ears be attentive to the voice of my supplications. If thou, Lord, shouldest mark iniquities, O Lord, who shall stand? (Ps. 130:1-3 AV)

In July 1987, with only half this book written, I became depressed and quite unable to write. I found it particularly hard since I had set aside the quiet summer months to complete the work, and there I was with time in hand but deserted by my muse. Eventually, in September, I forced myself to begin again and this is what I wrote:

This has been for me a grey, grey summer and my heart has drifted disconsolately like an empty tender loosed from its moorings. Unable to write for a month, because of exhaustion, I have been tossed high on the crest of the wave and pitched into troughs of despair so deep there seemed no escape, the walls black, glossy, impossible to scale. Then, just as my heart had shipped so much sadness it must certainly founder, the tide receded leaving it beached, but intact upon the shore. It is now the Tuesday after the summer Bank Holiday and I sit once more at my desk overlooking Plymouth Sound. The sea is shrouded in a thick cloud of mist and the quiet morning disturbed only by the occasional wail of sirens. A few left over holiday makers make their desultory way along the Hoe while the rest of the world returns to work. As I watch, the mist lifts to reveal the pleasure cruisers riding quietly at anchor. It is the first of September and another Autumn has begun.

Is it right, I wonder, for me to write about my own experience of darkness? Would it not be better to write dispassionately about the problems of stress and depression in carers in