HOPELESSNESS IN SUDDEN DEATH—IS GOD IRRELEVANT?

By SUSAN McGUINNESS

SUDDEN DEATH is always a devastating event. One need only glance through the headlines of any daily newspaper to appreciate the tragedy, grief and sense of hopelessness that can surround the death of a six-month-old baby, a young boy killed whilst playing on his push-bike near a busy road, a newly married man poisoned by toxic fumes at his place of work or the terrible events of the Zeebrugge ferry disaster, with the unexpected loss of hundreds of lives, a catastrophe one has difficulty even comprehending. Often though, one imagines that these experiences will never happen to us, believing instead that sudden death and bereavement are things that happen to other people, other families or other communities. Yet every day, nurses working in Accident and Emergency departments have to care for dying patients and their suddenly bereaved relatives and friends.

Three years ago, after making my temporary profession in the Society of the Sisters, Faithful Companions of Jesus, a Roman Catholic apostolic religious order, I was appointed as a staff-nurse/bereavement counsellor in a busy Accident and Emergency department at Hope Hospital, a district general university teaching hospital, serving the deprived inner-city area of Salford in the north-west of England. Our department is open twenty-four hours a day, seven days a week. It is the only hospital department in which patients have direct access to medical treatment without prior notification, for there is no requirement for referral by a general practitioner. As the patient usually makes the initial assessment of his/her condition requiring treatment, the staff in the Accident and Emergency department have to deal with an uncontrolled and fluctuating work-load involving, in terms of variety and severity, a wide range of medical conditions from the acutely ill and serious road traffic accident to the relatively minor ailments

and injuries which do not need the full facilities of an Accident and Emergency department.

Accident and Emergency departments have existed since the inception of the National Health Service, but it was not until 1970 that Accident and Emergency medicine and nursing emerged as a distinct hospital speciality designed to operate specifically for the reception and treatment of major accidents and emergencies, for which the general practitioner did not have the facilities or expertise needed for treatment.

Every day Accident and Emergency nurses are faced with the stressful and demanding role of caring for dying patients and spending time with their distressed, confused and anxious relatives, accompanying these relatives on the first faltering steps of their bereavement journey through grief and their ultimate healthy adjustment to the loss of their loved one. Last week was quite typical for our department, when ten patients died suddenly and unexpectedly in the resuscitation area, and another four patients were already dead on arrival at the department. Sadly, the nurse training which I and many of my colleagues received did not prepare us for our role in spending time with dying patients or their distressed, bereaved relatives. Many nurses simply rely upon 'experience' as the basis for their approach, and newly-qualified nurses often feel inadequate, insincere and frightened when confronted with such situations. The prevalent attitude within westernized society towards the denial of death has indeed percolated through to the practice of modern medicine. The myth that modern medicine can 'cure all illness and save all life' is believed by many lay people and can be perpetuated by medical/nursing staff. Often our perfected resuscitation techniques appear to prolong the quantity of life at the expense of its quality.

Sociologically there are explanations for this situation. A book by A. Cartwright and others stated:

> A hundred years ago only 5% of all deaths took place in hospitals and even including workhouses and public lunatic asylums, the proportion was less than 10%. At the present time the proportion is 60% and has been increasing steadily over the last twenty years. In urban areas the proportion of hospital deaths is still higher at 70%.[1]

Evidently this trend is increasing. Hedley Taylor, commenting in 1984 in a report entitled, 'The Hospice Movement in Britain; its

role and future', stated 'the care of the dying therefore is no longer the responsibility primarily of the 'nearest and dearest' but of the white-coated doctors or rather uniformed nurses in Hospitals'.[2]

In spite of the increased presentation of dying patients and suddenly bereaved relatives seen in the Accident and Emergency department there is little evidence that the increase has been broadly acknowledged or even allowed to influence the low priority many Accident and Emergency departments give to the training of their staff for this special responsibility. Only recently has it stimulated Accident and Emergency nurses to articulate research-based management guidelines and practice priorities for this specific situation.

Traditionally it appears to be assumed that it is the prerogative and role of the hospital chaplain to provide 'pastoral care' of dying patients and their grieving relatives. 'Pastoral care' is understood by many of my colleagues as an optional extra, usually reserved for the marginalized, the terminally-ill or the chronically sick person found at the end of every ward; it is seen as spending time with those for whom medicine has 'failed'.

The Centre for Policy on Ageing, commenting in 1984 on the changes that have taken place in society, stated:

> The improvements in public health programmes during the 19th century allied to the decrease in child mortality during this century, have provided a state of affairs where larger numbers of people are living to a very old age and many of them, over a third, according to one survey, have outlived relatives to care for them. At the same time the fall in the birth-rate following the First World War and the decreasing proportion of unmarried women since the Second World War has meant that there are fewer children—that is, mainly daughters—to care for elderly parents, whilst the combination of job mobility and larger numbers of full-time working women, has had the effect of reducing the opportunity for caring on the part of those who do exist.
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> Equally important, the growth in medical science and technology since the 1930's, most of which has been concentrated in the large hospital, has given the impression that only there is one assured of the best possible medical attention.
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> All of this has in turn produced a situation where death is an unfamiliar event, completely separate from everyday social settings, so that ordinary people have become increasingly less confident in dealing with it and hence reluctant to do so. In a busy,

> stressful and compartmentalized society, it is simpler and safer to call in the medical (and nursing) experts to handle the situation.[3]

These sociological developments have obvious consequences. Many adults, including Accident and Emergency nurses, have never experienced a personal bereavement in their home or family so they do not know how to handle it, practically, emotionally, intellectually or spiritually. The decline in the social rituals surrounding death and bereavement in society has resulted in the isolation of bereaved persons. They tend to be avoided by their friends and neighbours and so they are denied the opportunity to express their grief openly. Many bereaved people I have met have felt forsaken, misunderstood and unsupported by their family and friends during this painful and grief-filled experience.

There have been great advances in the development and utilization of various models of nursing care. These have enabled nurses to decide their priorities in nursing care. However, the medical model still dominates conventional hospital practice. Here we see a model geared to treating an illness itself rather than seeing a person with an illness.

In 1980, Sir George Young, referring to the Hospice Movement, stated:

> It is pointing to factors which have perhaps been forgotten in the medical profession's quest for cures and the nursing profession's striving for technical excellence. It reminds staff that there is an additional dimension to their patients; that we should not be so busy developing curative medicine that we forget to care for people as individuals where time in hospital is but a small part of their lives.[4]

Hedley Taylor (1984) went on to say,

> Whether health professionals within hospitals share this perception of their work—as concentrating on the complaint and losing sight of the individual—is another matter. Most doctors and nurses would claim that they too minister to the 'whole person'. Very few would actually subscribe to a 'medical model' which separates the symptoms of the illness from the patient experiencing them. Yet the experience of so many patients in hospital, (and their relatives), however thankful and indebted to the specialist care received, suggests that, in spite of many exceptions, there is

substance in these criticisms and that they apply with particular force to the situation of the dying.[5]

Over the last three years I have spent a great deal of time with dying patients and the suddenly bereaved relatives and friends of people who have died in our department. I can vividly remember a particular evening. The department was frantically busy, as patients, accompanied by their husbands, wives, friends and children crowded into the 'Waiting Area'. At eight o'clock, we received John as an emergency admission to our Resuscitation Area. The ambulance crew who accompanied him told us that he had collapsed at home half an hour earlier. John and his wife, Margaret, had been watching the television together when he had gone upstairs to the bathroom. A few minutes later Margaret had heard a loud thud and had called upstairs to her husband but she had received no answer from him. It had taken Margaret half an hour to crawl upstairs on her hands and knees, as she suffers from multiple sclerosis and is confined to a wheel chair. When she had reached the bathroom door she was unable to open it, as John lay slumped across the door-way. She called to him, but again he did not answer. The nearest telephone was in their neighbour's house next door, so she called out and banged on the wall, trying to attract their attention, but to no avail. She decided to crawl downstairs and after lifting herself into her weelchair she went next door to her neighbour and told them what had happened. They telephoned for an ambulance and within minutes John had arrived in our Resuscitation Area. It was obvious that John had had a massive heart attack and lost consciousness, so we attempted to resuscitate him.

Margaret had not accompanied her husband in the ambulance to hospital, instead she arrived in the Accident and Emergency department, extremely distressed, ten minutes later, with her neighbours. I approached Margaret and after introducing myself, I wheeled her, the neighbours following, to the Relatives Room, immediately opposite the Resuscitation Area.

The following conversation then took place between Margaret and myself:

MARGARET Please Nurse, please don't let him die.
SUSAN Margaret, your husband is very seriously ill, what religion are you and your husband?

MARGARET Roman Catholic. Why? Is he that bad?
SUSAN Yes, Margaret, even though we are giving him a lot of drugs to try to save his life, he has not responded to them. I'll get in touch with the chaplain.

I left Margaret sitting in her wheel-chair accompanied by her neighbours, in our Relatives Room and went to contact the chaplain and to go into the Resuscitation Area to see how the resuscitation attempt was progressing. It was obvious that John was dying.

John, a previously healthy man, sixty-three years old, was near to the end of his life. The medical/nursing staff, in the Accident and Emergency department, though aware of the severity of John's medical condition on his admission to the department, still felt guilty about their 'failure', as John continued to be unresponsive to their efforts to save his life. The resuscitation was discontinued and John was certified dead.

It was my responsibility to tell Margaret of her husband's death. Breaking the news of a death to anyone is always difficult but particularly so when it is as tragic, sudden and unexpected as John's. As I walked back into the Relatives Room and sat down, Margaret was staring at me.

MARGARET He is okay, isn't he? Tell me he is all right.
SUSAN Margaret, when John came into our department his heart was not beating and he was not breathing for himself. We tried to get his heart beating again but John did not respond to any of the drugs we gave him. Margaret, I'm sorry but your husband, John, has just died.

Margaret did not speak for what seemed like ages, instead she cried and cried, rocking back and forth in her wheel-chair. There was a knock at the door and our Roman Catholic chaplain put his head round the door. Margaret looked up and shouted angrily:

MARGARET Get out, go away, go away.
The chaplain hesitated.
SUSAN It's the priest, Margaret.
MARGARET Yes, I know, but I don't want to see him, tell him to go away, please tell him to go away!

I went outside to have a word with the chaplain, who agreed to wait for a little while, in case Margaret changed her mind about seeing him.

After much crying and shaking of her head, rocking back and forth in her wheel-chair, Margaret said:

MARGARET I'm sorry, love, it's just that I loved him so much, he was everything to me. He looked after me, I need him. Why has God done this to me? Why has he punished me? Why has John left me? What will happen to me now? Oh God, why me, why me?

During the next half hour Margaret shared with me a little about her life with John, including that for both of them this had been their second marriage. Margaret's first husband had divorced her soon after she had been diagnosed as suffering from multiple sclerosis. Then she had met John, whose first wife had died many years earlier. John and Margaret were both Roman Catholics, but since their marriage in a Registry Office, Margaret had not been a practising Catholic. She felt very angry towards the Church. The appearance of the chaplain had reminded her of the pain of this situation over the years. She felt that God was punishing her for the happiness she had shared with John, and that God had taken John away from her, and had caused him to die.

I asked Margaret if she wished to go and see John's body, to say 'goodbye' to his physical presence with her. Many relatives are in a state of shock, confused and disorientated following the death of a loved one. Even though one may feel that the relatives have listened and understood the tragic news one has communicated to them, they can often still disbelieve one, hoping against all odds that their loved one is not dead and that it is someone else's husband, wife or child who has died, perhaps a case of mistaken identity on the part of the Accident and Emergency staff. I wheeled Margaret in to see her husband's body. She was very distraught, crying aloud, 'Why John, why?' As Margaret's tears subsided, I asked her if she wanted me to pray with her for John, she answered 'Yes'. We prayed for a few minutes aloud and afterwards 'in silence and in tears'. I then left Margaret alone with John's body and waited outside the room.

A short time later I wheeled Margaret back to the Relatives Room where her neighbours were waiting. They obviously felt

awkward and frightened by Margaret's reaction so I spent some time talking to them about encouraging Margaret to talk about John and allowing her the opportunity to express her feelings about his sudden death, telling them that this would be a good way to companion her during the next few days. I then explained the legal implications surrounding a sudden death, and the administration that is involved when a death has been referred to a Coroner. Thankfully Margaret's neighbours were going to help her with the funeral arrangements and collection of the death certificate. I gave them all some literature containing the necessary information for future reference.

Margaret then asked her neighbours to take her home. Margaret had decided to stay in her own home that night and one of her neighbours offered to stay with her. I told Margaret that I would telephone her general practitioner to inform him of John's death and to ask him to call to see her the following morning, just to see how she was and to talk with her about the events surrounding John's death, in case she had any unanswered questions. I wheeled Margaret to the car park, where her neighbours were waiting in their car to take her home. Margaret and I held hands, she turned to look up at me and she said, 'I'm sorry, love, thanks for all you've done, it's an awful job you nurses have, awful. So much sadness, I couldn't do it'. I stood watching Margaret go and I pondered her words.[6]

On admission to hospital, the majority of patients and relatives easily state their religious denomination and have access to the services of a hospital chaplain or the appropriate religious minister, yet many of the suddenly bereaved relatives I have spent time with decline these services. The reason for this, in my experience, appears to be that in the everyday events of the relatives' lives, God is an unfamiliar, remote and irrelevant figure, so that rather than the consolation one would expect the relatives to derive from their religious persuasion, their fear of death and bereavement is reinforced. My experience thus challenges the Accident and Emergency nurses' traditional presumption that the care and support of distressed and anxious suddenly bereaved relatives is most appropriately the responsibility of the hospital chaplain.

Reflecting on this experience over the years has impelled me to ask the question why it is that at this time of great crisis in the life of the suddenly bereaved person, God seems to be 'irrelevant'. The answer to this question, I believe, is often revealed in the

images of God that suddenly bereaved people have during their lifetime, prior to their close personal loss, and which they rely upon for hope and understanding as they continue their bereavement journey through grief. When, however, they feel abandoned and angry rather than sustained by their image of God, they can come to reject this God as 'irrelevant'.

My role, following a sudden death in the Accident and Emergency department, includes visiting relatives, at a later date, in their own homes. On these occasions relatives frequently discuss with me their understanding or more usually their confusion about the purpose and meaning of life, suffering and death, and the significance in their turmoil, of their image of God. God seems to be a distant, vaguely remembered part of their childhood, someone they have not encountered in their adult life. God is usually described as an elderly man, a perennial eighty or ninety year old, with white hair and a white robe. He sits on his chair in judgment, watching the events of the people all over the world, somewhere in a place called heaven. Heaven is seen as a place above the clouds but not quite as far as the moon, invisible to the naked eye. It is a place where all dead people go if they have led 'good' lives, as a reward. Hell is seen as a punishment. Purgatory is somewhere in between, a bit like a bus station or an airport departure lounge, for people in 'transit', 'betwixt and between' heaven and hell. This understanding, if one can call it that, of God, is held alongside other childhood memories such as belief in 'Father Christmas' and the 'Tooth Fairy'. However, even though many adults quickly outgrew their belief in 'Father Christmas' and the 'Tooth Fairy', some people have never gone beyond their belief, or perhaps more precisely, their fear of this God who sits in his 'judgment seat', punishing the 'bad' and rewarding the 'good'. God is seen as someone who seems to make bad things happen to good people, who never appears to intervene when all that is dark and painful in our lives overwhelms and crushes us—the times when we feel so afraid and hopeless.

Yet Jesus said: 'I am the Resurrection. If anyone believes in me, even though he dies he will live, and whoever lives and believes in me will never die. Do you believe this?' (John 11, 26). Frequently, I find myself struggling to believe and understand what Jesus meant in these words to Mary and what they mean today, for me, for Margaret and for those suddenly bereaved relatives I have met, who are alienated, by a deep sense of

hopelessness in their loss, from their image of God. People so alienated are unable to proclaim with Mary: 'Yes, Lord, I believe that you are the Christ, the Son of God, the One who was to come into this world'. (John 11, 27). They find themselves instead 'stuck' at the feet of Jesus saying: 'Lord, if you had been here, my brother (my husband, my wife, my baby) would not have died' (John 11, 33).

As a Christian, confronted by this situation of apparent hopelessness, my faith is challenged to bear witness to the truth, that Jesus died and rose again. Indeed, in today's pluralistic society all Christians are, I believe, called to proclaim that Jesus is not just one of many ways, one of many truths and one person among many different human persons to have lived and died, but he is the way, the truth and the life.

This witness can find expression in one's ministry. Henri Nouwen has described ministry as:

> . . . the ongoing attempt to put one's own search for God, with all its moments of pain and joy, despair and hope, at the disposal of those who want to join this search but do not know how.[7]

As a Christian, a follower of Jesus, and especially in my way of life as a Sister, Faithful Companion of Jesus, my search for God is caught up in my ministry with those who are grief-stricken, who are plunged into this deep abyss of hopelessness. How can I witness to the hope of the resurrection in such circumstances? My immediate response is: 'with great difficulty, confusion and uncertainty about the mystery at the heart of the resurrection message, as I struggle to find evidence of its tangible reality in my everyday life and in the lives of those I meet'. Perhaps this is because it is not always easy to recognize moments of resurrection in one's life, especially when one considers the resurrection as the ultimate mystery, which cannot be fully understood by our limited powers of logic and reasoning but has to be believed and accepted in order to enable us to experience and recognize its presence as a reality in our lives.

Reflecting on my ministry to those suddenly bereaved I am reminded of the opening paragraph of The Pastoral Constitution on the Church in the Modern World:

> The joys and hopes, the griefs and the anxieties of the men and women of this age, especially those who are poor or in any way

> afflicted, these too are the joys and hopes, the griefs and anxieties of the followers of Christ. Indeed nothing genuinely human fails to raise an echo in their hearts.

What echoes in my heart each day is the great need for companionship in those who are suddenly bereaved. Companion, derived from the latin *cum panis*, means a 'sharer of bread'. 'A sharer of that which nourishes and sustains life and well-being.'[8] On Holy Thursday, Jesus gathered with his disciples for a meal. At that meal: 'Jesus took some bread, and when he had said the blessing he broke it and gave it to his disciples. "Take it and eat it" he said, "This is my body" ' (Mt 26, 26–28).

I believe that on the night of Holy Thursday and at each celebration of the Eucharist, Jesus invites us to companionship with him, in his passion, death and resurrection. Jesus took the bread, a symbol of what it was and is today to be human, and in his humanity he accepted to be broken for us, so that we might share in the new life and hope of the resurrection. I believe that the experiences of the suddenly bereaved can be seen as 'eucharistic' experiences, in that their bread is like that of Jesus, one of suffering and brokenness; in companionship with them, Jesus can give their experiences new meaning and hope, because of his own suffering, death and resurrection. My companionship, simply 'being there' with bereaved persons, enables me to participate in this hidden transformation.

Jesus then took the cup of wine and asked his disciples to 'Take this and share it among you' (Lk 22, 17). Jesus, in these words to his disciples, also speaks to us. Jesus asks us to embrace, with him, the gift of our humanity, that in accepting the events and circumstances of our lives we may find meaning, and share with him in the salvation of the world. Often, I am aware of the struggle within myself and within those suddenly bereaved to participate in this acceptance. I can refuse to accept that which is most painful in my life, yet I know deep within myself that acceptance is the only way to resurrection, because it was the way that Jesus chose, and I must follow him in order to find a richer, deeper meaning to my life. The suddenly bereaved I meet often struggle to accept the fact that the death has actually happened and their experience can seem meaningless at times. I believe that their struggle is not in vain. Jesus has invited his disciples to companionship with him in acceptance on his journey to Jerusalem (Mt 16, 21 and parallels).

Jesus's disciples journeyed with him, not only physically to Jerusalem, but also interiorly towards acceptance of the consequences of companionship with him. Those who have been suddenly bereaved are faced with this same 'journey of acceptance'. This acceptance is not something that they are able to embrace once and for all, rather it is a gradual process of realization that the death has occurred and reconciliation to its consequences for the future.

The disciples had promised to stay with Jesus to the end of his journey, not knowing when the 'end' would come and perhaps frightened of what the 'end' would be like. This fear is part of the experience of the suddenly bereaved, during the last few hours or minutes of their loved one's life. Sometimes it is the one who is closest to the dying person who is most overwhelmed by the awfulness of what is happening, who therefore, as the end approaches, has to leave the dying person alone and go away. Like St Peter, they too are distraught at their actions: 'And Peter remembered what Jesus had said, "Before the cock crows you will have disowned me three times". And he went outside and wept bitterly' (Mt 26, 75).

In their grief, the suddenly bereaved can, like Jesus, feel 'betrayed', and so isolated, in their intense struggle to 'keep going', from their family and friends. On these occasions, I believe that as I spend time with the distressed relatives, I am being called to share their 'bread' of suffering and brokenness, to be their companion.

Sometimes the bereaved themselves, can feel that they have 'betrayed' their loved one. This is usually because they had promised the deceased person that they would not let him/her die in hospital. Then later at home, alone with the dying person, in their panic they telephoned for an ambulance which brought the dying relative into our Accident and Emergency department. Like St Peter, they weep, for they too are overwhelmed by guilt.

In the Garden of Gethsemane, Jesus said to his Father: 'Father, if you are willing, take this cup away from me' (Lk 22, 42). Reflecting on these words, I am reminded of the countless times a relative, as he/she sees his/her loved one dying, has pleaded with me, 'Is there anything you can do to save him/her from this?' Like Jesus, they too ask their companions: 'Wait here and keep awake with me' (Mt 26, 38) as they struggle in their anguish, searching for the strength and the will to accept what is happening. The relatives see their loved one suffering, perhaps even distressed.

Like Jesus's death, the death of their loved one is very painful to watch and all that the relatives can do, in their helplessness, is to wipe the sweated brow or moisten the dry lips of the one that they love.

When the moment of Jesus's death came, he cried out: 'My God, my God, why have you deserted me' (Mt 27, 47), and standing watching at the foot of the cross was Mary, the Mother of Jesus, the first companion. Mary had given Jesus life, had seen him grow up, and now watched him suffer, watched helplessly as his life ebbed away. I wonder if Mary had doubts about the meaning of all that was happening? She too, like the suddenly bereaved mothers in our Accident and Emergency department, may have felt angry at seeing a good person dying, someone who had so much life ahead of him, a person who had caused no-one any harm. Was she too asking 'Why?' Was she willing God to intervene to save her son? Did she wish she could offer herself in her son's place on the cross. She must have felt exhausted and crushed, wondering what the future would hold for her, as do those suddenly bereaved. Mary was not alone standing there: her friends, Jesus's companions were with her, probably asking the same questions, maybe desperately trying to ignore their own grief and questioning, so as to offer companionship, to be there for Mary to turn to when Jesus died. I wonder if they felt as inadequate, confused and helpless in their role as companion and consoler as I do? I wonder if they struggled to find something to say to Mary, as I do, when faced with a sudden death, in tragic circumstances? I am sure the answer must be 'yes'. I am aware at these times of a contradiction within myself: on the one hand a desire to be there, to be present at a privileged moment and on the other, an inclination to run away from the scene.

Many of the bereaved I spend time with, those whom I try to accompany, I can only describe as 'Good Friday people'. They are those who are lost, bewildered, who have no hope, no strength left even to consider the possibility that this is not the end; they are literally transfixed, 'stuck' at the foot of the cross, for a long, long, time after the death.

'This man went to Pilate and asked for the body of Jesus. He took it down, wrapped it in a shroud and put him in a tomb' (Lk 23, 53). Viewing the dead body of someone who gave one's life meaning and purpose is something we encourage relatives to do. Even when they have seen the person breathe their last, relatives

can still deny what has happened. If there have been violent circumstances causing the death, such as a road traffic accident, the body will be 'bruised and broken', as was the body of Jesus when Joseph took the body of Jesus down from the cross. In such circumstances there is, even for myself and other experienced nurses, an initial reluctance and fear of touching the body. Yet, laying out the body I find is always a privilege, surrounded by an atmosphere of reverence and awe, an acknowledgement of the mystery of death. I still find myself asking the questions, 'What has happened to this person who was a unique human being . . . this person who was Margaret's husband . . . where has he/she gone to?'

In all the pain, anguish and hopelessness of a sudden bereavement, what do Jesus's death and resurrection have to say to us of new life and hope? My experiences have taught me that resurrection is 'real', and is experienced as such by the bereaved, later, sometimes much later in their lives. They do meet their loved ones again as they sense their presence around the house or in the car. Some relatives I have met in the weeks, months and sometimes years after the death, feel that the person who has died is guiding them in the decisions, struggles and circumstances of their lives. Is this resurrection? I believe that it is, even though many relatives would not name it as such. They might say something like, 'You know, it's very strange but last night I was talking to my husband and felt such a sense of peace come over me. I know he is safe and he is looking after me'.

A very powerful way that the bereaved people I meet come to 'resurrection', through their passion and death, to hope from hopelessness, is through reminiscence, as with the disciples on the road to Emmaus (Lk 24, 13–18). It seems to be a way by which those who are bereaved, on their journey of grief, can come to accept the fact that the death has happened, and that they can be healed. This is not to deny the reality but is more a breaking of the ties of non-acceptance, a liberation from the darkness into light and a new sense of hope for the future. Reminiscence enables the bereaved to grasp what is left after the physical presence of their loved one has gone. Some people discover that the meaning of their relationship with the person who has died has not changed and can remain for them a real part of what they possess and what they are.

As a 'companion' to the suddenly bereaved I, too, am often troubled by the doubts, confusion and hopelessness which I encounter in those bereaved and within myself, especially at the time of a death in the Accident and Emergency department. I have discovered my own experience of resurrection in my life in the privilege of companionship, in meeting Jesus on the road, not to Emmaus, but to Salford, in the Relatives Room, in the Staff Room, and even in the Resuscitation Area. On my 'road' I spend time telling Jesus about all that has happened in my day, bringing all those 'Good Friday people' to him in prayer, wondering like the disciples, why he does not know about them. In my doubt and confusion I hear him explain, using the events of my life and the events of his life; there I find meaning, find my life in his life, recognize him in the 'breaking of the bread', in a community of Sisters, Faithful Companions of Jesus.

> Like Mary, Mother of Jesus and Mother of the Church, and like the holy women, messengers of the Good News, we are sent to proclaim the Truth, Jesus who is alive and lives among us, who is Son of God and Saviour of the world.[9]

NOTES

[1] Cartwright, A., Lockey, L., and Anderson, J. L.: *Life before death*, (London, 1973), p 2.
[2] Taylor, H.: *The hospice movement in Britain: its role and future*, (Centre for policy on ageing, London, 1983). Re-printed 1984.
[3] Taylor, H.: *op. cit.*
[4] Young, G.: 'Hospice and health care', in *Hospice: the living idea*, ed by C. Saunders, D. Summers, N. Teller, (London, 1980).
[5] Taylor, H.: *op. cit.*
[6] Margaret's words reminded me of a passage from Henri Nouwen's *A letter of consolation* (Dublin, 1983) which he wrote to his father following the death of his mother in 1978.
[7] Nouwen, H.: *The wounded healer: ministry in contemporary society*, (New York, 1972).
[8] Fitzgerald, P.: *My chosen vessel to carry my name.* (The Society of the Sisters, Faithful Companions of Jesus).
[9] *The Constitutions of the Society of the Sisters, Faithful Companions of Jesus*, 1985.
Scripture quotations: The Jerusalem Bible (Darton, Longman and Todd, 1966).