

“Beloved, now are we the sons of God, and it doth not yet appear what we shall be: but we know that, when he shall appear, we shall be like him; for we shall see him as he is.” —I JOHN 3:2

# CHRIST IN HIS DISTRESSING DISGUISE

By Marylee Mitcham

**I**N 1982, MY HUSBAND CARL AND I, WITH FOUR children, moved from rural Kentucky to Brooklyn, New York, following an intense, ten-year commitment to a back-to-the-land, monastic community for families called The Families of St. Benedict. Sharing more than a hundred acres of knob land with a changing assortment of families and single people, we had the adventure of a lifetime living in close proximity to the Trappist monks at Our Lady of Gethsemani. The children of FSB all attended Catholic schools in the area that mostly served the rural poor among whom we numbered ourselves.

We were idealistic about voluntary poverty as a response to Christ, for whom material possessions were more of a hindrance than a help. “Less is more” was our spiritual motto, and we added to that the monastic motto, “*Ora et Labora*” (prayer and work). We prayed, worked, and practiced virtue as best we could, putting our shoulder to the wheel as we tilled by hand and built simple but imaginative houses, which had no electricity or running water for years on end.

We also practiced hospitality, which brought many blessings, but the constant Martha-like work of visitors and community activity brought me lows that mirrored the highs of prayer as I was fortunate to know it in those days. Prayer was definitely “the best part”; I even had Jesus’ word on it. Solitude and silence meant something.

Once we got to Brooklyn in 1982, we began to enter the middle class, but our sympathies were still tender toward the poor and those who suffer. We had been humbled in Kentucky, and it was good for us. Plainly there was plenty for a seeker to learn in our new neighborhood, both on the street and in school.

Some months after we got to New York, I entered nursing school at Kingsborough Community College in Manhattan



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Beach, and I became an R.N. in 1985. The determined action of my Catholic life intensified as I offered a different kind of hospitality to the poor and needy, those both suicidal and homicidal, in a large and very disturbing hospital environment. At that point in my life, work was where I felt most led by the presence of a vigorous Spirit, perhaps because the hospital called out for the goodness of God in its battle-like misery of the overlooked and powerless. I have never been so ethically challenged as there.

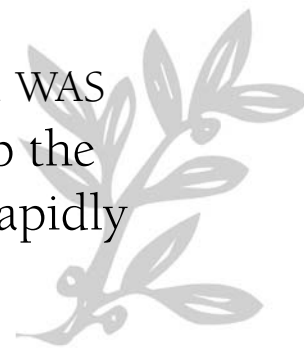
**I**BECAME AN R.N. in middle age for two reasons. Besides helping to send our four children to college, I wanted to fulfill a childhood dream. My mother had been an R.N. and had taught me many things that led me to respect her way of making a living. As a little girl, I always told her I was going to be a nurse, and she would gently suggest it wasn’t quite right for me. “You’re a dreamer, not a doer,” she said. It didn’t hurt my feelings at all, but until I actually became a Mormon at age forty-six, I never really understood that most LDS people are doers, and they resemble her more than they do me. In fact, because of my mother, this church was a strangely familiar place.

My mother was never active as a Mormon in my lifetime and had no interest in talking about her religious past. She once told me that she’d left the Church as a nursing student, walking out one Sunday when someone she knew was denied the sacrament. Always having a soft spot for the underdog, she had gotten mad. Although she raised me Episcopalian in order to satisfy her mother-in-law, it was my impression that she didn’t like any church very much because of her low tolerance for “hypocrites and fanatics.” Unfortunately, that phrase basically satisfied her, and I couldn’t engage her in thoughtful discussion around the subject. However, a few months before she died, she initiated a conversation to tell me she had a testimony of Jesus Christ. Needless to say, her religious life was very private, so I appreciated what she had to say all the more.

From the time she became a nurse at twenty-one until she was too ill to work ever again, she directed her attention to



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the sick, inspiring my idealism and respect by another route. When I was four, my father, a dentist serving in North Africa after my birth, was lobotomized as a result of a World War II breakdown, so with her marriage to him, my mother always had a lot on her hands. But she was not given to self-pity. I saw her best side everywhere in Mormon women who, like her, were practical, organized, chaste, hardworking, staunch, and very caring. This made me realize later that my upbringing was in some ways Mormon (although my mother allowed me to spend whole days reading in the summer).

Mother was no mystic, but the way she cared for her hospital patients came straight from the heart, and it affected my perception of all vulnerable people. For example, I remember the time she invited a patient seriously injured in an automobile accident into our small home—my bedroom—for two or three months as she underwent rehabilitation. Blanche was very bossy, and I didn't like her, but she stayed with us until she could walk on her own, and I was able to observe something edifying.

Another time, when I was fourteen, my mother told me she would be bringing home a dying patient for a last meal out of the hospital. In her direct, non-prudish way, Mother told me to expect this woman to smell terrible because her digestive tract was eaten up with cancer. "When she eats a cracker, it comes out her vagina." She created a memory with that sentence! I can still picture her struggling to get the woman in her wheelchair down narrow stairs and around a corner into our garden level apartment. I dislike small talk, but because we knew what we were trying to accomplish, we made it into a girls' night out.

The year I got my driver's license, Mother made sure I came to the hospital after school and checked in with her in order to introduce me to a comatose teenage girl, a crash victim. That is when I began to learn that things are not always what they seem. Mother showed me how to talk to this girl, kindly and with an affectionate touch in spite of her grotesque contractions. Her intent was that I drive safely, but I picked up more than caution. For all we knew, this girl could hear us, and we should speak to her deeper presence, which was worthy of all the consideration of a conscious patient.

My own father was no longer conscious in an ordinary way; because of my mother's attitude, I knew his situation was not shameful, only sad. Many years later, Mother di-

vorced him in order to marry again, and she asked me to carry on the role she had played for more than twenty years. I agreed to it, and although it took some growing into, it was a blessing of major proportion. My father died in 1989, the year I became a Mormon, which was almost a decade after Mom passed. He often addressed me by her name—Phyllis—but he knew I was his daughter and liked to dance or play pool with me at the V.A. hospital in Fort Lyon, Colorado.

While nursing the dying in India, Mother Teresa of Calcutta liked to speak of them as "Christ in His distressing disguise." By the time I became a nurse, my mother, while not a Catholic, had primed me to take a point of view like that. Actually, even before my formal training, the first person I took care of was a very old woman in full-blown dementia, a neighbor of ours in Kentucky. For two months, I sat with her for six hours every day. It was difficult, but just the job for a dreamer.

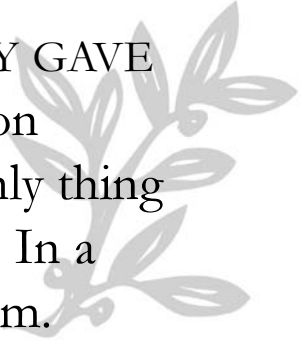
Throughout my religious life, I've chosen to believe that we have to get two things right as Christians: the love of God, the love of neighbor. For me, this involves seeing our neighbor as Christ sees him or, as in the case of Mother Teresa, seeing Christ *in* my neighbor so thoroughly disguised that without the help of the Holy Spirit, I would only see "Trouble" with which I had to lovingly deal. Even that is far from easy, and I have failed at it many times, but nothing is sweeter or emotionally more rewarding than recognizing Christ within someone. "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me" (Matthew 25:40). Here is the stuff of testimony.

**I**F CARL JUNG is right, that "hurry is not *of* the Devil but *is* the Devil," then the so-called healers at the New York City hospital where I began my professional work as an R.N. were in big trouble. There was no time to do anything right. If precious minutes were found, they were mostly stolen from the patients themselves, who were such examples of suffering humanity that they expected the loss as their due. And they were trained to it right away, with a good portion of verbal abuse from the staff, though every now and then, one of them would say that the emperor has no clothes, proving once again that they were only crazy, not stupid.

Yet there were some Christians serving in this shamelessly dishonest, exploitive place. Happily for me, the director of



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“THE WIDOW’S MITE” BY GUSTAVE DORÉ

psychiatric nursing was one of them. She became known to me when I happened into a Mass during my lunch break one day while I was staff nurse on a rehabilitation unit. She, her husband, and their young adopted daughter were presenting the hospital chapel with its own statue of St. Elizabeth Ann Seton in thanksgiving for a miracle. This successful administrator, herself a middle-aged R.N., had prayed to Mother Seton on her feast day for a second child to adopt. And a year to the day later, these believing people were bringing him home. Let the world know it was a miracle! I was very moved to be pre-

sent at this living crèche scene, so anomalous in that abortive environment. The memory gave me strength at work.

Why did I become a nurse? To do good and also earn money? To earn money and also do good? I was getting paid for practicing the corporal and spiritual works of mercy, which as a Christian I must practice whether I get paid or not. Actually, mercy was my *hidden* agenda. I was hired to be swift of hand, to help the hospital process its clientele as rapidly and non-litigiously as possible. I was a mere cog in the machine,

Nursing is such a noble profession, but too often a sad one. In my unit, the staff were as spiritually needy as the patients. Before you can get to the sick themselves, you have this enormous stumbling block of burned-out caretakers who eat too much, smoke too much, and generally operate as though everything, including the patients, is the last straw. Partly this is style, partly self-defense. It’s a lot of things that are understandable, but it’s not therapeutic. On the contrary, it’s self-destructive as hell. Why do they do this to themselves? For money? Certainly their idea of treating themselves well seemed to revolve around getting more of the stuff. If they stayed at home, I was told, they only watched T.V. They seemed to have no inner life of which they were yet aware.

Finally and most important in all this are the patients themselves. It is not easy to romanticize a flighty, manipulative teenager four months pregnant who has stabbed herself in the belly with a kitchen knife to test her boyfriend’s love. Or an elderly and likable con man who has continued, even after years of therapy, to “talk the talk” rather than “walk the walk.” These were my borderline patients (often heavily into drugs), the ones whose syntax was still easily understood but whose lives appeared shattered. I didn’t know how to help these people—because I had not fully learned to avoid judging them. In a sense, it was they who helped me, by affording me the opportunity of this insight.

Then there were other patients—some of them deeply delusional and helpless—who shone with meaning, who were like Gospel parables brought to life, who were so transparent in their response to kindness or its opposite that it was easy to see Christ in them. It was sometimes possible to help these people in small ways. I think of one woman who said she couldn’t sleep in her bed any more because someone had practiced Voodoo in her room, causing waves of heat to em-

anate from the floor. She stood before me clutching her pillow and looking hopeful that I would switch her room. Instead I chose to banish the forces of Voodoo. We stood rather dramatically on the hot spot, and, with joined hands, consecrated the room and its inhabitants to the “Power of Good.” Believing in my strength and desire to help her, she got a good night’s sleep. As nursing practice, this ranks as questionable. I took a chance, though, and am glad I did.

I had another patient whom I overlooked for a long time because he didn’t speak and was mostly observed in mildly catatonic positions. Then one day a little extra care paid off. This man needed an injection, and I went to him before my lunch break to confide that I would give it when I returned. I’ve discovered it’s considerate to warn people; it helps them respond better. “What is it?” he asked, and I almost jumped at the sound of his voice. I told him the drug. “How many milligrams?” My answer apparently satisfied him because he said “All right” and went back to an uncomfortable rigidity. We had begun to relate. A few days later, I actually saw him tying another patient’s shoes. “Thanks a lot,” I said, shivering at the sight. “That’s a good thing to do.” He didn’t whip his head in the other direction to avoid me. I was heartened, spiritually nourished if you will; yet, to take “extra care” at work was to be called “obsessive compulsive.” Helping people was not seen as the issue, although patients themselves knew when you were on their side; they were often brave enough to risk what little self they had in an attempt to connect with you.

But what did we really know about them? If someone came to me and shyly gave me a button “for good luck,” that person might well be Christ handing me the only thing that matters. Things are not what they seem. In a mental ward, they are *twice* not what they seem.

**I**N 1988, CARL was offered a visiting professorship in Puerto Rico, so we left Brooklyn for good. I felt we had stayed too long in terms of how spoiled we were by all the fine things life has to tempt one with, plus our children were all out of high school, so it was a good time to move on. After that year in Puerto Rico, my enterprising husband got an offer that was permanent, which took us to State College, Pennsylvania. There I again began work as a nurse—this time at a privately owned hospital where I was the only R.N. on the evening shift in an Adolescent II unit, meaning my patients were addicted to a substance on top of their diagnosed psychiatric illness.

Naturally I brought my Christianity with me. I wasn’t fighting my own demons so much as I was listening to theirs, whose foul and abusive language called for a strong but compassionate heart capable of handling the grief of so many, so young, so lost.

Within ten months of moving to Pennsylvania, I’d converted to Mormonism. But I remained connected to my Catholic past through a ministry to inmates at nearby Rockview State Prison for men that I’d begun as soon as we had gotten there. Our priest served as chaplain for all faiths there and had asked for the help of his parishioners because

he wanted to give the inmates a sense of belonging to the wider community. That ministry turned out to be an easy segue for someone in my line of work, where there were many rules and locked units. Besides, I was used to visiting my father in V.A. hospitals that were nothing if not institutional in character. Carl was a willing participant, too, bringing an energy and optimism over and above mine.

One of the reasons I kept up this ministry after my conversion to Mormonism was at the request of my former priest, who asked me to continue attending his prison service because there was a young LDS inmate he hoped I would mentor. Roy (not his real name) had been in prison since a teen, with years more of incarceration ahead of him. The rest of his siblings, I was told, had served or were currently serving LDS missions. Because there was no family nearby, my ex-priest was afraid this man would convert to Catholicism by default, to become part of a group for which he had no real feeling. After many hours of prayer, this priest had decided Roy should remain the Mormon he identified himself as being, in spite of his excommunication. The local leadership was not authorized, at least at that time, to keep in touch with him inside the prison.

So one of my first acts of service as a Mormon was to sit every month inside a prison with a sweet, handsome, chain-smoking inmate who had shot to death both of his Latter-day Saint parents while in a rage and under the influence of drugs. He told me this himself. I wasn’t afraid of him, but the general environment felt dangerous. After the others had finished Mass, Roy and I joined them and headed for breakfast with the general population who did not choose to attend church. That dining hall always felt to me like barely contained chaos, but sitting glued to my husband helped.

I will take one particular memory to my grave. It was a Mother’s Day celebration in which actual and surrogate mothers were presented potted plants of flowers by their sons. Roy asked me to be his mother. I almost couldn’t fathom the situation. When he walked past the altar and I walked toward him from the aisle, I felt congested with the irony of it, but as I accepted the flowers and leaned forward to thank him, I whispered words pounding in my heart. “Son, your mother wants you to know she forgives you.”

What form of spirituality was I using—Catholic or Mormon? It was the compassion of Jesus, who extends it to me directly so that I may extend it to others. Did I know his mother forgave him? My ex-priest told me Roy had a wonderful and forgiving family. Yes, my mother’s heart knew it, and Heavenly Father brought me the opportunity, I suppose, in all its blended glory. One can go about His business so freely. It’s in the air we breathe, which constantly restores us and moves us closer to Zion. ☪



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