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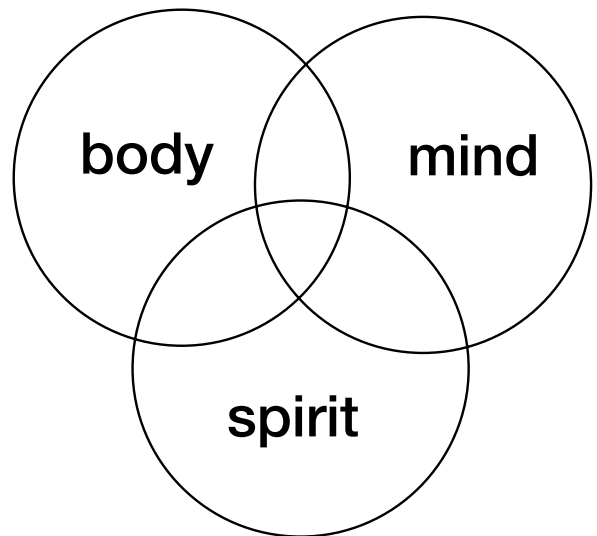
# crossing professional boundaries

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## Steve Clark reports on a unique centre for healthcare and Christian ministry

Alongside the well known 50th anniversary of the founding of the NHS this year is another Golden Jubilee. Fifty years ago a remarkable lady called Dorothy Kerin set up Burrswood near Tunbridge Wells in Kent. This is a centre which from the outset has sought to combine a prayer ministry with the very best of medical care.

Our culture and often our churches have adopted an either-or attitude towards the Christian healing ministry and medicine. This springs from a model of personhood that separates its components of body, mind and spirit into three distinct entities and sometimes denies the existence or relevance of the latter. Broken body . . . off to casualty; broken mind . . . admit to the psychiatric unit; broken spirit . . . send for the priest.



Scripture suggests that there are the three elements to personhood (I Thessalonians 5: 23) but does not endorse the notion that they are discrete entities. Maybe they are as intrinsically and mysteriously interwoven into one as our Trinity God. Certainly, an examination of the healing miracles of Jesus reveals a care for the whole person and not merely the relief of physical symptoms. In Matthew 8: 3 Jesus touches the leper; in Matthew 9: 2 he offers forgiveness; in Matthew 9: 10 he eats with 'sinners' and in Matthew 9: 22 he reinstates a woman within her community. Healing from rejection or the healing of forgiveness were just as much the concern of Jesus as physical well being.

The model of personhood suggested by the ministry of Jesus may be illustrated by three overlapping circles. The edges between body, mind and spirit are not always easy to discern. The more interesting question is probably to do with the extent of the overlap between the circles. Such a model points towards the importance of care and treatment that is aimed at the whole person.

It is this style of care that is the characteristic of Burrswood. The care team consists of doctors, nurses, chaplains, counsellors and physiotherapists. With the patient's permission, confidentiality is held by the whole team so that insights may be shared between these different professional disciplines and the patient's care co-ordinated.



Photo: Burrswood

Several times a week a report meeting updates team members on each patient's condition. This sharing of insights is a vital guide for the ongoing care. This interdisciplinary approach at Burrswood goes beyond a multidisciplinary team in that the edges between the disciplines can be blurred in a very positive way by the closeness of the rapport. This is important when the primary reason for admission is as straightforward as step-down care following a hip replacement, but is particularly critical when caring for someone with, for instance, chronic fatigue syndrome.

It is significant that at Burrswood when our doctors admit a patient, they will not only take down a medical history but also a family tree, a social history and a spiritual history. This gives an overview. It is also of great value to the rest of the team as a starting point, enabling each of them to bring their particular skills to the patient's care in a balanced and coherent way.

At the report meeting it may be contributions from other team members about how they have found the patient that help the doctor to decide on appropriate drug treatments. The physio-therapist may have heard a story of deep pain from a patient as he or she has relaxed during a hydrotherapy session. This may provide insights for the counsellor.

The crossover between the work of the counsellor and the chaplain is two way. Sometimes the chaplain will use material that has come to light through counselling to take the patient forward through prayer and various forms of sacramental ministry, asking for God's healing touch on the hurts that have come to light.

On one occasion we sensed that one of our patients was unable to get in touch with the emotions associated with her situation. This became the topic of much prayer within the care team. Afterwards a counsellor and I arranged to meet with the patient in order to pray with her. We were slightly taken aback when we arrived to find her in floods of tears. It was a very healing time as she safely expressed her feelings over past events, while being held and prayed for.

At other times counselling may seem to have reached an impasse. Prayers will be for God's Holy Spirit of truth to bring understanding and shed light into what are dark and hidden places. This is particularly relevant in a case where there may have been some form of childhood abuse. Repeatedly we see God honouring these prayers, thus allowing the next step forward with the counsellor. There are often times when counsellor and chaplain will pray and minister to a patient together, bringing to the situation their own insights and seeking guidance and healing. Such times can be powerfully releasing.

From this you may gather that prayer ministry is not limited to chaplains but is part of the normal pattern of work for the whole team. Indeed I have been amused on a couple of occasions when a doctor has been mistaken for a chaplain because he listened, held the patient in his or her distress, and prayed.



The author chats with a patient at Burrswood

For me as a chaplain it is only in the context of a team who believes in the value of prayer that I feel free to minister. Some of our patients are emotionally vulnerable with poor sleep patterns and bad nightmares. Even so I am rarely called out at night because of the abilities of the nursing staff. They will sit with the patient, pray with them, light a candle or make a cup of tea or a hot water bottle as is appropriate. Palliative care or terminal care patients have the freedom of knowing they don't have to wait for the chaplain for prayer. The rest of the team are adept at catching the moment when such a need surfaces.

Do we see miracles? Occasionally we will see apparently inexplicable physical improvement. We often see situations that seem to have ground to a halt suddenly move forward and an increased freedom within an individual in body, mind and spirit. It happens often enough to keep us praying and to give us high expectations. Our Head of Counselling has observed that her work with patients seems to progress significantly faster within Burrswood than in other counselling environments within which she has worked.

There is still much to learn as we constantly observe how mind, body, spirit and our associated dis-eases are so closely related. The benefits of the interdisciplinary team are such that they encourage us to seek further ways to integrate and cross the professional boundaries.

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