

King Hezekiah's Psalm of Thanksgiving after his Recovery (Isaiah 38:10-20): lessons for pastoral care in the pandemic.

"A man's spirit will endure sickness, but a crushed heart who can bear?" (Prov. 18:14)

They say crises tend to concentrate the mind. I think there is no doubt that the novel SARS-CoV-2 virus and the COVID-19 disease the virus causes are doing that for most people in the UK, now. People will be wondering if they will get the disease, given its virulent nature. People who have caught the virus will be anxious about whether or not it will develop within them, and if it does if they will recover. People who have had it will be wondering what life-changing damage the virus will leave with them and whether they are immune to further infections. People will be concerned for loved ones, close friends and colleagues they know are sick. People will be concerned about their employment and even in some cases with the wherewithal to live. So much to concentrate the mind upon!

Even if there will not be any further waves or spikes of the disease, which seems highly unlikely, we are being "assured" there will be a "tsunami" of mental health issues to follow in the ensuing months, if not years, which will place further strains upon the NHS, charities and other health-related services (Roxby, 2020; Torjesen, May 2020). The scientists have their minds concentrated upon further identifying the structure of the virus, on how it started, infects and spreads like it does, how a vaccine can be developed to neutralise the virus (McKie, 2020; FT May, 2020). They have their minds concentrating upon keeping the reproduction rate (the 'R' rate) below 1.0. They, along with sociologists and anthropologists, are concentrated upon the way the virus targets certain age and ethnic groups and those with underlying health issues, how it kills more people in these groups (Raleigh, 2020). Politicians' minds are also concentrated: by how their "lockdown" strategies can help bring down the R-rate, and how soon they can get the country open for business again, on how global financial markets can function again, on how voters can return to work so they can put food on home tables, or afford a holiday; last but by no means the least in politicians' minds, when it is possible to do so, is how likely voters are to maintain them in office once the pandemic has passed!

Just so much to concentrate the mind, at the moment!

So what can Christian pastoral carers' minds be concentrating on – in addition to many of the above issues, which also affect them – to support and help their church communities through and after this pandemic?

Introduction

Some helpful light for answering that question comes from a psalm, not found in the Book of the Psalms however, but in the Prophecy of Isaiah, in chapter 38. This chapter records the experience of one of Judah's kings, Hezekiah (c.715-686 BCE), when he was struck down by some kind of serious sickness. We are not told what the sickness was exactly, only that it involved a boil of some sort (38:21). Some have speculated that it may have been some kind of plague-related disease. This view, however, is based mainly on the deceptive chronological order in which chapter 38 occurs. This order might suggest that Hezekiah could have been suffering from the bubonic-like plague that the Assyrian army, under King Sennacherib, was routed by (Isaiah 37:36; II Kings 19:35-36). Most commentators have dismissed this view however (Schneir, 1993; Young, 1969). If the highly contagious plague had infected Hezekiah, then there would surely be some indication of the plague's spread throughout Judah, or at least in Jerusalem, at that time, but there is none. However, most biblical scholars are of the view that the accounts recorded in chapter 38 took place *before* Sennacherib's attempted siege of Jerusalem; that is, chronologically it happened *before* chapters 36 and 37. That the writer chose to place the record of Hezekiah's sickness and recovery where it is was probably for reasons other than chronology (Ackroyd in Bostock 203, p.108; Young 1969; Leupold, 1968).

What we do know for sure is that the sickness was very serious, and that it was going to kill the king. In fact, God gave double clarity to that prognosis for Hezekiah, via the prophet Isaiah: "for you shall die, you shall not recover." (v. 1). However, the Isaiah 38 historical narrative, alongside the parallel reports in 2 Kings 20, and 2 Chronicles 32, inform us that Hezekiah recovered from his terminal sickness, and that recovery was the setting for his composing his psalm of thanksgiving to God.

That point about his recovery might put some people off reading this psalm! The Bible's selective recording of diseases by miraculous cures and recoveries seems, to some at least, cruel comfort for the many who have suffered and died from COVID-19, for those who longed and prayed so hard to experience a happy ending like Hezekiah did, but who only got a heart-breaking end; a sweaty, suffocating, intubated, even comatose, and then dead, end. All too often, these are the end of life scenarios many pastoral carers have had to face, and care for, during this pandemic – some pastoral carers have also experienced this dead end themselves. However, the Bible's "selection" of diseases is credible, in that the selection is for theological purposes, not clinical. The main purpose is to demonstrate the alien nature of sickness (not the viruses and bacteria as such) in God's good creation, their inherent link with sin, both personal and structural (Groenhurt, 2006), and with the fact that sickness, nor medicine, will not have the final word in God's creation, he will. Therefore, the records of healing from disease are theological signs and assurances of what God can, and one day will, do completely with sickness – the same as he can and will do with sin and evil – he will abolish it from his creation (Matt. 8:1-17; Luke 10:9; Rev. 21:3-4; 22:3), and he will do that because of what Christ

has achieved through his atoning death and resurrection. These healings are not, however, signs for confirming to Christians that all sickness – including COVID-19 – has already been, or should already be abolished in this life, as, unfortunately, some Christians have dogmatically and misleadingly affirmed (Wilson, 2020; Gagné, 2020).

So what can a psalm of thanksgiving, like a recovered and healthy-again king composed, have to offer for pastoral carers attending to sick, dying patients, congregants, family members, and to the bereaved as well as to the recovered? I believe there is something here that might help all of the above.

Most Old Testament commentators believe Isaiah 38:9 actually suggests that the psalm was written, with great honesty, *after* the king had recovered from his illness. However, it is clear that while doing so Hezekiah reflected back on how his near-death encounter with disease and with God had affected him, had concentrated *his* mind. His reflection, of course, needs to be understood from within the limits of the divine revelation he was in possession of and the resources available to him in that period of the Old Testament, a limitation that could not have made his understanding of it any easier than it does for us today who are struggling to understand both the novel virus, the COVID-19 disease, and the ways of God with a much fuller degree of revelation.

Facing death and dying with prayer

Some people think that praying about dying is a death-wish, that it is inviting death in! That is why many of us just do not do it. It is another aspect to our fear: we are afraid to talk about dying, even when it comes to praying. At least this can often be the case until we know we are dying! Then such prayers can become easier and more urgent.

This record of Hezekiah's sickness, recovery and his psalm of thanksgiving records the king praying two prayers, at least. One was during his sickness, when he was on the point of death (Isaiah 38:3), the other was following his recovery from the disease (38:10-20). It is worth noting, therefore, that the first thing the king did, both upon receiving his prognosis and upon his recovery, was to *pray*.

Some think that when Hezekiah was informed of his terminal prognosis, the reason he “turned his face to the wall” (v. 2) was out of miserable despair, as if the prognosis was so dreadful that he just wanted to sulk and to close down. Initially that is often exactly how people do react when they receive a dreadful and frightening prognosis to their sickness. However, this is not a typical disposition we read of anywhere else regarding Hezekiah. In fact, in other crises, we read of him praying in the temple (2Kings 19:14). The record is clear, Hezekiah did not roll over to give up and die, he rolled over to *pray*. He did not turn his face to the wall as a sign of turning away from God, but as sign of turning to God. I take the view, therefore, that he was genuine in his desire to seek some privacy (akin to the instruction given by Jesus for Christians to “go into your room” [Matt. 6:6]), seeking as good a

position of privacy as a very sick, bed-ridden king could achieve when he wanted to get alone with God. Furthermore, one might argue that Hezekiah's initial conversation with God lacked a lot in terms of a sense of the now classical doctrines of grace, and that he made too much of an appeal to his own good works and self-worth. However, this does not have to be the only reading of the king's plea. Hezekiah could simply have been appealing to his faithful compliance with the covenant commandment of God and with the covenant promises of blessing (Deut. 30:15-16; cf. 2 Chron. 32:1). The godly Nehemiah also asked God to remember his good deeds (Neh. 13:14) – arguably the good deeds that God's grace had enabled him to do (Eph. 2:10). Even if, by New Testament standards, Hezekiah's pleas lacked sufficient doctrinal decorum for some Christian observers today, it is surely not a bad thing that, under the extreme duress of sickness and fear, where all doctrinal decorum can get strained to the limit, he prayed, and he prayed seriously.

Intriguingly, we do not actually know for sure what Hezekiah prayed for exactly. We know, from the text of his first prayer (38:3) that, not surprisingly, it was short. We know that he pleaded for God to remember the wholehearted faithfulness with which he had sought to do good with his life. We also know that his fear and distress eventually overtook him and all he could do was to weep bitterly. Hezekiah, the great king of Judah, had been told that he would die. So we have this record that permits us to observe the dying king, lying on his bed all alone, facing the wall, praying and weeping bitterly. Is this a scene of great masculine weakness, or something else? In our current context of the COVID-19 pandemic: what about the middle-aged husband who has been told that he has no chance of surviving the virus any more, that medical science has done all it can to bring him through the deadly disease, but it is not enough; he must prepare to die? As the events of his life rush to the fore of his mind, and his hopes and dreams for the years he anticipated living lie in pieces, he too breaks down and weeps bitterly. Is such a man being less than a man for doing so? The business of pastoral care is to help such devastated people (men and women) to find it possible, through their tears, to also pray and hope. Note that Hezekiah's first action was not to complain to the prophet for being so abrupt and cold in his delivery of the prognosis of death, nor did he call for his royal physicians, nor did he go into denial.¹ He faced the reality as best he could, and prayed. It also seems Hezekiah could do that best whilst being left alone, another point for pastoral carers to note.

One of the lessons often driven into pastoral carers by mentors is the importance of being a “presence”, just being there. Hezekiah leaves us realising that there is also a time for being an

¹ It would be easy for us to berate the prophet Isaiah for his apparently cold and abrupt bed-side manner, given the emphasis placed today on compassion and sensitivity when giving a terminal prognosis to a sick person. However, we should bear in mind that Isaiah operated in a very different culture from our modern, much more emotionally sensitive and protective Western culture. (On the importance of culture, bed-side manner, etc. see, for example, Mannix, 2017; Silverman 2012; Pulchalski and Payne, respectively, in Swinton and Payne, 2009).

“absence”, a time for discretely absenting oneself. People, grieving over their terminal prognosis need to have time and space alone, time and space to be alone to take in the wretched news and to be alone with God, praying, weeping bitterly. Such advice may seem ironic for someone already in isolation in an ICU, where they might be aching to have a loved-one with them, holding their hand and speaking words of comfort to them! The point still stands though – people who have received a terminal prognosis need time and space to take that news in, however long or brief that time may be will vary for person to person. Such a reaction can actually ennoble a person, not demean them. For the already sickened king, then receiving such a terminal prognosis represents a scenario where one feels one’s life cannot get any worse. Perhaps that is what Hezekiah felt, but in praying and weeping bitterly he in no way demeaned himself as a man of God or as a king.

Intriguingly, we do not know if he actually prayed for healing, though that certainly seems to be what was in the back of his mind from what he describes of his experience in his psalm. His thoughts of dying brought to mind the prospect of *Sheol*, and that being the dark and dismal after-life location that it was believed to be by the ancients, there was nothing inviting about it whatsoever. His only hope lay in God bringing about a recovery from the disease, which meant God changing his mind, since God had said he would die. In other words: on the one hand, Hezekiah believed God to be faithful to his promises, and this was why he appealed to God in his first prayer, in the light of the covenant conditions laid down by God [38:3]. Yet, on the other hand, this did not stop him praying in the hopes that God could change his mind or had another purpose in mind with his promise that Hezekiah would die from the disease. Believing in the sovereignty of God and in the effectiveness of prayer when faced with dying was not a problem the king wrestled with, they were perfectly compatible beliefs then, and they should be so today as well. It is fully in keeping with a God whose thoughts are not as our thoughts, and whose ways are not as our ways. (Isaiah 55:8; James 5: 13-16).

In ministering to people sickened and dying from COVID-19, prayer is something that pastoral carers can commend and even lead into, if sick patients permit. It is certainly a good practice to encourage the sick to carry out for themselves. It is evident that Hezekiah engaged in prayer often while in his condition, to such an extent that emotionally and physically it nearly wore him out (v. 14). However, the important point is that he did not just give in to the dreadful terminal prognosis, he prayed.

Prayer in the teeth of suffering a killer disease can be difficult to navigate for the Christian, just as trying to treat the disease can be difficult for the medical staff. As the COVID-19 disease advances within the body, especially under the added rigours of mechanical ventilation and the associated drug regimes, there comes a time when the medical advice can be to inform the patient, and their loved ones, that there is no more that medical care can do to treat the disease, the patient is going to die. Should Christian patients and their loved ones then stop praying for recovery? What should be the deciding factors for persisting in prayer for recovery, and for accepting death and letting the dying

process under the disease take its natural course? In her compelling book, Kathryn Mannix refers to the way medical technology and pharmacology can be used today to keep a sick patient alive, or to “postpone dying” well beyond what was the case prior to the mid-twentieth century (Mannix, 2017, p.2). She argues the case for recognising a time when it is best to allow the onset of death to take its natural course. Obviously, Hezekiah had neither the advantages, nor disadvantages, of such clinical technology, but he certainly was not prepared to let dying take its natural course, even though he was “at the point of death” (II Kings 20:1), so he kept on praying. Prayer and a cake of figs were all he had to hope in at the point of death, and the God who answers prayer. However, this was because the prospects for him after death were not attractive (Isaiah 38:10-11).

For pastoral carers, addressing sick patients who are dying can be made much more complex today by the medical science that specialises in extending life for as long as possible, even though it might not promise any improved quality of life whatsoever. Thankfully, palliative, end of life care provides more comfort now for sick people to die at home or in their care homes. Even so, during this pandemic, there have been reports of patients suffering chronically from COVID-19 asking not to be hospitalised and not to be placed onto mechanical ventilators, because they fear it will more than likely lead to their death (Blackwell, 2020; Fidelis and Manalo, 2013). A huge clinical and ethical decision faces doctors and pastoral carers in such situations given any shortage of ventilators and also that the procedures for mechanical ventilation can cause enormous damage to vital organs that those who do survive the procedure will still have to live with (Booth 2020; Perkin and Resnik, 2002). Thus, at what stage in this whole process, of medical and pastoral care, should a Christian patient who is sick be allowed to die? When should they be encouraged to stop praying for life, and to accept death and to enter the Glory? Some cases of the sick choosing this time for themselves it has been a choice to die voluntarily. We should not consider such a choice as a defeat.

Whatever the clinical factors may suggest, the spiritual and emotional ones for both patients and their loved ones are extremely hard to decide on (Acolatse in Swinton and Payne, 2009). Nonetheless, for people suffering from COVID-19, prayer is important and to be encouraged both for patients and for their loved ones, even when the prognosis is grim; what to pray for, and when exactly, is more difficult. This also assumes that the patient will be conscious enough even to pray for themselves, which they may well not be if mechanically ventilated. In these instances the dilemma remains with their intercessors.

Facing death and dying with lament

Overall, Hezekiah’s divinely inspired psalm was written to present the divine perspective on the event in the king’s life. However, that divine perspective was not unmindful of, or dispassionate towards Hezekiah’s personal experience. It is important for readers to realise, therefore, that the psalm

includes, and opens with Hezekiah's own thinking, his own personal experience of what it felt like to him to be so sick that he knew he was about to die. His own perspective has God's sanction on it. The form by which Hezekiah expressed his perspective is that of a lament. This is a common Hebraic form of expression. We come across it very often in the Book of Psalms; in fact as much as a third of the Book of Psalms are lament psalms.

A feature of lament, as a spiritual exercise, is the freedom permitted us by God to share with him, and with others, exactly how a crisis is affecting us, how we feel: our moods, our pain, our terrors, our anger even, and how to name our silences, so to speak (Tearfund, 2020; Hauerwas, 1990). Lamenting is a powerful tool, both for fellowship with God, even for a special aspect of worshipping God as well as being of therapeutic benefit to those suffering psychologically. For these reasons, lament is a powerful spiritual exercise for Christians affected by COVID-19, as patients, as care staff or as loved ones of the sick (Wright, 2020).

That Hezekiah began by reflecting upon dying and death (38:10-12), is interesting and helpful, pastorally. Whether he actually meant, or anticipated, this psalm to be read by others, we do not know. However, the fact is, readers today can listen to Hezekiah reflecting to us about his experience of facing dying. In fact, we probably do not have such a personal account of someone's dying thoughts anywhere else in the bible so much as we have in this psalm. To have this personal reflection from someone facing up to the imminent prospect of his death from a serious disease, a death he regards as also untimely, is powerfully moving and pastorally useful. It helps give context for pastoral care, it also sets the kind of scene for which pastoral care needs to be prepared and responsive.

Pastoral training, and continuous pastoral development, therefore, need to focus on proactive preparation for dying and death. For many in the UK, this can be almost taboo, or certainly uncomfortable even for pastoral carers to address. Breaking this taboo is something the modern palliative care and hospice movements are making great efforts to achieve, as Kathryn Mannix has explained brilliantly in her book, *With the End in Mind* (2017). Mannix started her medical career in oncology and cancer care, before moving into palliative care. I heard Mannix giving a keynote address at a conference, in Durham in 2017, on living and dying. It was truly compelling to hear her explain her mission in life, which is to get people talking about dying, for those of primary school age all the way through to those in old age. As she insisted, "It's time to talk about dying." Given the context of a global pandemic, such as we are currently experiencing, I would echo Mannix's strapline: It's time to talk about death and dying! The fact that so many of us don't, or won't, is indicative of how ill-prepared we have been for this deadly virus. Our modern, technologized, and medically sanitised, hubristic culture has deceived our psychological gaze into focussing on living life to the full, which now means thinking about death as little as possible. Living comfortably has anaesthetised us to the stark reality of the risk of the killer novel virus pandemics, virologists and epidemiologists

have been warning us of for some years now (Henig, 2020; Spinney, 2017). We have been blind to the limits of our medical science and to the fragility of even our most sophisticated healthcare systems. There is just too much to enjoy to be distracted by death. Now, with COVID-19 running rampant among us, we can no longer ignore that distraction. So Rachel Clarke, writing in *The Guardian*, around the peak of the pandemic in April 2020, was right to remind us, “We can’t be squeamish about death. We need to confront our worst fears.” If this serious confrontation with fear cannot begin with people whose inspired scriptures address these fears head on, then it is difficult to see how Christian pastoral carers can be adequately prepared, or how they can help prepare their congregations for a pandemic Christianly.

It is a big ask, but as an aid to the above conversation, perhaps those Christians who have been close to dying or to a death prognosis in their experience of COVID-19 might be prepared, at an appropriate stage in their recovery or afterwards, to provide a narrative testimony for pastoral carers to have conversations around death and dying. This could happen if such survivors were willing to offer their experiences verbally as case studies at meetings/conferences/fraternals for pastoral carers, or if they could provide written testimonies, or share personal journals such as Hezekiah did. I hope survivors will see an important contribution they can make, when they can do that without being re-traumatised, to helping improve pastoral care for the future.

Facing untimely death and dying

In addition to provoking us to have more conversations around death and dying, to praying as we are dying, other aspects of facing death from disease come out of this psalm. In 38:10, we learn that Hezekiah reflected on how his life stood to be cut off in an untimely manner, “in the middle of my days.” Like many of us, he lived with a presumption that life would hold out for many more years beyond his current age. The “middle of my days” refers to a time in one’s life when one era has drawn to a close and another era is commencing (perhaps “middle age” as we call it now), an era you look forward to enjoying because there will be less pressure, more challenges too, more opportunity for professional development. Hezekiah was a man with plans, dreams and aspirations. As king, he would also have had plans, commitments and responsibilities toward others: as a politician, and as a husband (he had no children at this point). He, like many of us, would not be thinking a lot about dying before his time, and he had not dreamed that his time would be so soon in coming. Therefore, frankly, the thought of his death’s *untimeliness* was devastating to him, coming as it did on top of the awful experience of the incurable sickness itself.

Additional cultural factors added pain to his experience. For a Jew, an untimely death could not constitute a good death; a life cut short could reflect badly on someone who claimed the covenant relationship with God (note, Jesus dying at around 33 years of age!). The terms of the covenant stated

that you “must fear the Lord your God, you and your son and your son’s son, by keeping all his statutes and his commandments, which I command you, all the days of your life, and that your days may be long.” (Deut. 6:2). The word of the Lord promised a long life in the land God gave them across the Jordan (Deut. 32:47). On the basis of Hezekiah taking such truths to heart, his encounter with sickness and dying may well have raised doubts and confusion in his mind about how genuine and safe his relationship with God was, especially if *Sheol* was his next location after death.

In OT times, a good life was a long life, a life cut short was not a good life (Ps. 54:23; 89:45; Prov. 10:27). There are some hints in his psalm as to spiritual concerns that the sickness and fatal prognosis raised in Hezekiah’s mind. When he referred to all the sins God had cast behind his back (38:17) – an assurance of complete and lasting forgiveness - it may well be that he feared the disease, together with the divine prognosis for a man of his age provided a public announcement of the untimeliness being due to the judgement of God on his personal sin (Jacob, 1958, p.179). We can only imagine what dreadful thoughts *King* Hezekiah had assaulting him as he lay upon his deathbed!

Sickness and sin

Fears about personal sin being the reason for untimely terminal illnesses can seem a cruel and unjustified perspective for a Christian to adopt of anyone, let alone for himself or herself personally. It was also a perspective that religious leaders in Jesus’ day continued to hold, though Jesus strongly refuted it (Luke 13:1-5; John 9:1-2). However, such a perspective is one Christians facing terminal sickness can experience and can be haunted by. I have found this to be the case in my practice in pastoral care and in my research of disasters. Injured, sick and traumatised people, in their search for a rationale for their catastrophic experience can all too typically go down the road of thinking it must be because of some sinful attitude or practice they personally had fallen into, albeit unconsciously perhaps, which must account for their experience. Even if they do not arrive at that conclusion first, all too often there can be someone who will confront them with that conclusion on their behalf. It may be some Christian ‘prophet’ or ‘apostle’, or tele-evangelist, or even a well-meaning pastor or friend, just like Job’s friends, whose theology persuades them to view all sickness as either demonic or disciplinary in a divine judgement sense (See Lundström, 1994). Many a sick and dying Christian has scarified their souls for some sin that will provide a reason for their sickness and the untimely death warrant.

Even so, Hezekiah did mention his sins, and the forgiveness of his sins (38:17). This is a reminder to us that we cannot completely separate sickness from the issue of sin. While we have to be incredibly resistant to the idea of COVID-19, for instance, being a divine judgement upon each person who suffers or dies from the disease we still have to reckon with why the disease arose in God’s good creation at all. There are two possibilities put forward from a theological perspective.

The first says that viruses only came into the world after “the fall” of Adam and Eve (Gen. 3). According to this view, in the Garden of Eden there were no nasty viruses or bacteria. These have come into the creation as part of God’s judgement upon the sin of Adam *after* “the fall”. According to this perspective, viral pandemics are phenomenon we now have to live with and accept, albeit at the same time while attempting to contend against their ill effects through developing vaccines, social distancing, and all those aspects of infection control with which we are now so familiar. It is worth noting that those who hold this view may also claim that any scientific claim to a contrary view must give way to the authority of the Bible.

A second perspective, which also happens to be far more in accord with the scientific data, takes the view that viruses and bacteria have always been a part of God’s good creation, that they outnumber the cell counts and in fact are enormously diverse in size (Koonin and Dolja, 2013). No organism is virus-free; in fact, “viruses are the most abundant biological entities on earth” holding enormously complicated genetic diversity, and in whose sequenced viromes there is a large amount of dark matter (Koonin and Dolja, 2013). Viruses are essential aspects of the “very good” creation processes God created (Gen. 1:31). Another aspect of that “very good” creation was the creation of Adam and Eve as human beings, created fit for their purpose in the garden as stewards of the rest of creation (Gen. 1:27-30; 2:15). As such, humans were created for a relationship with God with the potential for seeking the requisite wisdom from God necessary for such a great stewardship; in fact, the whole creation’s potential for being a safe place for humans and other forms of life was contingent upon humans possessing that wisdom. As the Genesis narrative explains, in the very graphic and powerful Ancient Near Eastern cultural form that it does, Adam and Eve set the trend for humans to reject that divine mandate for seeking wisdom from God in preference for using their own substitutes for wisdom, the “wisdom of the world”, as the Apostle Paul called it (1Cor. 1:20). For such sin, the first humans experienced the catastrophic judgement of separation from God and of being sent out of the garden (Gen. 3:16-24). Though they would continue to live out their earthly lives in the world, for lack of the required wisdom and through their determination to prefer their own wisdom to God’s (Gen. 3:6) the whole of creation would suffer from their mismanagement, and humans would suffer from the consequences of a suffering creation (Rom. 8:20-23) (Groenhout, 2006). Thus, *The Lancet* editor, Richard Horton is right when he commented in relation to the pandemic, “many of the problems we face today have been generated by ourselves.” (Horton, 2020, p.100)

One particular example of this suffering in creation lies in the way the virus, SARS-CoV-2, became the source of the COVID-19 disease. Like most viruses, SARS-CoV-2 exists harmlessly in animals, for example in bats, rodents and birds (Decaro et al, 2020; Li, 2005). Up until 2002, coronaviruses were not judged to be very harmful to humans. However, when the severe acute respiratory syndrome coronavirus (SARS-CoV-1) broke out in Guangdong, China, in 2002, and the Middle Eastern version in Saudi Arabia, in 2013, both proved highly pathogenic to humans, and both had crossed over to

humans from bats, via masked palm civets and camels respectively. After these incidents, coronaviruses were taken much more seriously (Lorusso et al, 2020; WWF, 2020).

In fact, the animal world hosts a myriad of viruses that live harmlessly, and even usefully, within their hosts. Virologists, in order to provide curative treatments for diseases, are harnessing some of these viruses. Clinical trials are taking place for such oncolytic therapies for various cancers; other uses of viruses are being developed to address genetic abnormalities. These therapeutic processes can take place, all because we humans have our own share of harmless viruses and bacteria that are positively good for us (Mietzsch and Agandje-McKenna, 2017, iii-v; *Science Daily*. 2016; Pollard, 2015). The problem of viral diseases within human populations arises when a virus crosses over from an animal to a human. Biologists call this the zoonotic effect (Mackenzie & Smith 2020). This often occurs via another, mediating, animal. In the case of the SARS-Cov-2 virus, the exact route for this crossover is yet to be confirmed. Early on, there was speculation that it may have crossed over to humans from bats via pangolins, eaten as an Asian exotic food.

Such transmissions have come about, increasingly, due to human populations encroaching more and more upon wild animal habitats, through urban expansion and modern agricultural practices to suit a growing human population (Lorusso et al, 2020, 8; WWF, 2020; Horton, 2020, 100). With closer proximity to natural habitats, humans have developed their appetites for eating “high risk wildlife species.” (WWF, 2020). The global exporting of high-risk wildlife, often involving extensive transportation of different species in close proximity to each other, heightens the risk of pathogenic transmission from species to species, and then to humans. In some countries, wet markets are a common and popular cultural (and religious) phenomena for selling and purchasing these animals as food. These markets sell live animals. Well-regulated wet markets are regarded as a more hygienic source of fresh food (De Greef, 2020). However, many wet markets are unregulated, where the close proximity of live and dead, wild and farm animals, awash in blood and body fluids provides an environment with a huge risk for viral transmissions from animals to animals and to humans (Lorusso et al, 2020).

It is now accepted in the scientific community that fruit bats, via some intermediary animal(s), is most likely the main route for viral transmission into the human population, and was the route for the SARS-CoV-2 virus entering into the human population sometime in 2019 and possibly emerging rapidly out of the largest seafood wet market in China, in Wuhan City. It is highly likely, therefore, that the COVID-19 disease is a human caused disease and the pandemic should be judged similarly as a human caused disaster (Ćosić et al, 2020). Some, even, have considered the transmission route to have been more obviously human, in a form of the virus being modified before being released from a scientific laboratory, either by error or by malign intent. Since the world-leading laboratory, where research on viruses takes place, just also happens to be in the city of Wuhan, where the pandemic

started, a focus has been entirely upon Chinese scientists being responsible for releasing the virus into the population of Wuhan. Unfortunately, this has led to the pandemic being dubbed the “China virus” by some, most notably and persistently by President Donald Trump. We do not give credence to such a theory, since the genome of the SARS-CoV-2 virus was carefully, and conscientiously examined by Chinese epidemiologists and found to have no comparison to those types of coronaviruses kept at the main laboratory in Wuhan, China. However, suggestions to the contrary linger on.

In light of both the theology and the science, the second perspective, of the two mentioned above, seems to be the most convincing view, and therefore does suggest human sin cannot be entirely disassociated from responsibility for the pandemic. Even if we cannot accept malign political intent by scientists, human errors in modern urbanisation, farming practices, and global economic systems are aspects of human ecological and environmental mismanagement of God’s good creation. In their report, “COVID 19: Urgent Call to Protect People and Nature,” the World Wildlife Foundation (WWF) stated, “Humanity’s broken relationship with nature comes at a cost.” The cost involves, “mounting loss of life and untold suffering of families to the global economic shock that’s destroying jobs and livelihoods.” It concludes, “Yet, there is a real opportunity in the midst of this tragedy to heal our relationship with nature and mitigate the risk of future pandemics.” (WWF, 2020; also Lambertini et al, 2020). From our Christian theological perspective, there is no such thing as “nature”; there is only creation, of which we humans are also a part, the most responsible part. So much is this part significant that the real relationship that needs to be healed is that between humans and their Creator God.

I repeat, this is not to suggest that any single individual (say the very first person to be involved in the SARS-CoV-2 transmission process), or any single nationality (say the Chinese) caused the pandemic. But it is to suggest that human *nature* generally, globally, caused it.

Therefore, we are all implicated in this disaster. We all have reason to repent, to change our attitudes and practices in life, and to seek forgiveness. We are all, certainly, at best, non-innocent innocents (Abbott, 2013, 237-242; Volf, 1996, 79-85). Volf’s conclusion, in regard to spiritual and moral attempts for us humans to try and escape from the need to be forgiven by others and to forgive others, is telling:

There is no escape for noninnocence, either for perpetrators or for victims or for a ‘third party.’ Pristine purity is irretrievable; it can be re-gained neither by going back to the beginnings, nor by plunging into the depths, nor by leaping forward into the future. Every person’s heart is blemished with sin; every ideal and project is infected with corruption; every ascription of guilt and innocence is saddled with noninnocence. This, I think, is what the doctrine of original sin teaches (Volf, 1996, 84).

This is not to say that calling out blame, where it is clear who is to blame for some aspect of the pandemic’s damage, is wrong. There is a righteous place for public inquiries, cross-examination by governmental committees, and by courts of law where criminal and morally negligent actions are

suspected. There should be inquiries into our systems and institutions that have contributed to a disproportionate number of deaths taking place in our care homes and among the Black, Asian, and Minority Ethnic communities. How else can we ever learn to do better, should there be further waves of this virus or pandemics of other viral diseases in future, as experts are warning us is inevitable? However, it is to affirm that in endorsing such actions none of us is innocent. It is to recognise that we have all contributed to this pandemic in some way, whether out of ignorance or from deliberate choices that have contributed to the world's populations being devastated by COVID-19. This is a perspective pastoral carers can introduce as they listen to conversations where people are apt to blame politicians, scientists, medics, ethnicities, social classes or a host of other factors for the pandemic, but never consider their own culpability. Hezekiah had his confrontations with personal guilt, and most likely these added salt to the wounds of his sickness, just as they can to anyone of us who is affected by this virus and uses the opportunity to examine themselves. Hezekiah, for all of his godliness, was never a man without sin. He was no innocent, and it seems his sickness brought that home to him afresh. But, importantly, he found forgiveness for his sin and the joy of knowing that God, in his love, had cast all the king's sins behind his back (38:17).

One immediate outcome for pastoral carers from this broken relationship between humans and their Creator God is a timely focus, through preaching and theological training, on addressing the ecological and environmental systemic structures that play such a significant part in sustaining the risk of animal to human crossover of lethal pathogens. The COVID-19 pandemic is truly an apocalyptic event, in that it is revealing some of the deep moral and dysfunctional relationships within the creation that have human sin at their roots. Pandemics reveal there are no clean hands among anyone in the human race; we "all have sinned and fallen short of the glory of God." (Rom. 3:23), we all have need of forgiveness. Constructively, the Christian Church should be at the very heart of encouraging the healing of the relationships between humans and God, and our relationship with the rest of creation. That we are not at that heart, as much as we could be, is a sin in itself to be repented of.

Addressing the untimeliness in practice

From his limited scope of divine revelation, the opportunity for Hezekiah to express that joy and gratitude back to God would be denied him if he were to die and pass into *Sheol*; it could only happen if he would recover. Via due repentance over sin, God gave him that opportunity. God gives it to us all still.

It can seem to some Christians today that the concept of anyone seeing their death being "untimely" is unfaithful to the sovereignty of God's providence, in light of the additional divine revelation Christians possess with the addition of the New Testament's focus upon the death and resurrection of

Jesus, and the eschatological hope of the life to come. Coupled with this, is the focus some early Christian leaders placed upon the need for courage, which they taught their people to develop so they could actually embrace dying, because that would mean immediate entry into the joy of their risen Saviour. Notable expressions of this perspective are found in a famous sermon delivered to his congregants by Cyprian, bishop of Carthage in the third century CE. What is particularly interesting about this sermon, called, in English, “On Mortality,” is that it was delivered to give encouragement and pastoral support during a time of haemorrhagic plague pandemic (249-262 CE). This plague, in fact, became known as The Plague of Cyprian. It was a terrifying infection, and the bishop delivered this pastoral sermon for his congregants to read. In it, in addition to describing the dreadful symptoms of the disease, his over-arching message was for Christian people to welcome the onset of death, because this would soon lead them into the presence of Christ their Saviour, and into the joys of eternal life and deliverance from pain, sickness, and persecution. For all its challenging pastoral value, this sermon almost decried Christians lamenting or fearing the plague’s killer capacity, and Cyprian certainly played down the perspective of seeing any Christian’s death as untimely. Cyprian insisted that those who hesitated over dying were wanting in faith and in their eagerness for a better world.

It would be foolish for anyone today to diminish the value of Cyprian’s pastoral care for the extremely dreadful context of his day, when the shadow of the valley of death loomed so large over the Christian community. However, it is important in the current context being addressed here, to note that there are other, equally biblical perspectives for Christians to have in mind when it comes to coping with an untimely death.

In addressing the issue of when to embrace and when to resist death, the late Professor of Christian ethics, at Duke Divinity School, Allen Verhey, recognised that there can be a struggle, especially when a looming death seems untimely. He suggests there are legitimate questions about when we can be sure it is a good time to die, and how we can be sure to distinguish between God’s time and the devil’s time, as a part of Satan’s wanting to steal and to destroy, and therefore needing to be resisted? Or “whether this is from the Father of all life, a clear invitation to cease in this life and begin anew?” (Verhey in Swinton and Payne 2009, p.259). Hezekiah’s case is complicated by the fact that God did give him the clearest of invitations to cease in this life! Jesus, on the other hand, at around thirty-three years of age, never regarded his time to die as untimely, but as his appointed “hour” (John 2:4). Nevertheless when the Father also gave his Son such an invitation to cease in this life, it did not make accepting it easy (John 12:27). It is important in pastoral care for the dying that we do not give the impression that this should be an easy decision today any more than it was then, hence the need for pastoral wisdom.

The late biblical scholar, Alec Motyer, commenting upon Hezekiah’s personal reflection on facing death, said that, “To sorrow over what seems an untimely death is not peculiar to the Old Testament.”

(Motyer 1993, p. 293). The Apostle Paul affirmed in one place that he was torn between living and a dying what would have been regarded by his readers as an untimely death (Phil. 1:21-23). His personal preference was to be with Christ (after dying) as soon as was possible, because that would be much better for him personally. However, he also did not want to shirk benefitting the Philippian Christians through his remaining alive. In the following chapter (Phil. 2:25-28) Paul reflects on how his friend and colleague, Epaphroditus, being so ill, had nearly died, and how much distress this had caused Paul, and how grateful to God he was that God had restored his friend to health again, and thereby spared the Apostle “sorrow upon sorrow” from hearing his friend had experienced an untimely death. From this we may learn that it need not be unfaithful in one’s relationship to God to grieve over the onset and progression of a terminal disease that threatens to kill a loved one early in their life, or sooner than was expected. The Christian faith and practice does not shame grieving over untimely losses of life from a deadly virus. Paul desired to *not* experience multiple sorrows over the untimely loss of friends, and it is okay for loved ones, and all those who have to care for the sick and watch their friends, loved ones and patients decline under COVID-19, to not want to experience multiple sorrows either.

This is a point pastoral carers will confront more often than usual in their ministrations to patients and to their loved ones during a pandemic. We know that this virus is a killer. The statistics around who lives and who dies, especially once people go into Intensive Care Units, and then even more so once they become mechanically ventilated, are frightening facts to come to terms with, for all concerned. For a number of these COVID-19 patients (and their families) the prognosis will seem incredibly untimely and unfair. Even though the statistics state that it is those over 65 years of age who are in the higher risk of death category, it remains that all too many of those of any age who have underlying health issues, or those who come from Black, Asian, and Minority Ethnic (BAME) communities are also dying. So it requires no great stretch of the imagination to realise that young parents of babies who have died, parents of young children and teenagers who have died, partners of young adults who have died through to loved ones of the middle-aged and the old-aged who have died of this virus will have been left reeling from the feeling that their loved one died before their time. That will hurt the bereaved deeply, it will confuse them enormously, it may anger them intensely, and it may even break them mentally, even those who hitherto seemed to have possessed the most resilient faith in God. It nearly broke the king, he tells us.

It is also worth noting here, after this reflection upon the concept of an untimely death that in a way Jesus also struggled with this. In his wrestling in prayer in the Garden of Gethsemane (Luke 22:39-46) the issue that haunted him was the horror he was to face in that dying process and what was to follow as he experienced the judgement of God upon himself, the “cup” as he called it (Mark 14:16), the prospect of that desertion by the Father (Mark 15:34). At the age of thirty-three years, this death did not feel like a good death, but a horrible one, albeit a necessary one. However, at whatever age, for

the *Messiah*, death was always going to be horrible. The Christian believes that Jesus faced up to that kind of death so that Christians would never have to go down the same path. How we face the prospect of an untimely death today is a matter of faith, not of age or even the means by which it happens.

What follows is a reflection on how Hezekiah coped, and how his coping helps us to cope similarly.

Lamenting the finality of death

What was so grieving, if not horrifying to Hezekiah, was the thought of being cut off from any vital relationship with the Lord, which he had enjoyed during this life, in “the land of the living” (38:11-13). It was the sense of the finality of death, the closing of the gates behind him, thus the closing down of life as a vital, organic, sociable and spiritual experience, the being shut up (imprisoned) in *Sheol*, which tormented him during his illness. *Sheol* was the Hebrew, ill-defined concept of the afterlife. The Hebrew term literally meant place, or even pit, a dark underworld place or pit where some semblance of a very unexciting bodily existence continued in a very shadowy form (Kelly in Moreira and Toscano 2010, 121; Vreizen, 1970, 408-409). As Hezekiah recognised, there was no real life in *Sheol*, no opportunity for communion with God, or for gratitude of spirit, or praise or hope (38:18). Once behind the closed gates of *Sheol*, he would no longer have fellowship with the Lord or with other human beings ever again. It felt like his whole life would be just rolled up like a tent, or cut off just like a piece of newly woven cloth gets cut off from the loom (38:10-12). Such dark concerns about the disposable nature of his life weighed relentlessly upon him throughout night and day. The certainty of death concentrated the mind until there seemed very little else for him to think of (38:13). The physical and psychosomatic effects of the sickness weighed upon his mood (38:14). What he struggled with internally, in his spirit, became evident from his physical appearance, from his disposition, and even from his speech. He described himself like a sick swallow or crane chirping and a dove with its moaning. He described the tiredness (38:14), as his struggle took his strength out of him, especially the praying and looking to God for help.

Pastoral carers are right to show incredible patience and compassion toward sick people who are struggling with the thoughts of dying (Puchalski in Swinton and Payne, 2009; Swinton 2007; Purves, 1989). Even the most experienced Christians can find that spiritual exercises they once found a pleasure, the burden of sickness and the struggle with dying can turn those exercises into huge, at times even impossible, exercises to continue (See Abbott, 2014, p.p. 101-105). The long nights can be particularly difficult when one is very sick (Pss. 6:6-7; 77:1-6). Finding all of this to be the case can

be an added point of spiritual pain with which to contend. Sometimes these sorts of pain can depress and hurt the most.

In one sense, having some insight into the reality of these struggles should be a strong motive for preparing ourselves, and those we serve for dying, while we and they are fit and well. It is not good enough to learn and teach such vital lessons at a time when people are so sick that they cannot take in the doctrines because the pain and discomfort from the sickness can become exacerbated by the fears of the dying process and where the dying process might place us after death. Many Christians today will have moved beyond the distinctly uninviting concept of *Sheol*, and will have embraced a deeper concept of the new heaven and the new earth. Even so, under the influence of COVID-19 symptoms and the effects of medications and medical procedures (e.g. hallucinations and confusion, respirators and ventilators), finding real comfort and peace may be difficult. However, the more Christians are prepared beforehand for dying, the more likely they are to contend better with the process when it comes. When it comes is not the best time to prepare.

For pastoral carers, attending to those caught up in this maelstrom, being a presence is as important as anything is we might speak. Yet, as we now know, under pandemic conditions even being a physical presence may be impossible except in virtual terms, via social media, iPads and mobile phones. Agonising for carers though these forms are, arguably they are better than no presence at all. Perhaps, therefore, identifying hospital and care home workers who are congregants of the church is a worthwhile strategy to adopt during times of 'normality'. Then they can be prepared and resourced as Christians for the time when deadly sickness hits their hospital wards and care homes and they find they are the ones tasked with end of life care and are likely to be the last people to support the dying through to the end of their earthly lives. In so doing, the point to remember from Hezekiah's psalm is that even the godly can fear the untimeliness and the finality of death, and so can their carers.

Reflecting upon recovery

With Hezekiah's psalm, we are focusing upon a patient who has experienced recovery, a *survivor* of the disease, not a fatality. Let me be clear about recognising that important feature. This is not a psalm from someone who died from his sickness, though it is a reflection from someone who *thought* he would die from it. That was because, in addition to the signals he got from his sickness, God, no less, told him that death would be the outcome. So it is a reflection from someone who has gone through the trauma of facing certain death, but who has survived to tell their tale.

In the first part of the psalm (v.v.10-14a), we read what it felt like to be given a prognosis of certain death from a disease. However, as we are aware from the current pandemic, even for those who recover from a serious viral infection like COVID-19, the experience can be traumatically devastating

and can carry on-going life-changing consequences both mentally and physically. In some cases, the recovery from the disease can be only partial and the damage COVID-19 leaves to a survivor's lungs, kidneys, brain, heart and blood vessels can still lead to an untimely death (Sridhar, 2020; Akhmeron, 2020; Varga et al, 2020; Rogers et al, 2020).

As is common within the lament psalms so with Hezekiah's psalm, there is a sudden switch from the king's reflection on his confrontation with death, and the distress it caused him, to reflect upon his remarkable recovery from the disease (38:15-20). Laments are not always tidy affairs. Emotions can run high and low. The lament psalms assure us that God can cope with this. Patient, compassionate pastoral care is required from carers, who may well have their own emotional roller coasters with which to contend, if they are to cope as well.

It is interesting that Hezekiah's initial words were, "What shall I say?" (38:15), as if he was at a loss for any detailed explanation medically or theologically even, as to why in his encounter with the disease he had recovered, when the prognosis had been so definite that he would die. Similarly, his loss for words may have been out of a sense of wonder and amazement: 'Wow! What can I say about that?!' After all, Hezekiah had asked God to "remember" him. Often that term carries quite a loaded theological meaning when used in the OT literature. It means much more than jogging the divine memory. It is an appeal to the covenant faithfulness that is God's renown. It was the response of God to this plea that took the king's breath away.

A holistic attitude

Though the record specifies that some form of medicinal application had to be employed before healing could take place (38: 21), Hezekiah's focus was entirely upon God's word and work (38:15), "For he has spoken to me, and he himself has done it." In other words, overall Hezekiah had a God-centred perspective on his crisis, and a strong trust in the promise of God for his recovery through both natural and supernatural means.² Theology can also be wise therapy! Whatever naturopathic value there was in the application of the cake of figs to Hezekiah's boil, there is no mention of this in his psalm, only of God. In his view, every means that contributed to his recovery was under God's love (38:17). Pastoral care today, similarly, can be justifiably holistic in its perspective on pharmacology and theology.

In view of the way Christians often raise the issue they often do raise, as to how can a loving God allow a pandemic?' because they think that survivors of traumatic experiences often raise that question, Hezekiah's response is a cautionary one for such an assumption. Sickness and meeting with death, though a bitter experience (v.15), did not lead him to raise that question. The "bitter"

² Strictly speaking, biblical theology does not recognise the dualism of natural and supernatural. It only recognises the creation of God, a creation that God is wholly involved with in every respect.

experience did not *embitter* him against God. To be sure, Hezekiah feared and struggled with his disease and the definite prognosis of death, but he did not rant at God or question his motive. Lamenting, in the biblical, psalmic, sense is not the same as ranting. Hezekiah lamented *to* God, he did not lament (or rant) *at* God. The outcome, was Hezekiah could acknowledge the bitter experience he had gone through under the disease – his darkest thoughts, fears and confusion - and yet also acknowledge that, under God’s gracious care and providence, even the bitter experience had worked for his welfare under God’s love (v. 17).

Prayer

Prayer was as important after Hezekiah’s recovery as it had been during his facing death. After his recovery when reflecting on dying, Hezekiah spoke to himself, in reflecting upon his recovery, he spoke with the Lord. Learning from this practice can provide ways for pastoral care to COVID-19 patients. As already mentioned: something that was so significant for Hezekiah’s experience with sickness and dying was the value and importance of spiritual reflection and prayer.

But what about prayer after one has recovered from a deadly disease; a disease like COVID-19 for instance? By the grace of God, and from the expert medical care, many people sickened with COVID-19 do recover. How should Christians respond to recovery, as patients and as their loved ones and colleagues?

In Isaiah 38:15-20, Hezekiah talks with the Lord in a different way than when he was dying. He worships God for his recovery. When he had recovered and knew that a full fifteen years of life lay ahead of him (2 Kings 20:6), he acknowledged that it had been the Lord who had given him back his health, and so this new prognosis needed to involve him in a life-changing work within himself (38:15-16). The experience had left its mark on him emotionally, and he wanted to learn to live with that: the experience would weaken his pace of life to a wiser, stronger new normal (38:15-16). For many Christians who have been made seriously sick with the COVID-19 sickness, they too will most likely never be able to forget the experience; it will always be with them as a memory, if not more than just a memory. They can live, but with a new form of what constitutes living, a quieter, slower, more humble and divinely aware sort of living, but the new form is a new *life* nonetheless, one that will enable a survivor to *live*, as the three-fold mention of a life worth living is described in 38:15-16.

Hezekiah’s experience, in fact, left him humbled, and with a resolve to employ his memory of how bitter his experience of the disease had been to ensure he remained humbled for the rest of his life (a warning: a commitment the subsequent history, sadly, records him not being so faithful in). He aimed to remain humble for the rest of his life, not embittered. For the time being, Hezekiah believed, on the one hand, that he never wanted to forget what he went through, and on the other hand, he wanted it to make him a better man of God (38:15-16). In this sense, his experience is hugely instructive for anyone who finds himself or herself struck down by a killer virus. Hezekiah’s experience

demonstrates how the spiritual dynamics of a disease infection can be very different for someone who is a Christian than for someone who is not, which is a point worth noting for pastoral care. Much of that difference lies in the relationship each Christian develops with God and the perspective that relationship gives on adapting to life and suffering and evil.

Post-traumatic growth

Surviving a killer disease like COVID-19 has the potential for embitterment. On the other hand, survival can be turned into a process for a post-traumatic growth of humility and a closer, stronger relationship with God. The king chose the latter. One does not have to forget the bad experience, but one does need to settle it into a God-centred perspective for it to produce rest and spiritual growth and not a paralysis of bitterness (McGrath 2006, 2020). According to clinical psychologist, - and theologian, Joanna Collicutt, after recovering from COVID-19, a person may be physically weaker, have limitations, but also be spiritually wiser and stronger. For, as she says, “This has the capacity to build a spiritual resilience and wisdom that should be at the heart of the life of faith and the witness of a life well-lived which are offered by the Church to the world.”(Collicutt, 2020). When Hezekiah reflected, “I walk slowly all my years, because of the bitterness in my soul,” he foreshadowed the words of the Apostle Paul centuries after, when he said, “Therefore I will boast all the more gladly of my weaknesses.” (1Cor. 12:9). Accepting our post-COVID limitations, both personal, social and structural, can be a strength not a setback for our personal, social and ecological identity in the wake of this pandemic, one where Christians echo Hezekiah’s words: “Behold, it was for my welfare that I had great bitterness.”

The awareness of being healed did not create triumphalism in Hezekiah, no sense of thinking he had conquered the virus by himself! On the contrary, he was aware that it was God alone who had given him fifteen more years of life to live. In fact, the experience gave him a renewed perspective on what life really is: that *life* is what *God* gives you. But life is open to different definitions. For the recovered Hezekiah, life was now entirely dependent upon God, as creator and sustainer. In addition, there was a huge sense of God’s love toward him, and of God’s forgiving grace (38:17). There was a fresh awareness of how much more opportunity the extension of life and health presented him with for praising and living with God, and for making God known to others in the here and now.

Church fellowship

Hezekiah concludes his psalm with an overwhelming sense of gratitude to God, a fervent passion for and an equally strong commitment to being in God’s temple again, close to God, something that his sickness had prevented him from doing for however long the sickness had confined him (38:20). Hezekiah’s expressions here are reminiscent of Ps. 42:2-4, where that psalmist reflected on better days in the past he longed to experience again: “When shall I come and appear before God?...These things I remember, as I pour out my soul: how I would go with the throng and lead them in procession

to the house of God with glad shouts and songs of praise, and a multitude keeping festival.” Hezekiah prayed and worshiped as a recovering survivor of his disease, who longed to be back in a *place* of worship: “The Lord will save me, and we will play on the music on stringed instruments all the days of our lives, at the house of the Lord.” As an “I” he longed to be part of an assembling “we” again.

The COVID-19 pandemic has necessitated a prolonged social distance for many Christians from their places of worship. “Lockdowns”, “quarantines” and “shieldings” have confined many Christians to their homes and neighbourhoods, and kept them away from their locations of fellowship and worship. For all too many, who have been sickened by the virus or with underlying health problems, the pandemic has confined them to hospital ICUs and COVID wards and within the boundaries of their homes – isolated (or “shielded”) from the rest of humanity, except for medical staff, porters, cleaners, volunteers, and a very few specialised, designated chaplains, let alone isolated from their church communities. Only those who survive to return to the world can relate to us just how much *they* missed, or didn’t miss their fellowship and regular connections with their churches as communities, not just buildings (“sacred spaces”). For many Christians caught up in these situations it is the loss of church as fellowship through being together, physically, that has weighed them down as the lockdown or their shielding has gone on and on. For some, however, who perhaps have never set great store by meeting together, the sense of loss by social distancing and shielding may not be that great. In fact, there is possibility, in the light of all that has been learned of the technology during lockdown, that virtual services, and even virtual churches, will become mainstream. In the words of one infectious disease fellow, lamenting her clinical care being limited by social distancing regulations, she wrote in a piece entitled, “Socially Distanced Medicine”:

I help navigate their care from afar, at times so distant and disconnected I may as well be working from outer space. Although I hope that after the pandemic we will return to the bedside, I worry that we will get used to not being there—that we are setting a precedent that carves an enduring chasm between physician and patient and makes it harder to get to know one another and easier to miss important details. (Bond, 2020).

We just need to understand the “we” as “congregants”, to replace “bedside” with “church”, “physician” with “pastoral carer”, and “patient” with “brother or sister”, and we will get the feel of what Bond feels.

Christians feel acutely the fact that their Creator did not make man or woman to dwell alone, but to be in relationships and in community, or what the NT calls *koinonia*, “fellowship.” Being denied that is like being denied oxygen for breathing, a metaphor that COVID-19 survivors will know the literal effects of only too vividly!

There is no straightforward way for pastoral carers to remedy this great and awful separation under lockdowns, other than to re-assure people that, for a while, it is necessary to reduce the spread of the SARS-CoV-2 virus and to create time for a vaccine to be found that can neutralise the virus, to

prevent the disease. Zoom virtual meetings can help take some of the anguish out of the situation, but not everyone can access such resources because not everyone concerned has the luxury of possessing adequate broadband, a computer or a smart phone, or know how to work them even if they did. Being Christian does not mean everyone functions at the same level of technological expertise, financial status for or access to the requisite technology. God forbid that such tools should ever become fundamental to how the Christian faith must function, given that the faith was born when no such tools were relevant or even existed. It is important, therefore, that pastoral care considers these accessibility factors. There is no real substitute for a physical presence of some kind.

Utilising the “key worker” status the government regulation affords to “religious staff”, it is vital that pastoral carers look for ways and means of ensuring proximity of a physical presence with their congregants, wherever and whenever possible, especially to those who are being shielded for weeks on end. The term, “a pandemic of loneliness”, which has been used by media around the globe, may be somewhat hyperbolic, nevertheless, it recognises the ill effect of loneliness upon the human being. Hezekiah no doubt felt this during his sickness and his dying process. He may well have felt it more given his prominence as a public figure as king, but he certainly intimates to us that he felt it deeply as a godly man, used to fellowship and corporate worship. While pastoral carers can reassure Christians that they are never actually all alone, by way of God’s promises to never leave them or forsake them (Hebs. 13:6 [Joshua 1:5]) and the assurance that the Holy Spirit, as comforter and advocate, dwells within them (1Cor. 6:9; Rom. 8:26, 34c), there is no substitute for the corporate gathering of the church (Hebs. 10:25). One aspect of pastoral care during the lockdown period may be discouraging congregants from the assumption that virtual meetings must become the new normal when the pandemic has passed, and from the view that virtual church should be the new normal for Christians. Even the Apostles in their day of limited options, recognised that there was no substitute for meeting and communicating face to face (see Col. 2:1-3; 1Thess. 2:17-18), not even by letter writing (2John 1:12; 3 John 1:13-14). An iPad or a mobile phone virtual meeting may be all that is possible for some during this pandemic, but it should never become the preferred new norm for Christian worship and fellowship. Hezekiah ached and longed to be back together with the temple congregation, a further encouraging sign of his recovery. It remains to be seen if this is the prevailing mood of Christians once the pandemic is over.

Hezekiah’s psalm shows the possibility of a way through traumatic illness experience to a post-traumatic place of spiritual growth. Here was someone who was a much stronger, grateful, humble and satisfied person after his experience of disease had been responded to by God in his love, and by himself with prayer and trust. This has to be possible today for each individual Christian, and church.

Conclusion

There have been many differing takes by scholars and commentators on Hezekiah's prayer. Some take the view that his prayers for God's help and his psalm after his prayer was answered were that of a very self-righteous character. Others, including myself, take the view that he was, at this juncture in his life anyway, a Godly man of substantial faith, but also given to lapses and weaknesses in his faith and walk with God like so many of us are. Rather than examining his prayer and psalm under the microscope with a lens of dogmatic theology, I have preferred to explore the biblical narratives of his experience with a more ethnographical theological lens. This means I have attempted to get under the skin of an encultured king who was seriously sick - and who also was told, in no uncertain terms, that his sickness was going to kill him. He was also a man who experienced a remarkable recovery. Under such duress and subsequent joy, I doubt any of us to would live up to our dogmatics perfectly! Hezekiah warrants our compassion, as anyone does under similar circumstances such as those of COVID-19 infection.

However, whereas Hezekiah's vision of hope was confined to a merciful fifteen-year extension of his earthly lie, for the NT Christian, strong though their hope may be that medical intervention will assist in their lives being extended well beyond their survival of COVID-19 or their belief that God might even miraculously heal them, they will have no delusions about medicine or miracles being their messiah. Their vision of hope will be firmly rooted in the grace of a sovereign God who will, one way or another, through medicine or miracle (or some combination of both), in extension of earthly life or in death, be ready and willing to welcome them face-to-face in that place he has prepared for them (John 14:1-3). Even though the origins of COVID-19 can be traced back to the individual choices and structural systems of human beings estranged from their Creator, Christians believe that God has cast all their sins behind them, and, as Groenhout (2006) concludes, they "avoid despair because of [their] fundamental faith in God's sovereignty in all these matters. Ultimately it is not fallible, corrupted humans who are in charge of all of history, it is God who works out God's plans." Or, in the Apostle Paul's words (Rom.8:38-39), "For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers, nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord."

Appendix

Theological problem?

The Historical record of Hezekiah's sickness, presented in 38:1-6, along with the parallel records in 2 Kings 20 and 2 Chronicles 32, raise this theological query on two accounts: first, if God, as sovereign, decrees to the king that he most certainly would not recover from the disease but that most certainly

he would die from it, why did that not happen? second, if God had the power to provide healing for Hezekiah, and he clearly wanted to, why did he not just do that in the first place, and why was it necessary for Hezekiah to go through the emotional torture of the terminal prognosis if God's intention was to heal him? What does this imply concerning the divine nature and his relationships with his people? Though this is a theological query, it is not a merely academic one. How we believe God to be has a lot to do with how we feel we should, and can, relate to him in a crisis, and how we relate back to the sick patient.

Nowhere in the biblical records are we given any hint that the query occurred to Hezekiah; if it did then what we read in Isaiah 38:15-20 was his answer to the query, which we will come to. However, it is certainly a query that theologians have raised through history, and one that is very much in vogue with philosophers of religion and theologians at the moment, and one that some pastoral carers feel under pressure to give an answer to.

Pastoral care requires a theological perspective to be effective and to be Christian. It is not simply the application of psychology and ethics that is sufficient for a pastoral response, though there will always be a psychological, and certainly an ethical, aspect to it. I will try to explain the interesting theological perspective in the case of Hezekiah's recovery from his near death encounter with a disease.

According to Fred Rosner, M.D. (1986) the Jewish *Midrash* criticised Isaiah for unethical conduct when he broke the news to Hezekiah of his certain death from the disease so abruptly: "Thus says the Lord: Set your house in order, for you shall die, you shall not recover." (38:1). According to the *Midrash Kohelet Rabbah* 5:4, one thing you should never say to a dying person is "set your house in order." Broaching the subject with the patient has to be done very sensitively and patiently.

Up to a point the theologian, philosopher and scholar, Thomas Jay Oord, addressing the vexed issue of God and evil, may seem, on the surface, to provide an answer, of sorts, to our query. In his most recent book, *God Can't: How to Believe in God & Love after Tragedy & Evil*, the chapter on God and healing outlines his thinking best in relation to our query. Oord states and affirms his basic thesis clearly when he claims, "God cannot prevent evil singlehandedly." His case for believing this about healing is summarised in the four "steps" he presents. First, God is ever-present to all creation and he loves to the utmost. God works and he loves through all things. Therefore, he does not need to *intervene* to heal, even less does he require to be asked to do so. He is always present, and he is always working to heal "to the utmost possible, given the circumstances." Second, God works alongside people and creation. He is not the sole cause of healing, therefore. He works alongside healthworkers, medicine, and almost every human process for good, including individuals' own care for their bodies and their cell biology. In other words, in Oord's strapline, "The Great Physician seeks partners." Third, God cannot heal singlehandedly. Circumstances, relationships and perceptions between human actors and with God have to be right, to provide for healing to take place. Fourth,

God's love extends beyond death. He maintains that the evidence for this claim is clear from the Bible, but also from testimonies to near death experiences, deep meditational experiences, and so on. Again, he insists that God guides, but he does not dominate; God influences, but he does not manipulate. Thus, when healing during this life does not always take place, it is because creaturely conditions or human states and / or human co-operation are not rightly aligned before God for healing to be effected. Oord's overall message, as the title of his book headlines, is that *God can't*, he just cannot, heal, unless certain conditions are right for so-operating with him, because God always works alongside people and creation. He can't, because he loves, and that love is absolutely necessary if there is a to be human free will response to his love.

In her excellent review of another of Oord's works, *The Uncontrolling Love of God: An Open and Relational Account of Providence* (2015), Lydia Jaeger takes him to task for, among other things, his theological methodology. That is, in support for his basic thesis, namely that God is always loving at all times, he endorses a kind of open theism which does not fit the perspective of the sovereignty of God in providence we are given in the Bible texts. Jaeger points out that Oord makes statements regarding God not being able to determine how suffering happens, by appealing in general terms to Jesus' life, death and resurrection, but without actually giving supporting arguments from the biblical text. A similar critique could be offered for the thesis of *God Can't* in my view.

However, leaving aside the weaknesses of Oord's thesis, taken at face value - that is, leaving aside how Hezekiah himself actually responded to his healing, and simply taking his sickness and healing as a case study - one could argue that maybe Oord's thesis has a point. Reading the biblical narratives of Hezekiah's sickness and healing in light of his thesis, Hezekiah would need to believe that God still loves him while he is sick; that God did not will his sickness on him nor did he wish it to last. God loves him in his suffering (and in the fullness of history will demonstrate that fact so clearly in the incarnation of the Son of God, when God will empty himself to become a suffering, dying servant for him). By Oord's thesis, two things served to make conditions right for Hezekiah's recovery from his disease, that show God's love (38:17) working alongside human actions: the first is Hezekiah prayed for healing. That demonstrated he had faith, and faith is an important contribution to the conditions being right. However, the king really did not need to ask for God to intervene because God is always present, always loving. The second is the cake of figs medication Isaiah ordered to be applied to the king's boil (38:21). Those who administered it are the equivalent of the healthcare professionals Oord maintains God needs to work alongside to effect healing.

So does the case of Hezekiah add any weight to Oord's thesis? In one sense, Hezekiah's case plays very much towards the views of open theism, since the accounts make it clear that initially God's prognosis for Hezekiah was the disease must surely kill him. However, it was following the king's prayer, in which he appealed for God to regard his faithfulness and wholehearted service (38:3), that

God decided, according to Oord's thesis, to change his mind and to heal the king and offer him another fifteen years of life (38:5). According to open theism, God could only change his mind if he did not actually know whether Hezekiah would live or die from the disease. For the open theists, it was Hezekiah's prayer that changed God's mind. God was open to that happening because he could not know beforehand what would happen.

Now, does Oord's thesis stand up when Hezekiah's own reflection on his sickness and his recovery is taken into account?

First, Oord's insistence that only an open theistic view of God's providence can explain the apparent divine change of mind is not consistent with Hezekiah's experience. Are we to believe also that the extension of fifteen years of life permitted to the king was also subject to the same kind of open-endedness? Was that fifteen years also dependent upon the right conditions being in place at the time? The narrative would suggest that God meant fifteen years to mean fifteen years this time.

Second, given God's openness with regard to the future, on what basis could Hezekiah treat the covenant made with David something in which he could be sure to trust, when God assured him that it was on the basis of that covenant that he heard Hezekiah's prayer and healed him (I Kings 20:5-6).

Bibliography

- Abbott, Roger Philip. *Hello! Is Anyone There? A Pastoral Reflection on the Struggle with "Unanswered" Prayer*. Eugene, OR: Wipf & Stock, 2014.
- Abbott, Roger Philip. *Sit on our Hands, or Stand on our Feet? A Practical Theology of Major Incident Response for the Evangelical Catholic Christian Community in the UK*. Eugene, OR: Wipf & Stock, 2013.
- Ackroyd, Peter R., "Isaiah 36-39: Structure and Function", Pages 105-120 in Peter R. Ackroyd, *Studies in the Religious Tradition of the Old Testament*. London: SCM Press, 1987. (Originally published in J.R. Nellis et al. [eds.], *Von Kanaan bis Kerala [Festschrift J.P.M. Van der Ploeg; AO AT, 211; Neukirchen-Vluyn: Neukirchener Verlag, pp. 3-21]*).
- Akhmeron, Akharshakn. "COVID-19 and the Heart." *Circulation Research* 126 (10) (8 May 2020): 1443-1455. <https://doi.org/10.1161/CIRCRESAHA.120.317055>.
- Barré, Michael L. "Restoring the 'Lost' prayer in the Psalm of Hezekiah (Isaiah 38:16-17b)." *Journal of Biblical Literature* 114(3) (Autumn, 1995): 385-399.
- Blackwell, Tom. "Some critically ill COVID-19 patients choosing to die at home rather than be treated with ventilator in ICU." *National Post*. (April 2, 2020). Online: <https://nationalpost.com/health/some-critically-ill-COVID-19-patients-choosing-to-die-at-home-rather-be-treated-with-ventilator-in-icu>. Accessed: 15/06/2020.
- Bond, Allison. "Socially Distanced Medicine." *Journal of the American medical Association*. 323(23) (June 16th 2020): 2383-2383. doi: 10.1001/jama.2020.8975.
- Booth, Robert. "Covid-19 can damage lungs of victims beyond recognition, expert says." *The Guardian* (June 15th, 2020). Online:

<https://www.theguardian.com/world/2020/jun/15/COVID-19-can-damage-lungs-victims-beyond-recognition-expert-says>. Accessed: 15/06/2020.

- Bostock, David (2003). The theme of faith in the Hezekiah narratives, Durham theses, Durham University. Available at Durham E-Theses Online: <http://etheses.dur.ac.uk/4075/>.
- Collicutt, Joanna. "Post-traumatic growth and the origins of early Christianity." *Mental Health, Religion & Culture*, 9:3 (2006): 291-306, DOI: 10.1080/13694670600615532
- De Greef, Kimon. "People fear what they don't know': the battle over 'wet' markets, a vital part of culinary culture." *The Guardian*. ((17th June, 2020). Online: https://www.theguardian.com/food/2020/jun/17/food-live-animal-markets-new-york-coronavirus?utm_term=RWRpdG9yaWFsX01vcn5pbmdCcmllZmluZ1VLLTIwMDYxNw%3D%3D&utm_source=esp&utm_medium=Email&utm_campaign=MorningBriefingUK&CMP=morningbriefinguk_email. Accessed: 1/06/2020.
- Decaro, Nicola. Alessio Lorusso. "Novel human coronavirus (SARS-CoV-2): A lesson from animal coronaviruses." *Veterinary Microbiology*. 244 (2020): 1-18. 1086933
- Denison, Jim. "COVID-19 Is Not God's Judgment." *Christianity Today* (April 12th, 2020). Online: <https://www.christianitytoday.com/ct/2020/april-web-only/COVID-19-is-not-gods-judgment.html>. Accessed: 10/06/2020.
- Gagné, André. "Coronavirus: Trump and religious right rely on faith, not science." *The Conversation*. (March 20th 2020). Online: <https://theconversation.com/coronavirus-trump-and-religious-right-rely-on-faith-not-science-134508>. Accessed: 14/06/2020.
- Godfrey, W. Robert. "Hezekiah reasons with God in Prayer." Westminster Seminary, California (May 31st, 2011). Online: <https://www.wscal.edu/resource-center/hezekiah-reasons-with-god-in-prayer>. Accessed: 10/06/2020.
- Groenhout, Ruth. "Not Without Hope: A reformed Analysis of Sickness and Sin." *Christian Bioethics*, 12 (2006): 133–150.
- Hauerwas, Stanley. *Naming the Silences: God, Medicine, and the problem of Suffering*. New York: T&T Clark, 1990.
- Henig, Robin Marantz. "Experts warned of a pandemic decades ago. Why weren't we ready?" *National Geographic*. (April 9th 2020). Online: <https://www.nationalgeographic.co.uk/science-and-technology/2020/04/experts-warned-of-pandemic-decades-ago-why-werent-we-ready>. Accessed: 15/06/2020.
- Jacob, Edmond. *Theology of the Old Testament*. London: Hodder & Stoughton, 1958.
- Jaeger, Lydia. A review of Thomas Jay Oord, *The Uncontrolling Love of God: An Open and Relational Account of Providence in Themelios*, 41 (3) (2016): 568-571.
- Koonin, Eugene V; Valerian V. Dolja. "A virocentric perspective on the evolution of life." *Current Opinion in Virology*. 3 (201):546–557.
- Lambertini, Marco; Elizabeth Maruma Mrema; Maria Neira. "Coronavirus is a warning to us to mend our broken relationship with nature." *The Guardian* (17th June, 2020). Online: <https://www.theguardian.com/commentisfree/2020/jun/17/coronavirus-warning-broken-relationship-nature>. Accessed: 18/06/2020.
- Leupold, H.C. *Exposition of Isaiah*. Volume 1. London: Evangelical Press, 1968.
- Levin, Schneir. "Hezekiah's boil." *Judaism: A Quarterly Journal of Jewish Life and Thought*. Vol. 42, no. 2, (1993): 14. Gale Literature Resource Center, Accessed 7 June 2020.

- Li, Wendong; Shi, Zhengli; Yu, Meng; Ren, Wuze; Smith, Craig; Epstein, Jonathan H; Wang, Hanzhong; Crameri, Gary; Hu, Zhihong; Zhang, Huajun; Zhang, Jianhong; McEachern, Jennifer; Field, Hume; Daszak, Peter; Eaton, Bryan T; Zhang, Shuyi; Wang, Lin-Fa. "Bats Are Natural Reservoirs of SARS-Like Coronaviruses". *Science*. 310(5748) (28th October 2005):676–679. Bibcode:2005Sci...310..676L. doi:10.1126/science.1118391. PMID 16195424.
- Lorusso, A., Calistri, P., Petrini, A., Savini, G., Decaro, N. "Novel coronavirus (SARS-CoV-2) epidemic: a veterinary perspective." *Vet. Ital.* (2020). <https://doi.org/10.12834/VetIt.2173.11599.1>.
- Lundström, Frederick. *Suffering and Sin: Interpretations of Illness in the Individual Complaint Psalms*. Lund: Lund University Publications, 1994.
- Mackenzie, J. and Smith, D. (2020). COVID-19: a novel zoonotic disease caused by a coronavirus from China: what we know and what we don't. *Microbiology Australia*. doi: 10.1071/MA20013
- Malapaty, Smriti. "What's the risk that animals will spread the coronavirus?" *Nature* (June 1st 2020). Online https://www.nature.com/articles/d41586-020-015744?utm_source=Nature+Briefing&utm_campaign=32981e1f33-briefing-dy-20200601&utm_medium=email&utm_term=0_c9dfd39373-32981e1f33-44101577. Accessed: 02/06/2020.
- Malapaty, Smriti. "Animal source of the coronavirus continues to elude scientists." *Nature* (May 18th 2020). doi: 10.1038/d41586-020-01449-8.
- Manalo, Maria Fidelis C. "End-of-Life Decisions about Withholding or Withdrawing Therapy: Medical, Ethical, and Religio-Cultural Considerations." *Palliative Care* (7) (10 Mar. 2013): 1-5. doi:10.4137/PCRT.S10796
- Mannix, Kathryn. *With the End in Mind: Dying, Death and Wisdom in an Age of Denial*. London: William Collins, 2017.
- McKie, Robin. "UK scientists want to infect volunteers with COVID-19 in race to find vaccine." *The Guardian* (May 24, 2020).
- Mietzsch, Mario and Agandje-McKenna, Annual Review of Virology. 4:1 (2017): iii-v; "Viruses revealed to be a major driver of human evolution." *Genetics Society of America in Science Daily*. (July 133, 2016). Online: <https://www.sciencedaily.com/releases/2016/07/160713100911.htm>. Accessed: 11/06/2020.
- Moreira, Isabel and Margaret Toscano (eds.). *Hell and It's Afterlife: Historical and Contemporary Perspectives*. Burlington, VT: 2010.
- Motyer, J.A. *The Prophecy of Isaiah*. Leicester: Inter-Varsity, 1993.
- Oord, Thomas Jay. *God Can't: How to Believe in God and Love After Tragedy, Abuse, and Other Evils*. Grasmere, ID: SacraSage, 2019.
- Perkin, R.M, D.B. Resnik. "The agony of agonal respiration: is the last gasp necessary?" *Journal of Medical Ethics* (28) (2002):164-169.
- Pollard, Peter. "Are viruses actually vital for our existence?" *World Economic Forum*. (November 3rd 2015). Online: <https://www.weforum.org/agenda/2015/11/are-viruses-actually-vital-for-our-existence/>. Accessed: 11/06/2020.
- Purves, Andrew. *The Search for Compassion: Spirituality and Ministry*. Louisville, Ky: Westminster/John Knox, 1989.

- Rogers, Jonathan P. “Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic.” Edward Chesney, dominic Oliver, Thomas Pollock, Philip McGuire, Paolo Fusar, Glyn Lewis, Anthony S. David. *The Lancet Psychiatry* 7 (7) (July, 2020): 611-627. [https://doi.org/10.1016/S2215-0366\(20\)30203-0](https://doi.org/10.1016/S2215-0366(20)30203-0)
- Silverman BD. Physician behavior and bedside manners: the influence of William Osler and The Johns Hopkins School of Medicine. *Proc (Bayl Univ Med Cent)*. 25(1) (2012):58-61. doi:10.1080/08998280.2012.11928784.
- Sørensen, B., A. Susrud, & A. Dalgleish. (2020). Biovacc-19: A Candidate Vaccine for COVID-19 (SARS-CoV-2) Developed from Analysis of its General Method of Action for Infectivity. *QRB Discovery*, 1-17. doi:10.1017/qrd.2020.8.
- Spinney, Laura. *Pale Rider: The Spanish Flu of 1918 and how it changed the world*. London: Jonathan Cape, 2017.
- Sridhar, Devi. “Is the worst of the pandemic behind us? Here’s what scientists know so far.” *The Guardian*. June 11th, 2020. Online: <https://www.theguardian.com/commentisfree/2020/jun/11/pandemic-scientists-second-wave-coronavirus>. Accessed: 11/06/2020.
- Swinton, John. *Raging With Compassion: Pastoral Responses to the problem of Evil*. Grand Rapids, MI: Eerdmans, 2007.
- Swinton, John and Richard Payne (eds.). *Living Well and Dying Faithfully: Christian Practices for End-of-Life Care*. Grand Rapids, MI: Eerdmans, 2009.
- Tearfund. “Lament: parts 1 and 2.” Teddington: Tearfund.org/COVID19 (2020)
- Torjesen Ingrid. “COVID-19: Mental health services must be boosted to deal with “tsunami” of cases after lockdown.” *BMJ* 2020; 369 :m1994.
- Troyer, Emily A., Jordan N. Kohn and Suzi Hong. “Are we facing a crashing wave of neuropsychiatric sequelae of COVID-19? Neuropsychiatric symptoms and potential immunologic mechanisms.” *Brain, Behavior, and Immunity*. Online: <https://doi.org/10.1016/j.bbi.2020.04.027>. Accessed: 11/06/2020/.
- Varga, Zsuzsanna; Andrea J Flammer; Peter Steiger; Martina Haberecker; Rea Andermatt; Annelies S Zinkernagel; Mandeep R Mehra; Reto A Schuepbach; Frank Ruschitzka; Holger Moch. “Endothelial cell infection and endotheliitis in COVID-19.” *The Lancet* 393(10234) (May 2nd, 2020): 1417-1418.
- Volf, Miroslav. *Exclusion & Embrace: A Theological exploration of Identity, Otherness, and Reconciliation*. Nashville: Abingdon, 1996.
- Vreizen, Th. C. *An Outline of Old Testament Theology*. Oxford: Blackwell, 1970.
- Wilson, Jason. “The rightwing Christian preachers in deep denial over COVID-19's danger.” *The Guardian*. (April 4th 2020). Online: <https://www.theguardian.com/us-news/2020/apr/04/america-rightwing-christian-preachers-virus-hoax>. Accessed: 14/06/2020.
- Wright, Tom. *God and the Pandemic: A Christian Reflection on the Coronavirus and its’ Aftermath*. London: SPCK, 2020.
- WWF. “COVID 19: Urgent Call to Protect People and Nature.” (2020). Online:
- Young, Edward J. Young. *The Book of Isaiah*. Volume II, Chapters XIX-XXXIX. Grand Rapids, MI: Eerdmans, 1969.