CORE Metadata, citation and similar papers at core.ac.uk

Christian Contribution to the Spiritual Care[1] of the Sick

Part 1
—— Potentialities of Vatican II Reform ——

Takaaki David ITO

I. INTRODUCTION

In the first guidelines regarding palliative care, published by the World Health Organization (WHO) in 1990, it identified four areas of pain of the patient in their terminal stages: physical, mental, social and spiritual.[2] Behind the development of these guidelines, exist some leading researchers who contributed to studies on pain and suffering in the terminally sick in modern medicine: Dame Cicely Saunders established the modern hospice where patients can go through the necessary spiritual

---

Key words : Spiritual Care, Ministry to the Sick, Christianity, Liturgical Studies

1) The term "spiritual care" is used as the generic term. At times, this term means the care in the inter-faith setting and is contrasted with "pastoral care' which is based on Christianity.

2) World Health Organization, *Cancer Pain Relief and Palliative Care: Report of a WHO Expert Committee*. Technical Report Series No. 804. WHO Press, 1990.

process of the dying ; and Elisabeth Kübler-Ross studied psychological and spiritual aspects of death and dying.[3] For both, unlike the view of contemporary medicine, pain and suffering are not the primary objects of their studies. These are symptoms of integrated “human” suffering. They emphasized the importance of a more holistic approach. WHO, along the same lines, discussed the redefinition of the concept of “health” in its constitution at the turn of the century.[4] The inclusion of the concept of “spiritual well being” in human life was one of the foci of that discussion. Spiritual care providers, such as chaplains, expected some radical improvement both in the relationship between religion and modern medicine, and between chaplains and medical staff. The level of this expectation was very high, especially in countries, such as Japan, where there had not previously been traditions of spiritual care in medicine, whether provided by Christian pastors or other religious professionals. But things have not changed very much.

Although medicine and religion developed hand in hand throughout human history, after the Enlightenment modern medicine and religion separated from each other. In spite of the urgent and serious need for holistic care, as manifested in patients' spiritual pain, modern medicine and religion have not been successful in finding a path towards renewed collaboration. Chaplains and/or spiritual care providers have as yet to be invited to be fully recognized members of multidisciplinary care teams in hospitals in many non-Western countries. Medically trained people are not sure whether chaplains can provide the care that really contributes to

---

3）Elisabeth Kübler-Ross, *On Death and Dying*, (N.Y.: Macmillan, 1969).

4）http://who.int/about/definition/en/ The bill for the redefinition has been suspended in the general assembly.

the well-being of a patient.

Professionals in modern medicine are usually trained rigorously in Evidence Based Medicine (EBM), in which the effectiveness of each treatment, care, and prescriptions reflect the recorded dates and are tests. Carefully designed data collection and analytical methods are employed. They prioritize the possible treatment according to precise types and classifications of the patients' condition. The decision is made on a statistical basis. From their perspective, what the chaplains define as "pastoral care" or as "spiritual care" lacks a firm critical foundation. The health care benefits are unknown. Even the evaluation by the stakeholders, namely the patients and their families, varies. Although they may trust in individual pastoral/spiritual providers, doctors in Japan have not been persuaded, either by works and literature by chaplains themselves or by rapidly developing medical research in psychoneuroimmunology and allied fields[5], to offer proper places for spiritual care.

Their attempts build knowledge follow the Enlightenment model based on a clear division between subject and object. No one can deny the contribution of the modern medicine to human welfare, in spite of post-modern hermeneutical criticism toward their methodological implications. They are, however, required to change their attitudes gradually as they learn the complexities and the varieties of the needs of their patients. At present, the multidisciplinary approach is the norm in the most advanced medicine, especially in areas such as oncology. They have admitted that evidence-based care, or what I call "diagnostic care," can care for a

---

5) Harold G. Koenig, *et al., Handbook of Religion and Health*, (Oxford and N.Y: OUP).

limited aspect of humanity. In a recent article[6] I discussed the need for complementary perspectives. The main body of complementing care is "dialogical care", which is based upon the in depth dialogue and interpersonal relationship between the patients and the care providers. This care is based upon care providers' actively listening skills intended for understanding the subjective experiences and the narrative of the patients from their own experience. The challenge posed by the collaboration of those two ways of acquiring knowledge regarding the needs of the patents is that namely of scientific and objective knowledge through "dia-*gnosis*" and interpretive understanding of patient's inner process through "dia-*logue*." I have symbolically proposed those terms through which we can contrast the epistemology and the cosmology of *gnosis* and *logos*.

The primary goal of this paper is to elucidate the process of "dialogical care" in which the care provider tries to understand the inner process of the patient. I will start this discussion by examining the recent development of the Christian liturgical tradition. There might be a voice of suspicion asking why we should bother to highlight a particular religious tradition if we need to focus on the multi-faith situation of post-modern society. This is precisely the point of hermeneutical criticism. In today's practice, a care perspective is often criticized as being inappropriate, if it follows the scientific model of investigation and it claims neutrality without critical hermeneutical reflection. The post-modern academic mind requires an in depth understanding of one's own particular

6) NT Ueno, TD Ito, RK Grigsby, MV Black, and J Apted. "ABC Conceptual Model of Effective Multidisciplinary Cancer Care." *Nature Reviews Clinical Oncology* (2010).

tradition, through which meaningful dialogue may originate. It is like speaking a new language. We cannot speak a universal language, but what we can speak is a particular one. It is my hope that the following study in developing a Christian tradition, which focuses on the "Pastoral Care of the Sick," provides us with a more clear understanding of our own strengths and biases and with an indispensable foundation for further steps. Then, later in the following paper, I will address refinement through the post-modern critical approach.

II. "PASTORAL CARE OF THE SICK"

1. Source and Scholarship on theTopic

"Pastoral Care of the Sick[7]" is the title of a liturgical book of the Roman Catholic rite[8]. As its subtitle, "Rites of Anointing and Viaticum", suggests, the main intention of this book is not "care" as we understand the word in the modern sense, but concerns the ritual of anointing the sick and of offering Holy Communion to the dying. From the beginning, the

7) The title page of the book reads: The Roman Ritual Revised by Decree of the Second Vatican Ecumenical Council and Published by Authority of Pope Paul VI, *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, approved for the use in the dioceses of the United States of America by the National Conference of Catholic Bishops and Confirmed by the Apostolic See, prepared by International Commission on English in the Liturgy, A Joint Commission of Catholic Bishop's Conference. This book was published in 1982.

8) In this paper, I deal mainly with Catholic tradition, firstly because this provides one of the most comprehensible models of the discussion. Because of the limitation of pages, I have excluded the discussion of the contributions made by the Church of England as studied by Charles W. Gusmer in ↗

core of the discussion in the Catholic Church addresses “oil”[9] rather than the sick person. Anointing, or *extreme unction*, is one of seven sacraments, which were systematically presented in the Council of Trent (1545-1563). This council was part of the Roman Catholic Church's response to the Reformation movement. The efficacy of sacramental actions was, thus, one focus of discussion. Bernard Cooke, who reflects on the argument regarding the issue, says, “When properly performed by a celebrant who has the basic intention of accomplishing what the church intends in its sacramental acts, a sacrament has *ex opere operato* the power of conferring grace.”[10] It was the procedure of the liturgy in which they were most interested. The issue of care in which we are interested was not, therefore, the focus of Trent. Gusmer summarizes their concerns as follows:

> The Council Fathers devoted three chapters to extreme unction: the institution of extreme unction, the effect of the sacrament, and the minister and time of administration. Of greater dogmatic significance are the four canons. First of all, extreme unction is a sacramental

---

↘“Anointing of the Sick in the Church of England.” *Worship* 45, no. 5 (1971): 262-272.; Charles W. Gusmer, *The Ministry of Healing in the Church of England: An Ecumenical-Liturgical Study*: (published on behalf of the Alcuin Club by Mayhew-McCrimmon, 1974). Many other Protestant discussions tended to be psychotherapeutic in nature rather than theological. I do not have capacity to deal with the Orthodox tradition in this paper, although that tradition can provide another model.

9) Charles W. Gusmer, *And You Visited Me: Sacramental Ministry to the Sick and the Dying*, revised ed., (Studies in the Reformed Rites of the Catholic Church, Volume VI), (Collegeville, Min,: Pueblo,19841 & 1990): 3ff.

10) Bernard Cooke, “Sacraments”, in Peter E. Fink ed., *The New Dictionary of Sacramental Worship*, (Collegeville, MN: The Liturgical Press, 1990): 1118f.

> instituted by Christ and announced by James. Second, it has an enduring salvific meaning in terms of conferring grace, remitting sins, and comforting the sick. Third, the rite and practice of the sacrament correspond with the scriptural precedent in James. Fourth, the proper minister of the anointing is an ordained priest.[11)]

Care in the modern sense appears to be regarded as the mystical consequence of the sacraments.

The Second Vatican Council, however, took a bold step, by shifting the focus of this part of the sacrament, at least formally, from extreme unction to "pastoral care of the sick." The Latin document for this new focus was entitled *Ordo unctionis Infirmorum eorumque pastoralis curae*. This shift was not just a matter of language. Mary Collins identifies that this document addresses the question: "What of the church's continuing ministry to the sick, prior to their sacramental anointing or subsequent of it?"[12)] The possibility of care in the modern sense emerged within the scope of Catholic ministry.

The shift, however, did not effect change instantaneously. We must, first of all, follow the process of that shift. As is almost always the case in this tradition, there was a time lapse between the council and practice. Some important developments occurred during this lag as are described by the following documented process.

---

11) Gusmer (1990): 33.

12) Mary Collins, "The Roman Ritual: Pastoral Care and Anointing of the Sick" in Mary Collins and David N. Power, eds. *The Pastoral Care of the Sick*, (London: SCM, 1991): 4.

1962 : The original draft of *Sacrasanctum Concilium*

1963 : *Sacrasanctum Concilium*

1969 : The initial draft of texts and rites for the care of the sick

1970 : The final draft of the above document

1972 : *Ordo unctionis infirmorum eorumque pastoralis cuare*

1973 : A provisional text, so-called Green Book of the International Committee on English in the Liturgy (ICEL)

1983 : *Pastoral Care of the Sick: Rites of Anointing and Viaticum*

Vatican II set a new direction. It then took twenty years for the official English vernacular version to be published. Throughout this period, as Gusmer says, "The sacrament has continued to evolve"[13]. It is characteristic of Roman Catholic scholarship to explicate and to interpret past authoritative documents, such as *Sacrosantum Concilium*, to gain knowledge. Vatican II was, therefore, not only the product of the four hundred years of Catholic scholarship since Trent but also the *source of* numerous theological and pastoral discussions.

I will begin by reviewing some scholarly arguments concerning the topic set forth by *Ordo unctionis infirmorum eorumque pastoralis cuare*, dealing mainly with those prior to 1983, because they were written in dialogue with the development of the English version of the *Ordo*. This implies that those studies were not simply accounts of observers' voices. In a variety of degrees they might have influenced the direction of the interpretation of the document. Through those discussions, new understandings of human care were identified and emphasized. It is my hope that those discussions can shed some light on the theories and

13) Gusmer (1990): 77.

practice of spiritual care of the sick in modern multi-faith settings.

2. Catholic Teaching on Care of the Sick

Among modern academic studies in the English speaking countries on the theme of pastoral care of the sick, works by Charles W. Gusmer[14] are considered to be the most comprehensive. David N. Power[15] and M. Jennifer Glen[16] published important articles during this period. Some indispensible books[17] were also published later on this topic.

Gusmer helps us to understand the core of the issue. He once wrote :

> The sacramental ministry to the sick and dying is the most liturgically deprived of all the sacramental ministration in the Church. Consider the frequent impersonal, mechanistic and hurried attitude in the sacramental ministry to the sick, and even to the dead. At times a

14) Charles W. Gusmer, "Liturgical Traditions of Christian Illness: Rites of the Sick." *Worship* 46, no. 9 (1972): 528-543.; Charles W. Gusmer, "The Sacramental Role in the Department of Pastoral Care," in Roger M Fortin ed., *The Updated Chaplaincy: Workshop Proceedings adapted from Department of Pastoral Care Conf, St. Louis, San Francisco, Philadelphia* (St. Louis: Catholic Hospital Association, 1973).

15) David N. Power, "Let the Sick Man Call." *The Heythrop Journal* 19, no. 3 (1978).

16) M. Jennifer Glen. "Sickness and Symbol: The Promise of the Future." *Worship* 54, no. 5 (1980): 397-411.

17) Charles W. Gusmer (19841 & 1990).; Mary Collins and David Noel Power (1992).; Genevieve Glen, *Recovering the Riches of Anointing: A Study of the Sacrament of the Sick: An International Symposium, the National Association of Catholic Chaplains*: (Collegeville Min.; Liturgical Press, 2002) ; Lizette Larson-Miller, *The Sacrament of Anointing of the Sick*, Lex Orandi Series. (Collegeville, Minn.: Liturgical Press, 2005).

> misplaced *opus operatum* mentality prevails, as if the sacraments were almost a kind of magical rite, which produces grace without any action on the person who is celebrating or receiving them.[18)]

This implies there are some important theological issues which have been left untouched. The most important topic is the conflict between the two theologies regarding the anointing of the sick: namely the sacrament of dying (*extreme unction*) and that of healing. Both of those theological themes have been juxtaposed for centuries without a proper resolution. Recognizing the strong impact of scholastic teaching, Gusmer identifies the underlining traditional theology, by saying that "the sacrament of the anointing has the power to canceling the total debt of punishment and thus preparing the soul for immediate entrance into heaven."[19)] He also identifies that there is a growing theological consensus of the twentieth century which sees anointing as a sacrament of healing rather than as a death rite. He argues from exegetical, liturgical, historical, ecumenical and pastoral perspectives and poses the primacy of this new approach. Glen, in her later writing, supports Gusmer's position, by pointing out the obvious historical reversal of order between anointing, "originally the first ritual celebrated with anyone seriously ill" and *viaticum*, "originally the last of the 'last rites' given to the dying,"[20)] that caused the Tridentine

---

18) Gusmer (1973) quoted in James L. Empereur, *Prophetic Anointing: God's Call to the Sick, the Elderly, and the Dying*, Message of the Sacraments 7, (Delaware: Michael Glazier, 1982): 205. [Gusmer's original article was not available at the time of this writing. Empereur's locating does not fit other bibliographical data.]

19) Gusmer (1972): 529.

20) Glen (2002): 116.

neglect of the healing aspect of the sacrament. Gusmer claims that the *Ordo* is in accordance with the renewed theological understanding: "The title 'Rites for the Sick' (*De Infirmis*) happily suggests the new direction."[21] Along the same line, he emphasizes two more characteristics of the *Ordo*: 1) its overall pastoral thrust[22]; and 2) "the call for total community involvement in the pastoral ministry to the sick[23]. Gusmer's works have opened the gates to many themes of "care" of the sick. He reveals the way out of the situation, that he describes as "the most liturgically deprived of all the sacramental ministration in the Church." Now we can move on to the sacrament as being more relevant to the actual human condition.

Needless to say, even in the new rites, the issues of the liturgical process remain important to the discussion of anointing. Gusmer identifies three vital liturgical questions: Who may anoint? Who may be anointed? What does the anointing do?[24] These questions have significant importance not only in theological discussions but also in clinical practice of pastoral care through the sacraments. Roman Catholic care providers[25] and hospital patients who practice the Roman Catholic faith can be practically and spiritually enriched by the insights of the new rite. But they are beyond the scope of this paper.

I underscore the change of the mood of the discussion. Rather than the

---

21) Gusmer (1972): 541.

22) Gusmer (1990): 53.

23) Gusmer (1972): 542.

24) Gusmer (1990): 77.

25) The issue behind the symposium for Catholic Chaplains, which led to the deeply theological publication of Glen (2002), was the shortage of Catholic priest who perform the sacrament.

old theme of the relationship between sin and sickness, I am focusing on the renewed theme of the relationship between the person and the illness as well as between community and sickness. Power clearly states:

> ……in the sacrament of the sick what is at stake is the sacramentality of sickness itself, or perhaps it would be better to say, the mystery which is revealed in the sick person who lives through this experience. In other words, the accent is not on healing, nor on forgiving, nor on preparing for death. It is on the sick person, who through this experience discovers God in a particular way and reveals this to the community. All the other factors enter in, but they are related to this as organizing center.[26)]

Both Power and Glen contemplate the phenomena of sickness and try to understand the experience of the living person. Their attitude is to see sickness as a "less halting-place than passage."[27)] Their scope of theological investigations is not death but is symbolic renewal in "confrontation with"[28)] human mortality.

From this newly claimed pastoral perspective, Glen attempts to rediscover the theological and pastoral meaning of the laying on of the hands and anointing with the oil. She explicates the significance of the laying on of hands as the expression of relationship especially focusing on 1) personal presence of and invitation from the one who offers the hands; and 2) identification of the recipient as a human person with freedom and

26) Power (1978): 262

27) Glen (1980): 411

28) Glen (1980): 405,410

the response-ability to accept or to reject what the gesture claims[29]. She claims that the laying on of hands is a ritual of communion with the community and with God, offered to the sick. Liturgically speaking, this is the rite to remind and to confirm the patients' membership already given through initiation and reconciliation. The focal point of the rite is the community, which is based upon the baptismal vow through which the God's promise materializes. Hence, the rite as pastoral care, can relate the sick to the community both temporal and eternal. She develops her arguments further, referring to Leonard Bowman[30], and even paradoxically states that human wholeness includes the experience of sickness itself[31]. This perspective was well respected later in England in *Common Worship (Services and Prayers for the Church of England)*, where the section on "Wholeness and Healing" was placed not only in the book of *Pastoral Services* (2005) but also in *Christian Initiation* (2006), which offers rites for stages of life. In the new rite of the Roman Catholic Church, the emphasis is not on life after death as was depicted in the simplistic medieval cosmology. Subject matters concerning the modern theology of pastoral care with the sick appear to be integrated with the modern theological understanding of initiation and baptismal community. Moreover Glen explicates "a new prophetic responsibility"[32] conferred to the sick through anointing with oil. This perspective was fully developed later by James Empereur, as I will discuss soon. Glen, then, touches on

29) Glen (1980): 404. The "response-ability" is my expression.

30) Leonard Bowman, *The Importance of Being Sick: A Christian Reflection*, (G. K. Hall, 1977)

31) Glen (1980): 408.

32) Glen (1980): 410. This concept was fully developed in Empereur (1982) and his argument will be discussed more late in this paper

the other issue that I think is the most crucial from the viewpoint of sacramental theology. That is the identification of the patients' experiences of sickness with Jesus Christ in his suffering and death. This is not at all lip service for the sick as a consolation. This offers a symbolic expression of existential awareness for the sick persons themselves. In Glen's discussion, however, this awareness and identity seem to remain as part of the mystical outcome of the sacramental anointing. From her line of discussion, we need to have a precise discussion of the ritual efficacy.[33) But for our theme, we have to wait for Empereur for a more developed discussion. Similar to Glen, Power underlines the importance of theological anthropology and points out themes on which to focus: "reconciliation with his own body, restoration to a sense of solidarity with the material world, integration of finitude and mortality, integration of the temporality of life." [34)]

Another interesting theoretical development regarding the care of the sick occurred in the 1970s. Some liturgical scholars in the United States who received insight from the field of Social Science, more precisely stemming from the ritual perspective of Victor Turner, had a role, which cannot be overlooked because of its timing and of its claim. Their most significant contribution was to stimulate the shift of theological focus from dogmatism to the experiences of the sick person. In a broader sense, both Power and Glen belong to this group, since their sources of theological constructions included the phenomenological understanding of the nature

33) Discussions are seen in such book as, William S. Sax, et al., eds, *The Problem of Ritual Efficacy*, (Oxford: OUP, 2010)

34) Power (1978): 268 [referring Claude Ortemann, *Le Sacrament des Malades* (Lyon, 1971)]

of illness and human experiences of it, which had been dropped from the concerns of the sacramental discussion of the Tridentine minds. My interest in this intellectual movement is precisely due to its symbolic approach.

Thomas Talley is another liturgical scholar with a Social Scientific mindset. His paper[35)] was presented at the conference on the Liturgy of Christian Illness and Death, held in June 1972 at the Murphy Center for Liturgical Research of the University of Notre Dame. One of the earlier papers of Gusmer was also presented at the same conference. They shared common concerns. Talley, as an Episcopal priest, did not hesitate to challenge hidden issues of ritual efficacy in the Catholic liturgical tradition. He says:

> ……the propriety of the cause/effect model in the theological articulation of the sacrament, a habit of medieval theological method which is thrown into high relief by this question, a habit which reduces the many-layered and richly textured liturgical experience of the church to a moment narrowly defined as the production of an effect in the recipient.[36)]

He distinguishes healing of anointing from charismatic healing:

> ……the object of the rite of anointing can be understood as renewal of the baptismal anointing by which each of us is *christos* so that the

---

35) Thomas Talley, "Healing: Sacrament of Charism?" Worship 46, no.9 (1972): 518-527.

36) Talley (1972): 519.

> suffering and separation of sickness become identified as participation in the *pascha Christi*. By such anointing, *anamnesis* is made of the passage of Christ through death to life and of the patient's consecration to that mystery.[37]

Physical healing or recovery, the goal of charismatic healing and the hidden theme of the medieval mind, has not been the focus the of ministry of the church. He reminds us of the fact that the Apostolic Tradition of Hippolytus denies the appropriateness of ordination for those who claim the gift of healing. Hyppolytus declared that their actions themselves would speak for them[38].

Talley understands illness as a passage-point and as the threshold between dying and living. Sickness is a liminal experience. Those are key concepts of Turner's thesis of the rites of passage. *Pascha Christi* is the passage of Christ to which we are invited. It is to live in the between and betwixt life in this world and in the heavenly kingdom. This liminal stage of passage is filled with confusion, despair, and anxiety because of the loss of one's previous identity. Against the theological and the psychological need to seek certainty and comfort in the process of sickness, Talley, together with other theologians who study Social Science, was successful in making sense of that ambiguity, which is sharpened by illness.

3. Prophetic Anointing

James L. Empereur has fully explicated the theological issues, identified by such scholars as Gusmer, Power, Glen, and Talley. His book was

37) Talley (1972): 525.

38) Talley (1972): 522.

published in 1982, one year prior to the publication of *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, the authorized English translation of the Latin *editio typica* of the *Ordo Unctionis Infirmorum eorumque pastoralis curae*, which was promulgated by the Apostolic Constitution of Paul VI, *Sacram Unctionem ijfirmorum*, of November 30, 1972. In other words, the Roman Catholic Church in English speaking countries gained almost simultaneously a vernacular text as well as a good exposition of it.

Empereur's preceding scholarship opened the scope of pastoral care of the sick through engaging in an interpretive analysis of the existential experience of the sick along with the study of the ritual (or social scientific) dimension of the sacrament. He, himself, as a Jesuit, was able to develop those new understandings further and to take us to the next dimension.

The title of the book, *Prophetic Anointing: God's Call to the Sick, the Elderly, and the Dying*, expresses Empereur's claim most eloquently. He, like Glen, understands the anointing of the sick with oil as a sense of prophetic anointing. The core value of this rite is identified with "a vocational sacrament analogous to orders and marriage"[39]. It does not offer any objectifiable effects but it symbolically manifests the prophetic identity that has already been granted to the sick, the elderly and the dying. The rite does not impose, but articulates the truth[40] and "celebrates something already present in the participants"[41]. Anointing is a consecration into God's service. It "removes the anointed ones from the arena of ordinary life and they were seen as being directly responsible to

39) Empereur (1982): 141.

40) *Ibid.*

41) Empereur (1982): 211.

God". The truth articulated signifies: "real events of personal triumph over the past and present, and representations of growth toward new life"[42]. The communal nature of this rite is, therefore extremely important, whether the rite itself is performed in a Christian assembly or at a hospital bed with only a few participants. These assure the community's recognition of the prophetic ministry by the sick, the elderly and the dying into the community.

The rite proclaims not only the care of and ministry to the sick, according to Empereur, but also prepares the community to receive the care from and ministry by the sick through identifying the new prophetic mission. The community, then, is invited not just to reconcile with those who are actually elderly and sick but also to reconcile with their own personal frailty and fragility, which will become manifest to all sooner or later. The community as a whole celebrates this reconciliation with their own frailty and fragility, and the sick are thus the symbolic presiders over the rite. This is, indeed, the Church's challenge to a modern cultural norm that glorifies strength and power. There is deeper meaning in sickness and in old age than anything, which is explained from medical and psychological perspectives. The sick and the elderly witness this depth in their community. In the anointing, they celebrate the participation in that paschal mystery. In this mystery, they move into the resurrection through their identity with Jesus in his unavoidable suffering and death.

It would be irresponsible and insensitive to address easily the hope and the brighter meaning for the sick, the elderly and the dying only from a theological perspective. Life is, in fact, more complicated than that. Suffering, agony, and sorrow are very real. For ordinary human beings,

---

42) Empereur (1982): 142.

the authority of death is paramount. By facing death, or even by anticipating death in various degrees, people's senses become subjugated; their intellect is disturbed, their mentality is confused. And their relationships are diminisde. Only a firmly supported spirituality of the sick, the elderly and the dying person can enable them to make sense of what is going on around them. Empereur's thesis of prophetic anointing contributes three ideas of pastoral significance in the midst of this grim reality.

In the first place, it invites all to listen to the voice of any physically weakened person to be the most authentic witness of the human condition. Thus, neither education, reasoning, indoctrinating, cheering up, consoling, nor even sympathizing, can support the spirit of the sick. It is this deeper form of listening that supports them. Most prophets in the Old Testament did not want to speak up. They suffered as soon as they opened their mouths. But they needed to prophesy because they were entrusted with the message of God and the community had to listen. The sick the elderly and the dying are far ahead of us and far closer to God. God's faithfulness is rather more for the sick than for us.

Secondly, Empereur's thesis rejuvenates the community. The *ekklesia* is not, then, the community of the elected, but is, rather, of the saved wretched, of the found lost, and of the recovered broken. Only with this renovated self-understanding, can God's prophecy through the sick, the elderly and the dying make sense. In practice, the members of this community who have experienced the *metanoia* by the anointed prophet will be the most appropriate candidates to be spiritual care providers who can help multi-disciplinary professionals in the hospital become a care team circling around the bed of the patient. They can lead the care team to witness to the authentic experiences of the person in the bed.

Thirdly, Empereur articulates the core value of humanity through his reference to this prophetic anointing when he says:

> ……anointing must be experienced as liturgy, that is, as worshipful praise, as prayer, and celebration. Its primary purpose, like all liturgy, is itself. It is not a means to an end. The pragmatic emphasis in the past in regard to this sacrament is no longer appropriate. Such an approach which sees anointing as productive of something, whether it be the forgiveness of sins or physical healing, depreciates anointing as liturgy.[43)]

He reinstates the primary identity of the sick to be the one who praises, prays and celebrates. Empereur believes this primary identity lasts beyond physical death.

To close this section, in briefly studying the development of the Churches' understanding and attitude to the sick, I would like to underline a few points: At first, I can sense that there is a relative freedom in the church's teaching on interpreting sacrament. There is, now, definitely more space to engage with practical and pastoral concerns in the doctrinal discussion. Although I was able to touch on some of them only briefly, I am aware of the importance of some questions, such as "Who may anoint?" "Who may be anointed?" "What does anointing do?" Chaplains in clinical settings have seriously and hotly discussed those issues. This, in fact, represents the shift in sources of theology.

Second is the importance of Christian initiation and the Baptismal community. There has been significant development in the study of the

---

43) Empereur (1982): 210.

initiation rite in recent years and we have come to understand the primacy of initiation in Christian liturgical theology. It is natural to find the same emphasis in the discussion of pastoral care for the sick. The study of pastoral care, as we have seen, underscores the primacy of initiation in Christian life.

Third is the new anthropology based on the new Christology. A multi-dimensional Christology enriches our range within pastoral care. It changes the relationship between those who care and those for whom we care. We are invited into a mutual and a dynamic relationship. This awareness opens us to other areas of consideration: social justice; paternalism; post-colonial church; God's preferential option, to name only a few.

Pastoral Care of the Sick becomes a richer field of theological discussion, and I believe it will remain as such well into the future.

III. BEYOND THE FRAMEWARK

1. The Challenge of Modernity

For the lost traditions of Christendom, modern discussions about the pastoral care of the sick, as presented in the previous section, could have provided rich theory and practice concerning the care of the sick, although I am not sure whether the lost traditions of Christendom have ever existed at all in human history. Post-modern scholarship, in fact, blames such fictions the Christendom created in the West, as being oppressive. It is a simple fact that the majority of the world population is non-Western, 14.7% in Africa and 60.2% in Asia[44]. For the minds of twenty-first century

44) http://unstats.un.org/unsd/demographic/products/vitstats/serATab1.pdf

spiritual care providers, it might be said that any theological arguments, which are relevant only to the member of a particular religion or a denomination group, have a very limited scope; and that these do not make any sense to the general society. At the level of practice, the Catholic discussion regarding the Pastoral Care of the Sick, as it is, cannot provide a foundation for spiritual care required in the hospital. Doctors simply do not accept chaplains if they have only a denominational mindset and doctrinal education. Patients are too vulnerable to resist the imposition or indoctrination by any particular religious ideology. The Association of Professional Chaplains, therefore, makes their position very clear by declaring in its Code of Ethics (130.13):

> Members shall affirm the religious and spiritual freedom of all persons and refrain from imposing doctrinal positions or spiritual practices on persons whom they encounter in their professional role as chaplain.[45)]

At the theoretical level, Osborne criticizes the Western philosophical tradition, by saying, "Indeed, Lévinas once noted that Western philosophy might be defined as the activity of assimilating all otherness into the Same.[46)]" He addresses the same issue from a global perspective and challenges the traditional construction of theology as one with a seemingly "hermeneutical ease":

> ……, when one begins to speak about sacraments within a global

45) www.professionalchaplains.org/uploadedFiles/pdf/code_of_ethics_2003.pdf

46) Kenan B. Osborne, *Christian Sacraments in a Postmodern World: A Theology for the Third Millennium*, (N.Y. /N.J.: Paulist Press, 1999): 153.

> context, it is clear that the hermeneutical ease that church leaders and theologians in Europe and North America use on the issue of sacrament is indicative that these very leaders have clearly missed the signs of the times.[47)]

In fact, Osborne calls for theological methods to make sense even in the third millennium intellectual milieu.

2. Next Tasks

It is the task of the forth coming studies to place our findings from the discussion of the Roman Catholic trdition into a post-modern intellectual framework and to make them available for contemporary spiritual care practices. As I discussed in the earlier section, in offering pastoral care to the sick, pragmatic interests of any kind and redemptive emphases appear to have become secondary. I have, instead, identified two interrelated theological concepts and a renewed Christian anthropological perspective as pivotal for the development of a richer theology of pastoral care of the sick. The two concepts are initiation and community. Christian pastoral care of the sick, fundamentally, consists of the assurance of membership in the baptismal community and of God's faithfulness to this community. The new emphasis of the laying on of hands is as a reminder of the baptismal vow and of communion. The other pivot of the new anthropology, comes from a deepened Christology. The sick person is invited to participate in the fullness of the paschal mystery of the Christ. As Empereur characterizes, anointing designates the sick into a prophetic role. The sick person, thus, ministers to the community.

---

47) Osborne (1999): 214.

How can those multi-layered Christian understandings contribute to spiritual care to the sick in a 21st century pluralistic society? What is spiritual care within an inter-faith setting if it is to be at all distinguished from Christian pastoral care? How can we dissociate those rich sacramental expressions from the Christian narrative and yet at the same time maintain the core of the message? What is the nature of knowledge in the sacramental theological discourse that can be fully informed by a post-modern critical hermeneutic? Those are the themes with which professional spiritual care providers with Christian background must engage.

BIBLIOGRAPHY

Bowman, Leonard, *The Importance of Being Sick: A Christian Reflection*, G. K. Hall, 1977.

Chauvet, Louis-Marie, *Symbol and Sacrament: Sacramental Reinterpretation of Christian Existence*. ET. Collegeville, Min.: Pueblo, 1995

Collins, Mary, and David Noel Power. *The Pastoral Care of the Sick*. Concilium. London & Philadelphia: SCM; Trinity, 1991.

Cooke, Bernard, “Sacraments”, in Peter E. Fink ed., *The New Dictionary of Sacramental Worship*. Collegeville, Min.: The Liturgical Press, 1990.

Empereur, James L. *Prophetic Anointing: God's Call to the Sick, the Elderly, and the Dying*. Wilmington, Delaware: Michael Glazier, 1982.

Glen, Jennifer. “A Bibliography on Ministries to the Sick.” *Liturgy* 2, no. 2 (1982): 78-80.

Glen, J. *Recovering the Riches of Anointing: A Study of the Sacrament of the Sick: An International Symposium, the National Association of*

Catholic Chaplains. Collegeville, Min.: Liturgical Press, 2002.

Glen, M. Jennifer. “Sickness and Symbol : The Promise of the Future.” *Worship* 54, no. 5 (1980): 397-411.

Gusmer, Charles W. *The Ministry of Healing in the Church of England: An Ecumenical-Liturgical Study*: published on behalf of the Alcuin Club by Mayhew-McCrimmon, 1974.

Gusmer, Charles W. “Anointing of the Sick in the Church of England.” *Worship* 45, no. 5 (1971): 262-272.

Gusmer, Charles W. “Liturgical Traditions of Christian Illness : Rites of the Sick.” *Worship* 46, no. 9 (1972): 528-543.

Gusmer, Charles W. “The Sacramental Role in the Department of Pastoral Care,” in Roger M Fortin ed., *The Updated Chaplaincy*: Workshop Proceedings adapted from Department of Pastoral Care Conf, St. Louis, San Francisco, Philadelphia. St. Louis: Catholic Hospital Association, 1973.

Gusmer, Charles W. *And You Visited Me: Sacramental Ministry to the Sick and the Dying*. Studies in the Reformed Rites of the Catholic Church. New York: Pueblo, 1984.

Gusmer, Charles W. “Penance and the Anointing of the Sick.” in Robert J Kennedy ed., *Reconciliation: The Continuing Agenda*. Collegeville. Min.: Liturgical Press, 1987.

Holmes, Urban Tigner, III. “Liminality and Liturgy.” Worship 47, no. 7 (1973): 386-397.

Harold G. Koenig, et al., *Handbook of Religion and Health*. N.Y: OUP, 2001.

Kübler-Ross, Elisabeth. *On Death and Dying*. N.Y.: Macmillan, 1969.

Larson-Miller, Lizette. *The Sacrament of Anointing of the Sick*. Lex Orandi Series. Collegeville, Minn.: Liturgical Press, 2005.

Osborne, KB. *Christian Sacraments in a Postmodern World: A Theology*

for the Third Millennium: Paulist Press, 1999.

Power, David N. “Let the Sick Man Call.” *The Heythrop Journal* 19, no. 3 (1978).

Sax, WS, J Quack, and J Weinhold. *The Problem of Ritual Efficacy*. Oxford Ritual Studies. N.Y.: Oxford University Press, 2010.

Talley, Thomas Julian. “Healing : Sacrament or Charism?” *Worship* 46, no. 9 (1972): 518-527.

Tracy, D. *Plurality and Ambiguity: Hermeneutics, Religion, Hope*. University of Chicago Press, 1994.

Tracy, D. *Blessed Rage for Order: The New Pluralism in Theology: With a New Preface*: University of Chicago Press, 1996.

Turner, VW. *The Ritual Process: Structure and Anti-Structure*: Aldine de Gruyter, 1995.

Ueno, NT, TD Ito, RK Grigsby, MV Black, and J Apted. “ABC Conceptual Model of Effective Multidisciplinary Cancer Care.” *Nature Reviews Clinical Oncology* vol.7 (2010).

World Health Organization, *Cancer Pain Relief and Palliative Care: Report of a WHO Expert Committee*. Technical Report Series No. 804. WHO Press, 1990.

Christian Contribution to the Spiritual Care of the Sick

Part1
— Potentialities of Vatican II Reform —

Takaaki David ITO

The Second Vatican Council took a bold step by shifting the focus of the sacrament of extreme unction to "pastoral care of the sick." Mary Collins identifies that this shift addresses the question: "What of the church's continuing ministry to the sick, prior to their sacramental anointing or subsequent of it?" The possibility of care in the modern sense emerged within the scope of Catholic ministry.

In offering pastoral care to the sick, pragmatic interests of any kind and redemptive emphases appear to have become secondary. I have, instead, identified two interrelated theological concepts and a renewed Christian anthropological perspective as pivotal for the development of a richer theology of pastoral care of the sick. The two concepts are initiation and community. Christian pastoral care of the sick, fundamentally, consists of the assurance of membership in the baptismal community and of God's faithfulness to this community. The new emphasis of the laying on of hands is as a reminder of the baptismal vow and of communion. The other pivot of the new anthropology comes from a deepened Christology. The sick person is invited to participate in the fullness of the paschal mystery of the Christ. As Empereur characterizes, anointing designates the sick into a prophetic role. The sick person, thus, ministers to the community.