

THE ANOINTING OF THE SICK

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1. INTRODUCTION

Benedict XVI, then Cardinal Ratzinger, had reflected that the longing for happiness, deeply rooted in the human heart, has always been accompanied by a desire to be freed from illness and to be able to understand the meaning of sickness when it is experienced. This is a human phenomenon, which in some way concerns every person and finds particular resonance in the Church, where sickness is understood as a means of union with Christ and of spiritual purification. Moreover, for those who find themselves in the presence of a sick person, it is an occasion for the exercise of charity. But this is not all, because sickness, like other forms of human suffering, is a privileged moment for prayer, whether asking for grace, or for the ability to accept sickness in a spirit of faith and conformity to God's will, or also for asking for healing.¹

The Church has her own sacrament to pray for healing in the *Ordo Unctionis infirmorum eorumque pastoralis curae* (OUI). In commenting it, Mary Collins points out that the concept of *ordo* involves the recognition of a larger pastoral plan within which a variety of liturgies are appropriately celebrated.² Indeed, the OUI situates the particular liturgical event of the Anointing of the Sick in the wider context of the pastoral visits to the sick. In this context I shall deal with the pastoral dimensions regarding this sacrament within its theological perspective. I will do this within a wider context of the pastoral care for the sick

2. SICKNESS AND HEALING: THEIR MEANING AND VALUE IN THE ECONOMY OF SALVATION³

As John Paul II had once stated, “People are called to joy. Nevertheless each day they experience many forms of suffering and pain.”⁴ Therefore, the Lord, in his promises of redemption, announces the joy of the heart that comes from liberation from sufferings (cf.

¹ cf. Congregation for the Doctrine of the Faith, *Instruction on Prayers for Healing*, Introduction, www.vatican.va

² cf. Mary Collins, “The Roman Ritual: Pastoral Care and Anointing the Sick” in Mary Collins – David N. Power (eds), *The Pastoral Care of the Sick, Concilium* 1991/2 (Philadelphia 1991), 3.

³ This section relies heavily on the meditation of Joseph Card Ratzinger in Congregation for the Doctrine of the Faith, *Instruction on Prayers for Healing*, Introduction, www.vatican.va

⁴ John Paul II, Apostolic Exhortation *Christifideles laici*, 53.

Is 30:29; 35:10; Bar 4:29). Indeed, he is the one “who delivers from every evil” (Wis 16:8). Among the different forms of suffering, those which accompany illness are continually present in human history. They are also the object of man's deep desire to be delivered from every evil.

In the Old Testament, “it is the experience of Israel that illness is mysteriously linked to sin and evil.”⁵ Among the punishments threatened by God for the people's unfaithfulness, sickness has a prominent place (cf. Dt 28:21-22, 27-29, 35). The sick person who beseeches God for healing confesses to have been justly punished for his sins (cf. Ps 37; 40; 106:17-21).

Sickness, however, also strikes the just, and people wonder why. In the Book of Job, this question occupies many pages. “While it is true that suffering has meaning as punishment, when it is connected with a fault, it is not true that all suffering is a consequence of a fault and has the nature of a punishment. The figure of the just man Job is a special proof of this in the Old Testament... And if the Lord consents to test Job with suffering, he does it to demonstrate the latter's righteousness. The suffering has the character of a test.”⁶

Although sickness may have positive consequences as a demonstration of the faithfulness of the just person, and for repairing the justice that is violated by sin, and also because it may cause a sinner to reform and set out on the way of conversion, it remains, however, an evil. For this reason, the prophet announces the future times in which there will be no more disease and infirmity, and the course of life will no longer be broken by death (cf. Is 35:5-6; 65: 19-20).

It is in the New Testament, however, that the question of why illness also afflicts the just finds a complete answer. In the public activity of Jesus, his encounters with the sick are not isolated, but continual. He healed many through miracles, so that miraculous healings characterised his activity: “Jesus went around to all the towns and villages, teaching in their synagogues, proclaiming the Gospel of the kingdom, and curing every disease and illness” (Mt 9:35; cf. 4:23). These healings are signs of his messianic mission (cf. Lk 7:20-23). They manifest the victory of the kingdom of God over every kind of evil, and become the symbol of the restoration to health of the whole human person, body and soul. They serve to demonstrate that Jesus has the power to forgive sins (cf. Mk 2:1-12); they are signs of the salvific goods, as is the healing of the paralytic of Bethesda (cf. Jn 5:2-9, 19-21) and the man born blind (cf. Jn 9).

The first preaching of the Gospel, as recounted in the New Testament, was accompanied by numerous miraculous healings that corroborated the power of the Gospel proclamation. This had been the promise of the Risen Jesus, and the first Christian communities witnessed its realization in their midst: “These signs will accompany those who believe: ...they will lay hands on the sick, and they will recover” (Mk 16:17-18). The preaching of Philip in Samaria was accompanied by miraculous healings: “Philip went

⁵ *Catechism of the Catholic Church*, 1502.

⁶ John Paul II, Apostolic Letter *Salvifici doloris*, 11.

down to a city of Samaria and proclaimed the Christ to them. With one accord, the crowds paid attention to what was said by Philip when they heard it and saw the signs he was doing. For unclean spirits, crying out in a loud voice, came out of many possessed people, and many paralysed and crippled people were cured” (Acts 8:5-7).

Saint Paul describes his own proclamation of the Gospel as characterized by signs and wonders worked by the power of the Holy Spirit: “For I will not dare to speak of anything except what Christ has accomplished through me to lead the Gentiles to obedience by word and deed, by the power of signs and wonders, by the power of the Spirit” (Rom 15:18-19; cf. 1 Thes 1:5; 1 Cor 2:4-5). It would not be without foundation to suppose that these signs and wonders, manifestations of the power of God that accompanied the preaching of the Gospel, were constituted in large part by miraculous healings. Such wonders were not limited to St. Paul's ministry, but were also occurring among the faithful: “Does then the one who supplies the Spirit to you and works mighty deeds among you do so from works of the law or from faith in what you have heard preached?” (Gal 3:5).

The messianic victory over sickness, as over other human sufferings, does not happen only by its elimination through miraculous healing, but also through the voluntary and innocent suffering of Christ in his passion, which gives every person the ability to unite himself to the sufferings of the Lord. In fact, Christ himself, though without sin, suffered in his passion pains and torments of every type, and made his own the sorrows of all men: thus he brought to fulfilment what had been written of him by the prophet Isaiah (cf. Is 53:4-5). But there is more: “In the cross of Christ not only is the redemption accomplished through suffering, but also human suffering itself has been redeemed... In bringing about the redemption through suffering, Christ has also raised human suffering to the level of the redemption. Thus each man in his suffering can also become a sharer in the redemptive suffering of Christ.”⁷

The Church welcomes the sick not only as the recipients of her loving care, but also by recognizing that they are called “to live their human and Christian vocation and to participate in the growth of the kingdom of God in a new and more valuable manner. The words of the Apostle Paul ought to become their approach to life or, better yet, cast an illumination to permit them to see the meaning of grace in their very situation: ‘In my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the Church’ (Col 1:24). Precisely in arriving at this realization, the Apostle is raised up in joy: ‘I rejoice in my sufferings for your sake’ (Col 1:24).”⁸ It is a paschal joy, fruit of the Holy Spirit, and, like Saint Paul, “in the same way many of the sick can become bearers of the ‘joy inspired by the Holy Spirit in much affliction’ (1 Thess 1:6) and be witnesses to Jesus' resurrection.”⁹

⁷ John Paul II, Apostolic Letter *Salvifici doloris*, 19.

⁸ John Paul II, Apostolic Exhortation *Christifideles laici*, 53.

⁹ John Paul II, Apostolic Exhortation *Christifideles laici*, 53.

3. THE SACRAMENT OF THE ANOINTING OF THE SICK: Biblical Foundation and a Brief History¹⁰

Catholic theology has seen in the Epistle of James (5: 14-15) the biblical foundation for the Sacrament of the Anointing of the Sick. The author of the Epistle, having made various recommendations concerning Christian life, also offers a directive for the sick: "Is there anyone sick among you? He should ask for the presbyters of the Church. They in turn are to pray over him, anointing him with oil in the Name of the Lord. This prayer uttered in faith will reclaim the one who is ill, and the Lord will restore him to health. If he has committed any sins, forgiveness will be his".

From its origins until 751,¹¹ the sacrament of the anointing of the sick was administered both by lay and priests. Indeed, lay anointings were more common.¹² All baptized (with the exception of those who had been admitted to the order of penitents) could be nointed and any sickness, except minor inconveniences, was the focus or center of the sacrament. The major effect of the sacrament is clearly stated as bodily health. Spiritual effects are clearly subordinated.

The time from 751 into the 12th century should be understood as a time of gradual transition from the broad understanding and use of the sacrament of the sick to a much restricted understanding and limited use of what became known as the sacrament of extreme unction or final anointing.

From the 12th century onward, only priestly anointing was allowed. Small children and some mentally disturbed people could not be anointed and the moment of dying centralizes the entire theological interpretation of the sacrament. The major effect is spiritualized, that is, spiritual health, and the statement of James 5,14ff, is exegeted on this spiritual basis.

The next breakthrough in the history of this sacrament is Vatican whose's teaching will be incorporated in due course. Below I am present in new rite in the light of the renewal brough about by Vatican II:

Opening Rite Greeting

¹⁰ Diocese of Fort Worth, *Guidelines for the Preparation and Celebration of the Sacrament of the Anointing of the Sick for the Diocese of Fort Worth.pdf*, 5 in www.fwdioc.org

¹¹ This is the date of Pepin's ascension to the throne and the time of the so-called Carolingian reform.

¹² The Council of Trent later made it clear that only a priest is the minister of this sacrament. In this respect, a recent declaration by the Congregation for the Doctrine of the Faith states that: "The *Code of Canon Law*, in can. 1003.1 (cf. also can. 739.1 of the *Code of Canons of the Eastern Churches*) exactly reflects the doctrine expressed by the Council of Trent (Session XIV, can. 4: DS 1719; cf. also the *Catechism of the Catholic Church*, n. 1516), which states that "only priests (Bishops and presbyters) are ministers of the Anointing of the Sick". This doctrine is *definitive tenenda*. Neither deacons nor lay persons may exercise the said ministry, and any action in this regard constitutes a simulation of the Sacrament." cf. Congregation for the Doctrine of the Faith, *Note on the Minister of the Sacrament of the Anointing of the Sick*, www.vatican.va

Sprinkling with Holy Water – optional
 Instruction
 Penitential Rite
Liturgy of the Word
 Scripture
 Brief homily
Liturgy of Anointing
 Litany
 Laying on of Hands
 Prayer over the Oil (or Blessing of the Oil)
 Anointing (forehead and hands are anointed)
 Prayer after Anointing
 Lord's Prayer

Liturgy of Holy Communion
 Communion
 Prayer after Communion
Concluding Rite
 Blessing

4. PASTORAL CONSIDERATIONS

According to Brian Newns, in *The Anointing and Pastoral Care for the Sick*, the pastoral care for the sick seeks to remedy the loneliness brought about by the physical and psychological isolation of illness, the “No one knows how I feel” which can accompany suffering. On the physical level, the Church encourages the visiting for the sick by relatives, friends, neighbours and priests. This makes the sick aware that they are part of a community which cares about them.

The isolation of the sick is diminished still further when they become aware of their union with the suffering Christ. Through this, they become aware that they are not useless and redundant. They play a crucial role in the Church: by sharing in Christ's cross they contribute to the salvation of the world and the well being of the Church. If the sick need the Church it is no less true that the Church needs the sick.¹³

In its pastoral care, the community accompanies the sick also through her liturgies especially through the sacrament of the Anointing of the Sick and frequent communion. The latter is important so that their isolation is overcome by being united to Jesus and to the members of the His Mystical Body i.e. the community in the parish. In this light the Eucharistic fast for the sick has been reduced by *Immensae Caritatis* for about a quarter of an hour. Those taking care of the sick and relatives can receive communion with them too. It would seem wrong to assume that pattern of infrequent reception of Communion,

¹³ cf. Brian Newns, “The Anointing and Pastoral Care for the Sick”, in Harold Winstone (ed), *Pastoral Liturgy*, London 1974, 217.

established when the person was in good health, should be perpetuated when the person is sick for this become a time of spiritual growth.

Extraordinary ministers can be of a good service in this ministry especially on Sundays, the day when the local Church assembles to celebrate the Risen Lord. This would emphasize the link between the sick and the Community. For this reason, communion is to be taken from the Sunday Mass. In the course of the communion service parts of the readings, a gist of the homily and the parish announcements can be handed over in a friendly manner to the sick.

Within this wider pastoral care the sacrament of the Anointing of the Sick is to be administered. Its grace of the Anointing of the Sick addresses the whole man: body, mind, soul. It offers him salvation from the evil which besets him on each of these levels in the form of illness, temptation and sin. If necessary, the sacrament also provides the sick person with the forgiveness of sins and the completion of Christian penance. This does not exclude contrition. The Anointing of the Sick does not make a saint out of a repentant sinner. This salvation is hidden and spiritual to some extent, but its psychological impact is frequently evident and at times it may result in physical recovery (OUI 6).

The Anointing of the Sick is to be received when someone begins to be in danger of death through sickness or old age. A prudent and probable judgement about the seriousness of the sickness is sufficient. There is no need for scruples but if necessary a doctor may be consulted (OUI 8). The unconscious sick may be anointed too if they had asked for the AS in their conscious state. In the case of recovery, the Anointing of the Sick can be administered again if it will be beneficial to the sick person's salvation. It can be administered again even in cases when during the same illness the person's condition becomes more serious (OUI 6).

The Anointing of the Sick can also be given before surgery if this is caused by a dangerous illness as in the case of the cardiac by-pass (OUI 10). When elderly people have become notably weaker even though no serious illness is present, AS can be administered (OUI 11). Children who have sufficient reason to be strengthened by the Anointing of the Sick, can also be administered this sacrament (OUI 12). Finally, those who suffer serious psychological illness may be anointed 'if they would be strengthened by the sacrament.' (OUI 53) Although acute mental illness renders many incapable of certain sacraments such as marriage, they may have sufficient use of reason to be comforted by the sacrament of anointing.

Alcoholism is considered a disease, although the acute symptoms disappear when the alcoholic stops drinking. Hence, alcoholics 'in recovery' can perhaps best be assisted by celebration of penance and the Eucharist. On the other hand, in an acute phase, such as a residential or outpatient treatment program, it is often the case that the alcoholic is acutely ill physically and emotionally. Judgment is best made on a case-by-case basis.¹⁴

¹⁴ *Pastoral Notes - Anointing of the Sick*, 2 in www.rcab.org/OfficeForWorship/sick.html

Within an ecumenical context one must bear in mind that according to the Code of Canon Law, in ordinary circumstances, this sacrament is licitly administered only to Catholics. However, priests may anoint separated Eastern Christians and those in canonical equivalent churches when those persons ask for the sacrament on their own and are properly disposed. Protestants may be anointed in the danger of death or for grave necessity when they cannot approach a minister of their own denomination provided they ask for the sacrament on their own, manifest a Catholic faith in it and are properly disposed.¹⁵

The sacrament is to be ministered with a whole perspective of the pastoral care of the sick. This can be considered at a number of levels. The bishop of each diocese, surrounded by his priests, blesses the oil of the sick at the Mass of Chrism on Holy Thursday. This should not be only a rubrical fact but should symbolize the concern of the bishop for the sick of his diocese. This can find practical expression through the bishop's visiting of the sick in hospitals or in their homes in the pastoral visits, by gatherings of the sick in the cathedral for the celebration of the Anointing of the Sick and perhaps by the diocesan pilgrimage to Lourdes.

The family, friends and those who take care of the sick person have special obligations towards him. It is their task to commend them to the suffering and glorified Lord, strengthen the sick with words of faith, commend them to the Lord and urge to unite themselves to the passion of Christ for the good of God's people. They are to prudently dispose the sick person for the reception of the sacraments at the proper time. The priest will rely upon them to inform him of the sick person's illness. (OUI 34).

The priest is to visit the sick, to pray with them and read Scriptures to them, bless them and lay his hands upon them (OUI 45). He is also to celebrate the sacraments with them: reconciliation, communion, the Anointing of the Sick and viaticum, as each is appropriate. He is also to explain the significance of human suffering in the mystery of salvation and the path to sanctification in this state (OUI 43). Since there is a limited amount of the instruction a sick person can take this teaching is to be imparted when one is healthy. It can be done through the Sunday homily, parish bulletin, parish website. It can also be done by involving parishioners in the care of the sick who can instruct others.

The priest is also to make the parish community aware of the sick among them. In the parish, the sick can be prayed for in the prayers of the faithful in the Sunday Mass. This concern should be extended to visiting the sick offering them comfort and fraternal help in their need. Young people are often prepared to give generously of their time and attention to the sick (OUI 42). The sick can also be made aware of each other through telephone, internet chat lines, radio programs, mobile SMS, and other means of communication that offer solidarity.

David N. Power, in *The Sacrament of Anointing: Open Questions*, is of the opinion that an adequate pastoral approach to the use of the Anointing of the Sick can be worked out only if it is possible to regain the truly ecclesial nature of the sacrament, releasing it from

¹⁵ cf. *Code of Canon Law*, 844.

an individualistic approach. No sacrament is intended simply to confer grace on the individual. It is always a celebration of the pasch of Christ by the believing community. Indeed, because of its very nature as a sign, the Anointing of the Sick should be celebrated as a community for then it will more clearly signify this experience as the prayer of the Church and an encounter with the Lord (OUI 99).

This means that the Anointing of the Sick has as its centre the community assembly with a parish celebration, or in a hospital chapel with family and friends in attendance. Around the central service, a number of ritual usages could grow up in the context of word and prayer.¹⁶ The Anointing of the Sick can be done in and outside Mass.

It has become the local custom that during the week of the parish feast such a celebration is held. Fr. Gorg Frendo O.P., in *Riflessjonijiet Duttrinalli u Pastorali*, remarks that this week does not offer the right spiritual atmosphere for the celebration. For him, Lent is the best time because it shows better the paschal dimension of Christian suffering.¹⁷ Nonetheless, the celebration of such a sacrament, along with other activities, can serve the purpose of evangelizing the local village feast.

Preparation and catechesis are essential. Since many elements in the rite are optional according to the state of the sick person, the preparation for the Anointing of the Sick can be done with the sick person and his family especially in matters of biblical readings and prayers (OUI 64). Preliminary catechesis is important because the Anointing of the Sick is a sacrament of faith (OUI 7). The sick man will be saved by his faith and the faith of the Church (cf. Js 5:15).

In catechesis, the principal danger to be guarded against is the widespread notion that this is a sacrament of the dying. Indeed, if death is imminent it should be remembered that viaticum rather than anointing is the sacrament of the dying (OUI 174). To combat this idea Huels, in *Ministers and Rites for the Sick and Dying: Canon Law and Pastoral Options*, has several suggestions.

First, the family members and the sick should be thought the meaning and purpose of the Anointing of the Sick that they themselves might ask for the Anointing of the Sick (OUI 13).¹⁸ Secondly, those involved in pastoral ministry should organize more communal celebrations of the Anointing of the Sick in which it is explained that the Anointing of the Sick is a sacrament for the sick. This will also provide the sick to receive the sacrament before they are hospitalized in a critical condition.¹⁹ Finally, those involved in health care ministries can print a leaflet that would have on one side all the rites and services for

¹⁶ cf. David N. Power, "The Sacrament of Anointing: Open Questions", in Mary Collins – David N. Power (eds), *The Pastoral Care of the Sick, Concilium* 1991/2 (Philadelphia 1991), 104.

¹⁷ cf. Gorg Frendo O.P., "Riflessjonijiet Duttrinalli u Pastorali", in *Id-Dilka tal-Morda*, ed. Charles Fenech OP, *Knisja* 2000 31(Rabat 1994), 26.

¹⁸ cf. John M. Huels, "Ministers and Rites for the Sick and Dying: Canon Law and Pastoral Options" in Genevieve Glen (ed), *Recovering the Riches of Anointing: A Study of the Sacrament of the Sick*, Minnesota 2002, 106.

¹⁹ cf. Huels, 107.

the sick and on the other side all the rites and services for the dying.²⁰ One can also add catechetical videos on the Anointing of the Sick which can be given to the sick and relatives.

5. CONCLUSION

Against the modern view that thinks in terms of power and strength, the Christian Community cherishes the weak, poor and sick. They matter as persons and disciples of Christ who has something to give to the Church and the world in their infirmities. Their prayers and sufferings, offered in union with Christ, benefits us all. For this reason, the Church as Communion, accompanies the sick in their moments of existential isolation which is overcome through the presence of the Risen Lord in the community that visits them and the grace of the Anointing of the Sick. The OUI sets out a complex program that cannot be carried out exclusively by the ordained minister. This pastoral care is an ecclesial reality that demands a collaborative ecclesial ministry.

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²⁰ cf. Huels, 110-111.

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