

FROM CRADLE TO GRAVE:
THE RELEVANCE OF A THEOLOGY OF NATALITY
FOR A THEOLOGY OF DEATH AND DYING
AND PASTORAL CARE IN THE CHURCH
by
JENNIFER ANNE HURD

A thesis submitted to the University of Birmingham for the degree of
DOCTOR OF PHILOSOPHY

Department of Theology and Religion
School of Philosophy, Theology and Religion
College of Arts and Law
University of Birmingham
September 2013

UNIVERSITY OF
BIRMINGHAM

University of Birmingham Research Archive

e-theses repository

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

ABSTRACT

This thesis explores the relevance of a theology of natality for a theology of death and dying and pastoral care in the church. The concept of natality is drawn from the work of Grace M Jantzen and is characterised by beauty, creativity, newness, flourishing and birth.

Following a survey of theological and pastoral approaches to death and dying, natality is expounded and the feminist practical theology research methodology employed described. Data from semi-structured interviews conducted with hospital chaplains, clinical staff, palliative care patients and their relatives/friends, coded according to Jantzen's main features of natality of embodiment, engenderment, relationality and hope, is then presented and discussed.

The data analysis shows that natality is strongly relevant to theology and pastoral care in death and dying, and, contrary to Jantzen, its most significant feature for research participants is not hope but, rather, relationality, as a vital source of hope. This indicates the importance of relationality for pastoral theology and care. Reflection upon this leads to the offering of holding as a metaphor for such theology and pastoral practice, and the recognition of the potential value of further qualitative research surrounding the concept of natality.

Dedicated to Isla Grace Groom

ACKNOWLEDGEMENTS

I owe a debt of gratitude to many. Thanks especially to:

The Methodist Church for granting me a period of Permission to Study in order to work on this thesis;

the Chaplaincy and Palliative Care Teams at the hospital in which my research fieldwork was carried out, and the Local Research Ethics Committee for permission;

members of the Faith Lives of Women and Girls Research Symposium and the British and Irish Association of Practical Theologians;

all who participated in my research in any way, but particularly those who consented to be interviewed and gave so generously of their time, wisdom and experience;

fellow postgraduate students at the Queen's Foundation for Ecumenical Theological Education Research Centre;

Dr Nicola Slee, the most patient, encouraging and thorough of supervisors,

and Pete Harris, who supports me in my flourishing and whose presence brings me hope.

CONTENTS

1	INTRODUCTION	1
1.1	INTRODUCTION	1
1.2	PERSONAL BACKGROUND AND CONTEXT	1
1.3	GRACE JANTZEN AND THE CONCEPT OF NATALITY	4
1.3.1	Grace Jantzen: Biographical notes	4
1.3.2	Jantzen and natality	5
1.4	SOME THEOLOGICAL UNDERSTANDINGS OF DEATH AND DYING	6
1.4.1	The Old Testament	6
1.4.2	The New Testament	7
1.4.3	The early church	9
1.4.4	The Middle Ages	11
1.4.5	The Reformation and after	12
1.4.6	The nineteenth and early twentieth centuries	13
1.4.7	The twentieth century and into the twenty first	13
1.4.8	Feminist theologies of death and dying	18
1.5	THEOLOGY AND THE PRACTICE OF PASTORAL CARE IN THE CONTEXT OF DEATH AND DYING	23
1.5.1	Introduction	23
1.5.2	With people who are dying	23
1.5.3	With those who are bereaved	26
1.5.4	Feminist perspectives	28
1.6	THE NATURE OF THE STUDY	31
1.6.1	Research aims and questions	31
1.6.2	Research methodology and methods	32
1.6.3	Limitations of the study	38
1.7	OVERVIEW OF THE STUDY	39
2	THE PHILOSOPHICAL AND THEOLOGICAL CONCEPT OF NATALITY	42
2.1	INTRODUCTION	42
2.2	THE CONCEPT OF NATALITY IN THE WORK OF HANNAH ARENDT	42
2.2.1	Introduction: Arendt and Jantzen	42
2.2.2	Some key elements of natality within Arendt's work	44
2.2.2.1	Plurality	44
2.2.2.2	Thinking	45
2.2.2.3	Action (<i>Vita activa</i>)	46
2.2.2.4	Freedom	46

2.2.2.5	Love of the world (<i>Amor mundi</i>)	47
2.2.3	Conclusion	48
2.3	THE DEVELOPMENT OF JANTZEN’S NATALITY-BASED FEMINIST PHILOSOPHY OF RELIGION	49
2.3.1	Jantzen, theology and philosophy of religion	49
2.3.2	<i>God’s World, God’s Body</i> (1984)	51
2.3.3	<i>Julian of Norwich: Mystic and Theologian</i> (1987)	53
2.3.4	<i>Power, Gender and Christian Mysticism</i> (1995)	54
2.3.5	<i>Becoming Divine: Towards a Feminist Philosophy of Religion</i> (1999)	55
2.3.6	<i>Death and the Displacement of Beauty</i>	57
2.3.6.1	Volume 1: <i>Foundations of Violence</i> (2004)	58
2.3.6.2	Volume 2: <i>Violence to Eternity</i> (2009)	59
2.3.6.3	Volume 3: <i>A Place of Springs</i> (2010)	60
2.4	JANTZEN AND NATALITY	61
2.4.1	Jantzen’s four main characteristics of natality	61
2.4.1.1	“Natality entails embodiment”	62
2.4.1.2	“All natals are engendered”	63
2.4.1.3	“To be natal means to be part of a web of relationships”	64
2.4.1.4	Natality “allows for hope”	66
2.5	SOME CRITICAL RESPONSES TO JANTZEN’S WORK	68
2.6	THE USE OF JANTZEN’S CONCEPT OF NATALITY BY OTHERS	74
2.6.1	Introduction	74
2.6.2	Natality in the work of Mary Grey: “ <i>Natality and Flourishing in Contexts of Disability and Impairment</i> ” (2009)	75
2.6.3	Natality in the work of Ali Green: <i>A Theology of Women’s Priesthood</i> (2009)	78
2.6.4	Natality in the work of Anne Phillips: <i>The Faith of Girls</i> (2011)	82
2.7	CONCLUSION	84
3	METHODOLOGY	86
3.1	Introduction	86
3.2	Research methodology	87
3.2.1	Methodology and methods	87
3.2.2	Practical theology methodology	89
3.2.3	Feminist social research methodology	92
3.2.4	Feminist practical theology methodology	94
3.3	Research methods	99
3.3.1	Introduction	99
3.3.2	Research methodology and methods adopted for this project	104

3.4	Ethical considerations	107
3.5	Data analysis	114
3.6	Conclusion	116
4	EMBODIMENT	118
4.1	Introduction	118
4.2	Presentation, analysis and interpretation of data on themes relating to embodiment	119
4.2.1	Embodiment and particularity	119
4.2.2	Embodiment and the sacramental	124
4.2.3	Embodiment, presence and touch	130
4.2.4	Embodiment and food	136
4.2.5	Embodiment and the whole person	141
4.2.6	Embodiment, comfort and safety	147
4.3	Conclusion	152
5	ENGENDERMENT	153
5.1	Introduction	153
5.2	Presentation, analysis and interpretation of data on themes relating to engenderment	155
5.2.1	Gender and those who care	155
5.2.2	Gender and relationality	164
5.2.3	Gender and facing death	169
5.2.4	Gender: less significant? Why?	174
5.3	Conclusion	178
6	RELATIONALITY	180
6.1	Introduction	180
6.2	Presentation, analysis and interpretation of data on themes relating to relationality	183
6.2.1	Relationship with God	183
6.2.2	Relationship with self	187
6.2.3	Relationship with others	193
6.2.4	Relationship with those who have died	202
6.2.5	Relationship with creation	209
6.2.6	Relationship with death	212
6.3	Conclusion	218

7	HOPE	219
7.1	Introduction	219
7.2	Presentation, analysis and interpretation of data on themes relating to hope	221
7.2.1	Hope and creation	221
7.2.2	Hope and creativity	226
7.2.3	Hope and change	234
7.2.4	Hope and love	238
7.2.5	Hope and repetition	244
7.2.6	Hope and beauty	247
7.3	Conclusion	250
8	CONCLUSION	252
8.1	Introduction	252
8.2	‘Holding’: a metaphor for natality in death and dying	253
8.3	Practical (pastoral) implications of findings	256
8.4	Theological implications of findings	262
8.5	Theoretical implications of findings	267
8.6	Suggestions for further research within relevant fields	270
8.7	Conclusion	279
Appendix 1	‘Welcome to Holland’	275
Appendix 2	Participant Information Sheet	277
Appendix 3	Interview Consent Form	281
Appendix 4	Interview Guide	283
Appendix 5	Example of Transcript	285
Appendix 6	Example of Stage of Analysis (A)	288
Appendix 7	Example of Stage of Analysis (B)	289
	BIBLIOGRAPHY	290

1 INTRODUCTION

1.1 INTRODUCTION

In this study, I aim to explore the relevance of a theology of natality for a theology of death and dying and pastoral care in the church. I begin this chapter by presenting the personal background to the project, explaining why I undertook this research. In Section 1.3, I then outline the notion of natality, primarily as it is found in the work of feminist philosopher of religion, Grace M Jantzen, and indicate why I employ it as a concept. Sections 1.4 and 1.5 comprise a survey of some theological and pastoral approaches to death and dying, introducing the theoretical background with which the research is in dialogue, into which I offer the findings. The chapter continues, in Section 1.6, to present the research questions, the nature of the study and its limitations. It concludes in Section 1.7 with an overview of the thesis, making the reader aware of its contents and direction as it unfolds.

1.2 PERSONAL BACKGROUND AND CONTEXT

I began pastoral ministry as an ordained presbyter of the British Methodist Church in 1993. In the sixteen years before I began this research project, not least among changes in attitude and practice in church and society were those surrounding death and dying. Funeral services I conducted as the twenty first century unfolded were of a different character from those of the early years of my ministry. I was trained to officiate at a rite of passage but, more often, I encountered families seeking services of thanksgiving or memorial for their loved ones rather than traditional funerals. A greater personalisation was expected, celebrating the individual

life of the person who had died rather than locating him or her within the wider ‘communion of saints’. The mood shifted from being less about commending the dead to God to more of commending the living to God’s ongoing keeping and care. I responded to the pastoral needs of such changes as best as I could but felt the lack of a coherent theological foundation for them. I became aware of ministering in a situation which needed “new kinds of observance... a belief which links life to death” so that “a great positive (may) come out of (the) great negative” of dying (Young and Cullen 1996: 204), and new theological expressions to support this taking place.

In 2007, during a pastoral training day on death and bereavement, I found myself wondering if any formal research existed into pastoral and theological relationships between birth and death. Were there understandings regarding the former that could inform theology and pastoral care for the latter, and vice-versa? Given the constantly changing nature of life, in which endings contain beginnings and beginnings necessitate endings, could these liminal, ‘threshold’ experiences have mutual relevance that would speak to the changes I had discerned in attitudes towards death and dying? Having experienced birth and death in others’ lives, I had never been pregnant myself or experienced a close bereavement in adulthood. In midlife and in the midst of ministry, I started contemplating these two phenomena and to consider a comparative study.

Searching for literature, particularly theological, but finding little, the internet yielded Giles Fraser’s newspaper article, ‘Birth – the ultimate miracle’. In this Christmas reflection, Fraser refers to natality, the conceptual opposite of mortality, in the work of Hannah Arendt:

What, she asks, if human beings were to see themselves first and foremost not as mortals but as natal? What if we were to prioritize birth rather than

death in our cultural imagination? Or – to give this a seasonal twist – what if Christians were to think of the birth of Christ at Christmas as more fundamental than his death at Easter? Like all important ideas, it is both simple and brilliant (Fraser 2007: 7).

He also mentions “feminist theologian Grace Jantzen, who has done most to develop a theology of natality” (Fraser 2007: 9). The relationship between theologies of natality and mortality intrigued me. A subsequent encounter with Jantzen’s ‘The Womb and the Tomb: Health and Flourishing in Medieval Mystical Literature’ (2007) led me to believe that, in the concept of natality, I had found what I was looking for. With the help of Dr Nicola Slee, I shaped the research proposal from which this thesis developed.

I therefore approach my study

- as an ordained minister for whom congruence between theology and practice is of paramount importance, mutually informing and strengthening each other, enabling the powerful witness of ‘practising what we preach’ and reflecting the nature of the divine incarnation ;
- as a pastoral practitioner, concerned to improve my practice and that of others, as care given in the name of the church at life’s significant times must be of the highest quality, responding to human need with authenticity and relevance;
- as one who has encountered birth and death professionally and who believes that empathetic hearing of those with personal experience yields insights and wisdom for their benefit and for others;
- as a woman who believes that women’s perspectives for theology and pastoral care are of value for all because of our shared humanity as men, women and children, but

especially because theology is still in the process of valuing and benefiting from the distinctive contributions of women and it is crucial for these to be heard.

In the light of this, I present my research project to explore the relevance of a theology of natality for a theology of death and dying and pastoral care, drawing on the work of Grace M Jantzen.

1.3 GRACE JANTZEN AND THE CONCEPT OF NATALITY

1.3.1 Grace Jantzen: Biographical notes

Grace Marian Jantzen, born in Canada in 1948, was brought up in the Mennonite church, known for its strong tradition of peacemaking but which she found restrictive in its thinking (Carette 2006a). Undergraduate studies at the University of Saskatchewan were followed by doctorates in philosophy and theology at Calgary and Oxford. In 1980, she took up a post at King's College, London. From 1989 to 1993, she served on the Canadian royal commission on genetic engineering and new reproductive technologies. Her last academic appointment, as Professor of Religion, Culture and Gender at Manchester University, was held from 1996 until her death in 2006. Her spiritual journey took her through a "formative decade or so in the Church of England" (Jantzen 2010: 5) to the Religious Society of Friends (Quakers). In academia, Jantzen "established herself as a leading voice in the feminist philosophy of religion" (Carette 2006a), particularly through her work at Manchester. There, she "brought together work on gender and French continental philosophy, and represented a new era in gender studies and religion" (Carrette 2006a).

1.3.2 Jantzen and natality

At Manchester, Jantzen engaged in preparing and publishing an intended six-volume work, *Death and the Displacement of Beauty*. In its Preface (Jantzen 2004: vii-viii), she presented her aim of demonstrating that a ‘symbolic’ characterised by violence, destruction and death (‘necrophilia’) has been the predominant choice of western civilization from Graeco-Roman times and still runs deep, with disastrous consequences. Taking a deconstructionist¹ approach, she intended to offer an alternative, a ‘symbolic’ characterised by beauty, creativity, newness, flourishing and birth. This she termed ‘natality’, after Hannah Arendt - a concept she had begun exploring in *Becoming Divine: Towards a Feminist Theology of Religion* (1999). Although, linguistically, natality is to birth as mortality is to death, Jantzen was clear that the two are not synonymous but, rather, that natality encompasses birth and all that makes for life, creativity, health and wholeness. Contrasting how humans have been defined as mortals, i.e. by our death and endings, Jantzen proposed our definition as natals, born and capable of making new beginnings (Jantzen 1999: 127). Replacing the deadly necrophilia of Western civilization would bring allied “features” (Jantzen 2004: 36), such as valuing physicality and the material; gender justice and equality; relationality as humans and with the whole of creation, thereby creating hope through new possibilities and beauty (Jantzen 2004: 36-38). Jantzen’s project was ambitious but, as the new century began, she believed humanity needed

the healing of the western psyche so that instead of its death-dealing structures the present may be redeemed and the earth and its people may flourish (Jantzen 2004: 5).

¹Under deconstructionism, alternative interpretations of a text (in Jantzen’s case, the whole of Western history) are discerned and privileged, providing different understandings and perspectives.

While Jantzen's philosophy/theology of natality has been applied to such as women's priesthood (Green 2009) and disability and impairment (Grey 2009)², no exploration has been made of the theological and pastoral relevance of natality for death as a natural phenomenon. Jantzen recognised that it is part of being human (Jantzen 1999: 141) but her work specifically addresses necrophilial, violent, untimely death. Natality is a powerful response to this. However, for many, death comes as a natural part of human life. If natality is at least as much part of our humanity as mortality, there is value in exploring theology and pastoral practice related to and inspired by it to assess its relevance alongside existing understandings in the field. To begin this, it is important to consider a broad overview of theological understandings of death and dying in the church and Christianity's Jewish origins. Some have manifested more natal, life-affirming emphases than others. Inextricably connected is the changing nature of the church's pastoral response as different emphases have arisen. Such an overview comprises the next section of this chapter.

1.4 SOME THEOLOGICAL UNDERSTANDINGS OF DEATH AND DYING

1.4.1 The Old Testament

In the New Testament, Jesus' death is central, providing the foundation for Christian history (Davies 2005: 92). Old Testament understandings of death are less emphatic. The Bible begins with two life-affirming creation myths, but the first mention of death comes as early as Genesis 2:17, the consequence of human disobedience to God, accepted by the writers as matter-of-fact. What happens after death was not important for this stage of Judaism: in the

² These studies will be among those considered in Chapter 2.

time of the patriarchs, “death and extinction partner life and the flourishing of a people” (Davies 2008: 6). God promised many descendants to Abraham (Genesis 12), and the major concern became to populate the Promised Land. With strong national identity promoted through covenant with God, the Jews believed immortality was assured through their descendents: as long as the nation endured, so would the people (Jantzen 2009: 86).

Individuals who died went to an isolated, lesser existence in Sheol, in the lower realm of a three-layered cosmos (Althus-Reid and Isherwood 2007: 107; Jantzen 2009: 79; Anderson 1986: 39). Not a place of torment but “definitely not attractive” either, it was a “miserable place of ignorance and silence” (Jantzen 2009: 79). For a communally-minded culture, this must have been an unpleasant prospect, hard to reconcile with the divine covenant.

The threat to national identity of the Babylonian exile in the sixth century BCE affected OT Jewish theology deeply. Influenced by Zoroastrianism, the concept of life with God beyond death developed, firstly for exceptional individuals (Elijah, Enoch), then as a possibility for all (Althus-Reid and Isherwood 2007: 109). During the the second century BCE diaspora, a theology of resurrection emerged, as the Jews encountered mystery religions and dualistic Hellenistic thinking. At the same time, they sought to honour those who suffered Roman martyrdom. By the time of Jesus, individual resurrection was a tenet of Pharisaic theology (Althus-Reid and Isherwood 2007: 110; Davies 2008: 28).

1.4.2 The New Testament

The New Testament begins with the birth of Jesus, and continues

with accounts of his exciting teaching, in stories and parables, and of the way he healed people and gave them new life and hope

(Jantzen 2009: 151).

Portrayed as “the icon and the voice of natality” (Jantzen 2009: 151), Jesus’ death is nevertheless prominent very early, as the gifts of the Magi (Matthew 2:11) include myrrh, used for embalming (Davies 2008: 7). Indeed, the Gospels

linger over the events of his death...His birth and his life were only a necessary preamble, it may seem; while his death was the means for the salvation of the world (Jantzen 2009: 151).

The death of Jesus is paramount within the Christian metanarrative: the creeds declare his birth and crucifixion, making no reference to his life, teaching and healing. Christianity’s dominant symbol is the cross, an instrument of torture and execution. Christianity seems to be deeply imbued with a necrophilial symbolic.

However, further readings reveal Jesus’ life and teaching to point to the opposite. He promised “eternal/abundant life” to his followers (John 10: 10, 27-28); declared to Martha at her brother Lazarus’ death that “I am the resurrection and the life,” (John 11: 25), and said of himself that “unless a grain of wheat falls into the earth and dies, it remains just a single grain; but if it dies, it bears much fruit” (John 12: 24). Much about the birth, life and even the crucifixion of Jesus directs us to life *before* death rather than life after death. In Jesus, we find an incarnate theology of life and natality over a theology of death and mortality.

The New Testament’s theology of death was developed by St Paul, originally a Pharisee, who saw the spiritual resurrection of the body as humanity’s “final goal... its innate destiny” (1 Cor.15: 35-55). In his writings,

Life after death, in whatever form it may take, is the destiny of the human body redeemed and set free from the slavery of living a deceived life. It is the fullness of human existence (Althaus –Reid and Isherwood 2007: 111).

Paul’s statement that “by resurrection from the dead” Jesus “was declared to be Son of God” (Romans 1: 3-4) apparently contradicts the annunciation (Luke 1: 35) that, in his *birth*, Mary’s child “will be called the Son of God.” By implication, Jesus’ birth is presented by Paul as far less significant than his death. His writings set the stage for Christianity’s contribution to “the habitus of western society (as) a disposition towards the enactment of death and its concomitants” (Jantzen 2004: 10).

1.4.3 The early church

Despite this, there were different understandings of Jesus’ resurrection among the earliest Christians. It was a sign of God’s Kingdom, to be fulfilled in Jesus’ promised return; realized eschatology, demonstrating the simultaneous ‘now is’ and ‘yet to come’ of God’s natal justice, freedom and peace. Early Christians regarded themselves as living under God’s complete reign in the present. Death held no fear: this life’s end would not be an end but a continuation among the people of God in God’s eternal presence (Ariès 1982: 97)³. Their theology of death was worked out in martyrdom, lack of fear enabling them to defy the deathly Roman power *by* death (Jantzen 2004: 334-5). Writings about martyrs’ lives circulated, encouraging the faithful (Jantzen 2004: 337); images on the catacomb walls showed no scenes of Jesus’ death but included pictures of the nativity (Brock and Parker

³ Ariès is widely recognised as a significant authority in the field of thanatology, and his writings are regarded as core texts. Hence my frequent reference to his works.

2008: 61); the liturgies of the *Didache* contained “no reference to Jesus’s crucifixion” but explained “the cup as a symbol for Jesus, ‘the holy vine of David’”, rather than his blood, and associating the bread “with the life of the church” (Brock and Parker 2008: 158-9) as the body of Christ. Those who escaped martyrdom desired to be buried near the martyrs, reminders of the divine continuity between the dead and the living (Jantzen 2009: 184), in “a neighbourhood of paradise” on earth (Brock and Parker 2008: xv). An early Christian emphasis, therefore, was on abundant life in the never-ending presence of the One who promised eternal life, an understanding resonant with natality.

In the late second and early third centuries, Tertullian wrote about the nature of death revealed in “the cycles of renewal in nature” (Brock and Parker 2008: 64), using images of holistic recreation such as Jesus’ metaphor of the grain of wheat (Bynum 1995: 23). However, Neoplatonism’s increasing influence brought necrophilial body-soul dualism into Christian theology. A dichotomy purporting the superiority of the spiritual over the physical, the heavenly over the earthly, meant fullness of life became entirely located beyond death. For Origen, the body was “the perfect obstacle course for the soul in training” (Jantzen 1995: 90) – the prize being eternal life only after death. Subsequent Church Fathers strengthened the necrophilial tendencies of Christianity, adding to the detrimental effect on western society.

In the tenth century, crucifixes showing a dying Jesus appeared in churches, the earliest being the Gero Cross in Cologne, c965. Brock and Parker propose this was because of the Saxons being “forced by Charlemagne’s soldiers to be baptized at the point of a sword” (Brock and Parker 2008: xx): “Pressed by violence into Christian obedience, the Saxons produced art that bore the marks of their baptism in blood” (Brock and Parker 2008: 232), associating

Christianity with death. The following century, Carolingian theologians settled a debate about the Eucharistic elements, declaring them not to make present “the incarnate, risen, and glorified body of the living, eternal Christ” but “the bleeding, dead body of the past, historical Christ”(Brock and Parker 2008: 237). The Eucharist was declared to be a celebration of crucifixion and death, not of resurrection life: a perpetually dying Christ lay on the altar, the incarnation affirming humanity’s mortality, not its natal divinity (Brock and Parker 2008: 237). With Christ, humanity had been born to die, not to live, strengthening necrophilia’s theological and cultural influence over that of natality.

1.4.4 The Middle Ages

In the twelfth century, Christianity developed an anxiety about death that would have been unrecognisable to the first believers. Ariès writes of a move from “tamed death” (Ariès 1975: 14) –simple, familiar and faced with acceptance, in natal fashion – to death terrifying and full of horror. Necrophilial individualism entered theology, the “collective notion of destiny” (Ariès 1975: 28) replaced by a personal, death-bed judgement. This change came during the Crusades: violence and killing, earlier condemned, became a guarantee of eternal salvation. “War ceased being a sin and became a way to atone for sin” (Brock and Parker 2008: 264). During the fourteenth century, Europe experienced the apocalyptic traumas of plague, famine and further war. The church seemed ill-equipped to address death on such a scale, responding with further “devotional pieties of intense suffering” (Brock and Parker 2008: 313). However, by contrast, this period also saw a flowering of the western mystical tradition, particularly among women. Hildegard of Bingen, Bernard of Clairvaux, and Gertrude of Helfta had shared their natal, life-affirming insights, and in England these were enriched, notably by the

‘Revelations of Divine Love’ to Julian of Norwich. Medieval mysticism echoed the natality of early Christian theology: union with God, affirming humanity’s goodness and divinity, seen in the incarnation and possible now; no need to project its achievement by spiritual striving into a time beyond death; eternity not for the hereafter but for now, and death not to be feared. As Julian affirmed, “all will be well” (quoted in Jantzen 1987: 174).

1.4.5 The Reformation and after

Although difficult to say how widely their ideas were disseminated, those like Julian offered a natal message of hope to people traumatised by fear of death. The doctrine of purgatory, an “intermediary...space” or “limbo”, a place to escape death (Ariès 1981: 153), compounded this in attempting to address it, as individuals strove to “buy” their way out through church-sold “indulgences” and Masses. The Reformation brought a reaction: for Reformers like Calvin, death was not to be feared (Ariès 1981: 299). Nevertheless, necrophilial dualism prevailed, seeing the parting of body and soul in death as “the sorrow of a broken friendship” (Ariès 1981: 300). The Reformers encouraged thinking about death throughout life, replacing the Medieval deathbed “art of dying” with the “art of living”, relating living well and dying well closely (Ariès 1981: 300). In the post-Reformation period, theologies of death and dying softened (Ariès 1981: 307) and, by the eighteenth century, death was “diffused over the whole length of a life and diluted into a melancholy sense of brevity at the same time” (Ariès 1981: 353). The “pious clauses” found in wills disappeared (Ariès 1981: 469) and, after a brief burst of morbid Gothic fascination, there was an “irreparable” (Ariès 1981: 395) change in attitudes towards death in church and society.

1.4.6 The nineteenth and early twentieth centuries

The seismic changes of the Victorian era were reflected in theology. The necrophilial influences of industrialisation and urbanisation affected society greatly: people felt alienated from their surroundings and each other. Consequently, a belief in the continuation of human relationships beyond death developed (Ariès 1981: 471), found in “consolation literature” such as Elizabeth Stuart Phelps’ *The Gates Ajar* (Stuart 2001: 73). By the mid-twentieth century, even among Christians, this had replaced an understanding of the unity of God’s people in eternity (Ariès 1981: 472). Fear of death continued to decline: for the Victorians, it was even “beautiful” (Ariès 1981: 473). In spite of the horrors of World War I, in 1924 Canon Scott Holland could say at the funeral of King Edward VII, “Death is nothing at all” (Jupp and Rogers 1997: 4), a profoundly anti-natal statement. So began “the great twentieth century refusal to accept death” (Ariès 1975: 82).

1.4.7 The twentieth century and into the twenty-first

Jantzen, Ariès and Davies are among those acknowledging that, in the West for most of the twentieth century, death was taboo. As with sex in the Victorian age, so with death in the last century: the more acceptable the former in the public domain, the more denied the latter. Death became professionalised (Ariès 1981: 563), privatized, medicalized, “invisible” (Ariès 1981: 594). Advancing medical science meant it was viewed as a failure by the medical profession, whose work was understood as to preserve life at any cost (Jantzen 2004: 12). As the century progressed, more people died in hospital and fewer at home in the care of family and friends (Ariès 1981: 569). Individualism and consumerism, developments in technology

and the decline of the church all impacted upon attitudes towards death and dying, creating a challenging context for theological work and for natal influences. Eschatology⁴ became a dominant theme, with the understanding that the eternal is part of the present, as it is of what is to come. Sharing natal characteristics with early Christian and later mystical theology, this included the work of Bultmann, Tillich and Moltmann.

Bultmann was concerned to demythologize the idea of fullness of human life as only for the future, stressing that God may meet us with it any time. Therefore, for him, it is important “that we might live every hour as though it were the last” (Herbert 2006: 51). Similarly, for Tillich, we are continually in “the eternal now”, with no distinction between experience before death and after: “Resurrection happens *now*, or it does not happen at all” (Tillich 1956: 24); “He (sic) who participates in God participates in eternity” (Tillich 1962: 165). The practice of “intensive living” was therefore vital for Tillich - fullness of life *now* – an awareness of human mortality bringing with it a natal awareness of “the things that matter” (Davies 2008: 73).

Barth criticised this approach. He believed it failed to give sufficient weight to the “future expectation of the *parousia* as a historical event” (Herbert 2006: 52). Yet he approved of Moltmann’s theology, with eschatology a theme throughout. Moltmann led a movement for “the eschatological orientation of the whole of theology” (Herbert 2006: 53) with significant consequences for the theology of death, believing that “the work of the theologian is to do with the task of living and hoping” (Herbert 2006:55) - strong natal characteristics. As a soldier during World War II, he grappled with the meaning of mortality out of passion and

⁴ This concerns the end of human history and the events of the fullness of time. It may be understood individually and collectively.

subjectivity (Moltmann 2004: 34). Yet he wanted to show that hope is not simply the product of experience but also has an objective reality. He located this firmly in the resurrection, asserting that “Jesus the risen Lord is the same man who dies on the Friday”, making “continuity” possible through the “radical discontinuity” of life and death (Herbert 2006:59). Thus he contrasted humanity’s “subjective helplessness” with “*God’s* objective promise” (Herbert 2006: 60).

This theme of hope in suffering and death was developed in *The Crucified God* (1974). Moltmann echoed Bonhoeffer who realized, while awaiting execution by the Nazis, that “only the suffering God can help” (Bonhoeffer 1967: 361). Moltmann further asserted that hope is found in and through suffering and dying, not in spite of it, because Jesus’ crucifixion demonstrates that God willingly suffers with people (Herbert 2006: 62). Such love gives rise to hope enabling sorrow and joy to co-exist, as “both the laughter of Easter and the sorrow of the cross are alive in liberated men (sic)” (Moltmann 1973: 53).

Moltmann’s later works, *God in Creation* (1985) and *The Way of Jesus Christ* (1990) speak of the “goodness of life” (Herbert 2006: 70) prefiguring God’s future, indicating a continuity between life and death, with the “process and movement” (Herbert 2006: 71) suggested by life and death as a journey, again pointing to continuity. This realized eschatology was dealt with further in *The Spirit of Life* (1992), referring to the mystical experience of “the presence of eternity” in which “the experience of God becomes so intensive that there is no more remembrance and no more expectation. God is pure present” (Herbert 2006: 74). This eschatological emphasis intensified in *The Coming of God*. Dealing with “personal eschatology” (Moltmann in Herbert 2006: 75), Moltmann argued for a natal, holistic

theology of death and dying, based, again, on Jesus' resurrection rather than dualistic, necrophilial Platonic ideas of "the soul taking leave of the body at death and going to heaven" (Herbert 2006:76) . Because the whole person of Jesus was raised, so will our "whole life history" continue, in "time...(and) space in the fellowship of Christ" (Moltmann in Herbert 2006: 76). Moltmann also responds to theology that maintains that death is punishment for sin, naturally saying that death is "natural" and "mortality is part of creation in time" (Herbert 2006: 77). Inspired by Hildegard of Bingen, he states that humanity is part of all creation awaiting renewal, which "will be like the springtime" (Herbert 2006: 77). Moltmann's ever-present theme is to demonstrate the eternal presence of God, giving rise to natal fullness of life now as much as after death.

Other theologians give different perspectives. Macquarrie drew on Heidegger's belief that death gives life meaning (Herbert 2006: 82)⁵. For Macquarrie, "death affirms life by creating a framework in which the individual can measure events with seriousness" (Anderson, 1986: 10) to assess the value of personal existence. Mortality, not natality, therefore defines humanity: born to die, we must make the best of our time. Similarly starkly, John Polkinghorne used the imagery of information technology in an understanding of life after death, saying:

God will download our software on to his hardware, until the day when he gives us new hardware on which to run our software once more.(Polkinghorne in Herbert 2006: 125)

⁵ It is not insignificant that Macquarrie was Grace Jantzen's (second) doctoral supervisor, as Heidegger was Hannah Arendt's: Jantzen drew much for her feminist philosophy of religion from Arendt's philosophy of natality.

Others use investigations into telepathy and ESP⁶ for their theologies. For Badham, Jesus' resurrection appearances were

veridical hallucinations, revealing truthfully the fact of Jesus' continued aliveness to the disciples' minds... the source of this information was Jesus himself, communicating telepathically to his disciples (Badham 1976: 32)

To Badham, this implies the possibility of a "purely mental existence" (Badham 1976: 146) after death - disembodied human minds communicating with each other and God by "veridical hallucinations" from individual "image-worlds" (Badham 1976: 137). For this sci-fi-sounding, dualistic theology, Badham drew on John Hick. Hick used world faiths for his understanding of the "atman", "the idealized state of human consciousness which waits to be realized through the negating of individual egoity" (Hick 1976: 52), proceeding through stages of development after death. With each refinement, it draws nearer to its ultimate destiny "in the mystical body of Christ" (Hick 1976: 462), "the wholeness of ultimately perfected humanity beyond the existence of separate egos" (Hick 1976: 464), where "humanity is to become one in many and many in one" (Hick 1976: 462) and natal particularity is lost.

These theologies arose out of modernity. However, with the new century, thanatologists discerned more natal changes in attitude, citing, as influences, the hospice movement (Ariès 1981: 589), terrorism (Davies 2005: 152), ecology (Davies 2008: 26) and increased life expectancy, making fear of indignity in old age the new "last enemy" (Davies 2008: 127). Bishop Michael Henshall wrote that "mortality is the gift of God, who therein provides clues to his (sic) own character and purposes to the human condition" (Jupp and Rogers 1997: xiii),

⁶ Extra-Sensory Perception

and that “to consider death is for Christian people to consider life” (Jupp and Rogers 1997: xv). Accordingly,

the balance of opinion seems to be shifting the ‘meaning of life’ and therefore the ‘meaning of death’ from some form of ultimate afterlife to either a personal and interpersonal comfort zone of private satisfaction or to an ongoing this-worldliness concerned with the future of the race and the ecological future of the planet. (Davies 2005: 151)

Theology must respond to such change. Davies calls for renewed Tillichian “intensive living” (Davies 2008: 173) and, in the language of consumer choice, the need to build “death-style” into “life-style” (Davies 2008: 177): any theology of death “must also be a theology of life” (Davies 2008: 15), and so, also, of natality. The social scientists Young and Cullen conclude that “the social force is particularly strong in the face of death”, natally drawing people to continued living and to others (Young and Cullen 1996: 203). As previously noted, they appeal for “new kinds of observance... a belief which links life to death” so that “a great positive (may) come out of (the) great negative” of dying (Young and Cullen 1996: 204). Twentieth century theology may undoubtedly have helped people in their need, but fresh perspectives are needed, including that of natality. Furthermore, all the theologians considered are male: feminist theologians offer different understandings.

1.4.8 Feminist theologies of death and dying

Feminist theology may have colluded with the tendency to make death “invisible” (Ariès 1981: 594) as “not a great deal has been written about life after death” (Althaus-Reid and Isherwood 2007: 115). A speculative reason for this may be that “the problems of this world

have seemed paramount” (Althaus-Reid and Isherwood 2007: 115)⁷. Irrespective, the eco-feminist⁸ theologian and Goddess movement⁹ pioneer Carol Christ echoes the “avoidance of this topic” (Althaus-Reid and Isherwood 2007: 115):

There are many things in life that we cannot control or change. There are also many things we cannot understand or know. As long as we delight in the life that has been given to us, approach the taking of life with great restraint, and accept death as the inevitable ending of life in our bodies, I do not believe we need to know the exact form our renewal and regeneration after death will take (Christ 1997:134).

Yet “for many who work in feminist theology the matter is far from simple, and so the controversies rumble on over whether we live after death, and if so, how?” (Althaus-Reid and Isherwood 2007: 106). This includes a critique of patriarchal theologies of death, such as how this teaches that “self-denial in the here and now will be made good and crowned by high favours and achievements in the hereafter” and how “Immortality and rebirth are concepts which are important...because they justify obedience to hierarchical structures in the here and now” (McEwan 1996: 39). Also,

theologians who on the one hand declare Christianity to be a world-transforming way of life and on the other declare that it is all made complete after death and in another realm...There seems something incongruous about an incarnational religion advocating a realm that is removed that somehow puts everything right (Althaus-Reid and Isherwood 2007: 113).

Other feminist theologians offer alternatives. Again, from an eco-feminist perspective, Ruether believes theology must dispense with ideas of “eternal survival” and

⁷ In response to this, it may be said that, for some, the issue of death and dying is itself one of the “problems of this world”.

⁸ Eco-feminism “brings together a wide range of interconnected concerns, including issues of gender, race and class, while stressing the crucial role played in environmental degradation by the logic of patriarchal domination” (Primavesi 1996: 45).

⁹ The spirituality of the Goddess movement acknowledges “the legitimacy of female power as a beneficent and independent power” (Christ 1992 (1979): 277), focussing and inspiring “a vision of life as an organic, living, sacred whole, where all things participate in the divinity of the source” (Cashford 1996: 84).

eschatology because of harm done to the environment by “androcentric” beliefs in limitlessness (Althaus-Reid and Isherwood 2007: 117). Rather, we need a spirituality of recycling that accepts ourselves as part of that process of growth, decay, reintegration into the earth and new growth (Ruether1995: 61).

As decomposing human bodies fertilise the earth, enabling new growth, so Ruether says our consciousness returns to

a great consciousness underlying the whole of the life process that carries and expands with the remembering of each of our small selves, while letting go of the illusion of immortal self within each of our many mortal embodiments (Ruether1995: 61).

Some feminist theologians oppose this approach. Stuart believes that, for Ruether, “ultimately individual lives have no value to the divine except as some kind of recycled food” (Stuart 2001: 79), and that this earth-bound understanding denies mystery. Indeed, it damns us “to the unforgiving and suffocating present” (Stuart 2001: 80). Stuart criticises western feminist theology, saying that perhaps those who create most waste most need to relieve their guilt by regarding themselves as waste for recycling too (Stuart 2001: 80).

Although from a post-Christian perspective, feminist philosopher of religion Beverley Clack offers a response to Stuart’s concerns. Rejecting the “transcendent spirituality” (Clack 1999: 67) of “much Christian theology” (Clack 1999: 68), affirming “the reality of death” (Clack 1999: 72) and concurring with Ruether’s “cosmic recycling” (Clack 1999: 69), she also advocates a cyclical “thealogy”¹⁰, embracing change “as part of an organic notion of death” for “a positive influence on other aspects of theologies of the body also” (Althaus-Reid and Isherwood 2007: 123). Consequently, Clack’s anti-dualist “thealogy” encourages “nurturing

¹⁰ A discourse current within feminism concerning the divine.

the values of sympathy, compassion and action” (1999: 76), thereby honouring human physicality.

Carter Heyward echoes Clack’s thinking. Her feminist Christology offers a further alternative, seeing Jesus’ humanity as greater than his divinity because “once we value the humanity of Jesus, we breach the dualistic gulf between God and humanity” (Althaus-Reid and Isherwood 2007: 115). Consequently, she is “careful to avoid dualistic thinking when dealing with resurrection and life after death” (Althaus-Reid and Isherwood 2007: 115). For Heyward, Jesus was “growing into his divinity” (Althaus-Reid and Isherwood 2007: 115), indicating the possibility for all whose humanity Jesus shared and whose potential for divinity he demonstrated to achieve what he did and “resurrect and have life after death...if we too live our divine natures to the same depth” (Althaus-Reid and Isherwood 2007: 115).

However, in response to concern for eternal life in more traditional theologies of death, feminist theology’s stress is on relationality:

What is so terrible about death is not so much the loss of an individuate self, but rather that it marks the end of communication between those who love each other (Hampson 1990: 142).

Consequently, particularly from Hampson’s post-Christian perspective,

If women see their lives as bound up in a web of connection with the lives of others, then the theme of individual death may not seem to be quite so traumatic to them. There is no reason why one should go on forever. What is important is that the world may continue, and others live (Hampson 1990: 142).

Mc Ewan agrees. From a feminist theological understanding, rather than fullness of life as traditionally understood,

Relationality, just relations, which overcome the social death of uncaring, unsharing egotism, will be the true manifestation of life to the full, where death has lost its sting forever. (McEwan 1996: 40)

Nevertheless, Althaus-Reid and Isherwood consider that

Even those feminist theologians who would challenge life after death very strongly for political as well as theological reasons may not all wish to give up the powerful symbol of resurrection which has spoken to us in various guises down the ages (Althaus-Reid and Isherwood 2007: 123).

With Schüssler Fiorenza (1994: 122), they point to the “community view” of the women at the cross, who

remained vigilant throughout the pain and hopelessness. They wept, mourned, grieved and hurt and in so doing they ushered in a new dawn, a new hope and a new way to imagine the world and to live (Althaus-Reid and Isherwood 2007: 124).

Consequently,

This may be the meaning of resurrection in feminist theology... Perhaps feminist theology is going back to ancient biblical concepts or just reading the signs of the times, but personal salvation is not of the utmost importance in the world as we see it today, cosmic resurrection is, and it is a task we all have to undertake as co-redeemers of creation (Althaus-Reid and Isherwood 2007: 124).

Certainly, there are echoes of the Old Testament belief in immortality through the continuation of a people and of the early Christian understanding of the communal nature of realized eschatology.

1.5 THEOLOGY AND THE PRACTICE OF PASTORAL CARE IN THE CONTEXT OF DEATH AND DYING

1.5.1 Introduction

The church's theology in the various ages and from different perspectives has exerted a direct influence on Christian practice. This is as true of pastoral activity as of any other aspect.

Theologies of death and dying in, for example, the early Christian era, the medieval period and the Victorian age had a direct bearing on how the church exercised care at such times of life. Christian pastoral theology and practice is contextual: ideally, this means direct relevance to the particular situation, speaking to people's needs and effectively communicating the love of God to their experience. This is equally so today. In this section, therefore, I explore some late twentieth century and early twenty first century approaches to pastoral care in the context of death and dying, continuing to establish the theoretical background to the study as a whole.

1.5.2 With people who are dying

“Dying people are not so much dying as PEOPLE” (Cassidy in Callanan and Kelley 1992:7). The Christian understanding of the worth of each person continues to apply to those who are nearing life's end. Many writers in this field stress their focus on living (Woodward 2005: viii; Wilcock 1996: 1; Williams in Kirkpatrick 1997: ix) because “The dying are living, just like us” (Cassidy in Callanan and Kelly 1992: 7). However, while it is true that “daily and hourly I am being born anew...daily, hourly dying anew” (Kirkpatrick 1997: 6), the end of life

is momentous, bringing particular pastoral needs. Whether sudden or expected, in death people need the best, most appropriate care.

The pioneering work of Elisabeth Kübler-Ross (Kübler-Ross: 1969) here is widely acknowledged. However, it is generally agreed that her “stages” of dying - denial, anger, bargaining, depression and acceptance (Kübler-Ross 1969: 34, 36, 72, 75, 99) - make the process “too simple, or...too prescriptive” (Murray 2002: 106). Many prefer to think of these providing a “basic framework” (Ballard 1996: 20), “aspects” (Wilcock 1996: 61) or “psychological states” (Billings 2002: 100), rather than an inflexible sequence. Some have amended Kübler-Ross’s list¹¹ to emphasise that while an understanding of emotional responses is helpful, individuals experience the process of dying differently. Many also acknowledge that “The way in which we die is a reflection of the way we have lived” (Ainsworth-Smith and Speck 1999:89; see also Wilcock 1996: 2; Kirkpatrick 1997: 44; Woodward 2005: 74; Snidle 1996: 87; Clements 2005: 322), a reminder that pastoral theology’s task is life-long.

The pastoral needs of dying people are therefore similar to those of all, throughout life, especially in change or loss. However, the particular experience of approaching death intensifies needs. There may be “fear of loneliness, pain and suffering” (Speck 1987: 79) which, with physical diminishment, can lead to a sense of isolation. A dying person may need to know that she is not forgotten: the presence of a pastoral carer shows that this is so. For a church member, pastoral care may include sharing in Holy Communion, as an enactment of continued participation in the community of faith. To stay with one who is dying, while also

¹¹ For example, Billings includes “shock, unreality...fear, despair” (Billings 2002:100).

being aware of when to leave, is not easy, but it models the way Christ “lived among us” (John 1: 14). This presence can create “...a place of refuge, a space both physical and emotional where (the dying) can feel safe, accepted just as they are” (Cassidy 1994: 29). Trust and honesty, enabling authentic listening, becomes possible. Although “not all who suffer can find or create a narrative to fit them” (Walton 2002: 2), a dying person may need to tell her story, to voice emotions or simply to talk about completely unrelated matters, knowing that she is heard. Such listening conveys “self-worth, meaning, love and hope” (McCavery in Billings 2002: 105). It is also important for the carer to hear beyond the spoken word (Wilcock 1996: 40). “Dying people often employ symbolic language that evokes their life experiences” (Callanan and Kelly 1992: 17) to communicate needs, requiring hermeneutical skill in order to respond. Metaphorical language relating to journeys may be used (Callanan and Kelly 1992: 74). Rachel Stanworth discerned nine metaphor groups expressing spiritual needs among patients at St Christopher’s Hospice, including metaphors of control and letting go, and the archetypes of the hero, the mother and the stranger (Stanworth 2004: Part 3). An awareness of possible symbolic meaning of words, of what is not said and what is expressed through body language is important for the ability to listen.

The focus of the pastoral care “will extend to those who are significant...” to the dying person (Cobb 2001: 73). “Care of the dying also involves care for their loved ones” (Snidle 1996: 88). Indeed,

The work of bereavement and grief belongs equally to the one who is dying and to the loved ones who share the journey and will be left behind (Wilcock 1996: 55).

Within the community of one who is dying, then, there will be a mutual sense of grieving: feelings of diminishment may be compounded by the prospect of separation and concern for

loved ones, while emotions related to this may be reinforced by the prospect of the loved ones' own future beyond the death. Pastoral care of the bereaved therefore partly shares the nature of care of the dying, reflecting a similar process.

1.5.3 With those who are bereaved

Paralleling Kübler-Ross's "stages of dying" (Kübler-Ross 1969: 34, 36, 72, 75, 99), patterns of grief have been suggested. Parkes discerned "Numbness... Yearning... Disorganization and despair... Reorganization" (Snidle 1996: 92); Murray recognised "denial...searching and yearning...anger...guilt and fear...resolution" (2002: 32); Billings proposes

Shock...Disorganization...Denial...Relief...Guilt...Depression...Anger...
Anxiety...Resolution and re-establishment...Loneliness (Billings 2002:
134-140).

As with Kübler-Ross, these are understood as aspects, rather than discrete stages, experienced differently at different times. It is important to be aware that "The pattern of bereavement is different for every person" (Kirkpatrick 1997: 35), for any emotions may manifest during the process.

Dying is a liminal experience, as is bereavement, marking a significant change. It involves the "two basic social-psychological processes" of "disconnection and reconnection" (Kirkpatrick 1997: 35), as the grieving person adapts to a changed relationship and finds a new way of life within other relationships. This has been understood as the 'letting go' of the person who has

died¹², suggesting “that there can be no continuing relationship with the dead that can endure over time” (Billings 2002: 139). This is at odds with a theology of eternity and ongoing unity in God, and seems to require a “breaking of affective bonds” (Billings 2002: 139), devaluing a loving relationship. Some therefore suggest an alternative in which the bereaved person may “internalize the dead”:

As we let go of our loved ones we also form pictures and impressions of them which can give us solace and joy for the rest of our lives (Walter in Billings 2002: 139).

With such a presence-in-absence, the resolution of grief may become easier. Indeed, “the process of internalization is the most important task facing the bereaved” (Harvey 1985: 105). Through this, the deceased may become “a possession never to be lost” (Harvey 1985: 63), within acceptance of “the changed situation and the new role of the dead” (Billings 2002: 142).

Many pastoral practices of caring for those who are dying may therefore be employed appropriately in bereavement. The willingness of the pastoral carer to be present with, and to, the grieving person is important. Grief, like dying, can be isolating. “Helping someone who is bereaved is often more to do with ‘being’ than ‘doing’” (Snidle 1996: 99), and the presence of the carer may speak more loudly than words. Listening is therefore invaluable, allowing the bereaved person to express thoughts and emotions. Again, a relationship of trust is vital, ideally developed over time and maintained throughout the grieving process. Such work is demanding but reflects the loving presence of God with suffering people, demonstrated in the incarnation.

¹² That this is the very title of an influential book on pastoral care for the dying and bereaved by Ainsworth-Smith and Speck (1999) is an indication the importance that has been placed on this as a process.

In order to help manage loss, people need others who can offer complete and unconditional acceptance, empathetic understanding and congruence (Snidle 1996: 92).

This characterises the work of pastoral care.¹³

1.5.4 Feminist perspectives

Feminism is widely influential but, as previously noted, feminist theology concerning death, including pastoral theology, is less prevalent than might be expected. Several reasons are possible:

- Feminism sees life as a whole, avoiding differentiation between pastoral care in life and health, sickness and death. Yet particular pastoral situations bring particular needs, which may be as affected by gender as other aspects of being human.
- There may be a feminist reaction against a perceived obsession with death and dying within a patriarchal church and society. Death, however, is as universal as birth: women are at least as vulnerable to death as men, often more so.¹⁴
- Feminist theology is concerned with justice, focussing upon the social collectivity:

Relationality, just relations, which overcome the social death of uncaring, unsharing egotism, will be the true manifestation of life to the full, where death has lost its sting forever (McEwan 1996: 40).

¹³ Within the life of the church, a further dimension of care is possible through the conduct of the funeral. The values previously explored continue to be important, and the person conducting such a service exercises pastoral care by being sensitive to what may be most appropriate for the bereaved and the one whose service it is.

¹⁴ In or after childbirth is the obvious example.

This may be so, but if ‘the personal is political’, then ‘the political is personal’, impacting upon how we care in dying and bereavement as upon daily work for justice

Whatever the reason, this lack is regrettable. Insights from feminist theology and pastoral care would be valuable for literature and practice in this area. Some may be gained by inference from general writings, but few feminist pastoral theologians have paid specific attention to the theme.

An exception is Miller-McLemore’s response to Kübler-Ross and the “Death and Dying Movement” (Miller-McLemore 1988: 83), including Stephen Levine (1982; 1993) and Ram Dass. Miller-McLemore approached pastoral care of the dying with “a more critical ethical and philosophical bent” than Kübler-Ross’s, addressing the question, “How *should* persons cope with death?” (Miller-McLemore 1988: 2). She criticised the Movement’s “quasi-hedonistic attitude” (Miller-McLemore 1988: 179) and its focus on the dying person to the exclusion of social context. For Kübler-Ross, the needs of the patient were paramount, but “individual desires and feelings dictate needs and needs dictate rights and moral obligations” (Miller-McLemore 1988: 99). Prefiguring her proposal of “the living human web” as “the appropriate object for investigation, interpretation and transformation” by practical theology¹⁵, Miller-McLemore drew on ethicist Paul Ramsey¹⁶ for the significance for death and dying of

a Christian ethic of covenantal love which reconnects the moral agent with other agents and with society, and which links individual moral acts with other moral doings in a sustaining web of relations, obligations and

¹⁵ This is in contrast to the individualistic “living human document” of Anton Boison (Miller-McLemore in Grieder, Johnson and Leslie 1999: 45).

¹⁶ Miller-McLemore also referred to Robert J Lifton, Erik Erikson and Paul Tillich for her work.

duties, and in a history of past and future actions (Miller-McLemore 1988: 156).

Miller-McLemore offered a reminder that, although the care of the dying person is important,

“the individual does not live or die entirely unto herself” (Miller-McLemore 1988: 180).

Death

has significant moral implications that extend beyond the immediate self, beyond personal or psychological needs to public commitments. (Miller-McLemore 1988: 180-181).

Recognizing the complexity of “the problem of death” (Miller-McLemore 1988: 178), she proposed that

In death we must preserve room for *both* forgiveness *and* moral vision, acceptance *and* moral demands (Miller-McLemore 1988: 179).

This incorporates both feminism’s personal *and* political, giving

a unified model that can encompass wide-ranging approaches – dynamic, ethical, and religious (Miller-McLemore 1988: 157).

This understanding of death extends to mutuality in pastoral care, in which

we love others as God has loved us and as persons for whom Christ died. We have a duty to nurture and protect bonds of covenantal love, to make a human presence felt, to accompany, care, and comfort others (Miller-McLemore 1988: 182).

This is as much the calling of the one who is dying as it is her carers’: neighbours remain neighbours, whatever their stage of life (Miller-McLemore 1988: 163). Bons-Storm echoes this as a lifelong principle of feminist pastoral care (Bons-Storm 1996).

1.6 THE NATURE OF THE STUDY

1.6.1 Research aim and questions

My principle motivation, then, is to contribute towards the theology and theory underpinning pastoral care, and thereby to its practice. Pastoral practitioners frequently minister to dying and bereaved people as they also show concern in birth and ongoing living. Such care should be of the highest quality, effective and appropriate, and it is important that research and reflection are carried out to enhance this. Within this overall aim, my study has three objectives:

The first is to assess the relevance of a theology of natality for a theology of death and dying and pastoral care. If such a theology could make a contribution to pastoral care, and respond to changing attitudes to death and dying, then it should be examined, evaluated and offered to develop existing theological understandings and their related practice.

Secondly, to add to the body of scholarship that is developing around the work of Grace Jantzen. While much has been written on the theology of death and pastoral care of the dying and bereaved, no attempt has yet been made in this field to evaluate the notion of natality from empirical evidence. I aim to address this, and to offer further theological understandings and models of pastoral care, as appropriate, as well as to suggest how this may help develop the theoretical concept of natality.

The third is to contribute to the field of feminist pastoral theology within practical theology as a whole. Although natality is an inclusive, non-discriminatory concept, it originates as a religious philosophy in feminist scholarship, and death and dying are areas that have been neglected by feminist theologians. My study aims to begin to address this.

Consequently, my primary research question asks: How relevant is a theology of natality for a theology of death and dying and pastoral care for people nearing the end of life, those who have been bereaved and those who look after them? Having assessed this, I consider appropriate understandings and approaches for pastoral care and theology. I also suggest some practices that may be followed.

1.6.2 Research methodology and methods

As a minister of religion engaged in pastoral practice, the paradigm of practical theology is my dominant methodological approach. According to Graham, Walton and Ward, all theology is practical theology (Graham, Walton and Ward 2005: 8): our beliefs inform our practice and vice-versa. This understanding is extremely important to me, both personally and as a practitioner. As a woman, I am also drawn to the approach of feminism in research methodology. I find a significant degree of similarity between this and the methodology of practical theology, for example, the shared importance of mutuality between researchers and participants in the research process. I see these methodological approaches as complementary, and so I drew on elements of both in carrying out my research project.

A researcher's methodology therefore reflects her "perspective or frame", while a method is "a technique for doing research, for gathering evidence, for collecting data" (Letherby 2003: 5). The methodological emphasis of feminist practical theology is on "context, collaboration and diversity", utilizing "a critical correlational method of relating feminist/gender studies, social studies, and theological studies" (Miller-McLemore and Gill-Austern 1999: 45, 104). Its methods are praxis orientated, seeing practice, and reflection upon it, as primary to the development of knowledge (Bennett Moore 2002: 22). Similarly, the methodological approach of social science qualitative research is "interactionist", generating data which "gives an authentic insight into people's lives" (Silverman 1997: 100). It is flexible in the methods used to draw data from the perspectives of those being studied, and values the reflexivity of the researcher, his or her own reflections becoming part of the data (Flick 2002: 5-6). It has "emancipatory potential" (Robson 2002: 41) as it addresses understandings and their resulting actions. In this respect, it shares the concern of feminist practical theology for social and personal transformation.

Accordingly, the primary research methods I used were observation and the semi-structured interview. I accessed research participants through the Chaplaincy and Palliative Care Teams of a large acute general hospital in the West Midlands. The gathered interview data was transcribed, coded, analysed and interpreted in the light of Jantzen's theology of natality as part of a continuous, non-linear process. Further sub-codings were considered, arising out of deeper readings of the texts and reflection on observation experience. The analysis therefore had both an inductive and deductive quality. I reflected upon the coded data in the light of related theological and pastoral care literature to assess the extent to which it demonstrated the relevance of a theology of natality for a theology of death and dying and pastoral care.

Such a qualitative research approach is only one of a range within the scope of practical theology that was available for appropriation in my exploration of the relevance of a theology of natality for a theology of death and dying and pastoral care in the church. As an alternative to the semi-structured interview and participant observation, it would have been possible, for example, to have undertaken a study of Jantzen's notion of natality as evidenced in formal written sources from Christian tradition such as funeral liturgies, hymns and scripture. Further written materials for study may have been discovered in an exploration of less formal documents, such as letters, journals and spiritual autobiographies produced by individuals (Graham, Walton and Ward 2007: 51), particularly in the context of death and bereavement.

Another option may have been a consideration of natality as discoverable in the portrayal of death and dying in contemporary culture through a broad study of any or all of a range of popular media such as painting, poetry, novels, television and films (cf. Graham, Walton and Ward 2007: 268ff) . Still further within the qualitative research paradigm of practical theology, I may have chosen to undertake a congregational study (Graham, Walton and Ward 2007: 222) focusing on the relevance of a theology of natality for death and dying and pastoral care in a communal context. It is important to acknowledge that the methods I used of the semi-structured interview and participant observation within a hospital environment were not the only ones possible for research in the field chosen for this thesis. Other equally valid approaches were available.

However, as a practitioner of pastoral ministry, it was important to me personally to engage in a research process that employed skills developed in practice, particularly in the care of individuals (as opposed to congregations), with the aim of developing these further. Such

skills include listening, hearing, reflection and discernment, all of which are utilised in the qualitative research methods employed. As an outcome, I hoped to complete the research process a better pastoral practitioner and to be able to offer insights to others. Furthermore, the qualitative research methods of semi-structured interviewing and participant observation were employed with the aim of gathering data with a freshness and immediacy. However recent the publication of written sources, whether formal, literary and liturgical, or informal, personal and reflective, there is an inevitable time delay in their reception, along with possible modification and filtering of material by any editorial process. A hoped-for outcome was for data with a 'raw' quality that could engage robustly with the theological notion of natality and challenge its relevance for a theology of death and dying and pastoral care.

The qualitative research methods chosen also allowed for the possibility of data from a broad range of participants, particularly within such a fieldwork location. To select data from literary sources is to select from a sector of society with particular standards of education and literacy. The hope for my research was to engage with a broad cross-section of participants from a range of backgrounds, including educational, with the aim of demonstrating the breadth of application of a theology of natality for the topic selected. Furthermore, in this, a hoped-for outcome was to gain an "authentic insight into people's lives" (Silverman 1997: 100), with the aim of lending the research a degree of legitimacy, however limited its scope. While data drawn from works of fiction, for example, would certainly have provided material for analysis which reflected human experience, it would have remained fictional. My hope was to produce a piece of research that would resonate with the 'real' and so be recognised as of value.

It was this hope for resonance with the ‘real’ which led to taking the concept of natality, intended by Jantzen as a means of transforming the cultural imaginary as seen, for example, in *Becoming Divine* (1999), and exploring how it may be lived and operative in the experiential context of Christian theology and pastoral care for death and dying. It may be argued that to take such a wide-sweeping philosophical concept as applied by Jantzen to the vast canvas of Western cultural history and consider its relevance for such a narrow field as pastoral practice within the palliative care context of a particular hospital in the English Midlands during a limited period of time is an unrealistically complex and ambitious project. The extent to which Jantzen’s thought may be straightforwardly appropriated within such a Christian context may also be questioned.

In response to the first of these issues, the words of social psychologist Kurt Lewin hold relevance: “There is nothing as practical as a good theory” (Lewin 1952: 169; cf Pattison 2007: 14). Among others, Jantzen drew for her concept of natality from the political theory of Hannah Arendt. Arendt proposed natality as a collective response to the immense, devastating evil of Nazism in twentieth century Europe, the “banality” of which was revealed in the trial of the individual Nazi war criminal Adolf Eichmann (Arendt 2006). If such a concept was intended for political change within the whole of Western society, then it was to be implemented through the varying contexts of the lives of individuals. One such context is that of death and dying. The relevance of theories such as Jantzen’s concept of natality is tried and tested as it is lived and operative in the many contexts of humanity, transforming the cultural imaginary through the lives of its participants.

With regard to the second issue of the appropriateness of using Jantzen's thought in an overtly Christian context, it is worth remembering how the origins of Arendt's theory of natality, which Jantzen herself appropriated, lie firmly rooted in Christianity. The subject of her doctoral thesis, "The Concept of Love in Saint Augustine", gave rise to Arendt's understanding. She particularly found natality's key characteristic of the ongoing possibility of new beginnings in a sentence from Augustine's *The City of God*:

'Initium ut esset, creatus est homo, ante nemo fuit' ('That a beginning might be made, man (sic) was created, before whom nobody was') (Arendt 1996: 147).

Similarly, Jantzen's own work as a feminist philosopher of religion can be seen as rooted in the faith traditions she practised of the Mennonites, Anglicanism and the Religious Society of Friends (Quakers). She may have proposed natality as an alternative imaginary to Western thought and Christendom, but she recognised in the person of Jesus Christ, "the icon and the voice of natality" (Jantzen 2009: 151). Furthermore, the Christian doctrine of the divine incarnation resonates strongly with natality: the natal emphases of embodiment, engenderment, relationality and potential for hope are all seen within the birth and life of Jesus. As Jantzen appropriated Arendt's political theory for her own philosophy of religion, so feminist theologians are now appropriating Jantzen's thought for their own work. Given that all human beings are natal, it follows that natality holds relevance for the whole of human life, including faith and its practice. It is in and through practice, and in dialogue with it, that the theory of faith, or theology (including any theology of natality), changes and develops. This study represents a contribution to a process which Jantzen herself hoped would take place:

Grace was careful to claim she was not writing a theology, but her hope was that other women scholars, particularly feminist theologians, could build on the foundations she had established (Anderson 2009: 24).

1.6.3 Limitations of the study

The intention of my study was to gain insights for my own pastoral theology and practice, and to offer these as potentially useful for the pastoral ministry of others. I had no intention to generalise from the research findings to the population as a whole. This would be unwise, if not impossible. All qualitative research has its limitations, owing to various factors, including the circumstances in which the data was gathered, the subjectivities of the researcher and the methodology, and the particular methods employed. Recognising such limits is important for the research process: acknowledging that a study is never universal allows what it uniquely offers to be appreciated.

My study was limited by the interview sample size and those willing to participate in this way, as well as by its geographical and social location and the time frame in which it took place. It reflects the experience and understandings of some of the patients, family and friends, clinical and chaplaincy staff connected with palliative care at one hospital in the West Midlands from May 2011 to May 2012. While the catchment area has a multi-ethnic, multi-faith population, the most active research participants were first language English speakers with at least some sympathy towards Christianity. Their educational backgrounds were mixed, some being more articulate than others. While this enriched the data sample and reflected the democratic nature of the theological notion of natality, it created a different collection of data than had all participants been, say, educated to first degree level. The data was gathered within a specific window in time, restricting the number and nature of those who were observed. The research topic itself also affected the sample size of interview participants and the identification of potential interviewees. The study therefore cannot be

anything other than a ‘snapshot’ of particular people in a particular place at a particular time. However, having recognised this, it represents an initial consideration of the theological and pastoral relevance of the concept of natality for death, dying and bereavement. It therefore has worth as a piece of research and, limitations notwithstanding, may suggest perceptions of a transferable value for other situations.

1.7 OVERVIEW OF THE STUDY

There are eight chapters in this thesis, arranged within three sections. The first comprises three chapters, including this introduction, establishing the theoretical background to the research project. The second, made up of four chapters, presents the gathered data, coded according to the concept of natality. The final section comprises the concluding chapter, in which I offer theological reflection on this material, an assessment of its relevance for pastoral care in the context of death and dying, and some suggestions for theory and practice.

Chapter 2 explores natality as a philosophical and theological concept, its origins in Arendt’s work on St Augustine and its use in her writings and by others. I then consider the natality-based feminist philosophy of religion of Grace M Jantzen, and delineate and assess the characteristics of natality as found in her work. This is followed by a critique of Jantzen’s writings and her use of the notion of natality and, subsequently, a survey and evaluation of its use by feminist theologians and others. I conclude by outlining why natality may provide a useful basis for a theology of death and dying, thereby demonstrating the theological underpinning of my methodological approach.

In Chapter 3 I describe my methodology and explain its choice. I relate the process by which I collected and analysed the data, the research methods employed, the criteria under which interview participants were selected, and the ethical considerations made. I describe the essentially theological nature of my overarching methodology, continuing to explain how, within this, I used the characteristics of natality to make a correlational interpretation of the data within the wider theological and pastoral context.

Four chapters follow in which I present data gathered from observation and interview with research participants, moving on to offer analysis and interpretation. This is done according to Jantzen's four main "features" of natality: embodiment, engenderment, relationality and hope (Jantzen 2004: 35-43). Material relating to these characteristics is presented in turn in each subsequent chapter.

In Chapter 4 I present data concerning embodiment as a characteristic of natality. I include factors associated with it, such as human uniqueness (Jantzen 1999: 147-149). I analyse how participants expressed the concept and its related attributes, and consider its significance within their experience of death and dying and its potential value for a relevant natality-based theology.

In Chapter 5 I consider data relating to engenderment. Once again, I consider how research participants spoke of the category and how they regarded its value in their experience. I conclude, as before, by assessing the validity of including this characteristic within a natality-based theology of death and dying.

Chapter 6 concerns Jantzen's third characteristic of natality, relationality. I present the data findings on this theme, exploring the nature and significance of relationships for research participants, before considering its place within a theology of death and dying and approach to pastoral care based upon natality.

Chapter 7 is the chapter in which I deal with hope, which Jantzen further associates with, for example, beauty and creativity (Jantzen 2009: 29) and, ultimately, love (2009: 64). I relate the data found around these themes and, again, analyse its importance for the subjects and interpret its relevance for a natality-based theology of death and dying and related pastoral practice.

Chapter 8 concludes the thesis report, giving my overall assessment of the relevance of a theology of natality for a theology of death and dying and pastoral care in the church. The chapter includes a summary of the work undertaken and outlines its original contribution to the relevant fields. I propose a metaphor to enrich a natality-based theology for death and dying and pastoral care, before presenting my research findings and their implications for pastoral practice, theology and the theoretical concept of natality. I make some suggestions as to how the work begun here may be continued further and, while affirming the constantly evolving nature of practical theology and pastoral practice, offer my research as a significant step along the way.

2 THE PHILOSOPHICAL AND THEOLOGICAL CONCEPT OF NATALITY

2.1 INTRODUCTION

According to the *Concise Oxford English Dictionary*, ‘natality’ means “birth rate” and ‘natal’ relates to “the place or time of one’s birth.” These commonly understood definitions are not unconnected to natality as a philosophical or theological concept, given its inextricable relationship to birth. However, my thesis concerns its conceptual understanding, explored in this chapter in particular.

I begin, in Section 2.2, by introducing the origins of the concept of natality in the work of Hannah Arendt. In Section 2.3, I consider how Jantzen develops it in her major works. Then, in Section 2.4, I explore its main characteristics as she presents them. The following section, 2.5, gives some critical responses to Jantzen’s work. Section 2.6 considers its use in the work of others, before the chapter concludes in Section 2.7.

2.2 THE CONCEPT OF NATALITY IN THE WORK OF HANNAH ARENDT

2.2.1 Introduction: Arendt and Jantzen

While acknowledging her debt to continental European philosophers Irigaray, Cavarero, Kristeva, and to Fromm and Daly¹⁷ (Jantzen 1999: 131), Jantzen’s primary source for her

¹⁷ These latter two contrasted the concept of necrophilia with biophilia, the love of life, rather than with natality as such (Fromm 1968, 1973; Daly 1979: 61f, 1984: 339).

nativity-grounded philosophy of religion was the German-American thinker Hannah Arendt (1906-1975), who originated the term, after Saint Augustine. Jewish by birth, the background for Arendt's work was Nazi Germany in the 1930s and 40s. The significance of this cannot be overestimated. Her lifelong concern became to rework the thinking which had allowed such politics to develop, to prevent similar systems arising again (Jantzen 1999: 145). Arendt found her source for natality in the subject of her doctoral thesis, "The Concept of Love in Saint Augustine". Its roots as an idea lay in a particular phrase from Augustine's *The City of God*:

'Initium ut esset, creatus est homo, ante nemo fuit' ('That a beginning might be made, man (sic) was created, before whom nobody was')
(Arendt 1996: 147).

This idea of newness, and the potential for newness of birth, was displayed as she borrowed from Augustine to develop her own understanding of natality (McGowan 1998: 55). Its major exposition is found in *The Human Condition* (1958), where she describes it as "the miracle that saves the world" (Arendt in Kristeva 2001: 239).

Arendt felt such antipathy towards the Western philosophical tradition which allowed the rise of Nazism that she shunned the label 'philosopher', regarding herself as a political theorist (Buckler 2011: 1) or a "political thinker" (Hull 2002: 1). She therefore presents natality as a political concept for the political realm. Perhaps Arendt "would not have approved" or "sanctioned" Jantzen's "appropriation and expansion" of the concept (Jantzen 1999: 145) within a philosophy of religion. However, she did "call for renewed political thoughtfulness" (Jantzen 1999: 145), and Jantzen's work may fall within this. For feminism, the political is personal, and vice-versa: the macro is inextricably related to the micro. Consequently, "natality –the miraculous event of a new beginning – need not be, or rather must not be, as

dramatic as we are in the habit of supposing” (Dolan 2004: 610), nor exclusively political. Natality, birth and new beginnings are part of everyday life as of politics. Jantzen’s appropriation of natality “for the transformation of the imaginary” (Jantzen 1999: 145) affecting the whole of life can be seen as legitimate within its original spirit and purpose.

2.2.2 Some key elements of natality within Arendt’s work

Although Arendt’s thinking is complex and multi-layered, some key elements are present within her understanding of natality. These include:

- the importance of plurality;
- thinking;
- action (*vita activa*);
- freedom;
- love of the world (*amor mundi*).

None is discrete, as each links intrinsically to the other. Here they represent some salient features within the landscape of her work for the purposes of this brief introduction.

2.2.2.1 Plurality

According to Canovan, Arendt’s “emphasis on human plurality” forms a “fundamental feature of her thought” (Canovan 1992: 131). Indeed, newness and natality spring from plurality’s dynamism (Canovan 1992: 130). Crucial to Arendt, the concept counters totalitarianism’s universalizing nature which made dehumanization under Nazism possible. Plurality means that

we are sufficiently like other members of our species so that we can always in some sense or other communicate with them; yet, through speech and action, we individuate ourselves, we reveal how distinctive we are. Plurality is a condition of equality and difference, or a condition of equality- indifference (Benhabib 2000: 81).

2.2.2.2 Thinking

Valuing our human plurality enables the natal feature of deliberate thinking. Politically, this was vital to Arendt, as

unless one ‘stops and thinks’, unless one develops the capacity to ‘think from the standpoint of someone else’, then it becomes all too easy to succumb to evil (Arendt in Bernstein 2000: 285).

Such thinking counteracts totalitarianism because it enables natal change. It is possible to make a new beginning in thought because, as human beings, our “essence is beginning” (Arendt in McGowan 1998: 125). Our thinking need not remain the same; it is open-ended, ongoing (Bernstein 2000: 283), allowing “continual rebirth in the life of the mind” (Kristeva 2001: 239). It need not conform to cultural and political norms, especially when these are evil, and is to lead to action (*vita activa*), which is as key to natality as to constitute a “second birth” (Hull 2002: 60).

2.2.2.3 Action (*Vita activa*)

Arendt juxtaposed action – *vita activa* - with the *vita contemplativa* of the “typical ivory tower philosophical scholar”¹⁸ who turned away “from the political atrocities of Europe during the 1930s”, from whom she “wished to distance herself” (Hull 2002: 37). Western philosophy traditionally favours detachment and order. The *vita contemplativa* was therefore “monstrous” to Arendt when “pursued exclusively, to the neglect of common sense and relations to others” (McGowan 1998: 173). Consequently, her concern for action, with its “unpredictability...set(s) her at odds with much of the Western philosophical tradition” (Brunkhorst 2000: 181). Not that she sought a destabilised world: rather, her “political ideal” was “a stable world that would also be open to novelty” (May and Jerome 1997: 1). This manifests in action for “unfixing the fixed past” by forgiveness and “fixing the unfixed future” for human good (Baier 1997: 330). We see, then, that Arendt’s emphasis on plurality, leading to the stimulation of thinking and subsequent action, demonstrates how

The enquiring and imaginative mind...can give birth to inventions and ideas that break cycles and introduce new directions (Baier 1997: 339).

2.2.2.4 Freedom

Connected to action, freedom reinforces the way Arendt wished to “combat the social determinisms already evident in various social, historical and political theories of her day (McGowan 1998: 59). In her thinking, action engenders further freedom to act, new beginnings inspiring still newer possibilities (Bowen-Moore 1989: 29). Consequently, she did

¹⁸ “Martin Heidegger, Arendt’s close friend and teacher, exemplified this type of German intellectual” (Hull 2002: 9).

not believe that freedom came with birth but rather when an individual first makes a decision “consenting or dissenting to a state of affairs” (Brunkhorst 2000: 188). In this sense, “To be free and to act are the same” (Arendt 1954: 153 in Bowen-Moore 1989: 29), particularly in acting to forgive, which frees forgiver and forgiven, restoring their natality (Bowen-Moore 1989: 148). Arendt partly drew this “idea of freedom” from Augustine and the egalitarian “Christian idea of a spontaneous new beginning (*creation ex nihilo*)” (Brunkhorst 2000: 178), the same source as her natal feature of love of the world (*amor mundi*) which similarly “lies dormant in (her) dissertation thesis” (Hull 2002: 8).

2.2.2.5 Love of the world (*Amor mundi*)

If Arendt’s *amor mundi* is rooted in her work on Augustine, “it was Nazi Germany that strongly confirmed (her) fundamental commitment to...worldly dealings” (Hull 2002: 8), compelling her to develop her understanding of natality. Natality’s new beginnings arise from love for the world, “for the sake of the durability and futurity of the world we hold in common” (Bowen-Moore 1989: 2). Twentieth century totalitarianism threatened this, galvanising Arendt in her thinking. The *amor mundi* of natality contributes to it as a relational, “communal” understanding, for

without the constant appearance of new human beings into the world
the world itself would cease to exist as a common world (Bowen-Moore
1989: 18).

Amor mundi is practised “even if the world is hostile to you” (Bowen-Moore 1989: 16); it “views both the world and one’s natality from the perspective of faith and hope” (Bowen-Moore 1989: 19). Furthermore, it is natally important because of human limitation, making it

“an act of dedication to and for the world of human plurality on the part of natal/mortal men (sic)” (Bowen-Moore 1989: 56). It is because we will not live forever in this world that we love it and its people, in the Augustinian spirit of *Amo: Volu ut sis* (I love you: I want you to be) (Bowen-Moore 1989: 57)

2.2.3 Conclusion

Given the expressly political nature of natality for Arendt, Jantzen recognised that Arendt would perhaps not have agreed entirely with her use of her ideas (Jantzen 1999: 145).

Nevertheless, Jantzen undertook a reading “against the grain” (Jantzen 1999: 144), seeing that

the suggestion of natality comes like a breath of fresh air, a creative shifting of consciousness which could have great significance for the development of women subjects and of a feminist philosophy of religion (Jantzen 1999: 144).

She therefore developed her own approach towards natality in a feminist philosophy of religion that was the theme of *Becoming Divine: Towards a Feminist Philosophy of Religion* (1999) and the foundation of her proposed six-volume work, *Death and the Displacement of Beauty*.

2.3 THE DEVELOPMENT OF JANTZEN'S NATALITY-BASED FEMINIST PHILOSOPHY OF RELIGION

2.3.1 Jantzen, theology and philosophy of religion

By the time Jantzen began *Death and the Displacement of Beauty*, her understandings of theology and philosophy of religion had changed considerably from the traditional, masculinist Anglo-American approaches in which she had received her training. Closely allied through shared subject matter and techniques, the two disciplines remain distinct. Philosophy of religion has, “in the main, understood itself as dealing with explanations and justifications for the religious belief in God” (Clack and Clack 1998: 8), while theology is more frequently a discipline coming from a confessional standpoint of faith, seeking to “express the content of (this) faith in the clearest and most coherent language available” (Macquarrie 1977: 1). An attempt to bridge the potential tension between the two has been made by the field of philosophical theology.

As Jantzen's feminist awareness developed, from the publication of *Julian of Norwich: Mystic and Theologian* (1987) onwards, she moved away from such a traditional approach. The links between belief and practice became closely entwined in her thinking, as they are in feminist philosophy of religion generally. Her own *Becoming Divine* (1999) and Anderson's *A Feminist Philosophy of Religion* (1998), are regarded as “the first two monographs” in the field (Anderson and Clack 2004: xiii), yet establishing such an approach was not without its challenges. As Anderson and Clack say,

One method¹⁹ ...and one model²⁰ ...are assumed by the Anglo-American tradition of philosophy of religion. If we present a new definition of the field, we are told, 'Well, that's not really philosophy of religion – but go ahead if you want to;' if we give a definition compatible with...contemporary philosophy of religion...then we find ourselves unable to relate much, if anything, that we think about love or truth, or reason or emotion, to these traditional debates (Anderson and Clack 2004: xiii).

A feminist methodology is inevitably contextual and collaborative, "self-reflective, self-critical and self-conscious about ...thinking and acting," involving a "search for truth" (Anderson and Clack 2004: xiv). Those who work within it "grapple for a future which is beautiful, just, good and true for all of us" (Anderson and Clack 2004: xv). This is clearly distinct from the detached, studiously uncommitted perspective of traditional Anglo-American philosophy of religion, and became the context from which Jantzen produced most of her major works.

Jantzen was influenced further by the deconstructionist technique of thinkers such as Derrida and Foucault, an approach to ideas

which is not mere demolition, or even a reversal of values, but rather a destabilization which permits the achievement of new possibilities, the enablement of 'thinking otherwise' through the opening of a horizon that emerges through the strategy of double reading... (Jantzen 1999: 8)

She found this held

significance for a feminist philosophy of religion which seeks not merely to repeat the old arguments, even if in critical mode, but to break through to new ways of thinking that may open up divine horizons (Jantzen 1999: 74).

¹⁹ "logical proofs" (Anderson and Clack 2004: xiii)

²⁰ "traditional theism" (Anderson and Clack 2004: xiii)

Jantzen valued such a technique not simply as a way to justify belief in God, as in traditional philosophy of religion, but for its potential to develop new understandings of the divine – a task that is as theological as it is philosophical. Within a feminist approach, such understandings cannot remain uncommitted to issues of justice in the wider social sphere: the “new ways of thinking...(to) open up divine horizons” in Jantzen’s work were intended to offer nothing less than her contribution to the transformation of Western thought, culture and society.

Jantzen’s work as a feminist philosopher of religion and promoter of the concept of natality, then, culminated in the published volumes of *Death and the Displacement of Beauty*.

However, “Her rethinking of the western philosophical tradition can be seen to go back to questions in her original study *God’s World, God’s Body*” (Carrette 2006b: 321). I will now show how this was so, through a consideration of Jantzen’s major published works, exploring the development of certain themes which contributed to her understanding of natality and which she addressed in *Death and the Displacement of Beauty*. I then make a response to some of the aspects and issues which arise in her work.

2.3.2 *God’s World, God’s Body* (1984)

In this first book, Jantzen argues for divine embodiment within creation, positing that God physically inhabits all that is, as human persons are embodied, physical beings. Starting with a doctrine of humanity in order to develop a doctrine of God, she proposes that if embodied humans are made in God’s image, why should embodiment not be for God the Creator? This

is a similar approach to that she took with necrophilia and natality, reversing the traditional priorities for our self-understanding:

What would happen to the symbolic and social order of the west if our *Gestalt* were shaped as much by an imaginary of natality as mortality? How if we were to begin with birth? (Jantzen 1999: 127)

Here, Jantzen asks what if, rather than understanding ourselves from the perspective of divine disembodiment, we started with embodiment for understanding God? Affirming divine embodiment has implications for affirming the physical, a principle of the feminism that would later inform her philosophical standpoint. Similarly, its holistic anti-dualism came to be important to Jantzen's feminist approach.

However, although Jantzen states that it is "for convenience only, and...not...to imply that God is exclusively male" (Jantzen 1984: 3), God in the book is ostensibly gendered, labelled "he" throughout. Also, the word "man" is used throughout to refer to humanity (e.g. Jantzen 1984:3). Confusion arises, too, because she interchangeably uses "world" and "universe" to refer to God's embodiment: it can take time to decipher whether "world" literally means Planet Earth alone or the entire cosmic creation, God's "whole world". However, an interesting reference to Julian of Norwich appears early on (Jantzen 1984: 10), and Jantzen concludes her Postscript with reference to mysticism, prefiguring the role it came to play in her later work. Also, the final paragraph suggests that "an adoption of the doctrine of the universe as the embodiment of God" and its implications for religious experience might "help to bridge the gap between...different world religions" (Jantzen 1984: 158) – an indication of the concern for peace and justice that became another powerful theme in Jantzen's later writing.

2.3.3 *Julian of Norwich: Mystic and Theologian* (1987)

Jantzen's next book has possibly received the widest audience yet of all her works. *Julian of Norwich: Mystic and Theologian* explores the anchoress's context and the theology of her *Revelations of Divine Love*. Jantzen later indicated that her interest in "Christian mysticism and spirituality" (Jantzen 1995: xiii) began around the time of *God's World, God's Body*, and that writing *Julian of Norwich* was crucial for her "growing feminist consciousness" (Jantzen 1995: xiv). Both helped her see how patriarchy had shaped Christian tradition and the "institutional church", which, with "modern philosophy," she stated, has "a lot to answer for" (Jantzen 1995: xiv). The themes she was to address further in later works can be seen developing.

In Julian's stress on Christ's bodily suffering, Jantzen found affirmation that the spiritual should not be promoted above the physical, calling the anchoress "the theologian of integration" (Jantzen 1987: 92). Julian was her ally in a holistic understanding of being human – indeed, of belonging to the whole creation, as in the "world-affirming hazelnut passage" (Jantzen 1987:128). This depicts Julian's vision of all God made and loves as a hazelnut in the palm of her hand. Furthermore, Jantzen wrote positively of Julian's understanding of the motherhood of God and the way "Christ travails on the cross to give birth to those who would be called by his name" (Jantzen 1987: 117). Indeed, we see much that influenced the development of Jantzen's thinking on natality. For example, her focus on Julian's emphasis on love as "God's meaning" (Jantzen 1987: 89) prefigures her later focus on love as the source of beauty, so important to natality (e.g. Jantzen 2004: 63). We can also see this early consideration of an anchoress, enclosed in a cell as a tomb which yet became a

place of life, wholeness and healing, foreshadowing work relating to natality, such as ‘The Womb and the Tomb: Health and Flourishing in Medieval Mystical Literature’ (2007), and chapter 11 of *Violence to Eternity*, ‘A Reconfiguration of Desire: Reading medieval mystics in postmodernity’ (Jantzen 2009: 189-204). Jantzen said she wrote *Julian of Norwich*, as a Christian philosopher, as an exercise in love (Jantzen 1987: ix-x). Perhaps the way this is conveyed, as well as the work’s philosophical nature and accessible style, has contributed to its popularity. Overall, it may be seen as Jantzen’s natal sharing in Julian’s aim to share divine love through her own book.

2.3.4 *Power, Gender and Christian Mysticism* (1995)

This book’s title demonstrates the development of Jantzen’s feminist perspective as a philosopher of religion. In it, her knowledge of philosophy, feminism and passion for the mystical tradition come together, making it crucial in the development of her thinking about natality. If *Becoming Divine* (1999) provides the “framework” (Carette 2006a) for *Death and the Displacement of Beauty*, then *Power, Gender and Christian Mysticism* contains its germ, as Jantzen begins to deconstruct the West’s necrophilial heritage and to introduce a more just, holistic, natal symbolic to counter Platonic dualism. She analyses the male-dominated philosophical and theological context of the medieval mystics, revealing its injustice, and gives voice again to Julian as well as to such as Hildegard of Bingen, Hadewijch of Antwerp and Gertrude of Helfta, providing a life-affirming, holistic counter-balance. However, Jantzen is not uncritical of these women: for example, she acknowledges Hildegard’s discomfort with human sexuality (Jantzen 1995: 234). She also recognises contemporary men (Francis of Assisi, Richard Rolle) who presented different models of humanity and relationships with one

another and the divine, and who were perceived to be “feminine” for their visionary experiences (Jantzen 1995: 190). In *Power, Gender and Christian Mysticism*, we see Jantzen developing her anti-necrophilial thinking. Subsequently, she made a stronger case for natality over necrophilia for the sake of all natals in *Becoming Divine*.

2.3.5 *Becoming Divine: Towards a Feminist Philosophy of Religion* (1999)

Jantzen borrowed a phrase from Irigaray for the title of this next book. Its use indicates the influence of continental philosophy, drawing her away from the Anglo-American model and deeper into “a new definition of the field” (Anderson and Clack 2004: xiii) in the form of feminist philosophy of religion. Here, she brings together the notion of natality, taken from Arendt, with Irigaray’s concept of becoming divine, for the sake of the present, and future, of humanity and the whole of creation.

As Jantzen employs the concept, becoming divine is not apotheosis, human beings becoming “gods or goddesses in the traditional understanding of these terms” (Joy 2009b: 112), yet it is more than metaphor, concerned with humans fulfilling our divine potential and becoming everything we are intended to be, with “God (as) the horizon for human becoming” (Jantzen 1999: 13). Subsequently, “human becoming is intrinsically linked with the aspiration of becoming divine” (Jantzen 1999: 12). This has gendered implications: under patriarchy, women are unable to fulfil their potential for many reasons, including the denial of “sexuate identity or subjectivity” (Irigaray 2009: 15), allowing only the masculine model of becoming divine (Jantzen 1999: 15). This destructive model is at the root of the deadly necrophilia Jantzen addresses by offering natality as an alternative approach, hence its appropriateness as

a basis for a feminist philosophy of religion. Becoming divine therefore involves “women themselves attaining a sense of their own subjectivity” (Joy 2009b: 110), achieving personal integrity and “self-affection” (Irigaray 2009: 19), expressed in just relationships. It constitutes a model for all humanity, being a task of “constant development...an infinite one” (Joy 2009b: 113). “Love of God...shows the way. God forces us to do nothing except *become*. The only task, the only obligation laid upon us is: to become divine men and women...” (Irigaray in Jantzen 1999: 6). For Jantzen, a feminist philosophy based on natality offers an effective basis for this to occur.

The book was originally to have been “a feminist critique of traditional Anglo-American philosophy of religion” (Jantzen 1999: 1). However, it developed beyond this to posit an overt feminist philosophy of religion in which birth, life and this world are at least as important as mortality, death and other worlds in traditional theological/philosophical perspectives. In using deconstruction, Jantzen avoided a masculinist adversarial approach similar to that of her respondents. In the very techniques she used, she practised feminist principles, directing the reader not simply towards justifying philosophical beliefs but towards “becoming divine” and its practical, ethical implications. In resisting an aggressive-defensive approach, Jantzen aimed to open up a “gap” in which “new possibilities, new horizons (could) emerge” (Jantzen 1999: 63).

Becoming Divine burgeons with ideas, itself a flourishing of Jantzen’s previous works. The writing barely fits between the book’s covers, the thinking flows so thick and fast. It hardly seems possible for a single volume to contain everything Jantzen wishes to say. It is therefore

an important transition in the process from *Power, Gender and Christian Mysticism* (1995) to her last and most ambitious work, *Death and the Displacement of Beauty*.

2.3.6 *Death and the Displacement of Beauty*

Throughout this project, Jantzen intended to bring a “critical genealogy” (Jantzen 2004: 4) to bear on the thinking behind necrophilic Western culture, probing and analysing it to reveal that “our habitus is deathly” (Jantzen 2004: 31). As before, she did not wish simply to undertake a negative deconstruction, but to offer positive alternatives, demonstrating that necrophilia is a choice alongside natality. As well as revealing necrophilia in history, she presents some who have resisted it, offering instead a symbolic of life and wholeness.

As the title indicates, Jantzen pays particular attention to beauty as part of “a creative response to destructiveness” (Jantzen 2004: vii): “...as violence is a central symptom of necrophilia, so...beauty and its creation is central to natality” (Jantzen 2004: 39). She acknowledges that beauty “is not a straightforward term”: “material and economic factors” among others, including gender, affect its complexity (Jantzen 2004: 41). However, it should not be “sidelined into a marginal area of philosophy known as ‘aesthetics’,” rather, it must be “pondered in relation to its centrality for human flourishing” (Jantzen 2004: 41). Beauty is not simply important for what it *is* but especially for what it *does* (Jantzen 2009: 140), as “response to beauty reconfigures consciousness *towards* creativity and new life “(Jantzen 2004: viii). It has a moral dimension, inspiring natality, and is intrinsically linked with it. Natality, creativity and newness are beautiful, coming from beauty; death, violence and destruction are ugly, coming from ugliness (Jantzen 2004: 6). Beauty “links longing and

desire with natality, and both with the divine” (Jantzen 2004: 42), inspiring the wish to share in further newness and creativity, like the Creator (Jantzen 2010: 164-165). It is embodied, impossible to create or know apart from the body, and so affirms physicality (Jantzen 2010: 127). It is pleasurable, enjoyable (Jantzen 2010: 128). This especially leads away from violence and destruction, it being counter-intuitive to destroy anything which evokes such feelings. Such beauty inspires generosity instead of possessiveness, prompting the desire to share rather than keep the beautiful to oneself (Jantzen 2010: 158).

Beauty may be misappropriated by necrophilia, as it was in the art of ancient Rome (Jantzen 2004: 295) and so can be ambiguous (Jantzen 2009: 2), but even then it stands “as a challenge to destruction” (Jantzen 2009: 7). Life-affirming, creative beauty is undeniable for Jantzen: “How do we recognise beauty?” she asks. “We just do” (Jantzen 2010: 60) - because of its impact. Personally, she speaks of the beauty of “the trees and fells, the becks and tarns, the harsh and gentle landscape” of the Lake District and of the music experienced in learning the cello (Jantzen 2004: vii). She later included her partner, Tina, “and warmth and loving companionship: most beautiful of all” (Jantzen 2010: 1). Her purpose in writing is clear: “Perhaps if theologians... put as much emphasis on deepening sensibility to beauty, on creativity and delight as...on beliefs and truth, we would begin to find alternatives to violence” (Jantzen 2010: 2).

2.3.6.1 Volume 1: *Foundations of Violence* (2004)

This book charts the origins of Western necrophilia in the thought of ancient Greece and Rome, strongly influential on Christian theology, philosophy and culture. However, it is more

than a history of ideas: for example, responding to Homer, Jantzen presents Sappho, whose understanding of beauty as “what you love” (Sappho in Jantzen 2004: 63) contrasts with beauty “epitomized in youthful violent death (Jantzen 2004:52). She shows Penelope “unravelling” the *Odyssey*’s deathly “preoccupation” (Jantzen 2004: 90). She reminds us of Euripedes challenging the glorification of war (Jantzen 2004: 103); the early Christian martyrs’ resistance to the necrophilic Roman Empire (Jantzen 2004: 334), and Plotinus’ influence on the Christian mystical tradition (Jantzen 2004: 346). She demonstrates that, although such natal alternatives to the dominant tradition may only be a “tiny chink” of resistance (Jantzen 2004: 91), they nevertheless offer the possibility of different values and practices that are holistic and just.

2.3.6.2 Volume 2: *Violence to Eternity* (2009)

On no occasion did Jantzen claim that death is not part of life, for all her refocusing on natality. In keeping with this, facing her own death (2006), she entrusted the editing of two further volumes of *Death and the Displacement of Beauty* to Morny Joy and Jeremy Carrette. In 2009, *Violence to Eternity* was published. This explores necrophilia in the Judeo-Christian tradition and promotes the alternative story lying within the destructive narrative which co-exists. Included are natality-related biblical themes such as the creation (Jantzen 2009: Chapter 1), the books of Isaiah and Psalms (Jantzen 2009: Chapter7), the life of Jesus (Jantzen 2009: Chapter 9) and the Book of Revelation (Jantzen 2009: 15-16), as well as the medieval mystics (Jantzen 2009: Chapter 11) and flourishing as a model of salvation (Jantzen 2009: Chapter 12). Concerns relating to natality previously stressed are developed and reinforced from fresh perspectives, including a holistic approach that does not deny the

importance of the physical; a feminist corrective to the masculinist dominance of necrophilia; the value of Christian mysticism for responding to the life-denying historical tradition, and the imperative of justice to confront “issues of domination, whether in terms of poverty, class, race, sex or any other form of injustice” (Jantzen 2009: 218). This may be a “search for lost coins” (Jantzen 2009: 209)²¹ but, for Jantzen, it is vital for presenting a life-affirming alternative to the necrophilia of the West.

2.3.6.3 Volume 3: *A Place of Springs* (2010)

Jantzen found preparing *A Place of Springs* “a happier task” (Jantzen 2010: ix) than *Foundations of Violence* and *Violence to Eternity*. In this book, she continues to explore the place of beauty, and its transformative potential, within a natal feminist philosophy of religion. She also considers the resources of the Quaker tradition, particularly the “inner Light” (Jantzen 2010: Chapter 4), for an alternative to necrophilia. She saw the seventeenth century social and political context of early Quakerism as a major turning point for western civilization (Jantzen 2010: 91). It was a time in which the choice was available either to

construe the divine as other worldly, to rank people and the earth into hierarchies of domination and exploitation, to pursue competitive individualism, violence and war, and to invest in an increasingly market-driven economy that gradually destroys the earth and its people (Jantzen 2010: 91)

- or to choose a “different symbolic” (Jantzen 2010: 91), the natal choice of the Quakers. “Modernity chose a love affair with death”, yet the “alternative symbolic” (Jantzen

²¹ “The biblical phrase is used as the title of Ann Loades’ collection of articles in feminist theology, *Searching for Lost Coins: Explorations in Christianity and Feminism* (1987)” (Jantzen 2009: 220).

2010: 91) remains. Natal new beginnings are always possible, and *A Place of Springs* continues to present this case and to show how it may be so.

In some ways, this work represents a revisiting of *God's World, God's Body* (1984), as “its theme arguably returns...in recognizing how vital conceptions of the divine and transcendence/immanence are to the understanding of beauty” (Carrette and Joy in Jantzen 2010: x). *A Place of Springs* perhaps shares more of its theological character than Jantzen's subsequent works, pressing home the need for reconsidering the basis of western civilization. This is unsurprising: it deals with Jantzen's own spiritual tradition, and issues of peace and justice, her passions as a feminist and a Quaker. We may also consider the circumstances in which she was writing, living with cancer, “serious illness and impending loss and mortality” (Jantzen 2010: 1). Her need to “become vulnerable again to beauty...that incites to creativity” was “urgent” (Jantzen 2010: 194), as she made the case for natality to supersede necrophilia.

2.4 JANTZEN AND NATALITY

2.4.1 Jantzen's four main characteristics of natality

In *Foundations of Violence* (2004), Jantzen presents four “features” (Jantzen 2004: 36) of natality which provide a framework for its explication. These are:

- “natality entails embodiment”;
- “all natals are engendered”;
- “to be natal means to be part of a web of relationships”;
- natality “allows for hope” (Jantzen 2004: 36-38).

Such an exploration reveals further traits and leads to a richer understanding of this concept that, with mortality, is one of the “philosophical categories that take their bearings from” birth and death, “the events that begin and end each human life” (Jantzen 2009: 48).

2.4.1.1 “Nativity entails embodiment”

To be born means to have, or rather, to be, a body: “To be born is to be embodied, enfleshed” (Jantzen 2004:36); “there is no disembodied natality” (Jantzen 1999:145). This sounds obvious, but it needs stating clearly against the body-soul dualism in Western civilization. Since Plato, a dichotomy has existed presenting the mind/soul (traditionally associated with the masculine) as superior to the body/matter (associated with the feminine). Devaluing the physical against the non-physical enabled the focus of the West to shift from welfare of the body in this world to the soul’s destiny in the next; from biophilia and love of life to necrophilia and love of death; from gender equality to privileging the masculine over the feminine; in short, from natality to mortality, from life to death. Jantzen argues that refocusing on birth, “without denying that we will all die and the importance of taking death seriously” (Jantzen 1999: 37), restores the value of the body, enables its celebration (2000: 117) and leads to a holistic understanding of humanity, allowing men to “be in touch with their bodies and emotions” and women to exercise “their rational capacities” (Jantzen 2004: 37). To be natal is to be united as a person, embodied in this world and concerned for human well-being in life before death.

An important factor of this characteristic of embodiment is that it emphasises and values our uniqueness: our bodies are particular and cannot be experienced by anyone else. According to

Jantzen, Arendt saw that “totalitarian regimes eliminate the singularity and irreplaceability of human beings, reducing them to mere ‘masses’, expendable cogs in the state machine...” (Jantzen 1999: 147), allowing for the extermination of whole groups such as the Jews. By contrast, “Where natality is celebrated, totalitarianism becomes impossible” (Jantzen 1999: 148). Recognising our own uniqueness and individual value enables recognition of the same in others and, when the other is seen to be “like me”, i.e. unique, s/he is no longer a threat to be eliminated according to the Western “‘kill or be killed’ masculinist imaginary” (Jantzen 1999: 243). Our uniqueness makes us more the same than we might imagine; our uniqueness is something we share. This aspect of our natality is explored further in considering the second of its “features”.

2.4.1.2 “All natalis are engendered”²²

One of the first questions asked after a birth is “‘Is it a girl or a boy?’” (Jantzen 2004:37). Natality is profoundly connected with gender, as “central to embodiment and human personhood” (Jantzen 2004: 37). Gender is not given the same significance in death as in birth and life: it may be seen that the soul-masculine-immortal/body-feminine-temporal dichotomy of dualism has a part to play here, devaluing the female so that, in death, the masculine effectively becomes the norm. Indeed, Jantzen argues that Christianity seemed to miss the significance of gender for centuries because of a disproportionate focus on life after death (Jantzen 2000: 118). Consequently, “...with death gender ceases to matter...” (Jantzen 2004: 37). However, in relation to natality, it cannot be ignored: to be born is to be either male or female, and in birth both are affirmed as natalis in the world.

²² A fuller discussion of the nature of gender is included in the introduction to Chapter 5.

Focusing on natality as engendered, then, is important for gender justice: it will “enhance the gender identity of women as well as men” (Jantzen 2000:118). It can also be seen that recognising all humans as natals affirms all as *persons* first, without any prejudgements on grounds of gender. As Joy says, “natal” is not gender-specific (Joy 2009a: 24), neither is “baby”, emphasising the fact that all share the experience of being born. Our engendered nature contributes to our uniqueness, yet this does not imply our “isolation” as individuals (Jantzen 1999: 148). In our engenderment, there is diversity, and such plurality unites us:

‘Plurality is the condition of human action because we are all the same, that is, in such a way that nobody is ever the same as anyone else who ever lived, lives or will live’ (Arendt 1958: 8 in Jantzen 1999: 148-149).

“The sameness which we share is in part the fact that we are not the same; we are all unique, singular, and irreplaceable” (Jantzen 1999: 149). A crucial part of this is our engendered selves as natals, to be celebrated and affirmed for both women and men.

2.4.1.3 “To be natal means to be part of a web of relationships”

It is an indictment on twenty first century Western society that people die alone. Solitary death happens, but “it is not possible to be born alone” (Jantzen 2004: 37). All are born of a woman, herself born of another woman: our network of relationships begins the moment we are born, if not at conception. This is essential at even a basic level, as new-born infants cannot survive for long without the care of others. The isolation of two of the cruellest human practices – the exposure of unwanted neonatals and punishment by solitary confinement (Jantzen 2000:119; 2004:37) - horrifies us. In Jantzen’s words, “atomistic individualism is not possible for natals” (2004: 37): we are inextricably linked by virtue of our natality. This is important not only for our physical needs but also because we are social beings. Western

society has promoted the myth of independence as a “mark of adult masculinity”, appropriated by some women for fear of revealing “stereotypical feminine weakness” in a culture that sees dependency as “demeaning” (Jantzen 2000: 119). However, it is impossible to escape that to be natal is to be in relationship with others by virtue of being embodied and born.

Linked to being part of a “web of relationships” in this way is the concept of “flourishing”, a metaphor borrowed from nature and found in the work of medieval Christian mystics (e.g. Jantzen 1995: 140; 2007: 149). Jantzen proposes this as an alternative to the traditional Christian doctrine of salvation (Jantzen 1999: 157), as “a model of absorption into ‘life in all its fullness’ rather than rescue from a world of corruption and death” (Graham 2009c: 10). In Jantzen’s own definition,

to flourish is to blossom, to thrive, to throw out leaves and shoots, growing vigorously and luxuriantly. In the human sphere, it denotes abundance, overflowing with vigour and energy and productiveness, prosperity, success and good health (Jantzen 1999: 160)

To flourish is to become everything we are meant to be, fulfilling our individual and collective potential. There is biblical precedent for this understanding: Jantzen cites, for example, Hosea 14:3-7; Proverbs 14: 11; Psalms 92: 12; John 10: 10 and 15, “Jesus’ extended metaphor: ‘I am the vine, you are the branches’ “(Jantzen 1999: 158). It can be seen that it is impossible for one part of the “web” to flourish without all the parts flourishing as fully as possible as well. Thus the relational nature of natality is reinforced. Furthermore, flourishing for natal is holistic: flourishing could not fully happen under a traditional Western dualistic understanding of being human (Jantzen 1999: 167). Flourishing is not precluded in impairment, as Grey has demonstrated (Graham 2009c: Chapter 12), nor is it outside the

normal patterns of life and death: “An emphasis on flourishing does not deny death, but sees death as a natural part of the cycle of life” (Jantzen 1999: 168), and certainly not as that which above all gives life its meaning.

An emphasis on flourishing within natality (Jantzen 1999: 169) has profound social and political implications. It also has a strong ecological dimension: “Another result of focusing on natality...is the recognition that our interconnection in the web of life includes not only other people but also animals and ultimately the whole physical world” (Jantzen 1999: 151).

Jantzen quotes Cavarero:

In fact, the threshold between the animal and the human realm leaps to our eyes when viewed from a perspective that regards birth as the wellspring of human life through a maternal *continuum* that stretches back in time in an infinite succession of mothers... (Cavarero 1995: 111-112 in Jantzen 1999: 151)

When regarded from the point of view of natality, our “web of relationships” is not only with other humans but also the whole of creation. Mutual nurturing and care become a natural consequence.

2.4.1.4 Natality “allows for hope”

For Jantzen, allowing for hope is “the most significant feature of natality” (Jantzen 2004: 38; 6). With every birth, hope is reborn, as “it is in birth, in natality, that newness enters the world, and it is in the fact of new life that every other form of freedom and creativity is grounded...” (Jantzen 2004: 6). The possibility of fresh starts and renewal means natality is full of hope, and all natals, by virtue of having been born, carry this within them all lifelong. It is precisely because human beings had a beginning that they can always begin again

(Jantzen 2004: 145). The “death-dealing structures” (Jantzen 2004: 4) of western civilisation are not all there is, and new, life-giving ideologies, philosophies and theologies can be created which privilege natality rather than mortality. There is always hope, “central to every human life” (Jantzen 2000: 120), through our having been born.

“The newness that allows for human flourishing requires creativity and beauty, rooted in natality” (Jantzen 2009: 29). Thus beauty and creativity are inextricably linked to natality and hope. However, creativity which produces something new which is not also beautiful, and therefore life-giving, is not creativity but merely “inventiveness” (Jantzen 2009: 34). Indeed, “Beauty, natality and creativity stand as alternatives to a symbolic obsessed with destruction and death” (Jantzen 2009: 138), showing its disastrous, ugly potential. Referring to the Judaeo-Christian account of creation in Genesis, Jantzen reminds us that God pronounced each created thing “TOB”, Hebrew for “good”, even ‘very good’...pleasant, fair, or beautiful as well as good” (Jantzen 2009: 141). Such beauty and creativity gives a model for human beings in their own natality and potential for newness, giving rise to hope.

Contrasting with the expansive biblical account of the creative beauty of God as a paradigm for natalis, Jantzen also refers to the fragmentary poetry of Sappho (Jantzen 2004: 62-68), offering a complementary exposition of its conceptualization of beauty. Beauty for Sappho is not found on the battlefield nor in the warrior-hero, tragically slain, as in the Greek epic tradition, but in something related more to natality than mortality:

Some say a host of horsemen, others of infantry,
and others of ships, is the most beautiful thing
on the dark earth: but I say, it is what you love
(Sappho in Jantzen 2004: 63).

Ultimately, love, lying at the root of creativity and beauty, produces the newness and hope so crucial to natality. Love allows for new beginnings; it enables the potential for freedom of every natal. “And now faith, hope, and love abide, these three, and the greatest of these is love” (1 Cor.13: 13), “...love centred in this present life and its vicissitudes, not in some immortal or deathless realm” (Jantzen 2004: 64), evoking Arendt’s

amor mundi, in which the potentiality of human beginnings is directed toward the world and for the sake of the world rather than toward oneself in isolation from the world and for the sake of oneself independent of others (Bowen-Moore 1989: 2).

As the title of the book in which Jantzen began to develop her feminist philosophy of religion suggests, the intention of natality is human beings’ *Becoming Divine*, claiming their divinity within. As the quintessential characteristic of the divine – not least according to Mother Julian (Jantzen 1987: 91) – it is in loving that we become most like God. Natality, along with its feature of hope, is essentially grounded in love.

2.5 SOME CRITICAL RESPONSES TO JANTZEN’S WORK

A natality-based philosophy of religion as proposed by Jantzen offers an important resource for a just world. However, her work calls for critical evaluation to develop the process of which her thinking forms a part. I find three matters of particular concern: the way in which Jantzen addresses death; her neglect of the incarnation, and certain aspects of the way she refers to beauty. While other criticisms have been made, the scope and length of this thesis does not allow for their exploration here. I therefore focus on my own in this section.

Firstly, I find the way in which Jantzen refers to death sometimes to be unclear. This is analogous to how she uses “world” in *God’s World, God’s Body* (Jantzen 1984) where “world” and “universe” appear to be almost synonymous with reference to God’s embodiment. Confusion can arise in deciphering whether she intends “world” to indicate Planet Earth alone or whether, by it, she means the whole cosmic universe, the total environment in which God is present. Similarly, beginning with *Becoming Divine* (Jantzen 1999), Jantzen uses “death” broadly. Although she makes statements such as, for example, that the

preoccupation with death...in the religious thought of the West is not so much with death as such, death as a natural end to life, but with death as violence... punishment, sacrifice, warfare (Jantzen 2009: 8),

overall, the distinction between untimely death occurring as a result of violence, injustice and oppression, ‘necrophilial death’, and death at the conclusion of a long life characterised by flourishing “death as a natural end to life” (Jantzen 2009: 8), can be unclear. Jantzen acknowledges that death *per se* is part of being human – “it is no part of a feminist agenda to deny death: it will come, inevitably, and all too soon” (Jantzen 1999: 141) – but using a vocabulary tending to refer generally to death can give the impression that *all* death is necrophilial and to be shunned at all costs. Such an impression led Clack to comment that Jantzen “is repressing...the fear of death” (Clack 2004: 191). If so, it is ironic, given that the feminist agenda includes enabling our living with finitude, in response to the masculinist ambition for immortality which helped give rise to a necrophilial society.

A consequence of referring to death in such broad terms is that, as a phenomenon, it becomes rather “abstract” (Clack 2004: 191) for the individual, however it occurs. In writing *Death*

and the Displacement of Beauty, Jantzen intended a genealogy of the Western obsession with death since Greco-Roman times, and to offer a constructive alternative. It was not within her remit to address matters of pastoral theology relating to the death of individuals. However, Jantzen was a feminist philosopher of religion, and the feminist maxim that “The personal is political” indicates that our ‘macro’ thinking must also have a ‘micro’ application, and vice-versa. Jantzen’s work often lacks this: she presents natality as an alternative to necrophilia in its broadest terms, but omits reference to its implications for the individual, not least when approaching the natural end of life. In giving the overall impression that *all* death is violent and ugly, Jantzen missed an opportunity for a natal perspective on individual human dying, even as she contemplated her own death (Jantzen 2010:1). As well as Clack’s work on feminism and death (1999; 2002; 2004), other feminist scholars such as May (2004), Stuart (2001; 2004), Ruether (1995), Christ (1997) and Miller-McLemore (1988) may have assisted Jantzen to create a dialogue concerning natality and ‘natural’, non-necrophilial death and the individual. Kübler-Ross (1969; 1975), de Hennezel (1997), Nouwen (1990; 1997; 2006), Davies (2008) and Harvey (1985) are others who could offer a non-theological case in point that death is not inevitably violent and ugly, and, under natality, need not always be so regarded. Dealing with necrophilia and natality on a large canvas, Jantzen created confusion for the smaller picture relating to death and dying. From a feminist understanding, an exploration of death and natality on the ‘micro’ scale would complement the ‘macro’ perspective.

Secondly, given Jantzen’s self-identification as a “Christian philosopher” (Jantzen 1987: ix-x) and the strong connection between birth and natality, I find a deficiency with reference to the incarnation of Jesus. Jesus is present in Jantzen’s writings (for example, Jantzen 2009: 157-

178) but nowhere in her major works does she consider the implications of the incarnation for natality. There is an exploration of the natal relevance of the birth of Jesus in her essay, “Nativity and Natality” (Jantzen: 2000), where she states that:

Whatever one’s theology, whether one believes that Jesus was God incarnate... or whether one believes only that in Jesus we see more clearly than in most human beings what the divine is like... If we think that Jesus is in *any* sense revelatory, the revelation begins with his nativity: Jesus’s nativity, whatever else it indicates, shows that in the pain and trauma and blood of childbirth, the divine is present (Jantzen 2000: 111).

This is followed by a consideration of the nativity according to “four features of natality”²³ (Jantzen 2000: 115), to which Jantzen later returned (Jantzen 2004: 36-38). Despite this, her later works make no direct reference to the divine revelation of the incarnation and its significance for an understanding of natality. In response to this, we may say that Jantzen was a philosopher of religion, not a theologian, and her field excluded the exploration of Christian doctrine. Nevertheless, her academic background was firmly rooted in both disciplines, and their distinctiveness was often blurred in her work. It might be expected that she address doctrinal matters, and perhaps the incarnation in particular with respect to natality. The lack is notable. More obviously, this absence may be related to her personal theological beliefs. As a Quaker, Jantzen was less likely to hold orthodox Christian doctrines than Christians of other traditions. This is reflected in the emphases of her work. It would be congruous from the perspectives of scholarship, personal faith and feminism that she did not address the issue because she did not hold a traditional belief in the incarnation. If she held a particular Christology, the incarnation simply did not feature. Moreover, it could be said that this omission related to the place of the crucifixion within the traditional understanding of the

²³ “Embodiment... Gender... The web of relation... Hope and possibility” (Jantzen 2000: 115-120)

incarnation: for Jantzen, the incarnation was simply too imbued with the necrophilial symbolic of Jesus's death to be useful for her purposes. She therefore declined to address it, except to demonstrate its contribution to the necrophilial emphases of Western society.

I believe that Jantzen's lack of a consideration of the incarnation in relation to natality is regrettable. It represents a missed opportunity to explore the relationship between a key Christian understanding and an important philosophical notion, and to communicate the concept of natality to a wider constituency within the Christian community. The belief that in Jesus, the divine was not simply revealed but became fully human is enormously significant for the reinforcement of the case for natality from a Christian perspective. Jantzen explored the concept of the world as God's body (Jantzen 1984), but in Jesus, the Christian belief is in God having, or being, a human body. This brings the human and the divine into significant relationship, integrating humanity and divinity, indicating our potential to share the nature of God, so *Becoming Divine* (Jantzen 1999). The embodiment of the divine in Jesus signifies the value of embodiment for all humanity, reinforcing the importance of respect for the body and all materiality, as an aspect of natality. Similarly, the particularity of the divine incarnation in Jesus as a human male indicates the significance of the individual, gender being a crucial part. From the Christian perspective, the notion of natality is profoundly incarnational. An exploration of this by Jantzen would have demonstrated its pastoral implications for individuals, not least in death, dying and bereavement. Many have drawn on the incarnation, through the death of Jesus, for theologies of death and dying, from St Paul, the Church Fathers and the medieval mystics to such as Bonhoeffer and Moltmann. Carter Heyward focused on the humanity of Jesus for her feminist theology of dying and death (Althaus-Reid and Isherwood 2007: 115). Jantzen missed a valuable opportunity to explore the incarnation

from the perspective of natality, including its implications for Christian pastoral practice for the whole of human life, death being a part. This deficiency should be addressed.

My third criticism concerns aspects of how Jantzen refers to beauty, “central” (Jantzen 2004: 39) for the displacement of necrophilia in Western society. Beauty is unfashionable in the philosophical area of aesthetics²⁴ because of the “dispute (that) prevails” (Brown 2000: 79) concerning its nature which, as Jantzen noted, depends on a complex range of factors (Jantzen 2004: 41). However, since the late twentieth century, it has become “a major focus” (Thiessen 2000: 1) within theological aesthetics, the field

concerned with questions about God and issues in theology in the light of and perceived through sense knowledge (sensation, feeling, imagination), through beauty and the arts (Thiessen 2000: 1).

Its central theme is the “beauty and vision of God”, with the incarnation particularly important in its revelation of the divine (Thiessen 2000: 4; de Beauvoir and von Balthasar in Harries 1993: 35)²⁵.

Given the “dispute” about beauty within philosophy and its focal place within theological aesthetics, it is inadequate for Jantzen to write that we recognise beauty because “We just do” (Jantzen 2010: 60). Undoubtedly, beauty and ethics are “inseparable” (Moltmann in Thiessen 2000: 336), and we witness beauty in the diminishing of necrophilia and the “true fulfilment and happiness” of humanity (Navone in Thiessen 2000: 356). However, to say that we

²⁴ “a philosophical account of the arts that expresses and clarifies the canons of art criticism” (Farley 2001: vii)

²⁵ Had Jantzen given consideration to the incarnation, this might have offered a useful topic for dialogue with the field of theological aesthetics on the theme of beauty and natality. This suggests another reason why her neglect of the doctrine is regrettable.

recognise what is beautiful (as opposed to what beauty *does*) simply because we *do* is not sufficiently rigorous a definition. Perhaps Jantzen is attempting a radically different definition of beauty within her methodology, shunning a traditional Anglo-American approach to the theme. I sympathise with this, and with her understanding of beauty as not only inspiring the creativity, flourishing, newness and hope of natality but also as an intrinsic characteristic itself, but such a definition would not make a strong enough case for natality among traditional philosophers and theologians. These are key people with whom to engage, and a rigorous approach is vital.

While these criticisms are specific, they are minor within the full scale of Jantzen's work. *Becoming Divine* (Jantzen 1999) and the published volumes of *Death and the Displacement of Beauty* (2004; 2009; 2010) offer an important contribution towards working for justice, hope and life itself through the displacement of necrophilia by natal beauty as the second millennium progresses.

2.6 THE USE OF JANTZEN'S CONCEPT OF NATALITY BY OTHERS

2.6.1 Introduction

The significance of Jantzen's work is shown in how it has been used particularly by feminist scholars since *Becoming Divine* (1999) gave some readers their first introduction to natality. This body of work has grown following Jantzen's death, contributing to an appropriately natal flourishing for thought and action. A major influence was the Memorial Symposium, *Natality*

and Necrophilia, in Manchester in 2007, with the subsequent publication of *Grace Jantzen: Redeeming the Present* (Graham 2009b) which

brings together many of Grace Jantzen's colleagues and former students in a wide-ranging exploration of her enduring influence, ranging across philosophy of religion, to literature, psychoanalysis, theology, ethics and politics (Graham 2009b: frontispiece).

Such breadth indicates the scope of Jantzen's impact and the significance of natality. In the light of my own emphasis on feminist pastoral theology, I focus here on the work of three women theologians. As Anderson says,

Grace was careful to claim she was not writing a theology, but her hope was that other women scholars, particularly feminist theologians, could build on the foundations she had established (Anderson 2009: 24).

This building has been done not least in the work of Mary Grey (2009), Ali Green (2009) and Anne Phillips (2011). Each has recognised natality as relevant to her field, addressing theology and practice for human life, individually and together in church and society.

2.6.2 Natality in the work of Mary Grey: "*Natality and Flourishing in Contexts of Disability and Impairment*" (2009)

This essay represents just one element of the long, productive career of Grey, a Catholic scholar. In writing it, she draws on her personal experiences of cancer and participation in "the 'journey of impaired pilgrims'" (Grey 2009: 205) which began at Sarum College in 2006 (see Cole, Eadie and Grey 2007). It is a profound exploration of some of the most challenging aspects of being human.

Grey approaches natality through the concept of flourishing, saying it was this, rather than natality, which Jantzen used “to create a new symbolic order for (her) Feminist Philosophy of Religion” (Grey 2009: 197). She begins by exploring the concept within the wider context of women’s experience (Grey 2009: 197), language (Grey 2009: 197-198), faith traditions (Grey 2009: 198-200) and “with traumatised memories of genocide and war, with ongoing violence and injustice...” (Grey 2009: 200). For Grey, flourishing is the alternative to “*necrophilia*, love of death”, giving rise to Jantzen’s “focus on *natalité*, birth, birth-giving or creativity” (Grey 2009: 202). Flourishing and natality are no more synonymous for Grey than they were for Jantzen, but their integral relationship is conveyed clearly as she presents her “New Approaches”(Grey 2009: 207) to disability.

The first of these is one of “Human Rights” (Grey 2009: 207), drawing on Nussbaum to challenge traditional concepts of the human person that have acted as obstacles to the full inclusion of people with disabilities to society (Grey 2009: 207).

Nussbaum argues for “a richer notion of the social contract theory”, plus “basic human dignity and respect and...care” (Grey 2009: 207). The consequence is not asking what people with disabilities can afford, or being aware only of what they are *unable* to do, but rather considering what they *can* do and be (Grey 2009: 207) and responding accordingly. Thus flourishing may take place, as people with disabilities receive their full human rights as natals.

Grey’s second new approach to disability challenges “the contemporary model of normality” (Grey 2009: 208). This is revealed in the “the long historical process of conquest” which regarded non-European, “colonised peoples...as degenerates, as sub-human” (Grey 2009:

208). It is also shown when those who do not “fit the norm” of the Western capitalist “vision of the perfect body” are “marginalized” (Grey 2009: 208). Additionally, “faith structures play their part” by “notions of ‘wholeness’ governing the healing ministry” and the “prevailing model” of Jesus as “healer, miracle-worker” (Grey 2009: 208). In the light of the natal flourishing, such attitudes are challenged, leading to Grey’s third new approach to disability.

This third approach is the “reimaging” of “models of healing and wholeness” within Christianity (Grey 2009: 209) so that they accord with flourishing/natality. Grey suggests this is done in three ways. Firstly, “we need to re-read the Gospel with a different lens”, aware of the “pain-filled lives” of the many who were not healed by Jesus (Grey 2009: 209). Secondly, reflecting on the paralytic man of Matthew 9: 1-8, Grey points out Jesus’ stress is more on his “*being in right relation with God*” than on his physical healing (Grey 2009: 209), this being the “crucial point”. Thirdly, there is

the need to incorporate notions of vulnerability and dependency within multiple models of what it means to be human and multiple models of flourishing (Grey 2009: 209).

Our shared natality means all are vulnerable, not simply those with disabilities. Yet all are also “called, chosen and loved” (Grey 2009:209). This leads to Grey’s fourth reimaged model, involving the understanding that, although “impairment makes us dependent...independence is a myth” (Grey 2009: 209). Indeed, in keeping with natal flourishing, we are connected “in the web of life” in which “interdependence is the bedrock enabling well-being for all” (Grey 2009: 210).

Grey asks the question, “But is this ‘natality’ in Jantzen’s sense?” (Grey 2009: 210). It is. She is particularly concerned for those with disabilities, not for the general “ageing/dying processes per se that are integral to the human condition” (Grey 2009: 205). Yet in terms of attitudes from “so-called normal people” towards sufferers of chronic pain, “The analogy with dying is strong” (Grey 2009: 205). Society responds to long-term illness and disability as uneasily as to death and bereavement, yet these are experiences shared by all. Similarly, Grey recognizes that natality has universal relevance, as it does not focus exclusively “on mothers and mothering but has a wider connotation for birth-giving” for all (Grey 2009: 203). She concludes that, in our shared natality, “Spiritualities of disability light the way for every human being” (Grey 2009: 211). Grey’s “New Approaches” to disability do indeed comprise “‘natality’ in Jantzen’s sense” (Grey 2009: 210). They give “the wider community...a pedagogy as to how to cope with diminishment, loss of identity and position” (Grey 2009: 211) - experiences from which no one is exempt. They also show that the natal “joy, beauty, love and celebration are sought by all human beings” (Grey 2009: 210), irrespective of whatever limitations we share in our humanity.

2.6.3 Natality in the work of Ali Green: *A Theology of Women’s Priesthood* (2009)

Ali Green is a priest of the Church in Wales. Her book, *A Theology of Women’s Priesthood* (2009), is said to be

the first book to offer a developed sacramental theology of female priesthood from the perspective of a scholar who is herself an ordained priest (Beattie in Green 2009: cover notes).

It makes a significant case for women's priestly ministry within the universal church and articulates a self-understanding for Protestant women who preside at the Eucharist. It also offers ordained men a fresh perspective on their sacramental ministry. Jantzen's work on natality, particularly *Becoming Divine* (1999), is a thread throughout Green's book, providing the theme from which her theology develops.

Green approaches Jantzen's work through Irigaray. She draws on Irigaray's thinking about sexual difference and "becoming divine" to ask:

can a Christian woman ever know her true identity and realise her full personhood when the entire symbolic of her faith has been constructed, ordered and interpreted by men and focused on a masculine divinity?... can any man similarly reach his horizon of potential within a tradition where sexual difference has been ignored? (Green 2009: 14)

Having established Irigaray's value for responding to such issues, Green introduces Jantzen and natality (Green 2009: 16). Importantly, she recognises that, "in developing her notion of natality, (Jantzen) does not expand on any particular religious symbols" (Green 2009: 17), being non-sacramental and non-sacerdotal. It could be that, as Arendt might not have approved of Jantzen's appropriation of natality, so Jantzen might have been surprised at Green's use to develop a theology of priesthood. Green's book is an actualising of the hope that feminist theologians might build on Jantzen's foundations (Anderson 2009: 24).

Green says,

Using Jantzen's concepts of natality and flourishing, we can counterbalance the traditional symbolism of death and violence around the rite of sacrifice²⁶ with the symbolism of maternal care and nurturing of new life, of embodiment, of gift and fecundity, of sexuality and the nuances of sexual difference (Green 2009: 155).

²⁶ i.e. the Eucharist.

To achieve this “counterbalance”, Green begins with an overview of understandings of humanity “created in the image of God” (Green 2009: 19) and how this pertains to a theology of women’s priesthood. She then explores its implications for how we see God and sexually differentiated humanity. With Jantzen, Green recognises that “all people are natal...always materially embodied, gendered, and connected with others” (Green 2009: 75). This shared natality means that “the woman priest affirms that women...are equally with men revelatory of the divine” (Green 2009: 61). “The intention is not to valorize a female way of thinking over a male one” (Green 2009: 75), rather, to affirm the complementarity of women and men as priests, so that women “can begin to uncover a fuller representation of the divine...than has ever been possible with a male-only clergy” (Green 2009: 98). Using natality to develop a theology of women’s priesthood, Green does not deny the priesthood of men. In truly natal fashion, she affirms that God may be revealed through all natal:

Where difference is recognized, respected and cultivated, women and men together can become equal co-redeemers of the world (Green 2009: 16).

Both may “become divine,” and the woman priest is a powerful symbol of this.

Such a theology of women’s priesthood will not impact simply on the church, still less only priests. Green therefore explores the implications of natal flourishing for her theology.

Recognising the importance of relational flourishing between women and men in the church, and how this has sometimes been lacking (Green 2009:79-80), she moves beyond, to “the relationship between humankind and the created world” (Green 2009: 86). Sacramentally, she sees a relationship between Eucharistic bread and creation’s resources, compelling us to “respect and care for the earth” (Green 2009: 86). This links to concern for justice for the poor, a Eucharistic connection between

spiritual life and day-to-day living, with its struggle (for many) to put food on the table, to satisfy hunger, to stave off poverty, to survive and flourish (Green 2009: 113).

Such flourishing is possible through honouring the relationship between humanity and creation. Because of patriarchy's association of the female with nature, dominating and ruling over both, Green posits that

The woman priest corrects the error of a dualistic understanding of dominion of the earth as mastery and domination, and stands for our responsibility of nurturing one another and the natural environment through compassionate stewardship (Green 2009: 114).

By locating her theology within the context of the flourishing of the whole creation, Green recognises its importance for the concept of natality upon which she draws.

However, regarding her use of “the symbolism of maternal care and nurturing of new life” as a “counterbalance” to the Eucharist’s “traditional symbolism of death and violence” (Green 2009: 155), Green sometimes tends to give more meaning to the symbolic than is perhaps in keeping with natality. Natality is indeed intrinsically linked with birth, but its significance extends far beyond physical birth. While “not all women give birth, every person who has ever lived has been born, and born of a woman” (Jantzen 1999: 144). It is the universality of being born, rather than physically giving birth, which is of important for natality, otherwise it becomes more particularly associated with motherhood than our common humanity. While Green acknowledges that the woman priest’s being “well placed to embody the notion of natality” is “of *symbolic* significance” (Green 2009: 101- my italics), she sometimes presents maternity – for example, linking the elevation of the host with giving birth (Green 2009: 152) – to suggest that a woman’s priesthood might be incomplete unless she is a mother.

Undoubtedly, this is unintentional, but it is not in the spirit of Jantzen's presentation of natality. However, *A Theology of Women's Priesthood* (2009) is a pioneering work, and this tendency is perhaps necessary for Green's strong "counterbalance" to the tradition (Green 2009: 155). Feminism works for such a "counterbalance" to no longer be needed: Green's contribution towards this is significant.

2.6.4 Natality in the work of Anne Phillips: *The Faith of Girls* (2011)

Many years as a teacher and Baptist minister led Phillips to recognise the paucity of studies on the faith development of girls. "Most of the literature on children is written by men who...cannot help but write from their own standpoint" and "Most books on childhood...end at the age of 11." Similarly, "those on young people commonly start at 14" (Phillips 2011: xi). While valuing work on women's faith development (e.g. Slee 2004), Phillips found significant lacunae relating to girls' growing in faith generally, and particularly to 11-13 year olds, "girls passing through the age of transition to adolescence" (Phillips 2011: xi). Recognising that such girls are in a position both marginal, being discriminated against by gender, and liminal, at "a threshold of a new way of being human and woman" (Phillips 2011: 92), *The Faith of Girls: Children's Spirituality and Transition to Adulthood* (2011) is a ground-breaking study addressing this deficiency.

Like Green, Phillips approaches the work of Jantzen through her use of Irigaray in *Becoming Divine* (1999). Irigaray's writings, especially on spirituality, are important for Phillips because they address

a woman coming to understand herself in her own right, not simply as a vehicle for reproduction (Joy 2006: 11 in Phillips 2011: 23).

The significance of this for girls journeying from childhood to puberty when church and society still discriminate against gender is self-evident. Phillips describes how Jantzen identifies the “necrophilic obsession” of western culture and argues for natality as its alternative (Phillips 2011: 145). She recounts the way Jantzen drew on

Irigaray’s challenge to Lacan’s (Freudian) contention that subject positions are ‘inherently masculine’ and little girls grow into them by the repression of unacceptable desires, while girls must become masculinised (Phillips 2011: 145).

That “challenge” was to “advocate a strategy for women to achieve their own subjectivity” (Phillips 2011: 145) and voice. For Jantzen, the “dominant discourse” necessitating this is “phallogocentric”, denies the maternal and leads to the West’s traditional “obsession with death and other worlds” (Phillips 2011: 146). Phillips refers to Erikson’s hope for counteracting this by “women’s capacity for ‘building and of bringing up rebuilders’ where man’s ‘adaptive imagination’ has reached its limit” (Erikson in Phillips 2011: 146). “This translates easily into the language of natality...which, I argue, has a particular relevance to girls’ growth in faith” (Phillips 2011: 146).

Although she refers further to Jantzen and the natal possibility of new beginnings in a biblical reflection on Jairus’s daughter and Nicodemus²⁷ (Phillips 2011: 172), Phillips does not go on to develop an explicit argument for the relevance of Jantzen’s work on natality for her subject. She asserts its relevance for the faith development of girls, but does not overtly expand on why. While a necrophilial imaginary persists, marginalising and discriminating against girls, a strong case for a natal approach to their faith development would contribute to its being taken

²⁷ John 3

seriously as an alternative. Furthermore, important as it is for girls to develop their faith in a distinctive way, all human beings are natal. If the perspective of natality were incorporated into the faith development of boys, replacing any necrophilial tendencies in that context, it could lead to all natal taking responsibility for “building and...bringing up rebuilders” (Erikson in Phillips 2011: 146), not just women. While a more deliberate argument for the relevance of natality for girls’ faith development and its recognition for a wider context would have been valuable, Phillips shows that the concept and Jantzen’s work on it are significant for a group which is among those needing to benefit from it most.

2.7 CONCLUSION

Grace Jantzen made a significant response to the necrophilial culture and tradition of the West: an anti-dualist, holistic, life-affirming feminist philosophy of religion, inspired by the mystical tradition and concerned for justice - in short, natal. Its origins lie in her earliest work, and it is our loss that she did not live to conclude its culmination in *Death and the Displacement of Beauty*. However, entrusting the posthumous publication of *Violence to Eternity* (2009) and *A Place of Springs* (2010) to Joy and Carrette ensured that as much of her work has been made available as possible. Others have employed her concept of natality in relation to particular themes as a tool against necrophilial influences, and so Jantzen’s work continues, in both its theory and in practice.

In “Forever Natal: In Death as in Life” (Anderson 2007), Pamela Sue Anderson reviewed *Forever Fluid: A Reading of Luce Irigaray’s Elemental Passions*, a work begun by Jantzen and her student Hanneke Canters, completed by Jantzen after the younger woman’s death.

With sadness, Anderson comments that “even female subjects will have to confront death, the dying and the dead” (Anderson 2007: 230), remarking how, although Jantzen’s completion of Canters’ work was a

giving birth to a life in print...the tribute remains a quest that ended in death: this remains a difficult, ironic natality, especially for the young author (Anderson 2007: 229).

Approaching her own death, Jantzen stated that

A theology or spirituality that ignored death and destruction and focused only on beauty would be consolatory sentimentality, neither persuasive not (sic) strength giving (Jantzen 2010:1).

Anderson’s question within her review of *Forever Fluid* is pertinent in its relevance to all Jantzen’s work: “The struggle for love is apparent in this book: but are we not allowed to struggle with death?” (Anderson 2007: 228)

The struggle with death is not an optional extra: finitude is an intrinsic part of being human. If a theology of natality is valuable in addressing necrophilia and its consequent war, violence and untimely deaths, then it may also be relevant for a theology of death and dying as it affects us all, as well as its practical application in pastoral care. This underpins the question behind the qualitative research project presented in this thesis. In the next chapter, Chapter 3, I present the research methodology and methods I deployed in seeking its exploration, along with the ethical issues encountered and the approach I took to data analysis in order to consider the relevance of a theology of natality for a theology of death and dying and pastoral care.

3 METHODOLOGY

3.1 INTRODUCTION

Given the central position of natality within my research project, and the emphasis placed upon it in developing my thesis, it is important that the research methodology I adopted, and the consequent methods employed, should be consistent with its character and values. I address this theme in the present chapter.

Following this introduction, Section 3.2 explores the nature of research methodology, paying particular attention to the approaches of practical theology, feminist social science and feminist practical theology to present my own methodological position. In Section 3.3 I consider the topic of research methods, describing those which I adopted and the process for their implementation. Section 3.4 concerns ethical issues arising within the research and how I responded to these. A description of how I analysed the resulting data is found Section 3.5, before the chapter concludes in Section 3.6. This leads into Chapter 4 where the presentation and exploration of the data begins.

3.2 RESEARCH METHODOLOGY

3.2.1 Methodology and methods

It is important to make a clear distinction between research methodology and the methods which researchers employ. Formally, methodology refers to the study of research methods (Wellington 2010: 129; Swinton and Mowat 2006: 74). This inevitably asks questions about the nature of the researcher's actions, motivations, approaches and choices (Wellington 2010: 129). This "reflecting upon, evaluating or justifying the methods you use" (Wellington 2010: 129) gives rise to a broader conception of methodology as "an overall approach to a particular field" (Swinton and Mowat 2006: 75), "a perspective or framework" (Letherby 2003: 5). A methodology is therefore the bigger picture from within which the researcher views the particular situation or study and conducts her work. Although the two terms are sometimes treated synonymously, "method is not methodology" (Ramazanoğlu with Holland 2002: 11).

As the researcher's methodology is an indication of her "rationale" (Sliverman 2010: 333) for undertaking research in a particular way, it reflects her values, perceptions and understandings. For this reason, methodology, ontology and epistemology are inextricably linked²⁸ (Wellington 2010: 129; Ramazanoğlu with Holland 2002:11), each of these aspects feeding into the others. A researcher's ontological perspective concerns the way she understands the nature of being, reality and existence; her "way of specifying the nature of something" (Ramazanoğlu with Holland 2002: 11). Relevant ontological questions include

²⁸ Pryor (2010: 163) elaborates on this to further link issues of the practical, micropolitical, macropolitical and ethical to methodology, in addition to ontology and epistemology.

what the researcher believes exists, including whether there is an external reality beyond the immediately perceivable (Wellington 2010: 129). Epistemology refers to the researcher's "theory of knowledge" (Letherby 2003: 5). It can be understood as "a way of specifying how researchers know what they know" (Ramazanoğlu with Holland 2002: 12), including what they believe may be knowable and what constitutes legitimate knowledge or knowing (Letherby 2003: 5). Ontological and epistemological understandings underpin a researcher's methodology, giving reasons for choosing a particular approach. Putting a methodology into practice in turn influences the researcher's ontology and epistemology, further affecting the link between the three. According to Wellington, "No one can assess or judge the value of a piece of research without knowing its methodology" (Wellington 2010: 130), and knowing a researcher's methodology gives an indication of her ontological and epistemological understandings.

The researcher's methodological perspective may influence whether to use the methods generally associated with a qualitative research approach, or those characteristic of a quantitative approach, or a combination²⁹. Traditionally, the quantitative approach has been regarded as the more "scientific" (Robson 2002: 5), taking a positivistic stance towards the collection and analysis of data, for example, in the form of statistics. The qualitative approach is more naturalistic, seeing reality subjectively, "through the eyes of (the research) participants" (Robson 2002: 25). "The research process is viewed as generating working hypotheses rather than immutable empirical facts" (Robson 2002: 25), and the researcher's own reflexive perspective is significant in the creation of knowledge. The qualitative approach recognises a socially constructed element to the nature of the world, its methods

²⁹ Pragmatism may also influence the choice.

enabling the researcher to “‘go under’ the taken-for-granted” for the purpose of gathering data (Harriet Mowat 2010: informal conversation), for example, in personal narratives. The qualitative approach is therefore “not merely an application of methods” but significantly includes a “specific research attitude” in which the issue being studied, the process itself and an open, flexible, self-aware attitude from the researcher are primary (Flick 2002: 279).

While a researcher’s methodological perspective has a bearing upon the choice of qualitative and/or quantitative research methods, it is unhelpful to see the two approaches as necessarily conflicting. The adoption of methods from one does not preclude the use of research methods from the other. Indeed, to see the quantitative as being in opposition to the qualitative is a “false polarization” (Jayaratne and Stewart 1991: 54). Both may usefully supply methods, under whatever methodology. Consequently, these may be “converted, sanctified and drafted into the service of God” (Swinton and Mowat 2006: 258) under the methodological approach of practical theology.

3.2.2 Practical Theology Methodology

Swinton and Mowat offer a “provisional definition” of practical theology:

critical, theological reflection on the practices of the Church as they interact with the practices of the world, with a view to ensuring and enabling faithful participation in God’s redemptive practices in, to and for the world (Swinton and Mowat 2006: 6).

The discipline is explicitly confessional, carried out from a position of faith and a concern for the enactment of God’s will in the church and especially the world. This pervades and informs its methodology and is important to bear in mind. Practical theology draws on a variety of

research methods, particularly from social science, but is not itself social science. It remains theology,

dedicated to enabling the faithful performance of the gospel and to exploring and taking seriously the complex dynamics of the human encounter with God (Swinton and Mowat 2006: 4).

Graham points out that, essentially, all theology is practical theology (Graham 2009a: xvii), carried out to inform the effective practice of the believing community. However, a distinctive aspect of practical theology is the expectation that not only will its dialogical engagement with human beings in society impact on that context but also that the impact will be reciprocal. For Woodward and Pattison, practical theology is

where contemporary experience and the resources of the religious tradition meet in a critical dialogue that is mutually and practically transforming (Woodward and Pattison 2000: xiii).

Transformative dialogue happens within a context of difference: where the conversation partners agree, no dialogue can take place. It is in the “alterity, diversity and inclusivity” (Graham 2000: 111) of conversation between theology and human experience that change can happen for both parties. This highlights the processual³⁰ nature of practical theology’s methodology (Flick 2002: 1), seen in a praxis-based model of working.

The praxis model, sometimes also referred to as “the ‘pastoral cycle’” (Graham, Walton and Ward 2005: 171), is drawn from the theory of learning originated by educationalist Paulo Freire via the contextual social analysis approach of Latin American liberation theology. It is congruent with practical theology’s methodology inasmuch as practical theology is concerned

³⁰ “relating to or involving the study of processes” (*Concise Oxford English Dictionary*, 11th Edition)

with personal and social change, a key element of praxis. The praxis model involves a cyclical pattern³¹ of reflection upon action, which informs and renews further action. The pattern is continuously repeated as understanding and informed action develops and grows. In practical theology, the reflective activity within the praxis model is theological reflection, which explores, analyses, exposit and critiques the topic in the light of Christian belief and practice. It is here that practical theology is perhaps at its most dialogical and open to change. However, as a methodology, its nature is less linear than may be implied by even such a cyclical model. In the praxis approach, ‘knowing’ is ‘doing’, and vice-versa. Practical theology is “performative knowledge” (Graham, Walton and Ward 2005: 170), with a holistic view of being, knowing and doing. Its approach is therefore concerned with the “embodied and enacted narrative of faith” (Graham, Walton and Ward 2005: 198).

The methodology of practical theology, then, may be seen as typified by three elements:

- theological reflection;
- a mutually critical correlational approach to issues (Swinton and Mowat 2006: 77), in which reciprocal development and change is expected;
- a processual character, seen in a model of praxis.

Thus practical theology may engage with and benefit from other methodologies within social research, such as a feminist approach.

³¹ Or, perhaps more accurately, a dynamic, forward-moving spiralling pattern.

3.2.3 Feminist social research methodology

Feminist approaches to methodology grew initially out of challenges to male-dominated knowledge, and from varying struggles to produce well-grounded and authoritative knowledge of women's lives (Ramazanoğlu with Holland 2002: 39).

Taking a woman-positive approach in order to question “existing ‘truths’” – ‘truths’ propounded by patriarchy particularly on behalf of women, but possibly also men – and to explore “relations between knowledge and power” (Ramazanoğlu with Holland 2002: 16) where such relations have resulted in inequality and discrimination, feminist social research methodology is essentially “emancipatory” (Acker, Barry and Esseveld 1991: 134) and “socially transformative” (Bergen 1993: 200). It carries an “action orientation” (Fonow and Cook 1991: 5) that aims to create a more just society for women and consequently for all people.

Feminist approaches to research methodology take lived human experiences, particularly those of women, seriously, and are committed to

the experiences and needs, stories and voices of women, in the context of an analysis of the patriarchal nature of society (Bennett Moore 2002: 18).

Such approaches challenge the dualistic, gendered understanding of knowledge dominant in the West since the Enlightenment but rooted much deeper in history (Jantzen 2004). This is based on a dichotomy of mind/body, reason/passion, culture/nature, male/female in which the focus of knowledge is “scientific investigation on the discovery of an external world (unthinking matter) that really exists but is not necessarily known about” (Ramazanoğlu with Holland 2002: 28), and “authorized knowledge has historically meant masculinized

knowledge” (Letherby 2003: 22). Feminism “does not critique the norms of science itself but the way in which the scientific method has been practiced” (Letherby 2003: 43). By contrast, feminist methodology also values the internal world, with lived experiences providing an equally “valid basis for knowledge” (Letherby 2003: 45) in the quest for social change. Postmodernism may have questioned the possibility of generalising about social reality from the particular, but feminism has highlighted the subjective nature of all knowledge as the “material product” of a certain time, place and viewpoint (Letherby 2003: 79). While discrimination has a detrimental effect, particularly for women, valuing personal experiences remains a crucial part of the feminist methodological approach.

Feminist methodology is therefore characterised by its stress on reflexivity. A high degree of self-awareness for oneself and those participating in the research, and acting upon it, is a given for the researcher. Because feminist social research is concerned with the abuse of power against women, it stresses reflexivity in order to “make explicit the power relations and the exercise of power in the research process” (Ramazanoğlu with Holland 2002: 118), with the intention of avoiding exploitation. Feminist researchers are aware that their presence is intrusive for those in the situation being studied, creating disturbance and even distress. A reflexive attitude seeks to address this. Furthermore,

Reflexivity also means making clear the ethics of your research practice and your moral and epistemic accountability (Ramazanoğlu with Holland 2002: 146).

Honesty and openness hallmark a feminist methodology, applying to the researcher’s self-understanding in relationship with research participants. Motivation, epistemic assumptions, potential for bias and the exercise of interpretive power are taken into account throughout the

research process. A feminist methodological approach values the contribution of the researcher's own personal experience and emotions to the project, making it a significant "source of insight" (Fonow and Cook 1991: 2) for the creation of knowledge. The subjectivity of the researcher is acknowledged and made an advantage through reflexive practice.

Such a holistic understanding means the feminist approach to social research may complement the methodological approach of practical theology, creating the methodology of feminist practical theology.

3.2.4 Feminist practical theology methodology

Contemporary feminist pastoral theology³² utilizes, for the most part, a critical correlational method of relating feminist/gender studies, social scientific studies, and theological studies (Doehring 1990: 104).

In identifying these sources, Carrie Doehring indicates the kind of values that inform feminist practical theology. However, feminist practical theology methodology is greater than the sum of its parts: drawing on practical theology and feminist social research, the discipline has developed its own distinctive methodology. It has enriched practical theology *per se* and influenced its methodology, and offers similarly helpful insights to feminist social researchers. Its emphasis on "context, collaboration and diversity" (Miller-McLemore 1999: 89) offers a valuable approach for many human endeavours.

³² The terms 'pastoral' and 'practical' have often, in the past, been used interchangeably. Although less so now, and the distinction more likely, this does sometimes still occur.

As, overall, practical theology remains a theological discipline, however influenced by social science theory, so feminist practical theology remains primarily a theological concern, however informed by and integrated with feminism. Feminist values and understandings are revealed *within* and applied *to* theology, for the benefit of the believing community and the world, particularly women. The methodological approach of feminist practical theology is therefore incarnational, concerned most for *doing* the discipline as a lived practice within the church and beyond. It is “embodied, incarnational, practical wisdom” (Graham 1996a: 90), existing only in its enactment in everyday life. A key methodological tenet, then, is the value of women’s lives and their stories of their experiences³³, and how they respond, to inform the research process and the renewal of practice:

the naming of women’s needs and experiences serves as a disclosive practice in that it reveals the distortions and universalized prescriptions of androcentric pastoral practices, and serves to reorder the fundamental values of such practices toward the celebration of the complexity of human experience (Graham 1996a: 194).

The incarnational character of feminist practical theology’s methodology as *phrônesis*-filled praxis is clear³⁴. The use of narrative within the theological reflection process reinforces this. Where stories are too traumatic for telling, feminist practical theology methodology recognises the value of expression beyond straightforward narrative, allowing for *poesis* and enabling new understandings through the creative arts in a way which “transubstantiates experience” (Graham, Walton and Ward 2005: 72) for theological reflection. In the profoundest experiences, feminist practical theology may take place, as

³³ NB the use of the plural word “experiences”, rather than the single word “experience”, recognising the diversity of life as lived by women and eschewing the problematic and inaccurate ‘blanket’ use of the phrase “women’s experience”.

³⁴ According to Anita Munro, the continental feminist philosopher Julia Kristeva also “...explicitly connects...*phronêsis* with incarnation” (Monro 2010: 130).

one studies religion at the point where human suffering evokes or calls for a religious response and sometimes at the point where a religious response is given or experienced (Miller-McLemore 1998: 194).

It is therefore part of its incarnational methodology that it dares to “create theory from the location of pain and struggle” (bell hooks in Miller-McLemore 1999: 92), drawing on

stories of embodiment (to) really examine what it might mean for God to be revealed in a human *body*, broken and suffering, whose resurrection proclaims that love is stronger than death (Graham 2009a: 83).

This requires courage and

a refusal of the pretense of pure objectivity, an initiation of face-to-face encounter, confrontation and messiness, and a willingness to participate proactively in a revisionary project that changes the lives of the marginalized and of all the participants (Miller-McLemore 1999: 92).

This incarnational nature reveals the methodology of feminist practical theology to be deeply relational. Because it exists to “counter the invisibility of women” (Graham 2009: 45) in “androcentric pastoral practices” (Graham 1996: 194), the methodological approach of feminist practical theology regards diversity and individuality as crucial to the research process. In respectful, dialogical encounter with difference, deep relationality may occur and the theological reflection of feminist practical theology take place (Graham 2000: 110; 113).

Relationality features strongly here on several levels:

- in the gendered character of feminist practical theology, addressing the nature of relationships between women and men, and the understanding of gender itself and what it means to be a woman in the church and the world;
- in the researcher’s relationship with herself as reflexivity and self-awareness are emphasised within practice and as a source of knowledge;

- in the encounter between the researcher and her research participants, where the quality of the relationship is vital for itself and for the mutually shared process;
- in the widest context: ‘The personal is political’ is an important principle for the holistic approach of feminist practical theology methodology, recognising the interconnectedness of all people within, and with, creation.

Such relational values are summed up by Graham:

mutuality of care, an avoidance of hierarchy, a wish to embody new patterns of community and co-operation are crucial in feminist practical theology (Graham 2009a: 101)

Miller-McLemore expresses this similarly, revising Anton Boison’s individualistic “living human document” as the subject of pastoral care as the more relational “living human web” (Miller-McLemore in Grieder, Johnson and Leslie 1990: 45). Feminist practical theology’s relational methodology reflects the importance of this living web.

Above all, as incarnational and relational, the methodology of feminist practical theology is liberational. According to Campbell, practical theology is for the personal and collective “renewal and restitution” (Campbell 1990: 18) of church and society. For Woodward and Pattison, it is a “transformational activity” (Woodward and Pattison 2000: 13). The nature of feminist social research is similarly “emancipatory” (Acker, Barry and Esseveld 1991: 134) and “socially transformative” (Bergen 1993: 200), particularly for women. Drawing for its own methodology from both of these, feminist practical theology’s strongly liberational nature is clear.

Like practical theology generally, feminist practical theology often employs a praxis or 'pastoral cycle' model for analysis and development of a topic or situation. However, its association with liberation theology goes further, beyond a shared model of working and a common concern for justice, inasmuch as feminist practical theology is particularly concerned with a group experiencing the oppression of patriarchy in a particular way, namely women. Liberation theology addresses the situation of those who are poor and oppressed: feminist practical theology addresses the situation of those who may be more in need of emancipation because they are also women. This reinforces the methodology's liberational character.

An additional contributory factor towards this liberational nature is a strongly pastoral aspect, arising from the stress on relationality. According to Graham, "The feminist maxim that 'the personal is political' is nowhere truer than when applied to Christian pastoral care" (Graham 1996b: 173). This is intensified within the holistic character of feminist practical theology methodology, as the social and political implications of personal and individual relationships are explored. Methodologically, feminist practical theology cannot express pastoral concern for one woman's experience of oppression without asking why this is so within a wider social context. The pastoral and relational give rise to the liberational.

Therefore, while owing much to both practical theology and feminist social research methodologies, the methodology of feminist practical theology has its own strengths, not least because of the importance to it of

- the incarnational;
- the relational;
- the liberational.

This methodological approach gives feminist practical theology a pluralistic, inclusive, dialogical and democratic character, open to employing many of the methods available to the researcher.

3.3 RESEARCH METHODS

3.3.1 Introduction

To reiterate, methodology is not synonymous with method. A researcher's methodological approach may influence choice and utilization of research methods, but while the two are closely connected, they are not to be confused. It is true, therefore, that there are no research methods specific to practical theology or feminist social research or feminist practical theology. Certain methods may be favoured because of a researcher's methodological background but, theoretically, all are at her disposal. A method becomes one of practical theology, feminist social research or feminist practical theology in the way it is used, resulting from the researcher's methodology.

There are circumstances, therefore, in which methods relating to a quantitative research approach may be useful for data analysis in a qualitative research project, as under the methodology of practical theology. According to Berg, "quantitative research refers to counts and measures of things" (Berg 2009: 3), producing numerical evidence by quantifying, rather than finding qualitative evidence within words and contexts. It aims to create "nomothetic knowledge... gained through the use of scientific method" (Swinton and Mowat 2006: 40). Denscombe refers to the possible "use of basic descriptive statistics" by qualitative

researchers for organising data, summarising findings, displaying evidence, describing how data is distributed and exploring correlations (Denscombe 2007: 253). Miles and Huberman state it can be helpful to count facets of gathered material to “see rapidly what you have in a large batch of data” (Miles and Huberman 1994: 253), enabling a hypothesis to be verified. They name the method they suggest for this “factoring”, which

comes from factor analysis, a statistical technique for representing a large number of measured variables in terms of a smaller number of unobserved, usually hypothetical, variables (Miles and Huberman 2002: 253).

The researcher therefore identifies themes, “factors”, within the data, clustering them together in order to count them in the “factoring” process. Such data may then be represented pictorially in graphs and charts to provide an easily accessible display. Further analysis can take place statistically by calculating average figures within the data or by considering how the data is distributed. From the use of such quantitative methods, the researcher may discern aspects to follow up at a deeper level using qualitative methods.

A wide range of techniques is therefore available to the qualitative researcher for data gathering³⁵ and interpretation. For practical theology,

Historically, the primary mode of analysis and data collection has emerged from a continuing dialogue with the social sciences (Swinton and Mowat 2006: vi).

³⁵ For some feminist social researchers “data production” is a preferable term to “data gathering/collection” (Ramazanoğlu with Holland 2002: 154), as it reflexively highlights the part the researcher herself plays, along with her participants, in the production of research material.

The full scope of qualitative social science research methods may be used, therefore, in the process feeding into theological reflection in the practical theology field. Predominantly, these have been the three “core qualitative methods” described by Darlington and Scott: the individual in-depth interview, systematic observation and the analysis of documentary data (Darlington and Scott 2002: 2). These are also characteristic methods of the ethnographic approach to qualitative research (see Moschella 2008; Angrosino 2007: 37), and may be carried out with varying degrees of sophistication. Supplementary to these main methods may be the use of questionnaires, focus group discussions and group interviews, the keeping of journals by both researcher and participants, conversation analysis and the use of photographic and video cameras to create visual data. Applied to a sample participant group, as decided upon according to the researcher’s criteria, each of these methods results in the “text” for analysis and interpretation, with the aim of acquiring greater understanding.

Whatever methods used, record keeping and data recording is crucial. While acknowledging that subjective analysis and interpretation begins as soon as the research process starts, efficient recording of material contributes significantly towards effective research.

Questionnaires, journals, documents and visual data provide their own ready-made records.

Interviews, focus groups and conversations should be recorded and transcribed as accurately as possible to provide material for analysis and interpretation. Periods of observation require careful recording as field notes, taken as frequent memos and jottings at the time and as fuller documentation immediately after the period. Analysis is an ongoing process, from beginning to end, and the researcher’s own observations, interpretations, questions and hunches must be recorded continuously. Without data, the research process cannot progress: careful handling and storage are essential.

All qualitative research starts with a question to which the researcher seeks an answer. No researcher, therefore, comes to the gathered data from a neutral perspective, however great the effort to maintain an open mind. While this means that the researcher looks to the data to respond to the research question, inductively, and may well have preconceptions of that response, the intention is to allow it to arise in the process of analysis and interpretation. This deductive technique, which “gives preference to the data and the field under study as against theoretical assumptions” (Flick 2002: 41), referred to as grounded theory, is characteristic of qualitative research.³⁶ With this approach, the most common method of data analysis involves repeatedly re-reading the texts, the researcher familiarising herself with them to the point of “immersion” (Moschella 2008: 168; Swinton and Mowat 2006: 117), allowing themes which may then be classified (‘coded’) to emerge. Particularly at this stage of the process, the researcher is the “primary tool” (Swinton and Mowat 2006: 58) of research, as reflexive critical faculties are brought to bear.

Alongside this process of analytical coding comes interpretation of the material. Within the praxis-based interpretive model of practical theology, the research method employed is theological reflection, as previously described. Within any model of theological reflection³⁷, it is important to create a “gap” as part of the method, a “sacred space” where “certainties and preconceptions are abandoned” and the researcher is “open to receive fresh insight from text and tradition” (Thompson 2008: 102). Such a prayerful approach is “complementary” (Thompson 2008: 119) to the reflexivity of theological reflection. From this, the researcher is

³⁶ The combining of inductive and deductive reasoning gives rise to an “abductive” approach to the text (Moschella 2008: 171).

³⁷ Graham, Walton and Ward (2005) suggest seven: “‘Theology by Heart’: The Living Human Document,” “Constructive Narrative Theology,” “Canonical Narrative Theology,” “Corporate Narrative Theology,” “Correlation,” “Praxis” and “Local Theology.”

led back to the “transformational” (Woodward and Pattison 2000: 13) nature of practical theology, with practice renewed by insights from the research process as a whole.

Given the wide spectrum of research methods, it is good practice to employ triangulation. This term, borrowed from geography, refers to the way in which, before computerised GPS, cartographers could “find the exact location of a point if it (were) viewed from two other known positions” (Denscombe 2007: 134), making it effectively the third point on a triangle³⁸. In social science, it is a metaphor for taking a multi-faceted approach to the research process. To triangulate may be as basic as gathering data for comparison from different people in different locations and times (Flick 2002: 67; Moschella 2008: 185). More commonly, it refers to using several research methods within the same piece of work (Flick 2002: 226). It may also involve member-checking, in which transcribed or analysed data is shared with research participants for verification or comment (Moschella 2008: 185; Ramazanoğlu with Holland 2002: 116), or the review of material by another, independent researcher. For the practical theologian, triangulation would also involve a polyvalent approach to theological reflection, using different aspects of different models to enrich data interpretation.

³⁸ Cf. the many now redundant triangulation pillars (“trig points”) that may be found throughout the landscape.

3.3.2 Research methodology and methods adopted for this project

As indicated by my thesis title, I took a predominantly theological methodological approach for this project, informed by my beliefs, faith, theological training and experience, particularly as a minister of religion involved in pastoral care in death and bereavement. With such pastoral emphasis, the express nature of my methodology was practical theology. Its confessional character and praxis-based approach made it highly appropriate for my purposes. Concerned to assess the relevance of a theology of natality for a theology of death and dying and pastoral care in the church, my intention was that the process should primarily inform my work as a pastoral practitioner. If elements of my research may be offered to the wider church community as a stimulus within the work of others, then this will add to its value.

My research project was further informed by feminist perspectives, making it, overall, one of feminist practical theology. Most obviously, this was because I drew on the work of Jantzen, a feminist philosopher of religion, for the concept of natality. Her identity as a feminist, as well as natality's feminist characteristics, meant that it was impossible to avoid the feminist nature of my research methodology. However, more important was my conviction that my research should be informed by the values of feminist practical theology, to redress the balance of a traditionally masculine-dominated approach to pastoral care and to discern understandings for practice which, while potentially being of greatest benefit for women, may also be of help to some men. Pastoral care is often understood as concerned with individual well-being, yet feminism reminds us 'the personal is political' and pastoral practice has a strong social dimension. While it always involves some kind of gender analysis, there is no need for feminist research to be exclusively about women (Ramazanoğlu with Holland 2002:

146), and both women and men are worthy of the highest standards of lifelong pastoral care within a society that values every human being uniquely. This is reinforced in a methodological approach grounded in practical theology when it is informed by feminism.

Additionally, feminist practical theology's emphasis on reflexivity is important to me.

Feminist practical theology values the perspectives brought to bear on the creation of data/knowledge not only by research participants but also by the researcher. Such perspectives are drawn from personal experiences, indicating how significant this is. Knowledge is not created in the abstract but within the "messiness" (Miller-McLemore 1999:92) of daily human life. We know because we act/do. In such a feminist approach, both human experiences and a reflexive attitude towards them become *loci* for the mediation of theological knowledge.

Furthermore, the researcher's reflexive self-awareness enables sensitivity towards research participants, which is particularly important for topics such as death and dying. I believe strongly that research for the purposes of pastoral care must be undertaken in a pastorally caring way. The reflexive approach of feminist practical theology enables this. Furthermore, such reflexivity fosters an appreciation of the shared nature of the work of researcher and participants within the research process, encouraging openness and honesty on the part of the researcher. A feminist approach recognises partnership between the researcher and those who provide the data. Such a holistic approach was appropriate for my methodology because it respects those who are prepared to share of themselves with the researcher.

It was also important that my methodology should be strong enough to address challenging material and themes. Although universal, matters relating to the end of life are not easy and are more often dealt with by avoidance than engagement. This has tended to be so even for

feminist theology (Althaus-Reid and Isherwood 2007: 106), yet the methodology of feminist practical theology is able to “create theory from the location of pain and struggle” (bell hooks in Miller-McLemore 1999: 92) to inform the praxis-based reflexive cycle. Feminist practical theology is not afraid to address the ‘tough stuff’ of life and, in its collaborative character, offers resources for engaging with issues which other methodologies may find more problematic. This strength made it particularly appropriate for my own research methodology.

The researcher’s methodology may then give rise to the choice of methods. I practised triangulation to reach towards creating a rich, layered quality of gathered data for considering a complex pastoral issue. Because of the topic’s sensitive nature, I did not expect to be able to draw on a large number of participants, nor did I wish to put potential participants under pressure simply to achieve a large data sample. The sensitive nature of my topic also influenced my choice of the individual semi-structured interview as primary research method. This allowed for attentive, respectful listening, with the possibility of flexibility within the interview guide. It enabled me to account for the emotional demand placed upon interview participants when talking about highly personal and sensitive matters. Additionally, the individual interview allowed me to achieve depth in the data, if not numerical breadth. In total, I interviewed thirteen participants about birth and death, and how their experiences of these phenomena influenced their life and/or faith. The interviews, which took place within both hospital and domestic settings, were recorded on a digital voice recorder. I transcribed them myself, not only to provide texts for analysis and interpretation but also so the transcribing became part of this process. Participants included terminally ill patients, family and friends, palliative care staff and chaplains within an acute hospital setting, offering a wide

spectrum of experience and understanding. The resulting data was multi-layered, providing a broad range of personal and professional perspectives.

As a second research method I undertook participant observation within the palliative care and chaplaincy settings, attending the hospital for one day a week over the course of a year and making detailed field notes for analysis and interpretation alongside the interview data. This added a further, enriching layer to the research material. Thirdly, in accord with a feminist methodological approach, I kept a reflexive research journal, recording my own experiences and responses for contribution to the overall process and data. I therefore explored my research topic from multiple perspectives, triangulating research participants and methods.

3.4 ETHICAL CONSIDERATIONS

Because of the sensitive nature of my research, the main ethical issues concerned the recruitment of participants for the semi-structured interviews, and their emotional and spiritual well-being (cf. Moschella 2008: chapter 4). Aware of this, I considered recruiting participants from among my own personal contacts, but soon came to the conclusion that, although it would be more challenging, a hospital setting held the potential to be a more coherent research environment for the gathering of data. It offered the possibility of a fully rounded understanding of the experience of death and bereavement, from a variety of perspectives, giving depth and breadth to the research process. Bias in the research data would also potentially be reduced, as the hospital setting would provide a wider constituency of research participants rather than those limited to my own networks. I therefore engaged in a

process of consultation with a number of hospital and hospice chaplains and other staff in my local area, receiving a positive response and the offer of hospitality for the period of my research fieldwork from contacts at one site in particular. This subsequently became the location of my fieldwork project.

To gain experience of the method and to assess the appropriateness of possible interview questions, I carried out a pilot project of semi-structured interviews with four people from a variety of backgrounds who had personal or professional experience of death and bereavement. These pilot interviews, each lasting approximately an hour, were digitally recorded and then transcribed, giving experience and practice in the transcription process and techniques. I briefly considered other methods of data collection such as questionnaires, but judged them to be too impersonal and insensitive for research into the topic of death and bereavement, rejecting them as inappropriate.

To carry out the observation and interviews of my research fieldwork in a hospital setting, it was necessary for me to gain National Health Service (NHS) Local Research Ethics Committee (LREC) approval through the Integrated Research Application System (IRAS). As a form of ethical review, this replaced the University of Birmingham's own process for my project. It involved the completion of a detailed and comprehensive form, countersigned by my academic supervisor, the university's representative and those supporting my work in the hospital locally, as well as a similar application to the hospital's own Research and Development (R&D) department once the LREC approval had been given.

A first submission to the LREC was made in mid September 2010 for review by its October meeting. For such a committee, the application reflected the research design in its focus on addressing the potential ethical issues as referred to above of recruiting participants for the semi-structured interviews and their emotional and spiritual well-being (cf. Moschella 2008: chapter 4). This was done by reference to lessons learned from the earlier pilot interview project and the intention to consult at every stage of the recruitment process with senior members of staff. Additionally, the importance of practising feminist theological values of respect, mutuality and reflexivity was stressed, allowing for attentive, sensitive listening and flexibility in the interview process. The application also referred to how the resulting data would be securely stored and respectfully handled. Therefore, less emphasis was placed on presenting the project's underpinning feminist practical theology methodology and its related qualitative research methods, and more given to the potential ethical concerns and how these were addressed in the research design.

The LREC's response letter declined this first application primarily on the grounds of the need for a "more robust methodology". In going before the committee, my sense was that the members' concern was less about how the potential ethical issues of the proposed research project as presented would be addressed and more about its underlying methodology and subsequent methods. This led to the impression that the majority of members were well-versed and experienced in quantitative research but perhaps less so with regard to qualitative approaches, and still less for practical theology and feminist approaches. A researcher's methodology and methods express and enable the ethical conduct of her research, being inextricably linked. Recognising this, and the validity of the committee's response in the light of the emphases of the first application, a resubmission was prepared.

The second LREC submission, which was presented to the January 2011 committee, contained the same stress on responding to potential ethical issues as the first. However, it was also more detailed, clear and thorough in its explanations of qualitative research, practical theology, feminist approaches, the project's particular methodological approach and the subsequent choice of methods involved. This committee responded positively, LREC approval for the research project being granted the following month. Having gained hospital Research and Development approval via the SSI form, right of access for the purposes of research was given in April 2011. In the light of the feedback of the LREC, the essential design of the project remained unchanged. However, preparation of the reapplication led to increased and clarified knowledge of methodological issues, resulting in a beneficial impact upon understanding and work.

The protracted course of ethical review prompted reflection on the process itself and the LREC's response as a learning experience, resulting in the following conclusions:

- The cost to research stakeholders may be increased by the demands of obtaining ethical approval: an year's extension of the Methodist Church's period of Permission to Study was required, adding to personal pressure and pressure for the denomination in practical terms;
- It is essential to be in possession of the best possible information on all aspects of the process, seeking this out at the earliest opportunity from relevant staff and websites, and continuing to do so over the course of the review period ;

- There is a strong likelihood that ethical review will take longer than anticipated: it is wise to allow for contingencies and to recognise that certain circumstances may be beyond the researcher's own immediate control;
- A researcher must have faith in herself, her research and her methodology, resisting intimidation or dismay in the face of experts from other fields such as LREC members who may or may not have knowledge and experience in wide-ranging areas;
- It is absolutely essential to complete an application for ethical review as fully as possible, offering extensive information, including supporting documentation, and the fullest explanation of every aspect of the research field, methodology and methods;
- It is valuable to practice reflexivity, attending to one's own feelings during the process, aware of what is being revealed about personal strengths and weaknesses.

Having gained LREC and hospital R&D approval, I applied to become a hospital volunteer, which included providing references, obtaining a Criminal Records Bureau check, undergoing an Occupational Health review and taking part in training. This enabled me to be attached to the hospital chaplaincy team in an associate role and to take up a particular link to the Palliative Care Team, from May 2011 to May 2012. Following a period of orientation and familiarisation, during which I became mutually acquainted with patients, relatives and staff, potential participants were identified by personal contact and/or staff recommendation. I was careful always to prioritise consulting a senior staff member regarding this, especially concerning the appropriateness of patients and relatives for recruitment. All potential

participants were approached informally in the first instance. Following a conversation, those who expressed a willingness to take part in the research were sent an information sheet explaining the process in which they would be involved, and invited to respond. The information sheet informed potential participants of their unconditional right to withdraw from the process at any stage, with no subsequent consequences of any kind whatsoever. As appropriate, interviews were then arranged by telephone, email or personal contact, and took place either in a home or hospital environment, as appropriate.

There were no prescriptive age or gender requirements of the participants. Although the research was undertaken from a Christian perspective, I made no expectation of any particular religious affiliation of those who agreed to take part. Indeed, a broad and varied sample of participants can be seen as positively helpful for the research process, offering a valuable degree of alterity. Only members of the Palliative Care Team staff and of the Chaplaincy Team who had experienced a personal bereavement within the six months prior to the interview process were excluded.

I regarded it as of the utmost importance to do everything I could to make interview participants feel as comfortable and at ease as possible, including informal conversation on meeting and the provision of refreshments as appropriate. Immediately before proceeding with the interview, I reminded participants of the information already provided for them on their information sheet. They were then shown the consent form, which was thoroughly explained to them before they were invited to initial each clause and sign. No interview was undertaken without this prior written consent. I maintained participant confidentiality by giving those who took part a letter/number identification code known only to me as the

researcher, based on their role within the grouping to which they belonged, P1 being the first patient, C2 the second chaplain, R3 the third relative, and so on. All the participants were offered a copy of the transcript of their interview, and were sent a summary of the completed doctoral thesis report. All interview recordings and transcripts were stored carefully and securely.

Sensitivity was required on my part when conducting the interviews to minimise emotional stress for the participants. I made available to each participant a list of support agencies, including the hospital chaplaincy, as part of the information sheet, and ensured that my own personal support networks, including membership of a reflective practice group at the hospital, were in place. As well as the potential benefits of the research for theology and pastoral care surrounding death and bereavement, there is evidence from studies of a similar nature (Stanworth 1989: 67) that participants find it personally beneficial to be given the opportunity to share their experience with a researcher in an interview. This was reflected in responses from participants in my own research.

With regard to the observation element of my research fieldwork, I was concerned to minimise the impact of my presence around the hospital when, for example, accompanying Palliative Care staff or Chaplaincy Team members on ward visits, or observing consultations during the Palliative Care Outpatients' Clinic. On each occasion, patients were asked informally if they consented to my being there, and I endeavoured to be a pleasant but discrete presence. On occasions, the precise nature of my role became blurred, straying over the simple remit of researcher. On learning of my association with the chaplaincy, patients or relatives would sometimes request pastoral ministry, e.g. prayer, and I deemed it to be an

ethical attitude of integrity to respond positively and to show pastoral care as appropriate, while referring the situation to chaplaincy colleagues for further action. In keeping records, I wrote up my experiences as field notes in general terms, aware that those I observed had not given formal consent, thus respecting their confidentiality and privacy.

3.5 DATA ANALYSIS

In transcribing each semi-structured interview myself, I first of all listened to the whole recording without pause before proceeding to prepare a typescript as I listened to it again. I chose a simple, dialogical format, denoting myself in the exchange as JH and the participant according to letter/numerical code. Short pauses within speech were indicated by ..; longer by (pause) or (PAUSE), according to duration. I included significant extra-lingual sounds, such as coughs, throat clearing, laughter and sniffs, as well as background noise, e.g. babies crying or telephones ringing. I also noted any particular changes to tone or volume of voice or physical position, where this seemed relevant. Where necessary, I listened again to the recording in the course of transcribing to ensure accuracy, before listening to the whole interview once more while reading the completed transcript. In this way, I prepared accurate texts for analysis and interpretation. Over several readings of each transcript, I coded the data according to the four features described by Grace Jantzen as primary to natality – relationality, engenderment, embodiment and hope (Jantzen 2004: 36-38). As further, related subthemes arose out of deeper readings of the texts, I incorporated these into the analysis. Alongside this manual, qualitative approach, I used the quantitative method of factoring to give some indication of the volume of emerging themes. I employed some very basic forms of computer coding, such as the “search and find” facility, but predominantly, the analysis was

carried out manually by thorough reading and re-reading and “immersion” (Moschella 2008: 168-169) in the texts. The analysis therefore had both an inductive and deductive (‘abductive’) quality. Supported by field notes of observational activity carried out in the hospital, I reflected upon the coded data in the light of theological and pastoral care literature in the field of death and bereavement, as well as my own experience, assessing the extent to which it demonstrated the relevance of a theology of natality for a theology of death and dying and pastoral care. I further practised triangulation as I used elements of a number of models of theological reflection, primarily the narrative theology, correlational and, above all, praxis models. The data and findings are presented within the remaining chapters of this thesis.

Several reasons were behind my chosen method of analysis. Above all, I believe it is important always to seek to practise and improve the pastoral skills that are necessary for a practitioner like myself, as well as for a practical theologian as the primary instrument in the qualitative research process. These include observation, listening, perception, understanding, interpretation, creativity and theological reflection. The method I employed allowed for this. In addition to this, given my limited IT skills and the time constraints on my research, I did not perceive a value in undergoing training in computer software for data analysis. Furthermore, in taking a manual approach to data analysis, I drew on skills and training I already have for the interpretation of texts as a graduate in both English Literature and Theology, which I both enjoy using and in which I believe I have a level of competence. Interview participants were offered a copy of their interview transcript and each received a summary of the final thesis report. I did not use member checking³⁹ as part of the research

³⁹ i.e. consulting with participants as to their perceptions of the accuracy or otherwise of my findings.

process. However, I met regularly with my academic supervisor to discuss my work, including the checking of my themes and codings.

3.6 CONCLUSION

Feminist practical theology emerges from the encounter between faith and practice in the form of the values embodied and enacted in the diversity of pastoral responses to women's changing needs and perspectives (Graham 2009a: 45).

As I have sought to demonstrate, unity of belief and action for the development of lived, incarnational knowledge and wisdom is of primary importance for a feminist practical theology methodology. For the researcher, methodological clarity is therefore revealed to be crucial. By giving an indication of the ontological and epistemological background to a particular project, a clear methodology not only aids the researcher by setting out her values and beliefs but also demonstrates to others the validity of and justification for the given research approach. It shows that "narrative knowledge" (Swinton and Mowat 2006: 38), the recounting of lived human experience, is

a legitimate, rigorous and valid form of knowledge that informs us about the world in ways which are publicly significant (Swinton and Mowat 2006: 38).

To be clear about one's methodology as a researcher in the field of practical theology is to be equipped to ask, and respond to, some of the most profound questions about what it means to be human. It enables the exploration and creation of qualitative, intuitive "ideographic knowledge" (Swinton and Mowat 2006: 43). This may not be statistically quantifiable, but because it raises "questions never asked before" and offers illumination by "ideas that do not fit into pre-established boxes and forms" (Daly 1986: 11), it is revealed to be knowledge

which is lived, enacted, embodied and therefore truly known: *phronêsis*. Such is the nature of the knowledge revealed in the data concerning human experiences of death and bereavement gathered from my research interviews and observational fieldwork, and which I present and consider in the forthcoming chapters of this thesis.

4 EMBODIMENT

4.1 INTRODUCTION

In Jantzen's outline of "some of the most important features of natality" (Jantzen 2004: 36), embodiment is addressed first. No hierarchy is intended, but this perhaps hints at embodiment's fundamental status for our natal existence. "To be born is to be embodied, enfleshed" (Jantzen 2004: 36). A disembodied human being is impossible, and the body's importance was inescapable during my research fieldwork, as medical staff attended to patients' physical needs. However, embodiment is more than the purely physical. Jantzen contrasts it with Western culture's traditional patriarchal dualism, prioritising the soul (Jantzen 2004: 36). Consequent to this has been misogyny and the denigration of the body, arising from a dichotomy of soul/mind-male, body/physical-female. However, understanding ourselves as fully embodied addresses this dichotomy: embodiment values the whole person, irrespective of gender, integrated in all aspects of being human. This includes not only the physical but the mental, spiritual, emotional and more, each affecting the other. The word itself may suggest prioritising the physical, but this is not inappropriate, given centuries of its devaluation. When the body is valued, all physicality matters. In Christian terms, the incarnation affirms this: "at the heart of the Christian faith is the mystery of the incarnation: of God sharing human form in the person of Jesus" (Graham 1999: 114). Our embodiment takes on greater significance in the light of this.

Within the context of my research topic, Jantzen's consideration of embodiment first as a natal feature (Jantzen 2004: 36-38) resonates. In facing the end of life, embodiment comes to the fore. This was revealed within the interviews I conducted and during participant observation, in a number of different ways. In this chapter, then, I present data concerning embodiment, coding it under the following headings:

embodiment and particularity;

embodiment and the sacramental;

embodiment, presence and touch;

embodiment and food;

embodiment and the whole person;

embodiment, comfort and safety.

This contributes towards my assessment of the theological relevance of natality for a theology of death and dying and pastoral care.

4.2 PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA ON THEMES RELATING TO EMBODIMENT

4.2.1 Embodiment and particularity

“All bodies tell a story” (Isherwood 2008: 208). For natals with stories to tell, “the pastoral encounter itself is always necessarily and variously embodied” (Graham 1999: 113). The variety and particularity of human embodiment, as explored in Jantzen's concept of natality in Chapter 2.4.1.1, was a feature of my research fieldwork, reflected in interview data. Our

embodied uniqueness is a characteristic all humans share: paradoxically, our mutual difference enables commonality, allowing for empathy and caring.

For C1, personal experience and understanding of this influenced her chaplaincy practice.

Following an experience of childbirth where she did not feel uniquely valued, she recalled a subsequent, contrasting time:

The staff were just so lovely, and for them, it wasn't..run-of-the-mill, dismissed, "Oh, just another couple of parents had a baby" ... It was as special for them as it was for us, I felt... And they *could* be bothered, to come and tell me things, and they *could* be bothered to come and talk to me.

Not only in childbirth, but in facing her own death once, C1 felt her embodied uniqueness affirmed as her family gathered at her bedside:

And I can remember it so vividly, and so clearly, and they all said how much they loved me, and, erm, I was always special, I'd always be special to them, and I can remember lying there thinking, "Yeah, yes, you're saying goodbye to me"..and I knew it.

Unsurprisingly, it was important to C1 to reflect this in giving pastoral care, not least in death and dying. It was revealed, for example, in her conducting "very personal" funeral services, including preparing personalised service sheets. Crucial for her was "you get one chance to get this right, and it's got to be right."

C2 recalled conducting a funeral from a distinctive culture, reflecting, "But coming away from it, I realised that, you know, 'That one's different'", adding, "I almost said 'There have been a number that have been different,' but they're all *so* different." He endorsed this in

considering the appropriateness of referring to theological concepts such as “the Kingdom of heaven” and “the Christian hope” in funeral preparation for babies, saying that this needed “very light touch. And sometimes not at all...you’ve got to judge it by how the parents are.”

Additionally, for him, it was important to appreciate the individual nature of parental grief, his task being to

help parents and other relatives to accept what’s happened, not to take away the pain, not to take away the confusion, or anything, because that’s theirs to feel, that’s what grief’s about –

- i.e. personal and particular.

Among members of the Palliative Care Team, the importance of embodied particularity was similarly strong. S1, the Lead Nurse, was responsible for introducing the LCP⁴⁰ into the hospital as “a tool...to try and get people to recognise people at the end of life,” so that “people are...allowed to say the things they wanna say and do things they wanna do – be in the place of care they wanna be at, at the end of life” She spoke of the importance of “peaceful passings” for patients, acknowledging that “It means different things to different people”. This was illustrated by her story of a patient whose room was decorated with his children’s artwork, including handprint pictures made by the whole family. The uniqueness of the fingerprints of each hand displayed the family’s embodied nature, each unique as a fingerprint, loved in their individuality by God, and worthy of care all lifelong.

⁴⁰ The Liverpool Care Pathway: an end of life care pathway for hospital patients, inspired by hospice/palliative care models of working. Recognised as being of great value when properly implemented, its withdrawal from the NHS was announced in July 2013 because of “misuse”.

While such clear understandings were not overtly articulated by patient interview participants, the concept was important to them. P1, a gentleman with terminal cancer, conveyed this most strongly. Although it was not expressly the data I sought, he told me his life story, from childhood to beyond diagnosis. In this, he expressed that he was not just someone with terminal cancer, defined by that alone, but a unique, embodied individual, the same person after his diagnosis as the one who had travelled, worked, married, known good friends, had children, and experienced a full, varied life. He recalled telling his family, following his diagnosis, “I’m still here. I’m no different to what I was yesterday.” Effectively, to me, he was saying, “I’m not my condition; I’m me! I’ve lived! You won’t believe how I’ve lived, and I’m still the same person!” Although gracious enough to grant an interview because of his condition, he reminded me that that he was *not* his condition and it was not him. There was far more to him, in his embodiment, than the physical alone. In Arendt’s understanding of natality, adopted by Jantzen, our difference unites us (see Chapter 2.4.1.1): P1 demonstrated the importance of acknowledging the former so the latter can occur.

In interviewing (M)P2, I was introduced to a piece of writing called *Welcome to Holland* (Appendix A). P2, her daughter, was born with Edward’s Syndrome⁴¹. (M)P2 lovingly described her daughter as “one on her own”, “special” and “unique!” *Welcome to Holland* likens the “experience of raising a child with a disability” to planning a holiday to Italy and finding yourself in Holland, the last place you wanted to go. It describes the importance of learning that Holland is not terrible but different, requiring different language and expectations. For (M)P2, the poem served as a metaphor for P2’s particular embodiment, which was not “horrible, disgusting, filthy...full of pestilence...and disease”, but to be

⁴¹ A rare, seriously life-limiting genetic condition

cherished in its difference, as for all natal. Theologically, P2 offered a powerful reminder of the divine incarnation, a baby born vulnerable like herself, worthy of lifelong, individual care, and an important concept for incorporation.

For the relatives/friend who gave interviews, embodied particularity was also a 'given'. R2, the aunt of P2, reflected on the effect of her niece on her two older sisters: "this has perhaps taught them that people are physically different...and it's OK to have a poorly lip⁴²." From P2, the girls learned the wider importance of appreciating difference:

But that's good, because they will know, because of first-hand experience, that people don't have to look like models... and, different shapes and sizes, people with disabilities, that it's OK, and that they are people, and that you love them.

Moreover, R2 had seen how (M)P2 had not only accepted but developed a pride in P2's individuality. She remarked how (M)P2 had once been keen to have photographs modified to minimise the impact of P2's appearance. Pointing to one, she commented:

I mean, she's had it⁴³ airbrushed there, and (M)P2 got them to do that. Now if you asked (M)P2 now, or even a month after that, to have that taken off, airbrushed out of the photograph, do you know what she'd say to you, guaranteed? "That's P2. Take it or leave it!"

Given that "bodily *practice* is the agent and the vehicle of divine disclosure" (Graham 1999: 109) and "there is no disembodied natality" (Jantzen 1999:145), the motherly love of (M)P2 for her daughter reflects God's love and acceptance of all natal in our difference. This carries strong implications for pastoral theology and care.

⁴² The cleft lip that is characteristic of Edward's Syndrome babies

⁴³ P2's Nasal Gastric (NG) feeding tube.

4.2.2 Embodiment and the sacramental

While Jantzen's Quakerism would not include traditional Christian sacramentalism, a case may be made for its place within a theology of natality. Sacramental acts affirm human embodiment, reflecting the incarnational relationship between God and humanity, and so, for much of the church, are central "to the Christian life...as a concrete, tangible expression of the divine-human encounter" (Graham 1999: 113). The essential need to be embodied for sacramental participation points to the body itself as a sacrament of the divine (Graham 1999: 119) and, further still, to "the material world's intrinsic meaningfulness as the tangible expression of God's love" (Hayes 2009: 73). In considering embodiment and the sacramental, I focus here on the traditional practices of baptism, blessing (including anointing) and Holy Communion as offered by ordained research participants and welcomed by others. However, sacramental investment was not limited to the traditional elements of water, oil, bread and wine. Other material items took on the capacity "to point us to that which is beyond them" (C3). For C3, while the sacramental was about "taking us, or holding open to something much deeper, wider" to "deeper, higher, wider things", it was also "about what's going on in the world". Consequently, "the sacraments are about life." In spite of its formal absence in Jantzen's conceptualization of natality, she recognized the sacramental nature of beauty (Jantzen 2010: 1). Sacramentalism therefore has its place within a natality-base theology for death and dying and pastoral care.

A powerful affirmation of embodiment expressed by sacramental practice came from C1. Recognising it as unorthodox, she explained how, on pastorally appropriate occasions, she baptised babies who had died:

There is still a really anxious time...for some parents, when they think that their baby's died without being baptised...and parents cannot bear to think that their baby...is in limbo...theologically, it's not acceptable... because a baptism is for the living who are going to be accepted into the family of Christ. But for some families, the prospect...is unbearable. So I just do a very simple service of blessing some water, and just baptising them in the name of the Father and the Son and the Holy Spirit, and I kinda get the feeling God's OK with that, because for me, it's about *caring* for his people, and that's what he's called me to do.

In a situation requiring a strong pastoral response, the embodied nature of the sacrament of baptism conveyed God's love and acceptance in a way that the non-sacramental could not. C1's action demonstrated a theological understanding of the precious value of each natal to God, in life, death and beyond death, enabling this tenet of faith to be grasped in a way words alone could not convey.

Similarly, for C3, the sacrament of baptism was powerful enough to contain the complexity of being an embodied human. Recalling baptising a dying child, he spoke of quoting R S Thomas' poem, "Waiting" (Thomas 1993: 347), during the service, particularly:

The wind
Changed; over the drowned
body, it was you
They spat at.

The poem evokes calling upon God's deliverance, but also the potential for anger when that delivery is not forthcoming. The baptism contained the traditional nuances of redemption, but there was also ambivalence, knowing the child was dying. Yet it was a means, for C3, of how "we have to do both, and it's how you keep it together" - both the calling on God and the cursing and spitting. The sacrament has the capacity to contain this, bearing a reminder of the

incarnate Christ whose own baptism embraced the ambivalence of life and death, which is not denied from the perspective of natality (Jantzen 1999: 37). Thus the sacrament communicates powerfully “as a concrete, tangible expression of the divine-human encounter” (Graham 1999: 113).

Both C2 and C3 spoke of the power and value of anointing as a pastoral practice with adult patients nearing death. According to C2,

often we’ll anoint a person who’s dying and, two or three times it’s happened where I’ve just done the final blessing, the person has just (exhales), and dies.

C3 echoed this. Recalling praying with dying people in the past, and the release this facilitated, he commented how

that has continued working here. With the *sacraments* of the anointing, you just have something more visible, and for those receiving, it’s very tactile...it does leave a tactile sense.

For C3, the value of anointing came through its embodied character, connecting with the embodiment of the receiver. Its theological significance was thus conveyed more powerfully than through words alone, endorsing precious humanity.

Regarding Holy Communion, I shared in this sacrament on the wards several times, both accompanying the chaplains and by myself. Each service carried its own poignancy, but I experienced Communion on the Renal Unit as particularly theologically significant, finding embodiment writ large among people undergoing kidney dialysis. As the patients lay on their

beds, their blood was cleansed and filtered⁴⁴. Sharing bread and wine with a patient while she was having this treatment always moved me. To set up the elements, it was necessary first to clear space on the over-bed table, moving the items of daily life – tissues, sweets, a magazine, photographs. The sacrament took place in the midst of who the patient was in her embodied humanity, among the stuff of everyday. Then I prepared the bread and wine, evoking nourishment for the body which needed this treatment several times a week to stay alive. Then we shared the service. I might draw the curtains around the bed for privacy, but those nearby would hear the words of the service in the heart of the activity of the ward, affirming God's presence in our midst. With the words, "This is my body, given for you," I felt acutely God's identifying, in the incarnation, with the embodiment of humanity, so powerfully represented there. I especially found it moving to say, "This is my blood, shed for you", aware of the blood of the person with whom I was celebrating passing through the tubes of the whirring machine at the bedside. The sacramental linking of the wine in the chalice with the blood of Christ, the blood of the one with whom I was sharing and my own blood was heavy with an almost unbearable significance. Hence the value of the sacramental, embodying God's presence in the everyday and affirming our embodiment as natals, receiving our lifeblood in birth and, in faith, continuing to receive it sacramentally, as the dialysis blood treatment meant life for the patient. If any aspect of my fieldwork convinced me of the place of the sacramental in a natality-based theology of death and dying and pastoral care, this was it.

⁴⁴ Via the process of haemodialysis: the blood leaves the body through one catheter, passes through the dialysis machine for cleaning and is returned to the body through another catheter.

The elements of Holy Communion are universally imbued with sacramental significance.

However, it was interesting that chaplains used other items sacramentally, communicating embodied care and theological meaning. An example of this was the pebbles found in a bowl in the Prayer Centre, available to take away. C3 explained:

they came about because I'd been to a service at (Name) Cathedral and they gave us a pebble for some reason. It was to do with a meditat-, and I put it in me pocket, and then for days after, I kept, "Oh! There's that pebble!" and I thought, "We can't really have candles burning away in here...in the Prayer Centre. ... And anyway, they have to stay here. Why not have something, a little -. Wow! Let's get some pebbles." ... I understand now there's other people think about pebbles, and stuff, but the idea was that people could come and say their prayers, whatever the way they wanted, take a pebble and then put it in their bag, or their pocket – and just remember, sort of just a way of capturing again, reminding of the prayers.

He recounted how such pebbles could be found by patients' beds, treasured by families as special to a loved one or carried by staff, patients and visitors. He shared a poem he was writing that expressed their sacramental nature:

One for each week
I've been here,
Lined up on the windowsill.
One for my nan,
On the mantelpiece
To remember her.
One in my bag I carry
A reminder of all who pray for me.
One on the desk
To know that I'm OK
On the days I just feel yucky.
One in my pocket
I touch on the way
Each touch a prayer unspoken
But heard.

The sacramentalism of the pebbles may have been unconventional, but they reminded many people of their worth as unique persons, speaking of God's presence, however understood.

While such informal sacramentalism was appreciated, the value of the traditional sacraments to some research participants was undeniable. S3, a clinical psychologist, shared his experience of Holy Communion at the time his mother died. Theologically, he linked birth and death within the sacrament, and felt it important that it should be available: he "wanted to try...and give Mum as much as she could have of everything, in the last ages (sic)". Although this was ultimately not possible, the family shared in Communion immediately afterwards – "we actually just continued with it without her" – and, remembering that it was All Souls' Day, S3 saw this as "re-engagement into the next" – the next stage of life as a Christian believer. The sacrament of Holy Communion, so closely associated with human embodiment, was the greatest gift S3 could offer his mother in her final moments of life.

For P3 also, dying with cancer, the sacrament of Holy Communion was important in the last weeks of her life. She commented how, in her youth, "funnily enough", she had preferred "Evensong, without Communion". However, as R3, her friend and parish priest, recounted, when ministering to P3 in the final stages of her illness, Communion became more important than ever:

When I...took her Communion... certainly when she was in the hospice – that was very often dictated by her – she would say to me, "Have you brought Communion?" "Er, no. Do you want me to bring it tomorrow?" "Yes, please." "Right." And I learnt to just take it, whatever.

The evidence suggests that only the embodied nature of the sacrament could address R3's needs. Prayer remained important to her but it seemed that words alone were inadequate: the deeper significance of the sacrament spoke more clearly. This resonates with C3's account of ministering to his own mother as she was dying:

We were in (hospital) one day, and just, "Communion." She was never one for Communion, you see, that was the thing. She said this – "Yeah" – so I got the stuff out and we had Communion together. Very precious.

Significantly, the Communion set C3 used was a gift from his mother at his ordination. She may not have been "one for Communion", but she apprehended its significance not only for her son, but for herself, too, at the end of life. In her own embodiment, she responded to the powerful embodied nature of the sacramental. It merits incorporation into a theology of natality for death and dying and pastoral care.

4.2.3 Embodiment, presence and touch

Holy Communion speaks of God in our midst, yet God's presence goes beyond the formality of the sacraments and other items invested with sacramental significance. God is made known in our whole embodiment within the material world: because of "the Jesus narrative...The body emerges as a place of revelation and moral imperative, the place through and between which incarnation continues to unfold" (Isherwood 2008: 206). Understanding God became human in Jesus Christ, embodiment becomes a location of God's continuing presence and a means of conveying divine love. Being present to one another then becomes of the utmost importance as a means of sharing this. Moreover, this entails more than presence, as physical touch affirms our being with one another, and endorses our sharing of God. Presence and

touch were therefore revealed to be significant for this consideration of the natal theme of embodiment.

Interview data from the chaplains reflected the importance of embodied presence with and to the people for whom they cared. C1 spoke of her own experience of God's presence in her work:

I feel, myself, that God moves very powerfully in these situations of pain and distress and I feel that...she's not out there, sitting on a cloud somewhere, but actually steps down into the *mess* and the pain and the darkness of it all, and I feel that very powerfully when I'm working with families.

This resonates with a story she told in which C1 herself embodied this understanding of presence:

one particular family I was called up to see, they'd had a little girl, she was born at forty weeks, and she'd died. And...she looked perfect...and they couldn't understand what happened. So when I went up there, *dad* was sitting on the floor...just rocking and crying, because he couldn't believe it...So the only thing I could do with him was to get down and be with him on the floor. (Pause) And I just sat there, and I just held his hand, and he cried and cried, and we didn't say a word.

In joining the bereaved father on the floor, "down (in) the mess and the pain and the darkness of it all", C1's silent presence actualized God's presence, embodied in a powerful way.

For C2, the importance of being present particularly with dying people came from a personal motivation:

I mean, my father died when I was fourteen, and he died when Mum

was in hospital, and I found him, dead...So I'd no process...It just happened...he didn't just die in front of me. He was dead when I found him. And I think that's been one of the drivers, looking back... I couldn't do it for my father, so maybe I do it for other people.

Recognising that this “doesn't lessen the credibility of what I do, but it affirms what I do, really, and why I do it”, he described how his presence, expressing care in itself, also enabled wider care. Speaking of attending a family in the Emergency Department, he reflected how chaplains could, by their presence, “contain... and be the focus for the trauma, the focus for the grief”, enabling clinical staff to continue their work. Although this was a “very practical thing”, its efficacy came through being present to give the family emotional care. Indeed, as chaplains, “There's a tangible spirituality in what we do” – embodied spirituality that could be felt physically, highlighting the value of presence for theology and pastoral care.

The data given by research participants on this theme relates closely to Jantzen's concept within her feminist philosophy of religion of becoming divine. As explored in Chapter 2, she drew this from Irigaray, describing it as concerned with fulfilling our divine potential, becoming everything we are intended to be, with “God (as) the horizon for human becoming” (Jantzen 1999: 13). Furthermore, our becoming divine “can never be immune from response to suffering in the face of natal and of the earth” (Jantzen 1999: 254). This has particular relevance for the topic of this thesis.

The incident described above in which C1 lowered herself onto the floor to be with the young father may be seen as an aspect of her becoming divine. Of her work and those for whom she cared, she said:

I think I've actually got the courage to be with them as well. And to bring, hopefully bring, something of God's love to them. Erm, because one of the things I always pray is that someone, somewhere, will see something of God in me, and that's a real, real hope that I have.

From the course of fieldwork observation, I saw that C1 did not merely "bring ... something of God's love" but, in her becoming divine, incarnated and made present God for patients and their families. Personally growing deeper into God, C1 moved more profoundly towards becoming divine for others, powerfully showing God's care.

This resonates for C2. Speaking, as above, of the "tangible spirituality" of what the chaplains did, he hinted at their becoming divine, not only for their own flourishing but also for others. Nevertheless, C2 recognised a "cost" to becoming divine in the response it demands for "solidarity with human suffering" (Jantzen 1999:236) and "increasing sensitivity to the face of the Other ... of this world" (Jantzen 1999: 265). Christian theology understands a cost to God in becoming human in Jesus: mirroring this, in spite of its great benefits, is costly for humans in carrying out the "solidarity" and "sensitivity" of becoming divine. C3 articulated this in relating a conversation after returning home from the hospital one night:

I went on (sic) one day, a couple of months ago, been called out, and said to my son, and he was still in bed at half past twelve on a Saturday, "I think it's time to get up!" I'd been up ages, and I said, "Oh, I've been with a family...and it, you know, it hurts." "Dad," he said, "You...know your problem?" he says. "You let it affect you too much." (Little laugh) And I said, "Oh well, actually, X, I do it for a reason...the strange thing is, because I let it hurt me, it helps them."

The capacity to care carries the capacity to feel pain. Divine love feels pain at the pain of the beloved: as C3 and his colleagues became divine for those for whom they cared, they also felt pain. In spite of this, becoming divine was of the greatest importance for C3, explaining it as

“the difference between *visiting* Jesus and *becoming* Jesus, or visiting Christ ... and becoming Christ”. For him, it was “to participate in incarnation.” Yet he spoke of how “that’s when the joy is there”, expressing how the cost of becoming divine is never too high, unwillingness to pay the cost being far higher. For many whom I observed and interviewed during my research fieldwork, C3’s becoming divine was precious beyond words. Referring to his presence on one particular occasion, (M)P2⁴⁵ said:

He didn’t push, at all, and I think he talks to Z⁴⁶ how, different ... like, we talked about the funeral; we talked about, you know, could we not dress in black, because Z really doesn’t want to dress in black ... and I think that, erm, he answered our questions, and he helped us with the, some answers, but I think, you know, it helps Z, and I could, you know, his presence that day, in that room, when it was so tense, and P2 was so ill, and it was just, like, we sat. We had some lunch; C3 sat and had a cup of tea with us in the other room, while Z’s mum looked after P2, and it was, it was, you know, it was –

C3: the inexpressible presence of the divine.

Unfortunately, those who wish to be physically present to each other are not always able to be so. Embodiment carries limitations, as well as natal potential and joy. A number of interview participants, as well as fieldwork observation, testified to the value of photographs in such situations. Photographs offer a presence-in-absence, giving a representative embodiment of the one who is not there. On one occasion, while visiting a ward, I spent time with a patient who held and stroked a photograph of her cat throughout our encounter. It represented a way of seeking mutual comfort, had it been possible for them to be together. Similarly, palliative care sister S2 spoke of it being important that “the family could bring photographs in” for terminally ill patients as they cared for them, making present-in-absence those comforting

⁴⁵ The mother of P2, born with Edward’s Syndrome

⁴⁶ Her husband

people or items unable to be there. Likewise, (M)P2 confessed, “I take that many photographs” of P2 and her sisters. Aware that P2 would die very young, the photographs became a kind of insurance for the future. Although (M)P2 knew that P2 would always be her child, in death as in life, they provided a physical statement of that, affirming the presence of P2 even after her death, as an icon makes present a saint. Within her natal perspective, Jantzen herself recognised the importance of “warmth and loving companionship: most beautiful of all” (Jantzen 2010: 1). When this is not directly available by physical presence, photographs have a place in a natality-based practice of pastoral care, affirming embodiment and the importance of presence for each other.

Human beings adopt such material forms of presence-in-absence because we need our embodiment to be present to each other. When we are present, this may be affirmed by touch. Touch can convey presence and care as words alone cannot, as illustrated by C2 holding the hand of the bereaved father, related above. Interview participant P3 told how she was grateful for the caring touch of two people following her terminal diagnosis:

Now the Macmillan nurses...I always knew when she was going to tell me something bad ‘cos she always put her hand on mine... “This is going to be hard, but this is how it is.” So, although her delivery was hard to take, because she’d got that emotional, human sort of input to it, little though it might be, you know, just a look, or putting your hand on the other person’s arm, was enough to say, you know, “We’re sorry about this. We know it’s hard”.

I can remember the first person I told...going into church, and she looked at me, and said, “What’s wrong with *you*?” She could tell by looking at me ...and I can remember, before I even told her, she held my hand, and that little action just made me able to say, “Well, I’ve had some really bad health news.”

The simple act of touch emphasised how present to P3 both the nurse and friend were, offering care at moments of particular need. This resonates with touch as part of the sacramental act of anointing, and with a further practice of members of the Chaplaincy Team when praying with bereaved families, which I shared when attending a family in the Emergency Department with C3. All were invited to hold hands, including with the deceased, while prayer was offered. The opportunity to demonstrate how strongly we were present to each other, and to the one who had died, through touch, was deeply appreciated. While it is important to be aware of the appropriateness of touch according to different circumstances, because of vital issues of safeguarding, a natality-based theology for pastoral care in death and dying would affirm caring physical contact on occasions that seem to demand it. Touch endorses our presence with and to one another, and speaks of the loving presence of God, embodied in the incarnation, continuing in and through our shared presence, not least in times of greatest need.

4.2.4 Embodiment and food

“The one who bids me eat wishes me to live” (quoted in McFague 1987: 174). This Celtic proverb expresses the importance of food and feeding for embodied nats. Food sustains, yet it indicates far more, not least for relationships. The significance of Holy Communion has already been noted. In this sacrament, Christ is presented as “the one who bids (us) eat” and “wishes (us) to live”, holistically, the bread and wine feeding the communicant in different aspects - physical, spiritual, intellectual, relational and so on. To understand Christ “bids (us) eat (and) wishes (us) to live” inspires his followers to do the same. Such action is essentially

natal, recalling the relationship of a mother and her new-born child, and is a crucial aspect of the concern of Jantzen's concept of natality for social justice and the welfare of all.

As Palliative Care Team Leader, S1 understood the significance of sharing food for strengthening relationships. She recalled the family of the patient who had made handprint pictures, as described above, and how, against convention, it became possible for them to eat together:

the ward staff were great – they used to give the kids food off the trolley so they could have tea. So they'd all *eat* together. If they'd b'n the canteen, they'd bring their food up, or the ward staff would give them food, so they were, like, *eating* with dad, as well, in the side room.

S1's emphasis on the words "eat" and "eating" points to an understanding of the importance of sharing food for sustaining beyond the physical. Although "we tried to keep things as normal as possible for 'em", bringing the family together over food went beyond the normal to affirm their relationships in the face of the father's terminal illness. Their eating together may be seen as a holistic, embodied (C)ommunion, drawing them closer to each other.

Related to this, research data indicates the significance of food for showing care, including self-care. C1 spoke of a family she worked with following the death of their young son. In his final weeks, he received care at home, supported by a multi-disciplinary team. Speaking of visiting to discuss his funeral, C1 said:

And they were telling me stories of how carers would come in at the weekend and make bacon sandwiches for everybody, and they'd be joking about who cooked the best scrambled egg.

The implication is that the carers superseded their basic duties, offering support beyond designated hours and preparing food to the best possible standard. The bacon sandwiches and scrambled egg indicate the care shown to the young man and his family. While life may not necessarily be of extended quantity in terms of time, it can be enabled to be of the best possible quality, including food that is offered and the feeding that takes place.

C2 cared for himself with a food-related activity, part of his “strategy...for emotional survival” amidst the pressures of work:

If I’m called out in the middle of the night, and someone dies, before I go – well, at least, I do it before they close the canteen on a night – before I go home, I’d have a cup of coffee and a piece of cake...It’s a survival ritual. So sit down, and not just sitting down, over and done, I’m going, but sitting down, tasting it, and thinking, “*I’m alive.*”

The sensuous experience of cake and coffee affirmed life for C2, as well as providing physical sustenance to carry on. In the autonomy of his role, he took responsibility to care for himself, as he had cared for patient and family, through the pleasure of food and drink.

S1 and S2 also both spoke of food for self-care. In our first meeting, S1 joked of how the team was considering asking for a name change from “Palliative Care” to “Palliative Cake”, reflecting how much they consumed. Demanding work requires high energy nourishment, but cake also carries life-affirming connotations in the face of potential necrophilial influences. It is not the healthiest food but it can be a source of holistic care. Similarly, in response to an interview question about what sustained her, S2 jokingly replied, “Chocolate?!” Chocolate would not be a recommended staple for any diet but it has value for self-care and life-affirming pleasure.

If feeding is an embodied expression of care, reflected theologically in Eucharistic nourishment and a mother's feeding, then the pain of situations when it is problematic must be acknowledged. The frustration of struggling to give such care is caring itself, standing alongside feeding. This was within the experience of (M)P2, who spoke of trying to breastfeed P2 in hospital and of feeding her at home:

we brought her home, and I tried to aspirate the tube⁴⁷. I couldn't get anything back. And I knew I couldn't feed her if I didn't get anything back. Oh, the pain! I ran upstairs. I was shouting, "Z! Z!" I was crying, and he went, "(M)P2, just *calm* yourself down." I went, "She's due a feed! She's due a feed, and I can't feed her!" And I felt, as a mother that's the only thing I can do, you know.

(M)P2's experience reflected the pain felt when care expressed through feeding is difficult to achieve⁴⁸.

Food and feeding, then, are a way of expressing embodied care and also important for affirming life, bringing pleasure at every stage. S1 related how a marriage blessing was facilitated on a ward so that the bride's mother, a patient, could be there for her daughter, before she died:

we had a vicar – BJ came – and she did it. She did...a blessing service, and her daughter managed to put on her mom's wedding dress, 'cos that's what she wanted to wear...they managed...to get wedding rings ...and we sorted out a cake; and we got champagne...and we had an aisle, walked through Q Unit, with everybody, you know, either side.

⁴⁷ P2 was fed through a Nasal Gastric (NG) tube.

⁴⁸ This may also be reflected near the end of life, when it can be difficult for families to accept that it would be dangerous and distressing to give a dying loved one conventional food and drink. So strong is the natal impulse to nourish and feed.

In S1's narrative, the cake and champagne were integral, affirming the possibility of new beginnings even as the bride's mother's life drew near its end. The celebration could hardly have happened without them: they were as essential as the dress, rings and confetti S1 managed to source. The joy inherent to them evokes Jesus' action at the wedding at Cana (John 2: 1-11) and Jantzen's own natal pleasure in the good things of creation as described in the introduction to *A Place of Springs* (Jantzen 2010: 1), even as she faced her own death (Jantzen 2010: 1).

The relationship between food and life-affirmation was borne out by R2's account of her profound reaction to her husband's sudden death:

after J's death, I was very poorly. I couldn't eat...I was a size twenty two... After the funeral, I couldn't keep water down without vomiting, and, by the October, I was nine stone. And they did every *test* that they could and they just said it was my body in shock...the weight just fell, and I could only suck an ice cube to stop being – I kept going into hospital 'cos I was dehydrated... I hadn't got the strength to do anything

R2's response to her great shock was extreme, but it highlights the connection between food and the affirmation of life. In her grief, R2's very body rejected food, virtually rejecting life in sympathy with her husband's tragic death. In time, with love and support, R2 returned to health and healthy eating, but her experience is a reminder that food and feeding are expressive of care and life-affirmation. Alongside this may be placed accounts I heard during fieldwork of patients nearing the end of their lives taking an active decision to reject all food offered and all encouragement to eat. For some, this appeared to be their final expression of autonomy – their last decision for themselves. For others, it appeared to be a decision bringing them nearer death. There is ambivalence here. From a natal perspective, such a

decision may express embodied particularity. However, it may also deny relationality, hope and “covenantal love”, taking the opportunity to care from others (Miller-McLemore 1988: 156). Until any of us is in such a position, it is impossible to assess. However, the fundamental nature of food and feeding and the crucial place in Jantzen’s concept of natality for social justice and the welfare of all indicates that it is a basic that all should have a right to claim, and be given, all lifelong. Many bid us eat and wish us to live, an impetus which is divine.

4.2.5 Embodiment and the whole person

In our embodiment, the aspects which make us who we are cannot be compartmentalised. As May puts it, “I do not merely have a body. I am my body” (May 1995: 18). Thus there is a connection between body theology, which “attempts to put the mind, body and emotions back together” (Isherwood and Stuart 1998: 32) and theology based in natality. Equally, because of the incarnation, our embodiment is crucial for our relationship with God: “unless we are fully in our bodies we will never be able to fully explore our divinity” (Isherwood 2008: 208). Understanding human beings as whole persons is essentially natal - “there is no disembodied natality” (Jantzen 1999:145) - and shown to be significant within my research data.

Experiences affect us in multiple ways. C1 spoke of how, charged with breaking the news of her father-in-law’s death to her mother-in-law, she experienced her mother-in-law’s physical response to its emotional effect: “She hit me. Because I’d said words to her that she didn’t want to hear, and she was *so* shocked, she hit me.” Similarly, C2 shared experiences that bear

out the psychological impacting upon the physical, notably when he was called to bless a patient nearing death:

And he was quite calm, and he was asleep, but settled, and he didn't have long at all. And I was asked to go up to the bedside, so I gave a blessing, read some scripture, and we said the Lord's Prayer. Just as we were saying the Lord's Prayer, he got really agitated, and I asked myself, I thought, "Is he agitated because he's heard this and he doesn't *want* it? Or is he agitated because he's realised, hearing me, that he's *dying*?"

C2 surmised the man's physical state related directly to his emotional response to the words spoken. Hearing is the most enduring sense, and the Lord's Prayer may hold deep resonances, so the man's reaction is perhaps unsurprising. It testifies to our holistic embodiment, seen in C2 himself when, following an exceptionally demanding period of pastoral work, he found he "couldn't go on call for about another month. No. It was too much." The emotional impact affected C2's physical ability to respond to the demands of being on call. This kind of response to such pressures was echoed by C3:

fairly early on... it used to take me *days* to *process* that⁴⁹, and I would always...quite often, I'd have a cold – or something? – after, and this happened frequently.

This highlights the importance of awareness of the holistic needs of carers, as well as of those for whom they care.

S4 also spoke of the relationship between the emotional and the physical. As a psychologist in palliative care, he had an interest in "people's own psychology, what people bring to illness":

I've encountered narratives from doctors that when they have sort of

⁴⁹ i.e. the experience of a demanding piece of work

exceptional patients who do exceptionally *well*, the rhetoric seems to be about something that the doctor is doing, or the actual medication is doing. I'm increasingly curious about what a patient is doing as well ...Faith, for instance, is actually quite a good thing to look at, because, I suppose, if they have spiritual beliefs, if they have some kind of internal dialogue with their body, really, is it possible that can have actual influence as well?...the very psychology people bring to illness can be interesting, really.

Less cautious was the opinion I heard expressed by the Palliative Care Consultant to an outpatient who asked about carrying out activities he enjoyed: "Feeling good is good for the cancer." Both perspectives affirm a natal understanding, and are endorsed by a perception expressed by P1: "You may get down and go all to pieces, like – and I reckon that if you do, the cancer gets you faster". Similarly, (M)P2 recalled the physical impact of her emotions surrounding P2's birth:

They'd come and told me about the cleft lip, and I was devastated...and I was sobbin' and cryin' ...and I saw her little cleft lip, and her little face, and I just passed out.

Likewise, P3 made a profoundly physical response to the emotional impact of hearing her terminal diagnosis during a consultation: "What people outside must have thought when I *howled...*"

Not only does the emotional impact upon the physical, but the reverse, self-evidently, is also true. C1 spoke of the "devastating" nature of pregnancy loss, understanding full well that a baby's death, pre-term, is not simply a physical experience for the mother. The impact is upon the whole person, demanding all the resources that theology and pastoral care can offer for support as the trauma unfolds. Dealing regularly with such situations, C1 also understood the

importance of acknowledging the impact of the physical on her embodiment as she responded to the stresses of work. Speaking of such, she said:

And if I'm in that situation, very often I stop on the way home, and either get some flowers, or something nice for tea, that I hadn't planned. Or I just do something nice.

This evokes C2's on-call-coffee-and-cake ritual, interesting because C2 related following a demanding pastoral encounter not with going to the Prayer Centre but to the restaurant. At a time of emotional need, a physical experience provided a self-caring response.

In the spirit of the title, *A Body Knows* (May 1995), P3 referred to an embodied intuition of her physical condition before she was officially diagnosed:

Erm, so, and in my mind...I'd got this feeling, you know...“This isn't going to be as simple as I think, I'm hoping, it will be”...So, in my mind, I had this background feeling that it wasn't going to go all right.

P3's mental perception and her physical state were strongly linked. Although she said it was “in my mind”, the perception came through her body, as a “feeling”, conceived within her whole being. The first time I met P3, an inpatient prior to her diagnosis, she hinted at this intuition. “A body knows”, but that physical knowing is articulated holistically through a mental process.

If there were any doubt about the holistic nature of human embodiment, evidence came in the metaphors used by some research interview participants. Language locates experience, and invoking the physical to express emotions points to our whole person nature. C1 said, following the death of her father-in-law,

I just needed my faith. I really needed it. It was carrying *me* through.
And the people who were in the faith with me were helping to carry
me through as well -

- evoking the physicality of carrying to express the support she gained at a time of emotional need, conveying the embodied strength given to her. C2 also used a physical simile to describe chaplaincy work, saying, “It’s like skiing.” He spoke of loving skiing, while admitting to being “scared of heights.” He nevertheless felt compelled to do it: “I’ve got to ski.” He likened this to chaplaincy work because “you never know – you walk through that door – you just don’t know what’s gonna happen” - a “parallel” between the two, with similar yet different embodied experiences of uncertainty, both whole person experiences, evoking similar embodied sensations.

If “I am my body” (May 1995: 18), then fieldwork data suggests that this understanding can persist in and beyond death, as in life. Such is the importance of embodiment for our self-understanding and for knowing others. Data to which I refer includes several references from C1:

they’d had a little girl, she was born..and she’d died. And she was – she looked perfect, just perfect.

And the baby...went for a post-mortem, and when we had the call to say she’d come back.

(Of blessing babies who have died) I spend time talking to those babies and telling them how *beautiful* they are, and I also tell them – try and tell those babies – what a lovely mummy and daddy they’ve got as well.

The babies are no longer alive but, in their embodiment, they are perceived to remain who they were/are. Their embodiment *is* them. R3 expressed a similar understanding, referring to her grandmother:

she was brought home, and laid in her coffin, in the living room, and people came in to view her.

Far from a dualistic body-spirit/soul understanding in death, those referred to continue to be understood as whole people. Having been, and being, embodied, they are who they are. Although some feminist theologians, Jantzen included, would dispute or disregard concepts suggesting “Immortality and rebirth...because they justify obedience to hierarchical structures in the here and now” (McEwan 1996: 39), this resonates with the body-affirming understanding of embodiment in death of Romans 15 and cannot be ignored pastorally.

Such a whole person understanding was echoed by S4 and C3. Having reflected upon the relationship between psychology and physiology in a patient’s care, S4 spoke of his perception of the compartmentalising of care in haematology:

The OTs⁵⁰ do the OT bit, the physio do their bit, the FY1s and FY2s⁵¹, they do their bit, and the psychology does his bit, you know. Oh, and if there’s a problem, that’s the bit that the psychology bit does...And that perhaps mirrors the kind of mind-body fragmentation as well...that they are treating the metabolism, but are they kind of really getting into -?

S4 favoured a whole person-centred approach to care, carried out holistically through specialisms in a Multi-disciplinary Team. Although the ideal, he did not perceive it had been

⁵⁰ Occupational Therapists

⁵¹ Foundation Doctors, undertaking general postgraduate training (the old “House Officer” status).

achieved, and it remained as a marker for what he hoped could be fulfilled. Beyond this, the whole person approach of C3 was even more encompassing. Asked how he understood health, he replied,

health means ‘not disrupted’, whole, and safe, and it’s about the totality of the cosmos...So healing is about this interconnected whole, so health means to be literally ‘not separate’...to be not separate, be connected, interconnected. Related at different levels in the psyche, in the cells, socially, to one another, cosmologically, to the universe, metaphysically, to the mysteries, and to whatever’s going on for us, to have that connection, that embrace.

Such an all-embracing understanding sets great demands for healthcare, as for pastoral theology and practice, but should we aspire to any less? Embodied natsals, with and within “the totality of the cosmos”, merit such care.

4.2.6 Embodiment, comfort and safety

In and through our embodiment, we experience and are made comfortable and safe. This is a mother’s main concern for her child. As we grow, we may develop through events which push us beyond our ‘comfort zone’, but for lifelong natsals, comfort and safety still remain important, as much at life’s end as its beginning. Such attention to embodiment can lead to a greater understanding of God:

I believe the resurrection of the body – which, in turn, transfigures the mind – happens whenever and wherever we participate in a new solidarity with and presence to our bodies and the bodies of others (May 1995: 104).

Creating, giving and maintaining comfort and safety, participating “in a new solidarity with and presence to our bodies and the bodies of others”, signifies co-operation with God, a becoming divine to enable resurrection, new beginnings, the essence of natality itself.

The importance of safety and comfort was strongly apparent in the work of the Palliative Care Team. S1 in particular went to great lengths to train ward staff in using a new pain-relief syringe driver for patients. Knowing that the device would bring greater comfort, she was passionate in her efforts to ensure colleagues knew how to use it. Such work in practice was reflected in interview data, revealing her priority of ensuring that a patient felt “secure and safe and cared for” as life ended, and her desire for patients to have “peaceful sort of passings...comfortable, to be made as comfortable as possible”. This included, as appropriate, the comfort of the ministry of the chaplains:

I mean, when we’ve not been able to get hold of people’s own faith leaders, then we’ve always called you⁵² in, and people have got great comfort from that. I’ve been there with C1, and with C3 as well, when...they’ve done prayers and things, or recited a Psalm, or whatever, and it’s just been so comforting, and you see the family get so much comfort from it.

S2 echoed this emphasis on the importance of spiritual care as part of a dying patient’s whole embodied comfort: her concern was for patients to be “pain-free”, symptom-free and provided with “spiritual care”, however understood. Additionally, S1 referred to the importance of the presence of family members to comfort dying patients, including through the night. Of applying to a charity for folding beds for relatives, she said:

hopefully the charity might supply some, to let people sleep next to their loved ones, because they’re often seen as they’re in the way. Well, actually, how can they be in the way when somebody’s dying? What are

⁵² i.e. the chaplains

you going to *do* to that patient (small laugh), apart from comfort? And if comfort is having that loved one next to them then (small laugh), that's comfort!

S4 was also concerned about safety and comfort for patients and their families.

Acknowledging the difficulty for a parent of talking with a child about terminal illness, he spoke of how “in giving (the) truth to children, I think you remove from them the burden or the opportunity, or risk, of them concluding that it was something to do with *them*.” The removing, or the shared bearing of burdens, is a significant part of giving comfort and safety in death and dying, and is intrinsically characteristic of natality: “atomistic individualism is not possible for natal” (Jantzen 2004: 37).

From the perspective of natality, comfort and safety of carers is also important. C1 expressed this by “being very boundaried” in her work, seeking to maintain the safety she needed to work effectively. This included delineation between home life and the hospital, to guard against burn-out. Nevertheless, her boundaries could be quite porous: she would “very often...take a family home in my heart”. Without safeguards, the risk to carers' safety and comfort from stress is self-evident, and their incorporation is in no way anti-natal.

This was recognised within the Palliative Care Team. S2 spoke of the importance of “leaving it⁵³ here, because if I don't, and I take it home with me, then I'm not gonna get any rest from it and you can't come back refreshed”. Likewise, S1 spoke of how

I think you have to sort of build in your own mechanisms in, coping mechanisms. I try not to take work home with me, as in what I can, I try and leave it here. I leave the door, walk out to the car park and

⁵³ i.e. her work

have to leave it here, because if not, it would overflow onto my personal life as well.

Nevertheless, she went on:

usually there is some people that I'll have fleeting thoughts, thinking "Oh, I wonder how they're doing?" Yeah, you do, you know, when you've been heavily involved with people. But I can tend to try and leave it here. I have to, or else it would eat me up.

It seems to be inherent to caring work that practitioners are prone to considering the comfort and safety of others above their own. It is important to remember that all embodied humans deserve to feel safe, comforted, comfortable.

For most of her interview, (M)P2 stood and held baby P2, rocking her: "P2 just likes being held", safe and comforted. It was an interesting comparison, therefore, to note how C1 spoke of "God as the one who receives and holds us in death", comprehending this because of sitting alongside a dying loved one and knowing "because I know I did that, and was held, and came through, it can be done." Similarly, C2 referred to part of the chaplain's role being to "contain" the powerful emotions of such as families in traumatic situations in the Emergency Department - a kind of holding. Part of the "containment" involved "handing (the one who had died) over to God" in prayer - a passing from the holding of the person's relatives to the safety and comfort of God's holding. Such an act of pastoral care is very powerful: because we know being held in our embodiment, we can comprehend being held by God, safe and comforted, in death.

Holding as a concept relating to safety and comfort was significant for other interview participants. Psychologist S3 spoke of the importance of “being able to *hold* people’s life experiences wherever they’re coming from”, even if their expression was problematic for some, as with an elderly patient who chose to refuse some of the care offered to him, perplexing his carers. In this situation, S3 saw his role as “holding” the man and his “life experiences”, offering acceptance to enable his feeling safety and comfort. Similarly, R2 referred to a Lay Reader whom she felt had a “gift...she just holds people that go every week, people that just go Christmas and Remembrance”. R2 valued this ability to ‘hold’ people in preaching, a “gift” she also appreciated in C3, in his caring for P2 and her family – a similar kind of holding, enabling embodied safety and comfort. R3, too, spoke of the importance of holding, in a more literal way. As a part-time hospice chaplain, she saw the helpfulness to patients of a holding cross⁵⁴ to convey God’s love and holding, even as the cross was held in the hand. Not a symbol of faith but still comforting and conveying safety, she had offered pastoral care to patients through teddy bears knitted by members of a church group, saying, “at least three patients have died holding a Mothers’ Union teddy bear.” The hospice’s Chief Executive observed, “They’re like a hug in your hand”. Lovingly made and given, the bears helped the patients feel comfortable and safe, evoking feelings from childhood but also reminding of divine love and holding, embodied in gifts from some of God’s people. These testimonies serve as a powerful reminder to take account of the significance of our natal embodiment and our need to be held for our safety and comfort.

⁵⁴ A simple wooden cross, carved so as to be held comfortably in the hand.

4.3 CONCLUSION

Although her listing of natality's features does not imply any hierarchy, Jantzen's positioning of embodiment first in her outline (Jantzen 2004: 36) cannot be disregarded. Our embodiment is prerequisite for our being; without it, we cannot experience any of the other facets of our natality. It follows that it is of primary importance for any theology for pastoral care drawing on the notion of natality, including for death and dying.

The aspects of embodiment which I have explored in this chapter are not exhaustive. They represent a small sample of research data relating to this theme, the full consideration of which is beyond the scope of a study of this size, and have struck me as most significant for my topic. The themes addressed, regarding embodiment and particularity, the sacramental, presence and touch, food, the whole person, and comfort and safety, were significant enough to my research participants, as well as to me, to deserve closer attention. The findings arising out of this are incorporated more closely into Chapter 8. From this first feature of natality, embodiment, I turn to engenderment, dependent on our being embodied nats. Its consideration follows in Chapter 5.

5 ENGENDERMENT

5.1 INTRODUCTION

As explored in the previous chapter, to be a natal human being is to be embodied. Inherent to our embodiment is our engenderment – our femaleness, our maleness⁵⁵. It follows, therefore, that this is to be affirmed. Jantzen recognises this, considering engenderment second in her introduction to natal characteristics (Jantzen 2004: 36-38). Significantly, she says, concerning a new baby, “One of the things we want to know – even if the people are strangers, friends of friends, and nothing to do with us – is, ‘Is it a girl or a boy?’” Such is the centrality of gender identification to our understanding of each other as human beings (Jantzen 2004: 37).

In addressing this, it is important to be clear about the meaning of key vocabulary and how terms are understood and used. Just as ‘natality’ has a different meaning in general usage from that employed by Jantzen (see Chapter 2.1), so ‘gender’ commonly has a dual meaning. This may lead to confusion if terms are not clarified. In everyday usage, ‘gender’ is often used interchangeably with ‘sex’, meaning biological difference. This sense is behind Jantzen’s commonly asked question as to whether the baby is a boy or girl: the enquiry is about the child’s gender - meaning biological sex - at birth, as would be recorded on documents such as the birth certificate. However, ‘gender’ also refers to being male or female within social and cultural contexts in a way that the biological word ‘sex’ does not. Here, de Beauvoir’s words,

⁵⁵ Nevertheless, it must be recognised that there is now greater awareness of the complex, sometimes indeterminate nature of gender than at the time of Jantzen’s writing, for example in the work of Susannah Cornwall (Cornwall 2010).

“One is not born a woman but becomes one” (de Beauvoir 1997: 295) hold relevance, in as much as maleness or femaleness – engenderment – embraces different attributes according to time, place, cultural circumstances and so on. It is not a matter of simple biological determinism. A person may be born male or female by biology, but engenderment, and inhabiting a gender, is more complex. Biological sex is a crucial element, but in its broader understanding, our engenderment is also impacted upon by culture and society. It is part of our becoming as natal human beings.

Jantzen cites the example of “walking down the street or sitting in a train and finding oneself taking a hard second look at someone...because their gender had not been ascertained at first glance” (Jantzen 2004: 37). While she offers this to illustrate how important gender identification is in relating to one another, it is also a case in point, for example, of Butler’s assertion that ‘female’ and ‘woman’ are not stable categories within society (Butler 1990: ix) and that the “binary nature of gender” (Fulkerson 1994: 379) is more fluid than supposed by a simple division of male and female by biological sex alone. Indeed, for Butler, ‘gender’ is more a verb rather than an adjective, demonstrated in performance and practice (Butler 1990: 25), “an act” (Butler 1990: 146) open to the “possibility of a variation on...repetition” (Butler 1990: 145), in the natal sense of the potential for newness, within the social and cultural context. Being engendered as a human being is not simply being born male or female by sex. It is part of our becoming as whole persons within the choices we make and the influences exerted upon us in our cultural environments. Our engenderment is not co-incidental: it is a profound aspect of who we are.

According to Jantzen, “with death gender ceases to matter” (Jantzen 2004: 37). In considering my research data, I take issue with this statement, which I perceive to be profoundly anti-natal. Not that engenderment was revealed to be exceptionally significant for research participants. Indeed, it could be argued that, given the low level of overt references to gender I heard during fieldwork, it may superficially be understood as not particularly mattering, in birth, life or death. However, I believe a deeper reading demonstrates the importance of gender for our embodied personhood, in death as in life. Far from ceasing to matter in death and dying, gender matters beyond words. In this chapter, therefore, I explore data concerning this theme under the following headings:

- gender and those who care;
- gender and relationality;
- gender and facing death;
- gender: less significant? Why?

5.2 PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA ON THEMES

RELATING TO ENGENDERMENT

5.2.1 Gender and those who care

My research interview sample was constructed to gain a balance of data from professional givers of care and those I perceived to be receivers. This rationale was soon revealed to be inadequate, as I became aware of a degree of reciprocity of care between carers and those cared for, showing how human beings truly live in a “binding relation to one another” (Miller-

McLemore 1988: 180), “a web of relationships (where)... atomistic individualism is not possible for natal” (Jantzen 2004: 37).

While this may not have extended among my research participants to the full degree of “public commitments” that Miller McLemore suggests (1988: 180), a degree of shared giving and receiving of care revealed itself in sometimes very moving ways. This section therefore explores the relevance of the natal characteristic of gender for caring.

As the only full-time ordained woman chaplain, it may be expected that gender was not insignificant for C1 as she cared for herself and others. However, interview material also suggested that it was not of ultimate importance to her, with reference to two specific areas.

Firstly, recalling the birth of her third son, she said:

I was glad for the boys I’d got, and that was fine. Erm, and some people thought I would be sad because I’d not got a girl.. (Swallows) And so that was interesting then, because people said, “Ooh, that’s a shame. You didn’t have a girl,” but actually, he’s *lovely*...I didn’t want anything in particular – I just wanted a healthy baby.

Secondly, regarding her faith and practice, she revealed she believed that

when I put this on (scratchy noises), my collar, that was what God was asking me to do, bring him to his people, and the people to him, *her*. Erm.. I don’t struggle with that – I haven’t got time. Life’s too short for struggling about that!

Such statements indicate that C1 did not regard gender as directly relevant to her. However, during participant observation as well as in interview, I discerned this was not always the case, not least with caring for herself in her demanding job. At the beginning of my fieldwork,

C1 enjoyed the collegueship of a woman Locum Chaplain, whom she missed once her appointment came to an end, citing gender as a factor for this. Having a female colleague was evidently important to her. However, the simple presence of another woman did not automatically guarantee such support. The rapport C1 previously enjoyed was not repeated with a female student chaplain as my fieldwork ended. Mutual caring is not necessarily automatically achieved because of gender: other factors are relevant. For example, in speaking of caring for herself under stress, C1 told how “I stop off on the way home at my sister’s or my niece’s, go and see them, and I don’t tell them what’s gone on – I just go to see them and be with them” –not seeking out her sons but, rather, other female relations with whom gender was not the sole basis of affinity.

Although it was one factor among many for her own pastoral care, gender was nevertheless a significant source of empathy within C1’s chaplaincy work, particularly with women following pregnancy loss:

I’ve got three grown up sons, erm, and I’m very blessed, and very fortunate, because I’ve never experienced this. But to be alongside women who have lost babies, and it doesn’t matter at what stage in the pregnancy they, the baby’s died, or they’ve miscarried..it’s just *awful*, it’s just *awful*.

As a mother, C1 appreciated the awfulness of the experience of the women with whom she worked. Shared biological and social/cultural engenderment was a resource to enhance her practice.

In interview data from C1’s male chaplain colleagues, engenderment featured less significantly. In spite of Jantzen’s reference to (biological) gender as important for a newborn baby, and her assertion that “with death gender ceases to matter” (Jantzen 2004: 37), the

opposite seemed so within data from C2. While he referred overtly to his own children's genders when speaking of their births, for example, by using third person pronouns, in narrating his experience of caring for three other families who had suffered pregnancy loss or neonatal death, he referred to the babies in non-gender specific terms such as "the baby" and "it". This may have been out of concern to preserve anonymity. By contrast, however, in speaking of caring for an older male child and an elderly man in death and dying, their gender was clear, suggesting its significance. In C2's interview data, Jantzen's assertion that gender is significant for newborns but not for the dead and dying appeared to be contradicted⁵⁶. A further phrase of C2's suggested a similar approach in childbirth when, in speaking of bereaved parents, he said:

So they've given *birth*.. (pause).. which should be a time of great joy and celebration but they're mourning a *death*.

I find the first "they" significant. While both may mourn, only one member of a partnership gives birth. She is always a woman, with the accompanying engendered experience. This is especially so when an anticipated birth becomes a death and the woman experiences the sense of failure and loss of hope entailed (Jones 2009: 139). This is exacerbated by the way in which

To grow up in this culture as a "woman" is to grow up formed by a thickly gendered identity script wherein one's body is assessed in terms of its treasured capacity to give life and thereby make one "a mother" (Jones 2009: 132).

However empathetic the other (male) parent, it is impossible to enter into the specific experience of the mother to the extent it may be said "they've given birth". An awareness of

⁵⁶ A possible reason for this will be explored in the next section of this chapter, 5.2.2 Gender and relationality.

the significance of engenderment as indicated within the approach of natality is an important corrective. Gender may only be one aspect of our whole personhood but consciousness of it is vital for caring.

C3 introduced a metaphor for pastoral care which suggested the possibility of awareness of engenderment:

There's another word, "embrace", 'cos I would say, describe the work as being the embracing of chaos, and the reason for that is because it's, chaos is the biblical motif from out of which creation comes ...and this idea that God channels and overcomes the god of chaos to bring it forth as creation, and if you read the book of Job, in there, when God answers, that's where you get really subtle nuances that that's the understanding, and, and the language is the same language that's used to talk about how the gods channel the waters of chaos that break in childbirth, to bring them forth as a baby. Erm, because what we do...part of our work is to embrace the chaos, of change, of loss, of movement. Erm, that very Buddhist thing, all, you know, the constant change, embracing it... not running from it, not, not fixing it, not processing it...but just allowing it its time and space.

As a metaphor for care, "embrace" is powerful and tender, not specifically gendered but reminiscent of a mother enfolding her child in love. C3's description, suggests God if not as a mother, bringing forth life from the divine physicality (cf Jantzen 1984; McFague 1987: Chapter 4), then as a midwife assisting to "channel the waters of chaos that break in childbirth". The word "chaos", often understood pejoratively (e.g. "chaotic families"), here indicates potential for creativity rather than destruction, offering the possibility of newness inherent to natality. Furthermore, the embrace of "embracing the chaos" is not controlling, seeking to "overcome" the chaos by "fixing... processing", restraining or suppressing it. Rather, it accepts the "change... loss...movement" and works with it, as a woman in childbirth goes with the flow of the rhythmic waves of birth pains or contractions, enabling life from

energy deep within. This metaphor for the chaplains' work is significantly gendered, reminiscent of the natal conceptual linking of the abyss (or tomb) and womb, bringing forth life (Jantzen 1987:xix; 2003). It has important implications for appreciating the engenderment of those they care for, themselves and their colleagues within the hospital as a whole.

My research interview sample of professional carers also involved clinical staff, specifically two female nurses from the Palliative Care Team and two male psychologists. Nursing remains significantly gendered in the UK. Male nurses form a minority, and terminology such as 'Sister' for a female Charge Nurse is used with integrity (for example, in interview, S2 introduced herself as "a part-time Palliative Care Sister"). Such language evokes the profession's roots within female religious orders and perhaps also reminds how, from its beginning, the modern profession has been a means for women to gain education and status within society. Similarly, psychology remains a field attracting more women than men: S4 spoke of the "lasses" who were also candidates when he was interviewed for his job. My psychologist interview participants represent an important minority. Palliative care is a particularly female-dominated or even feminine area of medicine, as Rachel Stanworth notes concerning the hospice environment (Stanworth 2004: 43). This was certainly true at the hospital in which I conducted my fieldwork, as the following field note reflecting on a Multi-Disciplinary Team meeting suggests:

Just the gender balance thing again – predominantly female. A chap from (hospice), Dr (Male Foundation Doctor), and the Consultant, Dr (Male)... and everyone else female. I *know* there are male Macmillan nurses – (Male School Friend) was/is one! – but there's such a marked gender divide, even with (Female), the Team psychologist, and (Female) Consultant.

Several months later, when the male Foundation Doctor had been succeeded by a woman, I asked her about this. It had not occurred to her that she was working in a particularly female-dominated field. On consideration, she wondered why this was so but could not offer any answers. That this did not seem significant to her possibly relates to the palliative philosophy of caring for the whole person, gender being only one aspect. If so, S1 reflected this in advocating the Liverpool Care Pathway as a tool to “try and get people to recognise people at end of life” – people, not especially gender-specific women and men. However, a different approach was evident with regard to expressly psychological care, where gender was appropriately taken into account, such as in a conversation I was present at between S1 and the female Consultant concerning the importance for a particular woman patient to see the female psychologist rather than S4.

I do not believe this data reveals a disregard for gender within the caring work of the clinical staff I interviewed and observed. However, it suggests that, as with the chaplains, their practice was to see gender predominantly within whole personhood. Engenderment is an essential natal feature (Jantzen 2004: 37): a theology of natality for death and dying and pastoral care would draw attention to the particular significance of this aspect of our personhood and encourage carers to take appropriate account of it in themselves and others, while also recognising the inclusive nature of the basic humanity we all share.

As previously noted, the distinctions between carers and cared for were sometimes blurred among my research interview sample, irrespective of gender. *All* cared for others in some way, including patients. In many cases, the caring among patient and relative/friend participants was along traditional gendered lines, perhaps reflecting their age group or socio-

economic background. During the period I interviewed P1 and R1, P1 was busy, as he felt able, creating a low-maintenance garden, decorating the house and doing general DIY, aiming to make domestic matters easy for R1 after his death. In perhaps a stereotypically male way, he focussed on practical tasks to express care. Similarly, he expected to be cared for by R1 at home at the end of his life, rather than in a hospice, which may reflect a traditional male understanding of a woman's care, with R1's willingness to comply as stereotypically female. Such caring is unquestionably admirable, but a broader understanding of gender, allowing men to "be in touch with their bodies and emotions" and women to exercise "their rational capacities" (Jantzen 2004: 37), such as described in section 5.1, would allow for its expression beyond such ways, as appropriate. Understanding that engenderment is not biologically determined, that there are no hard-and-fast 'manly' or 'womanly' behaviours and that there is always the natal "possibility of a variation on...repetition" (Butler 1990: 145), the way is opened for both men and women to benefit. This offers the freedom to express care of one another, not least in the exceptional circumstances of death and dying, in whatever way seems most appropriate.

An exception to traditional gendered approaches among patient and relative interview participants was found (perhaps even personified) in R3. An ordained Anglican woman and part-time hospice chaplain, she showed awareness how her gender could impact on her caring for people who were dying:

I mean, I, I'd been left a note the other day that somebody wanted to see a chaplain, and when I went to see them, they denied all knowledge of it. So I said, "That's fine"; left. We think it's probably the women's issue⁵⁷.

⁵⁷ Here referring to the opposition of some to the ordained ministry of women on the grounds of their gender.

Conversely, she related two other instances:

I do meet an awful lot of grace in the hospice. Erm, I went to a lady recently, erm, who's of another denomination, and I said, "Would you like me to organise for a priest from that -?" and she looked at me and said, "There is one God." I went, "OK. Fine." I'm taking her funeral.

I remember one lady, one *lovely* lady, who was very clear that, erm.. I said to her, "I realise I'm an Anglican and a woman - do you want me to stay?" and she looked at me and said, "Is it a problem?"

For both these women patients, R3's gender was perfectly acceptable. In the case of the patient who refused her ministry, no gender was disclosed, which may be significant or may be R3 protecting anonymity. Undeniably, R3's gender impacted on her ministry of caring. As another woman priest, C1 testified to similar experiences. It evidently grieved her deeply when patients who refused to receive Holy Communion from her - the only ordained Anglican chaplain – became sacramentally deprived, sometimes at the end of life, because their own (male) parish priests did not visit. Conversely, it was a source of joy for her to take Holy Communion regularly to a woman patient whose church background opposed women priests. Her experience of C1's ministry brought a change of conviction, arising primarily from her appreciation of a faithful, caring woman chaplain, while feeling neglected by her own parish priest, a man. This suggests the value of a natal approach, holding male and female as equal and recognising the potential for ministry of both, to respond to contrary attitudes and to contribute towards ensuring the availability of adequate pastoral care, including sacramental provision, for all. The "feminist consciousness" (Jantzen 1999: 1) of natality offers an important corrective to sexist attitudes by raising awareness of the anti-necrophilial influences that may be brought to situations, including pastoral ministry, by both and men.

5.2.2 Gender and relationality

In this section I deliberately combine two of Jantzen's main features of natality to explore the impact of engenderment upon relationality. Rather than consider this in Chapter 6 (Relationality), I present it here because our biological and culturally influenced maleness or femaleness, and how that is demonstrated, is a significant factor in how we relate to each other, from the most casual of encounters to our most intimate relationships. This makes it an important contributor to the quality of our relationality and so to pastoral care.

In initial readings of C1's interview data, I observed a degree of variety in how she referred to family members for whom she had cared. Some she spoke of simply as the "baby", "children" or "parents"; others she specified as the "little girl", "little boy", "mum" or "dad". This led to speculation that gender (or sex) had become important for those with whom she had worked closely and therefore worthy of note, but in speaking of broader, less personal work, it had less significance for her and was referred to neutrally. Closer transcript readings revealed this to be the case in all but one encounter related by C1. For example, she referred to twins from a particular family, specifically identifying the twin who had died as "the little boy" and, while not mentioning the survivor, disclosing that they had an older "sister". Similarly, for the family of the father with whom she sat on the floor, as described in Chapter 4.2.3, the baby who had died was a "little girl", with not simply 'parents' but a "dad" and a "mum". This suggests that, for C1, the deeper the relationality with those for whom she cared, the more significant their gender. To appreciate another's engenderment is to relate at a deeper level, conveying the message "I am learning who you are, and an important part of that is your

maleness/femaleness.” Our relationality, and thus our caring, is enhanced by natal recognition of the lifelong significance of gender, in death as in birth.

As previously noted, there were indications that gender was less significant in some pastoral relationships for the male chaplains interviewed than for C1. C2 appeared to be more aware of gender in death than in birth, contradicting Jantzen’s assertions that gender is immaterial in death but that people want to know a baby’s biological gender. In relating to older children and adults – “little boy”, “elderly man” – C2 could recognise them as engendered. However, babies did not offer the same potential for relationship, and so their gender, as part of their personhood, went unacknowledged. The exceptions to this were in reference to his own children, being familiar with them, and in caring for the parents of a dying baby who shared the same name as his daughter. However, in spite of revealing her gender-specific name, he still referred to this baby as “it”. This is not to criticise C2’s pastoral practice, which was sincere, skilled and profoundly caring. Nevertheless, it is a reminder of the importance of recognising the biological gender of infants as part of their identity, however young and still to develop in their personhood. For parents who experience stillbirth or neonatal loss, it is of their son or daughter, not a gender-neutral ‘baby’. Acknowledging gender enhances relationality and strengthens the quality of pastoral care.

This apparent variation in significance of gender according to age and development was echoed in C3’s interview data. He referred to it with older patients and members of his own family when speaking of bereavement, but it was noticeably omitted regarding funerals he had conducted for very young children. A case in point is his account of a challenging Christmas in chaplaincy:

I was talking with a doctor, one of the Consultants, the other day, in A&E, when he was Reg here, years ago – it was a Sunday after Christmas, and, erm, I, prior to that, before Christmas, I'd been asked by the funeral directors to, could I look after a funeral for a baby, because, "They asked for you, because you were with them eighteen months when, you know, when it happened, first time." And it was the first time I, I'd ever encountered it happening twice, and it was just – put me head on the desk, and, "Ahhhhh. T'chhh. Ahh dear." And, erm, so I was going to go and see them, the Sunday after Christmas, and I was in here, having me lunch, with, with, er, DF, the Registrar, and the Sister from A&E came in. "Ah, D, you'd better come. There's a young father, forty" – (whispers) I was forty! – erm, "just collapsed and died, at a football march, with his son." (Exhales) And I, and then she looked at me, and said, "C3, I think you'd better come as well." And, and I d- dealt with that, and then went off to see this family.

These incidents are profoundly sad and demanding, and yet while the father's and son's gender was recognised, the baby – a son or daughter as well - remained gender-free. It is hard to avoid thinking that, for C2 and C3, babies did not even have a biological gender, only acquiring it as they grew. If engenderment is impacted upon by social context, this may be true, to an extent: if Butler is right and gender is performative, tiny babies cannot truly enact theirs, even if others perform it for them. Perhaps C1 was inaccurate to assign more than biological gender to babies with whose families she developed a pastoral relationship, and her male colleagues' approach truer in reflecting that newborns have not yet begun to develop their cultural gender identity. It still remains that, for bereaved parents, the gender of their son or daughter is a deeply significant part of their family relationship, and its recognition is crucial for pastoral care.

The whole-person approach of palliative care has been noted in section 5.2.1. For clinical staff interviewed, gender held significance largely inasmuch as it was part of patients' complete identity, as in the importance to S1, previously described, of encouraging relating to people *as people* at the end of life. Nevertheless, a large part of this was demonstrated in caring for

patients in their significant, gendered relationships. S1 recalled several in this context: a couple within whom the woman was pregnant while the man was nursed through his terminal illness; the father of the two girls who joined him on the ward each day during the last stages of his life; the family for whom she helped arrange a wedding blessing so the patient could see this taking place for her daughter before she died. The matter-of-fact nature of gender for relationality in S1's caring is worthy of note here. Her palliative approach shows that, contrary to Jantzen's assertion that in death it does not matter, it is of profoundest significance, not least for our deepest relationships. S4 specifically pointed this out when he spoke of the "tremendously difficult" nature of motherhood in illness, as specific to some women but by no means all. By and large, however, palliative care staff simply carried on caring for whole persons. By not emphasising the significance of gender for end of life care, S1 and her colleagues demonstrated an unspoken regard for its relational importance. For embodied persons in relationship, this natal characteristic is too important to be ignored and too important to be continually singled out as a particular aspect of our personhood. It stands alongside other significant factors as important for who we are.

P1 especially demonstrated this to be so. In recounting his life story, he included not only his personal and professional experience but also his most significant relationships, both positive and negative. He spoke of his life relationally, as much a son, husband, father, grandfather, colleague as an individual, without stressing this but simply relating it to tell me who he was. However, it was evident that his relationship with his mother had been particularly important, influencing his relationships with women throughout his life. P1 presented as a man who liked and respected women, or who wanted to like and respect them even if this was hard for him with some individuals. I was touched when, after his interview, he asked me to conduct

his funeral. My early impression was of a fairly traditional, socially conventional man who, although positive towards me as a researcher, might have had a less positive attitude towards a woman minister. This was not so. I believe my gender was a significant factor in the quality of my relationship with P1, enabling him to make such a request. This endorses a natal approach which would stress the importance of the availability of an equal pastoral ministry of women and men for patients and their families. Engenderment is significant not only for patients' closest relationships but also for their relationships with other carers.

Having claimed that my research data suggests that gender is one significant factor of natal human personhood alongside others, not least with regard to relationality, the social and cultural engenderment of P2 could be regarded as bucking this trend. Edward's Syndrome, P2's condition, itself carries gendered significance: eighty per cent of babies affected are female. Moreover, only eight percent of those born with it live beyond one year. I was privileged to attend P2's first birthday party, an indication of her exceptional nature within the Edward's Syndrome spectrum. In becoming acquainted with P2 and her family, I was struck how predominantly female her care network was, including (M)P2 (her mother), R2 (her aunt), her two sisters and a wide range of women healthcare professionals. Her father and C3 were significant male exceptions to this predominantly female rule, and C3's pastoral ability to relate to P2's father as a man was valued by both (M)P2 and R2. Within this context, P2's gendered identity was impossible to ignore, according to contemporary dominant social and cultural conventions of dress for baby girls in the UK. P2 wore a lot of pink! As someone who enjoyed dressing in a smart, feminine way herself, (M)P2 dressed P2 practically but in colourful, 'girly' clothes. The message conveyed was that, although P2 was a severely disabled, life-limited child, (M)P2 wanted people to relate to her as a girl, as they would relate

to her two older sisters as girls. P2 may have been a baby with Edward's Syndrome, but (M)P2's way of dressing her indicated that she wanted people to relate to her not just as a disabled child with a life-limiting condition but above all as a girl baby. (M)P2 may also have dressed P2 in order to stress her membership of her gendered community of care. Her dress signalled that P2 belonged to the female 'gang' that surrounded her, and that her life-limiting disability, in which her gender was implicated, was no barrier to her being 'one of the girls'. Although, in interview, neither (M)P2 nor R2 made any overt reference to P2's gender, the way in which she was presented left no doubt that it was significant for asserting P2's right to her place within the community as much as any other female human being. The endorsement of P2's social and cultural engenderment, which could be argued to be unhealthily conventional, was actually an affirmation of her precious personhood. Far from being something to disregard as significant in her life-limiting condition, P2's gender was celebrated in a bold, life-affirming fashion, as "central to embodiment and human personhood" (Jantzen 2004: 37) for her as for any other natal being.

5.2.3 Gender and facing death

While Jantzen asserts that "with death gender ceases to matter" (Jantzen 2004: 37), she also maintains that a "significant aspect of the western habitus symptomatic of the necrophilic symbolic is the connection of death with gender." She argues that "whereas men have been overwhelmingly linked with violence and aggression in western culture, women have been linked with death...silencing women and ignoring or suppressing the significance of natality" (Jantzen 2004: 16). In this broad philosophical understanding, under the influence of Greco-Roman culture, Christian tradition and "the master discourses of post/modernity", Jantzen's

premise is that, culturally, attitudes towards death are highly gendered within the West, its existence blamed upon women by men who are preoccupied with their own mortality (Jantzen 2004: 17). This represents an important foundational impetus for the development of her alternative natality-based feminist philosophy of religion. From the perspective of my own research question, and given the feminist tenet that the macro and the micro are intrinsically connected (“The personal is political” and vice versa), I was concerned to explore whether such a broad understanding held any relevance for individuals within an acute hospital setting who were facing their own death. If Jantzen’s assertion is right and, within a wide philosophical approach to the Western habitus, gender is a significant factor in cultural attitudes towards death, I feel it important to attempt an assessment, however tentative, of the role of gender as the end of life is faced.

This assessment takes the form of a comparative case study of P1 and P3, a man and a woman respectively, both diagnosed with terminal cancer. It is inevitably limited, concerning the experiences of two particular people at a given time and place. No claims can be made for any generalisation: such individuals cannot be representative of wider gender groupings.

However, it is offered as a very tentative initial consideration for theology and pastoral care in death and dying of the relevance of Jantzen’s claim that gender and attitudes to death are culturally connected within Western society.

P1 presented as a sociable, straight-talking man from a traditional working class background. Until retirement following the diagnosis of his terminal illness (itself gender specific), he had worked in a number of traditionally male-dominated fields. Much of his bluff humour masked deeper emotions which, manifesting themselves on occasions, he quickly addressed so that

the interview conversation could carry on. However, in speaking of receiving his diagnosis, he was very matter-of-fact:

Well, I went up, and, er, they just put us, took us in a little room, and it was only a nurse... She was a lovely woman, don't get us wrong. "Sit down," she says, you know. "Erm, oh, we've had your results back and I'm afraid you've got terminal cancer." Just like that.. (pause).. "There's a box of tissues, in case you want them." I said, "So what the hell do I want them for?" She looked at us, like, you know. I says, "Look, you've told us I've got terminal cancer. I can't do nothing about it, so what am I going to get upset about?" - you know. "All I want to know is, how long have I got?" And she said, "Er, well.. The prognosis, two to ten year." "Well, OK. I'll see you in ten years." Yeah. "OK. See you in ten years."

Earlier, P1 had said that his diagnosis had been "nothing to me", and the manner in which he recounted receiving the news was his way of endorsing this. His wife and daughters were distraught, but the response he recalled giving them was similarly down-to-earth:

I said, "I'm still here. I'm *no different* to what I was yesterday. So what are you gettin' like this for?" I says, "There's no good – you know – there's *no good* gettin' upset about it." I says, "For all the death I've seen, in my life," I says, "It's, it's *touched* us, but I've never let it -"(Voice quavers slightly) "- upset us," you know. (Recovers).

The memory of this conversation, with other memories evoked, was evidently emotionally demanding for P1, in spite of his claim against this. He immediately endorsed this claim by saying that "the first time I ever cried was when me mum died". He went on to relate some relevant experiences, including an episode from his working life of cruelty to a child, about which he clearly felt very strongly. He also described some of the humour deployed with colleagues as a way of dealing with the distressing situations they attended. As an older man from a particular social background, P1 in part appropriated an attitude he possibly felt he should take towards death and dying. He spoke with stronger feeling about experiencing difficulty with his pain relief than about the prospect of death, saying he took life "one day at

a time”, confident that his wife, R1, would care for him at home. He was adamant that he did not wish to be admitted to a hospice, which he regarded quite negatively as “for old people and dying people”. My assessment is that P1’s engenderment within his social and cultural context did have a degree of bearing upon his approach to death and dying, if not in Jantzen’s broad socio-political and philosophical terms, then in his personal relationships and his attitude overall. This carries implications for a natality-based approach to theology and pastoral care, which will be explored following the consideration of P3.

Like P1, P3 was retired, having worked in mainly administrative roles. Her social and cultural background was therefore slightly different to P3’s. Unlike P3, she identified herself as a Christian and was a faithful member of her local Anglican parish church. In our encounters, I found her to be friendly and a good conversationalist. Participating in an interview was not easy for her for a number of reasons, but she was determined to fulfil our appointment. This resonated with how she described herself as “philosophical” about her illness, wanting to be open about her situation. The way she described receiving her terminal diagnosis from a consultant demonstrated this:

He was really brutal in, in how he actually told us, that, er, he was signing me off, and he was writing while he was talking - he wasn’t looking at me - he was going to sign me off, that there was nothing they could do, surgically, it wasn’t possible to operate because it had gone to the (organ), erm, and so ...“I don’t want to drag you over here to (hospital), unnecessarily. You know very well there’s always a lot of waiting, and we don’t want to waste your time, bringing you here for nothing,” he said. “I’m handing you back over to the GP and the Palliative Care treatment, with the Macmillan nurses. There’s nothing we can do⁵⁸.” Now that’s, that’s what he said, but he said it in such a way, it was cruel ... What the people outside must have thought when I *howled*, I don’t know, because, erm, it was just horrible. (Little sob).

⁵⁸ Note the comparable and contrasting echo here with P1 - “Look, you’ve told us I’ve got terminal cancer. I can’t do nothing about it, so what am I going to get upset about?”

P3 admitted she found this diagnosis, and the way in which it was conveyed, “devastating”. Her response included her open attitude, plus wanting “to know what’s going on”, seeking control at a time of uncertainty through being informed. Very emphatically, she declared “I’m not frightened of dying”, stating that she felt “more fortunate than other people” who were less aware of the reality of death as part of life. She spoke of the positive benefit her terminal diagnosis had brought to relationships within the family, and of the way it had raised her awareness that “you’ve gotta be careful how you treat other people...you become more conscious of how you speak to people.” Indeed, P3’s main concern was for her family’s welfare and for friends who were similarly terminally ill. While her gender had an undoubted bearing on her approach to death and dying, other factors such as her faith and social and educational background were also influential. Significantly, in post interview conversation, she spoke of being a long-term volunteer for the local hospice, familiar with its philosophy and practice. It may be argued that P3’s caring attitude shown in this, as well as in her relationships with others, was culturally engendered, but irrespective, it contributed positively towards her attitude to death and dying.

To reiterate, in facing death, gender cannot be ignored: it has a bearing on how we live the rest of our lives and plays no less a part at its end. However, this needs to be seen within a broad understanding of all that makes us who we are. For example, while P1’s attitude towards death and dying was perhaps impacted upon by his working life in predominantly masculine environments, it could be that P3’s Christian faith was as much an influence on her as her wider social and cultural engenderment, if not more. Also, it is notable that P1 was given the news of his terminal diagnosis by a woman and P3 by a man. Although manner of delivery may not necessarily be influenced by gender, in the cases of P1 and P3 it could be

asked whether the possibility of the former receiving his diagnosis from another man and the latter from another woman would have been appropriate. If gender is a factor in social and cultural attitudes towards death, then a case may be made for care in some of its expressions to take place with someone of the same gender, as appropriate. For some, this may be helpful for forming rapport, while acknowledging other factors. Finally, in reflecting on the experiences of P1 and P3, natality in theology and pastoral care could be useful in raising awareness of the social and cultural nature of engenderment. Recognising that this is not deterministic and is influenced by factors other than biology, appreciating it as one aspect among many of our personhood, may allow a new freedom of expression for someone like P1 in facing death and dying. A natal approach to theology and pastoral care for death and dying stands against what Jantzen's claims to be the necrophilial gendered nature of death in Western culture, with potential benefits for those approaching the end of their lives as well as for society as a whole.

5.2.4 Gender: less significant? Why?

Coding data under Jantzen's natal feature of engenderment resulted in a notably smaller grouping compared with, say, embodiment or relationality. Overt references to gender issues in interviews were few: C1's remarks about not having time to struggle with gender and God, S4's comments regarding the particular difficulty of motherhood in illness and R3's account of how her ministry was received as a woman at the hospice all stood out as significant exceptions. Gender was recognised in everyday speech by interview participants in their use of personal pronouns and other identifiers within family relationships – mother, father, son, daughter, and so on - but no overt reference was made to the particular impact of gender on

any aspect of life or death apart from the observations cited above. In spite of repeated readings of the data, this paucity remained, prompting the question as to why. The superficial answer would be that gender is simply less significant as an aspect of natality in the context of death and dying and pastoral care for those who participated in my research than the other features cited by Jantzen. Again, however, the question arises: why? While a definitive answer would be impossible, there may be several reasons worth consideration.

Firstly, the possibility cannot be discounted that twentieth century gender politics, matters of gender justice and an overt feminist awareness of the significance of gender had failed to make a particular impact on research participants. For some within society, these issues are very important: the education system, the structures of the church and the political environment are contexts where, ideally, efforts are made to give issues of gender their proper weight and meaning. However, the community context of my research field was very different, socio-economically, from any of these, being in a post-industrial area where the memory of traditional manufacturing, coal mining and steel making persisted. Employment, educational and aspirational levels remained low, and attitudes towards change and the introduction of the new could sometimes be resistant. In such an environment, feminist thought regarding issues of gender may not have impacted as it has elsewhere.

Alongside this as a second consideration, however, may be placed the area's strong tradition of family relationships and the position of women within that. Women in the region where I carried out my fieldwork have an historic reputation for strength and assertiveness at least equal to men, in the home and beyond. Gender equality may not be articulated or enacted as practice or policy but it may still be strong for the way relationships are conducted and

attitudes towards each other expressed. It is not inconceivable that gender politics and matters of gender justice may be disregarded in such an environment as irrelevant or unnecessary. Linked to this, the strength of traditional family relationships which remains a social feature of the area may mean that issues surrounding death and gender such as that expressed in Jantzen's statement that "with death gender ceases to matter" (Jantzen 2004: 37) would simply hold no relevance. For many people in my fieldwork context, Grandmother, or 'Nan', remained 'Nan' in death as in life, an engendered loved one within ongoing family relationships. To suggest otherwise would be regarded as nonsense.

A third potential reason for the low level of data on this feature may be related to my research topic. Death and dying are events of such enormity in life that, essentially, they are crises. Their inherently liminal nature means that they normally become predominant in the lives of the one dying and those closest. Other previously important matters can take on less significance when the end of life draws near, and these may include gender and related issues. Receiving adequate pain relief, for example, may take on such priority that whether it is administered by a woman or a man, or experienced in a way nuanced by gender, becomes relatively immaterial. The priority becomes that the pain relief is given and received well. This relates to the palliative philosophy of caring for the whole person, as expressed by S1 and S2, of which gender is only one aspect and over which other factors may take precedence. This is not to say that gender is irrelevant in death and dying but that the colossal significance of approaching death for an individual and his or her family and friends may hold greater direct relevance at that particular time.

A fourth possible reason may relate especially to research participants whose perspective was influenced by their Christian faith. In *Violence to Eternity* (Jantzen 2009), Jantzen chronicles the part the Judeo-Christian tradition has played in promoting necrophilia over natality within the Western habitus, including its destructive attitudes toward gender in general and women in particular. Within this, however, she contrasts the person of Jesus (Jantzen 2009: 157-178), concluding that, in his teaching and attitudes, “The established patriarchal order is subverted, and with it gender constructions of domination and subservience; and in its place is put mutuality and solidarity in the kingdom of God” (Jantzen 2009: 178). Such egalitarianism has not always been dominant within the church and its sphere of influence over the last two thousand years, to say the least. Nevertheless, as seen in the gospels, it is the essence of Christianity, and is reflected in Pauline writings such as, “There is no longer Jew or Greek, there is no longer slave or free, there is no longer male or female; for all of you are one in Christ Jesus” (NRSV: Galatians 3: 28). An aphorism like this, however, may be taken to its furthest conclusion, resulting not in solidarity and equality-within-diversity but in human beings being regarded as identical and all the same – literally, “no longer male or female” but simply as people, de-gendered and even de-sexed. It is possible that such an understanding may, even subconsciously, influence attitudes among Christians and be present in participants’ data, where gender appears to be of relatively low significance.

All these potential reasons for paucity of data relating to gender are speculative. However, it is certain that such a relatively small amount of material coded under this theme suggests an issue to be addressed. Engenderment may be a key characteristic of natality for Jantzen, but given the intended purpose of my research fieldwork, its low level of occurrence within the

data calls for consideration. This is included in the conclusions presented in the final chapter of this thesis.

5.3 CONCLUSION

By placing engenderment second in her outline of the predominant features of natality, Jantzen draws attention to its significance. Nevertheless, as described in section 5.1, there is more to engenderment than biological gender alone. Social and cultural influences have a significant bearing within a fluid understanding of maleness and femaleness as an aspect of personhood. Although this coding gave rise to a small amount of data in comparison to others, this does not detract from its importance. Indeed, it reflects how it is a crucial aspect alongside the many other facets which contribute towards our being as natals. Just as there is more to engenderment than biological birth as male or female, so there is more to who we are than our engendering alone.

While this is so, the recognition to be given to engenderment within a theology of natality has significant potential to enhance pastoral practice, contributing towards gendered understandings of and approaches to pastoral care which still form a relatively small and specialised field. If gender is important at birth, as Jantzen propounds, how much more after a lifetime of experience in which the process of engenderment has taken place. In neonatal death or stillbirth, it is still significant, not least for parents and others who care for the baby who has died and for their ongoing connection: its recognition is vital for effective pastoral care. For those who work in caring professions or who care in informal ways, gender may hold value for rapport and mutuality within relationships of support, as it may with those

cared for. Its recognition opens the way for the practice of gender justice, and understanding its non-deterministic nature may free both men and women from the pressures of socially conditioned responses in the face of death and dying and the situations which surround it. An awareness of its importance as part of our whole personhood offers significant possibilities for the development of pastoral theology and practice.

Pastoral care, in death and dying as in any other circumstance of life, is only ever given and received by embodied, engendered human beings in and through relationship. Relationality is therefore the next essential natal feature which Jantzen considers in her brief outline of its characteristics (Jantzen 2004: 36-38), and this is addressed in the next chapter, Chapter 6.

6 RELATIONALITY

6.1 INTRODUCTION

Iccu is a monk, Japanese monk, highly revered, lives ... in the sticks, was dying, and the master ... Ninikawa, takes upon himself to *journey* ... and offer to lead him in the death meditation. So he journeys over days ... and Ninikawa arrives and he says to Iccu, “Ah. I will lead you” ... And Iccu says, “I came into this world alone. I will die alone. Thank you, master.” And the master says ... “Suppose I show you a way where there is neither coming nor going.” And the monk just, eyes, just, beam, and he dies.

This story, related by C3 on several occasions as we discussed my research, was included in his interview as quoted above. While it expresses a profound mystical truth in Ninikawa’s reference to the “way where there is neither coming nor going”, one aspect contradicts natality. Iccu claims, “I came into this world alone. I will die alone.” By contrast, Jantzen states,

It is possible to die alone, but it is not possible to be born alone: there must be at least one other person present, and she, in turn, was born of someone else. To be natal means to be part of a web of relationships ... atomistic individualism is not possible for natals (Jantzen 2004: 37).

From natality’s perspective, Iccu was in error. To be natal is to be relational. If volume of data is an indication of a coding’s significance, then relationality presents as the most important theme for those who participated in my research. Although it is addressed third in Jantzen’s exploration of “some of the most important features of natality” (Jantzen 2004: 36), this by no means indicates a hierarchical placing compared to the others. However, without relating to one another, we would not be here to be embodied and engendered. This is perhaps reflected in the volume of data concerning this theme.

Relationality is a broad concept. As with Jantzen's other main natal features, it is important to seek clarity of definition, particularly given relationality's significance within feminist theology. Jantzen herself speaks of the "web of relationships" to which human beings belong and the importance "to work for its flourishing" (Jantzen 2004: 38) so that its members may flourish. According to Isherwood and Bellchambers, Carter Heyward maintains that "if God is love, then this of itself demands relationality, since love with all the power stacked in one place is nothing short of abuse" (Isherwood and Bellchambers 2010: 1). For Grey, relationality is utterly fundamental to our existence: "In the beginning was God. In the beginning was relation, because God *is* the power and energy of our relating, our yearning for justice and right relation" (Grey 2010: 88). This enables facing "the reality of the incarnation, both its awesome transformative power and its ever fragile existence in the lived experience of men and women" (Isherwood and Bellchambers 2010: 2). From the incarnation we are led to the profoundly relational theology of the Trinity, and from this to our cosmological relationality:

Ecology and cosmology now emphasize that we exist in a state of fragile interdependence in a web of relationality with both organic and inorganic matter which subsequently impacts on any understanding of the divine/human relationship and the ethical code applied to each other (Rafferty 2012: 193).

As Slee avers, relationality is anti-dualistic, holistic and inclusive, promoting our connectedness to the earth and our bodiliness. It is incarnational and concerned for justice, favouring diversity within interdependence (Slee 2004: 137-138). In short, it is natal. A brief working definition may be as the connectedness which enables fullness of flourishing.

Nevertheless, as this definition hints, “Not all relationship is good” (Slee 2004: 136).

Relationality may not always be the straightforward, desirable concept it immediately appears. For some, to be concerned about relationality as a feminist is to risk falling into essentialism. According to Keller, Schüssler Fiorenza sees the feminist stress on relationality as “a regression to femininity” (Keller 1997: 69). She adds,

There is a tight-rope to be walked between undervaluing women’s distinctive relational abilities, on the one hand, and essentialising those qualities in an oppressive stereotype of woman as the ‘natural’ carer and nurturer of others, on the other (Keller 1997: 69).

While this caveat is wise, I maintain that my research data, while limited and insufficient for generalisation, suggests that neither men nor women have the monopoly on relationality. “To be natal means to be part of a web of relationships” (Jantzen 2004: 37): as natal is male and female, both have the potential for relational connectedness to enable flourishing. Data according to this theme is explored in this chapter, subcoded according to the following relationship areas:

- relationship with God;
- relationship with self;
- relationship with others;
- relationship with those who have died;
- relationship with creation;
- relationship with death.

6.2 PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA ON THEMES RELATING TO RELATIONALITY

6.2.1 Relationship with God

As expressed by Carter Heyward and Grey (section 6.1), God is relational. In traditional Christian terms, if not in Jantzen's theology, this is described in the doctrine of the Trinity, which has recently become more prominent in feminist theology, for example in the work of Hannah Bacon (2009). The Trinity depicts the inter- and intra-relational nature of God, presenting the Creator in loving relationship with creation, God incarnate in loving relationship with humanity and the Spirit as continuing relational divine presence with and within all that is. Such relationship is the essence of God's self, the three persons co-existing in equality and harmony. God is therefore shown to be constantly seeking relationship within God's self and creation, including humanity. Created in the image of God (Genesis 1:26), human beings are similarly relational, including, for many, seeking relationship with God. Relationality enables flourishing to the ultimate fulfilment of, in Jantzen's terms, becoming divine. This section therefore explores data revealing how research participants experienced relationship with God in the context of death and dying.

All three chaplains interviewed spoke of their own relationship with God as well as that which they sought to enable for others. For C1, working with bereaved families had brought enhancement:

they'll tell me about their pain, or show me their pain, and let me hold them and, and *be* with them, and ... conduct services for them, and support them, and (whispers) what a privilege that is. For me, anyway. And actually, for me, it's *deepened* my faith, if anything, because, for me now I feel, myself, that

God moves very powerfully, in these situations of pain and distress ... So use that (sic) for myself, and my own support, really, that God is very close.

With this, C1 found “prayer has become more important to me”. In turn, this resourced her to be in relationship with others in their need:

And so, when I’m sitting alongside folk now... I really feel that I don’t know their experience but I can sit alongside them, or, if somebody’s watching somebody die, over days, or months, I don’t know that experience for them, but I can sit alongside them because I know that I did it, and was held and came through -

- relationally held by God.

C2 had also found his work had impacted upon his relationship with God:

I think there’s a cost in terms of my own faith as well. I’m even less certain now ... And I find myself questioning even more the basic premise ... If someone was to ask me how I felt about God just now (pause) I’d probably answer you in – ... people have often come to me and said, “Do you know, I’ve never believed in God, but why does he let this happen?” That’s often where I am! Yeah! That’s *often* where I am.

Far from being detrimental, C2’s honesty gave him empathy which increased the effectiveness of his work. Such a paradoxical yet strong relationship was echoed by C3 when asked how his faith had changed:

Erm, become less certain, less simplistic, less literal ... and the understanding of the God in *The Crucified God*, Jurgen Moltmann’s understanding of God in his opposite, in absence ... the eclipse of God, Buber’s eclipse of God; the idea in Nietzsche of the death of God – not the sixties death of God – but Nietzsche’s death of God, which is about something dying and something else coming.

This also enabled C3 to relate better to patients and families, sharing his conviction. He recalled, at a child’s funeral, using Wiesel’s story of the Gestapo executing a boy in a

concentration camp to convey God's profound relationality to humanity: "and there's a voice behind, 'Where is God? Where is God?' and he says, a voice says, 'There, in the agony of the child'." C3 shared with the grieving family "the God who in the Christian tradition takes responsibility for the pain, you know. Not to change it, but just takes responsibility for it. And it, ultimately takes respons-, or the idea is that in the crucifixion, takes responsibility for the awful things."

For clinical staff participants S2, S3 and S4, their personal relationship with God was important. While not holding a formal faith herself, S1 spoke of the significance of relationship with God in seeking to develop the Liverpool Care Pathway within the hospital:

like a Roman Catholic who's practising, then, to them, the Last Rites are really important, and ... if that's been really important to them, and they've been practising it f'all their life ...and you don't actually honour the Last Rites, which they may want, then it, it just seems disrespectful (little laugh). So, I think it's just an awareness of it, really, that the support that ...you as chaplains can give as well, to families, and to patients, at end of life, if that's what they want.

S2 also recognised the chaplains' role in enabling patients' and families' spirituality and relationship with God:

whether it is a particular faith, or whether it is ... their garden ...it's a big thing when people are going through that death and dying. And just ...having access to the chaplaincy service, or -. They may not use it but they can't use it if they don't know about it. Erm ... often you might say to somebody, when you initially start the LCP, "Do ... you want anyone from the chaplaincy to come up and see you?" "No! No, no, no! We're, you know, he doesn't believe any of that stuff!" (Little laugh) And then you might go back a day or two later ... and, you know, "If you wanna see anybody from the chaplaincy.." "Maybe we will." And it's almost like when the rubber hits the road, actually, you know! (Little laugh)

At such times, the services of a chaplain are particularly appreciated. A natality-based theology would oppose funding cuts threatening the employment of chaplains.

Data from the majority of terminally ill patients and their relatives interviewed would support this. A theme emerged valuing church and clergy support for relationship with God. Not a man of formal faith, P1 evoked relationship with God when he asked me to conduct his funeral. To refuse could have conveyed refusal from God, and I assured him that it would be my privilege if contacted when the time came. I responded as much for R1, who confessed in interview, “I would *love* to believe in something”, as for P1. A natality-based theology would support all expressions of relationship with God, however hesitant, for the sake of human flourishing.

(M)P2 spoke of difficulty in her relationship with God following the birth of her life-limited baby, P2: “It really is, you know, because you think, ‘Why me? Why would God do that to me? ... Is there a God, for this to happen?’”. She received support from the chaplaincy, particularly C3, affirming God’s relationality at a difficult time. In spite of challenges, (M)P2’s relationship with God was sustained and, when P2 died at twenty two months, her funeral service was held at the parish church, conducted by C3. Similarly, her sister R2 described how “my church – the church is very important to me. I would say equally as important as my family.” Her relationship with God having developed after her husband’s death, it could be that in speaking of “the church”, R2 was expressing much more, using it as shorthand for God, faith, spirituality, as well as church itself as institution. Irrespective, it was evident that her relationship with God was central, and she encouraged (M)P2 in hers, for the sake of her sister’s flourishing.

P3, a lifelong Christian, maintained her relationship with God as her terminal illness advanced. She spoke at length about her lifetime in the church, indicating its relational significance and, by implication, the significance of her relationship with God. R3, her friend and parish priest, described the increasing importance for P3 of Holy Communion when receiving end of life care, potentially indicating a relational flourishing for P3. With people of professed faith or none, it is important to acknowledge and facilitate relationship with God as appropriate. A theology of natality has capacity for this, recognising our relational nature with one another and God to enable flourishing even as life ends.

6.2.2 Relationship with self

How we relate to ourselves, our self-awareness and self-knowledge, impacts on all our relationships. It contributes to flourishing in ourselves and others. In this section, I consider how interview participants expressed this in the context of death and dying, recognising its place within the relationality which enables natal flourishing, contributing towards Jantzen's process of "becoming divine".

Personal and professional experience of death and dying helped develop relationship with self for chaplains and clinical staff. C2 reflected on learning the importance of awareness of his own needs within a pastoral situation for the sake of all involved. Speaking of baptising a dying baby, he said:

And in those cases, I always start off by saying – because usually the family's ... grief-stricken, heart-broken – I usually say that usually in baptisms, they're a cause of celebration, but of course, today, it's very different, and just, it nails it. It *nails* the *paradox*, if you like, or the contradiction, between people's expectations, and past experiences, with the current situation. And it says, "Right, this is so different," and it highlights it, but it says, "OK, we're in a different

situation here,” and then you can move on to it. And I think I do that partly for myself. To get myself.. partly into their experience.

Having learnt about clarity for himself, C2 recognised the possible benefits for others. He also realised that

I don't think it's helpful to the parents - it's definitely not helpful to *me* - to go into some theological flight about resurrection, and hope after death. It's just the wrong time.

Knowing his own pastoral needs increased C2's sensitivity to others'. Realising when he felt theological reflection inappropriate, he appreciated that the right time could duly be gauged:

And it's at, er, the funeral preparation interview I do – the meeting when I go round – that I talk about the Kingdom of Heaven and, er, *very* lightly touch on the Christian hope, but very light touch ... And sometimes not at all. You've got to judge it by how the parents are. But it's at the funeral that you can actually mention it formally.

Such self-knowledge had been partly gained through personal experience, as revealed when C2 spoke of accompanying dying patients:

There's nothing more important. Er, I think it's very personal, and it's important for me, quite apart from what the family feel like! ... I think it goes back a long, long way. I mean, my father died when I was fourteen ... when, erm, Mum was in hospital, and I found him. Dead. And. So I'd no process. There was no, “Oh, he's ill,” and visiting ... It just happened ... And I think that's been one of the drivers, looking back ... You know, I couldn't do it for my father, so maybe I do it for, for other people.

Reflection led C2 to deeper self-understanding, stronger commitment and “to acknowledge that that's the case. (It) doesn't lessen the credibility of what I do but it affirms what I do, really, and why I do it. Having said that, I think, ‘Yeah, that's all right. If that's my driver,

I'm fine.'" This enabled C2's effectiveness as a chaplain, contributing towards his personal flourishing and "becoming divine".

Additional to her work in palliative care, S1 brought to interview experience of suffering a heart attack while relatively young. She recognised the impact of this on her relationship with herself and her work:

I was, yeah, thirty three when I had my heart attack, erm, and that ... makes you see things differently, and appreciate things. And I wonder then, I think, I wasn't that close, but I had a shock, of whether, when somebody is that close, I wanna make sure that it's done to the best of my ability, if I was involved ... or try and put the tools in place, if it's on a ward where we're not involved ... That's why I think (swallows) erm, I think I advocate the Liverpool Care Pathway so much and was so passionate about it when I was heavily involved ... I mean, at the moment, I've had to take a step back, erm, which guts me! (Laughs) But I think that's where my drive was for that.

Reflecting later on her demanding work, she commented, "I suppose ... to counter the balance, you have to – well, I think, because of, probably, what I had health-wise, I think ... you do have to love life: you realise just how precious and fragile it is." Her personal and professional experience had brought greater appreciation of life and self-knowledge of what was important for her flourishing.

Psychologist S4 found his relationship with himself deepening as he matured. Introducing himself, he remarked, "Personally, I'm forty two, just turned forty two. Erm..(Smiley tone) I'm a *big* convert to the idea that life begins at forty! Erm, something happens, I think, in your own skin, that you settle into it finally." Recognising the importance of being integrated as a person, S4 was concerned for it for his patients. He perceived a risk in his Multi-Disciplinary

Team to “fragment care”, potentially losing “the person in there” at the expense of physical treatment. He was curious about

what a patient is doing as well, or differently ... which may *counter* the medical view ... Faith, for instance, is actually quite a good thing to look at, really, because, I suppose, if they have..erm, spiritual beliefs, if they have some kind of internal dialogue with their body, really, erm, is it possible that that can have actual influence as well? When the very psychology people bring to illness, can be interesting, really.

In the manner of natality’s holistic approach, S4 was concerned for medicine to take more seriously the same understanding. He acknowledged that such an approach is more prevalent in palliative care, describing this as “not as aligned with the disease-led model”. This resonates with the Palliative Care Consultant I heard telling a patient, “What’s good for you is good for the cancer.” The consultant believed that all branches of medicine should take palliative care’s holistic, relational approach, reflecting natal values, including the importance of relationship to self.

Terminally ill patients and their relatives or friends shared a variety of expressions of this. As already noted, P1 was adamant that his diagnosis had no impact on who he was or that it should affect others’ relating to him: “I said, ‘I’m still here. I’m *no different* to what I was yesterday. So what are you gettin’ like this for?’” Given that P1’s interview narrative concerned mostly significant relationships, these evidently were key to his self-awareness. Strongly relational, P1 apparently related to himself in and through those significant in his life. As these relationships remained present to him, so he maintained his continuing sense of self, even after a potentially self-perception-changing diagnosis. This evokes the African concept of Ubuntu - “I am because we are” – with its clearly natal character.

As baby P2's mother, (M)P2 had much to reflect upon for her self-awareness. A Pre-School Special Educational Needs Development Worker, part of this involved how her experience might impact when she returned to work:

having gone through this experience ... I think that might make me a better person at my job because ... I've been there, I've done that, I've got the t-shirt, you know.

Anticipating how her experience might make a difference in the future, (M)P2 also related how it had already taught her much about herself:

And it's took me on a different path, really ... I should have been back at work now, going back to my job. P2 would have been in, three days in childcare, you know, and I'm not on that path any more, am I? ... I'm on a path where, literally, I've become a nurse overnight. Eight months, you know, I've been doing all my medical stuff, and, that I never thought and *dreamt* that I could ever do, you know.

As well as the ability to learn new skills, (M)P2 felt she had made a further significant discovery for her relationship with herself. Of being P2's mother, she said:

it's hard; there's so much. It's, er – *so* much about, sort of – she's teaching me to, to, how to be a *stronger* person, I suppose, because (sniffs) I think to go through this situation, you've got to have a certain amount of strength, and she's teaching me that I've got a strength that I never even *knew I had*.

Through her demanding experience, (M)P2 recognised that she was growing in depth of relationship to herself, carrying the potential for natal flourishing.

P3 also found her diagnosis had brought a greater awareness of her true priorities, enhancing her self-awareness. She reflected:

I think we take life too much for granted ... and it's only when somebody's been told you've got a limited life ...erm, that you realise that, "Oh, hold on

a moment,” you know, “There’s things I want to do. There’s things I want to say, that, I’ve ignored, because there’s plenty of time to say it.” And you, you don’t know there’s plenty of time to say it ... So, I think *that* is a *positive* thing that’s, that’s come out of this, erm, is that you’ve gotta be careful how you treat other people . Erm, you become more conscious of how you speak to people. You also become more conscious of how people speak to you ... And ... you *do* realise who really cares about you, and, who, maybe thought you were friends with who really – I don’t know –and I’ve found this, at this time.

As with others, P3’s new-found self-knowledge had implications for other relationships.

Within the natal web, a deepening reflexive relationship may impact positively beyond the self, bringing wider benefits.

P3’s experience resonated with R2’s, widowed suddenly and young. Reflecting on this and on P2, she had gained important insights:

But I’ve said to MP2, with all due respect, to P2 – and they have, erm, the palliative care, the doctors, the nurses, everybody, (the children’s hospice), have *really* set it in stone that she’s not here forever, and it is an imminent, et cetera. But as I pointed out to MP2, “Not being funny, but use my husband as an excuse. *How* do you know you’re going to be here this afternoon? ... or I’m going to be here – or, you know, the girls are? Just because you *know* doesn’t mean to *say* that my mum won’t pass before P2; I won’t pass.” How – that’s why you can’t take people for granted, because there’s no going back.

R2 had learnt that “it does make you *value* what you *have*.” Furthermore, she appreciated, with (M)P2, that “we see things differently, but now *we* both accept that it’s OK to think differently and it’s not - that’s not a bad thing, it’s not a criticism, it’s just - ” (different). She was also convicted of the importance “Not to judge ... people, but just to take a step back”. Although hard-won, R2 valued her growth in self-knowledge, saying, “I *wish* I’d have had this hindsight, or this information, in my twenties ... not through the same circumstances. I wish I’d have had it naturally, because I would have done things a lot differently.” Through

her research interview, R2 offered others the opportunity to benefit from her understanding, perhaps inspiring doing “things a lot differently”, within the relational web.

6.2.3 Relationship with others

This theme’s coding arose out of, and gave rise to, a large amount of data. It is therefore sub-coded as follows:

- relationship with family
- relationship with colleagues
- relationship with carers
- relationship with the church
- relationship with work
- relationship with those unknown

Throughout my fieldwork, relationship with family and friends was crucial in the context of death and dying. C1 sought out her sister and niece when feeling its pressure, as previously mentioned. She also related how her sons responded in such situations, and how she responded in turn:

The boys, erm, handle death very differently now. The two older boys, A and B, are (short pause). Yes, they get very upset, but, erm, *manage* ... and they grieve, but they *manage*. C, the youngest ... he’s a different animal ... And he actually withdraws, and goes into denial. Erm, and I think that’s the same with *any* loss that he faces. He has to withdraw, get it clear in his own mind first, erm, and work with himself first, and there’s almost, like, no reaching him ... Erm, and so all I can do is just love him and just keep telling him that I love him, and just keep holding him, and he’ll cry.

C1 recognised particularity in grief, and held her youngest son as he grieved his own way. Theology and pastoral care have much to learn from best practice in mothering and family life, as well as to offer. However, C3 shared how family-like relationships may exist beyond conventional ties. A young man killed at work was brought to the Emergency Department, where the emotion around him was, for C3, “like being suddenly hit with the lightning bolt of everybody’s stress, grief.” He recalled

spending time with the staff, waiting for mum and dad to come ... in the meantime, I talked with one of the Senior Sisters ...she said it was like being his mum, and some of the younger staff, “Well, we were just thinking we were his sisters.”

“But that was amazingly powerful,” he remarked, reflecting that, however important family may be, all belong to the natal “web of relationships” (Jantzen 2004: 37). Difficult as it was for the clinical staff to work under such an insight, it nevertheless indicates a deep natal source for care.

S2 found that relationship with family enabled her work in palliative care, providing a different environment. Admitting “I’m quite good at leaving things at work”, she added,

I suppose ... some of it is the busyness of life and ... what’s going on at home ... you open the door and there’s, you know, “Mummy!” and ... then you’ve got to get the tea on – do you know what I mean?

As well as bringing personal joy, S2’s family provided a contrast with her professional responsibilities, enhancing her relationships in general, including with her patients.

For P1 and R1, past family relationships had been challenging. Both had been married before, following quite difficult childhoods. Later, they found happiness in their enduring marriage,

their context for living with P1's terminal cancer. Independently, both referred to plans for his end of life care:

Because ... she promised me that, didn't matter what happens, I ain't goin' the hospice. She'll look after me.

Like, he doesn't want to die in hospital.
(*JH: Where does he want to die?*)
Here. And I've promised him he will.

Of living with P1's diagnosis, R1 said, "I think it's made us stronger, if anything." In difficult circumstances, their relationship enabled them to flourish and live to the full.

Similar relationality was found in P2's family. Her birth had put pressure on her parents, as

(M)P2 related:

when we first had her, he used to go off in the garage (tearful) ... and I used to see that he was so upset (voice breaking) ... and I used to think, "I can't be upset ... If we're both upset together, how we gonna do this? How we gonna support the other two, and P2?" (Sniffs) So ... I used to just change when ... I could see that he was like this ... (sniffs) – I used to go the opposite way, and I just used to think, "Right, I'm not gonna cry." And he saw that as we *weren't* sort of talking about it, and coping with it together, and, er (sniffs), and then he'd go off to work, and then I'd sit with P2, and I'd have some really grey days, grey mornings, you know.

The strain put on family relationships is clear. However, informally, (M)P2 spoke of how facing challenges together had made the marriage stronger. "You go one way or the other, I think," she said, affirming that she and her husband chose a way of new beginning. This was also the case with R2, her sister. Their relationship had seen difficulties, but according to

(M)P2,

I've realised this, when my sister come, erm, I had to talk to her. My sister is, has been my *rock*. We really didn't, before P2 was born ... have a relationship, you know, as sisters should. But then P2's – that's another

reason, you know – has P2 been *sent* for that reason? – you know? We are *really* close now, and, er, we spend a lot of time together, and ... I really admire her, the person – what she's had to deal with.

Rather than allow P2's condition to bring extra pressure, the sisters chose reconciliation and a fresh start. The value to them both was endorsed by R2: "I mean, I would not change my relationship with (M)P2, and ... a lot of that is down to P2."

For clinical staff and chaplains, relationship with colleagues was important. As S4 said, "I discovered that the people you work *with* are as least as important as the job." Recalling a team that gave palliative care to a young man at home, C1 said,

It was (an) *amazing* piece of work, and so many agencies were drawn in to support and care for him, and his family, and I have to say it's one of the *best* pieces of work I've ever seen. Everybody communicated with everybody else, and everybody felt very involved.

She joined the team to conduct the young man's funeral, finding it life-affirming to be with such colleagues. Echoing this, S1 spoke of the relationships among her palliative care colleagues, and their supportive activities:

I like to - yeah, we do it as a team, and G's got her job, so we did balloons, and now, for Z, I've got to go and get a balloon tonight, and we'll get a card. But yeah, it's important ... I like to do nights out as well. I think it's just good, to do bonding, really, and see, socially as well as – you know, even if it's just a couple of times a year, it's just *nice* to do.

The "bonding" impacted upon their work, as S1 affirmed "Yeah. We're a team doing it." I observed effective communication and mutual support enabling the sharing of a sometimes seemingly impossible workload. Caring for their patients, the team cared for each other, for effective working in the natal web of relationality.

I also became aware of the relationship of those cared for and their carers. As already suggested, I observed greater mutuality than anticipated, particularly between patients interviewed and their relatives/friends. P1 showed care for R1 in practical ways, standing by her in her own health difficulties. They evidenced strong reciprocity which, while not like-for-like, cemented their relationship. Likewise (M)P2 and R2, who rediscovered their sisterhood when P2 was born. While R2 could offer practical care such as looking after P2's sisters, she experienced care herself, reconciled with (M)P2 and sharing family life. With P3 and R3, the relationship of parish priest and parishioner evidenced quite rare mutuality, as P3 supported R3 in her ministry. Their relationship added to R3's care of P3 in her final weeks. Within the "web of relationships" (Jantzen 2004: 37), delineations may be blurred. Care given is revealed to be care received, and the carer's needs are fulfilled with the needs of the one cared for. While the distinction between relationship with God was sometimes blurred with church for patients and relatives/friends (section 6.2.1), chaplains and clinical staff expressed it more clearly. C1 spoke appreciatively of the church following a family bereavement:

I was so fortunate, because my incumbent was just a really wonderful man ... going down to church, and spend some time with him, and other members of the congregation: it was just my sanctuary, really, away from it all ... and the incumbent there was fantastic, and, it was a good place. Good place. So, erm, he was just brilliant, and so supportive, and friends at church were wonderful.

Interestingly, "church" apparently signified the building and the people, as a place of relationship, both providing much-needed "sanctuary". Within cosmic relationality, relationships may exist with places as with people. However, without the people, the "body" that is the church (Romans 12:5), such buildings would not exist. A case can be made for

both, but while buildings may speak of relationship, it is expressed far more effectively (and naturally) through the people.

Within the relational web, the church also exists beyond conventional buildings and structures. For C2, the hospital had taken on such an identity:

I don't equate my faith in God with my faith in the structures of the church ... I find myself increasingly frustrated by the institutional church ... and I'm not alone in that. Er, but I just thank God ... that I've found a place where I can work out my faith here, in somewhere that's so crucial.

Outside the "structures of the church", C2 felt free to practice pastorally in "crucial" situations such as death and dying, fulfilling his needs as well as responding to patients, staff and families. Although he found the institutional church frustrating, this was evidently not so in a wider sense. 'Church' happened for him relationally, with colleagues and those for whom he cared, as he worked out his faith among situations of deep pastoral need. In this context, C2 flourished.

S2 described how she found church a source of support when her daughter's life was in danger. Fearing the baby would die, her husband phoned their pastor

at half past seven (chuckling), half past six, and said, "Get 'em up! Get 'em praying! Just, just do it now!" (Little laugh) And R was like, "OK!" (Laughs) "I'll text people!" (Laughs) "Phone them right now!" ... I phoned my dad, who was in a prayer meeting at his church, so they prayed. I phoned my sister, who got it on their prayer chain. Erm, *we* got to H at, mm, about ten o'clock ... our pastor was actually going to a leaders' prayer meeting *in* H ... he came to the children's hospital first ... And he ... was there with us as the consultant came in, erm, and then he ... walked in to find, you know, about two hundred and fifty leaders, praying, for us.

Irrespective of S2's theology and how she understood so many people praying, she emphatically described her church as "fabulous" in their support. When the family returned home, the church gave practical help in the way they would "Come round, and lasagnes, and all that kind of stuff". For S2, as for other interview participants, relationship with the church was natal in expression and enactment.

Interviewing chaplains and clinical staff, as well as R2, a former dental nurse and GPs' receptionist, and hospice chaplain R3, I was moved as they described their relationship with their work. They spoke of loving and enjoying it, finding fulfilment; of loving their patients and being committed. S4 contrasted himself with a friend earning a greater salary, saying how

she just doesn't like her job. She just, it's so stressful ... And we sat at Christmas time, and I said to her, "Oh, I absolutely love my job," and, er, she ... doesn't hear that at all. She lives in London ... she meets lots and lots of people but they really don't like it. They don't all like their lives.

In comparison, he said of being a psychologist, "it's fulfilled me". In challenging circumstances, he flourished because of his work.

C1's words resonate:

it's a very powerful job, actually; it's a *huge* privilege to be in it (quietly) and I love it. I really love it! (Laughs) How mad is that? Doing all these awful things, and being there at all these awful times, and I just *love* being with these families, because it's what God called me to do.

Again, relationship in and with work brought her flourishing.

S1's interview expressed this very strongly. While her job was supporting work with dying patients and their families, and her preferred area involved looking after people in their last days and hours, she evidenced strong natal themes in her language, understanding and practice. Against a traditional background of heterosexual marriage as the dominant model of adult relationship, S1 spoke of being "married" to her work. She mentioned her "love" for it several times, describing it as her "passion". In informal conversation afterwards, she referred to it as her "baby", the traditional expected outcome of a loving, passionate marriage.

Although happily married with a son, he was an only child because of gynaecological difficulties. She recognised that palliative care work "fulfils a need" in her – possibly a need to conceive, nurture and bring to birth. If her work was her "baby", so also were her patients.

Describing her son as "precious", S1 similarly described end of life conversation with patients as "precious". She was concerned for babies' safe arrival in birth, but also for patients making the parallel liminal journey from life to death. This involved preparation, which she saw as being important for death as for birth, and all lifelong, as she tried to ensure her son was "equipped" for "a difficult world". For her, dying patients deserved "the best", as a mother strives for the best for her baby. This included physical closeness to loved ones, like a mother keeping a baby close following birth and closer still in pregnancy. It was important to S1 that a patient and his pregnant wife should be able to sleep together in hospital, and she had a project to provide beds so dying patients' relatives could sleep by them. Although stretching the metaphor, sleeping with someone can euphemistically imply a sexual relationship, linking back to S1's language of love, passion, marriage and reproduction for her work. Sleeping together may be productive at the end of life, offering "comfort" to patient and loved one, as it may be for its beginning. S1 also expressed how food remained important for nurturing the

patient and relationships, as with the father and his daughters mentioned in Chapter 4.2.4.

Eating and sleeping together may be as much part of preparation for death within relationships as for a relationship with the potential for birth. From observation, I perceived congruency between S1's language and practice. She revealed palliative care to be parallel in death to midwifery in birth. Her love of her work embodied natality, with theological resonances for death and dying and pastoral care.

A further aspect of the "web of relationships" (Jantzen 2004: 37) expressive of natality may exist in death and dying. As a case study I offer arriving in the Palliative Care Team office to be introduced to a young woman talking with S1. She intended to do a sponsored run to raise funds for the Team. Her grandmother had been under their care, but she had no friend or relative in the hospital at that time. While her motivation included her relationship with her grandmother and gratitude for her care, it was also partly for others who would be in similar circumstances. She would never meet them and they would never know her, but inspired by her grandmother and the palliative care staff, she wanted to show support. Such may be the nature of the relationality between strangers in situations of need.

S1 appealed to this, hoping one day, in co-operation with the chaplains, to recruit volunteers to sit with dying patients. The intention was to give respite to friends and relatives, knowing their loved one was not alone, and also for the sake of the patient. Again, it represented stranger helping stranger, within the relational web. Up to the conclusion of my fieldwork, this project had yet to begin. It may still come to be.

6.2.4 Relationship with those who have died

Historically, the church has taught and celebrated relationship between believers in eternity, sharing in Christ's resurrection. The 'communion of saints' remains an important creedal affirmation and, as explored in Chapter 1, the early church recognised divine continuity between dead and living (Jantzen 2009: 184), believing their mutual presence made "a neighbourhood of paradise" on earth (Brock and Parker 2008: xv). Following the Reformation, the doctrine received less emphasis. However, in Victorian times, belief in continuity of human relationships redeveloped (Ariès 1981: 471), popularly sitting alongside traditional understandings of God's people united in eternity. Even as this took place, psychoanalysts such as Freud developed models regarding the goal of grieving as "the withdrawal of psychic energy from the lost loved one to make possible the reinvestment of it in new relationships" (Kelley 2010: 23). As in the title of a popular pastoral text, the aim came to be not relational continuity but rather "letting go" (Ainsworth-Smith and Speck 1999).

Other contemporary understandings recognise ongoing human relationships in death and life. Klass, Silverman and Nickman developed the term "continuing bonds" for how they perceive that

survivors hold the deceased in loving memory for long periods, often forever, and that maintaining an inner representation of the deceased is normal rather than abnormal (Klass, Silverman and Nickman 1996: 349).

This perspective resonates with the communion of saints. Far from being pathological, as Freud would maintain, it reflects the relationality I encountered during my fieldwork,

suggesting that expressions in my data of relationship with those who have died support an understanding of continuing bonds which merits consideration.

C1 spoke of relationship with those who had died among families she worked with as well as in her own. Referring to a family whose first daughter had died, she mentioned their practice with her sister:

But they take their daughter now, to her big sister's grave, every week, and they just take some flowers down on Sunday morning, to go and say hello to her. And they come away. And that's important, for them. And the daughter that they - that died, the daughter that died - no, they didn't lose her - is still very much part of their family. And ... the Christmas following her death, they asked me to go and see them, and they'd bought a bauble, in her name, and put it on the Christmas tree, and it was just lovely, just lovely, the way they dealt with it.

Similarly, with another family, bereaved by neonatal death, she said how

I went to see them at home, in preparation for their little girl's funeral, and what they had done was *amazing*. They had got a little table ... and they'd made a special little corner for her at home, and so they'd got her scan photographs on it. And then they'd got the photographs that were taken on the obstetric unit, that the staff took for them to keep, after she was born and when she'd died. They'd got her photographs, and they'd got candles all round it, and somebody had brought them a couple of little angels, and they put those on as well. And they were showing me how, at night, they lit the candles, and they just sat for a moment in quiet.

Such ongoing relationship evokes C1's words to parents at their baby's funeral: "Yes, you're young, you might be able to have another one, but that's the one you wanted."

In parallel, C1 spoke of relationship beyond death in her own family, with her sons' grandparents:

And we talk about all of them quite a lot. And especially with football,

because ... C's gone on to do quite well with football, and, there are so many times I say to him, "Your granddads would have been so proud of you today. Well done." And he just kind of looks at me, and shrugs his shoulders, and it's the same with all of them really, you know, because I say to them, "Oh, I wish Nan and Granddad were here to see you now," and, "They would be so thrilled about this." And I do this with the three of them, to remind them that their grandparents are still part of their lives, really, and part of my life as well.

Recognising continuing bonds in her own family enhanced C1's pastoral work, strengthening relationships all round.

Members of clinical staff also spoke of ongoing relationships within their own families. S2's speaking in interview of her miscarriages hinted at her continuing bond with the babies who had died in that way. Furthermore, her elder daughter also felt the strength of the relationship:

The last time it happened, it was different, because we *had* K, who was obviously *more* aware of what was happening, and that's something she, every now and again, she'll mention it, which is interesting, because you just assume children just carry on, and life goes on, and then every now and again, she, I dunno, little things, you know, "If the baby in your tummy had lived, Mummy..."

Although young, S2's daughter felt a bond with her unborn sibling, an indication of the pastoral value of acknowledging even tentative relationships with those who have died.

S3 found comfort in the traditional understanding of the communion of saints. He told how "probably, *initially* ... one of the regrets" was that he could not share the Eucharist with his mother as she died. However, in due course, he realised that "it was either All Saints - it was the second of November, so it was All Souls - indeed, that evening." The link between the date and the Christian belief in relationship with those who have died reassured him that, from

this life, death, “is, yeah, a re-engagement into the next.” The experience reinforced his belief in the “continuum” of life and death, and ongoing relationality.

The communion of saints was also evoked by S4. He saw his work as “fulfilling the mandate, the charge to serve.” He found further inspiration to respond to the “new commandment” of Jesus to “love one another” (John 13:34) in one saint in particular:

In the Catholic tradition there is the Vincentian order, Vincent de Paul ... what he went into the priesthood for was ... the easy life, believe it or not ... and he went in when he was about, in his late thirties, ordained at the beginning of his forties, towards the ending of his life, but what, what actually turned him was looking at the galley slaves ... they were slaves who were chained to the boats, and they ... lived their lives there, so when they went into battle, and the ship went down, they went down with it ... it was horrendous, and sometimes they got free ... but ... they would end up in Parisian streets, deformed, defaced, you know, because of their years of ang-, of suffering, and I think he coined the phrase, “The love of Christ leaves no option.” And it doesn't.

Part of the continuing bond lies in “our sense of the *legacy* that a deceased person has left; that is, the many ways they have touched us and continue to touch and influence us” (Kelley 2010: 25). Although S4 obviously never met Vincent, his life was touched by his legacy. He felt a relationship with him that extended beyond death, encouraging him in his work. The continuing bond contributed to the church's relationality and to the lives of those S4 helped professionally. In this, S4 endorsed ongoing relationship with those we may have never known who are present by their life and shared faith.

By contrast, P1 and R1 spoke informally of a mode of relationship with those who have died which would not be supported by the church but which is popular within their region, if the pubs advertising “psychic” events are any indication. A friend borrowed P1's drill when

working for a spiritualist. Ringing to ask for it back, the friend relayed a message the spiritualist had said was from P1's late mother: "I'm with him all the time." P1 and R1 were disturbed and decided to visit the spiritualist themselves, receiving further messages said to be from dead relatives. Again, they were distressed. Alongside this may be placed R1 speaking positively in interview of two events she "would *love*" to indicate ongoing relationship. She remembered

me Auntie V, who used to look after W, who P1 found dead. We went on holiday and ... it was the first year we hadn't took her with us. She'd died. We were coming back up the (motorway) ... Coming along, and we said, "Oh, this'll be the first time Auntie V ain't been in with us," and the car lights come on inside.

Furthermore, and endorsed independently by P1, R1 continued,

We got back to (address), in Q, and it was a three – town house. Put our W in her cot, 'cos she was little, gone to sleep. (Swallows) And we sat downstairs. The bedroom was above the lounge. And we were sitting there, and all of a sudden, you heard the footsteps go all round, and we says, "Somebody's up there," and Mum said, "It's only Auntie V." Went upstairs, not a soul there, but you heard the footsteps walk all round the cot.

Having described herself as "agnostic", R1 added "I would *love* it to be true."

As an expression of continuing bonds, these two sets of data contrast. The first instance made P1 and R1 feel "freaked out", "creeped out". The second pair of events left R1 wishing the ongoing relationship implied were true. This latter therefore had a more positive impact than the first. The significant difference seems to be the presence, in the first, of an initially unsought intermediary, the spiritualist. The alleged communication of the continuing bond came second-hand. However, in the second pair, involving the car lights and footsteps, no

other party was involved. The apparent communication was unsolicited, coming unexpectedly during normal activity. Just as conducting a close relationship via a third party would be uncomfortable in life, so it may be speculated that it would be for such a bond continuing beyond death. If a relationship is ongoing with one who has died, then its nature is unchanged. Relationality abides.

For (M)P2 and R2, relationship with those who had died was significant as they anticipated P2's death. R2 spoke of how P2's sisters were being prepared:

this is what ... we've stuck to ... it's OK to die, and it's OK to feel sad, and it's OK to have *happy* tears, and *sad* tears ... that's perfectly fine, but it is only until we meet again. It's not the *end*. Which, for (M)P2 and I, we do believe that.

An incident related by (M)P2 spoke of her own less certain but nevertheless real belief in continuing bonds:

And then ... I lay there in the bed, many nights, and ... I remember saying "OK, if there's anybody" - because my dad passed away a few years ago - I said, "Dad ... if you're here in spirit, just give me a sign that everything is gonna be OK." I looked round the room, and I said it out loud, and I thought if the nurses are walking past, they'll think I've flipped, you know. And nothing happened, obviously, and I just thought, "Somebody just give me a sign that ... it's gonna be OK." But, as I say, nothing happened.

Later, (M)P2 speculated that a sign came in a supportive specialist nurse:

I'll never forget the day when I needed somebody, and she was there. A bit like *my* guardian angel, really. Yeah ... maybe that was my sign, you know, that, you know, that it *had* to be her day on shift; she was looking after P2.

Her fragile but real continuing bond with her father connected (M)P2 with the strong relational support of the nurse. Contemplating the future, she spoke of her ongoing relationship with her daughter:

it's not something that I'm going to *ever* get over, you know. It, she's a *part* of our life, and whether it be nine, ten months, eleven months, twelve months. It's the biggest part of our life, really, you know ... we'll have special days with the girls, when, you know, on her birthdays, and on anniversaries of her death, and we'll do things and you know, and (small sigh)with her ... I think somebody said something to me about a friend who'd gone through a similar experience, somebody had asked her about how many children she'd got, and she said, "Oh, I've got one." She actually had *two*. Er, and she said, "It's easier – just easier to say that, 'cos you get over -." I don't think I'll ever be able to say, "I've got, I've got"- . I thought to myself, "What will *I* say?" ... I'll probably just say, "I had three children." And if they want to say, "Well, '*had*'?", then they can. But I'm never gonna say, "I've got *two*," 'cos I haven't, and I've got three, whether she's with us or she's not.

Bonds of love do not end but continue and endure.

Such an approach was reflected in an important event in the chaplaincy's calendar. At the annual Memorial Service, parents whose babies had died during the year were given the opportunity to light a candle as their child was named. Where no family member was able to attend, a candle was lit by someone else, ensuring every baby was remembered. The simple service expressed ongoing relationality. Throughout the year, people could similarly mark their continuing bonds by writing prayer requests or words of remembrance in a book or on a paper leaf to hang on the Prayer Tree, an art installation outside the Prayer Centre on one of the hospital's busiest corridors. In the chapel, bereaved parents could leave soft toys as memorials and signs of continuing bonds. Visitors to the Prayer Centre for whatever reason were invited to take a pebble, as described in Chapter 4.2.2. For some, these signified ongoing relationships, as in C3's poem:

One for my nan,
On the mantelpiece
To remember her.

A further expression of continuing bonds within the “web of relationships” (Jantzen 2004: 37) was kindness shown towards families bereaved by stillbirth or neonatal death, as described by C1:

I offer this to every family – we’ve got some volunteers who knit little shawls for us, and some, erm, ladies from the ... Mothers’ Union who make tiny little gowns, like baptism gowns, and little bonnets for us.

It is common enough for women to make baby clothes for their own family and friends; it is another matter to knit and sew for stillborn babies whose mothers who are unknown. As well as offering a powerful expression of relationality with the living, this expresses ongoing relationship with the dead. Every baby, whether she lives or not, deserves clothes reflecting the love in which she is eternally enfolded and her continuing bond with humanity.

6.2.5 Relationship with creation

As stated in section 6.1, our “web of relationships” (Jantzen 2004: 37) includes all that is. Relationality is cosmological, human beings existing interdependently with creation. This was revealed by research participants, the natural world being valued for its comfort and inspiration, enabling flourishing and the “christic help” that comes “from creatures other than human” (Carter Heyward 2010: 14).

C1 spoke of using flower seeds and bulbs in bereavement care. She remembered facilitating a memorial service at a school:

I put together what I thought could be a really meaningful service, and, er, based it all around the theme of sunflowers.. and the brightness and joy that they bring into our lives, an' how special light is for them, and (clears throat) thought that would be something that they could relate to, you know – this beautiful, bright coloured sunflower, and they don't last very long, and then they're gone, and that actually seemed as if it would fit for this young man's life as well (clears throat) ... and, erm, they planted sunflower seeds, for him, as well, in memory of him.

The flowers' symbolism, including their capacity for regeneration, helped C1 to convey a powerful message. Similarly, she mentioned her relationship with snowdrops, which she often shared:

very often, if it's seemed right, when I've conducted a funeral, for a child, or a baby... according to what time of year it is as well, I take bulbs for families to plant in memory of their loved one that's died. And *especially* if there are children in the family, I love to be able to say to children, "Well, these don't look very much at the moment, do they? But if you plant them they will become something beautiful, they will have changed." Erm, and as a reminder of new life, really... And it's usually snowdrops, I have to say, because they're very symbolic, for me, of having *lived* through a hard, cold winter, and they're the first flowers that will battle their way through snow and frost and ice, and remind us that there's new life.

C1's drawing on nature for pastoral care indicates the profound natality of the relational web of all that is. Her use of flowers evokes buying them for herself after a demanding day and the common custom of flowers at a funeral service, our relationship with creation giving comfort and support.

C3 reflected upon healing, referring to cosmological relationality:

The ... working definition I use for health, comes from some, Paul Tillich's

work which is about health means not disrupted, and it's about the totality of the cosmos, right, so it's about the whole of this. So healing is about this interconnected whole, so, so health means to be literally 'not separate', which is interesting, 'cos, erm, that's obviously the goal of spirituality, is to be 'not separate'.

C3 recognised the context of his work, seeing fullness of health as achieved in relationship with all that is, including the healing which may come with death. Individual health and flourishing is ultimately connected with that of creation: human healing cannot be fully achieved apart from the whole cosmos. While Christian doctrine believes this has been fulfilled in Jesus, it remains to be actualised, emphasising the crucial nature of our mutual relationship with creation, and the truths to be learned.

A micro expression of macro cosmic relationality, and its importance, was offered by S2. She recognised holistic care, including spirituality, might be experienced through relationship with creation, in trying to

provide ... a spiritual care, in that, obviously not everybody, erm, follows ... a religious tradition, but that, you know, if they've got peace and hope from their garden ... for instance, that the family could bring photographs in, or whether particular music ... those sort of things. I mean, it's more difficult if it was, you know, their parrot that they got hope and peace from, but, you know!

S2's light-hearted reference to a patient's parrot belies a serious point. The Pets As Therapy charity offers much-valued comfort and pastoral care by visiting such as hospices with dogs and cats. This was reflected in P1 and R1's relationship with their dogs and a stray cat which P1 looked after, giving him pleasure and, like the PAT animals, offering therapeutic benefits. His gardening, referred to previously, ostensibly for R1's sake, gave contact with nature and

natal benefits for his flourishing as well. It evokes a practice P3 and her husband shared, described in her reflections on “the miracle” of birth:

So, erm, I think that’s the first sort of thing that you experience, is this emotion of, “*F-oh*, gosh, look at that! Isn’t that absolutely wonderful?” It’s a bit like ... that bunch of daffodils, in a way. I mean, to start with we picked some out the garden, and now we’re having a bit of a (coughs) ... competition here, that he buys a bunch of daffodils as tight as he can, and how many of them are going to be perfect ... when they open! Right, well, you see from that, there’s only one, that’s imperfect ... on the right hand side, where the head’s bent down. Right? Yeah. So, from human birth, down to a bunch of daffodils, the way things are born, grow and, and germinate, are, is, yeah. I think we’re so lucky, really, to, to be able to experience these things.

Human relationality with the natural world is an expression of natal flourishing. It speaks of our responsibility of to care for creation as it feeds, nurtures, inspires and comforts us.

6.2.6 Relationship with death

As presented in Chapter 1, Western society’s relationship with death has changed over time, from early Christianity’s positive approach and St Francis of Assisi’s

most kind and gentle death,
waiting to hush our fading breath⁵⁹

to medieval terror and twentieth century denial, leaving a legacy of taboo into the twenty first. Further changes have been discerned as the century unfolds, attributed to the hospice movement (Ariès 1981: 589), terrorism and ecological awareness (Davies 2005: 152; 2008: 26). Increased life expectancy means that fear of indignity may have displaced death as the

⁵⁹ *Singing the Faith* 99

“last enemy” (Davies 2008: 127). Jantzen evoked relationship with death within a theology of natality when she stated:

A theology or spirituality that ignored death and destruction and focused only on beauty would be consolatory sentimentality, neither persuasive not (sic) strength giving (Jantzen 2010:1).

Writing of Jantzen’s earlier work, Anderson asked, “are we not allowed to struggle with death?” (Anderson 2007: 228). This conclusion to this chapter’s data section explores some of the expressions of such relationship as shared by research participants.

As an experienced pastoral practitioner, C1 reflected:

I think the one thing that I worked very hard on ... and still try to now, is the concept that death doesn’t belong to us any more, as people. It doesn’t belong at home, or rarely does it belong at home, like it used to ... It’s now something that happens in a hospital, or in a hospice, and so children don’t grow up around death any more. Like, when a neighbour died, one of the neighbours would go and lay that person out, and they stayed in the front parlour; everybody went to say goodbye ... and children were *involved* in this, families were *involved*, and they knew the language of death.

She continued,

But now, nobody knows that language, now. People can’t say, “Oh, somebody’s died,” so they use euphemisms. Can’t say the word “cancer”, so they use euphemisms. So death is very *mysterious* now, and that concerns me enormously, because I think we need to break down that mystique, and this big taboo around death, and I think it might – *might* – be happening, but it’s very, very slow.

Losing “the language of death” implies inability to communicate *about* death and *with* death, meaning a breakdown of relationship. In response, C1 would “really work to try and use the right words. And it might be blunt, and it might be painful, but it’s the truth.” For her, “the veil between life and death ... it’s thin, you know, the curtain ... it’s finer and thinner than

people know”. Through honest language, she aimed to raise awareness of this and enable relationality with death for those in her care.

The importance of such relationality was demonstrated by C3. He described being called to anoint a patient in the early hours, by her own request, saying, “so we anointed, at which point she then fades into unconsciousness. I mean, if anything, if ever you hear about, you know, that sort of ‘conscious living, conscious dying’, that was this woman.” However, because her relationship with death and wishes regarding resuscitation had not been discussed, a distressing situation arose:

And ... eventually I called (her) vicar, and he came ... and the nurse said, “She’s for resuscitation,” and I went, “*Whaat?!?*” And sure enough, when she died ... we ‘prayed her into the Kingdom’ ... and just sat with her as she *died*, and ... “She’s gone,” and “*Zzzzzzz!*” – all the two-tuos, and they came in, er, and they looked at me, er, and they went ... “I’m so sorry ... we’ve got to do this, and the Night Co-ordinator’s just been. Oh, this is the fourth time it’s happened this week,” ... and I almost thought, “Shall I do this? Shall I ... be the one who does the CPR?” and they eventually, and I remember meeting the same bunch of doctors for weeks after, and they just couldn’t look me in the eye. It was just horrible for them. I thought, “*What is that???*”

As C3 said, “because somebody has not mentioned and had a conversation” about death with a patient, the trauma may arise of cardiopulmonary resuscitation on an already dead patient who would not have wished it. A more natal relationship with death could avoid this, enabling the subject to be more easily discussed, patients’ wishes to be more frequently respected, and the diminishment of stress for clinical staff.

A very different relationship with death was revealed among palliative care staff. S1 said:

end of life care is my passion ... it’s just important to me that people should be – I think, that communication happens, that people are prepared, as much as possible, to be allowed to say things they wanna say and do things they

wanna do, be in the place of care they wanna be ... at end of life, to allow families to have that time ... it's just all the communication round it, that they are left ... to die with dignity and not be wired up to medical (small laugh) attachments and appliances and ... have peaceful sort of passings, hopefully comfortable ... to be made as comfortable as possible.

The contrast with C3's incident is marked, S1's aims for her practice evoking reflections from S3. Remembering his mother's death, he said,

I was chatting to a neighbour who, who was very involved, and almost just recognising that death is just sense of passing on into something else, and actually helping the person to move into that. It's a birth into another state, I believe. Erm, and I often don't have that faith, and yet, somehow it felt so natural that it kind of was helpful to me to be engaged at that point. Erm, and not just the technicalities, but actually thinking, "This *is* a moving on."

Later, he reiterated this, saying, "Death is a birth." Moreover, for him, "I think of both birth and death being blessings in different ways," to the extent that "I've begun with the intensity of my relationships, to really not be wanting to separate it, rather than thinking of it as a huge continuum." S3 described a deep relationality with death, integrated within the whole of life and the "web of relationships" (Jantzen 2004: 37). Such relationship is possible for all, carrying, even in such a demanding context, the potential for flourishing.

A similar perspective was hinted at by (M)P2, who understood demanding contexts. She spoke of her daughter P2 as "a gift from God." Partly this was because P2 had lived as she had, but also, caring for her was teaching (M)P2 about herself. In many ways, P2 was a baby born to die, her short life integral to who she was. Death effectively moved in with the family when P2 was born. Because (M)P2 loved P2, developing a strong mother-daughter relationship, she also developed a relationship with death, not sought or wanted but, because of P2, accepted. The paradoxical implication is death also came as "a gift from God" with the

gift of P2. This speaks of profound relationality with a phenomenon barely associated with flourishing, yet receiving P2 as “a gift” and her life-limitation as a gift-within-a-gift held potential for P2’s growth. P2 and (M)P2 embodied S3’s words. Relationship with death allowed potential for flourishing.

Perhaps the clearest expression of this came from P3. At the point I felt it right to conclude her interview, I asked if she wanted to share anything else with me. Her response exemplified the wisdom of allowing interview participants time to respond. After a pause, she stated definitely, “I’m not frightened of dying.” Her directness was striking. She continued, “That’s the first thing that comes to mind. Everybody’s gotta die, and I feel the only difference *is* that I’ve been given a warning, and a lot of people haven’t.” This intimation had allowed reassessment of her relationship with death:

you know you’re mortal, but you never think about it ... because there’s so many things going on in your life that, it never comes to the forefront ...So, and I’m ... philosophical – everybody’s gotta die, and, I’ve got this thing about, about, in a way, I’m more fortunate than other people that haven’t realised that every day they’re dying a little bit.

Like (M)P2, P3 may have regarded her awareness as a gift. Certainly, it had impacted upon her relationship with death, convicting her that “I’m not frightened of dying.” Apparently, because P3 knew she was dying, she was not afraid of death. Rather, she saw *not* being aware of death as “frightening”. To have a non-fearful relationship with death makes a powerful statement.

However, R1 had felt “frightened” by what she described as “an out-of-body experience”. Her GP interpreted this as a Near Death Experience: “I told Dr X this, and she was really

interested, and she says, ‘I think you nearly died that night.’ She says, ‘And I think, the urge to, to live, you forced yourself back.’” What happened to R1 undeniably distressed her. It is comparable with an experience of C1, and her response. After major surgery, she was in intensive care and believed likely to die. Her family was called and, in C1’s words, “I *knew* exactly why they were there”. She continued:

I can remember lying there thinking, when they’d all gone ... “Well, God, it’s between you and me now.” (PAUSE) And it really was, Jennie ... And I was frightened to go to sleep in case I didn’t wake up. But then, erm, I went somewhere else, that wasn’t sleep, (slightly laughing) and wasn’t the Intensive Care Unit ... Well, you’ve heard people speak of the light at the end of the tunnel. That exists, for me. And it was there. And, and I can remember just lying there thinking, “God, you do what you need to happen, it’s your decision.” And there was the, the darkness of the sides; this burning, burning light at the end. I know what this is now.

(JH - How did that make you feel? I wonder how you felt?)

I was fine. I was quite contented, because I *knew* what it was. But then, I’d heard people talk about this previously ... and read things and people had talked about travelling, and moving towards the light. So I said, “*Yes!* There’s the *light!* There’s the light, and it’s still there,” but there was no sense of travelling. Erm. And I don’t really remember any more then, for a couple of days.

Obviously, C1 survived to reflect intensively, and her experience informed her beliefs and work. Like P3, but contrasting with R1, her closeness to death had not frightened her. She had feared going to sleep “in case I didn’t wake up”, but in experiencing “the light”, C1 felt “fine ... contented”. Simplistically, P3’s and C1’s faith in contrast to R1’s agnosticism, alongside their knowledge and anticipation in contrast to R1’s sudden experience, may suggest factors in the different relationships with death expressed by the women. If the relational emphasis of a natality-based theology had the potential to inform practice in caring for one who may be frightened of dying, then its value would be proven.

6.3 CONCLUSION

As Jantzen's contradiction of C3's story of Iccu and Ninikawa (6.1) reminds us, to be human and therefore natal is to be relational (Jantzen 2004: 37). However much a necrophilial lie of independence may deny it, suppressing relationality for some, relationships are vital for humanity. Research data on this theme strongly reflected this, not least in its volume, affirming the importance of working for the relational web's flourishing.

Pastoral care is most effective when individuals' and communities' relational contexts are recognised and incorporated into practice. This includes relationship with Creator and creation, and an enhanced understanding of the relational value of the communion of saints within the church. The rediscovery of these aspects may encourage and inspire in situations of death and dying, bringing beneficial potential.

Research participants evidently found hope in their relationships within the wider web. Hope is the final characteristic addressed by Jantzen in her introduction to natality's key features (Jantzen 2004: 36-38). From this consideration of relationality and its place within my research topic, I move to explore hope as the theme of Chapter 7.

7 HOPE

7.1 INTRODUCTION

For in hope we were saved. Now hope that is seen is not hope. For who hopes for what is seen? But if we hope for what we do not see, we wait for it with patience (Romans 8: 24-25, NRSV).

The future-orientated sense of Paul's words is shared by the *Oxford English Dictionary's* definition of hope as "a feeling of anticipation and desire for a particular thing to happen⁶⁰".

According to Jantzen, this characterises natal hope, and "the most significant feature of natality is that it allows for hope" (Jantzen 2004: 38). Such hope is important because it derives from the possibility of new beginnings as enabled by birth:

with each new infant, new possibilities are born, new freedom and creativity, the potential that this child will help to make the world better (Jantzen 2004: 38).

Jantzen echoes Arendt in saying all humans are able to make lifelong fresh starts. We are born and remain natal: all the promise of natal creativity is ours throughout life. Jantzen links such creativity to beauty and, from it, natality's characteristic of hope derives.

However, Jantzen also maintains that "death ends all possibilities" (Jantzen 2004: 38). Such a statement demands a response. It implies that, in immediate awareness of death and dying, potential is lost and no hope can be found. Given that "the most significant feature of natality is that it allows for hope" (Jantzen 2004: 38), it further implies that natality, including hope, is

⁶⁰ *OED* online, accessed 05.02.13

irrelevant for those who know they are dying and those who care for them. Although Jantzen's understanding of hope is essentially future-orientated, I wish to place alongside it an understanding of hope in the present which resonates with other features of natality and which is relevant within the context of this thesis. The two understandings are complementary, enriching a natal approach to theology and pastoral care for death and dying.

This second model comes from the work of Steve Nolan. From research among palliative care chaplains, Nolan offers an understanding of the chaplain as "Hopeful Presence" (Nolan 2011: 165; Nolan 2012: frontispiece). This carries a different perspective on hope to the future-orientated model. The stress on "presence" locates hope firmly in the present, deriving it from "being-*with*" the other (Nolan 2011: 169), through quality of being. It is profoundly relational, an efficacious "attribute of being" (Nolan 2012: 96), and essentially "an overall stance towards life" (Garrard and Wrigley in Nolan 2011: 176). It involves staying-with the other, enabling hope which "recognises the inevitable yet remains open to the possibility of experience and 'involves hope in others'" (Nolan 2011: 176). This staying-with bears the potential for *Becoming Divine* (Jantzen 1999) to and for the other, and to "effect a change within a person and their relation to reality" (Nolan 2012: 99). This carries the potential of hope for a fresh start, including in death and dying. Rather than endorsing "death ends all possibilities" (Jantzen 2004: 38), it allows that even in such a context, natal hope is possible. Complementing Jantzen's fourth and "most significant feature of natality" (Jantzen 2004: 38), I propose Nolan's model of hope is also borne in mind.

Both theologically and clinically, hope is important. 1 Corinthians 13:13 includes it among the virtues which, with faith and love, "abide"; cancer biologist Chi says,

Hope is considered an effective coping strategy for patients with cancer, providing adaptive power to help them get through the difficult situation and achieve desired goals (Chi 2007: 415).

Given that it is paramount to Jantzen as a feature of natality, hope merits a thorough exploration. I therefore consider relevant research data, coded as before within a number of subthemes, as follows:

- hope and creation
- hope and creativity
- hope and change
- hope and love
- hope and repetition
- hope and beauty

7.2 PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA ON THEMES RELATING TO HOPE

7.2.1 Hope and creation

In the Judeo-Christian tradition, “newness enter(s) the world” (Jantzen 2009: 141) through God’s act of creation. Creation - the universe and everything in it - is the foundation of natal hope and its inspiration, offering a model for human beings in their own potential for newness. During my fieldwork, research participants found the natural world a source of hope and inspiration in their own living. Sharing in creation’s productiveness and renewal was

shown to be part of this. In this section, I explore these aspects of hope, focussing on the natural world and participants' collaborative role within it.

C1's use of flowers, seeds and bulbs in her pastoral work has already been considered in connection to relationality (Chapter 6). For her, these elements of creation were signs of hope offered within her practice of care. Speaking of her symbolic use of sunflowers at a school memorial service (6.2.5), she referred to their beauty, colour, "brightness and joy", echoing the creation story as found in Genesis 1. C1's sunflowers effectively symbolized the goodness of creation, conveying hope beyond her words. In the schoolchildren's planting of seeds, further aspects of hope were communicated: associated with their schoolmate who had died, they spoke of the friends' ongoing relationship. The seeds' ability to reproduce flowers also indicated the potential for new life intrinsic to creation, human beings included. C1 expressed this overtly when she spoke of snowdrops as her favourite bulbs to plant symbolically in the context of pastoral care in death and dying (6.2.5), the natural world they represented conveying a message of hope she shared with those in her care.

Similarly, S2 recognised creation's potential to inspire hope in the patients for whom she cared in referring to the importance of recognising a patient may derive "peace and hope from their garden" (6.2.5). In such a case, S2 suggested family members bring photographs to make present to the patient that source of hope. In addition to the beauty of the garden, it may be that, if the patient had tended it, hope would also be drawn from remembering interaction with creation in that way. Alongside this is the plants' potential to recreate, through which the gardener-patient may find a message of hope from sharing in that process. The flourishing of creation may become a source for one's own flourishing at life's end, as throughout.

As mentioned previously, P1's interaction with creation was evidently a source of hope for him. Interviewing him in the home he shared with R1, I observed how the presence of pet dogs and a cat – their “being-*with*” P1 (Nolan 2011: 169) - inspired hope which, with his family, enabled him to live positively. Also, referring to his time in the merchant navy, P1 recalled a memory of an aspect of creation at a difficult time when serving with a virtually criminal crew:

These were all *baddies*, these were all *bad bastards*, like, you know – sorry, but they were ... I mean, when you were on the Queens and Cunard and ships like that, and on Blue Star, you could go up on deck. You stand up there, have a smoke, and look at the stars, and things like that, you know. (Emphatically) You didn't go up on deck at night, not when you were on your own, you know (sniffs). Erm, so, it was virtually four months of torture, being locked in your cabin, all the time In fact, I think at one time, I tried to bloody top myself.

It seems significant that, as he was relating his life story, frequently mentioning important people, P1 also expressed feeling bereft of interaction with creation, going “up on deck... (to) have a smoke, and look at the stars”, at a stressful time. Gazing at the stars over the ocean was enjoyable and satisfying. In a hopeless situation, being unable to do this compounded his lack of hope. Looking back over his life, this interaction with nature shared significance with the people who had mattered to him. Creation was revealed as a source of hope: being deprived of closeness to the natural world had added to a desperate time. In the vastness of the universe, P1 had found hope.

Interviewing P3, I asked what seemed significant about the birth of her children and her granddaughter. Her answer evoked creation:

Erm, I think the miracle of it. I mean, it's an absolute – birth is a miracle. When you consider how *fragile* the body is, and what can go wrong *so* quickly, with such a tiny, tiny thing wrong with your genes, or chromosomes, or something like that, can make a *huge* difference. Erm, I mean (coughs),

you watch these nature programmes on the television, and it's miraculous to see a lamb being born, and ... this creature has been growing inside the mother for however time it takes for gestation and what-not, and ninety nine percent of time, comes out absolutely perfect, and what, what a miracle.

For P3, the natality of creation was not mundane. Rather, it was miraculous, bearing hope in hopeless situations. Her own condition added to the poignancy of her words regarding the body's fragility and the speed of genetic mutation, and as she spoke of the new born "creature ... ninety nine per cent of time, (coming) out absolutely perfect", I thought of P2, born seriously disabled. However, for P3, the "miracle" of birth contained profound hope, as she continued:

then you start thinking, "How's it going to develop?" - whether it's a human being, or whatever, and "What's it going to be capable of?" and your thoughts then go forward, *with expectation*, I think, is the next thing, isn't it?

Committed to her family, P3 found hope in the potential of birth and new life. She was encouraged by the way "with each new infant, new possibilities are born" (Jantzen 2004: 38). A theme of babies embodying hope was discerned elsewhere in my research data. The potential of human beings to share in creating the creation by procreating was revealed as a great source of hope. Informally, (M)P2 told me that, before P2's conception, she and P2's father deliberated whether to "go for another baby or go for another house". Their decision led to P2's birth. The possibility of a new life and natal hope won out over bricks and mortar and a possibly materialistic status symbol. Similarly, C1 related how, when her third son was born, others' concern about biological gender did not matter to her:

some people thought I would be sad because I'd not got a girl. (Swallows) And so that was interesting then, because people said, "Ooh, that's a shame. You didn't have a girl," but actually, he's *lovely*. I didn't want anything particular. I just wanted a healthy baby.

For C1, her children's gender was immaterial (5.2.1): their health and natal potential was important, bringing hope to her and the wider world. This evokes C2's words, speaking of caring for families whose babies had died:

I think it's the dashing of the hope that *makes* it so confusing for people, because ... parents have said this to me, that, erm, it's not just the death of the child, it's the death of their hopes, and their dreams, erm, that have, they've gone. And when something kills your dreams, that's, often that's the time when you think there's no way out of this.

The relevance of Jantzen's assertion that "death ends all possibilities" (Jantzen 2004: 38) is obvious, yet by his presence, C2 could say "I think it's part of the function of the chaplain to actually be a representative of hope, if you like, that there is something beyond what we're feeling just now." There is still hope, by "hopeful presence", allowing the possibility to "effect a change within a person and their relation to reality" (Nolan 2012: 99) for a fresh start.

S1 shared a case study relating to the hope inherent to human beings sharing creation by procreation. As previously mentioned, she helped care for a terminally ill man whose wife was pregnant (5.2.2). His prognosis was poor, and S1 and her colleagues supported the couple as they chose the paint colour for the nursery, looked at baby clothes and tried to continue their relationship as normally as possible. In time, S1 said,

She was going to try and be induced early, to make sure that he would be able to see baby when they knew that prognosis was looking quite poor, and so she was – they were gonna actually induce baby early, but unfortunately, erm, on the day before he died ... a couple of days before we'd arranged for him to go and have – we'd managed to get some scans done here, in the room, so he could see what baby was looking like on the scan, but we managed to go and get a 4D scan done. He managed to get into the car, sheer, out of, I think out of his sort of, like, will power to do it, to go and see how this scan, so he could actually see what, what she would look like, because they'd named her Hope.

The baby was born safely as her father was dying. Her name carries significance: Hope for what? Hope for whom? We might also speculate about the impact of her name as she grows. Whatever the answers, baby Hope's name carries natal resonances. Hope is inherent to the creation of which we are part, brought by the possibility of new beginnings.

7.2.2 Hope and creativity

According to the first biblical creation myth, human beings are made in the image of the Creator (Genesis 1: 27), endowing them with similar creativity. This includes procreation, but is variously expressed, giving rise to natal hope. Practically, science involves creative development, but beyond this are the arts in their various disciplines and levels of proficiency. Creative thinking may be added, including imagination, enabling change in thought and creative responses to others' creativity. In summary, the whole of human life, from smiling to dying, may be creative, and natal hope constantly renewed. In this section, I explore how this was revealed in research participants' data, demonstrating the place of creativity as a facet of hope.

C1's pastoral use of flowers as symbols of creation and encouragers of hope (7.2.1) showed her to be a creative person, her creativity bringing hope to others. This was seen further in a funeral service she conducted:

it was only a couple of days before Christmas, so we went to the crematorium at W, and it was really *frosty* and quite icy, but it was very beautiful, and the family had wanted it to be a very *Christmassy* celebration, at this funeral, of this little boy's life. And they wanted to sing 'Silent night', and the organist said he didn't have the music for it, so I thought, "Well, right, we'll *a cappella* it then!" and it was the most *beautiful* singing of 'Silent night' ever, and there was just this connection of a mother and the love for her child, and that *mirrored* what was happening for this family as well.

In thinking creatively beyond restrictions, C1 enabled a meaningful singing of ‘Silent night’ which connected with the baby’s family. In evoking the nativity through unaccompanied singing, C1 conveyed an incarnate message of hope, born of her creativity. From this creativity, she also encouraged creativity in others for communicating hope. As previously noted (6.2.4), she valued the ministry of Mothers’ Union members “who make tiny little gowns, like baptismal gowns⁶¹, and little bonnets for us” for babies following stillbirth or neonatal death. From the women’s creativity, supported by C1, grieving parents received a tangible sign of care and natal hope.

C2 spoke less of tangible signs of creativity and hope and more of creativity of thought and understandings. In informal conversation, he revealed that, like C3, he wrote poetry, indicating that words and ideas were important to him. He worked creatively with them to enhance pastoral care, as in the example in 6.2.2 of a family and the baptism of a baby close to death. C2 would not “go into some theological flight about resurrection, and hope after death” on such an occasion, nor use his denomination’s full liturgy. Rather, he would modify his words and ideas to communicate a more appropriate hope of presence. Similarly, in preparing with the family for their baby’s funeral, he would only then “... *very* lightly touch on the Christian hope, but very light touch ... And sometimes not at all.” In this, C2 showed theological and pastoral creativity, through his words and being, offering hope by, paradoxically, avoiding conversation on hope. He revealed similar creative thinking in supporting an Emergency Department team’s debriefing following the death of a boy in their care:

⁶¹ It is interesting to note the natal emphasis of C1’s language here: the garments are not “shrouds”, although they might be construed as such, but “baptismal gowns”, with all the associated symbolism of hope and new life.

I mean, the staff were devastated, they were really upset, but they'd done everything right . And, er, part of the debrief is to stop people hitting themselves over the head about things ... And I just made the point at the end that sometimes, drawing on my own experience, we can come away from a situation that's actually shitty – you know, it's been absolutely fucking awful – and you can come away, where there's been a *bad* outcome, but still think, "I did a good job there." You know? ... And if you can say that, then you can come in the next day.

C2's creative interpretation of a situation with a bad outcome as a "good job" when carried out professionally and caringly, doing everything possible, offered hope to the staff that they could "come in the next day" and, in the spirit of natal hope, begin again.

C3 also demonstrated creativity in himself and how he carried out his work. Informally, (M)P2 told how C3 would come to the children's ward when P2 was an inpatient, play his guitar and sing for her and her sisters. The family appreciated this creativity, which encouraged them not least by C3's "Hopeful Presence" (Nolan 2011: 165; Nolan 2012: frontispiece). Likewise, a poem C3 wrote about P2 meant a great deal to (M)P2 , creatively describing the family's love, mirroring and affirming the hope created relationally between them. In interview, C3 made several references to poetry, especially his own work and RS Thomas's. For many during my research fieldwork, poetry expressed the inexpressible, such as the possibility of natal hope in a seemingly hopeless situation. For example, C3 quoted from Thomas's poem "Threshold" (Thomas 1981: 110):

I emerge from the mind's
cave into the worse darkness inside ...
.....
I could hear the still small voice
and it was that of the bacteria
demolishing my cosmos.
.....
What to do but to like Michelangelo's

Adam reach put my hand out into unknown space
hoping for the reciprocating touch.

For him, this was “R S Thomas’s ideas of faith and doubt. Erm, in, in doubt being, not being the absence of faith, but the changing of something into something else” – a creative expression of the ever-present possibility of further fresh starts and flourishing, however challenging the circumstances.

Palliative Care nurses S1 and S2 spoke of expressing their creativity by helping others to be creative, bringing hope in demanding situations. S2 encouraged patients’ families to bring photographs, music and other favourite creative expressions which gave them “peace and hope”. With the daughters of a family mentioned in 4.2.1, S1 would “get some games and colouring and pictures for them to do” when they visited their father. Consequently, “the room was like (laughing) plastered with (laughing) the (laugh) pictures that you get from the kids’ ward”. In encouraging the children’s creativity, S1 enabled the personalisation of their father’s otherwise plain, institutional room, a symbolic reminder of their “hopeful presence” for him, and, in producing handprint pictures with them, as referred to in 4.2.1, created a similar “lasting memory”, a symbolic “hopeful presence” for the family for the future. She was also creative in helping a patient’s family arrange a marriage blessing on the ward, mentioned in 4.2.4. In this, she offered an incarnate expression of hope, symbolic of life continuing into the future. Refusing to deny the family what others may have thought unrealistic, S1 carried out a truly hope-filled creative action .

S3 reflected that “life brings up such surprises and is so creative”, remarking, “I think in a way perhaps, coming full circle, creativity at birth doesn’t have to end. You can be creative in

your death, equally so, and, erm, joyful.” With his mother, he saw creativity in how she exercised choice at her life’s ending. Experiencing “discomfort rather than pain”, she refused opiate drugs because “they didn’t do well for her ... and she was forceful enough to say, ‘I don’t want this stuff. It doesn’t make me good.’” Consequently, S3 saw creativity in the possibility of “self-assertion, and the ability to listen to what you know is right for you, which might be different from what is right for someone else, and having the confidence ... to say ‘No’”. This demonstrates one way in which hope is possible at the end of life as the creative opportunity for each natal to do things differently is taken. In this respect, he likened the course of the end of his mother’s life as “similar to the birth plan”, where a mother decides a procedure to be followed for the birth of her child which may, ultimately, be changed. Recognising that creativity is possible at life’s beginning and ending, S3 spoke of expressing this as a psychologist:

And therefore, *particularly* within my work environment where I’m dealing with people with chronic conditions, which *won’t* go away, and which often won’t get better, and death is going to be the only - it’ll for all of us (sic) - but for them particularly, er, truncated lives, potentially, erm, (swallows) being able to, to listen and bear witness, and walk alongside is important. So, and to be creative in that. So for me, the theme would probably be creativity. Yeah, creation. Yeah.

Emphasising creativity in birth, life and death, S3 reflected the constant presence and possibility of hope.

Several participants revealed a different but equally valid kind of creativity, particularly P1. I was partly drawn to ask him to consider contributing to my project by his openness and humour. When he revealed this again in interview, I was prompted to reflect on humour as a kind of *poesis*, a way of creatively expressing issues difficult to address in straightforward

speech alone. Used appropriately, humour may be creative, contributing to human flourishing and hope.

Two notable examples came from P1. In the first, he reflected on the use of humour in a former work environment of challenging situations:

But, you see, (voice quakes) if you talk to any fireman, right, (recovers) you mek a joke of it ... if it's been on a night shift and you go back to the station, for breakfast, you know, and the bacon's burnt, you go, "Bloody hell! Look at that lot! Don't you think I've had enough bloody burns last night, like?!" (Laughs) "Now you've burnt me bacon, like!" ... You laugh about it, because you can't do nothing else about it, because if you do, you, I reckon your body would just ('pop' noise) and you'd go mad, you know, for all the things that you see.

Graphically, P1 illustrated the pressures experienced by emergency service personnel.

However, his claim that fire fighters "laugh about it, because you can't do nothing else about it" may not be strictly true: because P1 and his colleagues used humour as a kind of *poesis*, they could continue their work and respond to the next call. Their creativity gave hope for themselves and the communities they served.

The second example referred to an incident I witnessed during observation of an Outpatients Clinic appointment. Previously, the doctor had suggested some pain relief which P1 accepted. Unfortunately, it did not help, making him feel worse. P1's response was to make this point with humour, jokingly berating the doctor for "tryin' to kill us". As P1 later admitted, "I tell you, I've never felt so ill. That's the first time, since they told me I'd got terminal cancer, that I felt it ill." He used humour to try to conceal his anger with the doctor, for the sake of a constructive relationship, and similarly to conceal his emotions about feeling so unwell, for the sake of masculine pride. However, far from concealing, the joke made his feelings clear,

allowing P1 to say what he wanted, creatively, and to be understood so that a different painkiller could be prescribed. It allowed hearing by those with ears to hear, enabling P1 to relate to the doctor in a way that brought hope.

As a mother, (M)P2 found hope in her children's creativity, as well as her own. She related how "I read that (P2) wouldn't achieve any targets, she wouldn't thrive, and she's defied all odds, she has! I set many targets for P2, and she keeps achieving every one". From such a disabled baby, this amounts to creativity. One aspect of this especially gave her hope: "I think they said she would never smile. She would never— oh, smile! She smiles. She giggles. She chuckles, when she's in the mood!" The significance of P2's smiling, defying all odds to be creative at all in this way, was plain when (M)P2 said,

It's ... the days that she smiles, and the days that she's happy (sniffs) get me through to the next day and I just feel that if I wasn't able to, you know, to get through each day, how would that fit everybody?

In a seemingly small yet hugely creative way for such a severely life-limited child, P2 offered hope to her whole family. Hope was also found in (M)P2's story of how her older daughters had drawn pictures and entered a television competition to win a pedal car for their baby sister:

And the day we got the diagnosis ... my friend text me to say that A and B had won the first prize on 'Milkshake!' and I just ... said, "How ironic's that? They win that, and that she'll never be in it?" I thought, "That's just so unfair." And then, the other day – well, I've got some lovely pictures, I'll have to show you – picture of B and P2, P2's oxygen tube, wrapped round the car, 'cos she'd gone that many, *in* the car, and P2's going, sitting on B's lap. So I got her in that car. Yeah! She's been in it quite a few times now, and ... they were whizzing round the garden. I was pulling up the leads ... but it was just great! ...Her head was flopping everywhere, and I wasn't panicking, because I just thought, "We're in it. We got there."

The creativity of P2's sisters' competition entry gave hope to (M)P2 when, eventually, the children enjoyed the car, against expectations. Along with the hope (M)P2 drew from being able, creatively, to learn new skills for caring for P2, the natal hope of the children's creativity enabled the family's flourishing, in spite of many pressures.

R2 gave a further example of this when relating an incident of creative play at school involving P2's sister, B, as described by her teacher. Although it graphically illustrated the experience of having a terminally ill sibling, it offered hope through creative play, allowing expression of emotion and externalization of B's everyday life. The incident recalled involved B playing 'house' with three others, she the mother, a boy the father and the rest the children. Pretending to communicate with "daddy" on the phone, she put the "children" to bed, telling them that if they were good, they would be rewarded with a trip to a play centre the next day, adding that they had to be "really, really good" because "the baby's dying". Speaking on the phone again, she came back to the "children" to tell them that "Aunty So-and-so's coming to look after you" because she had to go away to "stay with the baby for a long time". Following her next pretend phone call, she came back to the "children" to tell them, "It's all right. We can go to Wacky Warehouse. The baby's alive." R2 concluded, "And I was horrified. She's four, and she doesn't talk a lot about it here. And it's like she was acting it out."

"Acting out" her experience in the safe environment of play activity at school functioned for B as a kind of *poesis*. It allowed her to express what she could not express at home, releasing difficult emotions through the creativity of play, offering hope for her future as an emotionally stable child. I am reflexively aware that, in the years following my father's death,

at a similar age to B, I found emotional release through creative writing. Creativity demonstrates and engenders natal hope.

7.2.3 Hope and change

The ever available potential for newness and change, which allows for hope in seemingly impossible situations, is also a Christian characteristic, expressed in such as the theological metaphor of being ‘born again’, in the liturgy and practice of baptism and reconciliation, and in the complete life change described by *metanoia*. A number of interview participants spoke from or of the position of theology or faith regarding change and new beginnings. In this section, I consider some of their data.

Early on, C3 spoke about personal bereavements, including his father’s death, which he failed to grieve at the time. This impacted upon him, with psychological and spiritual repercussions during theological training:

Er, I went – the thing about the depression was ... it was a journey that wasn’t just about it happening because of not grieving or, but it was a sort of a spiritual journey that, that sort of encounter went into as *well*. So there was a, you know, that the dark night of the soul thing, which ... it’s not something that’s thrust upon you, it’s something that you, you purposely enter into, and so there’s a bit of that.

C3’s phrase, “the dark night of the soul⁶²”, describes the experience of spiritual crisis. It evokes Jantzen’s exploration of the concept of the abyss, a place of deep darkness which is nevertheless profoundly connected with the womb and so, ultimately, a place of new life and

⁶² As found in the work of St John of the Cross.

natal hope (Jantzen 2003). This resonates here: C3's experience extended over two years yet, emerging from it, he found renewal and "different att-, thoughts." He continued:

I mean, when you've been to the dark night of the soul, and, and your prayers are just, sort of, empty words – ahhhh! – but it does change the way you think about faith, theology.

This was evident as C3 conducted his ministry within the hospital. Through hard-won theological and spiritual transformation, he had (re)discovered natal hope, becoming better able to offer it to others. Furthermore, this was evident in how he regarded the hospital, theologically, as a place carrying potential for change and new understandings:

You know, "The Kingdom of Heaven is at hand. Repent and believe the gospel." "The Kingdom, God is at hand." "Turn. Open your mind. *Metanoia*." "Change your mind." So that, that's what this place does. It's alive with that.

For C3, the hospital was a place which could make natal hope a *habitus* for those who came into contact with it, because of its potential for *metanoia*, change.

You know, if they asked me, you know, "Do you believe in life after death?" then I would, you know, I'd tell them, "Yes, I do," and explain why, erm, but it's not appropriate at the, you know (laughing) point at the bedside (laughing) to ask them if they know and love Jesus!

With these words, S2 made it clear that, although a committed Christian from the evangelical tradition, she adhered to a professional code of conduct regarding matters of faith and theology. However, as her statement reveals, she personally believed in life after death, a traditional Christian source of hope. While Jantzen has no place for this within her understanding of natality, not least because of associations with necrophilial concern for other

worlds to the detriment of this one, it is part of Christian belief and consequently an issue to be addressed. For S2, it was in the essential change of death that hope, experienced as “joy”, was found:

I think from personal perspective ...I think back to my granddad, when he died and, you know, he was, got a faith and Christian, and so yes, there was a sadness that he was no longer here, but there was ... an overall, er, h'm, *joy*, I suppose, that ,you know, he's gone to where he wants to be, and, er, you know, he's, you know, a new creation and all the rest of it. Erm, so that, you know, with that sadness, er, there *was* a deeper joy, really.

S2's phrase, “a new creation”, expresses how she regarded the human state following death, experiencing hope (“joy”) within re-creation. However, a parallel understanding is of continuous renewal, the change of death representing one further development in the process. This understanding is expressed theologically in the Wesleyan doctrine of Christian perfection, resonating with the natal concept of flourishing. From this perspective, all new beginnings are significant, from birth through life to death and beyond, and hope always possible. With natality, it is not automatically necessary to jettison a Christian belief in life after death. Indeed, it allows it to be seen in perspective, within an overview of what it means to be a person of natal potential, all lifelong.

S4 gave an example of this when he spoke of St Vincent de Paul, as related in 6.2.4. He described how Vincent was “turned” in his commitment as a priest by seeing some galley slaves. This strong word implies profound change, akin to the original Greek meaning of *metanoia*. It evokes considerable effort, away from Vincent's hoped-for “easy life”, carrying a sense of a lasting, even permanent, transformation. Vincent's change, or turning, came from encountering the galley slaves, whose lives were practically living deaths. Death was always an imminent reality for them, in combat or not. If released, their injuries meant poverty and

hardship, death as likely on the streets as back on the galleys. In the encounter, however, Vincent was not repelled or driven to retreat into the “easy life”. Rather, in facing death, seen in the galley slaves, he experienced a profound change which led to renewed life, for himself and those he served, and for many since, including S4. This vividly illustrates the potential released by openness to change and its resultant natal hope, and the importance of being prepared to engage with death as part of life, also bearing the possibility of new life and hope.

A similar theme was touched on by R3. Describing her faith as “about the mystery of God ... much more focussed on questions and not on answers”, she spoke of the Easter narrative’s significance for her. Rather than seeing it as “all about joy and resurrection”, her perspective was of “a day of pain and transition and change.” Reflecting on Jesus and Mary Magdalene, and his apparent rejection of her - “‘Do not touch me’ and ‘Go’” – she commented:

And I think people find that ... they want the *froth* of Easter Day, but they don’t understand that actually, it was a day of deep pain and change and transition.

R3 gives an important reminder that change can be challenging. It involves, most radically, a metaphorical death and resurrection, becoming, in turn, a new birth. Natality would maintain that the birth of Jesus is at least as important, if not more so, as his death: nevertheless, a profoundly natal message may be derived from the Easter tradition and its narrative. While *metanoia* and its hope is always possible, R3’s reflections indicate that, often, this is not easy. However, as Jantzen endorsed and St Augustine maintained,

‘Initium ut esset, creatus est homo, ante nemo fuit’ (‘That a beginning might be made, man (sic) was created, before whom nobody was’) (Arendt 1996: 147).

New beginnings are always possible. This gives rise to hope.

7.2.4 Hope and love

WH Auden's poem 'September 1, 1939' (Auden 1950: 74-76), written as the Second World War began, contains the line, "We must love one another or die." If the consequence of not loving is death, then love's consequence is life. Natality is essentially concerned with life, inextricably linked here and, in the work of such Christian thinkers as Julian of Norwich (Jantzen 1987), with love. From my research evidence, I would suggest that, in its particular context and in contrast to Jantzen's assertion, it is not the potential for hope that is "the most significant feature of natality" (Jantzen 2004: 38) but, rather, relationality, rooted and grounded in love. Research data strongly indicates that relationality "allows for hope" (Jantzen 2004: 38), providing its origin and foundation. Relational deprivation would also have deprived research participants of hope. As love is key to relationality, and therefore vital to the creation of natal hope, this section explores hope and love, including its manifestation through care and Nolan's concept of "hopeful presence" (Nolan 2011: 165; Nolan 2012: frontispiece). This is not to repeat Chapter 6 but supplement to it from another perspective.

C1 described how she saw the essential nature of her hospital chaplaincy ministry:

Families let me into their lives at the *darkest* moment ...They don't know me, I don't know them, and yet they'll open the door to their room, or ... to their house, and let me step over the threshold, and *be* in that pain with them. And they'll tell me about their pain, or show me their pain, and let me hold them, and, and *be* with them, and, you know, conduct services for them, and support them, and (whispers) what a privilege that is.

The repetitive emphasis of the word "*be*" indicates the value placed by C1 and, as I observed, those for whom she cared, on her presence. Although C1's pastoral practice also involved creativity in liturgy and care, the truest nature of her ministry was in her being (*be-ing*) or

presence. Describing herself stepping “over the threshold” into a family’s space, she also described herself stepping, liminally, from an everyday environment where, as P3 said, “you know you’re mortal, but you never think about it - you just *don’t* think about it, because there’s so many things going on in your life that, it never comes to the forefront” into a world of metaphorical darkness where such awareness is acute. Many are reluctant to take this step, but for C1 it was “a privilege”. She spoke of what enabled this:

And I know – I *think* I know – how much God loves me, and cares for me, as well. And, so actually just *being* alongside others, I haven’t got any words for them; I can’t make it right, but I can *be*. And I think I’ve actually got the *courage* to be with them as well. And to bring, hopefully bring, something of God’s love to them. Erm, because one of the things I *always* pray is that someone, somewhere, will see something of God in me, and that’s a real, *real* hope that I have.

Knowing she was loved enabled C1 to cross thresholds and go in love and care to others. In this, she herself became a presence of hope for the bereaved families, helping them to continue to live and make a fresh start.

For C2, also, the chaplain as a “hopeful presence” was important:

I think it’s part of the function of the chaplain to actually be a representative of hope, if you like, that there is something beyond what we’re feeling just now.

Like C1, C2 saw his offering of hope as from beyond words or actions, emphasising the importance that grieving people should know that they are loved. He explained how he understood himself conveying this:

And as far as the chaplain’s concerned - as far as I’m concerned - I bring, without being arrogant about it ... the personal gifts I have to the situation, and I use those gifts to say to someone, “This is *awful* for you. (Pause) Know that you’re loved (Pause) in this situation. (Pause) Know that your

relative is loved, and that the care he or she has had, now, will continue in death, until we say our final goodbye.”

C2’s “gifts” included functions and activities but, more significantly, who he was, his capacity to *be*, as a presence of hope. Additionally, his words suggest he saw himself within a continuum of care that would “continue in death”, sharing in God’s loving. In this, he may be understood as *Becoming Divine* (Jantzen 1999) for those for whom he cared, incarnating God’s activity that would carry on beyond life. As the loving presence of God, C2, also, mediated hope.

In the clinical field, love was also notable for S1. Her love of her work in Palliative Care has been considered (6.2.3), but it is worth revisiting under this subtheme. She said:

it’s caring for somebody and trying to do the, give them the most supportive care you can to a patient, and families, that is, that is their last days and hours of life are comfort- , and feeling secure and safe and cared for. So that’s, out of palliative care, that’s the aspect of it which is what I absolutely, I love, and I feel I thrive with, and am passionate about.

As I observed, because S1 loved her work, she demonstrated love – profound relationality – to her patients. In conjunction with her professional skill, this made her a hopeful presence. Not only because of what she could do, but who she was - her *be*-ing – enabled a patient or family to feel hope. S1’s love of her work conveyed love more widely and, with this, hope, enabling people in her care to reconsider their understandings and attitudes and, in a way, begin again. I observed a similar phenomenon in the senior Palliative Care Consultant: while the offer of pain relief effected an almost tangible raising of hopes (sic), a more overall attitude of hope seemed to be engendered in patients by the Consultant himself and his way of communication, relationality offering hope.

S2 shared her understanding of the connection between care, closely linked with love, and hope, when she spoke of enjoying her work's relational aspects. An important part of her job was "being honest without taking away hope", conveying this to patients' families by "trying to ensure that they know that loved one is going to be cared for appropriately". Referring to a patient's prognosis, she said,

I can't give them the hope that something's gonna happen miraculously, and (smiley tone) they're gonna jump out of bed, but to ensure that, you know, that patient's looked after appropriately is what I'd like to give them.

This appropriate care entailed that

patients, physically, that they're pain-free, that they're not agitated, and they haven't got those sort of symptoms, but also, try and provide, erm, sort of a spiritual care.

Admitting she found satisfaction in relating honestly to patients and families - "I enjoy that part" - S2 revealed she helped create hope that was not necessarily future orientated but located in the present, made possible by love and appropriate care. In this way, S2 enabled hope.

S3 also reflected on what may be an understanding of present hope, mediated by a caring "hopeful presence":

I was referred a gentleman recently, because people were worried he didn't feel he wanted anything, and didn't have any hope, and ... couldn't be encouraged and supported, chivvied on, and when I spoke to him, he said, "I'm old, and I don't think there's very much more. This is the last bit. And people were coming and smiling at me, and trying to make me smile," and when I looked at his notes - I thought he was much younger, but he was almost the age of my mother, in fact, almost ninety, and my first response with him, without knowing his age, was to say, "Well, sometimes, perhaps, we *can't* just chivvy ourselves on, and maybe it's a time just to think, and to wait and *see* what happens, and maybe you will feel more energetic, or

more physically able, and that might change your motivation about wanting to carry on, but maybe it *won't*.”

It may initially appear that S3 compounded the sense that the gentleman “didn’t have any hope”, if hope is understood as anticipation. However, his intention was to engender a deeper hope by a more honest approach to care than being “chivvied on”. He continued:

And, perhaps, that intervention, rather being caught up in, “We must make somebody happy,” perhaps allowing them to say, “Well, actually, I’m probably not going to carry on for very much longer, and I don’t want to be chivvied on, or falsely made to feel happy.” So I think that does make a difference, and I suspect part of it is the professional training and part of it is life experience that *holding* that, I suppose what I’m talking about is being able to *hold* people’s experiences wherever they’re coming from.

S3’s metaphorical “*holding*” suggests deeply relational care and presence. Holding a person in an embrace that communicates security is a loving act: S3 spoke of doing this figuratively, accepting patients’ feelings, however problematic they may have been for others, and holding others, too, so that they might feel safe with the feelings. As S1 sought to help patients feel “secure and safe and cared for”, so too S3, holding patients in the present in a presence of hope.

According to R2, her life limited niece, P2, was lovingly held by others in a different way, offering hope. As she related,

you have people, like my next door neighbour is strong Catholic. I have Muslim friends. Er, there is a lay preacher, and everywhere we go, here, R, (hospital), everywhere, people are saying, even at work, the lady on reception’ll say, J’ll say, “I’m still praying for her,” and I think, you know what, maybe the power of prayer is underestimated, because she’s being prayed for by so many people that believe in so many different things, but all amounts to the same thing.

To pray for another is a loving act. Irrespective of the expected outcome, the family was offered hope by knowing P2 was being prayed for. Those who prayed demonstrated an understanding of the family's need for relational support, and conveyed this according to their custom. To pray is to re-member, to join again with those prayed for. Through love so expressed, the family knew others were present to and with them, offering a presence of hope.

Parish priest R3 spoke of how she took care over planning and conducting funerals. In this context, it is worth considering the thought she put into choosing biblical texts to recite while leading in a funeral party. Remembering her grandmother's funeral and her antipathy since to the words "I am the resurrection and the life", she reflected:

Why would I hate 'I am the resurrection and the life'?" And eventually I worked it *back* to that funeral, that for *me*, it's not the words I hear, but the tone of voice, the angst of the whole thing ... And I think for me, it's enough, that people have to deal with that journey, without words complicating it, and *making* it into some sort of Victorian melodrama. I still don't like it. Erm, so in the crem, I tend to use, "The steadfast love of the Lord never ceases", 'cos that gets me from the back of L crem to the front without any problem ... And in church, I tend to use the twenty third psalm, because that gets me from the back of the church into the Rector's stall, a longer walk, and everybody in and sat and ready to listen. And then I do "I am the resurrection," in funerals where I know somebody had a faith, and "I am convinced," because in a non-Christian funeral, or where I'm not certain, because that puts the *believing* on me and not on them, because I don't want them thinking, halfway through this service, "Hang on a minute - well, where's dad now, then?" Because whilst the evangelical would say, "Well, you know, if that person didn't believe in God, then they haven't gone to heaven", *A*, I don't think I'm the right person to judge, and *B*, I want to provide words that help that family to find faith for themselves and not to feel, "Well, my loved one's not gone to heaven, so I don't wanna go either".

In carefully considering support of funeral families' continuing bonds by her words, R3 demonstrated loving pastoral care not to damage their hope. The love of such families offers hope, not least by their "hopeful presence" to one another. R3's careful approach was natal in

character, endorsing my suggestion that, in the context of death and dying, “the most significant feature of natality” is not “that it allows for hope” (Jantzen 2004: 38) but is, rather, relationality. In this context, it is on the love of relationships that hope rests.

7.2.5 Hope and repetition

While natal hope lies deeply in the human potential for new beginnings, research data also revealed that hope may be found in repetition, either by the one who first undertook the action re-enacting it or in another inspired to repeat something originally done by somebody else. Repetition is never truly repetition (“Nobody ever falls in the same river twice”), but it may be seen that, for some, hope comes not from doing something new but from doing it again: if it was possible the first time, then it is possible a second. This can be a source of hope, if not future orientated then in Nolan’s sense of hope in the present. In this section I explore some examples from interview participants.

Having experienced bereavement and nearness to death herself, C1 was in a strong position to offer hope to others as a chaplain. As she said:

And so, when I’m sitting alongside folk now, and, I mean, I sat alongside Mum when she was dying – Dad died very suddenly, and the same with X’s dad – so I’ve got those two experiences that I hold as well, so if I’m with somebody, and they are here at the hospital, and somebody’s died suddenly, in their lives, I really feel that I don’t know their experience but I can sit alongside them, or, if somebody’s watching somebody die, over days, or months, I don’t know that experience for them, but I can sit alongside them because I know that I did it, and was held and came through. It can be *done*.

(Note C1’s use of the word “held”, evoking S3’s reference to “*holding*” (7.2.4)).

As C1 reflected, her experience is not unique: “being held” can be known by anyone, through human or divine mediation. Because she had felt this, “and came through”, she knew the experience could be repeated, for herself and others.

Faced with the risk of her newly-born second daughter’s death, S2 related how this had brought a new awareness:

Erm, with L, she then went on to become more unwell, and had to go to the Children’s, so that was *fun!* (Little laugh) Erm, and, just being aware of your own strengths, really, in that, er, this was like, sort of (little laugh) mid-, two o’clock on a Friday night, erm, and she’d become more unwell, and they thought her bowel had twisted and, so, I have this Registrar, who’s lovely, come and talk to me, and tell me, what was happening, and he walks off, and I completely become a patient, because, “I, I, I, don’t know what you said.” I had to get him back! (Laughing slightly) “I am really sorry. I know you’ve explained this really well to me. I need to, to go through this step by step”, so he was doing that ... six o’clock in the morning they decided that she was going to be transferred, and, they tried the Children’s, and there was no beds, and they tried at F, and there was no beds, and D, and W, and, (laughs – Huh! Huh!) I remember looking at this Registrar, God bless him, and I said, “I am going to H. OK. I’m a woman with hormones. I am not afraid to use them! And if necessary, I will take her there, in the car, and sit in Casualty. I am not going anywhere.” (Little laugh) I just thought, I bet he was thinking, “Oh no!” But you know ... it was just like, booff! “This is what’s happening, and (little laugh) I have very little control in what’s happening, but *this*, I have control!”

Under pressure, S2 discovered new strengths. Especially as a nurse, used to deferring to doctors like the Registrar, learning self-assertion was significant enough to remember several years later. Her grammar - “just being aware of your own strengths, really” - indicates that S2’s awareness was not only for that situation but remained with her for the present and the future. Her daughter lived, and S2 gained a source of hope, knowing something valuable could be repeated.

S4 expressed a similar understanding. Reflecting upon the “hardships” for children whose parents have to share news of a terminal diagnosis, he said:

That’s the ironic thing about it, really. You know, that if you’re *exposed* to some of those things ... you can say to yourself that you’ve been there before, you’ve been to the edge and you didn’t (inhales) you didn’t break apart, that you held together, somehow. Part of you did hold together, the important part of you held together (inhales). Er, and I suppose you can discover that you can *be* held together, whether that’s through (sniffs) you know, people around you, with, erm, friends and family, and, and faith, I suppose, yeah, as well.

S4’s perspective was congruent with this section’s theme: having “been to the edge and you didn’t break apart” brings a knowledge that this can be repeated, creating hope. Like S3 and C1, he spoke of being “held”: knowing that you have been “held” gives hope you will be in the future. Here, it is not something new taking place offering hope but, rather, repetition. The hope, however, is equally meaningful.

(M)P2 spoke of offering such hope to others. Having worked with SEN⁶³ children, she saw greater potential because she herself had had a severely disabled child:

I love my job; I love my work. Always have done. My plan was to go back, having had a normal baby, without Edward’s, I would have gone back to work a couple of weeks ago ... but I’m going to go back after this situation, and having gone through this experience, but, you know, I think that might make me a better person at my job, because I’ll be able to sit back and put myself, you know, ‘cos I’ve been there, I’ve done that, I’ve got the t-shirt, you know.

(M)P2’s reference to having “the t-shirt” bears significance. A t-shirt proclaiming the wearer supports a certain team or has visited a certain place is generally worn with pride: through her

⁶³ Special Educational Needs

metaphor, (M)P2 stated that having a severely disabled child is not something negative but calls for confidence and openness. She wished to convey to parents that, if she had “gone through this experience” and flourished, so could they, offering hope to others in a similar position by assuring them that her experience could be repeated.

7.2.6 Hope and beauty

The significance of beauty for natality in Jantzen’s work has been explored in Chapter 2. Its central place in her response to necrophilia is demonstrated in the title of her book sequence, *Death and the Displacement of Beauty*, showing how it is crucial to natality’s potential for hope, as “response to beauty reconfigures consciousness *towards* creativity and new life” (Jantzen 2004: viii). Direct references in research interviews were few and colloquial: C1 describing ‘Silent night’ at a funeral as the “most beautiful singing ... ever”; P1 speaking of a “beautiful” house he had lived in, and his “beautiful” daughter, and (M)P2 referring to the “beautiful day” of her daughters’ baptisms. Nevertheless, the concept was strongly present by implication, as in data already explored such as C1’s use of flowers in her pastoral work and P3’s reflections upon the daffodils she and her husband watched opening. In this section, I offer a case study concerning a project undertaken by S1, showing the importance of beauty for natal hope within the context of death and dying.

During my fieldwork period, S1 was involved in producing a bereavement care booklet for the hospital and community. She explained how its background lay in the frustration experienced by the hospital’s Bereavement Office staff at the “hit and miss” way their leaflet giving practical information for bereaved families, along with another “photocopied sheet”

prepared by C3 “around what happens next”, was distributed through the wards. Although she said it was “fabulous”, she also remarked on how this information rapidly went “out of date” and, in the absence of an ongoing Bereavement Service offering emotional support, families could be seen to be “struggling”. This created further frustration as Bereavement Office staff could “signpost” people to other agencies but were not equipped themselves to give the kind of help that was needed.

Owing to the lack of bereavement care, PALS⁶⁴ received a high level of contact from grieving, aggrieved families,

and a lot of it’s ‘cos people are *stuck* in that phase, and they want somebody to blame. Some of it’s right, and it’s rightful criticism, that it should come in; sometimes you can see that it’s people that are *just stuck* in the phase of grief and bereavement, and haven’t, haven’t just got to that acceptance, and “I’ll get stuck onto the hospital”.

Action was needed. With the hospital’s End of Life Steering Group, S1 began the process of publishing a suitable booklet, *For you in your loss*⁶⁵. Her concern was to produce something more meaningful for grieving families than a compilation of information. As I recorded in my field notes:

S1 ... Trying to create the final draft of the cross-hospital bereavement info. book ... She wants a colour pic. on the front. Or at least, one colour – a purple ribbon on a bunch of lilies. Purple lettering. Headings in purple in the bklet thru’out, so it ties thru’. She’d been led to believe it was poss. Now she’s being told it isn’t, & S1 ... is standing her ground for a colour photo on the front of the bereavement info. book ... She wants the grieving relatives and friends to receive s’tgh that looks beautiful. Not just heavy b&w that looks like it’s been run off on the office photocopier. S’tgh beautiful and carefully produced and quality, which says, “you matter, and what you are feeling is

⁶⁴ Patient Advice and Liaison Service

⁶⁵ Similar booklets are available in other hospital trusts, produced in co-operation with a particular publishing firm.

impt.” ... A labour of love, on top of everything else. An acknowledgement of the place of death & bereavement in the wider scheme of things. And she wants it to be beautiful. And some accountant (?) is saying it can't be poss.. And she's holding her ground.

Rather than hospital funded, the booklet was paid for by advertising revenue, mostly from funeral directors. Purple ink was too expensive, so blue was chosen for the cover and black within. However, S1 held out for high-quality, 'hammered' paper. As she explained,

We had to fight for that! For that paper! Because ... the paper was the most expensive paper choice we liked! (Laughs) And they kept telling us, "Oh, we haven't got enough sponsorship; you can't have that paper; oh, it's out of stock," and then the design –me and M did the design, and M liked arum lilies ... then it looked like leeks, and stuff because we couldn't have it in colour ... but I love it as it is now. I like the picture now.

It seemed to take almost as much time and energy to ensure the booklet was an attractive, "beautiful" publication as to produce its informative, thoughtful contents. S1's determination for something that spoke through itself as well as through its words was a natal act in the face of a necrophilial culture which funds militarism while inadequately funding hospitals. To offer a beautifully produced document to a grieving relative, rather than the previous photocopied sheet, was to offer hope. The booklet's beauty represented the caring "hopeful presence" of the staff and those who offered services through its pages. In a small but significant way, the booklet's production was part of a "response to beauty (which) reconfigures consciousness *towards* creativity and new life" (Jantzen 2004: viii). If ever this is needed, it is surely in the context of death and dying.

7.3 CONCLUSION

The importance of Jantzen's future-orientated understanding of natal hope cannot be disputed. Nevertheless, Nolan's perspective on hope in the present (and presence) is also relevant for a theology of natality for death and dying and pastoral care. The two are not contradictory: Nolan's understanding still allows for newness and creativity, particularly in its capacity to "effect a change within a person and their relation to reality" (Nolan 2012: 99). This attribute is shared with Jantzen's. However, the strong connection with relationality is especially notable in data relating to hope, adding depth to a natal understanding. In many instances, relationships were a strong source of hope for research participants. Quantity of data does not necessarily indicate a theme's significance, but such a large number of references to relationality cannot be ignored. Along with the considerations of this chapter, this leads me to conclude that, contrary to Jantzen, "the most significant feature of natality" is not that "it allows for hope" (Jantzen 2004: 38) but, rather, is its relationality. Recognition and nurturing of relationships "allows for hope".

Having explored natality in Jantzen's works, and the history, theology and practice of pastoral care in death and dying, as well as Jantzen's nominated selection of "some of the most important features of natality" (Jantzen 2004: 36) as evidenced in my research data, I move to the conclusion of this thesis, Chapter 8. In it, I respond to my research question regarding the relevance of a theology of natality for a theology of death and dying and pastoral care with a summary of the work undertaken, the offering of a metaphor for natality in death and dying, an evaluation of the contribution of my research to the fields of practical theology, pastoral care and the theoretical concept of natality, and suggestions for further work. While affirming the nature of theology and practice as constantly evolving, I offer my research as a step towards its development.

8 CONCLUSION

8.1 INTRODUCTION

From its conception as a passing thought about the possible pastoral and theological links between birth and death to its delivery in the pages of this thesis, my research question as to the relevance of a theology of natality for a theology of death and dying and pastoral care has led me through a process of intellectual, experiential and spiritual growth. Its gestation introduced me to theologies of death and dying throughout Judeo-Christian history and refreshed my knowledge of pastoral theology and practice in these areas. It led me to become familiar with Grace Jantzen's work, as I studied her writings in order to confirm that the concept of natality was one which I wished to employ in the course of my research. In support of this, it introduced me to the philosophy of Hannah Arendt, and to contemporary feminist theologians and philosophers of religion who also inspired Jantzen, as well as to those who responded to her and used her writings in their own thinking. From a starting point of almost no knowledge at all, I learned much about research methodologies and methods, enabling me to plan and implement a yearlong fieldwork project exploring death and dying among chaplains, staff, patients and friends and family connected with the Palliative Care Team at a large acute hospital. This knowledge, along with skills transferred from previous learning and experience, enabled me to analyse and interpret data received from interviews and observation during the fieldwork period in order to investigate a theology of natality's relevance for situations of death and dying. The whole of this process is reflected in the chapters of this thesis, which deal with each of these stages of growth in turn. The purpose now of this

concluding chapter is to present a summary of my research findings and to spell out some of their implications for pastoral practice and theology, and for the concept of natality itself, and to make some suggestions as to how the work begun here may be continued further. My research project has brought to birth some ideas about the relevance of a theology of natality for a theology of death and dying and pastoral care, but there is further work to be done for its ongoing nurture, growth and development. Jantzen asserts that the *habitus* of contemporary western society is violent and necrophilial: in such an environment, a natality-based theology for pastoral care in death and dying affirms and supports the concept as her proposed alternative. It endorses a renewed appreciation of human beings as those who are born, as much, if not more so, as those who will die, and consequently demands a response in the pastoral and political fields of theological practice.

8.2 'HOLDING': A METAPHOR FOR NATALITY IN DEATH AND DYING

Throughout the process of writing the data chapters of this thesis, an image from the interviews I conducted with research participants remained in my mind. For much of the time I spent with (M)P2, her severely life-limited baby daughter, P2, was awake and fretful. Consequently, (M)P2 stood and held her for a large part of the interview, soothing her by her presence, enabling her to feel safe and secure. In spite of my suggestion that we curtail the interview, (M)P2 was keen to continue and remained standing, holding her baby, until we concluded. The experience evoked for me images found in art in the centuries since the incarnation of Mary holding her baby, Jesus. Such depictions are traditionally referred to as the Madonna and child. It furthermore reminded me of how, in the course of the pilot interviews I carried out for my research project, I experimented with the use of two different

images as prompts for the participants' reflections. The first was of a Raphael-inspired Madonna and child painting; the second a photograph of Michelangelo's statue of the *pietà*, showing Mary cradling the body of Jesus following his deposition from the cross. In the end, I decided against the use of such visual prompts within my research interviews, but kept the images on my computer, coming across them from time to time during the course of writing this thesis. In addition to this, I was reminded of Janet Morley's poem, 'And you held me' (Morley 1992: 112):

and you held me and there were no words
and there was no time and you held me
and there was only wanting and
being held and being filled with wanting
and I was nothing but letting go
and being held
and there were no words and there
needed to be no words
and there was no terror only stillness
and I was wanting nothing and
it was fullness and it was like aching for God
and it was touch and warmth and
darkness and no time and no words and we flowed
and I flowed and I was not empty
and I was given up to the dark and
in the darkness I was not lost
and the wanting was like fullness and I could
hardly hold it and I was held and
you were dark and warm and without time and
without words and you held me

I had been familiar with the poem for many years, but encountering it again in the course of my research made a profound impact upon me. The context these images gave to the analysis of my data made the subtle yet very present references of a number of participants to holding or being held difficult to ignore.

Jantzen maintains very clearly that natality entails far more than physical birth alone. Nevertheless, its associations with birth and bringing to birth are so strong that perhaps an effective metaphor for those who take a natality-based approach to theology and pastoral care in death and dying might be considered to be that of midwife. The idea of one who supports and enables those facing death to live through their experience in a natal fashion is an attractive and understandable one. The metaphor has been adopted in the concept of ‘soul midwifery’ for those who are dying (www.soulmidwives.co.uk: accessed 20.05.13) and was observable, for example, in the work and words of palliative care sister, S1, as explored in Chapter 6. However, in spite of the training and involvement of men in the profession as midwives, the word still carries heavily feminine connotations. Furthermore, it implies training and qualification in a particular area of healthcare: as a concept, it may be seen less as democratic and rather more as specialised. Appealing as it is, the metaphor of midwife in pastoral situations of death and dying does not necessarily resonate with natality’s relational mutuality and may carry overtones of an exclusivity that natality would not own. In its place, therefore, I would like to suggest the metaphor of holding as appropriate and inspirationally natal for theology and pastoral care in situations of death and dying.

I am aware that the metaphor of holding may carry problematic overtones for some, given that it is a figure of speech rooted in the physical. I can see that it may also imply notions of holding back, holding off or holding out, with added associations of restraining, restricting or resisting. However, I do not intend these negative implications in offering holding as a metaphor within the context of a theology of natality for a theology of death and dying and pastoral care. Rather, it is holding as seen in the images of (M)P2 holding P2, a baby who was dying, and of Mary holding her son in birth and in death, and in Janet Morley’s poem that I

suggest offers a helpful, constructive metaphor and inspiration. It is an embodied, engendered (but not discriminatory), relational, hope-allowing holding, which maybe be understood holistically within all that it means to be human, including the physical, the emotional, the intellectual, the spiritual and so on. I believe that my research has a contribution to make to the body of writings on the work of Grace Jantzen that has developed since her death by offering a rare qualitative study exploring the relevance of natality to theology and pastoral care in death and dying. I also believe that it offers a contribution to feminist pastoral theology by adding material to the same field which has apparently been somewhat neglected. However, I am of the opinion that its most significant potential contribution is to theology and pastoral care for death and dying within the broad, general field of practical theology. My hope is that the findings of my research project will prompt pastoral practitioners to consider regarding those for whom they care in death and dying (including themselves) as natals at least as much as mortals, and to develop their practice accordingly. I hope that this would include a metaphorical understanding of pastoral care as holding, the implications of which I now move to expound.

8.3 PRACTICAL (PASTORAL) IMPLICATIONS OF FINDINGS

The findings of my research are laid out in Chapters 4-7 of this thesis. Taking Jantzen's four main characteristics of natality – embodiment, engenderment, relationality and hope – as the broad coding categories of the data, I explored material relating to each of these overarching themes in turn, drawing out the relevant theological connections between natality and death and dying. Direct resonances relating to the metaphor of holding presented themselves, and

others may be discerned by suggestion within the light of this overall image, offering certain implications for pastoral care, including the following.

In Chapter 4, I presented my research findings relating to the coding of embodiment, which subdivided into six further codings, namely particularity; the sacramental; presence and touch; food; the whole person, and comfort and safety. However old or young those involved in the pastoral relationship, and however it may be configured, it may be seen that the metaphor of holding has relevance here, enhancing and developing existing pastoral practice with an understanding rooted in a theology of natality. Embodied holding may literally be important for some within pastoral relationships, with appropriate hugs, caring touches and the contact of hands sometimes being appreciated. Sensitively and judiciously used, a literal, physical approach to holding may be pastorally valuable, endorsing a person's sense of his or her special uniqueness and precious individuality: for some, nothing says "You are loved" like a personal hug. However, the metaphor of holding has the potential for wider application than this, for example in the pastoral deployment of the sacrament of Holy Communion. Not only may those who participate feel themselves to be held by both the divine and those present within the celebration of the liturgy but, reciprocally, they metaphorically hold God themselves as they receive the elements and partake. In this way, the value of the sacrament goes beyond what is seen superficially to a depth of embodied natality. Similarly in a pastoral relationship of embodied presence: no contact or physical holding of any kind may take place, but those involved may know themselves to be held within an attentiveness of loving regard and enfolded in divine care through presence, one to another. This may be demonstrated also in the sharing of food, endorsing the value of the embodied physical, communicating the importance of its *up*-holding, in situations of death and dying as much as at any other time of

life. Together, these approaches to holding begin to speak of the precious nature of the whole person, contributing to his or her all-important sense of comfort and safety, held in love as a mother holds her baby and offering embodied pastoral care for the end of life as for its beginning.

Chapter 5 explored data concerning the natal feature of engenderment. While the images I described of holding as seen in (M)P2 and P2, the Madonna and child and the *pietà* ostensibly depict the one caring as female, the poem cited, 'And you held me', has an openness and ambivalence relating to gender that is important within the context of natality. In spite of its rootedness in Jantzen's feminist philosophy of religion, natality as a concept embraces the broad spectrum of gender, in the spirit of the open, fluid expression of the poem. All human beings are natal, and this lends both men and women the capacity to give and receive care in all its different manifestations, not least pastorally. Both men and women have a valuable role to play in offering pastoral care, for example, as hospital chaplains and, from the perspective of natality, styles of pastoral practice may extend beyond traditionally regarded gendered models. A woman may hold and bring security to a difficult pastoral situation with the kind of strength conventionally attributed to men; similarly, a man recognising the all-encompassing nature of natality may be freed to weep, enfold, hold and comfort someone in need of such ministry, after a style traditionally associated with a more 'feminine' approach. To understand our natality is to recognise gender but also to appreciate that it allows for a breadth of expression in pastoral practice. However, this also means that sensitivity to gender awareness in pastoral care is important, not least in relation to physical, embodied holding and contact: some are comfortable in the presence of those of a different gender and others less so. Any team of carers should ideally have both male and female practitioners available, with

sensitivity as to how they are deployed. The benefits of this may be as much for their own care and well-being as for those with and for whom they work. Moreover, a natal perspective is a reminder that gender remains as important for human beings at the end of life as at its beginning. There is the potential for this to be recognised more in the prayer and liturgy within which those who are dying are held, as an expression of pastoral care, as well as in the identity of those who offer such care.

The research findings I presented in Chapter 6 were coded under the natal theme of relationality, and sub-coded further according to the categories of relationship with God; with self; with others; with those who have died; with creation, and with death. Overwhelmingly, it was shown that it is in our relationships that both carers and those receiving care experience and need the most profound pastoral holding, particularly in situations of death and dying. One approach in pastoral practice may be to care for the individual: from the perspective of natality, my research findings reveal that a far deeper awareness of the need to care for human beings within their relational contexts is called for, and this is as true for those who are the formal givers of care as for those who are the receivers. It is never simply one person who is cared for, as the web of relational care ripples out to hold within it a wider community than those who are simply physically present. There is value for pastoral carers in recognising this and practising accordingly, for example, by something as simple as referring to family and friends in conversation and naming them in prayer. This is as pertinent to those with whom relationship continues in death as to those still alive. My research findings imply the pastoral importance of continuing to hold each other in love in death as in life, in contrast to an approach which suggests the value of ‘letting go’, and of finding ways to express this meaningfully in liturgy and ritual.

Furthermore, my findings demonstrate the mutual, reciprocal nature of pastoral care, in which the boundaries between giver and recipient may be relationally blurred. Recognition of this by pastoral practitioners may enable a deeper degree of the experience of being held by the ostensible recipient, as the natal potential for renewed relationality throughout life is acknowledged, including at its ending, and the one who appears to have little left to give may offer beneficial holding to the ostensible carer in relationship in a deeply caring way, as he or she is held. Within my findings there is also a very clear implication of the importance of recognising relationship with the creation in pastoral care in death and dying, for example in incorporating nature imagery into liturgy, encouraging relationality with creation and appreciating our own place within it as a whole.

Above all, as might be expected of a piece of research carried out from a professed perspective of Christian ministry and a feminist pastoral theology methodological approach, my findings suggest that the context in which all pastoral holding taking place is the all-enfolding, relational holding of God. By implication, this signifies the importance of the recognition of this as the wide environment of pastoral care, for care recipients of both formal and informal faith as well as of no articulated faith at all. It is not necessary that this is always expressly spoken of or demonstrated – in fact, for much of the time, this simply may not be needed at all, if pastoral action is effective - but it is important that creative opportunities for its recognition and expression are made available, for example, through conversation or informal liturgy. The implication of this is that, aware of ultimately being held in relationship with God in all our relationships, our relationship with death itself may become less fearful, less perplexing, more realistic and more understood to share characteristics with birth for lifelong human natals.

Research findings relating to Jantzen's natal characteristic of hope formed the subject of the final data chapter, Chapter 7. Once again, the material was sub-coded according to the more precise themes of hope and creation; creativity; change; love; repetition and beauty. Although Jantzen maintains that allowing for hope is "the most significant feature of natality" (Jantzen 2004: 38), I would argue that natality's most significant feature is in fact relationality, especially within the context of pastoral care. Above all, according to my research findings, it is in and through the holding of our relationships that hope is created, developed and maintained, allowing for the new beginnings which are so characteristic of natality. This is as much the case within situations of death and dying as at any other stage of life. I believe that a pastoral practitioner who attempts to encourage hope or to hold another in hope without an awareness of this risks ineffectuality, if not harm. Hope cannot exist in the abstract: rather, it is grounded, held and holds us in the natal relationality which is at the heart of God. The implications of this for pastoral care are profound, for example, in creating, encouraging and supporting creativity and creative relationships towards the end of life, although medical evidence may contradict the conventional wisdom of this. Evidence from my research findings would suggest the value of humour here, and while levity and flippancy are hardly desirable in such a sensitive context, there is certainly an implication that humour may be more of a tool to enable pastoral holding and hope in difficult or stressful situations such as death and dying than has perhaps previously been considered. The experience and personhood of the pastoral carer herself for enabling hope were also revealed to be significant within my research findings: knowing oneself to have been held through a time of crisis is an invaluable gift to share with others for the benefit of their being held, whether overtly in the relating of an event or by implication in demeanour and pastoral approach. However, it is important to note that these pastoral implications drawn from my research findings concerning hope are all

rooted in and expressed by the relational. Above all, natal hope is found in and through our relationships. This implies that the greatest insight to be gained for pastoral practice from my research findings is the absolutely crucial place of cultivating and developing relational skills and of being prepared to recognise and practice relationality as a caring practitioner. It is in our holding and being held that natal new beginnings may be made.

8.4 THEOLOGICAL IMPLICATIONS OF FINDINGS

The symbiotic relationship between theology and practice is central to any practical theology methodology. In such an approach, theology is modified following reflection on practice, and practice is developed as a result of theological reflection. Thus a continuous and fluid process is formed in which theory (theology) and practice constantly inform each other, deepening and enriching both knowledge and action. Within such *praxis*, neither aspect takes precedent, as they complement and mutually develop each other. In the light of this methodological tenet, the linear presentation of the practical implications of my research findings before the theological could be regarded as quite false and artificial: it may be argued that it would be equally valid (if not more so) to present the theological implications first and then to draw out the practical consequences. However, given that my primary concern in carrying out my research project was for the benefit of pastoral practice, and in spite of the symbiosis outlined above, I maintain that the appropriate order in which to present my findings is broadly to show the theological implications which arise out of the practical or pastoral. In turn, these come to re-influence practice, which impacts upon theology, and so on. The way in which the findings of both are presented here, one after the other, is predominantly as a result of restrictions of time and space. Nevertheless, it demonstrates a theological finding or statement

in itself, saying that all theology is grounded, grown, enriched and developed in practice, and that it is impossible to have the former without the latter. It is in the practice of our relationships, especially with God and each other, that theology is created.

The strongest theological implication of my research findings, then, comes through their primary emphasis on relationality and embodiment. This calls for a deeper, renewed understanding of the importance of the incarnation in belief and practice, not least for pastoral care in situations of death and dying. Within the incarnation, we see natal humanity relationally held within the divine, while the divine is deeply held in embodied relationship with and within humanity, as represented so clearly in the image of the Madonna and child. In the image itself we also see our own natal potential for “becoming divine”, as Jantzen puts it (Jantzen 1999) – achieving the fullness of our divine personhood in completeness of relationship with self, others and God. Furthermore, this points to the need for a renewed focus on the significance of the birth and life of Jesus, which has sometimes been given less theological emphasis than his death and resurrection (for example, in the historic creeds). Indeed, at times, this has been almost to the extent of implying the exclusive priority of Jesus’ death and resurrection, virtually disregarding and devaluing the whole incarnation, without which neither would have happened. Such a rediscovered focus on the incarnational life of Jesus speaks of the God who is essentially relational, in and of God’s being and with all creation, including humanity. It speaks also of the God who values and endorses the material and physical, holding all in love. This is revealed not only in the materiality of creation but also in creation’s very self by God’s becoming embodied as a human being. Consequently, the emphasis in theology and practice moves away from being predominantly projected onto the end of life and what may lie beyond to a renewed understanding that what

is theologically important is the here and now. Irrespective of when that may be over the course of a person's lifetime, the theological importance is clearly shown of our presence to each other and our holding of one another in the divine presence in our natal embodiment.

Such theological implications stand in stark contrast with certain individualistic and dualistic theologies of death developed in the latter part of the twentieth century, as explored in 1.4.7. My research findings suggest that it is our relationships with God and with one another which give life meaning and, consequently, hope, an understanding endorsed theologically by the incarnation and rooted in the relational, natal event *par excellence* of our birth. However, according to the theologian John Macquarrie, it is death which gives life meaning (Herbert 2006: 82) and which affirms the value of our existence "by creating a framework in which the individual can measure events with seriousness" (Anderson, 1986: 10). A theology of natality for death and dying and pastoral care would contend with this on the grounds that human individuality and independence is a chimera: we do not and cannot exist alone, and in our relationality we find hope and meaning for life. The "framework" of life is created by our relationships with one another and with God, within whom we are held and who is incarnationally held within us. "Seriousness" does not lie in measuring the "events" of our individual lives but in the way in which we relate to and care for one another, holding one another in the present in our common natality. Furthermore, the theological importance of incarnate, holistic embodiment, as implied in my research findings, contrasts with the tendency of a number of late twentieth century theologians to return to a kind of neoplatonic dualism. In the thinking of Polkinghorne (Herbert 2006: 125) and Badham (1976: 146), human existence post-death will be solely a psychological state, implying the devaluation of physicality (including our engenderment) over the promotion of the mental or spiritual.

According to Hick, even this disembodied particularity will undergo negation as it becomes part of a greater, universal consciousness (Hick 1976: 52). To this, Polkinghorne adds a technological twist, speaking metaphorically of human “software” being downloaded onto God’s “hardware” in death, “until the day when he (sic) gives us new hardware on which to run our software once more” (Polkinghorne in Herbert 2006: 125). The dualistic theological understandings behind such ideas are contradicted by a theology of natality for death and dying, which maintains that our embodiment is vitally significant, in death as in life, and that we are continually held in relationship with one another and with God, in life and beyond. The theological implications of my research findings discredit the thinking of such men as Badham, Hick and Polkinghorne by indicating that what is truly important is our embodied, engendered relationality, affirmed by the divine incarnation and perpetually held and treasured by God and others in the ongoing present.

Given the feminist resonances of such relational understandings, my research findings have theological implications with the potential to enrich and enhance feminist theology regarding death and dying, and so to exert influence upon wider theological thought. As a concept, the most important implication of natality for feminist theology is that it gives an imperative against the “avoidance” of the topic of death (Althaus-Reid and Isherwood 2007: 115) which is evident in so much feminist theological writing. As a theology of natality is a theology for the whole of life, its ending as much as its beginning and all that lies between, this implies a justification for further feminist thought with regard to theologies of death and dying. In any event, the theological implications of my research findings which are soundly rooted in relationality and embodiment have strong resonances with some existing work of feminist theologians and have the potential to engage dialogically with that of others. For example, the

relational theological implications of my findings complement Rosemary Radford Ruether's "spirituality of recycling" in death (Ruether 1995: 61) by highlighting our relationship with creation which is not only for its ending but for the whole of life. Conversely, however, they dispute her understanding that, after death, our individual consciousness returns to "a great consciousness underlying the whole of the life process" (Ruether 1995: 61) in which our relational, natal particularity would be lost. This concept has similarities with Hick's understanding as referred to above and which has already been disputed by the theological implications of my research findings. However, the theological implications of my findings resonate with Isobel Carter Heyward's emphasis on the incarnation of Jesus, as considered in 1.4.8. This avoids "dualistic thinking when dealing with resurrection and life after death" (Althaus-Reid and Isherwood 2007: 115) and resonates with Jantzen's natal concept of "becoming divine" (Jantzen 1999), revealed also in my research findings. This is inasmuch as it points towards the potential of all natal human beings to "resurrect and have life after death ... if we too live our divine natures to the same depth" (Althaus-Reid and Isherwood 2007: 115). The shared incarnational emphasis this implies is reflected in Elizabeth Schüssler Fiorenza's relational "community view" of the women at the cross who witnessed Jesus' death. Accordingly, they contributed to the resurrection in the way they "wept, mourned, grieved and hurt and in so doing they ushered in a new dawn, a new hope and a new way to imagine the world and to live" (Althaus-Reid and Isherwood 2007: 124). The way in which this strongly indicates the importance of embodied presence, committed relationality and holding in love in situations of death and dying, giving rise to hope, parallels the theological implications of my research findings. Thus my work has the potential to add to and complement feminist theology in this field and to support Jantzen's intention for natality to be an alternative to the necrophilial theological tradition of the west.

8.5 THEORETICAL IMPLICATIONS OF FINDINGS

In addition to, and in parallel with, contributions to pastoral practice and theological understandings, my research also has implications for the theoretical concept of natality itself. In a similar way to how theology and practice impact upon each other so, too, for natality as the notion underpinning my research project in its entirety. Theology and practice cannot fail to be affected in and of themselves by the mutual reflection which takes place during their interaction under the research methodology I have adopted; similarly, neither can the theoretical ideas which are brought into conversation with them by the research process. With this in mind, I offer the following as implications for the development of natality as a concept, arising out of my research findings from the field of death and dying and pastoral care.

My research process and findings have demonstrated that, contrary to Jantzen's tendency to dismiss death as a topic relevant to natality, the concept has the capacity to engage with matters relating to death and dying, and to offer constructive, life-affirming responses. Far from being irrelevant to natality, death is extremely relevant, and this merits recognition within the conceptualization of the theoretical notion. Referring to Jantzen's work, Anderson asks, "The struggle for love is apparent ... but are we not allowed to struggle with death?" (Anderson 2007: 228). My research findings show that the answer to this question for the concept of natality is not a rhetorical ignoring of it but a resounding "Yes". As a notion, natality has the capacity not only to address death and dying but also to enrich our understanding of it, implying the value of its firm incorporation into the theory of natality, rather than its dismissal, to the benefit of our theology and practice.

In the light of this, there are further theoretical implications for each of Jantzen's four dominant "features" (Jantzen 2004: 36) of natality. With regard to embodiment, I believe my research findings have revealed the legitimacy for natality to afford value to the traditional sacraments of Christian practice as well as to the sacramental nature of creation and the natural world. The sacramental elements are indeed elemental: bread, wine, water and oil are of the natural world, and their materiality directs us towards the divine presence which imbues creation and is found within it, yet which draws us into the reality of creation beyond which that we can physically perceive. The embodied nature of the sacraments is congruent with embodiment as a characteristic of natality, and my research findings suggest that the inclusion of the formally sacramental within its conceptualization would not be inappropriate.

Connected to this, and supported by theological reflection on my research findings, I believe that it would be fitting for natality to draw upon the incarnation of Jesus for its enriching and for the strengthening of its case for the value of human embodiment. The doctrine that, in Jesus, God became fully human, thus reaffirming the embodied and the physical, is a powerful resource for embodiment as a facet of natality, and the implication of my research is that it would be constructive to embrace it as part of natal conceptual theory.

Jantzen's major work on the notion of natality began with the publication of *Becoming Divine* (1999) and continued until her death in 2006. While she recognised gender as one of the most important features of natality and stressed its significance for a full appreciation of the concept, understanding of the complex nature of engenderment has developed considerably in the academy and in society in general since the time of Jantzen's writing. While this was not necessarily reflected in the findings of my fieldwork, it was revealed within the reading and background study I conducted on the theme of engenderment. This aspect of my research

findings suggests that the appreciation of the breadth and complexity of gender identity within the concept of natality would benefit from expansion and widening, in order to continue communicating with contemporary understandings in this field. Such a modification of natal theory would enrich its potential to inform attitudes and practice.

My research data left me in no doubt that the most significant feature of natality for those who participated in my project was relationality. While the existing conceptualization of natality would not deny this significance, its focus lies very much on relationships in life. A strong implication of my research findings for natality as a theoretical concept is the value of incorporating an understanding of the importance of relationality in and beyond death. This may include recognition of the validity of the relational community within Christianity known historically as “the communion of saints”. It would certainly include acknowledgement that, because relationships do not necessarily end with the death of a party or parties, life may be seen on a continuum, carrying on in death and beyond, continuing in and through human relationality and in relationship with God. This would expand and enrich natality’s strong theoretical nature as a concept deeply rooted in the idea of new beginnings: relationally, death would cease to be seen as an ending and be understood anew, natively, as a time of new beginnings. The pastoral implications of such a notional development are profound.

For Jantzen, her fourth main characteristic of natality, hope, is its most significant feature: “the most significant feature of natality is that it allows for hope” (Jantzen 2004: 38).

However, as I have already discussed, I believe that my research findings demonstrate very clearly that this hope is deeply rooted in and originates from the breadth of our relationships.

For those who participated in my research fieldwork, without natal relationality there would

have been no hope. The implications of this for the theoretical notion of natality are clear: it is not hope but relationality that is its defining characteristic, and I make the case for this to be recognised in its conceptualization. My suggested metaphor for natality in death and dying of holding arises out of the predominantly relational nature of the notion: because we are natal, relational human beings, we hold and enfold one another in love as we experience the enormity of the liminality of death. However, the metaphor holds relevance for the whole of life, from birth onwards (and before, as the unborn infant is held in the womb of the mother). It would not be inappropriate to draw it into the theory of natality as the concept continues to develop, thus increasing its practical relevance and making real its practical application. If it is true to itself as a notion strongly identified by new beginnings, natality has the capacity to expand, reinterpret and make fresh starts. I offer the theoretical implications of my research findings as a contribution to this ongoing development.

8.6 SUGGESTIONS FOR FURTHER RESEARCH WITHIN RELEVANT FIELDS

As stated previously, the aim of my research is to make a contribution towards three particular fields: firstly, theology and pastoral care for death and dying within the broad field of practical theology in general; secondly, the body of writings that has grown up on the work of Grace Jantzen in recent years, and thirdly, feminist theology, especially feminist pastoral theology, where work relating to death and dying appears to have been neglected. I believe that my research offers a meaningful contribution to these disciplines, and I have laid the groundwork for further work to be done in the exploration of the relevance of a theology of natality for a theology of death and dying and pastoral care. The thesis I present here has brought to birth a response to my research question, but additional attention and study is

needed to enable it to grow, develop and flourish. All theology, particularly feminist theology, is a collaborative, participatory activity: none of our thinking or practice arises *ex nihilo*, but is born relationally out of conversation and interaction with others. With this in mind, I offer the following suggestions as areas which may repay further research within the relevant fields I sought to address.

Self-evidently, my own research project focussed on a sample group composed of terminally ill patients, their family and friends, chaplains and clinical staff. While a theology of natality for death and dying and pastoral care demonstrably holds relevance for all of them, this relevance is contextual, gaining its significance because of those who were dying. It was those who were terminally ill who created the research field, giving them and their circumstances a particularity within the web of relationships. This calls for deeper recognition than the scope allowed for by my project. There is therefore the potential for further research into the relevance of a theology of natality for death and dying and pastoral care more specifically and with a larger sample size of terminally ill people. The unique yet universal experience of facing life's end and the liminality of dying mean that those for whom this is a daily reality comprise an exceptionally significant group of research participants. Their sample size within my own overall sample of participants was proportional but relatively small, and so I suggest that there would be value in more extensive research into the relevance of a theology of natality for a theology of death and dying and pastoral care with and for people who are terminally ill.

As the body of scholarship concerning the work of Grace Jantzen continues to grow, I believe that there is potential within this field for qualitative research projects to explore the relevance

of a theology of natality for a variety of pastoral situations in addition to those related to death and dying. Jantzen's work on natality was rooted in the theoretical background of philosophy of religion, but feminism inspired her concern that it should be of life-transforming, world-changing significance. From this, it is clear that there is a connection between natality as a concept and practical theology as a discipline of praxis. This indicates the potential value of the further deployment of natality within practical theology, contributing in this way to the development of the study of Jantzen's works and the further dissemination of her ideas. Many pastoral situations could suggest themselves for such a project. However, I would propose a practical theology research project concerning the relevance of natality, as a concept rooted in feminism, for boys in their faith development. This would offer a parallel and complementary project to Phillips' work on the faith development of girls (Phillips 2011), act as a triangulation tool for the appropriateness of my own use of the concept of natality within a piece of qualitative research and demonstrate the relevance of Jantzen's work within a crucial area of pastoral care.

The apparent lacuna which exists within feminist theology, particularly feminist pastoral theology, with regard to death and dying has already been noted and considered. My research offers its own response to this deficiency particularly through data presented under the theme of engenderment as a characteristic of natality and the exploration I made of its relevance for such pastoral situations. With hindsight, however, I can see that it would have been helpful to have included a specific question on gender within my interview guide. I omitted such a question, meaning that the theme did not receive the depth of consideration that might have been possible. Given the key place of gender within feminism and feminist theology, as well as within the concept of natality, there is potential for further exploration in this area. I

therefore suggest that a much fuller feminist pastoral theology qualitative research project, employing its methodology and methods, specifically to investigate the relevance of gender for pastoral care in situations of death and dying would make a valuable contribution to this field. Its findings would have the potential to contribute to both theology and practice for this important time of life and to add to an area where there is still room for development concerning these themes.

8.7 CONCLUSION

As I draw this final chapter, and the whole thesis itself, to a conclusion, I return to the images of (M)P2 and P2, the Madonna and child and Janet Morley's poem, 'And you held me', as introduced in section 8.1. The whisper of these images resonates and reverberates within and through my research data and findings, giving rise to the metaphor of holding as a leitmotif to express the relevance of a theology of natality for a theology of death and dying and pastoral care. I have borrowed this metaphor to present the practical or pastoral and theological implications of my findings; I have considered its place within the theoretical implications of my research for the concept of natality, and I have offered suggestions for further research in fields relevant to this thesis. I am led to wonder if the metaphor of holding will speak to those areas as to the matter of my research question, and am inclined to think that it will.

The chapters of this thesis are peopled not only with the thirteen men and women who were generous enough to agree to participate in research interviews and the many more whom I encountered during the course of my participant observation field work, but also with all those to whom I have been privileged to minister in situations of death and dying since September

1993. From the very first funeral I conducted, that of an elderly miner from the North Warwickshire coalfields who was lovingly held and cared for in his last months by his wife, to the last in which I was involved, that of baby P2, from whom I received so much for my research, I am profoundly aware of having been held by them, by the love, prayers and support of others and by God in the work which I had to do. Interview participant P3 described birth as a “miracle”, which it is, truly natal in its endowment with embodiment, engenderment, relationality and potential for hope. However, my research has shown that these qualities are as present in death as they are in birth, and that the possibility for the miraculous is as great. Jantzen’s own words suggest that the last thing she envisaged was the concept of natality being employed in theology and pastoral care for death and dying: this was not her concern, and her intentions for it were on the far greater scale of the whole of western society, with an intended influence of greater magnitude. Nevertheless, society is composed of natal individuals held in the web of relationality who, within this, their embodiment and their engenderment, deserve the highest quality pastoral care from cradle to grave, in death as much as in birth and throughout life’s course, helping them to live with hope. As I have shown, a theology of natality supports and resources this, and its principles spread like ripples from a stone thrown into a pool of water to carry implications not only for our care for one another but also for the whole of creation. Its embrace as an understanding is broad and deep. Above all, however, a theology of natality speaks of the God in whom we are ultimately held, as by a loving mother or after the all-encompassing embrace of Morley’s poem, giving us the potential to hold as we are held and to participate ourselves in the natal task of bringing newness to birth, in death as in life.

APPENDIX 1 'Welcome to Holland'

[Redacted text block containing multiple lines of obscured content]



Emily Perl Kingsley, 1987. All rights reserved.

APPENDIX 2 Participant Information Sheet

Revd Jennifer Hurd

The Queen's Foundation Research Centre/University of Birmingham

Endings and Beginnings: Exploring Attitudes Towards Birth and Death

Information for Interview Participants

Thank you very much for your interest in my postgraduate research study. I would like to invite you to take part in an interview for my project, and I hope the following information will be helpful.

About my Research Study

As a Methodist minister in Circuit work, I frequently found myself sharing in the care of dying and bereaved people. Ministers also give pastoral care to women in pregnancy, and to new parents. Since birth and death are the two liminal or “threshold” events at the beginning and end of life, with this shared characteristic, I found myself wondering if it is possible that there are aspects of theology and pastoral care relating to birth that may be useful for theology and pastoral care surrounding death. I am therefore interested in people's experiences of birth and death, to find out how they felt and what they thought at the time, and how their understandings have developed since. I hope that this study will offer useful insight into the human experience of birth and death, and contribute to the development of theology and pastoral care.

About the interview

If you take part in the interview, you will be asked questions relating to your experiences around birth and death. I appreciate that some of this may be distressing for you. If there are issues around your experiences that you would like to talk through with someone other than myself, I attach a list of organisations that offer ongoing support and counselling. Please remember that I am here for you, too.

What will you have to do?

We will agree a time and place to talk. The interview will last approximately one hour. So that all the information you give can be captured comprehensively and accurately, I will ask for your permission to use a voice recorder. I will go through this information sheet with you and respond to any questions you may have about the interview or my research. I will ask you to sign a consent form to confirm that you are willing to take part in the interview, and then we will proceed.

What happens at the end of the interview?

I will use your responses to develop my research study. I will be very happy to discuss the study with you as it proceeds and, should you wish, to share the results of it with you in a written summary on completion. The research will be presented in a thesis and may be used to make a contribution towards the development of theology and pastoral care in the church.

What happens if you change your mind?

Although you may agree to participate in this interview, you have the right to withdraw at any time for any reason whatsoever. Please let me know if this is what you wish to do. Any information you may have provided by then will be destroyed.

What happens to the information?

The information you give via the recorded interview will remain strictly confidential. No names will be used in the study, and you will be given a code for reference in order to protect your identity. I will safely store the recorded information you give me. Once I have completed my postgraduate research study, in approximately two years' time, all the audio recordings will be destroyed.

Ethical conditions

I am aware of the ethical standards required of research students in general and in particular by the University of Birmingham and the NHS. I have received the approval of the (Name) NHS Research Ethics Committee to undertake this project.

What if you have any questions or need any clarification?

Please ring me or email me, or ask me when we meet. I will be more than happy to respond.

Once again, thank you very much indeed for your interest in my research. Your interview will be of great value to me as I proceed with my study.

Revd Jennifer Hurd

February 2011

Support Agencies

Cruse Bereavement Care

0844 477 9400

The Samaritans

08457 909090

Macmillan Cancer Support

0808 808 0000

Compassionate Friends

0845 123 2304

The National Association of Widows

0845 838 2261

The Stillborn and Neonatal Death Society

0207436 5881

(Name) Hospital Chaplaincy Team

XXXXX XXXXXX Extension XXXX

PALS (Patient Advice and Liaison Service)

(Address and telephone number supplied)

APPENDIX 3 Interview Consent Form

Endings and Beginnings: Exploring Attitudes Towards Birth and Death

Researcher:

Revd Jennifer Hurd, The Queen's Foundation/ University of Birmingham

Please initial box

1. I confirm that I have read and understood the information sheet dated

03.02.2011 (Version 3) for the above study. I have had the opportunity to

consider the information, ask questions and have had these answered

satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw

at any time without giving any reason, without my medical care or legal

rights being affected.

3. I understand that relevant sections of my medical notes and data collection

during the study may be looked at by individuals from regulatory authorities

or from the NHS trust where it is relevant to my taking part in this research. I

give my permission for these individuals to have access to my records.

4. I give my consent for the research interview conducted with me to be

recorded.

5. I agree to take part in the above study.

Name of participant Date Signature

Name of researcher Date Signature

APPENDIX 4 Interview Guide

Preliminaries:

Thank participant

Read information sheet together for clarification/affirmation

Ask if participant has any questions and respond as necessary

Sign Consent Form (including duplicate)

Check voice recorder working

Questions/Prompts:

Can you tell me a bit about your experiences of birth/how you've experienced birth?

Was there anything in these experiences that seemed particularly important or special to you?

Can you tell me a bit about the experiences of death and bereavement you've had in your life?

Was there anything in these experiences that seemed particularly important or special to you?

What could you say you've learned for the rest of your life from your experiences of death and birth?

(If appropriate) How would you say your faith or the church supported you through your birth and death experiences?

(Possible additions or alternatives to fifth and sixth questions: Use of parent and child images and/or “Little Gidding” Part V as elicitation tools)

Ending:

Thank participant

Remind participant of support agencies

Ask “exit” question re: what participant’s intentions for later in the day

APPENDIX 5 Example of Transcript

- 1317 JH Can I -? - yeah. Can I just ask you then if you think, if there's anything important you feel you'd like to share with me, you know, knowing what it is that I'm, that I'm trying to think about –
- 1318 P3 Yeah.
- 1319 JH - and work about –
- 1320 P3 Yeah.
- 1321 JH - if there's anything, from your experience, you would want to tell -
- 1322 P3 Erm –.
- 1323 JH - me?
- 1324 P3 (Very definitely) I'm not frightened of dying.
- 1325 JH Mmm.
- 1326 P3 That's the first thing that comes to mind..Everybody's gotta die, and I feel..the only difference *is* that I've been given a warning, and –
- 1327 JH Mmm.
- 1328 P3 - a lot of people haven't.
- 1329 JH Mm.
- 1330 P3 Erm..That is frightening, because you know you're mortal..but you never think about it.
- 1331 JH (Softly) Really?
- 1332 P3 Erm, you just *don't* think about it –
- 1333 JH Mm.
- 1334 P3 - er, because there's so many things going on in your life..that, it never comes to the forefront.

1335 JH Mm. Too busy living, really, aren't you? (Little chuckle)

1336 P3 That's right, that's right. So, and I'm philo-, as I say, philosophical – everybody's gotta die, and, I've got this thing about, about..in a way, I'm more fortunate than..other people that haven't realised that –

1337 JH Mm.

1338 P3 - every day they're dying a little bit.

1339 JH Mm, mm.

1340 P3 I mean, they say from the day you're born, don't they? – erm, this happens. Erm, because I think, being given that nudge, painful though it is, you've got time to talk to people. I find relations in the family are much better.

1341 JH Really?

1342 P3 Yeah.

1343 JH Mm.

1344 P3 Much better.

1345 JH Mm.

1346 P3 Erm, because I think we take life too much for granted, far too much, and it's only when somebody's been told you've, you've got a limited life – we don't know how long –

1347 JH Mmm.

1348 P3 - it could be a day, it could be a fortnight, it could be ten years –

1349 JH Mmm.

1350 P3 - we don't know – erm, that you realise that, “Oh, hold on a moment,” you know, “There's things I want to do” –

1351 JH (Breathy noise)

1352 P3 - “There’s things I want to say, that, I’ve ignored, because there’s plenty of time to say it.”

1353 JH Mmm.

1354 P3 And you, you don’t know there’s plenty of time to say it, you know, erm -

.1355 JH No.

1356 P3 So, I think *that* is a *positive* thing that’s, that’s come out of this, erm..is that, you, you, you’ve gotta be careful how you treat other people .

APPENDIX 6 Example of Stage of Analysis (A)

	299	JH	Mm, mm.	
	300	C3	I mean, <u>ourselves</u> –	
	301	JH	Mm.	
<i>Embodied img.</i>	302	C3	- with <u>self</u> , <u>self</u> is our <u>tool</u> , but it's not just that, it's about how you've honed that self –	} So a lot of this is abt. being / who you are... Time....
	303	JH	Mm.	
	304	C3	- the inner wisdom –	
	305	JH	Mm.	
	306	C3	- of reflection –	
	307	JH	Mm.	
	308	C3	- and all of that. And I <u>have</u> , I've been in therapy for twelve, I've been in therapy for <u>twelve years</u> , whilst I've did this so –	
	309	JH	Mm.	
	310	C3	- so significant bits of that have been around the deep pain –	<i>Deep... Pain - embrace, work with...</i>
	311	JH	Mm.	
	312	C3	- the embracing of pain, the working with pain. Erm (breathes out) –	
	313	JH	Pain from –?	
<i>Embodiment</i>	314	C3	Well, it can be existential pain –	} Embrace... (Hold???)
	315	JH	Mm.	
	316	C3	- it can be that you're watching the physical pain, grief pain –	
	317	JH	Mm.	
	318	C3	- th' -, all of that –	
	319	JH	Mm, mm.	
	320	C3	- and just.. <u>allowing</u> it to be part of you, of knowing that if it is then you have to somehow or other embrace, work it. There's another word – "embrace" – 'cos I would say, describe the work as being the embracing of chaos –	
	321	JH	Mm, mm.	
<i>Hope!</i>	322	C3	- and the reason for that is because it's, <u>chaos</u> is the biblical motif <u>from out of which</u> <u>creation</u> comes –	<i>Chaos generally refer to (sp?) - "chaotic families" etc but also full of potential! V. controlling image!!!</i>
	323	JH	Mm.	
	324	C3	- "the gods overcome the god of chaos, to hedge it in with cliffs and sandbars" ¹² - the sea being the 'it' –	
	325	JH	Mm.	
	326	C3	- and this idea that God <u>channels</u> and <u>overcomes</u> the god of chaos to bring it forth as creation –	
	327	JH	Mm, mm.	
	328	C3	- and if you read the book of Job, in there, when God answers, that's where you get really subtle nuances that that's the understanding, and, and the language is the same language that's used to talk about how the <u>gods</u> channel the waters of chaos that break in childbirth –	<i>or God?</i>
<i>Engenderment??? gendered God???</i>	329	JH	Mm, mm, mm.	
	330	C3	- to bring them forth as a baby.	
	331	JH	Mm. How does that speak to this place?	
	332	C3	Erm, because what we do, if we can somehow, part of our work is to embrace the chaos – <u>James Woodcock, Embracing the Chaos: Theological Responses to AIDS</u>	
	333	JH	Mm, mm.	
	334	C3	- of change, of loss –	<i>(SPCK, 1990)</i>
	335	JH	Mm.	

¹² Source?

APPENDIX 7 Example of Stage of Analysis (B)

S3 - Notes

Embodiment

16 - S3's work

~~Embodiment~~ ~~relat.~~

66 - Birth of children

132 - Embodiment = difference

203 - Family: phys. affection

305/307 - Father's care

473 - Uniqueness/difference

507 - Birth (wife) (of father's death).

571 - Ench.

Engenderment

42 - children - gender

~~66~~ 140 - son/boys.

203 - son & daughters both affectionate

239 - father (not just "parents").

273 - father/son

285 - Aunt/powerful ♀.

Relationality

30 - family of rels.

66 - Birth of children

84 - children from rels.

146/148 - a family: children fight but love

203 - Affectionate family

221 - Connecting w/ people

257 - Talking re: death.

273 - A father (nfts repaired)

301 - Mother waiting for son

341 - Colleagues' support

Hope

84 - children from rels. - death ^{ment} - hope!

148 - children fight but love - hope.

235 - Joy of relationships in family - hope.

351 - Rightness/being led.

390/391 - Exps. making us who we are

(415 - gent. w/ no hope)

451/453/455 - Creativity at birth & death.

461/497

535 - Creativity + 715/717

661 - Trust/hope?

667 - Learning - hope?

Other stuff -

Flexible - 76/p.14

Blessing - 82 (birth)/635/643 (bond).

Continuation - 84/114/116/193

Journey/travel/movement - 90/118

Wonderful exp. - 92/351/120

Fulfilling/fulfilment - 100/379

Natural - B.: 104/108/110/363/381/411/539

Challenge - 130 (children)/255 (death)/273 (father)

"Right" - 193/351/ (609 - challenge) 53/653

Time - 267/301/369 (walking)/373/385

Faith - 331

BIBLIOGRAPHY

- Acker, Joan; Barry, Kate and Esseveld, Johanna 1991, 'Objectivity and Truth: Problems in Doing Feminist Research' in Fonow, Mary Margaret and Cook, Judith A (eds), *Beyond Methodology: Feminist Scholarship as Lived Research*, Bloomington: Indiana University Press: 133-153
- Ainsworth-Smith, Ian and Speck, Peter 1999, *Letting Go: Caring for the Dying and Bereaved*, London: SPCK
- Althaus-Reid, Marcella and Isherwood, Lisa 2007, *Controversies in Feminist Theology*, London: SCM
- Anderson, Pamela Sue 1998, *A Feminist Philosophy of Religion*, Oxford, Blackwell
- _____ 2007, 'Forever Natal: In Death as in Life', *Literature and Theology* 21 no.2: 227-231
- _____ 2009, 'The Urgent Wish...To Be More Life-Giving' in Graham, Elaine (ed), *Grace Jantzen: Redeeming the Present*, Farnham: Ashgate
- Anderson, Pamela Sue and Clack, Beverley (eds) 2004, *Feminist Philosophy of Religion: Critical Readings*, London: Routledge
- Anderson, Ray S 1986, *Theology, Death and Dying*, Oxford: Blackwell
- Angrosino, Michael 2007, *Doing Ethnographic and Observational Research*, London: Sage
- Arendt, Hannah (Scott, Joanna Vecchiarelli & Stark, Judith Chelius, eds.) 1996, *Love and Saint Augustine*, Chicago: University of Chicago Press
- _____ 2006, *Eichmann in Jerusalem: A Report on the Banality of Evil*, London: Penguin
- Ariès, Philippe 1975, *Western Attitudes Towards Death From the Middle Ages to the Present*, Baltimore/London: John Hopkins University Press
- _____ 1981, *The Hour of Our Death*, Harmondsworth: Penguin
- Auden, WH 1950, *Collected Shorter Poems 1930-1944*, London: Faber
- Badham, Paul 1976, *Christian Beliefs About Life After Death*, London/Basingstoke: Macmillan
- Bacon, Hannah 2009, *What's Right with the Trinity?* Farnham: Ashgate
- Baier, Annette C 1997, 'Ethics in Many Different Voices' in May, Larry and Kohn, Jerome (eds), *Hannah Arendt: Twenty Years Later*, Cambridge, Mass: The MIT Press
- Ballard, Paul 1996, 'Intimations of mortality: Some sociological considerations' in

- Badham, Paul and Ballard, Paul (eds) *Facing Death: An Interdisciplinary Approach*, Cardiff: University of Wales Press: 7-28
- Benhabib, Seyla 2000, 'Arendt's Eichmann in Jerusalem' in Villa, Dana (ed), *The Cambridge Companion to Hannah Arendt*, Cambridge: Cambridge University Press
- Bennett Moore, Zoë 2002, *Introducing Feminist Perspectives on Pastoral Theology*, London: Sheffield Academic Press
- Berg, Bruce L 2009, *Qualitative Research Methods for the Social Sciences* (Seventh edition), Boston, MA: Allyn and Bacon
- Bergen, Raquel Kennedy 1993, 'Interviewing Survivors of Marital Rape: Doing Feminist Research on Sensitive Topics' in Renzetti, Claire M and Lee, Raymond M (eds), *Researching Sensitive Topics*, Newbury Park: Sage: 197-211
- Bernstein, Richard J 2000, 'Arendt on Thinking' in Villa, Dana (ed), *The Cambridge Companion to Hannah Arendt*, Cambridge: Cambridge University Press
- Billings, Alan 2002, *Dying and Grieving: A Guide to Pastoral Ministry*, London: SPCK
- Bonhoeffer, Dietrich 1967, *Letters and Paper from Prison*, London, SCM Press
- Bons-Storm, Riet 1996, 'Pastoral Care' in Russell, Letty M and Clarkson, J Shannon (eds), *Dictionary of Feminist Theologies*, London: Mowbray
- Bowen-Moore, Patricia 1989, *Hannah Arendt's Philosophy of Natality*, Basingstoke: Macmillan
- Brock, Rita Nakashima and Parker, Rebecca Ann 2008, *Saving Paradise: How Christianity Traded Love of this World for Crucifixion*, Boston, Mass: Beacon Press
- Brown, John H 2000, 'Beauty' in *Concise Routledge Encyclopedia of Philosophy*, London: Routledge: 79
- Brunkhorst, Hauke 2000, 'Equality and Elitism in Hannah Arendt' in Villa, Dana (ed), *The Cambridge Companion to Hannah Arendt*, Cambridge: Cambridge University Press
- Buckler, Steve 2011, *Hannah Arendt and Political Theory*, Edinburgh: Edinburgh University Press
- Butler, Judith 1990, *Gender Trouble: Feminism and the Subversion of Identity*, London: Routledge
- Bynum, Caroline Walker 1995, *The Resurrection of the Body in Western Christianity, 200-1336*, New York: Columbia University Press

- Callanan, Maggie and Kelley, Patricia 1992, *Final Gifts: Understanding and Helping the Dying*, Sevenoaks: Hodder and Stoughton
- Campbell, Alistair 1990, 'The Nature of Practical Theology' in Forrester, Duncan B (ed), *Theology and Practice*, London: Epworth Press: 10-20
- Canovan, Margaret 1992, *Hannah Arendt: A Reinterpretation of her Political Thought*, Cambridge: Cambridge University Press
- Carrette Jeremy 2006a, 'Grace M. Jantzen', *The Guardian* 11th May 2006
 _____ 2006b, 'Bringing Philosophy to Life: A Review Article in Memory of Grace M Jantzen (1948-2006)', *Literature and Theology* 20, no. 3 (2006): 321-325
- Cassidy, Sheila 1994, *Light from the Dark Valley: Reflections on Suffering and the Care of the Dying*, London: DLT
- Chi, G C H-L 2007, 'The role of hope in patients with cancer', *Oncology Nursing Forum* 34/2, 415-424
- Clack, Beverley and Clack, Brian 1998, *The Philosophy of Religion: A Critical Introduction*, Cambridge: Polity Press
- Clack Beverley 1999, 'Revisioning Death: A Theological Approach to the 'Evils' of Mortality', *Feminist Theology* 22: 67-77
- Clements, William 2005, 'Dying, Pastoral Care of' in Hunter, Rodney J (ed.), *Dictionary of Pastoral Care and Counselling, Expanded Edition*, Nashville: Abingdon Press: 321-323
- Cobb, Mark 2001, *The Dying Soul: Spiritual Care at the End of Life*, Maidenhead: Open University Press
- Cole, Peter; Eadie, Donald and Grey, Mary 2007, *The Faith Journey of Impaired Pilgrims*, Salisbury: Sarum College Press
- Cornwall, Susannah 2010, *Sex and Uncertainty in the Body of Christ: Intersex Conditions and Christian Theology*, London: Equinox
- Daly, Mary 1986, *Beyond God the Father: Towards a Philosophy of Women's Liberation*, London: The Women's Press
- Darlington, Yvonne and Scott, Dorothy 2002, *Qualitative Research in Practice: Stories from the Field*, Buckingham, Open University Press
- Davies, Douglas J 2005, *A Brief History of Death*, Oxford: Blackwell
 _____ 2008, *The Theology of Death*, London: T&T Clark
- de Beauvoir, Simone 1997, *The Second Sex*, London: Vintage Classics

- de Hennezel, Marie 1997, *Intimate Death: How the Dying Teach Us to Live*, London: Little, Brown
- Denscombe, Martyn 2007, *The Good Research Guide for Small Scale Social Research Projects* (Third edition), Maidenhead: Open University Press
- Doehring, Carrie 1990, 'A Method of Feminist Pastoral Theology' in Miller-McLemore, Bonnie J and Gill-Austern, Brita L (eds), *Feminist and Womanist Pastoral Theology*, Nashville: Abingdon Press: 95-111
- Dolan, Frederick M 2004, 'An Ambiguous Citation in Hannah Arendt's *The Human Condition*', *The Journal of Politics* Volume 66, Number 2, May 2004, pp 606-610
- Flick, Uwe 2002, *An Introduction to Qualitative Research*, London: Sage
- Fonow, Mary Margaret and Cook, Judith A 1991, 'Back to the Future: A Look at the Second Wave of Feminist Epistemology and Methodology' in Fonow, Mary Margaret and Cook, Judith A (eds), *Beyond Methodology: Feminist Scholarship as Lived Research*, Bloomington: Indiana University Press: 1-15
- Fraser, Giles 2007, 'Birth –the ultimate miracle' in Fraser, Giles, *Christianity With Attitude*, Norwich: Canterbury Press: 6-9
- Fromm, Erich 1968, *The Heart of Man*, New York: Harper and Row
 _____ 1977, *The Anatomy Of Human Destructiveness*, London: Penguin
- Fulkerson, Mary McClintock 1994, *Changing the Subject: Women's Discourses and Feminist Theology*, Minneapolis: Augsburg Fortress
- Graham, Elaine 1996a, *Transforming Practice: Pastoral Theology in an Age of Uncertainty*, London: Mowbray
 _____ 1996b, 'Pastoral Theology' in Isherwood, Lisa and McEwan, Dorothy (eds), *An A to Z of Feminist Theology*, Sheffield: Sheffield Academic Press: 171-173
 _____ 1999, 'Words Made Flesh: Women, Embodiment and Practical Theology', *Feminist Theology* 21: 109-121
 _____ 2000, 'Practical Theology as Transforming Practice' in Woodward, James and Pattison, Stephen (eds), *The Blackwell Reader in Pastoral and Practical Theology*, Oxford: Blackwell: 104-117
 _____ 2009a, *Words Made Flesh: Writings in Pastoral and Practical Theology*, London: SCM Press
 _____ (ed.) 2009b, *Grace Jantzen: Redeeming the Present*, Farnham: Ashgate
 _____ 2009c, 'Redeeming the Present' in Graham, Elaine L. (ed.) *Grace Jantzen: Redeeming the Present*, Farnham: Ashgate: 1-19
- Graham, Elaine, Walton, Heather and Ward, Frances 2005, *Theological Reflection: Methods*, London: SCM Press
 _____ 2007, *Theological Reflection: Sources*, London: SCM Press

- Green, Ali 2009, *A Theology of Women's Priesthood*, London: SPCK
- Grey, Mary 2009, 'Nativity and Flourishing in Contexts of Disability and Impairment' in Graham, Elaine L (ed.) *Grace Jantzen: Redeeming the Present*, Farnham: Ashgate: 197-211
- Grieder, Kathleen J; Johnson, Gloria A and Leslie, Kristen J 1990, 'Three Decades of Women Writing For Our Lives' in Miller-McLemore, Bonnie J and Gill-Austern, Brita L (eds) 1990, *Feminist and Womanist Pastoral Theology*, Nashville: Abingdon Press: 21-50
- Hampson, Daphne 1990, *Theology and Feminism*, Oxford: Blackwell
- Harries, Richard 1993, *Art and the Beauty of God: A Christian Understanding*, London: Mowbray
- Harvey, Nicholas Peter 1985, *Death's Gift*, Peterborough: Epworth Press
- Hayes, Patrice 2009, 'Transcendence, Materialism and the Reenchantment of Nature: Toward a Theological Materialism' in Howie, Gillian and Jobling, J'annine (eds), *Women and the Divine: Touching Transcendence*, New York: Palgrave Macmillan: 55-78
- Herbert, Russell 2006, *Living Hope: A Practical Theology of Hope for the Dying*, Peterborough: Epworth Press
- Hick, John 1976, *Death and Eternal Life*, London: Collins
- Hull, Margaret Betz 2002, *The Hidden Philosophy of Hannah Arendt*, London: Routledge Curzon
- Irigaray, Luce 2009, 'Toward a Divine in the Feminine' in Gillian and Jobling, J'annine (eds), *Women and the Divine: Touching Transcendence*, New York: Palgrave Macmillan: 13-25
- Isherwood, Lisa and Bellchambers, Elaine (eds) 2010, *Through Us, With Us, In Us: Relational Theologies in the Twenty-First Century*, London: SCM Press
- Jantzen, Grace M 1984, *God's World, God's Body*, London: Dartman, Longman and Todd
- _____ 1987, *Julian of Norwich*, London: SPCK
- _____ 1995, *Power, Gender and Christian Mysticism*, Cambridge: Cambridge University Press
- _____ 1999, *Becoming Divine: Towards a Feminist Philosophy of Religion*, Indiana: Indiana University Press
- _____ 2000, 'Nativity and Natality' in Brooke, George J (ed.) *The Birth of Jesus: Biblical and Theological Reflections*, Edinburgh: T&T Clark: 111-121
- _____ 2004, *Foundations of Violence*, London: Routledge
- _____ 2007, 'The Womb and the Tomb: Health and Flourishing in Medieval

- Mystical Literature' in Baxter, J (ed.) *Wounds that Heal: Theology, Imagination and Health*, London: SPCK: 149-176
- _____ 2009 (Carette, Jeremy & Joy, Morny, eds), *Violence to Eternity*, Abingdon: Routledge
- _____ 2010 (Carette, Jeremy & Joy, Morny, eds), *A Place of Springs*, Abingdon: Routledge
- Jayarathne, Toby Epstein and Stewart, Abigail J 1991, 'Quantitative and Qualitative Methods in the Social Sciences: Current Feminist Issues and Practical Strategies' in Fonow, Mary Margaret and Cook, Judith A (eds), *Beyond Methodology: Feminist Scholarship as Live Research*, Bloomington: Indiana University Press: 85-106
- Jones, Serene 2009, *Trauma and Grace: Theology in a Ruptured World*, Louisville: Westminster John Knox Press
- Joy, Morny 2006, *Divine Love: Women, Gender and Religion*, Manchester: Manchester University Press
- _____ 2009a, 'Grace Jantzen and the Work of Love: Preamble' in Graham, Elaine L (ed) *Grace Jantzen: Redeeming the Present*, Farnham: Ashgate: 23-39
- _____ 2009b, 'Women, Sacrifice and Transcendence' in Howie, Gillian and Jobling, J'annine (eds), *Women and the Divine: Touching Transcendence*, New York: Palgrave Macmillan: 99-126
- Jupp, Peter C and Rogers T 1997 (eds), *Interpreting Death: Christian Theology and Pastoral Practice*, London: Cassell
- Keller, Catherine 1997, 'Seeking and Sucking: On Relation and Essence in Feminist Theology' in Chopp, Rebecca S and Javaney, Sheila Greeve (eds), *Horizons in Feminist Theology: Identity, Tradition and Norms*, Minneapolis: Fortress Press
- Kelley, Melissa M 2010, *Grief: Contemporary Theory and the Practice of Ministry*, Minneapolis: Fortress Press
- Kirkpatrick, Bill 1997, *Going Forth: A Practical and Spiritual Approach to Dying and Death*, London: Darton, Longman and Todd
- Klass, Dennis; Silverman, Phyllis R and Nickmann, Steven 1996, *Continuing Bonds: New Understandings of Grief*, Washington DC: Taylor and Francis
- Kristeva, Julia 2001, *Hannah Arendt*, New York: Columbia University Press
- Kübler-Ross, Elisabeth 1969, *On Death and Dying*, London: Tavistock Publications
- Letherby, Gayle 2003, *Feminist Research in Theory and Practice*, Buckingham: Open University Press
- Levine, Stephen 1982, *Who Dies? An Investigation of Conscious Living and Conscious Dying*, New York: Anchor Books
- _____ 1993, *Meetings at the Edge: Dialogues with the Grieving and the Dying*, the

- Healing and the Healed*, Bath: Gateway books
- Lewin, Kurt 1952, *Field Theory in Social Science: Selected Theoretical Papers by Kurt Lewin*, London: Tavistock
- Macquarrie, John 1977, *Principles of Christian Theology* (Revised edition), London: SCM
- May, Melanie A 1995, *A Body Knows: a Theopoetics of Death and Resurrection*, New York: Continuum
- McEwan, Dorothea 1996, 'Death' in Isherwood, Lisa and McEwan, Dorothea (eds) *An A to Z of Feminist Theology*, Sheffield: Sheffield Academic Press
- Mc Fague, Sallie 1987, *Models of God: Theology for an Ecological, Nuclear Age*, Philadelphia: Fortress Press
- McGowan, John 1998, *Hannah Arendt: An Introduction*, Minneapolis: University of Minnesota Press
- Miles, Matthew B and Huberman, A Michael 1994, *Qualitative Data Analysis: An Expanded Sourcebook* (Second edition), One Thousand Oaks, CA: Sage
- Miller-McLemore, Bonnie J 1988, *Death, Sin and the Moral Life*, Atlanta: Scholars Press
- _____ 1999, 'Feminist Theory in Pastoral Theology' in Miller-McLemore, Bonnie J and Gill-Austern, Brita L (Eds), *Feminist and Womanist Pastoral Theology*, Nashville: Abingdon Press: 77-94
- Moltmann, Jürgen 1973, *Theology and Joy*, London: SCM Press
- _____ 1985, *God in Creation*, London: SCM Press
- _____ 1990, *The Way of Jesus Christ*, London: SCM Press
- _____ 2004, *In the End – The Beginning*, London: SCM Press
- Morley, Janet 1992, *All Desires Known*, London: SPCK
- Moschella, Mary Clark 2008, *Ethnography as a Pastoral Practice: An Introduction*, Cleveland, OH: The Pilgrim Press
- Murray, Derek B 2002, 'Dying' in Carr, Wesley (ed) *The New Dictionary of Pastoral Studies*, Michigan: William B Eerdmans Publishing Company: 31-32
- Nolan, Steve 2011, 'Chaplain as "Hopeful Presence": Working with Dying People', *Practical Theology* Volume 4.2: 165-179
- _____ 2012, *Spiritual Care at the End of Life: The Chaplain as a 'Hopeful Presence'*, London: Jessica Kingsley
- Nouwen, Henri 1990, *Beyond the Mirror: Reflections on Death and Life*, New York:

- Crossroad
 _____ 1997, *The Inner Voice of Love: A Journey Through Anguish to Freedom*,
 London: Darton, Longman and Todd
 _____ 2006, *Our Second Birth: Christian Reflections on Death and New Life*, New
 York: Crossroad
- Pattison, Stephen 2007, *The Challenge of Practical Theology: Selected Essays*, London:
 Jessica Kingsley Publishers
- Phillips, Anne 2011, *The Faith of Girls: Children's Spirituality and Transition to
 Adulthood*, Farnham, Ashgate
- Pryor, J 2010, 'Constructing research questions: Focus, methodology and
 theorisation' in Thomson, Pat and Walker, Melanie (eds), *The Routledge Doctoral
 Students' Companion: Getting to grips with research in education and the social
 sciences*, Abingdon: Routledge: 161-171
- Rafferty, Agnes 2012, 'Feminist Theology Now', *Feminist Theology* 20/3: 190-194
- Ramazanoğlu, Caroline with Holland, Janet 2002, *Feminist Methodology: Challenges
 and Choices*, London: Sage
- Robson, Colin 2002, *Real World Research: A Resource for Social Scientists and
 Practitioner-Researchers* (Second edition), Oxford: Blackwell
- Ruether, Rosemary Radford 1995, 'Ecofeminism and Healing Ourselves, Healing the
 Earth', *Feminist Theology* 9: 51-62
- Schüssler Fiorenza, Elisabeth 1994, *Jesus: Miriam's Child, Sophia's Prophet: Critical
 Issues in Feminist Christology*, London: SCM Press
- Silverman, David 1997, *Qualitative Research: Theory, Method and Practice*, London: Sage
- Slee, Nicola 2004, *Women's Faith Development: Patterns and Processes*, Aldershot:
 Ashgate
- Snidle, Heather 1996, 'Pastoral Care of the Dying and Bereaved' in Badham, Paul
 and Ballard, Paul (eds) *Facing Death: An Interdisciplinary Approach*, Cardiff:
 University of Wales Press: 87-100
- Soanes, Catherine & Stevenson, Angus (eds.) 2004, *Concise Oxford English
 Dictionary*, Oxford: Oxford University Press
- Speck, Peter W 1987, 'Dying' in Campbell, Alistair V (ed) *A Dictionary of Pastoral
 Care*, New York: Crossroad: 78-79
- Stanworth, Rachel 2004, *Recognizing spiritual needs in people who are dying*,
 Oxford: Oxford University Press

- Stuart, Elizabeth 2001, 'Elizabeth Stuart Phelps: A Good Feminist Woman Doing Bad Theology?' *Feminist Theology* 9: 70-82
- _____ 2004, 'Exploding Mystery: Feminist Theology and the Sacramental', *Feminist Theology* 12: 228-236
- Swinton, John and Mowat, Harriet 2006, *Practical Theology and Qualitative Research*, London: SCM Press
- Thiessen, Gesa Elsbeth 2000, *Theological Aesthetics: A Reader*, Grand Rapids, MI: William B Eerdmans Publishing Company
- Thomas, RS 1981, *Between Here and Now*, London: Macmillan
- _____ 1993, *Collected Poems*, London: Dent
- Thompson, Judith with Pattison, Stephen and Thompson, Ross 2008, *SCM Study Guide to Theological Reflection*, London: SCM Press
- Tillich, Paul 1956, *The New Being*, London: SCM Press
- _____ 1962, *The Courage to Be*, London: Collins Fonata
- Walton, Heather 2002, 'Speaking in Signs: Narrative and Trauma in Pastoral Theology', *Scottish Journal of Healthcare Chaplaincy* 5/2: 2-5
- Wellington, J 2010, 'Weaving the threads of doctoral research journeys' in Thomson, Pat and Walker Melanie (eds), *The Routledge Doctoral Students' Companion: Getting to grips with research in education and the social sciences*, Abingdon: Routledge: 128-142
- Wilcock, Penelope 1996, *Spiritual Care of Dying and Bereaved People*, London: SPCK
- Woodward, James 2005, *Befriending Death*, London: SPCK
- Young, Michael and Cullen, Lesley 1996, *A Good Death: Conversations with East Londoners*, London: Routledge
- The Bible* (NRSV Anglicized Edition) 1995, Oxford: Oxford University Press
- Singing the Faith* 2011, London: Hymns Ancient and Modern/Trustees for Methodist Church Purposes