

In this Way the Prayer Tree Lives and Grows: How Chaplains, the Chapel, and Imagination
Create a Supportive Space for Families at Great Ormond Street Hospital for Children

by

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PREFACE

In the quiet chapel tucked past the left hallway of Great Ormond Street Hospital's main entrance, a little boy in the respiratory unit sat with one of the hospital chaplains.¹ Amidst the brightly gilded columns and vaulted ceiling, the boy's knees fit comfortably in line with his seat. Beside him, the chaplain's knees stuck up several inches above the short pews. He turned to the side to glance behind him.

"Where does that door lead?" he asked.

The chaplain began to explain that the door in the back corner of the chapel no longer opened, as the entire chapel had been moved from its original site decades ago when the door had originally opened onto a separate room. As she was speaking, she suddenly thought, "Stop. Just take a moment, and ask him what does he think?" The little boy was in palliative care. His parents, who were Pentecostal Christians, believed he would be healed on earth and would not talk to him about the fact that his condition was life-limiting. She realized that he was asking a bigger question.

She asked, "Well where do *you* think it goes?"

He started to recount to her all the things his mother had told him about what Heaven was like. Sometimes, he said, he believed her. And sometimes he didn't. "When I go through that door it will be like..."

They talked about this for weeks. One day he said, "Well I think it might be that my lungs have never allowed me to play sports, so maybe I'll be able to play football like the other kids when I go through the door, and I've never been able to play football before, and that's made me sad."

¹ Interview with Chaplain Dorothy at Great Ormond Street Hospital, London, Jan. 31, 2020.

Other days he said, “I think that when I go through that door it’ll just be darkness and everything they’ve told me about it won’t be true, and I’ll be on my own.”

He talked about this up until the day that he passed.

Sitting in her office ten years later as the chaplain recounts this story to me, she says with potency in her voice, “He explored hopes, fears, he explored faith, he explored doubt, real anguish that he was dying, as well as almost relief that he would be able to breathe through that door.” What she notices here in Great Ormond Street Hospital is that “children do find their own story, and they tell their own story. They explore ideas about life, about sickness, about death, about Heaven, about eternity – through story.”

In her words and mine, “Let me tell you one.”



Source: GOSH Website²

² Picture is from: “Case Studies: Kuwait Project,” International and Private Patients Service, Great Ormond Street Hospital for Children, accessed March 23, 2020, <https://www.gosh.com.kw/case-studies/kuwait-project>

INTRODUCTION

Great Ormond Street Hospital (GOSH) in London is one of the largest and most well-known pediatric hospitals in the world. Each year, over two-hundred thousand families visit in search of treatment and care for complex and often life-threatening conditions.³ While there, all members of the family experience the difficulties of navigating life in the hospital, and all the variations of questioning, fear, hope, and pain that come with it.

One space in the hospital and the people associated with it offer support to families twenty-four hours a day, seven days a week: St. Christopher's Chapel and the multi-faith Chaplaincy and Spiritual Care Team. The chapel, like the entire hospital building, echoes the official motto of GOSH: "the child, first and always."⁴ Inside, images of children from the Bible populate the paintings and stained-glass on the glittering walls. The pews themselves are child-size. Members of the chaplaincy team often sit with children in these pews, or in their rooms in the ward. Chaplains also make themselves known as a source of support for parents and siblings and will sit and listen to any thoughts or feelings the individuals may be experiencing.⁵ The constant presence of the chapel and chaplains opens up an avenue for children, parents, and siblings to communicate their complex emotions to a listening ear. In doing so, I contend that physical space itself and the chaplains who move within and without it work together to create spaces for families themselves to fill.

These spaces seem to extend beyond the confines of the chapel room, however. Amidst the gold that covers the chapel, a gothic-looking tree sticks out at the back-right corner. This six-foot sculpture holds dozens of small papers, hanging by strings on its branches. Here, children,

³ "Who we are," Great Ormond Street Hospital for Children, accessed October 15, 2019, <https://www.gosh.nhs.uk/about-us/who-we-are>

⁴ Ibid.

⁵ Interview with Chaplain Dorothy.

siblings, and parents leave their hand-written prayers. Looking closely, however, reveals that the prayer tree contains miniature balconies alongside the tree trunk, and a tiny front door at its base. Who lives here, venturing out to collect the paper prayers at night? Hints of another world permeate the chapel and the hospital, in ways both subtle and obvious. The nature of a pediatric hospital necessitates an inclusion and recognition of a child's imagination, and Great Ormond Street seems to embrace this wholeheartedly. There are very few areas that are not brightly decorated, including large tiled portraits of nursery rhymes in the chapel hallway, and the large Disney-themed playgrounds. The most famous story associated with the hospital, however, is that of Neverland and Peter Pan. The author J.M. Barrie donated the copyright to the hospital in 1929, and since then GOSH has been "famous for two things – making sick children better, and being the second home of Peter Pan, the eternal boy who became a global icon."⁶ A statue of Peter himself welcomes families who pass through the main entrance of the hospital. Realms of imagination, both those created by fixed narratives or dreamt up by children passing through, can be glimpsed everywhere. These imaginative areas and the stories associated with them may also create avenues for children to explore ideas about their illnesses and experiences.

In this paper, I discuss the ways in which interacting with chaplains, visiting the chapel, and delving into imaginative realms represented physically or through storytelling all offer spaces in which family members at GOSH can express their complex emotions about the difficult situations they find themselves in. These situations, unfortunately, can sometimes include the death of a child. Here, the spaces take on new qualities as children and family members engage with end-of-life challenges and imagine, both together and alone, what could lie beyond.

⁶ Kevin Tefler, *The Remarkable Story of Great Ormond Street Hospital*, (London: Simon & Schuster UK Ltd, 2008), 136.

Context

A Very Brief History of Great Ormond Street Hospital and its Chapel

In 1852, the Hospital for Sick Children at 49 Great Ormond Street opened its doors to the thousands of impoverished children in industrial London. The Victorian era had brought a shift in views of childhood, no longer merely regarding it as a transition between infancy and adulthood but instead considering it as a special stage of life. This increased focus on children in society, along with growing child mortality rates, led physician Dr. Charles West to petition the support of wealthy donors in the founding of Great Britain's children's hospital.⁷

Over the next century and a half, the renamed Great Ormond Street Hospital for Children (GOSH) continued to acquire and build new spaces as the demand for care increased. Incoming generations of doctors and nurses brought with them a multitude of innovations in medicine and technology, as well as new approaches to childcare. In the 1990's, most of the older buildings were demolished to make way for several state-of-the-art facilities which GOSH continues to fill with new equipment and artistic, imaginative decorations.⁸

One of the few older buildings not to be demolished was the hospital chapel, named St. Christopher's Chapel after the patron saint of children.^{9,10} Built in 1875 and designed by architect Edward Middleton Barry in honor of



⁷ Ibid, 11-17.

⁸ Ibid, 178-189.

⁹ Joan Crossley, *Sacred Spaces: The Hospital Chapels of London*, (London: The Museum of London Archeology Service, 2005), 21.

¹⁰ Picture taken by author.

his son who died in infancy, the chapel is ornately decorated in the Byzantine style and is filled with depictions of childhood.¹¹ The small room was considered so integral to the hospital, however, that it was encased in a concrete box, mounted on slides, and moved via hydraulic rams to its current site. The newest buildings were then constructed around it, so that it sits in what could be called the heart of the hospital.¹²

Nowadays, the chapel is easily accessed through the main entrance. Visitors walking into the hospital lobby are greeted by a large reception desk in the shape of a ship, with a mural of



Source:
GOSH
YouTube

fish painted by children spanning the wall beside it.¹³ The colorful waiting area sees a flow of families coming in and out of the sliding glass doors that lead out the back of the lobby and into the hospital itself. Turning right out of those doors leads to the wards that stretch across buildings like a labyrinth.

Turning left leads down one small hallway with

a door that opens into the lobby of the chapel. The small vestibule contains a secluded area for individuals to sit, as well as a table with children's books about religious (mostly Christian) themes. The stone entrance to the chapel juts out into the vestibule, with its carved wooden doors propped all the way open. Directly opposite are the chaplaincy offices, which consist of a small meeting room and two workrooms for over ten chaplains.

¹¹ G.W. Burnet, revised by David G. Blisset, "Edward Middleton Barry," *Oxford Dictionary of National Biography*, online, 2004.

¹² Tefler, *The Remarkable Story of Great Ormond Street Hospital*, 178-180.

¹³ Picture on the left is from: Great Ormond Street Hospital and Charity, "Visit GOSH in 360° and see the difference you've made," YouTube, Feb. 14, 2019, <https://www.youtube.com/watch?v=O-2iQ1-Ukjw>

Current-Day Chaplaincy at GOSH

The Chaplaincy and Spiritual Care Team consists of paid and volunteer chaplains, some ordained, others lay members, from a variety of different faiths. They are an active, visible presence in the wards, and each weekday a member of the chaplaincy visits all of the intensive care units.¹⁴ Families in the ward can request the presence of a chaplain at any time, as there is always a chaplain on call.¹⁵

On a bookshelf to the left of the main hospital lobby, families can find a handout about Chaplaincy and Spiritual Care at GOSH, among handouts about other resources. It begins, “Everyone has a spiritual side. This can help us deal with life’s challenges, gives us hope and meaning... We understand that it can be stressful when your child is ill or in hospital. You might feel lonely, confused, angry or without hope. Spiritual support can take many forms, such as listening, talking, praying together or just being there.” The handout emphasizes that not everyone maintains their spiritual side through belonging to a religious community and that others find different ways, but that the chaplaincy team will support them regardless.

Courtney Bender, in her work on volunteer conversations at a nonprofit organization finds that discussions of spirituality often imply that spirituality is a universal phenomenon which lies at the root of all religious traditions.¹⁶ She describes this meaning of spirituality “as ‘more than’ religion.”¹⁷ Wendy Cadge, in her book *Paging God: Religion in the Halls of Medicine*, finds a similar occurrence among chaplains across several US hospitals as they express a universal spirituality in their language. Many chaplaincy teams since the 1970’s have

¹⁴ “About the Chaplaincy and Spiritual Care team,” Great Ormond Street Hospital for Children, accessed October 21, 2019, <https://www.gosh.nhs.uk/parents-and-visitors/clinical-support-services/chaplaincy-and-spiritual-care/about-chaplaincy-and-spiritual-care-team/about-chaplaincy-and-spiritual-care-team>

¹⁵ Interview with Chaplain Dorothy.

¹⁶ Courtney Bender, *Heaven’s Kitchen: Living Religion at God’s Love We Deliver*, (Chicago: University of Chicago Press, 2003).

¹⁷ Courtney Bender, “Religion and Spirituality: History, Discourse, Measurement,” *SSRC Forum*, 7.

been adopting more multifaith, ‘spiritual’ approaches, she says, in a language which is indicative of the liberal Protestant theologies that birthed the departments themselves.¹⁸ This also seems to be true in the UK, and chaplains at GOSH confirm this in an article, saying that they adopt the model of chaplaincy which holds that everyone is spiritual though they may not be religious.¹⁹ The chaplaincy’s multifaith approach thus allows them to reach out to many families, including those who may not identify with a certain religious tradition, as they emphasize being present for all. Chaplains also provide support to hospital staff who encounter difficult situations in caring for the children, and many lead various services in the chapel itself such as weekday prayers and holy communions. During these services, the chapel remains open to everyone. The only time that the chapel is ever closed is when a chaplain is leading a private memorial service for a child who has passed away in the hospital.²⁰

Literary Connections: Peter Pan

Since its early days, Great Ormond Street Hospital has enjoyed connections with many literary figures who write about childhood. Charles Dickens, for example, was a great supporter of GOSH when it was first founded and included stories about children who were hospitalized or ill in many of his works. Writers of children’s literature such as Lewis Carroll, *Alice’s Adventures in Wonderland*, and A.A. Milne, *Winnie the Pooh*, were also involved in fundraising efforts.²¹ The most famous of literary figures associated with the hospital, however, is J.M.

¹⁸ Wendy Cadge, *Paging God: Religion in the Halls of Medicine*, (Chicago: The University of Chicago Press, 2012).

¹⁹ “When earth and heaven come close,” *Church Times*, October 17, 2014, <https://www.churchtimes.co.uk/articles/2014/17-october/features/features/when-earth-and-heaven-come-close>

²⁰ Interview with Chaplain Dorothy.

²¹ Telfer, *The Remarkable Story of Great Ormond Street Hospital*, 127-136.

Barrie, author of *Peter and Wendy*. When Barrie gifted the copyright to his work in 1929, he said at a banquet that “at one time, Peter Pan was an invalid in the Hospital... and it was he who put me up to the little thing I did.”²² In the years following, Barrie often attended the play version of Peter Pan that the London cast put on annually for the children at GOSH who could not travel to the theater. Over the decades the royalties from productions, films, and books about Peter Pan skyrocketed, and GOSH utilized those funds for the welfare of its children.²³

The presence of Peter Pan at GOSH has continued today with a statue of the character at the main entrance, themed shirts being sold at the gift shop, the pirate admissions desk, and more. Several years ago, the hospital held a “Peter Pan Week” and included fun activities for children such as costumes and games.²⁴ Decades after Disney acquired the rights to the animated character, the company returned to construct a Disney-themed playground in the middle of the hospital.²⁵ Depictions of the connection between Peter Pan and the hospital have also been featured in public spheres. In 2015, a film was produced that portrayed Wendy as a hospitalized child at GOSH going off on imagined adventures with Peter Pan.²⁶ The 2016 London Olympic Opening Ceremony included a segment highlighting Great Ormond Street Hospital and children’s literature, beginning with a line about Neverland from Barrie’s *Peter and Wendy*.²⁷ Physical manifestations of the link between GOSH and ‘the boy who never grew up’ seem to be prevalent both within the hospital and without.

²² “Peter Pan: History” Great Ormond Street Hospital Charity Website, accessed October 30, 2019, <https://www.gosh.org/about-us/peter-pan/history>

²³ Telfer, *The Remarkable Story of Great Ormond Street Hospital*, 136-142.

²⁴ RadioLynxContent, “Peter Pan Brings His Magic to Great Ormond Street,” YouTube video, March 7th, 2008, <https://www.youtube.com/watch?v=cPs252sBuH0>

²⁵ “The Disney Reef, GOSH’s first children’s outdoor space, opens to patients,” Great Ormond Street Hospital, June 13, 2018, <https://www.gosh.nhs.uk/news/disney-reef-goshs-first-children-s-outdoor-space-opens-patients>

²⁶ Diarmuid Lawrence, Director, *Peter and Wendy*, (London: Headline Pictures, 2015), film.

²⁷ Olympic, “The Complete London 2012 Opening Ceremony - London 2012 Olympic Games,” YouTube video, Jul. 27, 2012, timestamp: 43:45 - 56:00, <https://youtu.be/4As0e4de-rI>

Methodology

This qualitative study is primarily based on interviews with two chaplains at Great Ormond Street Hospital.²⁸ I was able to interview Chaplain Dorothy, an Anglican Priest who leads the Christian Chaplaincy subgroup, and Chaplain Romana, one of two female Muslim chaplains at GOSH, who were both very accommodating in their support of my research.²⁹ I focus on their accounts of interactions with patients and their families, and rely on their perspectives about the chapel, hospital spaces, and imaginative narratives. I was also able to visit the chapel and select hospital areas to make my own observations about the physical spaces.³⁰

The majority of the chaplains' stories were about interactions with families whose children were critically ill, in intensive care, or were hospitalized for extended periods of time. Furthermore, most of the families they described were affiliated with a religious tradition or described themselves as spiritual. Several of the families described by the chaplains had children in palliative care, and in my discussion of death at the end of the paper I rely on the Abrahamic conceptions of the afterlife put forth by the Christian and Muslim chaplains. Thus, my discussion of family experience at GOSH centers on a subsection of families in the hospital, and not all. In an effort to include some input from family members themselves, I also interviewed three families whose children have visited the hospital in the past.³¹ None of these families had interacted with a chaplain, however, so in the end I was only able to include a few of their perspectives about imaginative hospital spaces.

²⁸ I first secured approval from the Institutional Review Board at Princeton University. All interlocutors were given information about the study and signed a consent form. The chaplains also signed their permission to include their real names and tape-record the interviews. Though I did spend some time in the hospital lobby and in the chapel, I did not conduct any participant observation as this would have constituted more than minimal risk.

²⁹ I was connected to the chaplains via Nick Baldwin, the Archivist at GOSH. He also collected relevant archival materials for me to examine and showed me around the hallways and public spaces of the hospital.

³⁰ The descriptions of hospital areas come from my observations, and all of the following pictures were taken by me.

³¹ I contacted these families through the nonprofit organization for Pitt Hopkins Syndrome, which I am very familiar with as my younger brother has this same condition. I also received informed consent from them.

Significance

In this paper, I demonstrate the impact that interactions with supportive figures who can address spiritual needs and engagement with physical spaces can have on hospitalized families, and thus advocate for greater attention to the roles that chaplaincy, chapels, and imaginative spaces play in pediatric hospitals.

This topic also holds great personal significance as my family has spent much time in our local pediatric hospital due to complications associated with my younger brother's rare developmental disability. I have memories from when I was very little running around hospital play areas with my sister, taking our brother out to play when he was well enough, and watching my parents shed tears in the cafeteria before drying their eyes and walking upstairs. Over the years, I have reflected on these experiences and feel that the interpersonal support given to us during these times and the playful or quiet areas in the hospital allowed us room to express our turbulent emotions to ourselves and others.

Through discussing families' expressions that are not only in medical, physiological terms but also in complex emotional and spiritual terms, I aim to highlight the multidimensionality of family experience with illness. According to Professor Bluebond-Langner, a medical anthropologist who researches pediatric palliative care, families think about their child's quality-of-life not only in a physical way, as physicians do, but also in terms of the interpersonal role that the child plays within the family as a sibling, a friend, an imaginative person, and more.³² It is this multidimensional view, Bluebond-Langner says, as families think about both the health of their child and the continued inclusion of the child into routine family life, that should be taken into account by health professionals and other scholars. My discussion

³² I was able to interview Professor Bluebond-Langner on Jan. 28, 2020 after contacting her and arranging a meeting at the University College of London's Great Ormond Street Institute of Child Health.

will seek to highlight the emotional and spiritual expressions of families and children in order to emphasize the need for health professionals to continue to pay attention to the multiple ways that individuals approach matters of health and quality-of-life, particularly when it comes to children.

I also assert that in examining this topic, religious studies scholars can find compelling accounts of how physical spaces and material objects can greatly impact emotional, and sometimes religious or spiritual, experiences, especially those of children. The imaginative worlds that these spaces and objects evoke and that children create around them should also be taken seriously as potential frameworks for how children may understand the relationships between themselves, their illnesses, and religion or spirituality. The following discussion focuses on Great Ormond Street Hospital in particular, and because it is an institution with such vivid connections to literary figures as well as an extremely ornate chapel, I hope it can bring a depiction of the impact of chaplains, chapels, and imaginative spaces into sharp relief.

I. INTERACTIONS WITH CHAPLAINS AND THE CHAPEL SPACE

Chaplains

“Families ask us, ‘Why me?’ And I say, ‘I don’t know. I’m not here to answer your question. I’m not here to advise you. I’m not here to do anything. I can’t even take your pain away. But I am here present in this moment to journey with you. If you’re angry, I will journey with you. If you are in pain, I will journey with you. And I will allow you to do whatever you want to do. But I will be present with you, to hear you, to listen to you...’”

- Chaplain Romana³³

During her eleven years serving as a chaplain at Great Ormond Street Hospital, Chaplain Romana has spoken with countless children and their families. As one of two female Muslim chaplains at GOSH, she occupies a unique role in this primarily Protestant-influenced environment. While she is typically called to visit Muslim families, she stresses that she has developed relationships with families from all different traditions and has led services in the Christian chapel. She begins her description of her own chaplaincy work by highlighting its multifaith nature, explaining that families come from all over the world to GOSH, experience all kinds of events while there, and try to make different meanings out of them. But, she says, “at the end of the day they all have the same need, and at the core of that need they are all in pain and want a safe space and someone to hold them.”³⁴

This “space” is one that Chaplain Romana creates through her interactions with families, and the “someone” is often herself. She walks me through a generalized description of what happens when a family comes to GOSH and the shock and denial that most initially experience. Many begin to question their faith, she says. Families ask her, “Why me?”³⁵ The response she gives me, written above, is one that she must have given thousands of times in a thousand

³³ Interview with Chaplain Romana, Great Ormond Street Hospital, London, Jan. 29, 2020.

³⁴ Ibid.

³⁵ Ibid.

variations. But she declares this message to me with a strong voice and powerfully enunciated sentences. This is the core of her response. Chaplain Romana is “here present in this moment to journey with you,” through all different places of pain and anger. And yet, she repeats, “I’m not here to *do* anything.” She is “here” physically, as a presence in the room, and yet she is not taking an active role. Instead, it is the absence of an action on her part that opens up a space for the listener “to do whatever you want to do.” Regardless of what that is, she will remain physically present to hear and to listen.

Her presence with them, though it is devoid of action, is what opens up “a space.” Most of the other individuals coming in and out of the room are doctors and nurses, whose presence is essential precisely because of the actions they are performing in response to the physiological condition of the child – something which the families have little control over. Many physicians are conscious of this and have wonderfully attentive reactions to families, but their primary focus must be the illness.³⁶ When a chaplain like Romana enters the room and sits with a family member, she is “not here to *do* anything.” Instead, it is now the families who are performing actions by expressing grief, anger, hope, and more. The space is open because she is not filling it, and yet she is the one creating the space as she offers her constant presence. She stresses over and over that families want a space to express their emotions. Expressing things into a void, however, is difficult. It is an expression in the form of conversation that allows one to be heard, but in order for a conversation to happen, someone other than one’s self must be present. The “someone” else who is present is what creates the “space” between the two entities: the speaker and the listener, the family and the chaplain.

³⁶ “A Sympathetic Ear: Reverend Noel Walters Talks About His Role,” *Lifeline Magazine*, Great Ormond Street Hospital Charity, 1997.

Chaplain Dorothy also uses the language of “presence” that imbues Chaplain Romana’s descriptions. Having been at Great Ormond Street Hospital for sixteen years, she is now the Deputy Team Leader of the Chaplaincy and Spiritual Care team and leads the Christian Chaplaincy. She, too, speaks of “comfort, hope and presence.” Most of our discussion revolves around the chapel, in which she spends a great deal of time. She adds that the images of childhood in the chapel are all “as seen through the lenses of Christianity.” Her emphasis, however, is on the fact that the chapel is always open, which shows “that God, however we see God, is always present to us, always available, the door – metaphorically – is always open.” The work they do as chaplains, she says, reflects that “spirit of openness, of welcome, of hospitality, of constant presence.” There is always a chaplain on call twenty-four seven.³⁷

Wendy Cadge writes about this language of wholeness, presence, and hope that the dozens of chaplains she observed in several US hospitals used. What she notes is that direct discussion of specific religious traditions by chaplains rarely occurs. Instead, the chaplains “speak in broad terms that they believe will help them connect with a wide range of people and the ways they make meaning.”³⁸ The language Chaplain Dorothy and Chaplain Romana use reflects this, and it seems that, for some families, this near absence of tradition-specific language also creates a space for expression. When a girl who was in palliative care asked Chaplain Romana if there would be “caramel frappuccinos in Heaven,” the chaplain answered not with “an [Islamic] jurisprudence answer” but instead thought to herself, “I need to hear her, what is her question?”³⁹ By not filling the space with an answer, she was able to offer the girl a space to imagine her own version of Heaven and, through that, express her emotions about death. The

³⁷ Interview with Chaplain Dorothy.

³⁸ Cadge, *Paging God: Religion in the Halls of Medicine*, 193.

³⁹ Interview with Chaplain Romana.

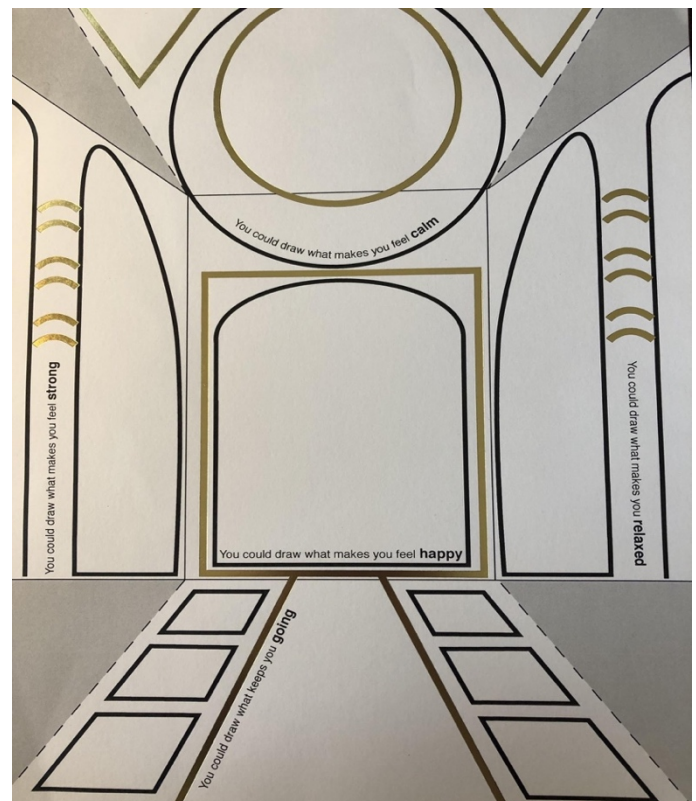
broad spiritual terms that Cadge describes allowed the chaplain to consider the girl's imaginative questions as spiritual rather than merely 'traditionally incorrect,' which in turn allowed her greater access to the girl's emotional expressions.

The chaplains offer a constant presence but one that is absent of answers or actions. Through these interactions, they create a space between themselves and their interlocutors and allow the families to fill it with their own emotional and spiritual expressions.

The Chapel

"You could draw what makes you feel happy. You could draw what makes you feel strong."

These are the instructions written on the Pop-up Chapel activity that chaplains give to children.⁴⁰ It consists of a nearly blank sheet of paper with the outline of the chapel interior. The walls, ceiling, and floors are all empty spaces, filled only by the one-sentence instructions written in small font, which are really more of suggestions. Chaplain Dorothy hands this to many children, who take it back to their rooms and draw pictures within the blank spaces. They can then cut out the shape and fold it so that it forms a three-dimensional miniature chapel with the



⁴⁰ "Resources: Pop-up Chapel," Great Ormond Street Hospital for Children, accessed Feb. 15, 2020, <https://www.gosh.nhs.uk/parents-and-visitors/gosh-arts/resources/pop-chapel>

front open. The little room they have created sits inside their hospital room. Chaplain Dorothy tells me that many come back and ask for another.⁴¹

When asked about the chapel, the first thing Chaplain Dorothy highlights is the small stained-glass window in the right transept. She quotes the verse from Matthew 18:2, “Jesus called a little child unto him and set him in the midst.” These words are inscribed underneath an image of Jesus and three disciples surrounding him in a semicircle. The space in the middle of the circle contains a little child, looking directly at the viewer. For Chaplain Dorothy, the stained-glass exhibits “what we’re about, about putting the child in the midst of all that we do.” This is reflective, she says, of the rest of the chapel, with all its images of childhood. This makes



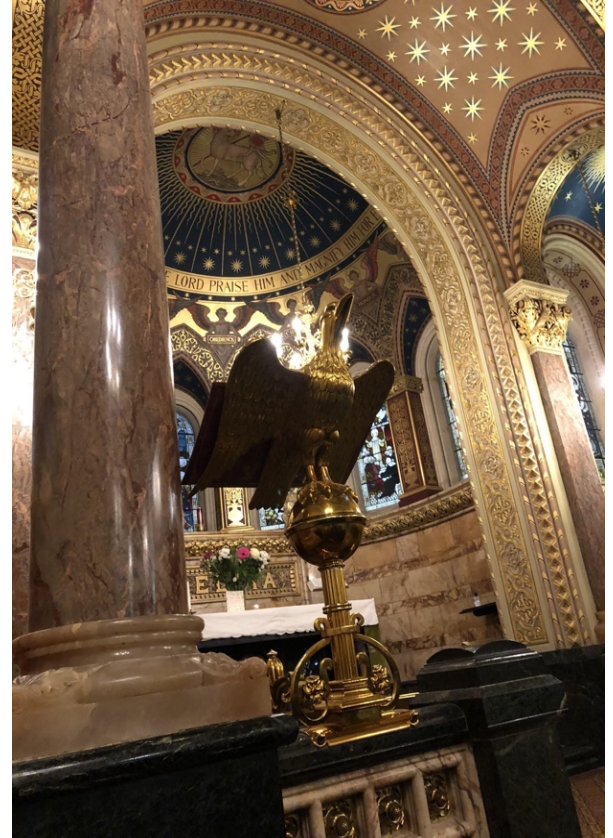
children “know they are welcome, because the seats fit them.” The pews are, in fact, child-size. “You’re more comfortable [in them] if you’re five than if you’re forty-five,” she says.⁴²

It’s true. When I sat down in a pew, not only was it a long way down, but my perspective shifted drastically. The chapel I had walked into was ornate, beautiful, and a little small compared to others I’ve been in. But once I sat down in a pew, the room suddenly felt quite large. The columns rose up high above me, into a ceiling far away. It felt like a world of its own.

⁴¹ Interview with Chaplain Dorothy.

⁴² Ibid.

The chapel is far from empty. Gold designs cover nearly every surface, and elaborate murals and stained-glass line the walls. The pop-up chapel activity given to children may contain blank spaces, but the chapel itself certainly does not. However, according to Chaplain Dorothy it is precisely this, a kind of “Victorian sensory room,” that makes children love it so much, even though it was built more than 140 years ago.⁴³ In the introduction to *The Study of Children in Religions*, Susan B. Ridgely discusses the materiality of children’s religious experiences. She cites the argument of scholar Chris Boyatzis, saying that “this emphasis on materiality should



not be taken as evidence that young people cannot and do not think abstractly and deeply about their beliefs... Rather, their choice of materials, and their presentation of those materials, carry particular meanings, which often build on, and personalize, adult expressions of faith.”⁴⁴ Most of the decorative elements and objects inside the chapel are not chosen by children, but it is possible that this emphasis on materiality also extends to elements that are already present. As Ridgely highlights, adult scholars can never fully understand how children think.⁴⁵ However, Chaplain Dorothy does speak to me of children who use the space and the elements in it to imagine something new. The little boy in palliative care who asked about the chapel door used that structural element to explore many different ideas about death and the life beyond. He

⁴³ Ibid.

⁴⁴ Susan B. Ridgely, editor, “Introduction,” *The Study of Children in Religions: A Methods Handbook*, (NYU Press, 2011), 11-12.

⁴⁵ Ibid, 2.

imbued a material object with meaning and imagination, communicating to someone else all the things he felt.



Another material object in the chapel that gets plenty of attention from children is the prayer tree that stands immediately behind the pews on the right side of the chapel. Its branches hang low, and many pieces of paper with written or drawn prayers are tied on them like leaves. The chapel also has a prayer book sitting out, but Chaplain Dorothy finds that children more often use the prayer tree because “they can draw a picture and they like the physical action of placing the tag on the tree.”⁴⁶ Here are more blank spaces, sitting out on the bench beside the tree in the form of small rectangles of construction paper, which parents and children can

fill with whatever they would like. Chaplain Romana says that once the prayer tags are written, “they just feel like it’s in someone’s hand.”⁴⁷ The material nature of this activity clearly appeals to children, but perhaps the possibility of what it presents – a communication with ‘someone else’ – is also what draws children towards it. Many of the prayer tags directly address God, a few speak to ancestors, and some simply begin with “please.” Children then place the tags on the tree and leave them there, waiting to be read by someone.

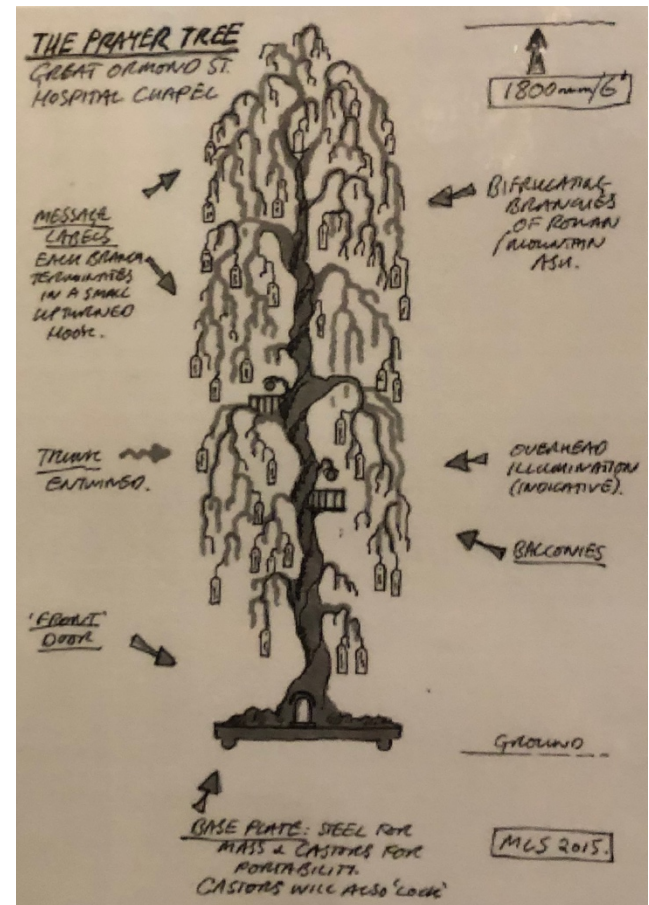
⁴⁶ Interview with Chaplain Dorothy.

⁴⁷ Interview with Chaplain Romana.

A child may pause, however, and peer into the tree. After all, the sculpture is quite a bit taller than a small child, so they are at a perfect angle to look between the branches on the lower half. There, secret doors and balconies are built into the sculpture, creating what the information sheet beside the tree calls an “enchanted piece.”

According to the sheet, the design “takes inspiration from motifs in the chapel itself, and classic children’s story illustrations.”⁴⁸ In fact, the motifs referenced may be the forest animals such as owls, squirrels, and bats that are mysteriously hidden in the gold capitals of the columns around the chapel. Other miniature beings living inside trees often appear in classic British children’s literature that depicts forests. Stories about fairies “played a significant part in the oral cultures of medieval and Renaissance England, Ireland, and Scotland,” writes historian Allison B. Kavey. Later, ideas about fairies or worlds hidden inside forests

blossomed in the late nineteenth and early twentieth century when “the two great English children’s authors, James Barrie and Lewis Carroll, wrote their exceptional stories of children and the imagined worlds into which they could disappear.”⁴⁹



⁴⁸ The prayer tree was created by artist Matthew Lane Sanderson in 2015, funded by the Great Ormond Street Hospital Charity. It was commissioned in honor of the chapel’s 140th anniversary.

⁴⁹ Allison B. Kavey, “The History and Epistemology of Peter Pan,” *Second Star to the Right: Peter Pan in the Popular Imagination*, (New Brunswick: Rutgers University Press, 2009), 84-85.

The latter, though not closely associated with GOSH, does have a small mention in the large mural on the left wall of the chapel. A little girl dressed like Alice from the original



illustrations of Carroll's Alice in Wonderland stands with her arm around another little boy, both looking up towards a beckoning Jesus.⁵⁰ This combination of traditionally religious imagery and imagery from children's literature is noteworthy. Though designed by adults, the presence of Alice with Jesus points to the hybrid nature of children's religiosity according to Susan B. Ridgely, through the multitude of "ways to imbue their worlds with religious meaning... build[ing] upon what they know satisfies, reaching within and across traditions, time periods, and adult classifications as their needs dictate."⁵¹

'Going down the rabbit hole into Wonderland' might after all be an accurate description for the inside of the chapel, with all its gold, sparkle, and stories about Jesus from a long, long time ago.

J.M. Barrie, the other "great English children's author" referenced by Kavey, is of course highly associated with Great Ormond Street Hospital and holds a very special place in the chapel and to Chaplain Dorothy herself. The plaque in the left transept commemorating Barrie is her favorite plaque in the chapel because, as it says on the plaque and as she quotes to me, "he proved himself to be a true friend to this hospital by the gift of Peter Pan."⁵² Barrie's story also involves a journey to another world, one in which children have grand adventures. Some of these adventures involve fairies, who, according to Barrie's first novel *Peter Pan in Kensington*

⁵⁰ This is according to the GOSH Archivist Nick Baldwin, who said the figure in the mural was "reputedly inspired by Sir John Tenniel's illustrations of Alice in Wonderland." Interviewed on Jan. 27, 2020.

⁵¹ Ridgely, *The Study of Children in Religions: A Methods Handbook*, 13.

⁵² Interview with Chaplain Dorothy.

Gardens, live in trees, playfully and mischievously interacting with children who pass by.⁵³ The little balconies and secret doors in the prayer tree evoke the thought of fairies climbing out at night to read the prayers left by children. The physical elements of the prayer tree are what create a space for imagining this possibility, in a way that writing in a prayer book does not. The miniature doors are opening up into another world, and yet there are no little figures or houses drawn in the dark doorway. Instead, children themselves fill these spaces with their own imaginings of what this world may look like, and they may even imagine themselves as within it.

The fairies, like God and ancestors, represent the presence of ‘someone else.’ Many of the prayer tags are a variation of “thank you,” says Chaplain Dorothy. To her, “there seems to be a need in a place like this to allow the space and opportunity and support for people to express gratitude, whether or not they’re expressing it to a divine being is almost secondary.”⁵⁴ Like interactions with chaplains, these prayer tags and the possibility of communication with other entities, fairies or not, opens a space between speaker and listener that families can fill.

For children, the chapel is a space where they can sit in seats made specifically for them and enjoy an immense, glittering world which looks nothing like the rest of the hospital. It is so difficult to know what children’s religious and spiritual experiences here may be, but it is likely that children who visit this chapel might think about their illnesses alongside certain beliefs or practices, such as thinking about what may come after death or engaging in prayer. However, they appear to also use the material aspects of the space surrounding them to do this, through imagining death as passing through a door in the back of the chapel or hanging prayers on a tree for ‘someone’ to read. For some children who are familiar with biblical stories, it is possible that

⁵³ J.M. Barrie, *Peter Pan in Kensington Gardens*, (in *Peter Pan in Kensington Gardens & Peter and Wendy*), Oxford World’s Classics (London: Oxford University Press, 1991), originally published in 1906.

⁵⁴ Interview with Chaplain Dorothy.

the depictions of children from various parts of the Hebrew Bible and New Testament might also offer narrative frameworks into which visiting children could imagine further events or feelings that the characters might have experienced. When considering the ways that children may interact with the materiality of the chapel, it seems as if they engage with imagined, conceptual spaces beyond the physical space of the chapel and access these imagined realms through the various doors, rabbit-holes, and stained-glass windows throughout the room.

Thus, it appears that the chapel itself and the interactions with the chaplains are not the only ways in which a space is created for children to express their thoughts and emotions. The “exceptional stories of children” that are represented or evoked in the chapel also offer windows into spaces that extend beyond the physical ones, or in other words, “the imagined worlds into which they could disappear.”⁵⁵ However, one important note is that while the physical space of the chapel contains doors to these other worlds, and in some cases, a pre-written narrative might lend other frameworks, it is ultimately the children themselves who create their own conceptual, imaginative spaces beyond. The physical chapel is full, but what lies beyond it, like the blank spaces in the pop-up chapel exercise, can be filled in by the colored pencils of children.

⁵⁵ Kavey, “The History and Epistemology of Peter Pan,” *Second Star to the Right: Peter Pan in the Popular Imagination*, 84.

II. IMAGINATIVE SPACES IN AND AROUND THE HOSPITAL

Hospital Spaces

“Second to the right, and straight on till morning!”

That’s the way to Neverland, Peter tells Wendy.⁵⁶ It is also what the hospital lobby tells families as they enter through the sliding glass doors and approach a navigational tablet at the center. These words are inscribed on the column above it, along with a small figure of Peter Pan. The directions the quote provides to families are ambiguous. One could imagine many different interpretations of it, that is if the family is not in a hurry to get somewhere, as they usually are. Seeing the hospital through the lens of a family whose child is ill is a perspective that one cannot truly understand unless one has experienced it themselves. A scholar may have a particular focus of study, and thus may preemptively choose certain elements of the hospital to examine. A family’s thoughts, on the other hand, are occupied with the health of their child, and their present needs often dictate what elements they observe and use.⁵⁷ Nevertheless, there certainly seem to be areas in the hospital itself that could evoke imaginative worlds, and the ones I discuss are those mentioned by the families or chaplains I interviewed.



For two of the families, the Lagoon was noted as particularly appealing to the child and their young siblings.⁵⁸ It is an expansive area near the center of the hospital that contains a

⁵⁶ J.M. Barrie, *Peter and Wendy* (in *Peter Pan in Kensington Gardens & Peter and Wendy*), Oxford World’s Classics (London: Oxford University Press, 1991, originally published in 1911).

⁵⁷ This observation about families’ thoughts are based on my own experience.

⁵⁸ Interview with families (names confidential), London, Jan. 29 and 30, 2020.

restaurant, gift shop, and an indoor and outdoor play area.

As you enter, the doors on the right slide open to reveal an outside space enclosed by buildings around it. It is brightly decorated as an underwater world, with large colorful statues of characters from *The Little Mermaid*, *Finding Nemo*, and Mickey Mouse. This Disney Reef was designed by Walt Disney Imagineers as well as the



hospital's Play Team and patients, and completed in 2018.⁵⁹ Here, children have the space to sit beside the arm of an octopus or inside a clam shell and imagine themselves somewhere else.

One family said that the primary reason they like the Lagoon area is that the tables at the restaurant are right next to the indoor play area, so they can watch over the children while they eat.⁶⁰ The play area, also designed and funded by Disney, has decorative screens with silhouettes of figures from classic stories such as Winnie the Pooh, Peter Pan, Beauty and the Beast, and Snow White. The young daughter of one of the families loves the 'Princess Magic Mirror' in the play area, as every time her mother tells her that her brother has an appointment she asks if she



can come and play with the mirror.⁶¹ When she stands in front of it, she can see herself reflected in all three panels of full-length mirrors. She waves the wand that is placed beside the mirror and suddenly the middle panel comes to life, a screen inside showing images and clips of a particular Princess. She waves it again, and reveals another Princess, who speaks to her about her

⁵⁹ "The Disney Reef, GOSH's first children's outdoor space, opens to patients," Great Ormond Street Hospital.

⁶⁰ Interview with family (names confidential), Jan. 30, 2020.

⁶¹ Interview with family (names confidential), Jan. 29, 2020.

fictionalized life. From the girl's perspective, she sees both herself and the Princess in the same panel, the same space. It is up to her to imagine whatever is beyond. For the young sibling and for the child who is ill, this mirror must be an enjoyable pastime. A hospitalized child could imagine themselves in another magical world, and so could a sibling. Siblings' lives often revolve around the hospital when their brother or sister is a patient there, and they also need a space for imagination and expressing their emotions. This young sibling's mother told me that oftentimes toys in other hospitals "are not for her." She says that these, however, are for her.⁶² Through this, the sibling, like her brother, is given the space she needs.

Similar to the chapel's doors into imagined worlds of forests, fairies, and more, the Disney Reef and the mirror also offer entryways into other worlds. The latter two more obviously do so than the chapel, as they vividly depict Disney's characters and settings that were commercially determined by the corporation, although designs were made with help from patients and staff at GOSH.⁶³ Nonetheless, these physical spaces were also more obviously designed for play than the chapel, which encourages engagement with the characters and settings and causes children to actively imagine themselves as within another world.

Another Disney-themed presence that inhabits the hospital is, in fact, only visible at night. On the wall above the outdoor reef, seven stories high, is an enormous projection of Tinker Bell. At nighttime, children in the wards surrounding the outdoor area can see Tinker Bell just outside their window. Chaplain Dorothy says she loves the idea of the projection, an idea about "someone watching over us, someone on our side, on our shoulder, bringing comfort and hope and presence."⁶⁴ Here again is the language of presence, and this time it stretches not across

⁶² Ibid.

⁶³ "The Disney Reef, GOSH's first children's outdoor space, opens to patients," Great Ormond Street Hospital.

⁶⁴ Interview with Chaplain Dorothy.

various religious traditions but instead across children's imaginative stories. Tinker Bell, too, seems to be a "someone" to which a child could communicate their feelings. What the projection of Tinker Bell brings is "comfort, hope, and presence," but not answers – the projection is obviously silent. Instead, the presence of another outside entity, much like the chaplains themselves, opens up the space in-between for children to fill.

Once again, the physical spaces and material objects seem to be connected, in this case quite overtly, to conceptual spaces in which children can imagine themselves. This latter part is key, however, because it is children who are doing the imagining and extending the space into their own minds which already must be occupied by thoughts of illness. The interviews with chaplains and families suggest that the opportunity to express emotions to an imagined character, to immerse oneself in another world, or to play out certain sentiments within the framework of an imagined narrative might be quite significant to hospitalized children.

Public Representations

"The power of the imagination can transform any experience, even a terrible one."
 - A fictional librarian in the film *Peter and Wendy*⁶⁵

Representations of the relationship between imagination and illness in the broader public discourse suggest that chaplains and families are not the only ones who recognize the power of imagination in the experiences of hospitalized children. In particular, a recent film titled *Peter and Wendy* and a performance about Great Ormond Street Hospital in the 2012 London Olympic Opening Ceremony powerfully depict elements of the chaplains' discussions about imagination.

⁶⁵ Diarmuid Lawrence, *Peter and Wendy*, 2015, film.

The film *Peter and Wendy* follows the story of Lucy, a girl hospitalized in GOSH, as she imagines herself flying away with Peter Pan to Neverland. Lucy is given a copy of Barrie's novel from the fictional GOSH librarian, and as she reads she imagines herself and other people around her as characters in the novel. The film's producers then use the narrative plot of *Peter and Wendy* as a parallel to her experience in the hospital, flipping back and forth between Neverland and the hospital as the film progresses to the climax of Lucy's heart surgery. As her heart condition worsens and her anxiety increases, the events in Neverland become more perilous, and the producers begin mixing the sets of the hospital and Neverland as if Lucy is experiencing imagination and reality as one.⁶⁶ Throughout the film, Lucy's transformation of her experience into an imaginative narrative explores her emotions during her hospitalization, from wishing to escape her present reality by flying away to Neverland, to realizing her fears about death and her desire to literally grow up.

When the climactic moment of her heart surgery comes, both Lucy and her mother experience it through an imaginative, quite emotional, lens. As she waits outside the surgery room, the mother anxiously asks if her child will die. She remembers the book her daughter was reading and quotes, "when children die, Peter goes part of the way with them so they won't be frightened." Inside, Lucy's heart unexpectedly stops beating and she flatlines on the surgery table. The clock that has been ticking throughout the film, heard both by Captain Hook from the mouth of the crocodile and by Lucy as her heart worsens, stops as well. The camera shows the second-hand of the clock ticking back and forth between two seconds, never going back, never going forward. It is in this static moment, stuck in transition, that Peter Pan appears beside her. She sits up, semi-transparent, and takes his hand. Her heart restarts.⁶⁷ The paralleling of Lucy's

⁶⁶ Ibid.

⁶⁷ Ibid.

heartbeat with the ticking crocodile throughout the film compellingly portrays her anxiety about her upcoming surgery. The moment in which it stops is hazy and complex, but Lucy's mother seems to comfort herself by imagining that Peter might lead her daughter to whatever comes next. As for real families in GOSH, Chaplain Dorothy says that many seek reassurance that their children will be watched over by someone after they pass away.⁶⁸ Here, the film clearly depicts the power that imagination has to offer a 'someone' to be watched over by, and a 'somewhere' to explore emotions, though they may not always be positive.

The fear and anxiety that can affect hospitalized children is vividly represented through an imaginative lens in a performance about GOSH at the 2012 London Olympic Opening Ceremony. As dozens of children on hospital beds in the middle of the stage are tucked in by their doctors and nurses, one girl opens up a copy of Barrie's *Peter and Wendy*. On the stage above, J. K. Rowling reads one of its lines, "When you play at it [Neverland] by day with the table and chairs, it's not a bit frightening, but in the two minutes before you go to sleep – it is real." Slowly, nightmarish shadows and villains of British children's literature emerging to terrorize the children, from Captain Hook to Rowling's own creation, Voldemort. The doctors and nurses seem to be overwhelmed, but then dozens of Mary Poppins's float in on umbrellas, and everyone together, the children included, manage to fight off the villains.⁶⁹ This vivid and large-scale performance highlights the ability of imagination to not only depict the positive emotions of children, but also the frightening ones. After all, nightmares are imagined, too. However, the performance takes care to also emphasize the more playful aspects of imagination as well as the hope it can bring, which sometimes floats in on an umbrella just in time.

⁶⁸ Interview with Chaplain Dorothy.

⁶⁹ Olympic, "The Complete London 2012 Opening Ceremony - London 2012 Olympic Games," YouTube video.

Nevertheless, the frightening elements of Neverland and other places of imagination may become all the more ‘real’ for hospitalized children than for children at home in their beds. In Barrie’s novel, as Wendy and her brothers fly towards the island of Neverland, they are physically approaching a place they have only experienced in their imaginations. They realize that the danger is no longer solely in their imagination, for at night in Neverland, “you los[e] the certainty that you [will] win.”⁷⁰ Like Wendy and her brothers, the children in the hospital are very close to a place they may have only briefly imagined before: whatever is beyond the door. In the case of the little boy, they may even be approaching it. Perhaps it is this proximity to Neverland, or to whatever place is beyond, that creates a space where imagination and reality draw closer.

The film *Peter and Wendy* and the performance at the Olympic Opening Ceremony, even as large-scale public representations, still manage to powerfully capture some of the emotions that children in the chaplains’ stories express. In particular, the narrative nature of the film highlights the complexity of children’s emotions and how they are anything but static. As children continually respond to medical events that happen to them physiologically, their emotions must change frequently, having multiple layers – perhaps a little like a story that exists in one’s imagination. It seems that physical spaces such as the pages of a book can also lead into conceptual worlds beyond, and many of the elements in the imaginative narratives they contain may deeply resonate with hospitalized children and their families.

⁷⁰ Barrie, *Peter and Wendy*, 106.

III. THE CHAPEL, NEVERLAND, AND IMAGINING DEATH

Chaplain Dorothy tells me that “many children, when they come and go, have their picture taken with the statue of Peter Pan at the front door.”⁷¹ It is impossible to know what children may be thinking as they take this picture, but one can see the appeal. The statue stands prominent in a little garden directly to the left of the main entrance to Great Ormond Street Hospital and depicts a character familiar to many children. Perhaps the children who are leaving have seen the t-shirt sold in the hospital gift shop that depicts Peter saying, “I’m youth! I’m joy!” Maybe it is a celebration of their return to a typical childhood. For children who are coming in, it could be a playful distraction from the reason they are entering the hospital. It is as if they are tourists entering a magical land. After all, there is a miniature ‘Disneyworld’ tucked within.



However, not all children who come leave through the front doors. This is a very difficult conversation, and I felt that deeply as I was interviewing Chaplain Dorothy. It remains important, once again, to acknowledge my own position. Though my family has spent much time in pediatric hospitals in the past and my brother has had some close calls, we are extremely grateful that we have never experienced the loss of a child. The following discussion, then, is quite remote from my personal experience. Furthermore, I did not interview any families who had experienced the loss of a child at GOSH. What I say here is based on my interpretations of

⁷¹ Interview with Chaplain Dorothy.

the chaplains' interviews, depictions of Peter Pan, and of the physical space of the chapel. I can only imagine the experiences of others, just as we all can only imagine the possibility of something coming after death. Here, too, the scholar's 'realities' fade away as we all grasp at imagining the door and what could lie beyond.

Chaplain Dorothy, who has talked to a multitude of children and families across the years, hints at something for us to imagine. She says, "I think there is something extraordinary about the story of a child who would never grow up being the provider of hope and compassion and love and care for many other children who may equally never grow up, and may spend whatever we think eternity is, in Neverland."⁷² Through this, Chaplain Dorothy extends the language of 'not growing up' to mean not only staying in childhood but also leaving this life altogether.

In doing so, she connects the children in the hospital directly to the figure of Peter Pan. The author drew on many different sources in order to create the character, but the one Chaplain Dorothy mentions is the story of Barrie's older brother who passed away when he was fourteen.⁷³ In the 2015 film, the librarian tells Lucy about Barrie's brother as he hands her the book, saying that Barrie wrote it as a way to comfort his own mother. The director expands on his perspective of the story in an interview, saying that it is about "a brother who dies, who falls into another world, who never can grow up and never enjoy that experience. But rather than seen as a sad story, it was an experience of a young boy who had fun, who was in a Neverland – a wondrous, joyous place."⁷⁴ Neverland, this place he "falls into," Chaplain Dorothy explicitly connects to what she terms "eternity," a Christian conception of what occurs after death. And

⁷² Ibid.

⁷³ Peter Hollindale, "Introduction," *Peter Pan in Kensington Gardens & Peter and Wendy*, 1991, viii.

⁷⁴ Diarmuid Lawrence, "Bonus: J.M. Barrie and Great Ormond Street Hospital," *Peter and Wendy*, 2015, film.

yet, it is unique in some sense because Barrie's brother and the children in the hospital are all children when they pass away, instead of adults. They did not experience the progression of life into old age. In other words, they never grew up. Instead, they exist in the space after birth and before adulthood, and because they pass away in this space, they could be imagined to be – like Peter – always existing there.

Neverland, too, exists in a certain in-between space. The island itself is not fixed, it is in fact “variable and nonlinear,” and specific to each individual.⁷⁵ As one imagines and experiences new things, the island adds elements and shifts others. Like maps overlaid on top of each other, some parts “show through” at certain times and overall, “nothing will stand still.”⁷⁶ It is a place where things are *never* one or the other. You will never grow up, but you will also never die, you will keep on having adventures. In this way, *Neverland* is a kind of static place. Like the second-hand of the clock in the film, it has stopped moving forwards. However, it has not stopped moving entirely, it is constantly ticking back and forth between the same two seconds, never one or the other. As one scholar of children's literature describes it, *Neverland* seems to be a liminal place, statically existing in continual change.⁷⁷

Anthropologist Victor Turner used the concept of liminality to define a space that is “betwixt and between” two poles and is characterized by multiple ambiguities.⁷⁸ Peter Berger, in the introduction to his edited volume *Ultimate Ambiguities: Investigating Death and Liminality*, calls attention to death as “paradigmatic of liminality” in its ambiguities of time, location, and

⁷⁵ Kavey, “The History and Epistemology of Peter Pan,” *Second Star to the Right: Peter Pan in the Popular Imagination*, 95-96.

⁷⁶ Barrie, *Peter and Wendy*, 73-74.

⁷⁷ Paul Fox, “Other Maps Showing Through: The Liminal Identities of Neverland,” *Children's Literature Association Quarterly*, 32, no. 3 (2007): 252-268.

⁷⁸ Victor Turner, “Betwixt-and-Between: The Liminal Period in Rites de Passage,” *The Forest of Symbols: Aspects of Ndembu Ritual*, (Ithaca: Cornell University Press, 1967).

social relationships that are created by ritual practices and the act of imagining an afterlife.⁷⁹ This liminal space that exists around death, perhaps amplified when it comes to the death of a child and the notion that the child has passed infancy but “never grew up” into adulthood, seems to be present in conceptions of Peter Pan and Neverland as presented in the 2015 film as well as in Chaplain Dorothy’s own words.

Chaplain Romana identifies a certain moment she witnessed in the chapel that hints at a similar space. She tells me of a Muslim family who had come into the chapel to grieve the loss of their child. They were a donor family, she says, meaning that they had donated their child’s organ post-mortem. Another family was also there in the chapel, giving thanks for the life of their child who had just received a heart transplant, in fact, the same heart that the other child had donated. The second family, a Christian family, was crying out of joy but also pain for the others. Chaplain Romana says she will never forget this moment, because “there is a life going, but then there is a life coming in, and both are happening in this place, and both are praying in their own way, crying, placing their tears in God’s arms.”⁸⁰ Countless stories have clearly occurred in this chapel, stories of grief, hope, joy, and every shade between. This one in particular clearly depicts what it is that the stories all center around – the life of children, the children “in the midst of them,” as one of the stained-glass windows reads. Here, one life ends and another begins again, two things occur that are inextricably, literally, linked, and “both are happening in this place.” For a liminal moment, the absence of life and the presence of life occur at once, and the transition of life that happens in-between, the heart that passes from one to the other, is beating here in this chapel.

⁷⁹ Peter Berger, “Introduction,” *Ultimate Ambiguities: Investigating Death and Liminality*, (New York: Berghahn Books, 2016), 1-2.

⁸⁰ Interview with Chaplain Romana.

For many, however, the transition of life that happens in the hospital occurs when a single person passes away. Chaplains Dorothy and Romana, as well as many of the families they discuss, seem to suggest that they view this transition as leading into an afterlife. In their discussions, they often used terms such as “coming and going,” and “beyond.” Avril Maddrell, in the introduction to her work on death, memory, and space, says that in contemporary Western discourse, death is typically described in spatial terms.⁸¹ A hospital chaplain interviewed by Wendy Cadge describes it as the “thin, thin line between this life and another.”⁸² Colloquially, it is often referred to as ‘crossing the threshold.’ This language invokes the passing from one space to another, and the latter expression brings to mind a literal doorway – not necessarily with a door in place but a small space in-between two rooms, typically known as a vestibule.

This is the doorway into the chapel, with its large stone columns and archway that seems slightly out-of-place jutting out into the chaplaincy lobby. Looking within, there is a glittering, quiet, world that looks and sounds nothing like the rest of the hospital. It almost feels like looking back into a place where time has paused. The hospital around it has changed drastically with every new advance in modern medicine, but the chapel has barely



⁸¹ Avril Maddrell, “Introduction: Bringing a Spatial Lens to Death, Dying, Mourning and Remembrance,” *Deathscapes: Spaces for Death, Dying, Mourning and Remembrance*, edited by Avril Maddrell and James D. Sidaway, (Farnham: Routledge, 2010), 1.

⁸² Cadge, *Paging God: Religion in the Halls of Medicine*, 188.

changed. Over its 140 years, however, thousands of people have come in and out. On a Facebook post by the Great Ormond Street Hospital Charity commemorating the chapel's anniversary, nearly two hundred parents commented expressing gratitude for the space where they prayed, celebrated, and mourned for their children. Many remember the memorial services held for their children in the chapel.⁸³ The space enclosed within four walls, a ceiling, and a floor has witnessed moments of transition in the lives of thousands, and yet it stands constant, static, its doors always open. The chapel, unlike Neverland, is a physical room in which one can cross a threshold and step inside. The image above of the entrance into the chapel is a compelling physical manifestation of the conceptual idea of passing through a liminal vestibule and into another world. And yet, it is the interior of the chapel itself that whispers of liminality with the countless transitional moments it holds from day to day, witnessed by the same antique gilded walls that have stood watching across the years.

In his introduction, Peter Berger highlights a specific aspect of Turner's liminality that he feels is particularly associated with death – its creative impact. The ambiguous nature of this liminal space is what opens up “‘a realm of pure possibility’ [where]... imagination is let loose.”⁸⁴ In considering the afterlife, Chaplain Romana suggests that many different possibilities can be imagined. She tells me, “that fairy-tale [Peter Pan], of pain and joy and the travel, that you travel from here, wherever they [children] have gone. For them there are stars, for some they are in the Heavens, some they are – I don't know where they are. But they are somewhere for them. But they [parents] keep coming back here to say, they are somewhere here too.”⁸⁵ Here, the space after death seems to present ambiguity at its finest, a liminal space where imaginings can

⁸³ Great Ormond Street Hospital and Children's Charity, “Happy 140th birthday to our wonderful hospital Chapel!” Facebook, Dec. 17, 2015, <https://www.facebook.com/photo?fbid=10153149267721921&set=a.401130741920>

⁸⁴ Berger, “Introduction,” 4. (Quotes Turner, “Betwixt-and-Between: The Liminal Period in Rites de Passage,” 97).

⁸⁵ Interview with Chaplain Romana.

exist overlaid on each other, like maps “showing through,” constantly changing but ever present.⁸⁶ The maps may change, whether it be Neverland, the stars, or Heaven, but Chaplain Romana specifically says that parents imagine their children as “here” in the chapel, too.

Once again, the primary difference between the chapel and the concepts of Neverland, stars, or Heaven is that one can physically visit the chapel. According to Chaplain Romana, many parents and siblings do just that – they “keep coming back here” after their children have passed away. Many families from all over the world come back year after year, for decades. They visit their child’s name that was written in the Book of Remembrance, on display in the area right outside the chapel. It is a physical book where hundreds of children who passed away in GOSH have their names written in ink. While there, they can also leave flowers at the altar, write a note to place on the prayer tree, or sit in the child-sized pews. From Chaplain Romana’s perspective, “they still believe, in themselves, that this hospital is still a house for their child. And even though the child is gone far away, in that land, the connection, the home, is still here.”⁸⁷ The children are absent from the place, but the fact that their absence began in Great Ormond Street Hospital creates a connection to which to link their child’s continued presence.

In her work on death and memory, Maddrell discusses how individuals remember their loved ones after death.⁸⁸ She employs Jean-Paul Sartre’s paradox of absence-presence to describe the experiences of bereaved individuals: their loved one is absent from the spaces in which they are usually found, but somehow this also creates a feeling of presence as the nothingness that they find is in the shape of their loved one, like a hole in a wall. Maddrell says that for many, the nature of their strong relationship means that that presence they feel as a result

⁸⁶ Barrie, *Peter and Wendy*, 73-74.

⁸⁷ Ibid.

⁸⁸ Avril Maddrell, “Living with the Deceased: Absence, Presence, and Absence-Presence,” *Cultural Geographies* 20, no. 4, Special issue: Absence, Materiality, Embodiment, Resistance (2013): 501-522.

of their absence is nearly tangible. The relationship does not end here, however, and individuals retain connections to their loved ones, or “continuing bonds.” Finally, Maddrell draws in the work of scholars Elizabeth Hallam and Jenny Hockey to call attention to material objects as focal points where “past presence and present absence are condensed.”⁸⁹ In this way, she says that memorial spaces and the material objects within them can function as a “transitional space... a linking object.”⁹⁰ Similarly, the chapel and its material objects can serve as a way for families to continue their relationships with their children, bridging the transition between this life and whatever they imagine to be the next. They are also focal points, where the absence and presence are condensed into one material object that is always there, always constant.

On their own, however, the objects do not directly hold the memories and absence-presences of the children. Families, through their thoughts and actions, are the ones who imbue



them with meaning. Through placing a tag on the prayer tree, for example, families literally write meaning onto an object and hang it up as a new presence within the chapel space. Some of these tags ask God to watch over their children, some ask their children to watch over them, and most write of how much they love and miss them. The information sheet beside the tree calls these tags ‘leaves,’ in fact, and says “in this way the prayer tree lives and grows.” In this sense, the actions that families are doing is figuratively bringing the tree to life. The tree itself, a bit dark and gothic-looking, is always covered with brightly colored leaves that change daily. The tree stays the same size, however, it does not physically “grow.” And

⁸⁹ Elizabeth Hallam and Jenny Hockey, *Death, Memory, and Material Culture*, (Oxford, Berg - Oxford International Publishers: 2001).

⁹⁰ Maddrell, “Living with the Deceased: Absence, Presence, and Absence-Presence,” 507.

yet the conceptual space it is linked to, the prayers that contain memories, hopes, fears, and joys is constantly growing with each new leaf. It is the families themselves, through seeking to imagine the presence of their child despite their physical absence, who re-create the chapel as a liminal space. The continued presence of the chapel, however, with its doors always open, is what establishes a physical space in which they can do this. Through imagination, families can extend these four walls into places far, far beyond.

In the stories told about the afterlife, many tell of places that are markedly positive. While it can be frightening at night, Neverland on the whole is a place of fun and childhood games. Peter Pan himself says, “to die will be an awfully big adventure!”⁹¹ As for “the Heavens,” the Christian and Islamic afterlife typically connotes a kind of paradise. A poem on the back of the card given out for the rededication of the chapel in 1994 depicts one interpretation of Heaven and points to the chapel as a kind of vestibule before it – “bless it [the chapel] as... a sign and pathway to that healing kingdom/ Where lion and lamb lay down together/ Where the child has nothing to fear/ And all manner of things shall be well.” Here, the chapel is a pathway, a transitive point, on a child’s journey to that happy place. Through imagining their children in this place, families would be imagining their children at rest, unafraid, and healed.

Chaplain Dorothy speaks of families seeking reassurance that someone will watch over their child, perhaps God, as the “in loco parentis.” She quotes the Biblical verse, “The Lord will watch over your coming and your going.”⁹² Lives coming in and lives going out in the same place, ‘somewhere’ where ‘someone’ is watching. The mother in the *Peter and Wendy* film imagines that her daughter is being guided by Peter Pan. Some parents might imagine that other

⁹¹ Barrie, *Peter and Wendy*, 152.

⁹² Interview with Chaplain Dorothy, quoting Psalm 121:8.

children who have passed away at GOSH are there with their own child. Siblings might think of Tinker Bell, whose projection they see outside of their siblings' windows in the ward at night, or other fairies living within the balconies of the prayer tree.

Sometimes the children themselves also seek reassurance, as Chaplain Dorothy says. For the children with whom she works, she speaks of “a strong need to feel that they’re going to be looked after by God.” The little boy who asked her about the door used the physical space of the chapel to imagine a conceptual space beyond, creating a liminal space filled with all of the possibilities of what he thought could lie behind the door and after his life. In some conversations, he spoke of Heaven. In others, he expressed fear about going through the door and finding darkness and loneliness. Chaplain Dorothy finishes the story for me.

Their conversation went on for weeks.

Then, the last day before he slipped into unconsciousness and died, he said, “The door...”

And Chaplain Dorothy assured him that “whatever was through the door he would not be alone, he would be loved, he would be well, he would be free.”

At the end, the ‘someone’ that sat with him and created the space in which he could express his thoughts and emotions, put one thing into that space. She spoke within the frame of his door, but it was an answer nevertheless – an assurance that instead of darkness, there would be a somewhere, instead of loneliness, there would be a someone.

“So go look at the door,” she tells me. “Take a picture.”



CONCLUSION

Walking through Great Ormond Street Hospital after hearing these stories felt like walking through a labyrinth sprinkled with countless windows. Perhaps a little like Barrie's Neverland, the hallways were bustling places where "nothing would stand still," rooms were "nicely crammed" with medical equipment next to colorful decorations and toys, and everywhere little hidden worlds were "showing through."⁹³ I was able to catch a glimpse of how these conceptual spaces lie beyond the physical ones, and I knew their importance.

In their stories, the chaplains had emphasized to me over and over the impact that discussing emotions, often in creative and imaginative ways, had on children and families' experiences with illness. The descriptions of their interactions make clear, however, that the way in which the chaplains approach the interactions in the first place was what provides the space for individuals to express themselves. Their presence creates a physical space between themselves and the individual, a space for communication with "someone." However, through the predominant absence of any meaning-making on the part of the chaplain, they allow the communicative space to remain open for the families and children to fill with their own expressions. The chapel, too, through its constant presence, offers a physical space in which communication can take place with "someone" and conceptual spaces can be imagined "somewhere" beyond. Here, families and children are able to express their emotions by writing on a prayer tree, kneeling in child-sized pews, or sometimes by simply standing in the room itself. The chapel is full of material objects, and it is precisely these that offer windows into other worlds, both those associated with a religious tradition and those that suggest imaginative realms.

⁹³ Barrie, *Peter and Wendy*, 73-74.

These imagined realms are often in quite noticeable display in many areas around the hospital that are decorated with scenes from classic children's stories. Many of these areas contain interactive elements which encourage children to engage directly with these realms and imagine themselves in another place, "somewhere" else. Some, like the projection of Tinker Bell at night, offer another space for a communication with "someone" watching over them. These imaginative depictions can be quite powerful, and the representations in public spheres through films such as *Peter and Wendy* and the GOSH performance in the Olympic Opening Ceremony manage to capture some of what is expressed in the chaplains' stories regarding the emotions of hospitalized children and their engagement with imagination. I suggest that "the power of imagination" the librarian in the film references comes partly from the ability it gives one to express complex and changing emotions through the framework of a narrative. For children, perhaps most of all, these emotions are anything but static, and imagining stories can be a creative way of subtly expressing their emotional journeys to others.

Sometimes, these journeys extend past the metaphorical doorway and into the liminal space of children's and families' imaginings about death and the afterlife. Chaplain Dorothy points specifically to Peter Pan and his "never growing up" as symbolizing childhood death, but also his continued existence in Neverland and metaphorical presence with other children there in "eternity." The liminality of Neverland also resonates with the chapel, a physical space that has seen hundreds of memorial services for children and is regularly visited by families who return annually in order to honor their lost child. According to Chaplain Romana, families may believe that their children are "somewhere" else, wherever that might be for them, but they also believe that their children are "here too," in the chapel. The children's physical absence, perhaps especially felt in the place where they were last alive, evokes a paradoxical sense of presence, a

sense that the children are still “here” in a realm beyond the physical one. In this way, the physical space of the chapel evokes the conceptual space of the imagined presence of their child, and the chapel itself becomes a liminal space between life and afterlife, material and abstract.

I argue that there exists a reciprocal relationship between the physical spaces that the chaplains, chapel, and hospital areas provide and the emotional expressions of the hospitalized families. The interactions with chaplains and the physical areas in GOSH make available to families the essential spaces that they need in order to express their complex emotions. It is the families and children, however, who link these physical spaces with conceptual ones through the doors, blank prayer tags, magical mirrors and more, and in doing so transform these spaces into places of meaning. Just as Chaplain Jim Linthicum, the head chaplain at GOSH, says, “Each family finds meaning on their own...” The chaplains, chapel, and hospital spaces “are not here to impart it but to travel with them.”⁹⁴

Contributions

Recognizing the impact that interactions with chaplains and physical spaces in pediatric hospitals can have on families and children is essential in order to fully consider the multidimensionality of family experience. When it comes to caring for families and children emotionally and spiritually, the space that chaplains provide through their interactions is one that allows for deep and complex expression. Physical spaces in hospitals such as chapels or imaginative play areas likewise allow individuals the room to engage with difficult emotions and ultimately create meaning for themselves. I assert that these spaces constitute an important part

⁹⁴ “How Great Ormond Street Hospital’s chaplains give solace to patients and parents of any faith,” Great Ormond Street Hospital Charity, adapted from an article published in *The Independent*, Dec. 5, 2015, <https://www.gosh.org/how-great-ormond-street-hospitals-chaplains-give-solace-patients-and-parents-any-faith>

of the treatment the hospital provides, as a family's multidimensional view of quality-of-life includes not only medical, physical experiences but also emotional and spiritual ones, and that they should not be underestimated.

The language of presence and hope that Cadge discusses in *Paging God* continues to imbue the chaplains' descriptions even when they speak about children's imaginative stories.⁹⁵ In Great Ormond Street Hospital, it seems that Cadge's argument about universalizing spiritual language extends past the multifaith emphasis and into the imaginative realm as chaplains engage with children's ways of expressing themselves. For the children themselves, it may be that imagination plays a large role in their religious and spiritual experiences, particularly when it comes to connecting material objects and physical spaces to imaginative narratives. The construction of this conceptual space beyond the physical allows for an intense exploration of emotions, and the telling of a narrative provides a framework for children to express their deepest feelings. Thus, I contend that the imaginative narratives and material objects that children link to them should be taken seriously by religious studies scholars as ways to further examine children's religious experiences.

This approach necessitates the acknowledgement of the agency of children to derive abstract meanings from material objects and express their complex emotions through narrative form. Many children may need "someone" to direct their expressions towards, however, and so it falls on adults to open up these communicative spaces and leave them empty for children to fill. In discussions of children who are ill, healthcare providers, academic scholars, and all others who speak *about* children must also reciprocate and make space to *listen to* the children themselves.

⁹⁵ Cadge, *Paging God: Religion in the Halls of Medicine*.

The chaplains at Great Ormond Street Hospital seem to spend most of their time listening to children, and, in fact, listening to anyone. Their presence, however, appears to raise questions from families. Chaplain Romana says that when families ask her, “Why me?” she replies with “I don’t know. I’m not here to answer your question.”⁹⁶ Chaplain Jim, in his comments, asserts that “we are not here to impart it [meaning].”⁹⁷ Families seem to expect some sort of religious meaning or answers from their interactions with chaplains, however families are ultimately the ones who create meaning for themselves. The chapel, with all its ornate religious imagery, might also give the impression that it would provide specific answers to questions about illness, but instead it is quite possibly the quietest place in the hospital, and one can walk in and out of it without hearing any audible doctrine. However, it may be the expectation of meaning that the physical space connotes that leads families to create meaning themselves and express their emotions and spirituality. In this way, the presence of the chaplains and chapel, as figures and spaces associated with religious tradition, may perhaps encourage families to “find meaning” more so than if they were not associated with religion. Similar to the “power of imagination,” religion also has the power to create and cultivate spaces for hospitalized families that encourage the exploration of their own emotions, spirituality, and meanings. Along with imagination, chaplains and chapels in hospitals should be recognized by medical professionals and religious scholars as strong sources of support to families experiencing illness.

⁹⁶ Interview with Chaplain Romana.

⁹⁷ “How Great Ormond Street Hospital’s chaplains give solace to patients and parents of any faith,” Great Ormond Street Hospital Charity.

Building Chapels, Telling Stories, Growing Trees

On the left side of doorway into the chapel, a sheet of paper is taped onto the stone archway. The paper contains the lyrics of a song by Donovan Leitch, titled “Little Church.” It speaks of simple joys, dreams-to-be, and patiently taking your time. Part of it reads:

“If you want your dream to be
Take your time, go slowly
Do few things but do them well
Heartfelt work grows purely...

Day by day, stone by stone
Build your secret slowly
Day by day, you’ll grow too
You’ll know heaven’s glory.”

The song, attached here to one of the stones that make up the physical chapel, instructs readers to slowly build their own secret, their own dream. Like the pop-up chapel activity, they can build their own stone chapels that exist in their imaginations. Like stories, they can layer on new elements that express how they feel. Like the prayer tree, they can write new meanings and hang them up like leaves. Building chapels, telling stories, and growing trees are all journeys. They build on themselves and support themselves, when given the space to thrive. The chaplains, chapel, and imaginative spaces of Great Ormond Street Hospital provide these spaces, and families fill them. In fact, thousands of families fill them every year. When a prayer tag is placed on the tree, it is placed next to dozens of others. Each one holds meaning, each leaf gives life. Together, the multitude of leaves fill the spaces of the tree. And, with each new day, “the prayer tree lives and grows.”

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