national bulletin on 

liturgy 

volume 10  
january-february 1977

57

RITES FOR THE SICK 
AND THE DYING
RITES FOR THE SICK
AND FOR THE DYING

The renewed liturgical rites for the sick and for the dying have been in use since 1973-1974. Now it is time to step back and to see what they mean, how we can prepare better for them, and how we can celebrate them more fully. This is the purpose of Bulletin 57.

This is a special issue of the National Bulletin on Liturgy. Like the 1973 Advent Bulletin (no. 41), it has been prepared by a group of interested persons, and edited by the National Liturgical Office.

The graduate students of Theology 475 (Rites for the sick, the dying, and the dead) at the 1976 summer course at Saint John's University, Collegeville, Minnesota, prepared this issue. Under the direction of their professor, Rev. Charles W. Gusmer, the students wrote selected assignments as part of their course work. These papers are the basis of the articles in this issue. Contributors are identified at the beginning of each article.

We are pleased to share their work with our readers, as an important means of helping us all to grow in our understanding and celebration of the Church's liturgy for the sick and the dying.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Rites for the Sick</strong></td>
<td></td>
</tr>
<tr>
<td>A. Experiencing sickness</td>
<td>5</td>
</tr>
<tr>
<td>B. Sickness has meaning</td>
<td>8</td>
</tr>
<tr>
<td>C. Rites for the sick</td>
<td></td>
</tr>
<tr>
<td>• History of the sacrament of anointing</td>
<td>16</td>
</tr>
<tr>
<td>• Revised rites for anointing the sick</td>
<td>23</td>
</tr>
<tr>
<td>• Ecumenical perspective</td>
<td>30</td>
</tr>
<tr>
<td>D. Pastoral ministry to the sick and aging</td>
<td>33</td>
</tr>
<tr>
<td>• Charismatic and sacramental healing</td>
<td>37</td>
</tr>
<tr>
<td><strong>Rites for the Dying</strong></td>
<td></td>
</tr>
<tr>
<td>A. Experience of dying</td>
<td>38</td>
</tr>
<tr>
<td>B. Meaning of death and dying</td>
<td>43</td>
</tr>
<tr>
<td>C. Rites for the dying</td>
<td>46</td>
</tr>
<tr>
<td>• Modern science and Christian rites</td>
<td>50</td>
</tr>
<tr>
<td>D. Pastoral ministry to the dying</td>
<td>56</td>
</tr>
<tr>
<td><strong>Other Notes</strong></td>
<td></td>
</tr>
<tr>
<td>Bibliography</td>
<td>61</td>
</tr>
<tr>
<td>Audio-visual materials</td>
<td>63</td>
</tr>
</tbody>
</table>
INTRODUCTION

Father Charles Gusmer describes how the contents of this Bulletin have been arranged in order to provide a clear picture of the Church's rites for the sick and the dying.

There is no such thing as sickness in itself — there are only people who are sick. It is so easy to wax eloquent about sickness and dying in a manner which moves further and further away from the very experience of being sick or actually dying. There is a vast volume of literature devoted to death and dying, yet only gradually are the insights of Dr. Elisabeth Kübler-Ross and others beginning to filter down and influence the pastoral situation.

Accordingly, the methodology pursued in this issue of the Bulletin will be a fourfold progression, applied first to the sick and then to the dying:

a) the experience;
b) the Christian meaning;
c) the respective rites;
d) the pastoral ministry.

Rites for the Sick

a) Experience: The experience of sickness: the suffering, isolation, anxiety, etc.

b) Meaning: The Christian meaning (theology) of sickness: this is an expansion of the excellent introduction to the revised Pastoral Care of the Sick and Rite of Anointing, especially nos. 1-4: "Human sickness and its meaning in the history of salvation."

c) Rites: The rites for the sick, examined according to their liturgical tradition and contemporary revision: eucharist (chapter 1); penance, laying on of hands, anointing of the sick (chapter 2).

d) Ministry: The pastoral ministry of the Church to the sick and aging: the only context in which to consider the sacramental ministry to the sick and the key to the proper implementation of the revised rites.

1 Rev. Charles W. Gusmer is a priest of the Archdiocese of Newark, N.J. Born in 1938, he was ordained in 1966. He completed theological studies at the Canisianum, Innsbruck, Austria (S.T.L., 1966), and at the Theological Faculty, Trier, West Germany (S.T.D. and Liturgisches Diplom, 1970). He is presently professor of sacramental theology and liturgy at Immaculate Conception Seminary, Mahwah, N.J., and chairman of the archdiocesan commission for divine worship. As well as continuing weekend pastoral ministry, Father Gusmer is vice-president and president-elect of the North American Academy of Liturgy, and a member of the Catholic Theological Society of America. He has taught summer courses in world library workshops; St. Michael's College, Winooski, Vermont; Notre Dame University; St. John's University, Collegeville, Minn.

He has written The Ministry of Healing in the Church of England (London, 1974), and has published articles in Worship, Living Light, American Ecclesiastical Review, Priest, New Catholic World, Liturgy, New Catholic Encyclopedia (supplement); he has also given talks on NCR cassettes.

2 The Latin text for the rite of anointing the sick and their pastoral care is dated December 7, 1972. The ICEL interim translation was prepared in 1973. In Canada, this was issued as Pastoral Care of the Sick and Rite of Anointing (Canadian Catholic Conference, 1973, 1974, two colors, 232 pages, $5.00). At present an international subcommittee of ICEL is preparing a thorough pastoral revision of the rites for submission to the episcopal conferences of the English-speaking world.
Rites for the Dying

a) Experience: The experience of dying, in terms both of a contemporary death-disguising culture and of the consciousness of the patient.

b) Meaning: The Christian meaning (theology) of death and dying.

c) Rites: The oft-neglected rites for the dying: viaticum (chapter 3); rite of the sacraments for those near death (chapter 4); commendation of the dying (chapter 6).

d) Ministry: The pastoral ministry of the Church to the dying: remote preparation, and care of the dying.

A TIME FOR PRAYER

Sickness often provides time and inclination for more prayer and reflection. In the sickroom it is desirable to have a bible. New Testament, or book of psalms; a crucifix or cross; a holy picture or statue; holy water within reach of the sick person; a prayer book, such as Sunday Mass Book; a rosary.

Friends and relatives should encourage the sick when they are alone as well as when they are with other people. The Church invites us to base our prayers on God's word, especially by praying over the readings which lead us to a Christian understanding of suffering. Prayers taken from the psalms and from other parts of the bible are recommended. Some of these are suggested in SMB, pages 1320-1322.

It is good to pray with a sick or elderly person during a visit, if the patient so wishes. To read a gospel passage, to pray a psalm, to say a litany or a decade of the rosary, to share a moment of silent prayer: these are ways of praying with the Lord in his sick and suffering members.

Various elements that may be used when praying with the sick, the aged, and shut-ins are listed below: more details and references are given in SMB, page 1138. It is not necessary, of course, to include them all in each visit.

- Sign of the cross.
- A prayer to God.
- A reading from the scriptures.
- A psalm.
- A litany or brief prayer of the faithful.
- Our Father.
- A simple blessing.
- Laying on of hands.
EXPERIENCING SICKNESS

In this paper and the next, which are based on a paper by Rev. Robert Livingston,¹ we reflect on sickness as a paradox for Christians.

It is customary to think of bereavement exclusively in terms of the person who has lost a close friend or relative in death. David Peretz, a psychiatrist specializing in emotional reactions of the seriously ill person, maintains that the loss of one's health can cause bereavement even more intense than the loss of one's friend.² (Throughout this article and the next, sickness refers to a chronic, acute, or terminal condition.) People react to loss through grief, depression, or denial; the person who has suffered the loss of his health is no exception.

People are usually accustomed to dealing with these symptoms of loss in the person who has had a close family member die. They can be patient and solicitous with the bereaved, partly because they know that time will alleviate the loss. What the healthy do not appreciate in sick people is that the symptoms of loss will not be dissipated as quickly by time. The sick person lives with a loss that is ever-present to him in a body which no longer responds to his control. Through the loss of bodily health, a person loses his ability to be in the world. What the sick person needs to know most of all is that his healthy friends understand the anxiety he is undergoing and that the healthy still accept him, even in his infirmity.

Fear⁵ is another emotional reaction of the sick person: fear of what the tests will show, of major and mutilative surgery, of being confined indefinitely. A sick person in hospital has many questions about his condition, about the reason for certain tests and medications. His fear is intensified by the casual answer given by hospital personnel: “It’s just routine.” The patient thinks nobody wants to tell him the truth about his illness. He will deal with his fear in a variety of ways. He may see the sickness as a punishment from God and become saddled with guilt about his life, or may assume a position of arrogance and hostility toward the professional staff.

Many patients deal with their fear by denial.⁴ Such are the people who refuse to walk with crutches or braces, or who insist on bringing their office work into the hospital with them, claiming that their coronary is merely “stomach upset.” All these symptoms of fear are cries from the patient for understanding on the

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¹ Rev. Robert J. Livingston, a priest of the Archdiocese of Detroit, was born in 1939, and ordained to the priesthood in 1965. He has earned a B.A., and an M.A. in philosophy from the Catholic University of America in Washington, and an S.T.L. from the Gregorian University in Rome. He has served in campus ministry at the Newman Center, University of Michigan, at Ann Arbor. At present he is doing graduate work in liturgical studies at C.U.


³ See Gerald Niklas and Charlotte Stefanics, Ministry to the Hospitalized (1975, Paulist, New York).

⁴ See Richard Blacher, “Reaction to Chronic Illness,” in Schoenberg (see note 2, above), pages 189-198.
part of visitors and staff. The sensitive pastoral visitor will try to draw the person out and help him articulate his fear and sense of loss to someone who understands.

**Four Conflicts**

Jan H. van den Berg has written a profoundly moving description of the seriously ill person. He seeks to let the healthy get inside the skin of the sick person.

**Conflict with oneself:** The termination of normal life and routine and the entry into a new strange world inevitably cause the patient to enter into conflict with himself. He can no longer plan or guide his own life. Now life is something to be received and accepted as it is planned by others. (Of interest here is the root of meaning of patient, from the Latin *patti*: to suffer or permit oneself to be acted upon by another.) Confronted with a new and unknown life, the former life exerts a claim on him as never before. All that was familiar and taken for granted now possesses him powerfully. His clothes hanging in the closet are reminders of the skin he used to put on to move about in the "real" world. Visitors from "outside" become vivid reminders of that world in which he used to interact with these people as peers. Astonishment at his discovery of the beauty of ordinary life lasts as long as he is ill; he feels keenly the urge to act on that discovery, but cannot. Within himself he is frustrated and lost.

**Conflict with one's surroundings:** The patient also experiences a conflict with his surroundings. To the seriously ill person the sickroom and all its appurtenances are never accepted as anything more than a temporary and unreal inconvenience. But after a week his visitors convey the impression that his surroundings are a fact. The casualness with which they lay their coats on the extra bed and ask the routine, "How's it going?" all indicate to the sick person that in the eyes of his visitors this arrangement is a permanent and even acceptable state of affairs. To the visitor the sickroom is a fact of life; to the patient it cannot be anything more than transient, but the patient knows he cannot cross the chasm that separates him from his friends.

**Conflict with the bed:** This is not the type of conflict that healthy people would associate with illness. To the healthy person the bed at home is the one place he can enter to leave the world behind. His withdrawal from the world begins earlier in the evening when he closes the drapes in the living room. Gradually he will enter into himself, leaving the world behind, until he finally enters the sanctuary of his bedroom and the isolation from the world and its demands. Bed is the place of vital systole — the contraction of human life into itself after its expansion and extension all day long into the world. To climb between the sheets and nestle into a comfortable position is to put the world in brackets for a while. It is to enter into oneself only to lose oneself in sleep.

But the sick person, confined to bed all day long, has no chance to extend his life into the world. His bed has become the only world he knows. He is fully conscious of the weave of the blanket, its color, the shapes and contours it assumes as it encloses his body. From his bed he surveys the rest of his world, the pattern

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on the wallpaper, the figures in the painting on the wall, the cracks in the ceiling. At nightfall the sick person has no retreat from all that constitutes his world. To the healthy, sleep is the promise of the future, but for the ill, the future has been collapsed into the present. To the healthy the bed is a place of contraction, but only for eventual expansion. The sick person's living space has been shrunk into the very place he is lying right now. The sickroom is his prison, and the bed is the symbol of that room; it contains and effects the patient's inability to flee the now of his illness.

**Conflict with the body:** Healthy people take their bodies for granted as natural extensions of themselves, the symbols through which they express themselves. People say who they are through their bodies. Their bodies are symbols that contain and express their reality as human persons. Bodies are the “sacrament” of human personality.

For the sick person, however, the body has become a stranger. He senses it as having been possessed by an alien power, stronger than himself. His body is distanced from him because it will no longer let him express who he is through his body. His body, the frame around which he constructed his world so blithely, has suddenly turned against him. His body has become alien to him.

It is through the body that people receive self-esteem and self-worth. As infants are caressed by loving hands of father and mother, they sense they are loved and accepted. For adults, the caressing hand of a spouse tells them they are esteemed and valued. But the same body which once conveyed to the sick person a sense of beauty and dignity is now impervious to the touch of those who love him. Even the gentle hand of his beloved can no longer make him feel secure. And so the patient's self-esteem diminishes as his bodily health wanes.

* * *

These few descriptions can hardly reproduce for healthy people the situation of one who is seriously ill. They should at least be both a plea and a reminder: the world of the sick person is not the same as the world of those who are well. The sick person is alienated not only from the regular world but from himself, his body, and his bed. He is the loneliest exile in a world of exiles. To appreciate that he is struggling to adjust as best he can to a new and unknown world is to give him the only answer he seeks from the healthy — that they care about his adjustment and will support him in his passover.

**VISITING THE SICK AND THE AGED**

The ministry to the sick and elderly is not limited to the clergy and professionals in the field of health care. Every Christian is called to visit and comfort the sick and shut-in members of the community, to pray with them, and to help them to recover their health where possible. Visiting and caring for the sick and aged is one of the ways in which Christ expects us to show our love for our neighbor and for God: see Mt. 25: 31-46.
SICKNESS HAS MEANING

This article, based on notes by Father Robert J. Livingston, explores the insights of modern theology about the meaning of sickness. Though not an easy article to read, it deserves careful study, for it helps us to understand how the revised rites and pastoral care are meeting the needs of the sick.

Ministers to the sick and liturgy committees may use this article as a basis for discussion and action.

Theological Framework

Dogma has been described as a framework establishing the parameters within which significant questioning can take place. Dogma offers a guideline for avoiding the extremes of any position. By attaching himself too exclusively to either pole of that framework a person enters into heresy by being untrue to life.

The two poles within which the meaning of sickness should be discussed are succinctly stated in the Introduction to the Pastoral Care of the Sick and Rite of Anointing (see nos. 1-4). One extreme is to see sickness and suffering as divine punishment for sin. Christ himself, the document notes, was sinless, and yet he suffered. The other extreme is to see sickness as utterly meaningless, completely alien to God's vision of the world. On the one hand, suffering is an evil and should be resisted by every human and humane resource. But when resistance is no longer possible, suffering can acquire meaning and become a source of transformation for the Christian.

It is within this framework that we will explore the meaning of sickness. This exploration will lead into the origins of sickness and suffering, and into the implications of Christ's healing miracles and his paschal mystery for an understanding of pain.

Origins of Sickness

How did sickness come about? The question is asked here from the viewpoint of faith.

Hunger for union: The human person is born with an innate hunger for union in love with the entire cosmos and with the Spirit of cosmos. This hunger for union unfolds progressively, involving an evolution of human capacities toward greater horizons, and ever-expanding capacity for union with world, people, and God. This inevitably involves the loss of a former world and its more restricted horizon for the transformation of self toward a new world with broader horizons. Loss and transformation are, therefore, a natural part of human life. This is part of the natural rhythm of the universe; it is not something imposed as punishment for sin.

This phenomenon may be seen from a more theological point of view. God created the human race with a hunger for union with the universe and himself. The human person

1 Information on the author is given in note 1 under the previous article.
4 Pastoral Care of the Sick and Rite of Anointing contains the renewed rites for the sick and for the dying. It is published by the Canadian Conference of Catholic Bishops: 232 pages (4½ by 6¾ inches), at $5.00. Two colors throughout.
5 See Mary C. Richards, Centering: in Pottery, Poetry and the Person (1964, Wesleyan University, Middletown, Conn.).

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was to appropriate the world within himself, integrate himself with its forces and energies, and unite himself so closely with the world and its people that he would breathe in rhythm with the Spirit of God maintaining that world in unity and order. The human person, because of his capacity to express to himself his experience of the world, was the only creature who could sum up the universe in himself. Existing in quiet harmony with its forces and mysteries, he could give that world back to its creator as an offering of gratitude and praise, and thus achieve union with the Father.

Human existence, as envisioned by God, would involve a return of the person to God through the world. This return would involve an evolution by loss with consequent transformation toward a new and fuller horizon until the cosmos had been integrated by the human. The loss of one stage of life would be real, but it would also be spontaneous and natural because it opened into transformation of the individual, the completion of himself as human.

**A journey into otherness:** Through his body the person enters into the world and takes the universe back into himself. Human visions, dreams, philosophies, and poetry express a world into which the human has entered through his body. The person expresses himself by extending himself through the body into the world; in this way he expresses himself in that which is other than himself. He must make a journey into otherness in order to return to himself, to affirm himself as a human being in the world. This journey involves a real loss of self, but that loss will result in transformation of an individual who now affirms, possesses, and apprehends himself because he has extended himself into the otherness of the world.

**God as purpose of the journey:** It is the Father who ultimately calls the human person out of himself, through the world, to union with him. God is the purpose of this journey. He alone is the guarantee that the journey will be one of integration of the person with the world, through his body, and ultimately with God. The Father is the principle of harmony and unity of the cosmos. If he is removed as the purpose of the human journey, that pilgrimage will be incapable of achieving integration with the cosmos.

**Sin and disharmony:** When a person turns from the Father, he will continue to journey, for the hunger for union is innate. But because the original purpose of that journey has been removed, the person has set off on a journey that lacks purpose or destination; now it will be through a body and into a world that is fragmented and alienated. The body, the symbol of the person, now resists him, and the world — which was to have been the place wherein he could affirm his identity — is now foreign to him.

The human person must still journey and lose himself in otherness to come back to himself. But because the otherness (his body and his world) into which he now enters resists him, the loss of self will involve intense pain and suffering. This loss of self will never be complete until the person is wrenched from himself in death. The pain and suffering involved in loss will cause him to shrink from his journey, to turn in on himself. The world, which was to have been the place of self-identity and realization, has now become the person's prison. He becomes more alienated than ever, trapped in isolation with his wounds. His pain and suffering are intensified because his hunger for union with the world and God is frustrated and blocked. Pain results when body and world resist his attempts to express himself through them; there is also the agony of a hunger that is always frustrated.

**Conclusion:** Suffering and illness should not be considered primarily as punishment for sin. They were not a part of the Father's original plan. There would indeed be loss, but that would be bearable, even joyful, because it could culminate only in transformation toward more intense union with the Father.

Once the human being has turned away from the Father as purpose and meaning of his journey for union, it is inevitable that pain and suffering will result. Not because the Father wills it, but because the human person removes the Father from his path, making it
impossible to lose himself without pain and suffering. God was the original guarantor of harmony and integrity of the person with body and world; remove this principle of integrity, and body and world must become alien to the human.

There is, therefore, an integral connection between sickness and sin, but that connection is not in terms of divine punishment. Although much of the scriptural revelation does express the idea that sickness is punishment for sin, this narrow viewpoint is also resisted. In the Old Testament, Psalms 17, 49, and 73 and the book of Job resist this idea of divine retribution. The prophets emphasize a positive aspect of suffering and illness: it can lead to atonement and conversion (see Jer. 31: 31-33; Hos. 14: 1-10; Is. 30). The idea of suffering as a positive means of redemption reaches its culmination in Deutero-Isaiah with the description of the suffering servant. In the New Testament, Jesus explicitly rejects the idea that sickness is always to be associated with sin, as punishment for sin (see Jn. 9: 3; Lk. 13: 1-5).

If suffering and sickness are not exclusively and primarily punishment for sin, what relationship do they have to a good and loving God? Is sickness completely alien to his vision? This concerns the second pole of our frame of reference. Before approaching this question directly, our exploration will take us first to the healing miracles of Christ.

**Healing Miracles**

_The healing miracles of Christ foreshadow the Father's response to human sickness and pain and the consequent alienation._

The scriptures never call the healings "miracles" but wonders ( _ta thaumasia, ta endoxa, ta paradoxa_ ). Their purpose is not to present Jesus as a wonderworker; rather they cause awe precisely because they are manifestations of Jesus' power. The stories are an essential part of the _kerygma_: they have Christological significance in and of themselves. They are signs of the total power Jesus has to effect salvation, a deliverance from all ills which afflict humanity. The Father's response to human disease, bodily and spiritual, will be the power shown in Jesus' healings. These healings initiate the final unleashing of that power on a world fragmented by sin.

The preaching of the primitive Church reflects this holistic attitude toward healings. Peter sums up the mission of Jesus: "He went about doing good and healing all those under the power of the devil, for God was with him" (see Acts 10: 36-38). Peter cites no words of Jesus to describe his mission; it is summed up in his healings — restoring the whole person and the cosmos to health.

_Healings and the kingdom:_ Healings as symbols of Christ's power are also connected to the inbreaking of the kingdom of God. Kingdom should be understood not as static empire, but rather as a dynamic act of ruling over creation. Humanity has been helpless because of its sin and the resulting pain, suffering, and death. Now the Father's definitive conquering of sin, death, and suffering, and his eventual reign over all creation are being proclaimed as having already begun through these healings performed by Jesus.

The healings proclaim the coming of the kingdom by acting as prophetic signs of that kingdom. Such signs were common in the Old Testament (see Jer. 27: 2; Ezek. 37:15). Similarly the healing miracles are prophetic signs of an integral and universal healing to be effected in the new reign of God.

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7 In the Vulgate these are numbered as Psalms 16, 48, 72.
8 The suffering servant songs are contained in Is. 42: 1-9; Is. 49: 1-6 or 1-9a; Is. 50: 4-11; Is. 52: 13 — 53: 12.
The healings are also connected with the Spirit of God which was associated with the end-time and the inauguration of God's rule. Jesus says: "The Spirit of the Lord is upon me, for he has anointed me to preach the Gospel to the poor; he has sent me to heal the broken-hearted, to preach deliverance to the captives and recovery of sight to the blind" (Luke 4: 18; see Is. 61: 1-2). Joel connects the outpouring of the Spirit with the beginning of the messianic age (Joel 3: 1-4; see Is. 44: 3 and Acts 2: 17-21). Matthew illustrates this same point but in connection with exorcism (Mt. 12: 28).

**Healing and forgiveness:** The people in Palestine in Jesus' time had little sympathy for medical science as a healing art separated from religion. Sickness was associated with sin; the power to heal made sense only when connected with the power to forgive, an obviously religious function. Some religious leaders challenged Jesus' authority because he healed people although he was not part of the religious hierarchy (see Mk. 11: 28).

In the healings the early Church saw an explicit messianic message. One who has power to heal must also have the messianic power to restore the people to peace in God. When Jesus heals the leper, he tells him, "Go and present yourself to the priest and make the offering for your cure as Moses commanded" (Mt. 8: 40-45). Leprosy rendered a person unclean in a religious sense; by healing him and giving him the order to go to the priest, Jesus indicates that his healing is effecting a cure on a spiritual level as well.

Jesus is the Messiah who announces the coming of the kingdom of God in his own person; Satan's reign is being overcome in the very actions he is performing. This theme reaches its climax in Mk. 2: 1-12: "That you may know that the Son of Man has authority on earth to forgive sins — he said to the paralyzed man — I command you: arise, pick up your mat and go home." The early Church and Jesus' Jewish hearers understood his power to heal sickness as symbol of a deeper power to heal humanity and the universe. The close religious and cultural association between sickness and sin clearly point to the healings as symbols of full human and cosmic restoration to be effected by Jesus.

**Healings in the gospels:** Healings play complementary but different functions in each of the gospels. For Mark, Jesus' healings are the signs of a frontal attack on the kingdom of Satan (see Mk. 1: 23-27; 2: 1-12). The kingdom of Satan is being overthrown by the kingdom of God, and the healings initiate this struggle.

Matthew shows the healing miracles as Christ's fulfillment of prophecy. They are signs that he is the suffering servant of the messianic age (see Mt. 8: 16-17). John's disciples ask Jesus if he is the one who is to come (a messianic question); he answers by telling them to look at his healings (Mt. 11: 4-5).

For Luke, Jesus' healings anticipate his enthronement as Lord and savior of the universe. His acts of power in healing the sick point toward his eventual fulfillment as Lord of all creation. Luke connects the healings with salvation more closely than do Mark and Matthew. The phrase, "Your faith has saved you," usually used only after an episode involving forgiveness of sins, becomes a refrain after many Lucan healing narratives (Lk. 7: 9; 8: 48; 17: 19; 18: 42). Luke also has Jesus addressed as Lord in his gospel, a title that points ahead to his victory over sin as risen Lord.

John is the only evangelist who connects the healing with Jesus' ongoing power to restore creation and humanity to wholeness through the sacraments. The healings of the ruler's son (Jn. 4: 43-54) and the cripple (Jn. 5: 1-15) clearly show Jesus as source of life, the Johannine word for salvation given in baptism. In the episode of the man born blind, there are clear baptismal connections through the mention of washing in the pool and through the profession of faith made by the man at the narrative's conclusion.

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10 Stanley, op. cit., pages 310ff.
Mission of the apostles: The synoptics describe the mission of the apostles and disciples as one of preaching and healing (Mk. 6: 7; Mt. 10: 1; Lk. 9: 2, 6). The hearers of Jesus and the early Church clearly understood that the healings were an integral part of the Good News of deliverance. In addressing himself to the plight of humanity through his Son Jesus, the Father was clearly addressing himself to something more than spiritual ills: his plan for restoration of life would affect the whole person.

Conclusion: The Father sees salvation as delivering humanity from all the sickness that burdens it, bodily and spiritual. But the healings are also eschatological symbols. They indicate that deliverance from total alienation has indeed begun, but also that its consummation still lies in the future. We live now in the penultimate age, between the already and the not yet. Jesus performs healings as signs of his power to effect a universal restoration of health. This restoration will be in process until the end-time, and so he does not heal all the suffering and sick of his time. Most significantly, Jesus is unable to save himself from suffering and pain.

Paschal Mystery: the Father's Response to Suffering

How do sickness and pain fit into the Father's vision for the world today?

The Father's response to human and cosmic disorder is to bring about not only spiritual healing but total restoration. Even if sins are forgiven, the human person is still confronted with the pain and agony of trying to go out of himself, into body and world which resist him. Sickness and suffering drive the person back on himself, making it unbearable for him to effect union with the world and through the world with the Father. Through sickness the person finds himself further alienated, not only from the world but from his own body and himself.

Jesus: The Father's response: The Father's response to the question of sickness and pain takes final shape in his Word become flesh. Jesus is Son of God but he is also Son of Man; as such, he will be driven by the same hunger for union with the world and the Father as his brothers and sisters in the flesh. Like them, he must struggle to articulate his identity as Son of God and Son of Man through a body and a world which will resist him. The journey he follows will be that of all his brothers and sisters, involving loss and transformation of himself through body and world.

No truly human being lives in a private world. His world is shaped by all the other embodied persons who share this planet with him. The body and world through which Jesus must effect his identity and endure loss will not be a private creation, suitable only for the Word. Because it is not only his but humanity's world, and because he shares not only his but humanity's bodiliness, his world and body too will be experienced as alien and fractionated. Loss and transformation for him entail the same pain, sickness, and suffering encountered by all human beings.

Jesus experienced real human pains not only on Calvary but also and especially throughout life — by the slowness and dullness of his disciples, by the rejection he met at the hands of many people, by sheer exhaustion, grief, and fatigue. He is like us in all things but sin. The Father's answer to the mystery of sickness begins by embracing it.

Suffering of Jesus: Jesus' embrace of suffering and sickness must be considered more closely because of our natural reluctance to let pain approach too closely to his person. Some consider that he suffered in his human nature but was sustained throughout by his vision of the Father. Modern theologians have tried to show that Christ's human and divine conscious-

nesses did not exist side by side, but as interpenetrating each other in the one person. Christ's divine consciousness of himself as Word was ineffable, what in human terminology is described as subliminal. His mission as Word made flesh was to make that consciousness articulate and explicit in human language and under human conditions. (As Son of Man he must articulate and affirm his full identity, humano-divine, through human body and world.) The Word which the Father addressed to humanity was truly a Word made flesh, to be spoken not all at once but in the mélange of bits and pieces of human activity whose cumulative effect is a personality expressed, a human life lived.

Christ's divine consciousness, then, is not a shield from pain. On the contrary it will be the cause of suffering. For he will have to speak the enfleshed Word that he is into body and world which resist his attempts to articulate it.

Transformation of suffering: The Father's answer to human sickness and pain is to embrace them completely. They will be embraced by Jesus, but in a way different from the manner in which his brothers and sisters embrace pain. Whereas pain and sickness drive human beings back on themselves, further alienating them from world and Father, Jesus Christ in his pain will stand absolutely open to the Father. Through a radical obedience and emptying (kenosis: see Phil. 2: 7), continuing the original emptying of the Word into human flesh, he will continue to be present to the Father.

Even in his journey of loss and pain, he will keep the Father as his goal and source of his pilgrimage through world. Sickness will not bar his way to further union with world and the Father. For him and in him, sickness and pain will be transformed from obstacle to entry.

What had been the chasm dividing humanity from its Father — sin, suffering, sickness, death — will be bridged insofar as it is embraced and received in obedience and faith. "I have come, Lord, to do your will." And that will for Jesus is an invitation to journey home to the Father through an alienated body and world. We call Jesus our mediator precisely because he receives this passover through sickness and death to transformation in openness and obedience to the Father.

Jesus as paradigm: As mediator between the Father and humankind, Jesus is much more than a good example. He and his passover are paradigm and exemplar for the journey all other human beings will make: he has given them the power to make the same journey through his Spirit. For those baptized in water and the Spirit, pain and sickness will no longer be an obstacle but the path that leads home to their human fulfillment in God. Sickness, pain, and death do not disappear; they are transformed through Christ's paschal mystery.

Paschal mystery: Romans 6: 1-11 is the 'magna charta' for Christians. It demonstrates how we are freed, not from suffering and sin, but from the isolation and alienation these previously entailed. This passover is foreshadowed in Moses and the passage through the desert. It reaches its culmination in Jesus' passover through suffering and death to resurrection.

Paul insists that by their baptism Christians have entered into a mystical union with the suffering Christ, a union which is properly ontological, much more than moral or juridical ("baptized into his death, with him by baptism into death, ... our old man was crucified with him"). This union is expressed most clearly in the sentence, "If we have grown together with the likeness of his death, we shall certainly grow together with that of the resurrection."

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13 A good exegesis of this passage is given in Rudolph Schnackenburg, The Present and the Future (1966, University of Notre Dame, Notre Dame, Indiana), pages 101-122.
For "grown together" the Greek is even more expressive: we have been "drawn into" his death entirely so that we ourselves have been crucified and have died with him.

This idea of mystical and ontological union with the suffering Christ is further reinforced by the Adam-Christ typology used by Paul. In Semitic thought the progenitor of a race summed up in himself all that his descendants would be; what happened to him would be their destiny. Their destiny is his history. For this reason Christ's suffering, death, and resurrection will be a paradigm for the lives of his disciples.

While Rom. 6 promises resurrection to new life as a future event, Col. 2: 11-12 indicates that the restoration to a new life has already begun. Thus the passover through sickness and suffering to life has already begun. The life of Christians is a journey or passover through sickness and pain to life. Our suffering is transformed from obstacle to entry into union with the Father. We are buried with Christ in suffering and death, but only that we may arise. The pain entailed in loss of self no longer need close us in on ourselves.

Response to suffering: In light of the paschal mystery our response to suffering will be to embrace it, but — paradoxically — not until we have resisted it in ourselves and others with every human resource available. Sickness is not an unalloyed gateway to union. We should be wary of attempts to create a "mystique" of suffering or otherwise romanticize it. Humans are still citizens of a world caught between two ages — the paschal mystery and the end-time. As such, we are still capable of being isolated and alienated by sickness. It is an evil, not absolute in itself as if completely foreign to the Father's vision, but as a consequence of sin that still abounds.

The fact that Christ and his followers effect healings for sick people is a forceful reminder and a gospel mandate to care for our personal health and that of others. The disciples' mission is to preach and heal. Teilhard de Chardin writes that pain should never be understood as submission to the will of God until people have exhausted themselves in trying to heal it in themselves and others. Unless a person does all he can to resist pain he shall not find himself at the required point where he can open himself to the Father completely in his weakness.

Submission in exhaustion: On the other hand, when one has exhausted himself he has reached the point where he can open himself to the Father in all his otherness. At that point one has lost himself, and is open to let God transform him onto a new plane with broader horizons and opportunity for union. Because he is mystically united with Christ's crucifixion and pain, Christ can transform his disciple's pain from obstacle to gateway. Sickness can be transformed to facilitate union with world and Father.

Human life moves ahead to deeper union with world and Father only when it is thrust out of its secure cocoon, its littleness, into a deeper phase of living. Often this way of loss and transformation is through illness and suffering. At the point where our world is shattered we can meet the Father in all his otherness as God, and so lose ourselves in him.

A community of suffering: Another fundamental consideration in the Christian's response to sickness is that he is joined in a community of suffering as member of a suffering Body. Because of his mystical union with the suffering Christ, he can become a symbol of Christ to other sufferers. Paul writes of this graphically in 2 Cor. 4: 10-11. By making Christ, dying and rising, manifest in his flesh, Paul will be the source of Christ's presence for others (2 Cor. 4: 12). Because Christians are mystically united with Christ's suffering and death, they can transform their own sufferings and those of others. This seems to be the meaning of Paul's enigmatic sentence about filling up what is lacking in the sufferings of Christ (Col. 1: 24). As members of his body, we are the sacraments of transforming the pains of others by their own embrace of pain in fidelity to the Father.

The question with which this section began concerned the place of sickness and pain in the vision of the Father. His attitude is a decision to transform them at the same time as it is an imperative to resist them with all human resources. Sickness is situated, therefore, between the poles of sickness as punishment for sin and sickness as absolutely evil and foreign to the Father's plan. As an evil consequence of and symptom of sin, sickness is to be overcome through human efforts to heal. But when those efforts are exhausted, sickness is to be embraced in union with Jesus Christ in his transforming paschal mystery.

Ecclesial responsibility to heal: The attempt to catechize people in the meaning of paschal mystery as able to transform sickness is likely to fall on deaf ears. The fault will not be that of the people. Sickness can be transformed from obstacle to entry only when human efforts to overcome it have been exhausted. To proclaim the paschal mystery as transformer of sickness while the Church and its people neglect personal involvement in efforts to overcome disease is to romanticize suffering and to practise presumption. Neither diocese nor parish can help people acquire a Christian meaning of sickness until there is active engagement in ministering to the sick in our communities. Parishes should have an active service program to their sick and invalid members, a program stressing community involvement. Dioceses or groups of them must co-operate with community and civic agencies to extend adequate health care to all citizens, particularly the most marginal.

There is little to ritualize in our communal anointings of the sick until Church members have begun to lose themselves in a wider, health-oriented ministry to those people. The paschal mystery is only one axis of meaning for sickness. It must intersect with another axis, and that is the healing miracles of Christ and the healing commission given to the Church. It is only at the intersection of these two axes (paschal mystery and healing miracles) that sickness receives its full significance: a suffering to be transformed by insertion into Christ's passion only when all human efforts to heal have been spent. Sickness is an evil, an inevitable consequence of sin; it must be resisted. But it is an evil open to transforming redemption when Christians invite Christ in to fill up their exhaustion, to make their weakness a strength.

NEXT ISSUE

From the beginning, the Church has been concerned with Christ's command to pray always, and has tried to obey this precept by observing the liturgy of time, daily periods of prayer at fixed times.

The March-April issue of the Bulletin, no. 58, is entitled *Day by Day We Give Him Praise*. In this issue, we will take a look at the Church's practice of community and family prayer from the beginning, and the development of the liturgy of the hours to the present. The possibilities of making the major hours of the Church's prayer part of our daily life once more will be studied, and current trends and publications will be discussed.

Bulletin 58 may be ordered now, at $1.50 for each copy ($1.75 outside Canada, because of postal rates); bulk orders of 50 or more receive 33 1/3% discount. Order from Publications Service at the address on the inside front cover.
HISTORY OF THE SACRAMENT OF ANOINTING

This brief history of the sacrament for the sick is summarized from notes by Father Vaughn Brockman.1

To understand the revised rite of anointing, we need to be acquainted with the various forms and understandings of this sacrament throughout the history of the Church.

The revised rite of anointing is not a radical break with the tradition and teaching of the Church. The present rite attempts to retrieve and emphasize the very best of the Catholic tradition, and to situate our present sacramental practice firmly within this rich tradition.

The history of sacramental anointing within the Church has been obscured for centuries. Most of the popular writing, study, and teaching on the sacrament of anointing since the Reformation has been defensive in nature, attempting to prove that anointing is indeed a sacrament. Since the turn of this century, however, responsible scholarship has provided a wealth of information on the beginnings and development of the anointing of the sick. This renewed understanding of the history of anointing has made our present revised rite possible.

Scripture

Matthew relates that Jesus went about the towns and villages himself “curing every disease and infirmity” (Mt. 9: 35); moreover, he sent his apostles out with power over unclean spirits “to cast them out and cure every kind of disease” (Mt. 10: 1; see also Lk. 9: 1; Mk. 6: 7). Mark’s gospel is especially significant here because it recounts that the healing mission was accompanied by anointing (see Mk. 6: 13).

Another account is given in James 5: 14-15: ‘Is there anyone sick among you? Let him call for the elders of the Church and let them pray over him and anoint him with oil in the name of the Lord. This prayer made in faith will save the sick man. The Lord will restore his health. and if he has committed any sins they will be forgiven.’

The word St. James uses for sick (astheneo) means an illness serious enough to confine one to bed, and even in some cases danger of death (see Jn. 4: 46-47 and Acts 9: 37).

The next important consideration is the term elders (presbyteroi). St. James meant more than calling in the neighbors. In the early Christian community, elders indicated persons of authority; persons who shared in the authority of the apostles; persons who held an official position in the faith community.

Prayer in time of sickness and repentance for sin dates back to Old Testament times, but James’ reference to anointing in the name of the Lord seems to relate to Mk. 6: 13, where the anointing symbolizes the healing presence of the Lord.

“The prayer of faith will save the sick man, and the Lord will restore his health.” In the original Greek, these phrases and choice of words bear strong affinity to Mk. 5: 34; 10: 52; and Mk. 1: 31; 9: 37. These texts speak of prayer with faith and of persons cured through the power of Jesus.

“If he has committed any sins they will be forgiven.” Again, we find a resonant note in Mk. 2: 3-12, in which sin and physical healing are closely associated.

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There is little room for doubt that James is recommending the anointing of the sick as the official act of the Church in time of sickness. This is distinct from mere charismatic healing (1 Cor. 12: 9, 28, 30). James demonstrates this distinction by:

1) calling in the officials of the Christian community (presbyteroi);
2) anointing with olive oil;
3) invoking the name of the Lord;
4) the prayer of faith;
5) ensuring recovery of health and forgiveness of sins.

James seems to have clearly described the continuation of the apostolic ministry to the sick as practised by the faith community of his time.

100 to 800 AD

We have solid textual evidence that the early Church continued the practice of praying over its sick members and anointing them with oil. To communicate some sense of the historical development of the anointing rite, we refer to a few early liturgical and patristic texts.

Liturgical texts: In 215 AD Hippolytus makes the earliest clear reference to the oil of the sick by giving a prayer for its blessing.

In the Prayer Book of Serapion (350 AD) we find a similar blessing which spells out the purpose of blessing oil in greater detail.

In both these accounts the emphasis is on anointing for physical health. In Serapion’s prayer we recognize all the effects of the sacrament as we understand it today: besides physical health, it is to help us cope with evil, to forgive sins, and to be a means of grace. Neither of the early prayers contains any indication that the anointing is a preparation for death.

Patristic texts: Pope Innocent I (416 AD) comments on James 5 in a letter to Bishop Decentius. He notes that this passage applies to sick Christians. They may be anointed with chrisrn prepared by bishops. All Christians may anoint with this oil when they or their family need it.

Pope Innocent also witnesses to several pertinent facts about anointing:

1) the oil is blessed by the bishop;
2) the priest is not the only minister of anointing;
3) it must not be given to penitents.

Anointing of the sick was reserved for the faithful and was given only after they were reconciled with the Church through penance; it was done for the sick with the expectation of restoration to physical health. Penance and viaticum were to be given to everyone in danger of death, according to canon 13 of the Council of Nicaea (325).

Caesarius of Arles (543 AD) faced with the superstitious practices of his times, exhorts the faithful in time of sickness to put their trust in the eucharist and the oil of the sick, rather than in incantations of pagan sorcerers.

A century later St. Eligius of Noyon pleads with the Christians:

As often as any sickness shall occur, let them not seek out the sorcerers... but let the sick person put his trust in the mercy of God alone, so as to receive with faith and devotion the eucharist of the body and blood of Christ, and with confidence to ask the Church for blessed oil, with which he may anoint his body in the name of the Lord and according to the apostles: “The prayer of faith will save the sick person and the Lord will raise him up.”
Venerable Bede (735 AD) in his commentary on St. James, reinforces the earlier testimony on the anointing of the sick:

In the gospel we read that the apostles also did this and even now the custom of the Church holds that the sick are to be anointed by presbyters with consecrated oil and be healed by the accompanying prayer. Not only presbyters, but as Pope Innocent writes, all Christians may use the same oil for anointing when their own needs or those of the family demand. However, this oil may be prepared only by the bishops. For the saying “with oil in the name of the Lord” means oil consecrated in the name of the Lord. At least it means that when they anoint the sick man, they ought to invoke over him the name of the Lord.

In 1942, Antoine Chavasse published the most definitive study of anointing in the Latin Church. He centers his study on the liturgical and patristic sources available in the first eight centuries, and concludes:

1) The most important element in the anointing of the sick is that the oil be blessed.
   - The blessing was epicletic (i.e., formally invoking the Holy Spirit), was within the canon of the eucharist, and was thereby imbued with divine power.
   - The blessing of oil was reserved to the sacerdotal hierarchy, generally the bishop.

2) The application of the oil could be made by anyone: bishop, priest, deacon, or layman. The divine power was released in the application. The manner of application or the person applying was not significant.

3) Before the ninth century there was no established liturgical rite, formula, or office for anointing the sick with oil. The only liturgical formulations were for blessing the oil.

4) There is no reference to the anointing of the sick as a preparation for death in the first eight centuries.²

Carolingian Reform

The ninth century begins the Carolingian reform. In the closing decades of the eighth century we find that the blessing of the oil for the sick is omitted from many of the sacramentaries and ordines in use throughout the Gallic Church, although the Roman pontifical in use at the time has an elaborate chrism Mass for the Thursday of Holy Week. The Council of Aix in 836 complains about the omission of the blessing of the oil for anointing. It is highly likely that the blessing was omitted simply because the French Church lacked the proper liturgical texts.

Minister of anointing: If the blessing of the oil for anointing was being omitted in the Gallic Church, the practice of lay anointing had most certainly fallen into disuse. The reforming Carolingian bishops, however, regarded the anointing of the sick as an apostolic mandate, commanded by the apostle James. Eager to fulfill this mandate and to restore the classical Christian practices, they firmly established the blessing of the oil of the sick in the Holy Week liturgy, and allowed only priests to anoint the sick.

While the practice of having lay persons anoint the sick fell into disuse in the Gallic Church, the Celtic Church maintained the anointing of the sick as an apostolic ministry. While the Celts acknowledged the practice of lay anointing, the usual minister had become the ordained priest. The Carolingian reforms, centered in the palace school of Aachen, had the English missionary and scholar, Alcuin of York, as a most influential scholar. It is understandable that the Carolingian reformers would not attempt to revive the practice of

lay anointing, but would opt for the more successful practice of the priest as the sole minister of anointing, as demonstrated in the Celtic Church.

With the establishment of the priest as the minister of anointing of the sick we see two developments:

1) conciliar and synodal regulations concerning the parish clergy's obligation to give the sacrament;

2) the development of liturgical rites of anointing.

Rite of anointing: Early in the Carolingian era, the first liturgical rites of anointing develop. We find a wealth of rites from this period. It was usual to have a communal rite with many priests, in keeping with the mandate to call in the priests of the Church. The focus within the rite became the formula of anointing.

The most natural thing was to adapt a rite of anointing with which the priests of the time were familiar. There was in the Gallic Church a widespread use of a rite of anointing, connected with a pre-baptismal anointing, which had already been adapted from the Celtic baptismal rites. This general, all-purpose anointing formula was used in the Gallic Church for anointing before and after baptism, for anointing the hands of priests, and for anointing kings and bishops. It was only natural that this rite would be adapted for the anointing of the sick.

By the year 845, the Carolingian Gregorian sacramentary had provided elaborate ritual of prayers, blessing and anointing formulas for anointing the sick, rites largely compiled from Gallican, Roman, and Mozarabic sources, with some Carolingian adaptations.3

It is also during this period that the rite of anointing the sick is first mentioned in connection with the rites of the dying:

Likewise, with respect to the sick and penitents, that the dying should not pass away without anointing with consecrated oil and without reconciliation and viaticum.4

There is a certain inevitability that the liturgical development of the anointing of the sick would become associated with the rites of the dying. However, even though in the Carolingian period anointing frequently comes to be given in conjunction with penance and viaticum, the ritual prayer of anointing still contains no mention of death.

Between the ninth and twelfth centuries the number of anointings within the rite seems to have increased as different cultures and customs were amalgamated into a single rite. We can distinguish four stages of development:

1) The simplest and oldest ritual anointing seems to have been a single anointing on the chest or forehead.

2) An additional anointing over the place of greatest pain or ailment seems to have been the next development, thus emphasizing the therapeutic nature of anointing.

3) The anointing of hands in the late tenth century is taken over directly from the anointing of priests and kings.

4) Finally we have the custom of anointing all the senses and faculties. This anointing is associated with sin and forgiveness (and may well set the stage for later theological speculation), but in the twelfth century is given with a view to recovery.5

4 Caroli Magni Capitularia (PL 97, 124).
5 See Porter, op. cit., page 221.
Early Scholasticism

In the thirteenth century the sacrament is looked upon not so much as a means of physical healing, but as a means of forgiveness of sins. We note that for the first time there is mention that only those who are capable of sinning may receive the sacrament of anointing; children are excluded.

This gradually increasing emphasis on the remission of sins as the primary effect of the sacrament of anointing paved the way for the scholastic debate on the principal effect of the sacrament. Hugh of St. Victor (1141 AD) is possibly the first to speculate on the purpose of the anointing of the sick. While he stresses the spiritual effects rather than the recovery of a person's health, his treatise is free from any reference to death.

Roland Bandinelli, a disciple of Abelard and the future Pope Alexander III, repeats Hugh's teaching. William of Auxerre also reflects it when he states that "the principal and proper effect of this sacrament is the cure of the body, ... but the most excellent effect is the remission of sins."

There is, however, a tradition contemporary with at least the later years of this tradition, which regards the sacrament of the anointing as a sacrament of the dying, given in danger of death. Master Herman, a disciple of Abelard and commonly regarded as the author of Epitome Theologiae Christianae, states that every Christian is anointed three times: in baptism, in confirmation, and on departing from this life.

Master Simon, a thirteenth century contemporary of Herman and possibly of Hugh of St. Victor, is very likely the first to state that the sacrament is a "preparation of the soul for final glory." Baptism is the sacrament for those who enter this world, sealing them with the character of Christ. Anointing is the sacrament for those who depart from this world, and gives them the vision of God.

Peter Lombard (1150 AD), in his Book of Sentences, acknowledges two traditions, one of anointing the sick, the other of anointing the dying, but he speaks of the sacrament in terms and words of Master Simon. Peter Lombard seems to be the first to use the term "extreme unction" to describe what had formerly been known as the anointing of the sick or holy unction. In the thirteenth century "extreme unction," if received at all, was delayed until the moment of death for two reasons:

1) The avarice of the clergy made it too costly for the average man to receive the sacrament more than once in his lifetime, if he could afford it at all.

2) The common folklore of the period believed that once anointed you could no longer walk barefoot, marry, or resume marital relations.6

The term "extreme unction" opened the way for a change in the order of administering the last rites. Until the end of the twelfth century, the normal order of the rites was reconciliation, anointing and viaticum. Viaticum was thus the Church's parting gift to the dying, a protection against evil and a preparation for eternal life.

Master Simon's teaching that the purpose of anointing is to prepare the person for the beatific vision seized the imagination of the people of his time and captivated the scholastic doctors. The sacrament of viaticum yielded its position in the normal order of rites, and anointing became in consequence as well as in name the "last" sacrament.

Once anointing became the last sacrament, it was easy and natural to ascribe to it what had formerly been said of viaticum. The scholastics were enthralled with the idea of the sacrament of anointing being the anointing for future glory. It even became necessary for them to downplay the possibility of healing or recovery as an effect of anointing, since in

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6 Joseph Kern, SJ, De sacramentio extremae unctionis tractus dogmaticus, 1907, Regensburg, page 282.
the scholastic mind that would be a direct frustration of the sacrament's purpose, which was to prepare the soul for death.

It is also possible that the effect of healing was implausible to the scholastic theologians, because in their pastoral practice of anointing, the anointed seldom recovered. To advocate an effect of a sacrament that was seldom realized would have been untenable to them; the effect had to be spiritual: anointing had to be for future glory.

The scholastic doctors, Bonaventure, Duns Scotus, Albert the Great, Thomas Aquinas, and their disciples, accepted without question that the sacrament of anointing is a sacrament for the dying given only at the point of death in order to assure the fullest spiritual benefit, the beatific vision. This introduced a new element into the essential conditions for the fruitful reception of the sacrament, namely, danger of death. This "danger of death" requirement for the reception of the last sacrament lasted beyond the Council of Trent.

In fairness to the scholastic theologians, it is well to remember that the access to historical documents was very limited, and that they were merely attempting to justify with theological reasoning what was the common practice of the time.

Teaching Authority of the Church

The teaching of the Church never fully succumbed to the scholastic position that extreme unction was an anointing for future glory. During the Council of Florence (1439), which was an attempt to heal the Christian schism of East and West, the Council Fathers were very conscious that the practice of anointing the sick in the Eastern Churches was not perceived as an anointing for death, but rather as a sacrament of physical healing. In the Decree for the Armenians, agreed upon by both East and West, we read:

Now the effect of (holy anointing) is the healing of the mind, and moreover, in so far as it is expedient, the body itself also.

Trent: Just a century later, the first draft of the Council of Trent (1545) ignored the Florentine Council and returned to the scholastic teaching: "Only those who are in their final struggle and who have come to grips with death and who are about to go forth to the Lord" could receive the sacrament of holy anointing. However, the final draft, no doubt influenced by the Decree for the Armenians, was corrected to coincide with the official teaching:

This anointing is to be used for the sick, but especially for those who are so dangerously ill as to seem at the point of departing this life.

Thus while the Fathers of Trent may have had uppermost in their minds an anointing for those in danger of death, the Council document does in fact affirm the sacrament of anointing as a sacrament for the sick and acknowledges the physical effect of the sacrament as bodily healing.

After Trent came a period of partial recovery of the understanding of the sacrament of anointing as the sacrament of the sick. We see the effects of the sacrament of anointing clearly listed by the Council:

1) grace of the Holy Spirit;
2) wiping away of sin;
3) removal of the remnants of sin;
4) comfort and strength for the soul of the sick person;
5) health of the body when expedient.

The Council of Trent, Session 14, Teaching on extreme unction, chapter 3 (DB 910).

Council of Trent, Session 14, Teaching on extreme unction, chapter 2 (DB 909).
The catechism of the Council of Trent regards it as a "very serious sin to defer holy unction until, all hope of recovery being lost, life begins to ebb and the sick person is fast verging into a state of insensibility."  

By retrieving holy unction as a sacrament of the sick with physical health as an effect, the Council of Trent effectively removed the basis of the teaching of the scholastic doctors. Joseph Kern, writing in 1907, tried to revive the teaching of the scholastics, but he failed to perceive that the Council of Trent, although inadvertently, had destroyed the scholastics' primary assumption, namely that the anointing was a sacrament of the dying.

While the Catechism of Trent states that the sacrament is to be given to those who are dangerously sick, later theologians soon agreed that death need not be proximate but only remote. Many taught that a slight danger of death is sufficient for the valid reception of anointing.

Though there were some dissenting voices to this teaching, Pius XI stated in 1923:

"It is not necessary either for the validity or the liceity of the sacrament that death be feared as something proximate; rather it is enough that there be a prudent judgment or probable judgment of danger; if in such conditions anointing ought to be given, then in the same conditions it surely can be given."

Thus we have seen that the constant official teaching of the Church has always maintained the twofold effect of the sacrament of anointing, physical as well as spiritual well-being. Paragraphs 73 to 75 of the Constitution on the Liturgy of Vatican II are therefore only more precise restatements of the constant teaching on the sacrament of anointing.

The revised Rite of Anointing is an attempt to carry out the mandates of the Second Vatican Council.

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10 Joseph Kern, op. cit.

11 Pius XI, Apostolic letter Explorata res (February 2, 1923), AAS 15, 105.

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**BLESSING OF OIL**

The texts for the revised rites for the sick are available in several publications:

*Blessing of the oil:* The blessing prayer for the oil for anointing the sick is contained in Bulletin 37, page 49. The same prayer is contained in the rite of anointing, no. 75.

*Mass of chrism:* These texts are given in the sacramentary (no. 100) and lectionary (no. 39). See also Sunday Mass Book, pages 375-381; preface 20, page 609.

*Anointing of the sick:* contained in Pastoral Care of the Sick and Rite of Anointing; see also SMB, pages 1137-1145, 1155-1159.
REVISITED RITES FOR ANOINTING THE SICK

In this article, summarized from a paper by Father John J. O'Brien, CP, we explore some of the richness and meaning of the new rites for the sick.

Ministry to the Sick

The Church expresses concern for its sick members through pastoral activity, sacramental praise and thanksgiving, and a tangible presence. The Church is aware that sick persons are separated from their everyday functions, and that they are subject to change in their accustomed ways of praying. Sickness brings with it a reflection on the person's relationship with God, friends, and family; in short, the person often re-examines his or her fundamental and ultimate reality and destiny.

This examination calls for the support of the entire believing community as the patient endures the period of illness. The support and presence of a faith-filled community can prove crucial for the person's full growth; consequently, the Church can aid the person in his reincorporation into the community when sickness is over. It can also aid the person if the sickness is prolonged or worsens. Pastoral activity, sacramental ministry, and presence of the Christian community today are rooted in the activity of Jesus and his healing presence continued in the testimony of the post-Easter Church.

Ministry for the sick is two-sided. The Church ministers to the sick persons. Those who are sick contribute to the Church's life through their participation in the passion of Christ; their efforts to deal with their sickness edify the Church. They remind those who are involved in everyday affairs of the fragility of life and of the hand of God in the midst of mankind's greatest achievements. In short, the sick remind us that we are on a journey, a pilgrim people with a final destiny. The Church encourages them to benefit all God's people "by associating themselves freely with the passion and death of Christ."2

The Church practises its concern for the sick within the revised rites of anointing and pastoral care.

Today the Church reaches into its foundations in the healing miracles of Jesus and the heritage of healing continued in Christian history. The Church has now moved beyond the medieval sense of deathbed anointing which prepared the nearly dead for future glory. Anointing is given its proper place, and viaticum is restored as the sacrament of the dying.

Care for the sick involves much more than the correct "execution" of the sacraments. The Church calls upon the sick, clergy, other ministers (including readers, cantors, auxiliary ministers of the eucharist), and the entire local Church to join together in praise and thanksgiving for the needs of the sick and the well. Ministry is inadequate if it deals merely with the soul: the whole person is aided by family and friends, doctors and nurses, bishop, priests, deacons, catechists, and fellow parishioners. The sacraments are thus filled out by a complex of Christian concern for the sick person. The prayer of faith and the personal response of the sick person, one of the community, are enhanced and strengthened by the total pastoral care in his personal salvation history.

1 Rev. John J. O'Brien, CP, born in the Bronx, N.Y., in 1941, was professed a Passionist in 1962, and was ordained presbyter in 1969. Presently in the retreat ministry at Holy Family Monastery, West Hartford, Ct., he has served as secretary of the archdiocesan worship committee in Miami, Fla., and on the provincial commission on liturgy. In the summer of 1976, he completed his M.A. in liturgical studies at St. John's University, Collegeville, Minn.

2 Vatican II, Constitution on the Church, no. 11.
Visiting the Sick, and Communion

The revised rite considers pastoral care expressed in two rites, in visiting and communion of the sick, and in the anointing of the sick. Both are in continuity with the Christian tradition.

The rite for visiting and giving communion to the sick has a number of elements: sprinkling with holy water; the spirit of penance (in the sacrament of reconciliation or in the penitential rite); reading of the word, leading to prayer and the litany of intercession; eucharist; laying on of hands; and anointing of the sick person.

Sprinkling with holy water: Sacramental and catechetical ministry must consider the initiation process through which persons encounter God, experience redemption, and discover themselves loved, reborn, and open to full salvation. The sacrament of baptism, together with its accompanying sealing and communicating, is the basic starting point for a spirituality for those both well and ill. This is often overlooked because baptism with water and the Spirit took place when most people were infants.

The use of holy water is one way of reclaiming the person’s transforming contact with God in a highly personal fashion. Sprinkling of the congregation gathered for this moment of prayer is a way of reclaiming their unity with Christ and one another in a genuine memorial of that baptismal moment. The minister reminds the sick person and the others of their common sharing in the passion, death, and resurrection of Christ. Thus the ritual gesture and the invitation to remember form an anamnesis.

It is well for all present to reconsider some salient truths involved in the mystery of initiation. First, in baptism all persons present at the particular celebration were named by Jesus Christ. Thus they are known to God as he calls each of his people by name. They were also sealed with him through the sign of the life-giving cross.

Perhaps the ill person or the family or friends are discouraged by the illness. It might be well for them to realize and remember that they have passed over in baptism from slavery to freedom, from sin to grace, from being nameless to being Christian. Such reflection might serve as an encouraging grace. They might reconsider the victory that has been won in holy baptism. Praying over Psalm 23 or Psalm 42 might help at a later moment of depression, loneliness, or sadness. The Church, especially in its ancient art, symbolized this victory by the deer trampling on the serpent and drinking deeply of the streams of living water flowing from the four corners of the earth. The baptized person, well or ill, has been illuminated by this faith-knowledge. Such knowledge invites the person to open his arms to God in the traditional gesture of upraised arms and hands.

Some people, when ill, have occasional periods of empty time that might tend to go slowly. Such a prayer gesture as extended hands and arms might be a sufficient prayer in itself. It might even enable a person to get in touch with his own life story.

Every Sunday eucharist may begin with a remembrance of baptism. This ritual action is in our funeral rites. Sprinkling with holy water is rooted in the tangible actions of Jesus himself. In his healing miracles Jesus used spittle, spoke, exorcised, and responded to the profession of faith of an individual. Jesus not only offered physical well-being but also forgave sins and offered salvation. For everyone baptized into Father, Son, and Spirit, the healing power of God is ministered through the Church.

Penance: The revised rite for visiting the sick calls for a rite of penance and an acknowledgment of past sin. Thus Christ’s merciful kindness touches the sick and the well who are aware of their need for forgiveness and reconciliation. His merciful kindness heals the damage that sin leaves in a person’s life as a result of actions or attitudes.

The penance rite becomes redundant when it follows the sprinkling. The rite recommends (no. 65) that the person be reconciled in the sacrament of penance if necessary before the
celebration of anointing. Sometimes a generic confession of sins may be sufficient due to the condition of the sick person or other circumstances.

It might be well for the priest to offer the sacrament to other people participating in the service. Penitential reconciliation should be celebrated as a sacrament distinct from the anointing of the sick person within a public liturgical celebration.

When the anointing of the sick takes place within Mass, which is preferable, there ought to be some appreciation that there are many penitential expressions of reconciliation. The minister of the sacrament may stress significant elements for the benefit of the people. First, the word 'confession' (still popular in the minds of the people) not only means an admission of sin and condition; it also denotes witness. The sick person witnesses to the mercy of Christ which he or she asks for and finds operative in his or her life. The sick person witnesses to the moments when the Spirit of the Lord works within and the moments when God has been kindly to forgive and heal. Secondly, the entire community benefits from celebrating with the sick person. The celebration of anointing may be the occasion of grace for family reconciliation. Reconciliation may also enable the sick person to see meaning in his present moment of suffering so that he may ask forgiveness for moments of irascibility when family members are weighed down in caring for the person. The sick person may also be strengthened to go beyond his present predicament in order to pray and offer these sufferings for the Church.

Penitential reconciliation as part of the entire sacramental process for the sick can enable the sick person to remain in the present. This is an important pastoral task because a sick person, having time to reflect, can look back into the past and recall sinful moments. Such a glance can be accompanied by guilt, doubt, even scruples over what has been. Or the sick person can be filled with anxiety over the future: will he return to health, or die? Will the future leave him dependent or incapable of functioning as he might wish? Thus a re-run of the past or a terrifying fear of what may be can paralyze the sick person and leave him frozen in past or future. When this happens, the meaning of God's acting in the present can be missed and the person may miss an opportunity to grow humanly and spiritually.

The persons who minister to the sick person can encourage and help the sick person to offer his sickness for the needs of parish, family, friends, and the world community. It might be well to relate sickness to classical forms of penance such as fasting or vigil keeping. Since the person who is ill may not be able to eat well or sleep sufficiently, there is a built-in fasting and vigil keeping during sickness. These realities can be profitable spiritually. The sick person may come to a deeper participation in the cross and a more lively hope of resurrection.

Reading, prayer and litany: The rites of bringing communion to the sick and of anointing them are both responses to the word of God since word and sacrament are intimately related. Thus the scriptural proclamation can be taken as Christ's special message to sick persons and fellow worshippers. It challenges them to respond in faith. Hearing the word of God reminds the assembly that all things, both when people are well and ill, come from the Lord. God's revealing word is an announcement of salvation. It calls for response in prayer and intercession.

In the rite of anointing of the sick there are three forms of prayer or intercession (rite, no. 73):

- Form A prays for the sick person as he undergoes physical pain and temptation. It includes other sick persons for whom the assembly ought to pray; it prays for those who minister to the sick.
- Form B calls upon the Lord himself who bore mankind's weaknesses and sorrows, whose compassion led to healing, and commanded the apostles to lay hands on the sick in his name.
Form C prays very personally for the sick and for those who care for them. The mystery of illness can be united with the passion and death of Christ in which the saints participated, especially those who were sickly or who offered themselves totally to God in martyrdom.

Eucharist: The eucharist is the greatest sacrament of healing, reconciliation, and salvation. When persons share in the eucharistic bread and cup, they share in the healing power of the paschal mystery of Christ. Those who are sick share in communion not only with Christ but also with the entire community of belief. When the sick are visited and given communion on a Sunday, they are strengthened by the sacrament that has been shared by the rest of the community at Sunday eucharist. Thus there is unity and communion between the parish community and the person who is ill. The sacrament becomes a sign of the assembly's concern for the sick through prayer during the prayer of the faithful.

The sacrament manifests belief that the Lord will raise up the sick person just as the Lord was raised up on Easter Sunday. This belief is expressed in the eucharistic prayer, the kiss of peace, and in the healing that comes with reception of the eucharistic bread and cup: "Say the word and I will be healed." When a parish sends forth deacons and auxiliary ministers of the eucharist on a Sunday morning, it will help the entire community to become more aware of those who are absent from the celebration because of sickness.

From the days of the early Church, the eucharistic bread and cup were blessed or consecrated both for those who were present and for those who were absent. Deacons brought the sacred food to those who were unable to attend. The First Apology of Justin the martyr, dated around 150, mentions this practice (65: 5 and 67: 5).

Full implementation of various ministries enables a parish to cherish the sick and to minister to them with deep charity. Employing a variety of ministers also teaches the rest of the community to care in their various capabilities.

The eucharist is reserved in our churches for several reasons: to provide viaticum for the dying (this was the original reason for reservation); secondary reasons for reservation are for giving communion to those unable to take part in the Mass, particularly the sick and the aged, and for the adoration of our Lord who is truly present in this sacrament. Eucharistic adoration developed from the practice of reservation for the sick.3

The eucharistic gifts are given in private homes when the sick, prisoners, and others are not able to go to the church.

Laying on of hands: The imposition of hands is an ancient biblical and ecclesial ritual gesture of blessing and designation. It is a gentle, prayerful gesture of blessing over catechumens, the initiands in baptism and confirmation, the eucharistic elements, persons to be ordained to specific ministries within the Church, and over the congregation in the final blessing. Jesus laid on hands to heal, to exorcise, and to bless. The letter of James tells us to call in the presbyters to pray over the sick person: this included laying hands on the person in prayer. The gesture is associated with the application of oil and has remained from the time of St. Ambrose (c.339-397) in the Ambrosian rite for the anointing of the sick in the Church in Milan.

The laying on of hands is a communication of the power of the Spirit upon a person or an entire assembly. Through the gesture the Spirit is invited, invoked, welcomed, as a transfer of power or health is bestowed in the form of a particular blessing. Just as the lifting up of hands suggests praise and petition to God, so the laying on of hands suggests the identification of the object toward whom benediction is directed. The gesture effects and expresses favor and blessing and is a sign of fellowship.

As a sacramental gesture, laying on of hands communicates through hands which are extensions of oneself. The hand of both God and man is creative and full of power, compassion, and mercy. The scriptures say that God's hand is so full of compassion that it wipes away every tear (Rev. 1: 16 and 21: 4). When the minister lays on hands in the rite of anointing the sick, he does so in silence. The gesture is no mere mechanistic, impersonal act. Rather it is a rite of touch. It demands physical closeness and communication in the deepest sense.

On the part of the minister, it implies nurturing care, gentleness, affection, protection, communication of strength. On the part of the receiver, it implies openness, acceptance, confidence, a feeling of belonging, of strengthening, of well-being. To allow another person to touch you in any way is an act of openness and acceptance — in this case to the action of the Spirit. Thus the gesture is admirably suited to express and actualize the coming and presence of the Holy Spirit. The Church is a community which '.touches' others.4

The laying on of hands, then, becomes a central element in the entire complexus of signs and symbols in the rite of anointing the sick. It calls the sick person to appreciate his dependence on God and fellow Christians; it invites the sick person to remain like a little child in the presence of the Lord.

Anointing of the Sick

Anointing: The celebration of anointing consists especially in the laying on of hands by the presbyters of the Church; they offer the prayer of faith, and anoint the sick with oil hallowed by God's blessing. The rite is efficacious, for it signifies and confers the grace of the sacrament. Three elements are constitutive: the laying on of hands, the prayer of faith offered and the anointing with blessed oil.5

The recipient of the sacrament may be anyone dangerously ill or in old age. A prudent pastoral judgment is sufficient. The sacrament may be received again if the person becomes more dangerously ill during the same illness or if the person becomes ill after having been anointed and restored to health. Patients preparing for surgery, persons weak due to old age, and children who are sick and who would be comforted are also able to be anointed. Discussion continues about persons with mental or emotional illness. The sacrament ought not be put off, but celebrated when the person is ill and has use of his faculties.6

The sacrament may be given by the bishop or priest. Adequate preparation for the sacrament is necessary. In the actual celebration of the sacrament a number of priests may concelebrate the sacrament and share in its various parts. All may lay hands on the sick person. The blessed oil should be contained within a dignified vessel.

The celebration of the sacrament of anointing is not a private ceremony between the person and the minister. Since it is, of its nature, a public and liturgical action of the Church, anointing of the sick may be done for several sick persons who may have the stamina to receive the sacrament in the assembly gathered to offer praise and thanksgiving. In hospitals or places which care for the elderly, the celebration may call for the presence of medical personnel at the bedside not only as medical healers but also as believers. Family, friends, and parishioners may gather at the sick person's home. It is preferred that the sacrament of anointing be celebrated within the eucharist. Thus anointing is linked with the central sacrament in conferring salvation and is incorporated into the eucharistic memorialization of the paschal.

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5 See Rite of Anointing, introduction, no. 5.
6 Rite, nos. 8-14.
mystery. Although Sunday is the best day for anointing (as well as for other sacraments), another occasion may be appropriate, e.g., during a parish mission or when the bishop is visiting the parish.

Special care in planning and celebrating the sacrament should be taken. For example, the planning team might consult the persons to be anointed regarding the selection of readings, music, and choice of eucharistic prayer. Whether the sacrament is celebrated in church, home, hospital or institution, it is essential that care be had for the kind of liturgical garb worn, where seats will be placed so that the sacramental laying on of hands and anointing might be visible for all present, and how a number of concelebrants will come to the recipients of the sacrament in a dignified and unencumbered fashion. In every celebration there must be a co-ordination of roles and ministerial functions on the part of priests, deacons, readers, cantors, and recipients of the sacrament, ensuring a prayerful and reverent celebration and avoiding the chaos of poorly planned worship.

The prayer formula that accompanies the action of anointing expresses the heart of the sacrament. As the bishop or priest anoints the forehead of the sick person he says the first part of the formula. The person answers “Amen.” As the minister anoints the hands of the sick person he says the second part of the formula. Again the person answers “Amen.” If several persons are to be anointed, the ritual gesture of anointing and its accompanying word of prayer are done for each person.

The prayer form stresses the help of the Lord, his qualities of love and mercy, and associates the sacramental grace with the Holy Spirit. It also includes a forgiveness of sin and the role of the Lord in raising the person up. The specification of what the raising up of the person may mean because it will mean different things for different people due to age, the nature and extent of the sickness, and other factors which make sickness and health so varied in different people. Similar sensitivity to the varying conditions of the sick is reflected in the prayers that are given for use after anointing.

When celebrated within the eucharistic celebration, anointing is a faith response to the word of God and is a hopeful, consoling sacrament that is fulfilled and climaxed in the person’s sharing in the eucharist, a pledge of future eternal health and salvation.

Further action required: Finally, the sacrament of anointing of the sick presumes further action on the part of the local community. A parish might want to have the sick persons express some word of witness to the congregation. The recipients of the sacrament might want to express their sentiments through prayers they might compose, or in a short statement of faith and gratitude that one of the anointed persons might read after the silent period following reception of holy communion. (If this causes physical or emotional strain, another person could read the prayer or statement on behalf of the sick person.) The local community might want to continue the celebration with a parish dinner for the entire gathering. Perhaps some of the sick would be unable to partake. However, if the majority of the ones anointed were elderly, such a celebration might be a welcomed occasion amid the ordinariness of old age. If the bishop were present, this celebration might be a source of unity and fellowship. Some memento, for example a prayer book in large lettering and attractively designed, might be given to the sick person when he or she returns home and resumes the everyday struggle with suffering and sickness.

Undoubtedly many other possibilities for innovative follow-through are possible. Pastoral sensitivity and creativity are necessary on the part of pastors, parish teams, the

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7 This presumes that the liturgical seasons are respected in the celebration of the sacraments, and that some sacraments would not be celebrated, unless by necessity, on Sunday. Thus penitential reconciliation ought not to be celebrated on Sunday since it is a day of rejoicing and not one of penance.

8 See Bulletin 48, pages 137-139: Communal anointing of the sick.
parish council, and the liturgy planning committee. Whatever is provided for the sick ought serve to highlight the continuing responsibility of the local community for an on-going, flexible pastoral service for the sick and elderly.

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This sacrament is not a one-time event amid many other parish activities. Local communities must be wary of placing the entire pastoral ministry toward the sick on the shoulders of the liturgy alone. Liturgy is not magic; without a follow-through, ministry to the sick and elderly becomes empty ritual, and risks hindering faith among sick and healthy alike. From the sick we ask patience, long-suffering, a spiritual motivation, and the joining of their sufferings with the passion and death of Christ. They, in turn, demand something more from the local community. Planning, prayer, and service for the sick and elderly provide new vitality in a parish. The revised rites of anointing and the pastoral care of the sick help us in this work.

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Music: The following notes have been added to the Canadian edition of the rite of anointing:

92a. Hymns and psalms suitable for the communal celebration of the rite of anointing during Mass are found in Catholic Book of Worship:

- Gospel acclamation: Alleluia, nos. 201-207; during Lent, no. 208; accompanied by one of verses i, iv, v, ix, x, xvi (choir edition).
- Laying on of hands and anointing: If only a few are to be anointed, silence should prevail at this moment. If the number of persons to be anointed is large, silence should be observed during the first few moments, and then a hymn may be sung. See CBW, nos. 341, 371, 402, 280, 306, 316, 341, 363, 371, 372, 400, 402-404, 419, 431.
- Recessional: nos. 355, 368, 385, 390, 392, 412, 422.
ECUMENICAL PERSPECTIVE

In these notes, Father C. W. Gusmer indicates what some other Churches do in their care of the sick. This article presents only a brief survey, and encourages further reading and exploration by our readers.

Virtually all Christian communities provide for some ministry to the sick in their service books. Most provide the eucharist for the person, either by celebrating the Lord’s supper in the sick room or in a small group service, or by communion from the reserved sacrament. (It is to be noted here that the original reason for eucharistic reservation was for the purpose of bringing communion to the sick.)

The Roman Catholic, Eastern Orthodox, and Anglican Churches continue the traditional anointing and laying on of hands.

Eastern Orthodox: In the tradition of the Eastern Church, the first document giving prayers for a rite is the prayerbook or sacramentary of Serapion (Egypt, about 350). The prayers for blessing oil mention that it is seen as healing medicine which brings complete soundness. Today, the full rite is contained in the Euchologion (ritual), and is intended to be performed in public, and if possible, by seven priests with choir and congregation.

To be anointed, a person needs to be seriously ill; he need not be in danger of death. The anointing service is called euchelaion (oil of prayer), and emphasizes healing of body and mind, especially spiritual healing and the forgiveness of sins.

Anglican communion: Anointing was kept as part of the service of visiting the sick in the first Book of Common Prayer in 1549, but was dropped in 1552. In the eighteenth and nineteenth centuries, strong movements encouraged the restoration of anointing. This is now taking place in current Anglican prayer books. Canada and the United States have rites for anointing in their books.

1 Biographical notes on Father Gusmer are given on page 3.
3 See Service Book of The Holy Orthodox-Catholic Apostolic Church, edited by I.F. Hapgood (5th edition, 1975, Antiochian Orthodox Christian Archdiocese, Englewood, N.J.): see pages 332-339, especially page 345. See also:
4 A brief historical survey is given by C. W. Gusmer in “Anointing of the Sick in the Church of England,” in Worship 45: 5 (1971), pages 262-272. Member Churches which have anointing or laying on of hands in their prayer books are listed in note 1, page 262.
5 For Canada, see The Book of Common Prayer... according to the use of the Anglican Church of Canada... (1959, Anglican Book Center, Toronto) pages 576-591. The ministry to the sick includes visiting the sick, an act of faith and prayer, a form of confession and absolution, communion of the sick, forms for the laying on of hands and anointing of the sick, and a supplication for the dying.

For the United States, see The Draft Proposed Book of Common Prayer... according to the use of the Protestant Episcopal Church in the United States of America... (1976, The
Anointing Other Christians

The Second Vatican Council had as one of its aims to encourage everything that leads to unity among Christians (Liturgy constitution, no. 1). As a result, the Council began moving us forward to some sharing in worship with other Christians in its decrees on ecumenism and on the Eastern Catholic Churches.

Current directives now provide that Christians who are not Catholics may be permitted to receive the sacraments of penance, eucharist, and anointing under certain specific circumstances. A brief summary is given here: the original decrees should be studied for full details.

Members of Orthodox Churches: Because the Eastern Orthodox Churches possess true sacraments, apostolic succession, and true priesthood, there are both ecclesiological and sacramental reasons for permitting and encouraging sharing in liturgical rites.

Catholic authorities should not grant permission for sharing in celebrating or receiving the sacraments of penance, eucharist, or anointing before consulting with the competent authority (at least locally) of the Orthodox Church in question.

Cases for a sacramental sharing:

• in a case of necessity,
• when it has been impossible over a long time for the person to receive the sacraments in his own Church,
• and he is thus deprived of the spiritual benefits of the sacraments.

There is no question of making a profession of faith in the sacraments, since the Orthodox Church has this faith.

Catholic hospitals and institutions should tell the Orthodox priest at once when his parishioners are there, and provide suitable facilities for his visit and for celebrating the sacraments.

Members of other separated Churches: The Catholic Church permits a separated brother or sister to share in the eucharist, penance, and anointing of the sick under special circumstances, when the following conditions are present:

a) in individual cases. Some examples: in danger of death; or in exceptional cases: in urgent need (e.g., in time of persecution, or for a person in prison); or when it takes great trouble and expense to get to his own church;

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6 The main documents to study are found in Flannery's Vatican Council II (see note 2. above). Page references below are to this book:

• Vatican II, Decree on ecumenism, no. 8 (pages 460-461).
• Instruction on admitting other Christians to eucharistic communion in the Catholic Church (June 1, 1972), nos. IV-VI (pages 557-559).
• Note interpreting the instruction of June 1, 1972 (Oct. 17, 1973) (pages 560-563).
b) he is experiencing a serious spiritual need for the support of this sacrament;
c) the person is not able to get to a minister of his own church for a prolonged period of time;
d) he freely asks for the sacraments of the Catholic Church;
e) he professes his faith in the sacraments in accord with the Church's faith; in other words, his faith in these sacraments is in accord with the faith of the Catholic Church;
f) he is properly disposed and leads a worthy Christian life;
g) his reception of communion does not cause disturbance or danger to the faith of Catholic people;
h) the episcopal authority, usually the diocesan bishop, is to judge whether the necessary conditions are present in each case.

Catholic hospitals and institutions should tell ministers of other Churches at once when their parishioners are there, and provide suitable facilities for their spiritual and sacramental ministry.

IMPORTANT CONCERN

Past issues of the National Bulletin on Liturgy have given frequent consideration to the pastoral care of the sick. Over the past few years, articles on the sick, the aged, and the dying include the following:

- Reading scriptures with the sick — Bulletin 55: 204.
- Concern for the elderly — 33: 70-73.
PASTORAL MINISTRY TO THE SICK AND AGED

This article is developed from a paper, "Pastoral ministry of the Church to the sick and aged," by Sister Rose Petsch.1

Church as Sign and Sacrament

On: essential element of the Church's revised rites for the sick is often overlooked. The key to the new rites is the dimension of ekklesia, the communal aspect, the caring concern of the whole community: the doctors, the patient visitors, the young and old, the family, friends, the priest. The need for a communal experience in the sacraments of the Church is emphasized in the Constitution on the Church, no. 11. (It is worthwhile to read this passage over again, right now.) In our ministry to the aging and sick, we must make our meetings with them true encounters of mutual sharing.

The Fathers of Vatican II declared that the Church is a "sacrament or sign of intimate union with God, and of the unity of all mankind" (Constitution on the Church, no. 1).2 In addressing the second session of the Council on September 29, 1963, Paul VI said that the Church is a mystery, a sacrament, a sign, a reality imbued with the hidden presence of God. The essence of the Church is that the final goal of grace achieved by Christ becomes present in the whole Church as a visible society.

If Christ is the sacrament of God, the Church is for us the sacrament of Christ. The theme of the Church as basic sacrament recurs a number of times in the statements of Vatican II. The Council discerns a connection between the Church as primary sacrament and the seven ritual sacraments that express the sacramentality of the Church as a whole. A sacrament therefore is a communal symbol of the presence of grace coming to fulfillment. Jesus Christ as the sacrament of God is turned toward people. He represents for us God’s loving acceptance of people.

The Church is both a sign and a sacrament. The Church is most fully significant when its members are visibly joined to celebrate their mutual love and forgiveness in Christ Jesus. The Church is sacrament when this visible sign becomes an event of grace, transforming the lives of its members in joy, in peace, in patience, in hope. The Church is both the sign and the event of God's grace among his people. The Church must be a sign of the continuing vitality of Christ's grace and hope for the redemption that he promises.

Ministry to the Sick and Aged

This Christ event, this vitality that is the Church, reveals itself in many examples of ministry: comfort, love, prayer, care, and listening. To minister today, one must be in touch with his own religious faith experience in order to grow in knowing God through Christ and the Spirit. Christ is the revealer of the Father through the Spirit, and a minister must be continually growing in knowing Christ as a person. In the environment or space created by our living the Christian message, our ministry can help us to accept others as they are. If the everyday world suggests to a person, You are old, you are helpless, you have no real worth, then our ministry and relationship with that person may help him to discover his true human dignity.

1 Sister Rose Petsch, OSB, is a member of the Sisters of the Order of St. Benedict at St. Joseph, Minn. Born in Le Roy, Minn., in the Diocese of Winona, she made religious profession in 1956. She is a student at St. John's University, Collegeville, and is studying for an M.A. in religious education.

Those ministering to the aged sick can perceive the uphill nature of this effort. Society’s negative image of the aged frequently reinforces the elderly person’s negative self-image. The result of this process is wasted human resources. When we attempt to uphold old age with its wisdom, gentle patience, and courage as something to be treasured, we pit ourselves against a culture of the so-called “young and beautiful people.” Yet, the value of longevity goes as far back as our religious memory can take us: we hear Moses in his last words to his people, “Ask of your elders, let them enlighten you” (Deut. 32:7). Those who are 65 and over ask for less pity and more opportunity, for respect born of what they have become more than respect for having lived so long.

The unique focus of the sick and aged should be renewed emphasis on inner strengthening and on a positive living out of the limitations imposed by sickness or old age. Anointing as strength for endurance during the weakness caused by illness is an indispensable gift; but the vibrant encouragement toward holiness that this makes possible is the greatest healing for the ailing or aged Christian. Anointing for healing is an assurance that sanctity within suffering is the gift of the moment.

The task of ministering to older people who are sick is a challenge. The minister must try to meet the elderly where they are in their religious experience. The minister will attempt to expand their vision so that they may appreciate this graced sacrament now available to them. He will remain at their side until they are able to comprehend this beautiful reality without fear.

Needs of the aged: Those who are aged may have many needs:
- For affection, friendship, recognition;
- For opportunities to give affection to others;
- For continuing contact with a faith community;
- For a sense of forgiveness, and help in handling negative feelings;
- For assistance in coping with physical and mental changes;
- For continuing growth, both mental and spiritual;
- For a hopeful future.

In the scriptures, God reminds them that he listens to their prayer (Ps. 71: 5, 9). He assures them of his constant help (Ps. 37: 25). He continues to be with his beloved people, as a community and as individuals (Mt. 28: 20; Is. 46: 4).

The Church’s ministry to the sick and elderly is not to cure but to heal. Healing does not mean a radical change in one’s physical condition; rather it is a means of gaining perspective on life and of relating the present situation to one’s own life and the life of others.

Basic considerations: The elderly need two basic considerations on our part:
- Our attitudes toward them, their lifestyles, and their continuing education; toward their contribution as the older, wiser members of society; toward their need of attention and affection.
- Our realization that we too, if we live long enough, will join them. We are shaping the care and attitudes that we ourselves will receive as we enter the elderly state. There ought to be some self-concern mixed with our altruism as we acknowledge our obligation to be concerned about the elderly.
Episcopal statement: On May 5, 1976, the Catholic bishops of the United States showed their concern for the aged in a statement, *Society and the Aged: Toward Reconciliation.* They decried the denial of human rights to the aged; spelled out the principles that should govern public policies and individual behavior toward the elderly; and called on the Christian community to change social attitudes.

- The statement calls on each Catholic family to consider carefully its duty to look after an elderly relative. If this older person needs to enter an institution, the family duties toward him remain: they cannot leave concern for their relative's well-being only to professionals in health care and social agencies. Relatives and friends are able to give love and individual attention that will help those who are lonely and living in an institution.

- Parishes should look for the "hidden" elderly, and bring them into the life of the parish and civic community. The parish should also help these people to get all available community and government services.

- Parishes can help the elderly in many ways: by visits, daily phone calls, meals; assistance in transportation; recreation and entertainment; programs for continuing education.

- The bishops also call on individuals and the entire Church to be advocates for the elderly on matters of public policy.

A theology of aging: In 1974, at a conference on the theology of aging in Kansas City, Missouri, four lectures were presented, and later edited as essays. The introduction notes: "Theology has something to contribute to society about aging.

The four essays present this complaint: our culture is so steeped in the work ethic that when a person fails to earn a living by work, he or she is no longer considered useful. Thus the aging process is considered by our society as a problem to be solved.

The writers have different approaches toward a theology of aging:

- Paul Pruyser addresses himself to the ways in which a person grows old.
- David Tracy presents eschatological perspectives on aging.
- Robert Katz portrays the biblical concept of respect for old age.
- Don Browning presents a vision of old age which is the fulfillment of God's kingdom and participation in the plan of salvation here and now.

In the introduction, Seward Hiltner writes: "Even if this report does nothing else than make its reader, from now on, say Aging? That's me! at whatever stage of life he or she is, it will have gone a long distance."

There is only one line in Luke's gospel to describe Jesus' life from 12 to 30 or more: "Jesus increased in wisdom, in stature, and in favor with God and men" (Lk. 2: 52). What does this simple line have to say about the process of aging we shall all experience? How do you celebrate being old? or growing old? (Tevye in *Fiddler on the Roof* grows old dancing, praying to the Lord, keeping his balance, and fiddling too.)

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In Canada, Respect for Life day in 1972 centered on the aged in the human family: see Bulletin 33, pages 70-73, on ways of involving the aged in the liturgy throughout the year. (See also Bulletin 35, pages 222-223.)

4 *Toward a Theology of Aging,* edited by Seward Hiltner (1975, Human Sciences Press).
**Education for Change**

For many people, change is difficult; it often means giving up the familiar and secure in favor of the unknown and uncertain. On the other hand, change is also an opportunity for growth, for moving to something better, a chance to expand one's vision. Today there are many books and audio-visual materials available on pastoral care of the sick and aged. Education for change is made much easier if it takes place well in advance of the time when change will be demanded. It is our responsibility to receive or give information and education well in advance of the day when we or others are sick and wish to ask for the sacrament. The needs of the local situation will determine how best to educate, including the use of audio-visual materials.

- Some of these means of education can be used with general adult groups in adult education programs. Some parishes may want to schedule them during the week or after Sunday Mass.

- On a Sunday when the gospel speaks of Jesus' care for the sick, the homily could be centered on this.

- Programs of education can also be used for groups involved with the sick or elderly: people working in hospitals and nursing homes; the residents in institutions; those who are handicapped or shut-ins. Parish groups, including the liturgy and social action committees, could benefit from such a program of education.

- In *National Bulletin on Liturgy*, no. 53 (pages 111-114), an article on "Ministering to the Sick and Aged" gives helpful information and practical ideas for ministry to those who are sick and elderly.5

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Happily, at Vatican II the expression “anointing of the sick” was once again used to describe this sacrament (Liturgy constitution, no. 73). Various pastoral reforms were set in motion by the Council. Much however remains to be done in developing an adequate theology of the sacrament of anointing and in carrying out reforms in its celebration in parishes and communities. One hopes that a proper catechesis on the true nature of this sacrament will be carried out on a large scale, so that Christians will come to recognize in an ever richer fashion the dynamic presence of the healing Christ in the sacrament of anointing celebrated in the believing community.

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5 Some further thoughts on the meaning of the spiritual works of mercy today are developed in Bulletin 42, pages 23-25; see also Bulletin 53, page 116.

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**AUTOMATIC ANOINTING AT 65?**

A person does not become old just because he or she has reached a certain milestone on the calendar.

The Introduction to the rite clearly notes that anointing of the sick is for persons “dangerously ill due to sickness or old age” (no. 8); a priest may anoint old persons when “they are in weak condition,” even without dangerous illness (no. 11).

It is not according to the mind of the Church to anoint everyone over 65 as an automatic practice. Serious sickness and weakness due to old age are the criteria for anointing — not reaching a specific age.
CHARISMATIC AND SACRAMENTAL HEALING

Briefly Father C.W. Gusmer points out some directions to be followed by readers as they explore this subject further.

The relationship between charismatic \(^1\) and sacramental healing appears to be a surfacing problem. At the same time, the Church is moving from “extreme unction” to the sacrament of anointing the sick, and the charismatic-pentecostal movement is especially concerned with healing. The Church has always recognized the phenomenon of charismatic healing: e.g., Lourdes and other shrines, miracles required for canonization, relics. Yet, not all healing in the Church is necessarily charismatic in the restricted sense in which this term is often employed. One must be careful about making exaggerated claims.

- This problem is made more difficult by a lack of serious theology both on the sacrament of anointing and on charismatic healing. Areas needing study include questions of faith, the anthropology of grace, the ambiguity of the term healing, and many other points.

- There would seem to be an over-concentration on what sacraments can do — their “results” — as if they were some kind of supernatural prescription. The same comment applies to the expectations of charismatic healing. Some straightforward questions are posed in Worship:

  Does the service flow out of the local community’s ongoing pastoral care of the sick? Is the communal service pastorally responsible, in terms of prior preparation and follow-up care? Is there a sense of co-operation with the medical profession? Is there a proper emphasis on the worship of God and service of neighbor rather than a narrowly selfish therapeutic attitude which delights in the “miraculous”? Are healings, whenever and wherever they occur, signs pointing to a deepened faith and conversion in which the beneficiary is a changed or transformed person? Is the approach imbued with the central mystery of the Christian faith, the passion, death and resurrection of Jesus Christ and our participation in this saving paschal event? \(^2\)

- The link between sacramental and charismatic healing is the Church’s ongoing, everyday pastoral ministry to the sick, carried out day after day in hospitals, homes, and parishes by those who visit or care for the sick.

Further reading: Those who wish to study this question a little more fully may consult these articles:


\(^1\) In these notes, charismatic healing refers to the gift (charism) of healing, which the Holy Spirit gives to a person in order to build up the Church, the body of Christ on earth (see 1 Cor. 12). Father Gusmer describes sacramental and charismatic healing in his article in Worship, vol. 48, page 524.

\(^2\) Reprinted with permission from Worship, vol. 48, page 525.
EXPERIENCE OF DYING

In this article, based on notes by Father Alfred Stangl,¹ we look at death as a unique human experience.

Death is many things. We say that Western man is death-denying, thus implying that this attitude is incorrect, but we remain afraid to do anything to change the attitude. Death is inevitable: no one can escape it. It is a source of gloom and despair. It is man's final destiny, his goal, his future. It is termination, coming to a halt, leaving human existence as we know it. Yet in all of this, the funeral liturgy boldly says: "Life is changed, not ended."

Much can be said about death: there is a vast literature available on the subject. Most of what we conclude is speculation. Accepting this premise, we may propose some reflections on the matter, leading to a greater appreciation of our own death and the death of others, and to a more effective pastoral ministry to the dying. As members of the Christian community, we must always show compassion and care to the dying: this ministry has priority.

Death as an Experience

Death is an experience for all. It may be experienced in four stages of life: as a senior citizen, an adult, a young adult, or as a child. We will consider some ideas on the meaning of death, and deal with denial, theological reflections, and life after death as seen in today's thought patterns.

Definition: What is death? The response to the question depends on one's professional vantage point. Doctors and nurses tend to describe it in terms of the lack of vital signs in the patient. Death means that the vital organs are no longer functioning.

For other persons, death is defined as an ending of a relationship. "Death means the end; the final process of life."² We feel good and sad at the same time — relief because it is over, but sadness because it has ended. We live to form and develop relationships, but in death these are ended. We leave behind what was meaningful in life: family, friends, home. There is an emptiness, loneliness.

The struggling ends and there is peace. Dr. Kuebler-Ross says it is an accepting stage.³ The person no longer struggles, is not afraid, is totally at peace. We fear the idea of struggling and choking at the end. Yet the opposite seems to be true: there seems to be a letting go, a detaching and a being at peace.

¹ Rev. Alfred Stangl is assistant chaplain at Saint Cloud Hospital, St. Cloud, Minn. Born in 1937 at Pierz, Minn., he was ordained for the Diocese of Saint Cloud in 1963. He has earned a B.A. at St. John's University, Collegeville, and is now a special student there.
³ In her book, On Death and Dying, Dr. Elisabeth Kuebler-Ross points out the five emotional stages in the process of dying: denial, anger, bargaining, depression, acceptance. These are explained more fully in Modern science and Christian rites, in this Bulletin.
The person with faith experiences death as a fulfillment. He sees life lived to the fullest and reaching the high point in death and then beyond, the fullness of life. Even the person of faith has fear of death.

Death is permanent in all of nature. For man it takes on an added dimension which we will now consider in greater detail.

Death at Various Ages

Death for the senior citizen: Today no one wants to admit that he is getting older. Yet this awaits us all and we are experiencing it right now. We are afraid to admit that we are no longer what we once were. At any age we are afraid to admit that one day we will no longer exist on earth.

There are also other fears. The most prevalent is the thought of non-existence. It is hard to imagine that some day we will not be a part of this planet. We may despair at the thought of living to be a thousand, but we still want to live. This is equally true of one who is eight or eighty.

The feeling of separation from life, family, friends, earthly possessions, goals, is also present. It may not be as emotional at the senior citizen stage, but it is present. The thought of being separated from loved ones brings the feeling of isolation, loneliness, and depression. The idea of separation and a sense of peace are the two strongest feelings at the time of death.

All is not gloom for the elderly. Being freed from job and other responsibilities, the person can take time to get ready to die. There is a release from all that bogs us down in daily living. Freed from this, a person can see the larger picture. He can look back and ahead, and prepare in the present. The person can say with Pope John, “My bags are packed and I’m ready to go.” Along with this release there is present a sense of detachment. Relationships have been severed by the death of family, relatives, and friends. There is relief here: the bindings of relationship are gone. Grief is there in the awareness of loss, but also a freedom to reach out to other relationships. There is freedom now to develop the one relationship with the higher power. Not that this was neglected in life, but now there is time, and less distraction in relating to God.

This leads to one of the great experiences of life: to satisfy the longing in our heart in the one relationship that totally fulfills man. Others have been satisfying and fulfilling but nothing can compare with this one. St. Augustine speaks the truth about our spirits: they are restless until they rest in God. We are not complete until that relationship is satisfied. This comes in death, but here in life we have the time to develop it and prepare for it.

Finally, we need to consider the question of resignation or acceptance by the elderly. It is easy to say, “I want to die.” This could be true, or a nice way of saying: “I have nothing to live for, and I might as well die. Why should I live?” This speaks less of resignation and more of an escape. Our point is to find out what is being said, and give the person a chance to recognize what is happening. Resignation to what is inevitable is fine, but when expression relates to something else, this should be dealt with and resolved. Resignation says “nothing else can be done; endure it, let it happen.” On the other hand, acceptance speaks in a more positive manner. It is the final stage of the dying process mentioned by Dr.
Ross. It is the stage of having worked through the emotions involved in dying. In the older person, acceptance is a beautiful scene to see and reach. He looks back at life, and is now content and ready to die. There is peace, calm, and quiet. Acceptance is something we all strive for in life and wish to achieve at the end of life.

The experience of death hits the older person in a combination of fears and acceptance. In some respect the flow of life naturally leads to its end in death.

It is more difficult for us to deal with the other stages of death:

Dying in middle age: The experience for the person in this stage is one of loss. Death is viewed as something still in the distance and living is still much a part of one's life. When faced with death, the whole emotional process opens up and needs to be dealt with and resolved.

This stage is one of fears and loss. Kavanaugh records four fears described by a lady dying at the age of 37. In the final part of this stage, the idea of loss will be considered.

- The first fears center around the process of dying. Many of the types of death we experience are from television: whether it be the violent type or from soap opera, it is still far removed from us and from the factual. We take a long time to die. We have a long time to think, while the family goes on living.

A person often asks, “Will I die before I lose my mind?” This fear is over the loss of control and mastery over one's life. There is total dependency; he can do nothing for himself, and this leads to the shocking idea that he is a burden. This is the low point of the person's fears. “For others I would be better off dead. And yet here I am alive and all I can do is wait and think.”

- The second fear centers on the actual dying. Death is the final separation. Life provides many separations but not like this one. We can adjust to the others but this one is harder and hits us deeply.

In dying we see the incompleteness of our lives. There is so much we didn't get done. Life is incomplete because we see it in a quantitative perspective. Length of life is so important to us: it is hard for us to see life as a quality to be lived. If we measured it not in length of days but in its quality, the idea of incompleteness would be lessened and so would the fear at the time of death.

In dying the fear of hopelessness is also present. We live on hope and when this is gone, what is left? A feeling of despair comes over the person. Only the experience of the past can help build up some hope for the present and the future.

- Another fear is the idea of after-life. We fear non-existence, and what will happen in the next life. We know that God is good, but we are aware of his punishment for wrongdoing. This fear can be quite strong, especially when a person has time to think. Even if we have led a good life, we are aware that it was not perfect. Another aspect of this fear is of the unknown. What lies beyond the limits of our understanding makes us uneasy and uncertain. If others who had experienced it could discuss it, they could tell us and we could prepare better. But we are alone.

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with our fear. We have done so many things in community and now we must move on alone. Alone we must meet our judge, our creator, our maker.

- The final fear is the aura of hopelessness. The whole process of dying is too much for us. The feeling of helplessness comes over the person. Helplessness now joins hopelessness. Family, friends, God — even self is too much to cope with. At the same time we don't want to be rejected by anyone. We are vulnerable and do not want to be hurt. A put-on smile will be a help. We are still afraid to share our feelings with others. We are on a little island with a swift running stream all around; we are helpless as life goes on about us.

The young woman who was dying had only one regret about dying: "I think my death will be almost happy, since my one pressing regret is that I cannot live to practise what I learned in dying." 6

The feeling of loss is felt deeply by the dying person. There is the loss of family, home, friends. Missing out on day-to-day living is felt deeply. Nothing softens this loss. Another aspect of loss is that of the future. What will I miss when I'm gone? My family growing up, their graduations, grandchildren, and on and on. These too are difficult feelings to handle. Just a chance to share them is a great help. But even this is very hard and painful. The feeling of loss is the most difficult feeling for the person to handle. There is so much to live for and to experience.

The person can arrive at acceptance, but the way is long and filled with suffering. At length a calm comes along with peace, but this takes time and patience.

Death for the young adult (17-22): Picture here a young man full of life, wanting to live, and yet standing on the state of death: full of life, planning for the future, and determined to win over death. Young adults (17-22) have the feeling that they are immortal. Death has no power over them. They take the chances and move at the fast speeds; they make good soldiers for they are not afraid. But when faced with dying or the thought of it, they suddenly change. They are quiet and speechless: they cannot grasp the concept that they are mortal. They have a hard time dealing with illness: it is difficult for them to comprehend their situation.

Young persons keep dreams and hopes alive. Their will to life is strong. At times it is idealistic but present and needed. This hope is their strength. They think that tomorrow will be better because they will have a bigger part to play in it.

When the young person realizes that he is dying, he feels defeat. Then come silence and sadness. Hope seems to go and there is nothing left. The person finds it hard to talk. Feelings are there but they remain within. The person doesn't want to communicate. Maybe in silence there is acceptance. To the young and to society, death is defeat.

Death for the child: It is even harder to relate death to the child. The child speaks to us of life and vitality. The future is there and is for him. Death seems so out of place and wrong. And yet children die, just as adults do. Because it does not happen often it is considered to be even more tragic. Emotions run higher when a child dies.

5 Kavanaugh, op. cit., page 57.
A dying child:

- Experiences the same emotional stages that an adult goes through;
- Communicates more deeply with us in a non-verbal way;
- Does not have to strip away the many hangups which the adult has developed in time;
- Experiences fear that is more frightening than the adult's fear;
- Knows, like the adult, that he is dying.

The child can accept that he is dying. So often we forget that children can understand, communicate, and share their feelings. The only difference is in the way they express their ideas and feelings. "When children have known the truth about their condition, and were allowed to talk about it openly, they have been as brave as any adult." ⁶

⁶ Kavanaugh, *op. cit.*, page 143.
Meaning of Death and Dying

Having looked at the experience of death in the previous article, now we take a look at its meaning, including both past and current views. This article is based on notes by Father Alfred Stangl.1

Meaning of the death: "When a person is in the last stages of dying, he may be dependent physically on other persons for life-sustaining ministration, but he knows and they know that these ministrations are ultimately irrelevant. The dying person knows that he cannot depend on anyone to cure him or to save him. If he can, in fact, give up wishful dependencies, he turns to the core of his own being and to his connectedness with the ultimate ground of being that he may call God. He is alone, but if there are good companions around who understand the terrain and who are willing to share the trip without making or accepting unrealistic demands, he is not lonely." 2

The idea of life after death goes back to prehistoric man. Some primitive cultures would dress the dead in uniform and provide food at the burial spots. In doing this, they were indicating their belief in some activity beyond death. Probably one of the main ideas at this time was the idea of the journey, usually connected with crossing a river. A coin was put in the dying person's mouth to pay the ferryman. Later on, in some cases, slaves and other people were killed to accompany them on the journey of death.

Among the Egyptians there developed detailed and elaborate burial rites for the dead. This was done as an extensive provision for the life after death. It also showed that there was a belief in a continued, perhaps grander, life elsewhere.

Other cultures placed emphasis on a rebirth after death. Death was looked upon merely as an interruption, and a belief that the person would return to the desired familiar world. This idea shows a rhythm of life: life, death, rebirth. It agrees with the natural cycle and the annual regeneration of plants.

The idea of immortality takes a different path in Judaism. Among the Jews there was a gradual development: first a vague idea of another world, and then, near the end of the Old Testament, this idea has gained strong belief in the resurrection of the dead. Related to it was the judgment of God and the idea of a final resurrection.

Christianity: Christ was the first fruit of resurrection. In the early period after Christ the people waited for the savior to return and to begin the new era. Time went on and this did not happen: he did not return. Then slowly there developed a less joyous outlook on death. Fear settled in. The horrors of death were emphasized by moralists to make people mend their ways. The art of the period pictured horrendous views of dying and death. The patient on his deathbed was an effective spectacle for inciting fear and moral reform. The Ars Moriendi was a religious work of this period which concentrated on this subject. The theme was the struggle between the demons and the good angels over a dying person.

These and similar images used in the middle ages became powerful instruments of inciting faith among the people. Especially affected were those who were dying and who were persuaded to repent of their sins and return to God. Some of this thinking has persisted to our own time. The horror of death is still emphasized by some preachers of our day, to arouse a salutary fear — followed by focusing on the mercy and love of God. This approach has turned some people completely away from belief in after-life. As a result we encounter many people who deny death and express disbelief in any type of life after death.

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1 See note 1 of the previous article for biographical notes.
2 J. Donald Bane, Death and Ministry (1975, Seabury, New York), page viii.
Why have we become so death-denying and so skeptical about an after-life? It may be a reaction to the fears handed down to us from years past. We have so long suppressed the thoughts on death that we reject all ideas relating to the matter. Our society is focussed and centered on youth and vitality. Growing old and dying are reacted to as hearsay, and references to these life stages are readily set aside. Weakened faith has also made a contribution. Any ideas about absolutes seem to be rejected. This is, in fact, part of the rebellion against the establishments. The teachings of the churches on death are thrown overboard.

Theology of death: There are several schools of thought today on the theology or meaning of death:

- **Rahner:** Karl Rahner is a fundamental optimist. He is no longer concerned with the separation of body and soul but rather with the whole person who is dying. The event involves the whole person. In this process he cites an active and a passive role. The passive is the overt — the outside dying. But the more important is the active role. This process goes on within and consists of actively summing up from within. A new energy is readied to burst forth and establish a new relationship. This it does with the cosmos. Rahner insists that death is a fulfillment.⁸

  Some critics say that Rahner's thought is not resurrectional — that it is too “death-conscious.” “Death comes like a thief in the night.” In one other place, however, Rahner speaks more directly of the resurrectional idea. “Through death — not after it — there is the achieved definitiveness of the freely matured existence of man. What has come to be is there as the hard-won and untrammelled validity of what was once temporal; it progressed as spirit and freedom, in order to be.”⁴

- **Boros,** on the other hand, says that man's real decision is made at death. The decision man makes is not before or after, but it is made “in death.” In death there is birth, and for Boros this birth consists of a “world wholly radiant from Christ.”⁵

  From this we can imply that Boros is a final optimist. For him everything leads to the last moment, and it is here that the big decision is made. He sums up this idea: “Death is truly the peak of world events, the source of eternal life. In it man plunges more steeply than can be conceived into unfathomable depths, but only in order to mount up again and surge over, like a rising breaker, into eternal consummation.”⁶

  Today there is a clear contrast between what our culture says and what faith says about death and dying.⁷

At present there is a surge of interest in the experience of death. People are looking for a meaning to death. As Christians we have a great chance to witness, to believe in man's greatest personal and free act.

Summary: Having considered in some detail the experience and meaning of death, we need to ask ourselves some questions:

In America how can we get the subject of death out of the classrooms and into the fabric of daily life? How can we avoid talking it to death? In what ways can we become comfortable with our feelings about death?

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⁴ Ibid., page 151.
⁶ L. Boros, *A Theological Reflection,* page 165.
⁴ Ibid., page 178.

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Dr. Kübler-Ross asks, “Are you thinking about your own death? Are you afraid of dying? Of death? Consider the death of someone you love. What would you talk about to a loved one who was dying? How would you spend your time together? Have you talked with your family about death and dying?”

Each of us should also be asking: Am I afraid to live? Am I afraid of the after-life?

Questions like these will get us moving in the right direction. We will not be able to answer all of them, but at least we are confronting what is necessary and important in life. And thus we are accepting and embracing, not denying, the greatest experience of life.

For it is in giving ourselves
that we heal.

It is in listening
that we comfort.

And in dying
that we are born to eternal life.

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DEATH AND THE PASCAL MYSTERY

Do you remember what the Second Vatican Council said about death and the paschal mystery?

Read the Pastoral constitution on the Church in the modern world, no. 18. Read it slowly and carefully: in a few paragraphs it contains much Christian wisdom and tradition.
RITES FOR THE DYING

This article is developed from notes by Rev. Gregory Kwapisz.

Since the death of a Christian mirrors the death of Jesus Christ, it is worth reflecting upon Luke’s account of our Lord’s death. Thus we may gain insight into Christian behavior on the part of the dying person as shown by Jesus and his attitude toward those dying with him.

After the good thief has rebuked the other thief, he turns to the Lord:

“Jesus,” he said, “remember me when you come into your kingdom.”

“Indeed, I promise you,” he replied, “today you will be with me in paradise” (Lk. 23: 42-43).

There is a depth of consolation in this passage. The dying Christ ministers to the needs of a broken-hearted man, and in a sense, provides himself as the viaticum and the commendation of the dying. Thus, Christ is the model for the Church, the people of God, in ministering to the dying — a major concern for the Church throughout its history.

In the revised rites for the commendation of the dying, the Christian faced with death is invited to imitate Jesus in this time of anxiety, and to accept this suffering and death with hope in resurrection and eternal life: for Christ has destroyed death by his death (rite, no. 139).

Rites for the dying: We must keep a clear distinction between the rites for the sick (visiting, communion, anointing) and those for the dying. The rites for the dying, which form the major part of the revised ritual, consist of viaticum, the continuous rites, and commendation of the dying.

Viaticum

Tradition: Viaticum means “food for the journey.” In the ancient world, it was a farewell banquet or money given before a journey. A coin was placed in the mouth of a dying person to pay the fare to Charon for rowing the deceased across the river Styx.

The early Christian adapted these pagan ideas: for believers, the eucharist became a farewell nourishment and a pledge of eternity. For them it was important that the eucharist be in the mouth of a Christian at the moment of death.

Council of Nicaea: In 325, the Council insisted (in canon 13) that according to “ancient canonical law,” dying Christians are not to be refused the “last and very necessary viaticum.” This seems to include Christians who were public penitents. There is some debate whether viaticum refers to the eucharist alone or to all the sacramental means offered to the dying, including reconciliation. In any case, this shows the Church’s pastoral concern for the dying. In later times, viaticum was used to denote the eucharist exclusively.

Ordo Romanus 49: This seventh century document insists on viaticum for a dying person, even if he has received communion that same day. Viaticum is a pledge of resurrection.

Giving holy communion was the function of the parish priest or his assistant. In the early centuries, the laity, including women, gave communion. The eucharist was often taken home by family members for the sick or the dying. By the tenth century, the practice of

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having lay persons bring the eucharist to the dying was eliminated. The reservation of communion for the sick led to the development of worship of the eucharist outside Mass.

Until the thirteenth century, viaticum was generally received under both kinds, either at a Mass in church, Mass at home, or simply by communion given in the sick person's home.

The scholastics theologized about the sacrament of the sick and the dying. Viaticum came to be part of a continuous rite, included with penance and anointing (known as extreme unction or last anointing). The Council of Trent attempted to define the sacramental importance of anointing, and rejected any one-sided emphasis on its being a sacrament only for the dying. Until the Second Vatican Council, the medieval practice remained in force, with penance, viaticum and anointing as the triad of sacramental assistance to those especially in danger of death.

The strong insistence in the 1918 Code of Canon Law (can. 865) has its roots in canon 13 of the Council of Nicaea. The reception of viaticum is a precept binding on Catholics. (The new rite, no. 27, indicates that all baptized Christians able to receive communion are bound to receive viaticum.)

The emphasis in the Church today is to see viaticum as the ultimate provision for the Christian on the way to his eternal destiny, and thus to his homecoming. It is the true sacrament of the dying, and the true promise of sharing in Jesus' resurrection (see Jn. 6: 54).

Now there are numerous indications in the new rite that viaticum should be given some time before the final agony of death, when the Christian is in full possession of his senses. The preferred context is within the Mass, including a profession of baptismal faith, the sign of peace, and communion under two kinds. Viaticum may be repeated as long as the danger of death continues. Perhaps the time for viaticum would be when the dying Christian has reached the stage of what Kuebler-Ross calls acceptance.

Sacraments for Those Near Death

The continuous rite (penance, anointing, and viaticum in one celebration) has been part of the Church's pastoral and sacramental care. Its meaning and understanding have varied in different eras of Church history.

In the gospels, the encounter with Jesus often brought about the grace of repentance and healing. In James 5: 13-16, the sick were to call in the elders, and prayer, anointing, and mutual confession of sins took place.

In the first centuries, the rites were not distinguished as clearly as later generations saw them. By the seventh and eighth centuries, the role of the priest begins to be stressed, especially in celebrating anointing and the rite of penance with the sick. In the Carolingian reform at the end of the eighth century, the penitential aspect evolved as an important element of the sacrament. This perspective carried on through the scholastic period, when theologians disputed over the preparation for glory, necessitating the removal of all sins, even remnants of sin.

In this way the triad of penance, viaticum and extreme unction (last anointing) became elements of initiation into eternal life. This particular sequence continued as the Church's practice through the Council of Trent, almost until Vatican II. Despite the lack of any strong biblical or liturgical theology to substantiate its practice, it continued to hinder an authentic comprehension of the sacrament and its pastoral ministry.

In the 1950s, Pius XII revised the order of the "last rites" to penance, anointing, viaticum, and apostolic blessing.
Revised rites: The present ritual (chapter 4) provides a continuous rite for use in an emergency situation, when a Christian suddenly comes to be near death. The proper order of the rite is reconciliation, apostolic blessing, anointing, and viaticum. When time is short, viaticum is preferred over anointing (no. 116). The ritual notes that confirmation and anointing should not be celebrated in the same continuous rite. If only one is to be celebrated, it would appear that confirmation — the ritual completion of the making of a Christian — is preferred (no. 117).

Rite for the Commendation of the Dying

Historical outline: From the time of the apostles, prayer was offered for the sick. By the seventh century, rites for the person who was dying had developed, and it was considered an act of charity to take part in these. Ordo 49 included a reading from the passion of our Lord, continued until the person died. Then at once, the antiphon “Saints of God” and a collect (still in our present rite — no. 151) was said, with Ps. 114.

By the middle of the ninth century, the Carolingian order of service was in effect. Before the Christian died, the penitential psalms, litany of the saints, and other prayers were said. After his death, psalms, anthems, versicles, and collects were said. Around 950, the Romano-Germanic pontifical developed the prayers of commendation.

Until the twelfth century, the commendation and burial services were frequently found at the end of the sacramental or missal. Later on, they were put into a special funeral book. Under Paul V (1605-1621) the Roman Ritual was issued in 1614, and included prayers from the thirteenth century Franciscan ritual of the last sacraments, developed from the pontifical of Innocent III (1198-1216).

The prayers of commendation tended to be quite lengthy, and they were often rushed through, or cut short. As a result, the dying Christian was not always given full consideration of his physical, psychological, emotional, and spiritual needs.

Revised rites: Today the Church has a twofold concern in the rite of praying with the dying and commending them to God: to make sure of the presence of the praying Church, and to help the dying person to complete his Christian life on earth.

- Presence of the praying Church: It is a Christian responsibility to help a brother or sister who is dying (no. 138): this is particularly true of family, relatives, and close friends. The minister — the one who leads the service of commendation — may be a priest, deacon, or lay person. The presence of the praying Church at the commendation of a dying Christian is the sign of faith, hope, and love. It symbolizes all that he has lived and worked for: the encounter with the heavenly Father through the risen Christ and the Holy Spirit.

The present rite is a gentle one. It consists of:

- communal prayer: prayers, litanies, aspirations, psalms, scripture readings (no. 139); these should be brief and simple, and consoling for the one who is dying.

- non-verbal elements: sign of the cross on the person’s forehead, as at baptism (no. 139). Touch and hearing are the last senses to fail.

- participation: if the dying person is able, he may repeat brief texts or prayers said by the minister (no. 140), provided this is not a strain.

- music or singing may be of help; if so, the psalms or hymns selected should take the person’s spiritual and physical condition into consideration.

- spontaneity: the rite has carefully avoided a rigid structure of interminable prayers (no. 145); other prayers may be added (no. 140), including prayers and petitions to the dying person’s patron saint (no. 145).
— calm atmosphere: the prayers are to be said slowly and quietly, in a reassuring manner; prayers may be repeated after periods of silence (no. 140).

When the person is near the moment of death, special prayers may be said (nos. 146-150). When he has died, an anthem and collect are said for him (no. 151).

- **Consummation of a Christian life**: As the person's life on earth is drawing to a close, we are reminded that it is not ending but being changed (preface no. 77). The Church commends the dying Christian to God.

— This is in correspondence with recent theologies of death which emphasize the moment of death. For Rahner, it is the summing up of the fundamental option; for Boros, it is the final option, the first fully free act in which eternal life is decided.

— The rites emphasize the paschal character of the death of a believer (no. 139). It is the consummation of his Christian initiation, a new stage in the mystery of dying and rising with Christ. For this reason, baptismal symbols are prominent in the rites for the dying and for the dead: the profession of baptismal faith before receiving viaticum; the sign of the cross during the commendation; the holy water, white pall, and Easter candle in the funeral Mass; the memento for the dead in eucharistic prayers II and III.

**Content of prayers and readings**: Some brief observations on the texts in the revised rites for the commendation of the dying:

- **Biblical content**: The prayers are strongly biblical in their content (see Liturgy constitution, no. 24). Presenting traditional imagery rather than abstract ideas, they give insights and consolation for the dying person at the moment of death, and provide consolation for the living. Some of these images include:

  — paradise: *In paradisum*; Lk. 23: 43.
  — repose: "eternal rest."
  — light: "perpetual light."
  — peace: "rest in peace."
  — refreshment: the early Christians had a funeral agape, called a *refrigerium*. (These three images — refreshment, light, peace — are still mentioned in the Roman canon.)
  — bosom of Abraham: filial intimacy, as for Lazarus the beggar (Lk. 16: 22-23).
  — resurrection: paschal imagery.
  — heavenly Jerusalem: eschatological image.

- **Paradigmatic**: These prayers and readings offer Christian models for our thinking and feeling about death. Thus, for example, the litany (no. 148) contains biblical images of freedom and liberation.

**Victory**: Christ has overcome the power of death, and it no longer has its full sting (1 Cor. 15: 54-57). He has conquered sin and death (preface no. 26). By his death he has destroyed ours; by his rising he has made our life new (preface no. 21).

With Paul we can rejoice: "Though your body may be dead it is because of sin, but if Christ is in you then your spirit is life itself, because you have been justified; and if the Spirit of him who raised Jesus from the dead is living in you, then he who raised Jesus from the dead will give life to your own mortal bodies through his Spirit living in you" (Rom. 8: 10-11).


MODERN SCIENCE AND CHRISTIAN RITES

These notes, based on a paper by Sister Angelina Rispoli, discuss some insights developed by Dr. Elisabeth Kübler-Ross into the act of dying, and look at the rites for the dying in this light.

Introduction

Ideally, Christians should be able to affirm that death is not an enemy to be conquered, for Christ has overcome death and has given us the hope of eternal life. Yet death is an integral part of our lives that gives meaning to human existence: each of us is faced with the reality of our own death and finiteness. In all ages, the inevitability of this reality has been distasteful.

For believers, the example of Christ’s life, passion, death, and resurrection is the truest witness of what life and death should mean. He was repelled by the imminence of the agony and death he was to experience. He asked for the comfort of his friends to watch one hour with him. He prayed, desperately: “My Father, if it is possible, let this cup pass me by. Nevertheless, let it be as you, not I, would have it” (Mt. 26: 39). And again, “My Father, if this cup cannot pass by without my drinking it, your will be done!” (Mt. 26: 42). Even more poignantly, Matthew and Mark record the words: “My God, my God, why have you deserted me?” (Mt. 27: 46; Mk. 15: 34; see Ps. 22: 1). After experiencing the unbelievable cruelties of his passion, as he was about to die, Christ commended his spirit to the Father (Lk. 23: 46; see Jn. 19: 30 and Ps. 31: 5).

For Christians, the mystery of life is closely related to the mystery of death: life is through death. This is completely opposed to what our contemporary culture has to say about death and its correlatives. Culture and faith are at odds. “Culture regards it (death) as evil, yet Christ embraced it; culture sees it as the end of volition, faith as the birth of knowledge; culture regards the dying person as only perceived and remembered by others, faith says moments of liberation and relaxation are the moments of greatest perception and remembering; culture sees it as a termination of love, faith says only when one’s whole existence is surrendered does one gain a capacity for perfect love; culture defines dying as the beginning of one’s absence from the world, faith as a new presence to the world in the encountering of the world’s creator; culture as the disintegration of personality, faith as an ultimate integration; culture calls it man’s last completely personal act, faith, man’s first completely personal act.”

Surrounded by and entrenched in it as we are, we cannot escape the influence of our culture. Have we not often been taken in by the death-denying culture? Even terminology tends to soften death and make it less real: dying patients become “terminal cases,” and a corpse is “Mr. or Ms. —.”

For Christians especially, this state of affairs seems scandalous! How often do we hear homilies on death and dying; homilies that include suggestions about making our death — the most potent deed of our lives — an act of praise of God and care for others? How often are we asked to consider Christian alternatives to the high cost of dying? As much as our faith would evoke a positive attitude toward death and dying, we are undeniably struggling against the forces of this world and its death-denying spirit.

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2 Robert Hovda, paraphrasing Aidan Kavanagh, in Living Worship, November, 1972.
Anointing of the sick: The Second Vatican Council in its Constitution on the liturgy said that extreme unction should be called anointing of the sick. It is not limited to people at the point of death. It is fitting to anoint a believer when sickness or age begin to put him in danger of death (no. 73).

The decree further stated that in addition to separate rites for anointing and for viaticum the original sequence of the continuous rites be restored: penance, anointing, viaticum (no. 74). The number of anointings and prayers was to be revised to correspond to the varying conditions of the sick (no. 75).

These revisions are indeed a sign that anointing will again be the sacrament of the sick, rather than “last rites.” While the revised rites for the sick have set the tone for proper implementation, they also raise new problems. Paramount among these are the ministry to the dying and to the grief-stricken, and the relationship between sacramental and charismatic healing. Our focus will be on the problem of ministry to the dying.

“In rightfully asserting that anointing is a sacrament for the sick, we must nonetheless be careful not to minimize the reality of death nor to obscure the Christian meaning of death as a special consummation of the paschal mystery. Such a perversion could only be liturgically counter-productive, theologically misleading and pastorally a surrender to a contemporary death-denying culture.” It is this observation and caution that inspired an interest in the topic of death and dying as it has been expressed by Elisabeth Kuebler-Ross and those who revised Pastoral Care of the Sick and Rite of Anointing.

Contribution of Elisabeth Kuebler-Ross

One person who has become somewhat of a prophet in our midst is Elisabeth Kuebler-Ross. She is a Swiss physician and psychiatrist who has spent a great deal of her life with dying children and adults, as well as with their families. Since about 1965 she has been quite influential in confronting society, especially in America, with the reality and inevitability of each person’s death. This she has done in a most humane way in which human beings of any religion or background can identify.

Her writings are of special interest because of the deep gospel values that are expressed and because of the way her writings help to recall the richness of our heritage as Christians.

From what she expresses in the third volume of her series, Death, the Final Stage of Growth, it seems that at the outset of her interviews and dealings with terminally ill patients, Dr. Kuebler-Ross didn’t have a specific “faith” conviction with regard to death. In her third volume she writes:

“This work with dying patients has also helped me to find my own religious identity, to know that there is life after death and to know that we will be reborn again one day in order to complete the tasks we have not been able or willing to complete in this lifetime. It is in this context that I also begin to see the meaning of suffering and understand why even young children have to die.”

She has done much good in helping people understand and respond to the dying, and this is most intimately related to the Pastoral Care of the Sick and Rite of Anointing.

Dr. Kuebler-Ross bases her writings on her experiences and experiments involving patients, students, doctors in the Chicago area. Her first book, On Death and Dying, is

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4 Gusmer, op. cit., page 521.
an attempt to refocus on the patient as a human being, to include him in dialogues, to learn from him the strengths and weaknesses of hospital management of the patient. The most important advice she has for those who would minister to the dying is learn to listen.

Stages in dying: Dr. Ross' interviews with terminal patients concluded that there is a fairly constant rhythm of stages in the process of dying, at least for the troubled people she talked with. These stages are: denial, anger, bargaining, depression, and acceptance.

- Denial: In the stage of denial, one is concerned not only about the denial on the part of the patient, but also on the part of hospital staff, family and friends. Often, a patient may be aware of a terminal illness, but have to deny it because the family cannot face the fact. Generally a person in this phase cannot accept the fact that “it is me.” The need for denial exists in every patient at times — at the very beginning of a serious illness more so than toward the end of life.

- Anger: When the first stage of denial can no longer be maintained, it is replaced by feelings of anger, rage, envy, and resentment. The characteristic question then becomes: “Why me?” This anger is displayed in all directions and makes it very difficult for family and hospital staff to cope with the patient. The visitor needs to put himself in the patient’s position: it is essential for the visitor to be a listener, not only to words, but to the non-verbal, symbolic language of the patient.

- Bargaining: A third stage is that of bargaining. This stage is really an attempt to postpone. Most often bargaining is done with God and is usually kept a secret, or mentioned between the lines, or in privacy with the chaplain. Psychologically, promises may be associated with quiet guilt (perhaps a patient feels guilty for not attending church more regularly). For this reason, Dr. Ross found it helpful to have an interdisciplinary approach in patient care.

- Depression: When denial, anger, and bargaining are ineffective, the patient may become depressed by the many losses he has to endure. Dr. Ross distinguishes between two types of depression: reactive and preparatory. The encouragement to look at the bright side of things can be helpful in dealing with reactive depression. A woman who is worried about no longer being a woman can be complimented for some especially feminine feature. It may help a mother to know that her children continue to laugh and joke. and are able to function in spite of her absence. On the other hand, if a patient is at the point of preparatory depression, encouragements and assurances are not as meaningful. If the patient is allowed to express his sorrow he will find a final acceptance much easier. He will appreciate those who can sit with him during this stage and be sensitive to the need for few words, for a touch of the hand, a stroking of the hair, or just a silent sitting together. This type of depression is necessary and beneficial if the patient is to die in a stage of acceptance and peace.

- Acceptance: Once the patient has had enough time and has received help in working through the previous stages, he will reach a stage during which he is neither depressed nor angry about his “fate.” This stage of acceptance should not be mistaken for a happy stage. It is almost void of feelings. As one of Kuebler-Ross' patients said: “It is the final rest before the long journey.” It is during this stage that the family needs usually more help, understanding, and support than the patient.

Not every person will experience the progression of stages described by Dr. Kuebler-Ross. Some of her patients have died suddenly. What is essential for us is to recall some basic premises held by Kuebler-Ross: the patient is a person; the science of medicine cannot replace the art of caring for a sick or dying person; many deaths take place in hospitals, and therefore are lacking in the communal or social dimension.
There were two types of patients which Dr. Kübler-Ross and her colleagues did not interview: people who were deeply religious (because they were generally at peace), and people who grew up in rural areas, closer to nature and death.

It is precisely in her concern for the patient as a person, in her willingness to listen, and in her encouragement to others to be present to the dying person, that Kübler-Ross’ writings can be compared to the Church’s tradition as it is now expressed in the apostolic constitution of Paul VI and in Pastoral Care of the Sick and Rite of Anointing. While there is not a point for point comparison to be made between Ross’ writings and the revised rite, it seems clear that each conveys a spirit of genuine concern and care for the sick and dying as individual persons.

It remains to comment on the revised rite and to draw parallels with Ross’ writings when they seem to apply. It will also be necessary to indicate points of contrast between the two.

Pastoral Care of the Sick and Rite of Anointing

Introduction to the rite: For the most part, the rite is very pastoral in tone: conscious of the individual needs of the person and the needs of the family; conscious of the communal nature of sickness and death. The Introduction makes us more aware of how all of society has a role to play at the time of illness and dying. This is quite reminiscent of the interdisciplinary approach endorsed by Kübler-Ross in her experiments and interviews. Likewise the Introduction consistently reminds us that visitation and care of the sick and dying are true expressions of the love and compassion of the total community of Christ’s followers.

Especially in chapters 3-5 of the Introduction are we made very conscious of the need for the priest to know where the patient is at. Here again is an echo of Kübler-Ross. If a priest is dealing with a terminally ill patient who is at the point of denial or anger, for example, he should not walk in and merely perform a rite. Would this not reduce the sacrament to a sham? Perhaps what is most needed at this time is for the priest to listen; to be sensitive to the right timing; to wait for the opportunity to instruct the patient in the meaning of sickness and suffering. It seems once a priest or other minister (deacon or lay) has gained the confidence of the patient, he can properly prepare the patient for a fruitful celebration of anointing, and for viaticum when the time arrives. Most likely, a person in the denial stage will deny the need for anointing (many still consider it to be “extreme unction”). Ideally, when there is time, the priest or minister could emphasize the sacraments of anointing or viaticum as a prayer for healing, if it is for the good of the person and of Christian hope.

Dr. Kübler-Ross also speaks of the all-pervading sense of hope that exists even in the midst of the deepest depression. Patients must never be denied this hope. It is here, though, that there might be a point of contrast between Ross and the expression of the Church’s faith. Ross states that she knows there is life after death and that she knows we will be reborn again. The question seems to be whether or not we mean the same thing when we speak of hope. As Christians we believe and hope for things unseen. Ross’ “belief” seems to be based on scientific knowledge (especially through her recent preoccupation with reports of those who have been revived). It remains to be seen where her findings will lead her.

Viaticum: The final chapters treat of ministry to the dying: Viaticum (chap. 3), rite for administering the sacraments to those near death (chap. 4), confirmation in danger of death (chap. 5), rite for commendation of the dying (chap. 6). As anointing is the sacrament for the sick, viaticum is the authentic sacrament for the dying. It is perhaps with this sacrament that we can draw the basis for a new practice for the writings of Ross.

“In view of advanced scientific medical techniques which prolong life far past the stage when a terminal patient can consume solid food, the revised rites appear to suggest an earlier administration of viaticum, when the dying Christian is still able to participate to
some extent... It would be fitting if the viaticum could be co-ordinated to correspond to the final stage of peace or acceptance, even when the patient may linger on several days afterward.  

Viaticum and the commendation of the dying are not among the most well known or understood rites. While we may owe a renewed appreciation of these rites to the inspiration of Dr. Kuebler-Ross it is with these two rites that we can draw the sharpest contrast. Although much of what Kuebler-Ross describes may seem novel to many readers, the Church's tradition has much to offer by way of acknowledging death as a reality to be experienced and by way of celebrating this passage to the Father. Important as psychology and other behavioral sciences are to religion and faith, there has to be more for the believer.

The practice of ministering to the dying is time-honored among Christians. Since Christianity was rooted in Jewish soil and then spread to the Graeco-Roman world, it was influenced by the cultures of these people. As in other spheres, early Christians maintained what was best in practices surrounding death and burial. Most favorable were the understanding of death as sleep, as a summons of Christ and his angels, as birth, and as a migration to the Lord. It is this last aspect that helps us understand the meaning and value of viaticum.

In early times viaticum signified a farewell banquet given to one before setting out on a journey. More commonly it meant money given for a journey and very often it signified the money given Charon for the journey after death. The Romans took the custom from the Greeks, so that it was the general practice to give a coin to the dead. Christians did not take over this practice: they had their own viaticum, the reception of the eucharist. Abuses did arise, where the eucharist was placed in the mouth of the corpse. (Perhaps this can help us better understand the tendency in our day to want corpses anointed — see, however, introduction to the rite, no. 15).

"He who eats my flesh and drinks my blood has eternal life, and I will raise him up at the last day" (Jn. 6: 54). This text is cited as the divine precept for reception of viaticum. The practice of receiving viaticum has been decreed by the Church from the fourth century to our own era. Given the pastoral tone of the apostolic constitution and rite of anointing, one wonders if the prescriptions concerning viaticum, the continuous rites, and commendation of the dying can be applied in most cases. Perhaps the better question would be, is it possible to apply them at the time most people equate with "last rites"? Should they be applied in extremis? In light of the history of these rites, and the faith response of the dying person, all the rites should be celebrated while the dying person is in full consciousness. To accept death, to assume it truly as a professed believer, to replace Christ in his passage to the Father: these suppose that one is in full possession of his senses.

The realization of this ideal requires a massive catechesis. But is this not essential if we hope to propose to the person in a death-denying culture the rule of belief through the rule of prayer? Would not viaticum received during Mass be a witness to faith not only for the dying person, but also for those who have come to celebrate with him? Would not the renewal of faith in this context clearly proclaim the relationship between initiation and this final profession of faith?

Commendation of the dying: Attention must be given to this rite, which provides for sensitivity to the needs of the persons involved. Prayers and readings may be chosen freely from those in chapter 7, and others may be added if the situation demands. No. 145 notes that those present may also say other customary prayers. When death seems to be near, someone may say some of the prayers in nos. 146-150.

The Profiscere is listed first among these prayers (no. 146, Go forth, faithful Christian, "In the name of God"). One might be inclined to omit this prayer on the ground that it requires a biblical background and a lived community experience: this would hinder a catechesis that is so vitally necessary in our age. More than likely, it will be the laity who will be ministering at the deathbed. This would be an excellent opportunity to instruct them in the rich heritage that is ours, especially our belief in the communion of saints. It would be an opportunity for them to give expression to this belief.

Along with the other beautiful imagery contained in our death and funeral liturgies, we have expressed in this prayer a vivid picture of an immense cortège convoked for the supreme voyage, when the hour has arrived for this beloved daughter or son to pass with Christ from this world to the Father. In it is expressed the festal atmosphere of the personal passover into the assembly at which the Triune God presides in the midst of the angels and all the saints.7

In general, what is of greatest similarity between the writings of Dr. Kuebler-Ross and the Pastoral Care of the Sick and Rite of Anointing is the importance of the individual and his or her needs. The most obvious difference seems to be in the realm of faith. This is understandable when we realize that Kuebler-Ross writes from a medical, psychological, and personal religious background. Regardless of differences in religious backgrounds, Elisabeth Kuebler-Ross urges all human persons to contemplate their own death. "If all of us could make a start by contemplating the possibility of our own personal death, we may effect many things, most important of all the welfare of our patients, our families, and finally perhaps our nation."8

How much more does this apply to those of us who are responsible for ministry and catechesis! In 1948 A. G. Martimort encouraged his confrères to be an example of inspiration to the faithful by frequently meditating on the Roman Catholic ritual for the dying.9 This recommendation seems most suitable to our generation, especially when there are so many more people who might be touched by the faith and care of truly committed ministers of Christ's presence.


PRAYERS FOR THE DYING

To help families to join in and celebrate these rites for the dying, they are contained in Sunday Mass Book, pages 1146-1159. Other rites include: viaticum (1146-1148); continuous rite (1149); Mass for the dying (1150); prayers for the dying (1151-1155); references for scripture readings (1155-1159).

Prayers for the dying: When a Christian is dying, family and friends may join in prayer and commend him to God. These prayers are contained in SMB, pages 1151-1155, along with suggestions for using them well.
PASTORAL MINISTRY TO THE DYING

This article is based on a paper, "Ministry to the dying," by Ms. Loretta Javra.1

Remote Preparation

The Church's ministry to the dying must be closely related to its ministry of teaching. In fact, that is where it should begin. The greatest service the Church can render in relation to the human experience of dying is to educate its members about death through its preaching, catechesis, and lived faith.

Death education is about life and, therefore, must begin early in a person's life. Only one who develops a sound and deep philosophy of life is able to accept the finite nature of life and the inevitability of death.

For the Christian, life and death take on a deeper meaning because they are rooted in the paschal mystery of Jesus Christ. The entire life of a Christian must be understood as a process of dying and rising if it is to have any meaning at all. Baptism is a dying and a rising. Conversion and reconciliation are experiences of death and life. Life always comes through death.

Formal education: Religious education on all levels, if it is truly concerned with preparing people to live their faith, must include death education. This is especially important in a youth-worshipping, success-oriented, death-denying society such as ours where faulty attitudes about life and death cause many anxieties which prevent people from living more fully human lives. The primary goal of death education is to change poor attitudes toward life and death.

Our technological society is adept at disguising and denying the reality of death, leading to the "pornography of death." This is evident when one goes to a movie and observes the reaction of the audience toward portrayals of violence, mass killings, and other forms of death. The message is clear: life is cheap, death is meaningless. When people cannot face death, they need to mock it.

Another common way we deny death is by depersonalizing it. Our aged and our dying are, for the most part, whisked away to institutions. Hospitals and medical centers are chiefly concerned with saving and prolonging life, and have little time for the care of the dying. Contemporary funeral customs disguise death, almost caricaturing it at times. The vocabulary of the funeral industry alone does this: "passed away" instead of "died," "loved ones" instead of "corpse."

Children are deprived of any personal involvement with death. Living in urban areas, they are removed from the life and death cycles of nature; and having little or no contact with the aged and the ailing, they do not see that side of life. Sometimes they are even deliberately shielded from seeing death so that they "would not have to see anything so painful at an early age." For all practical purposes, death is a stranger to them.

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Often the tendency is to blame our materialistic, technological society, but we need to go much deeper to identify the reasons for our death-denying attitudes. The basic problem lies in the absence of a meaningful theology of life. Our educational enterprises still regard the topic of death as taboo, and do not give it its rightful place in educating people.

No one can face the prospect of death if his concept of human existence does not integrate the reality of death and life. The meaning of life is incomplete unless it admits that death is its final stage of growth.

In response to the teaching mandate given by Christ, the Church — more than any other agency — has a serious responsibility: it is the Church's urgent task to show people "the way, the truth, and the life." The teaching of a sound Christian theology of life is the essence of this task.

Whatever format education for death takes, its goal must be to help people to become aware that human life is finite and death is certain. It must lead people to look death in the face and to see that it is not to be excessively feared and denied, but to be revered and respected. This coming to terms with death will remove unreasonable fear and will engender a genuine love of life.

Denial of death causes people to live empty and purposeless lives. Those who do not face the fact that they will die some day tend to act as though they will live forever. Only when we recognize and accept death do we take the time and the effort to live each day as fully as we can and strive to become the persons we are called to be.  

An article, "Death Education and Religious Education," describes an experimental plan on death education prepared for use with adolescents. It is an attempt to confront young people's attitudes toward death. A similar plan of instruction can be developed for use with other age groups, including adults.

Proclamation: Jesus came in order that all might have life and have it abundantly (Jn. 10: 10). He is resurrection and life (Jn. 11: 25). In his life, death, and resurrection, he personally proclaimed the ultimate and deepest meaning of human life.

If Christian proclamation is oriented toward life, then it is in the gospel — and specifically in the paschal mystery of Christ — that we must discover the meaning of death and life. The proclamation of the gospel cannot be a purely cerebral enterprise because its message addresses itself to the whole person. For the Christian, liturgy is a powerful mode of communication as well as an occasion for worship. Liturgy touches our unconscious level through symbols and images, and appeals to our intuitive sense rather than to our rational powers alone, as do other forms of learning.

This does not sound like anything new, yet something is not right. Today's Christians are no less death-denying than the rest of men. Are the message of the gospel and the age-old symbols of the Church irrelevant in a technological, urban society? Certainly not. The problem lies not with tradition but with our failure to articulate the Christian message effectively to modern man.

The sacraments of initiation (baptism, confirmation and eucharist), if properly understood and celebrated, contain within themselves the powerful message of Christ's paschal mystery.

Baptism is the Christian's initiation into the death and resurrection of Christ. In the early centuries of the Church, the catechumen descended into the "tomb" (symbolized by

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going down naked into the baptismal font) to experience death to the world and its shallow values, and came up from it to signify his rising with Christ. The font was also seen as the image of womb or mother from which the newly baptized person passed to new life. Today, our initiation rites suffer from ineffective use of these symbols, and so their message is obscured.

The eucharist, memorial and sign *par excellence* of the paschal mystery, also suffers from a reduction of its symbols to a practical minimum. For the most part, Catholics do not experience the taking and eating of bread, the Lord’s body (a wafer is a poor sign of bread), nor are they ordinarily invited to partake of the cup of the covenant, even though these actions signify our participation in the death and resurrection of the Lord and are the pledge of our eternal life. The rituals of any people reflect their beliefs and values. The way we understand and celebrate the eucharist reveals how we Catholics view ourselves and our life and death.

The same can be said of the sacrament of reconciliation, which is also deeply rooted in the paschal mystery of Christ, and is intended to be for us an experience of the paschal character of our own lives. Our poor use of all the Church’s rituals explains why our funeral liturgies fail to celebrate the Christian’s passage from death to life as befits the dignity of those who are baptized.

The renewal of our sacramental rites and the conversion of heart from which they must spring are not just something we must patiently await. We need to make these things happen with a real sense of urgency. Otherwise, the Christian community will continue to live out of a meager appreciation of what it is called to be and will remain steeped in the death-fearing and death-denying ethos of our times.

**Caring for the Dying**

Just as we look to the gospels to learn to teach as Jesus did, so must we look to the person of Jesus to learn to care as he cared for the sick and dying of his time. Perhaps the phrase that best describes Jesus’ ministry to the suffering is *total compassion*.

Not all the sick to whom Jesus ministered were dying persons, and the gospel accounts show that he brought many of them back to health. Perhaps the story of the good thief best illustrates that Jesus understood the greatest need of a dying person: reassurance, forgiveness, and hope. We need only to read the words spoken by Jesus, dying himself, to that criminal: “Today you will be with me in paradise” (Lk. 23: 43). No greater love could have been shown than to assure him that he was all right and that a new life awaited him. The Christian community is called to do likewise.

**Ministry of the Christian community:** Just as the faith community must be present at the sacraments of initiation to welcome the new Christian into the body of Christ, so must it come to support the dying Christian in his final passage from death to life. The faith community should be represented by its ordained and non-ordained ministers. The ordained (priests and deacons) are the official ministers of the rites for the dying and, by virtue of their ordination, are in a unique position to minister to the dying. Others who serve dying persons are auxiliary ministers of communion, medical personnel, family, and friends.

Death is a lonely experience, and because of that, the dying person has special need for the support of others. Especially people who are close to him. Dr. Elisabeth Kubler-Ross strongly advises ministers to the dying to be listeners. Whether the dying person communicates verbally or non-verbally, his greatest need is to have around him *ears and hearts that will listen*. The aged and the terminally ill are relieved to find someone who will talk and pray about death with them. They need to talk about it and to be listened to.

The studies of Dr. Kubler-Ross are a rich source of information about the psychology of the dying. Her findings show that the terminally ill patient is not an object to be treated,
pityed, or avoided, but a human being in his final stage of growth, and therefore very much in need of loving supports and reassurance. A dying person often indicates his desire for community by reaching out with his arms.

In their works on the theology of death, theologians such as Karl Rahner and Ladislaus Boros, maintain that at death the person is faced with the final and most important decision of his life. Death is the moment of personal encounter with God. That moment of a person's life, then, is a privileged and a holy one; and the ministers who serve him must keep that in mind.

The initial reactions of persons who find out that they are terminally ill are negative and painful. Only later on do they arrive at a point where they can accept their condition. They usually go through five stages of the dying process: denial, anger, bargaining, depression, and acceptance. It is of paramount importance that those who minister to the dying are aware of this process, are able to recognize what stage the person is in, and are sensitive to his immediate needs.

Rites for the dying: It is in the final stage of acceptance that the Church's rites for the dying are usually celebrated. Here we will consider the attitude and the spirit with which the faith community gathers at the bedside of a dying brother or sister.

Viaticum should be given to the person early enough after he had reached the acceptance stage to allow him to participate actively in the profession of his baptismal promises, the sign of peace, and the reception of viaticum under both forms.

The family and friends of the dying person also go through the stages of the dying process just as the patient does, so they too need to feel the reassuring presence of Christ and the community. The Church's rites for the dying can be a source of acceptance and consolation for them too.

When the person is much closer to death and unable to participate very much himself, the praying community should be present to assist and commend him. This is very important for two reasons:

- the rite for the commendation of the dying, like all rites of the Church, is public and communal;
- the dying person needs community support at this final and decisive moment of his life.

Even though the dying person is apparently weak and passive at this time, in reality he is breaking out of the limitations of this life and is becoming totally free to see clearly his relationship to God, his fellow man, and all of creation. He is faced with the choice either of accepting these relationships with grateful love or of rejecting them in utter self-centeredness.

The last senses to fail are touch and hearing, so while the dying person may no longer be able to respond, we need to continue communicating to him that we are there. Holding his hand, tracing the sign of the cross on the forehead, or washing his face with water can be comforting signs reminding him of his baptism. The short scriptural texts and aspirations from the rite for the commendation of the dying, which contain many beautiful images of salvation

7 Roger Trinfontaines, SJ, "The Mystery of Death," in *The Mystery of Suffering and Death* (see note 5, above).
8 *Rite of Anointing and Pastoral Care of the Sick*, no. 143. The Church's prayers for the dying are also included in *Sunday Mass Book* (1976, CCC, Ottawa), pages 1151-1154.
and life, should be repeated slowly in a quiet, reassuring voice, with everyone present making the responses.

The faith community supports their dying brother or sister to the end with their presence and prayers. The communal and paschal character of the Christian community is thereby demonstrated. Family and friends find strength and consolation in this, and the whole community experiences the meaning of death and life by facing it in a positive way.

BRIEF BOOK REVIEW


Canada's National Bulletin on Liturgy, now going into its thirteenth year, welcomes this new national review. Vol. I, no. 1, dated October-November 1976, points out that it "is intended to be pastoral, practical and spiritual. It is prepared for priests, parish liturgy committees, religious, teachers, and all who are involved in the preparation and celebration of community liturgy."

The first issue has 32 pages (15 by 21 cm., or 5½ by 8¾ inches), and reproduces typewritten material in reduced form. Colored headings and two full-page photos enhance the review. The first two issues are devoted to the study of reconciliation, penance and renewal.

We recommend Liturgy to diocesan commissions and others who want to know what is going on in the world of liturgy.

PENANCE CELEBRATION: LENT 1977

A model or example for a penance celebration for Lent 1977 is contained in Bulletin 56, pages 306-316.

Introductory notes and suggestions for readings, hymns, examination of conscience, and prayers make this a valuable resource for parishes, religious communities, and other groups who wish to use the sacrament of reconciliation in their preparation for the celebration of Easter.

Other penance celebrations for Lent are contained in Bulletins 32, 37, 42, 47, and 52.
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64