

**Retreat for Carers in Mental Health
Douai Abbey 30th – 2nd June 2014**

Talk 4 – Evangelisation in Health Care

There is something of a crisis in our healthcare system. I am not thinking of the major medico-ethical challenges that we face – the life issues of Euthanasia and Abortion, for instance. Rather, I am thinking of the very place of Faith in healthcare.

When I was a hospital chaplain in Lewisham in the mid-eighties, the student nurses were introduced to the chaplains in the first week of their training. We were given an opportunity to explain the place of faith in healthcare and in the life of the patient. As a Catholic chaplain, I was enabled to speak about the centrality of the Sacraments in our lives and the right of a patient to the services of a chaplain was both respected and encouraged. Nurses were being trained to know that the chaplain was there for patient and staff alike.

We now face the increasing pressure of secularisation. This brings with it the argument that faith is a private matter and therefore chaplaincy should not be financed from public funds. The pendulum has swung the other way, as it were. This is a major challenge - not just for chaplaincy, but also for the very place of faith in the lives of those for whom we care in our hospitals and homes.

Our hospitals and homes are now missionary territory, but missionary territory where the atmosphere is often cold to faith. Our responsibility is, once again, to be counter-cultural and Pope Francis has something to say about this in *Evangelii Gaudium*, against the background of the missionary renewal of the Church.

“There is a kind of preaching which falls to each of us as a daily responsibility. It has to do with bringing the Gospel to the people we meet, whether they be our neighbours or complete strangers. This is the informal preaching which takes place in the middle of a conversation.”¹

Following on from the earlier thoughts about the dialogue with those in our care, I suggest that this process of evangelisation is a two-way process. We must be open to be evangelised by the people for whom we care. The Gospel is not just something we give – it is something we receive as well. This may come to us in the smile of the dementia sufferer; in the struggle of the patient coming to terms with long-term mental health issues – where we see the Cross truly present in the life of the other; in the occasional insight that may be unexpected and therefore all the more striking and powerful.

“Being a disciple means being constantly ready to bring the love of Jesus to others, and this can happen unexpectedly and in any place on the street, in a city square, during work, on a journey.”²

I would venture to say that we can be the recipients as well as the givers. Some while ago, when visiting the Infantry Training Centre at Catterick, there was a space on the programme dedicated to ‘Bishop visits bayonet training’. After a somewhat blood-curdling display of young men screaming at the top of their voices and sticking bayonets in sacks, the corporal ordered them to ‘gather around the bishop’. After some fairly mundane questions, one of the young soldiers asked me a question: ‘Is it moral to stick a bayonet in someone?’ When this was followed by a request: ‘Bishop, please

¹ EG, n.127.

² loc.cit.

give us a blessing before you go.’ I reflected that I had experienced a moment of evangelisation. The struggle with the moral problem and the desire for an answer on the one hand; the desire for prayer and the presence of God on the other. A couple of weeks ago, walking out of Waterloo station, a stranger came up to me to thank me for being a bishop! ‘You people have had enough criticism recently’, he said, ‘and I would like to thank you for all you do.’ A moment of hope and encouragement, an unexpected gift. Each one of you will be able to bring to mind similar moments when you have been the recipients of the Gospel message, perhaps in the most unexpected circumstance.

This is the “personal dialogue” of which the Holy Father speaks:

“In this preaching, which is always respectful and gentle, the first step is personal dialogue, when the other person speaks and shares his or her joys, hopes and concerns for loves ones, or so many other heartfelt needs.”³

This is seen as the precursor to a more explicit, but gentle, evangelisation. This personal dialogue might be described as ‘pre-catechesis.’ It is also, I suggest – especially for the dementia sufferer or for those for whom the Gospel message has been lost in the midst of the fears and anxieties of mental ill health – a real experience of the love of God. In speaking of the sharing of the Word of God, Pope Francis reminds us that we must keep in mind:

“The fundamental message: the personal love of God who became man, who gave himself up for us, who is living and who offers us his salvation and his friendship. This message has to be shared humbly as a testimony on the part of one who is always willing to learn, in the awareness that the message is so rich and so deep that it always exceeds our grasp. At times, the message can be presented directly, at times by way of a personal witness or gesture, or in a way which the Holy Spirit may suggest in that particular situation.”⁴

I would like to highlight one or two themes here: the need for humility in our sharing of the love of God, for we are only “the earthenware vessels that hold the treasure”⁵; the fact that the one who offers the message must be open to learn from the one who receives – again the theme of dialogue; the possibility of bringing the Good News to another through witness or simply gesture; the need to be adaptable to the particular circumstance, under the guidance of the Holy Spirit. All these elements we shall recognise, I am sure, in our relationships with those for whom we care. These means surely include the “inclined ear of the heart” of which St. Benedict speaks and to which I have already referred.

Perhaps one of the elements in the best possible pastoral – and medical care – of those living with mental health difficulties is the development of the “inclined ear of the heart” in the carer, and in the one for whom we care also. This will take time, but enabling them to listen in the right way to all that is true and good – all that we see and experience in the person of Christ – will bring both to walk together on the road to healing and renewed life.

Perhaps we might reflect in our capacity to listen during our time of reflection. Recall a moment when you were very conscious of that listening, or when someone in your care showed that capacity. Learn from the experience and notice the circumstances and context that contributed to

³ EG, n.128.

⁴ loc.cit.

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that listening. Take this as good practice. Similarly, reflect on those things that affect listening adversely and reflect on the ways these things can be eliminated or, at least, alleviated, that all concerned in the dialogue may know what it is to live with the ear of the heart inclined to listen.