

# Revivifying the Anointing of the Sick: An Historical, Theological, and Pastoral Case for Expanded Access to the Sacrament of Christian Healing

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A Thesis

submitted to the Faculty of  
the School of Theology and Ministry  
in partial fulfillment  
of the requirements for the degree of  
Licentiate in Sacred Theology

Boston College

School of Theology and Ministry

April 2023

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**REVIVIFYING THE ANOINTING OF THE SICK**  
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Building upon the liturgical reforms of the Second Vatican Council, this thesis explores the possibility of expanding access to the Anointing of the Sick beyond those who have begun to be in danger of death. The history of sacramental anointing is examined, with its periods of flexibility and contraction, along with the church's attempts to recover elements of her earlier usages. Exegesis of James 5:13-18 and a theological examination of the church's own liturgical orations are shown to contain elements which favor broader access to anointing, and the arguments of opponents to expansion are also considered. Contemporary challenges and opportunities - including extensive medical advancements, the expansion of the church in Africa, and postmodern narrative construction - each provide an avenue by which the broader use of the Anointing of the Sick could make a valuable contribution to effective pastoral care today.

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## **Acknowledgements**

Throughout the process of completing this work, I have benefitted from the wise counsel of my co-mentors, John Baldovin, SJ, Ph.D., and Brian Dunkle, SJ, Ph.D. It has been a blessing to work with two scholars of the highest caliber, and I am grateful for the interest they took in exploring this topic with me.

I am also grateful to Cardinal Seán O'Malley, Archbishop of Boston, and Very Reverend Stephen Salocks, Rector of Saint John's Seminary, whose sponsorship and support gave me the opportunity to undertake studies in the STL program at Boston College.

## Introduction

### *Same Sacrament, Different Dioceses*

In March 2020, about halfway through the annual observance of Lent, the stability of the Catholic Church's sacramental economy underwent an unexpected stress test. The rapid onset of the COVID-19 pandemic witnessed the closure of churches and restrictions on public gatherings. The nature of COVID-19, which is highly transmissible through close interpersonal contact, presented significant challenges to a liturgical-sacramental order built upon physical touch and exchange.

While some of these challenges were particular to the early days of the pandemic, COVID-19 also unveiled longstanding struggles within both church and society.<sup>1</sup> The fear, confusion, and need for rapid decisions simply brought to the surface many issues which had been otherwise concealed beneath the ordinary rhythms of life. Within the church, COVID-19 revealed persistent confusion surrounding the Anointing of the Sick.

As hospital ICU beds rapidly filled with very sick patients, Bishop Mitchell Rozanski, then Ordinary of the Diocese of Springfield, Massachusetts, issued a directive to his presbyterate on March 25, 2020. The bishop wrote, "Effective immediately, I am allowing the assigned Catholic hospital chaplains, standing outside a patient's room or away from their bedside, to dab a cotton swab with Holy Oil and then allow a nurse to enter the patient's room and administer the oil. If the patient is alert, the prayers may be provided via telephone..."<sup>2</sup> Two days later, after a

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<sup>1</sup> See Gerald Arbuckle, *The Pandemic and the People of God: Cultural Impacts and Pastoral Responses* (Maryknoll, NY: Orbis Books, 2021).

<sup>2</sup> J.D. Flynn, "Mass. bishop 'suspends' sacramental anointing while rescinding controversial policy," *Catholic News Agency* March 27, 2020. <https://www.catholicnewsagency.com/news/44019/mass-bishop-suspends-sacramental-anointing-while-rescinding-controversial-policy>. Accessed 19 September 2022.

clarification was issued by the United States Conference of Catholic Bishops indicating that delegation of sacramental anointing to a layperson is not possible, Rozanski suspended the Anointing of the Sick in all circumstances within his diocese.<sup>3</sup>

A couple weeks later, in the Archdiocese of Boston, all priests under the age of forty-five were summoned to a virtual meeting on April 16, 2020 at the request of Cardinal Seán O'Malley.<sup>4</sup> Clergy at this meeting were asked to volunteer to anoint patients dying from COVID-19 throughout the region and were given training from a medical professional on how to minimize their risk of exposure. Some adaptations to the rite of anointing were put into place, including the use of holy oil dipped onto a long swab, which could be applied to a part of the patient's body which would avoid airborne droplets from coughing, such as their leg or foot. Throughout the summer of 2020, priests of the Archdiocese of Boston anointed over a thousand patients seriously ill with COVID-19.<sup>5</sup>

Such disparity in pastoral practice between two neighboring dioceses suggests that the position of the Anointing of the Sick within the life of the church remains not altogether clear. Is this sacrament essential or not? What kind of healing does it provide? How does it actually make present the mystery of Jesus' suffering, death, and resurrection?

### *"Last Rites"*

The divergent responses of Springfield and Boston do align in one commonality: they

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<sup>3</sup> J.D. Flynn, "Mass. bishop."

<sup>4</sup> From my personal recollections of having attended this meeting and participated in the training.

<sup>5</sup> Jacqueline Tetrault, "Archdiocese plans new priest teams for anointing COVID-19 patients," *The Pilot* December 25, 2020. <https://thebostonpilot.com/article.php?ID=189078>. Accessed 19 September 2022.



principally address the situation only of those who are actively dying. The association of the Anointing of the Sick with the proximate approach of death is a pastoral problem which precedes COVID-19 but was brought back into the light by the many families who lamented that their loved ones were denied the “Last Rites” due to pandemic restrictions. Far too many were left to wonder about their loved one’s salvation as they suffered alone without the benefit of the sacraments. Unfortunately, missed opportunities related to the spiritual care of the sick are nothing new.

Because the Anointing of the Sick is still broadly associated with death, it is frequently not requested by family members until their loved one has reached a situation in which their circumstances are so dire that they are often not even conscious, due to the application of sedatives, morphine, or the increasing pull of sleep as the body’s organs begin to fail.<sup>6</sup> At this point, they are unable to personally participate in the liturgical rites, although they may still be anointed.<sup>7</sup> In their unconscious state, the patient is unable to participate in Reconciliation. Often, even if conscious, a patient in their final days is unable to receive Viaticum, the true last sacrament of the Christian life,<sup>8</sup> due to difficulties in swallowing which often accompany the final stages of the dying process.<sup>9</sup>

The Second Vatican Council and the reformed liturgical books which were issued under its mandate are clear in their expression of the church’s desire to expand access to the Anointing of

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<sup>6</sup> Andrew Davison and Sioned Evans, *Care for the Dying* (Eugene, OR: Cascade Books, 2014), 86-87.

<sup>7</sup> *Pastoral Care of the Sick*, trans. International Commission on English in the Liturgy (Totowa, NJ: Catholic Book Publishing Co., 1983), no. 14.

<sup>8</sup> *Pastoral Care of the Sick*, no. 26.

<sup>9</sup> Davison and Evans, *Care for the Dying*, 86.

the Sick beyond those who are in the final moments of their earthly journey. In calling for a revision of anointing practices, *Sacrosanctum concilium* states, “‘Final anointing [Extreme unction]’, which can also and better be called ‘anointing of the sick,’ is not a sacrament exclusively for those who are involved in the final crisis of life and death. There can therefore be no doubt that the point when a Christian begins to be in danger of death, either through illness or old age, is already a suitable time to receive it.”<sup>10</sup>

When the articulated intention of the Council is often thwarted in practice, questions arise regarding whether the conciliar text has been received by the clergy and lay faithful. If the text has in fact been received and yet the Anointing of the Sick is still not successfully reaching recipients at an apt time, a further question suggests itself: With the hindsight born of sixty years, can the church expand beyond the letter of the text in order to fulfill the Council’s intention that people be helped by the Anointing of the Sick while they are still able to participate fully, consciously, and actively in this liturgical rite?<sup>11</sup>

### *Competing Concepts of Reform*

This question of expansion beyond the document itself stands at the center of an ongoing debate which continues to concuss the life of the church. Sixty years following the opening of the Second Vatican Council, multiple camps have emerged with distinct hermeneutical approaches to understanding the legacy of the Council.

One group of thinkers, sometimes gathered under the moniker of “the reform of the

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<sup>10</sup> *Sacrosanctum concilium*, no. 73, in *Decrees of the Ecumenical Councils* (2 vol.), ed. Norman Tanner (Washington: Georgetown University Press, 1990).

<sup>11</sup> These qualitative criteria for participation were at the heart of the Council’s liturgical reform. See *SC*, no. 11.

reform,” sees much of post-conciliar development as a betrayal of the conciliar documents themselves, either by excess or outright contradiction.<sup>12</sup> In contrast, these voices call for a reevaluation of ecclesial life strictly within the parameters of the sixteen documents issued between 1962 and 1965.

According to this approach, changes to liturgy, ecclesiology, lay participation, etc., were meant to be very modest. Indeed, the changes envisioned would be largely cosmetic adjustments to language, tone, and presentation. Phrased positively, this represents a “hermeneutic of continuity,” in which the absence of substantial change is a key validating factor.<sup>13</sup>

Among the weaknesses of this position is that it encases the letters of Vatican II in amber, while neglecting the purpose of the Council itself, namely, the adaptation of ecclesial life in greater service to the people of the present time. As historian John O’Malley observed, “Sometimes the inner logic or dynamism of a document carried it beyond its original delimitations.”<sup>14</sup> As ever greater distance grows between the present time and the historical period which produced the conciliar texts, the ability of the Council to continue to bear fruit will depend on the ability of the church to prolong the momentum of adaptation as she confronts situations beyond what may have been expressly articulated in the 1960s.

Another group within the church advocates for an interpretation of Vatican II which is open to more substantive changes based upon theological retrieval and developments which touch

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<sup>12</sup> This position was popularized in Thomas Kocik, *The Reform of the Reform?* (San Francisco: Ignatius Press, 2003).

<sup>13</sup> See Pope Benedict XVI, “Address of His Holiness Benedict XVI to the Roman Curia Offering Them His Christmas Greetings,” December 22, 2005. [https://www.vatican.va/content/benedict-xvi/en/speeches/2005/december/documents/hf\\_ben\\_xvi\\_spe\\_20051222\\_roman-curia.html](https://www.vatican.va/content/benedict-xvi/en/speeches/2005/december/documents/hf_ben_xvi_spe_20051222_roman-curia.html). Accessed 20 September 2022.

<sup>14</sup> John O’Malley, *What Happened at Vatican II?* (Cambridge: Belknap Press, 2008), 8.

upon core concepts within ecclesial life. In pursuit of the Council's pastoral mandate, these voices are sometimes gathered under the "Spirit of Vatican II," as they press forward toward goals which they argue are congruent to the overall spirit or intention of the Council but may not necessarily be found in the conciliar documents.<sup>15</sup> These thinkers are sometimes said to follow a "hermeneutic of rupture," as they are willing to make stark breaks with practices of the recent past. Indeed, one of the risks of this position is that of becoming unmoored from the past and harming the cohesion which is maintained by intergenerational transmission of customs, language, and traditions.<sup>16</sup>

The most compelling "ruptures" spring not from novelty but from *ressourcement*. The rediscovery of many patristic sources in the late nineteenth century, and the work of figures associated with the Liturgical Movement, offered the church a window into the first thousand years of Christianity, along with elements of the sacramental-liturgical life which had fallen into abeyance.<sup>17</sup> These new discoveries revealed that many aspects of the church's life were not as longstanding as previously thought and, in fact, represented a departure from more ancient usages.

Having already been taken up, albeit cautiously, by Pope Pius XII<sup>18</sup>, a *ressourcement* interpretation of the liturgical work of the Second Vatican Council places it in continuity with pre-conciliar papal magisterium while simultaneously allowing for further development beyond

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<sup>15</sup> Benedict XVI, "Address to the Roman Curia."

<sup>16</sup> *Ibid.*

<sup>17</sup> See Keith Pecklers, "History of the Roman Liturgy from the Sixteenth until the Twentieth Centuries," in *Handbook for Liturgical Studies* (Vol. I), ed. Anscar Chupungco (Collegeville: The Liturgical Press, 1997), 167-177.

<sup>18</sup> O'Malley, *What Happened at Vatican II?*, 130.

the text of *Sacrosanctum concilium*, as the church discerns how attestations of her past may allow her to bring forth life-giving “treasures new and old” in service to the people of God today.

### *The Itinerary*

This thesis seeks to advance a case for expanding the administration of the Anointing of the Sick beyond those who have “begun to be in danger of death.” This expansion of access to the sacrament of Christian healing is situated in the spirit of Vatican II and supported by the historical, theological, and pastoral arguments presented in the chapters which follow.

The first chapter of the thesis focuses on the history of the Anointing of the Sick. The first subsection strives to demonstrate through exposition of primary sources that Anointing was widely employed from the first centuries of Christianity through the early Middle Ages as a healing remedy for sickness and was received by those who were not actively dying. The second subsection identifies the major factors which contributed to a profound transformation of Anointing in the Western church during the period extending from the ninth to the thirteenth century. Critiques will be offered to suggest that these factors did not amount to authentic developments but rather were corruptions of the earlier understanding of healing which had henceforth been handed down. The third subsection addresses the sacrament’s history in modernity through the requests for its reform offered by fathers of the Second Vatican Council.

The second chapter advances theological arguments in favor of offering the Anointing to those who are sick but not in any particular danger of death and addresses the objections offered by theologians who maintain the *periculum mortis* as an authentic and important qualifier for sacramental administration. The first subsection interprets James 5: 13-18, which has been

utilized by the Church as a primary scriptural *locus* justifying sacramental practice. The second subsection attends to ritual texts within the Western tradition which have been used for the rite of anointing and texts for the blessing of the Oil of the Sick. The third section addresses the sacramental theology of St. Thomas Aquinas with respect to “extreme unction,” and that of several of his contemporary interpreters - Paul Jerome Keller, Romanus Cessario, and Roger Nutt.

The third chapter presents a pastoral case for expanded access to the Anointing of the Sick. The first subsection analyzes the ways in which the processes of aging, physical diminishment, and dying have significantly changed in the developed world within the past hundred years. People may experience years of significant medical interventions with highly disruptive and life-altering consequences, all without clearly being in danger of death. There is also greater appreciation for the ways in which chronic pain, mental illnesses, and trauma impact the body. A great deal, perhaps even a preponderance, of the human need for healing in the Western world now falls outside the realm of the *periculum mortis*. In the current absence of sacramental-ritual care, people are left to seek alternatives for healing in the form of homeopathic medicine, New Age rituals, and other popularized forms of self-care. The second subsection turns to the developing world, with a particular focus on western Africa, in which Catholicism is so rapidly growing. Traditional Nigerian understandings of healing are examined, which the Church is called to inculturate into her pastoral care. The third subsection attends to the role of narrative disruption and meaning-making within the experience of illness, analyzing how expanded access to sacramental anointing can be a powerful asset for people to situate their personal suffering within the encompassing narrative of the Paschal Mystery.

In articulating a case for the uncoupling of the Anointing of the Sick from the *periculum mortis*, the testimony of history provides compelling corroboration. Ecclesial documents throughout the Western church prior to the ninth century open a window upon the anointing practices of Christians in late antiquity and the early medieval period. Herein, one can observe theologies of anointing and healing which embrace a holistic understanding of the human person's incorporation into the Paschal Mystery and a lively hope for restoration to integrity.

Due to factors largely external to these anointing rituals themselves, a series of theological transformations and pastoral restrictions were imposed upon the Anointing of the Sick. These alterations gained traction and spread across Europe between the eighth and thirteenth centuries, although the memory of more ancient usages was never entirely extinguished. Key factors undergirding these changes were the sacerdotalism associated with the Carolingian reforms, the pastoral collapse of the church's public order of Penance, and the scholastic systematization of the sacraments and their associated effects.

Although the convergence of these forces in practice relegated the Anointing of the Sick to the dying in practice, the officially articulated teaching of the church continued to push back against this. The Council of Trent and subsequent papal magisterium alluded repeatedly to the possibility of a wider application of sacramental healing, even as pastoral practice was cementing the Anointing in popular imagination as a harbinger of a person's final hours. The desire of Trent and the modern papacy would be taken up by the fathers of the Second Vatican Council, who would have to weave a compromise between proponents of the status quo and those who were eager for bolder changes. History, of course, does not come to an end at the Second Vatican

Council. By examining the history of the Anointing of the Sick and its trajectory through the time of the Council, one can strive to make a responsible proposal for the sacrament's next era of development, in fidelity to the Council's ideals and intentions.

## **1.1 ANOINTING IN LATE ANTIQUITY AND THE EARLY MEDIEVAL PERIOD**

### **1.1.1 The First Century A.D.**

The most common scriptural warrant for anointing is taken not from the Gospels<sup>19</sup> but from the Letter of James: "Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith will save the sick, and the Lord will raise them up; and anyone who has committed sins will be forgiven."<sup>20</sup>

This text identifies anointing as a response to the phenomenon of human illness. The application of oil was very much in continuity with the medical practices of late antiquity in the Mediterranean world.<sup>21</sup> The epistle associates the familiar and visible element of oil with distinct effects upon the sick person - they will be saved by the prayer of faith accompanying the unction, they will be raised up by the Lord, and their sins will be forgiven. It is envisioned that an elder within the Christian community would be summoned to offer this prayer and the anointing.

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<sup>19</sup> Cyprian Robert Hutcheon, "The Euchelaion--Mystery of Restoration: Anointing in the Byzantine Tradition." *Worship* 76, no. 1 (January 2002): 26-27.

<sup>20</sup> James 5: 14-15.

<sup>21</sup> Lizette Larson-Miller, "'Healed to Life': The Historical Development of Anointing of the Sick at the Heart of the Church's Healing Ministry." *Liturgy* 22, no. 3 (2007), 4. See also Sarah Bond, "'As Trainers for the Healthy': Massage Therapists, Anointers, and Healing in the Late Latin West." *Journal of Late Antiquity* 8, no. 2 (2015), 386-404.



The earliest non-scriptural reference to Christian anointing is found in the *Didache*, which is dated within the first century A.D. Immediately following a series of instructions on the manner of making the eucharistic offering, a brief statement is made concerning the manner of offering oil: “But because of the word of the oil of anointing, give thanks saying, ‘We thank you, Father, for the oil of anointing that you have made known through Jesus your Son. Thine is (the) glory forever. Amen.’”<sup>22</sup> This succinct instruction does not specify how the oil is to be used or by whom. The key insight to be gathered is that a prayer of thanksgiving is offered for the oil in language similar to that associated with the eucharistic bread and wine. The prayer also specifies that this anointing has been made known to the Christian community through Jesus.

### **1.1.2 The Third Century A.D.**

Dated to roughly the mid-third century and attributed to Hippolytus, *Apostolic Tradition* is the next major source for Christian anointing. Thought to be a reflection of the early Roman liturgy, its true origins remain the subject of debate.<sup>23</sup> The document specifies that if oil is offered, the bishop “shall render thanks in the same manner as for the offering of bread and wine...”<sup>24</sup>

The text then offers a prayer, which is not binding upon the bishop but provides a model for his own words: “O God, sanctify this oil: grant health to all who are anointed with it and who

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<sup>22</sup> Kurt Niederwimmer, *The Didache: A Commentary*, trans. Linda Maloney (Minneapolis: Fortress Press, 1998), 165.

<sup>23</sup> Hippolytus, *On the Apostolic Tradition*, trans. & intro. Alistair Stewart (Yonkers: St. Vladimir’s Seminary Press, 2015), 16-26.

<sup>24</sup> Hippolytus, *Apostolic Tradition* (5:1), 90.

receive it, and as you anointed kings, priests, and prophets, so may it give strength to all who consume it and health to all who are anointed with it.”<sup>25</sup>

This prayer reflects several important elements. The substance of the oil itself is understood to be made holy by the invocation of God’s blessing. It is envisioned that this blessing will be pronounced by a bishop, the leader of the local Christian community. The placement of this prayer within the document has led to speculation regarding whether the oil was blessed alongside the bread and wine during the eucharistic liturgy itself or at another time.<sup>26</sup> The effects ascribed to the oil are strength and health. The prayer also indicates that the oil may be received in multiple ways, either upon the skin as indicated by anointing or via consumption.

### **1.1.3 The Fourth Century A.D.**

The Sacramentary of Sarapion of Thmuis, dated to the fourth century and reflective of Egyptian liturgy, contains two important prayers for the sanctification of oil by the presiding bishop.<sup>27</sup> Within the eucharistic liturgy, the bishop may bless oil and water which members of the community have brought with them.

The bishop prays, “Grant healing power upon these created things, so that every fever and every demon and every illness may be cured through the drinking and the anointing, and

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<sup>25</sup> Hippolytus, *Apostolic Tradition* (5:2), 90.

<sup>26</sup> Hippolytus, *Apostolic Tradition*, 90-92.

<sup>27</sup> R.J.S. Barrett-Lennard, ed. *The Sacramentary of Sarapion of Thmuis: A Text for Students, with Introduction, Translation, and Commentary* (Grove Books: Nottingham, 1993).

may the partaking of these created things be a healing medicine and a medicine of wholeness...”<sup>28</sup>

The second prayer, appointed for use outside of the eucharistic liturgy as need occasioned, is similar to the first but includes a litany of ailments that this blessed oil might soothe, including “every fever and shivering fit.”<sup>29</sup> As in the first prayer, the oil is seen as an agent which will repel demons, often understood to be the unseen instigators of illness and misfortune.<sup>30</sup> The second also asks for “good grace and forgiveness of sins...for health and wholeness of soul, body, and spirit.”<sup>31</sup> Here is seen the close link between physical and spiritual health. The prayer will go on to ask for liberation in both “the inner and outer being of these your servants.”<sup>32</sup>

These prayers suggest that the sanctified oil is intended for use at home as needed.<sup>33</sup> There is no indication that a bishop or presbyter is required to administer the anointing, still less that he would oversee the consumption of the oil. What is required is that the oil be duly blessed by the bishop. Following the blessing, the healing power remains in the oil itself, independent of the circumstances of its administration. In continuity with previous sources, the effects of the oils are directed here entirely toward the healing of the recipient. As yet, anointing is not seen as a

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<sup>28</sup> Barrett-Lennard, *Sacramentary of Sarapion*, 31.

<sup>29</sup> Barrett-Lennard, *Sacramentary of Sarapion*, 48.

<sup>30</sup> Barrett-Lennard, *Sacramentary of Sarapion*, 48.

<sup>31</sup> Barrett-Lennard, *Sacramentary of Sarapion*, 48-49.

<sup>32</sup> Barrett-Lennard, *Sacramentary of Sarapion*, 49.

<sup>33</sup> Barrett-Lennard, *Sacramentary of Sarapion*, 30.

preparation for death. On the contrary, the hope is that it will produce a full recovery and restoration.

#### **1.1.4 The Fifth Century A.D.**

Perhaps the most important Roman document which touches upon anointing (if *Apostolic Tradition* is not of Roman provenance) is the Letter of Pope Innocent I to Decentius of Gubbio.<sup>34</sup> Written in the early fifth century, this papal letter offers an authoritative reply to a number of liturgical and sacramental questions that had been posed for the pope's clarification.

Responding to a question regarding James 5:14-15, Innocent declares, "Now there is no doubt that this can and ought to be understood of the sick faithful, who have been sealed with the holy oil of chrism, blessed by a bishop..."<sup>35</sup> In continuity with previous sources, the blessing of the oil to be used by the sick belongs to a bishop. Innocent indicates that the type of oil in use at Rome at this time for anointing the sick is chrism.

Regarding administration of the oil, he goes on to say, "...not priests only, but all the faithful can use the holy oil in their own and their dear ones' necessities."<sup>36</sup> It seems that because the sanctifying power resides in the blessed oil itself, there is flexibility regarding who uses it. Innocent comments that "...bishops, engaged in their occupations, cannot go to all who lie sick.

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<sup>34</sup> Gerald Ellard, "How Fifth-Century Rome Administered Sacraments," *Theological Studies* 9, no. 1 (1948), 3-19.

<sup>35</sup> Innocent I, *Letter to Decentius of Gubbio*, quoted in Ellard, "Fifth-Century Rome," 10.

<sup>36</sup> Innocent I, *Letter to Decentius of Gubbio*, quoted in Ellard, "Fifth-Century Rome," 10.

But if the bishop either can visit some such sick person, or sees fit to do so, and to bless him and anoint him with chrism, this he surely may do...<sup>37</sup>

A question may arise regarding the sacramental nature of lay anointing. Were anointings conducted at home by a lay person upon another or upon oneself really understood to be sacramental acts or might they be more akin to the devotional use of oil seen even today?<sup>38</sup> Regarding the anointing, Innocent clarifies, “It may not be given to those performing public penance, because it belongs to the sacraments. For how should one of the sacraments be considered fit for those to whom the others are denied?”<sup>39</sup> Although lay anointing would later be excluded, it appears clear that at this time the sacrament was understood to take place whether the oil happened to be used by a bishop, a priest, or any other member of the Christian community.

Innocent’s instruction on the absolution of public penitents also has bearing on the place of anointing within the life of the Church at the time. Regarding those doing public penance, who are excluded from the sacraments, Innocent says, “But if one shall have fallen sick, and his life is despaired of, he is to be absolved even before Paschal time, lest he depart this world without Communion.”<sup>40</sup> This passage is significant because it provides an indication of the Church’s response when a person’s life is despaired of and they are expected to die. They are absolved in

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<sup>37</sup> Innocent I, *Letter to Decentius of Gubbio*, quoted in Ellard, “Fifth-Century Rome,” 10-11.

<sup>38</sup> For an attempt to reinterpret historical instances of lay anointing in light of later distinctions between sacraments and sacramentals, see Miguel Nicolau, *La unción de los enfermos* (Madrid: La Editorial Católica, 1975), 77-80.

<sup>39</sup> Innocent I, *Letter to Decentius of Gubbio*, quoted in Ellard, “Fifth-Century Rome,” 11.

<sup>40</sup> Innocent I, *Letter to Decentius of Gubbio*, quoted in Ellard, “Fifth-Century Rome,” 11.

order to be able to receive Holy Communion before departing this world. There is no mention of being anointed in preparation for death.

In all of the sources surveyed thus far, there is no explicit connotation of death associated with anointing. It remains entirely at the service of healing, strengthening, and restoring life. When death approaches, it is Holy Communion which is administered as the immediate preparation for the believer's transition from this world to the next.

### **1.1.5 Sixth and Seventh Centuries A.D.**

Caesarius of Arles (d. 542) exhorted believers on various occasions to take advantage of their ability to anoint themselves and their loved ones with oil they had received from the Church. The bishop said, "As soon as some infirmity overtakes [a person, the] sick should receive the body and blood of Christ, humbly and devoutly ask the presbyters for blessed oil, and anoint his [or her] body with it...See to it [brothers and sisters], that [people] hasten to the church in infirmity, and [they] will merit to receive both bodily health and the remission of [their] sins."<sup>41</sup>

Caesarius' words provide a significant witness of ongoing continuity in anointing practices thus far. He makes clear that the time to be anointed is at the onset of illness. There is no indication that the illness needs to have placed the believer in any proximate danger of death, as suggested by his assumption that the person can leave their bed in order to "hasten to church." The oil must be accessed via clergy but it can be used independently to anoint oneself.

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<sup>41</sup> Caesarius of Arles, *Sermons*, 2 vols., trans. M. M. Mueller. The Fathers of the Church 31, 47 (New York, 1956, 1964) 1:77, quoted in *Handbook for Liturgical Studies, Volume IV: Sacraments and Sacramentals*, ed. Anscar Chupungco (Collegeville: Liturgical Press, 2000), 172.

In another sermon, Caesarius will encourage his hearers “devoutly to anoint both themselves and their children with blessed oil...”<sup>42</sup> The effects of the anointing provide a remedy for both body and soul. A true physical restoration to health is desired along with the forgiveness of sins.

Another French bishop, Eligius (d. 660) will take up the same theme. He said, “Let the sick place their trust solely in the divine mercy...let them faithfully request the holy oil from the Church and anoint their bodies in the name of Christ.”<sup>43</sup>

### **1.1.6 The Eighth Century A.D.**

Writing around 720, Bede the Venerable will assert, citing Pope Innocent I, that indeed this anointing may be exercised by all Christians. “Not only for the presbyters, but, as Pope Innocent writes, even for all Christians it is lawful to use the same oil for anointing at their own necessity or that of their [relatives], but the oil may be consecrated only by bishops.”<sup>44</sup>

The fact that Bede has to defend this practice, having recourse to papal authority, indicates that by the eighth century there are emergent challenges to lay anointing in the West. It is at this period that an evolutionary process begins to manifest itself, which will accelerate the transformation of anointing from what was largely a home remedy for illness into a prescribed ritual presided over by clerics.

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<sup>42</sup> Caesarius of Arles, *Sermons*, 2 vols., trans. M. M. Mueller. The Fathers of the Church 31, 47 (New York, 1956, 1964), 2:482, quoted in Chupungco, *Handbook*, 172.

<sup>43</sup> PL 87:529, quoted in Chupungco, *Handbook*, 172.

<sup>44</sup> Bede the Venerable, *The Commentary on the Seven Catholic Epistles*, trans. D. Hurst (Kalamazoo, 1985) 61–62, quoted in Chupungco, *Handbook*, 173.

## 1.2 THEOLOGICAL TRANSFORMATIONS AND PASTORAL RESTRICTIONS

### 1.2.1 Carolingian Sacerdotalism

The historical rise of the Carolingian dynasty proceeding from Charles Martel in the eighth century would have profound impacts not just on the political landscape of Western Europe but upon the shape of Western Christianity.<sup>45</sup> Indeed, the Frankish empire would rely heavily upon the cultural capital of Christianity as a cohesive mechanism for the governing of disparate tribal peoples. Seeing their *imperium* as an organic society in which there was no firm division between church and state, the Carolingian rulers took an active role in reshaping ecclesial life into forms which better accorded with imperial priorities.<sup>46</sup>

Although Charlemagne would take upon himself the mantle of the Roman emperor, Carolingian interventions in church affairs were undergirded by a narrative which situated the Frankish polity as inheritors to ancient Israel. “Pope Paul I called the Franks a ‘New Israel.’ The second prologue to the Salic Law, a product, like Paul’s letter, of the 760s echoes the theme of the Franks as a chosen people. Theodulf called the Franks the ‘spiritual Israel.’ Alcuin, Charlemagne’s closest advisor, spoke of the ‘chosen people of God.’”<sup>47</sup>

Like ancient Israel, this new Christian empire would have for itself a designated priestly caste. Distinctions between clergy and laity grew more pronounced as theological reflection on the priesthood shifted from functional service to a community toward a permanent ontological

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<sup>45</sup> See F. Donald Logan, *A History of the Church in the Middle Ages* (New York: Routledge, 2013).

<sup>46</sup> Logan, *Church in the Middle Ages*, 69.

<sup>47</sup> Thomas Noble, “Carolingian Religion,” *Church History* Vol. 84 (2015), 292.



state.<sup>48</sup> This development grew along with the rise of feudalism, in which the clergy would be accorded a place in society separated from the nobility, warriors, and laborers.<sup>49</sup>

With the professionalization of the priesthood in a designated caste rooted in ontology, sacred functions that were once common to various members of the Christian assembly would be increasingly reserved to the priest. Marcel Metzger observes, “Because of this clerical monopoly of liturgical activity, the ministries that had been instituted to foster the participation of the people lost their purpose; and according to the perceptions of the time, the liturgical ministry was concentrated in the sole priesthood.”<sup>50</sup>

This sacerdotal milieu, constructed as an element of empire, would have deep pastoral implications. It is within this context that Bede meets his interlocutors who insist that anointing may only be done by a priest, as a task proper to the clerical state. It is also in this period that believers will be forbidden from handling the Eucharist, under the notion that only the priest has been consecrated to handle sacred things. The holy oil for anointing and the Eucharist, both formerly accessible to lay Christians under flexible terms, will now require the mediation of the priest.<sup>51</sup>

The central role of the priest as one consecrated for divine worship placed an added onus upon the cleric to correspond to the holiness of his office.<sup>52</sup> Because reception of the sacraments

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<sup>48</sup> Thomas Noble, “Carolingian Religion,” 292.

<sup>49</sup> Marcel Metzger, *History of the Liturgy: The Major Stages* (Collegeville: The Liturgical Press, 1997), 124.

<sup>50</sup> Marcel Metzger, *History of the Liturgy*, 124.

<sup>51</sup> Marcel Metzger, *History of the Liturgy*, 130-131.

<sup>52</sup> This emphasis continues to the present day. “They [priests] could not be servants of Christ, if they did not witness to and make available a life other than the earthly one... Their very ministry makes a special claim that they should not conform to this world...” *Presbyterorum ordinis*, no. 3.

was so closely joined to priestly mediation, the shortcomings of priests could have devastating effects on sacramental participation. This would be the case with the Anointing of the Sick. One of the factors which led to its diminished place in the Christian life was the avarice of the clergy, who would typically demand payment for the anointing. Accounts show clergy exacting exorbitant “stole fees,” along with sometimes making claims to the linens of the deathbed, the candles used in the ceremony, and other furniture in the house.<sup>53</sup> It was ruefully remarked in the medieval period that one should not even bother requesting the Anointing of the Sick unless one were “worth at least two cows.”<sup>54</sup>

Aware that priestly (mis)conduct could impact the health of a Christian empire, Charlemagne repeatedly enacted legislation to regulate the lives of clerics. This dedicated focus on priests over the course of his reign embodied the sacerdotalism which would so decisively shape Western Christianity for centuries. The unspoken assumption behind such a singular focus was that only the lives and ministry of priests mattered in order to secure the functioning of the church within Frankish society.

In furtherance of the church’s cohesive function in a diverse empire, Charlemagne also sought to promote liturgical standardization and uniformity within his realm. He famously requested that Pope Hadrian send him an authentic Roman sacramentary, initiating a Gallican-Roman synthesis which would become one of the most formative elements of Western liturgical history.<sup>55</sup>

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<sup>53</sup> Charles Gusmer, *And You Visited Me: Sacramental Ministry to the Sick and the Dying* (New York: Pueblo Publishing Company, 1984), 28.

<sup>54</sup> Romanus Cessario, “Anointing of the Sick: The Sanctification of Human Suffering,” *Nova et vetera* Vol. 17 (2019), 297.

<sup>55</sup> Marcel Metzger, *History of the Liturgy*, 116-119.

It is at this time that there occurs a massive development of liturgical texts in circulation, comprising both more ancient prayers alongside various adaptations and new compositions. The first fully complete ritual for the Anointing of the Sick has been dated between 815 and 845 C.E. It begins with the exorcism and blessing of salt and water, taken from Benedict of Aniane's Supplement to the Sacramentary of Hadrian. This is followed by seven Collects, the laying on of hands, and the anointing of the sick person by the priest.<sup>56</sup> The priest is instructed by the rubrics to apply the oil in a cruciform motion to "the back of the neck and on the throat, and between the shoulders and on the breast; or let him anoint further the place where the pain is more pronounced..."<sup>57</sup> Later manuscripts would prescribe additional anointings on the "five senses," specifying that this ritual was to be performed by "many priests" and could be repeated daily over the course of seven days.<sup>58</sup>

Local councils would emphasize the reservation of the Anointing to priests. This is attested at synods held at Chalon (813), Aachen (836), and Mainz (847).<sup>59</sup> The repeated need to assert the reservation of this sacrament to the ministry of priests is suggestive of a widespread contrary usage which was being repudiated and only gradually finding acceptance among the Christian populace.

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<sup>56</sup> Charles Gusmer, *And You Visited Me*, 22-23.

<sup>57</sup> Charles Gusmer, *And You Visited Me*, 23.

<sup>58</sup> Charles Gusmer, *And You Visited Me*, 24.

<sup>59</sup> Charles Gusmer, *And You Visited Me*, 24.

### 1.2.2 Penance, Anointing, and the Forgiveness of Sins

With access to anointing increasingly dependent on the availability of a priest, it tended to be received only on occasions considered serious enough to compel his presence. This would typically take the form of an illness which placed the person in danger of death. In such a scenario, there was an urgent desire for the believer to confess their sins and receive absolution.

The early Middle Ages was a time of transition for the sacrament of Penance, and these changes would contribute to the association of Anointing of the Sick with the danger of death. At this time the church's earlier practice of public penance had largely fallen into desuetude, marked only by a few vestigial elements within the liturgy.<sup>60</sup>

The order of penitents, robust in the early centuries of Christianity, diminished as fewer people were willing to commit themselves to its arduous disciplines of fasting, exclusion from public worship, and the imposition of celibacy.<sup>61</sup> As a result, the practice of penance and sacramental reconciliation would frequently be delayed until the person receiving it had no reasonable expectation that they would survive and subsequently be obligated to live under the penitential disciplines. In time, the Celtic practice of private confession would replace public penance, and the ascetical disciplines would frequently be commuted to having Masses offered on one's behalf, or other purely spiritual practices.<sup>62</sup> But in the meantime, the postponement of reconciliation until the deathbed would become widespread.

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<sup>60</sup> Charles Gusmer, *And You Visited Me*, 25.

<sup>61</sup> Marcel Metzger, *History of the Liturgy*, 105.

<sup>62</sup> Marcel Metzger, *History of the Liturgy*, 127.

There developed a sacramental sequence which shaped the priest's visit to the direly sick.<sup>63</sup> First, the confession of the dying person would be heard and absolution given for the remission of the sins they had committed in life. Together with the increased perception of holiness and otherness associated with the things of God at this time, there had arisen a concurrent dread of God's judgment and an anguished fear of death.<sup>64</sup> Deprivation of sacramental confession before death came to be seen as a terrible misfortune and an ominous portent.<sup>65</sup>

Anointing immediately followed as a complement to confession. The focus continued to be on the forgiveness of sins, as the priest anointed various parts of the person's body, accompanying each anointing with a prayer for the remission of the sins which had been committed with that part of the body (eyes, ears, nose, mouth, hands, feet).<sup>66</sup> The tenth century *Ordo ad unguendum infirmum* attests to sprinkling with holy water, incensing, and psalmody accompanying the anointing. It is even envisioned that multiple priests might participate simultaneously in conferring the anointing and that this might occur on multiple days.<sup>67</sup>

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<sup>63</sup> It seems that priests were often reluctant to minister to the sick, based on the number of sources which excoriate their neglect of this ministry. Thus, when they did actually arrive at the home of the ill, it seems that many were inclined to perform all their priestly ministrations in a single visit, rather than having to return multiple times as the patient's condition changed. See Izbicki, "Geneviève and Anointing," 395-396.

<sup>64</sup> This would have wide-ranging effects on the sacramental life of the church. For example, John Baldovin examines the relationship between "the increasing fear in the Middle Ages of punishment in the afterlife" and the proliferation of solitary Masses offered for donors. See John Baldovin, "Mass Intentions: The Historical Development of a Practice: [Mass Intentions - Part One]," *Theological Studies* Vol 81, no. 4 (2020), 870-891.

<sup>65</sup> Rouillard, "Anointing in the West," 174.

<sup>66</sup> Rouillard, "Anointing in the West," 174.

<sup>67</sup> Rouillard, "Anointing in the West," 175.

However, as the anointing became more and more associated with death, there arose a need for a shortened ritual lest the believer expire before the rite had been completed. A thirteenth century abbreviated Cluniac ritual would gradually come to prominence in the West, forming the basis of subsequent Western anointing practice, with only slight modifications, until the reforms following the Second Vatican Council.<sup>68</sup>

Finally, Holy Communion was administered as *viaticum*, or food for the journey that would take place in death. The sequence of these three sacraments in a single ministration soon became firmly associated with the rituals accompanying death.<sup>69</sup> In the West, Anointing would remain embedded here for several centuries until scholastic reinterpretations would disrupt the sequence and transform the anointing into a freestanding “last sacrament.”<sup>70</sup>

As sacramental confession and Anointing were joined together, there occurred a certain theological blending. Although the prayers associated with anointing never entirely omitted reference to bodily healing and restoration, the primary emphasis shifted to the spiritual aspects of healing. Foremost among these was the forgiveness of sins, especially in light of the absolution which had just been given prior to administration of the oil. In addition to eclipsing the Anointing’s earlier theology of bodily restoration, its association with the forgiveness of sins would present a problem for the Scholastics, who would struggle to differentiate a unique sacramental effect that distinguished Anointing from Penance.

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<sup>68</sup> Rouillard, “Anointing in the West,” 176-178.

<sup>69</sup> Rouillard, “Anointing,” 174.

<sup>70</sup> John Kasza, “Anointing of the Sick,” in *The Oxford Handbook of Sacramental Theology* ed. Hans Boersma and Matthew Levering (Oxford: Oxford University Press, 2015), 559.

Because reconciliation of penitents was reserved to bishops and presbyters, the linkage of Anointing to the deathbed confession served to reinforce the otherwise novel reservation of Anointing to the clergy and anchored the sacrament in practice to a circumstance in which it had not formerly been confined - the danger of death.

### 1.2.3 Systematizing a Sacramental Economy

The key figure who presided over the scholastic method's rise to prominence in the West was Peter Lombard (1096-1160). The four books of *The Sentences* represent the pinnacle of his work, and they became central to theological education in the High Middle Ages. It became standard for masters of theology to offer a commentary on Lombard's *Sentences*, and it would be hard to overestimate how influential this corpus became to subsequent Western thinkers.<sup>71</sup>

The fourth book of the *Sentences* contains Peter's treatment of the sacraments. In Distinction XXIII, he devotes four short but significant chapters to the sacrament of anointing.

The first chapter crystalizes the centuries-long shift of anointing toward a ritual preparation for death. Lombard heads his treatment of this sacrament, "On the Sacrament of Extreme Unction."<sup>72</sup> Here we find a title for the sacrament which is indicative of its novel place in the ordering of sacramental administration. It is now a final anointing. Lombard also indicates that at his time, this final anointing was no longer administered with chrism but with a dedicated

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<sup>71</sup> See Giulio Silano's substantial introduction in Peter Lombard, *The Sentences: Book 4: On the Doctrine of Signs* (Toronto: Pontifical Institute of Medieval Studies, 2010), vii-lxvi.

<sup>72</sup> Peter Lombard, *The Sentences: Book 4: On the Doctrine of Signs*, trans. Giulio Silano (Toronto: Pontifical Institute of Medieval Studies, 2010), 136.

oil of the sick.<sup>73</sup> He is clear about the circumstances which occasion this anointing: it “is done at the end of life with oil consecrated by the bishop.”<sup>74</sup>

Peter addresses whether or not the anointing can be repeated once it has been received. It seems that he is confronting a misconception which had gained traction in some places, that Extreme Unction could only be received once. Furthermore, if the person happened to recover health, they would be bound, so it was said, to live the remainder of their days in penitential observances.<sup>75</sup> On this account, there may have been some who were delaying the anointing until death was quite assured. As a result, people might pass from this world before the priest could arrive. Lombard emphasizes that the sacrament can be repeated, and he warns that “if this sacrament is omitted because of contempt or negligence, this is dangerous and damnable.”<sup>76</sup>

Another witness to the Western questions surrounding anointing during this period was Hugh of St. Victor (c.1096-1141).<sup>77</sup> In his *De Sacramentis*, Hugh devotes a relatively brief section to the anointing of the sick. After citing the Letter of James as the scriptural locus for the sacrament, he discusses what the sacrament accomplishes. While Hugh does not entirely rule out that bodily restoration may occur through the anointing, his description of the sacrament’s effects is telling. “...this sacrament was instituted for a twofold purpose: the remission of sins and for *lessening* bodily infirmity (emphasis added).”<sup>78</sup> This expression suggests a momentary comfort

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<sup>73</sup> Lombard, *Sentences*, 136.

<sup>74</sup> Lombard, *Sentences*, 136.

<sup>75</sup> Hugh Feiss ed. *On the Sacraments* (Turnhout: Brepols Publishers, 2020), 594-595.

<sup>76</sup> Lombard, *Sentences*, 137.

<sup>77</sup> For an introduction to Hugh’s life and theological perspectives, see “Hugh of St. Victor: Christ, the Church, and the Sacraments” in *On the Sacraments* ed. Hugh Feiss, 59-70.

<sup>78</sup> Hugh of St. Victor, *De Sacramentis*, 2.15 in Feiss, *Sacraments*, 598.



in the midst of the agonies of death, something like the spiritual equivalent to a salve or cool cloth upon the forehead. Hugh immediately adds that even this lessening of infirmity may not occur at all. “However, if it is not beneficial for him to have healing and health of body, he will surely receive health and alleviation of soul by receiving the sacrament.”<sup>79</sup> He cautions the reader to “not think that anointing pertains more to healing the body than to the forgiveness of sins.”<sup>80</sup> If the primary effect of anointing is the forgiveness of sins, this raises the question of the sacrament’s pairing with Confession. Would not one or the other suffice in itself?

In the person of Thomas Aquinas (1225-1274), Western Scholastic theology reached its zenith. Although Thomas did not live to include the Anointing of the Sick within the *Summa theologiae*, the substance of his thought on the matter can be known with a relatively high degree of confidence. His close companion, Reginald of Piperno, is believed to be the compiler of the *Supplementum Tertiae Partis*, which addresses the sacraments Aquinas did not cover during his lifetime. It is based upon Thomas’ commentary on Book IV of *The Sentences* of Peter Lombard.<sup>81</sup>

The interpreter of Thomas’ thought locates the sacrament at the point of death and identifies a sacramental effect which corresponds to this circumstance of administration *in extremis*. “This sacrament prepares man for glory immediately, since it is given to those who are departing from this life.”<sup>82</sup> The anointing does not primarily hold out a hope for restored life in

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<sup>79</sup> Hugh of St. Victor, *De Sacramentis*, 2.15 in Feiss, *Sacraments*, 598.

<sup>80</sup> Hugh of St. Victor, *De Sacramentis*, 2.15 in Feiss, *Sacraments*, 599.

<sup>81</sup> For an account which situates Thomas’ life, theological achievements, and legacy, see Jean-Pierre Torrell, *Saint Thomas Aquinas: The Person and His Work*, trans. Robert Royal (Washington: CUA Press, 2005).

<sup>82</sup> *Summa Theologiae*, Suppl. IIIae, Q. 29, Art. 1, Ad Obj. 2.

this world, but has become almost entirely directed toward a seamless passage from life into eternity.

The author also suggests that Thomas understood Extreme Unction to be the last sacrament. “The spiritual healing, which is given at the end of life, ought to be complete, since there is no other to follow...”<sup>83</sup> This spiritual healing expands beyond the forgiveness of sins to include a removal of “the remnants of sin.”<sup>84</sup> These remnants refer to the wounds left upon the human faculties which require purification and healing prior to entering into heavenly beatitude.<sup>85</sup> This novel component of anointing - releasing souls from what would otherwise detain them in purgatory - distinguishes its sacramental effects from Confession and bespeaks the degree to which this sacrament had become linked to death by the time of Aquinas.

This eclipse of earlier theology and praxis was noted by theologians in the East. Symeon of Thessalonica commented, “But the Latins with all their innovating have adulterated the doctrine of this Mystery, and they say it is not to be given to the sick but to the dying because it forgives sin but fails to assist with the restoration of health.”<sup>86</sup>

### **1.3 REMEMBERING AND RECOVERING THE MORE ANCIENT USAGE**

Even as anointing praxis coalesced around the idea of a *sacramentum exeuntium*,

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<sup>83</sup> *ST*, Suppl. IIIae, Q. 29, Art. 4, Resp.

<sup>84</sup> *ST*, Suppl. IIIae, Q. 29, Art. 5, Resp.

<sup>85</sup> *ST*, III, Q. 86, Art. 5.

<sup>86</sup> Quoted in Mark Kosciński, “Forgiveness of Sin Outside of the Sacraments of Penance and Baptism in the Eastern and Western Churches”(PhD diss., Drew University, 2010), 97.

interventions of the church's solemnly expressed teaching authority maintained a link to the former usages of anointing for those who were sick rather than dying. In resisting the overly narrow sacramental applications of some Scholastic writers, the Council of Trent supported the legitimacy, at least in theory, of broader access to the sacrament of healing. The Second Vatican Council, building upon Trent, would continue the motion in favor of expansion.

### 1.3.1 The Council of Trent

Convened in response to the outbreak of the Reformation, the Council of Trent issued clear articulations of Catholic teaching against new interpretations advanced by Martin Luther and others. The council also addressed sacramental practices that had come under critique by the reformers, issuing clarifications and rectifying liturgical abuses that had caused scandal. With respect to anointing, Calvin had ridiculed what he saw as the superstitious unction of "half-dead carcasses."<sup>87</sup>

In its fourteenth session, the council drew up canons concerning the Anointing of the Sick. Trent's teaching on sacramental anointing is significant for its restraining of the Scholastic emphasis on the actively dying as the principal recipients of this sacrament.<sup>88</sup> The first draft of the conciliar text had "read that extreme unction is to be administered 'only [*dumtaxat*] to those who are in their final struggle and have come to grips with death and are about to go forth to the Lord.' The definitive text was providentially changed: 'this anointing is to be administered to the sick, especially [*praesertim*] to those who are so dangerously ill that they seem near to death.'<sup>89</sup>

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<sup>87</sup> Charles Gusmer, *And You Visited Me*, 33.

<sup>88</sup> Charles Gusmer, *And You Visited Me*, 34.

death.”<sup>89</sup> This correction offered a salient reminder to the church of a broader application of anointing beyond the deathbed. Although anointing was especially fitting for those in danger of death, Trent repudiated the exclusivity to the dying which had widely prevailed in pastoral practice across Europe.

In naming the candidates for reception of the sacrament, Trent refers to them three times as *infirmi*, those who are weak, sick, or feeble.<sup>90</sup> This word has no connotation with dying (as opposed to *moribundi*), and it is a broad term which does not specify a particular gravity of illness.<sup>91</sup> It is interesting that Trent chose *infirmi* rather than *aegroti* (sick, afflicted with a disease), suggesting a choice of the broadest category of recipients for the sacrament, extending even to those not actively contending with a disease but nevertheless experiencing weakness of some sort.

The council also recovered an understanding of the Anointing of the Sick that attended to the embodied reality of the human person. Among the effects of the sacrament, the anointing is given to “soothe sick persons.”<sup>92</sup> Alluding to the very ancient Mediterranean usage of oil to relax muscles, nurture skin, and heal wounds, the council’s language is redolent of healing techniques used for restoring and strengthening the living. Another effect of the sacrament is indeed the restoration of bodily health when this is expedient for salvation.<sup>93</sup> This returns the sacrament to its earlier role as a truly medicinal remedy, sought after with a true hope of healing rather than as

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<sup>89</sup> Charles Gusmer, *And You Visited Me*, 34.

<sup>90</sup> Charles Gusmer, *And You Visited Me*, 34.

<sup>91</sup> Charles Gusmer, *And You Visited Me*, 34.

<sup>92</sup> Council of Trent, Session 14, Canons concerning the sacrament of last anointing, no. 2.

<sup>93</sup> Charles Gusmer, *And You Visited Me*, 34.

an easement toward a peaceful death.

Intermingled with these more ancient understandings of anointing, Trent also includes developments particular to the Scholastics. The anointing is given for the remission of sins and the remains of sin.<sup>94</sup> It spiritually orients the soul toward a trustful acceptance of sufferings and a hope of participating in the glory of eternal life.<sup>95</sup>

Although it cannot be said that the Council of Trent led to a renewed flourishing of the Anointing of the Sick, its definitive teaching on the sacrament nevertheless provided a bulwark against total capitulation to the medieval developments which had so thoroughly marginalized this sacrament within the life of the church.

### **1.3.2 The Second Vatican Council**

The decrees of the Second Vatican Council ushered in many noticeable changes to Catholic theology and experience of the sacraments. Although these developments proved surprising and disruptive to some, the sacramental considerations of the council were not sudden innovations but the result of the centuries which followed upon Trent.<sup>96</sup>

With regard to the Anointing of the Sick, papal magisterium since Trent had consistently favored a more expansive view whenever the conditions for sacramental administration were debated.<sup>97</sup> Within the first half of the twentieth century alone, the matter was addressed by three

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<sup>94</sup> Charles Gusmer, *And You Visited Me*, 34.

<sup>95</sup> Charles Gusmer, *And You Visited Me*, 34.

<sup>96</sup> See Basilius Groen, “The Anointing of the Sick: Conciliar Reform and Post-Conciliar Practice,” *Questions Liturgiques* Vol. 101 (2021), 139-170.

<sup>97</sup> Charles Gusmer, *And You Visited Me*, 35.

Roman pontiffs. Benedict XV called for the sacrament to be provided “as soon as the sickness becomes more serious and one can prudently judge that there is danger of death.”<sup>98</sup> Pius XI and Pius XII would go on to explain that this “prudent judgement” should not be narrowly interpreted.<sup>99</sup> Prudent discernment to anoint was a matter of probability, and when in doubt, one should err on the side of providing the sacrament.<sup>100</sup>

Nevertheless, papal decrees were not able to reshape the popular imagination surrounding Anointing. “A morbidity and fatalism became attached to ‘extreme unction’ and the ‘last rites’ which even the best of pastoral practice was unable to surmount. In all truth, extreme unction became a pastoral failure...”<sup>101</sup> Far too common was the experience of priests who were called in the final minutes of a person’s life, such that the dying person was unresponsive or already deceased when he arrived.<sup>102</sup> It is within the momentum of centuries of gradually expansive teaching on Anointing, and in the context of a broken pastoral practice, that the teachings of Vatican II on anointing can be rightly understood.

This begins with the council’s relabeling of the sacrament from “Extreme Unction” to “Anointing of the Sick.”<sup>103</sup> This is no mere resorting of ecclesiastical terminology but rather a testimony to the power of language to situate human experience. The council’s preference for speaking of this sacrament as “Anointing of the Sick” places the recipient of the sacrament at the

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<sup>98</sup> Charles Gusmer, *And You Visited Me*, 35.

<sup>99</sup> Charles Gusmer, *And You Visited Me*, 35-36.

<sup>100</sup> Charles Gusmer, *And You Visited Me*, 36.

<sup>101</sup> Charles Gusmer, *And You Visited Me*, 36.

<sup>102</sup> Charles Gusmer, *And You Visited Me*, 36.

<sup>103</sup> *Sacrosanctum concilium*, no. 73.

center: the sick person. Removal of the word “Extreme” suggests that this anointing is neither the final sacrament of the Christian life nor can it only be received once, both of which were common misperceptions prior to the council.<sup>104</sup>

*Sacrosanctum concilium* states that “The number of anointings is to be adapted to the occasion, and the prayers which belong to the rite of Anointing are to be revised so as to correspond to the varying conditions of the sick who receive the sacrament.”<sup>105</sup> It is envisioned that the singularity of the deathbed will give way to a multiplicity of situations in which reception of the sacrament will be useful and appropriate. The post-conciliar liturgical reform will conceive of a number of places in which the sacrament may be provided, such as within the context of Mass in the parish church, at the home, and in a hospital or other institutional setting.<sup>106</sup> Varying conditions, some rather remote from death - such as the infirmity of old age or the undergoing of surgery - are admitted for Anointing.<sup>107</sup>

The council retains a connection of Anointing with death, such that the recipient should have at least begun to be in some danger of death. However, this linkage is rendered vague and, when in doubt, the priest is generously encouraged to anoint.<sup>108</sup> Furthermore, it is clear that a person might be strengthened by this sacrament multiple times during the gradual progression of

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<sup>104</sup> Charles Gusmer, *And You Visited Me*, 3-5.

<sup>105</sup> *Sacrosanctum concilium*, no. 75.

<sup>106</sup> *Pastoral Care of the Sick*, nos. 111-114, 131-134, 149-153.

<sup>107</sup> *Pastoral Care of the Sick*, nos. 8-15.

<sup>108</sup> *Pastoral Care of the Sick*, no. 8. A footnote further specifies that “the word *periculose* has been carefully studied and rendered as ‘seriously,’ rather than as ‘gravely,’ ‘dangerously,’ or ‘perilously.’ Such a rendering will serve to avoid restrictions upon the celebration of the sacrament. On the one hand, the sacrament may and should be given to anyone whose health is seriously impaired; on the other hand, it may not be given indiscriminately or to any person whose health is not seriously impaired.”

an illness or through the steady diminishment of advanced age.<sup>109</sup>

As the Second Vatican Council continues to recede into the past, the church has the opportunity to develop a more contextualized understanding of the council's teachings as the distance of decades allows some of the adrenaline and acrimony of the immediate post-conciliar period to dissipate. When the council's sacramental teachings on Anointing are viewed against the backdrop of the centuries which preceded them, a continuity emerges. Vatican II is one among many steps the church has taken in order to try to uncouple sacramental anointing from death, seeking to rectify the transformation imposed upon this sacrament by external historical circumstances in the early Middle Ages. The church remains called to take the next step in the trajectory of Trent and Vatican II by restoring this sacrament to all the living who are in need of healing. Such a restoration would be strongly rooted not only in the church's history but also in the theological sources of Scripture and Tradition.

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<sup>109</sup> *Pastoral Care of the Sick*, no. 102.



Having examined the history of sacramental anointing and the church's struggle to remember and recover its nature as a mystery of authentic healing ordered toward life, it is important to now turn to the theological arguments which situate this sacrament in its proper place within the Christian life.

In seeking out the sources for a theological analysis of Christian healing and the Anointing of the Sick, the Second Vatican Council provides the following guidance: "Sacred theology rests on the written word of God, together with sacred tradition, as its primary and perpetual foundation. By scrutinizing in the light of faith all truth stored up in the mystery of Christ, theology is most powerfully strengthened and constantly rejuvenated by that word."<sup>110</sup>

Thus, a theological accounting of the right role of sacramental anointing begins with Sacred Scripture. Over the centuries, the church's primary scriptural locus for the Anointing of the Sick has been found in the fifth chapter of the Letter of James, verses 13-18. Since the church sees in this passage a justification for her sacramental anointing practices, it is vital to understand, insofar as exegesis can reveal, what the passage actually means in context and what its interpretation can offer to the church's sacramental theology today.

In conjunction with Scripture, sacred tradition provides an indispensable source for theological reflection. In the realms of liturgy and sacrament, the role of tradition is encapsulated by the famous dictum of Prosper of Aquitaine: *Lex orandi, lex credendi*. The law of praying is the law of believing. The ritual celebrations of the church manifest and establish in a most powerful way the truths she professes. These celebrations are simultaneously the most instituted

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<sup>110</sup> Second Vatican Council, *Dei verbum*, no. 24. [https://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_const\\_19651118\\_dei-verbum\\_en.html](https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651118_dei-verbum_en.html). Accessed 26 December 2022.

and instituting elements of the Christian life.<sup>111</sup> This being the case, a theological engagement with the Anointing of the Sick necessarily attends to the primary ritual texts which witness to the church's hopes and expectations when celebrating this sacramental rite over the course of her history.

Within the church, the work of theology is meant to be accomplished in communion with others. "New proposals advanced for understanding the faith 'are but an offering made to the whole Church.' Many corrections and broadening of perspectives within the context of fraternal dialogue may be needed before the moment comes when the whole Church can accept them."<sup>112</sup> In this light, it is vital to encounter those who, having also consulted Scripture and Tradition, hold contrary positions regarding the place of Anointing of the Sick in the church today. Through the weighing of divergent arguments, new insights can be gleaned which may assist in prudently charting a course forward.

## **2.1 THE RESTORATIVE THEOLOGY OF JAMES 5: 13-18**

### **2.1.1 Key Background Elements to the Letter of James**

The authorship of the Letter of James remains disputed. Within the early Christian movement, there were several prominent figures who went by this name. Among the apostles, James styled the Greater was martyred in 44 C.E. This very early date makes him an implausible candidate for authorship. The remaining possibilities are James the son of Alphaeus and James

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<sup>111</sup> Louis-Marie Chauvet uses this terminology to speak of the liturgy's central role in forming the church's self-understanding.

<sup>112</sup> Dicastery for the Doctrine of the Faith, Instruction *Donum Veritatis*, no. 11. [https://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_19900524\\_theologian-vocation\\_en.html](https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19900524_theologian-vocation_en.html). Accessed 26 December 2022.

the brother of the Lord. Although these personages have often been conflated in the past, scholars generally consider them to be two distinct people. The opening of the letter simply refers to the author as “James, a slave of God and of the Lord Jesus Christ.” This simple form of identification, without qualifiers or further specification, suggests that the author was well-known and assumed that the recipients would easily understand who was addressing them.<sup>113</sup> Although it cannot be a matter of certainty, James the brother of the Lord is the figure who best fits this description. His leadership among the Jerusalem Christians was widely known and his influence also extended beyond the city.<sup>114</sup>

Some consider the work a pseudoepigraphon, particularly in light of the author’s use of language. The writer employs a highly sophisticated style of Greek while also incorporating a number of Semitic expressions.<sup>115</sup> The author demonstrates significant familiarity with the Septuagint, particularly the prophetic and wisdom traditions.<sup>116</sup> Those against the authorship of James find it implausible that a poor Galilean would be able to compose a letter in this fashion. Others in favor of authentic authorship point to the diverse character of Galilee, in which Jews and Gentiles mingled frequently and many Jews there were familiar with the Greek language.<sup>117</sup> They also suggest that, after James’ rise to prominence in Jerusalem, he may have had access to a secretary for composing letters, much as Paul was known to have done.<sup>118</sup>

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<sup>113</sup> On authorship theories for the letter, see Patrick Hartin, *James* (Collegeville: Liturgical Press, 2003), 16-25.

<sup>114</sup> Hartin, *James*, 16.

<sup>115</sup> Hartin, *James*, 22-24.

<sup>116</sup> Allison, Dale C., Jr. *A Critical and Exegetical Commentary on the Epistle of James* (New York: Bloomsbury T & T Clark, 2013) 52.

<sup>117</sup> Hartin, *James*, 23.

<sup>118</sup> Hartin, *James*, 24.

Elements of the letter suggest a fairly early dating, perhaps in the late 60s C.E.<sup>119</sup> Throughout the text there is no mention of Gentiles whatsoever. The author's understanding of Christianity remains one which is still solidly anchored within Jewish identity and the practice of the Law.<sup>120</sup> The author alludes to certain Jesus sayings but not specifically in the form they would later take in the Synoptics, suggesting the presence of an oral tradition or access to a collection of sayings similar to the hypothesized Q source.<sup>121</sup> The writer makes no mention of the destruction of the Jerusalem temple, a cataclysmic event in 70 C.E. which could hardly fail to be addressed by those writing thereafter.<sup>122</sup>

Scholars have often remarked on the diffuse nature of the topics treated in this letter. Some have even suggested the lack of a coherent structure or overriding theme in the text.<sup>123</sup> There are, nonetheless, a number of chief concerns which are woven throughout the letter and which need to be taken into account for the interpretation of James 5: 13-18. The author frequently engages in paraenesis, exhorting the reader to maintain an upright way of life.<sup>124</sup> The author is often very firm, employing dualisms to suggest that a decisive choice must be made between the priorities of faith and the values of the present world. Within this framework, he particularly castigates the wealthy in the community who have not accepted the radical

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<sup>119</sup> Hartin, *James*, 25.

<sup>120</sup> Allison, *Critical and Exegetical Commentary*, 88-91.

<sup>121</sup> Allison, *Critical and Exegetical Commentary*, 56-62.

<sup>122</sup> Hartin, *James*, 24.

<sup>123</sup> See Andrew Bowden, "An Overview of the Interpretive Approaches to James 5.13-18," *Currents in Biblical Research* Vol. 13, no. 1 (2014): 67-81.

<sup>124</sup> "...its 108 verses, which contain 54 imperatives, should be classified as *paraenesis*: the work strings together admonitions of a general ethical content." Allison, *Critical and Exegetical Commentary*, 72.

consequences of Jesus' message. To the entire community, James consistently presents a call to repentance, restoration of unity, integrity of life, and endurance of present trials.

### 2.1.2 Are Any Among You Sick?

James' address to the sick is embedded within a series of prescriptive exhortations to prayer corresponding to varied life circumstances. First, he speaks of those who are "suffering" in a broad sense. This term (*kakopathein*) can refer to misfortunes, trials, or persecution.<sup>125</sup> In this situation, one should "pray," in the sense of making supplication to God. This is reminiscent of Job, whom James references just a few verses prior in 5:10. On the other hand, those who are "cheerful" should also pray in a manner suited to their situation. They are invited to psalmodize or "sing songs of praise."<sup>126</sup> It is then that James asks "Are any among you sick?" Listing sickness alongside suffering and cheerfulness, he includes sickness as one of the expected possibilities to be encountered within the Christian community. The community of faith is not inoculated against suffering and sickness; rather, they are given tailored spiritual remedies to foster their endurance of these occurrences.

What does James envision when he speaks of being sick? Taken concretely, this word (*astheneo*) conveys the presence of a serious bodily ailment or debilitating condition.<sup>127</sup> It is grave enough to immobilize the person, causing them to need to lie down. This serious constriction of the person's ability to move will be reinforced by the need to have the elders of

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<sup>125</sup> Hartin, *James*, 265.

<sup>126</sup> Hartin, *James*, 266.

<sup>127</sup> See Andrew Bowden, "Translating Ἀσθενέω in James 5 in Light of the Prophetic LXX," *The Bible Translator* Vol. 66, no. 1 (2015): 91-105.

the community summoned.<sup>128</sup> The sick person is unable to go to them. This terminology (*astheneo*), when taken up by the synoptic writers, will invariably refer to physical ailments among those whom Jesus encounters and heals.<sup>129</sup> These ailments are not restricted in any way to the actively dying. Indeed, they can describe chronic conditions which isolate the individual and diminish their ability to participate in the life of the community. Paul, however, can sometimes also use the same term when speaking of a spiritual and moral weakness.<sup>130</sup> This indicates the possibility that this very corporally freighted term can be used figuratively to describe spiritual states as well.

The spiritual possibilities associated with James' notion of sickness come more clearly to the forefront when one considers his frequent references to the Septuagint. These references almost always take place via allusion rather than direct quotation of passages.<sup>131</sup> Throughout the letter, James repeatedly shows himself to be an heir of the prophetic tradition. His concern for the poor, his denunciation of spiritual adultery and double-minded believers, and his insistence on repentance all sound clearly within the register of the prophetic tradition. The presence of this influence woven through the text suggests that if James repeatedly uses terminology in common with the LXX, he would have the reader understand his meaning with this source in mind.

This becomes particularly important for the interpretation of sickness because James' word choice here has a meaning in the LXX prophetic tradition which goes beyond its literal bodily sense. This word occurs eighty-three times in the Old Testament, mostly among the

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<sup>128</sup> Bowden, "Overview of Interpretive Approaches," 69.

<sup>129</sup> Allison, *Critical and Exegetical Commentary*, 754.

<sup>130</sup> Hartin, *James*, 266.

<sup>131</sup> Bowden, "Translating Ἀσθενέω," 92.

prophets.<sup>132</sup> When they use the term, it typically refers to one who is spiritually fallen and subjected to the righteous judgment of God. Sometimes the prophets will specify that this spiritual fallenness is a result of personal or communal sin.<sup>133</sup> In response, the prophets foretell that when Israel turns back to God, he will offer them “healing.”

This spiritual interpretation of sickness builds coherence with the larger preoccupations of James’ letter. Repeatedly, James calls the community to turn away from personal and collective practices and attitudes which alienate them from the fullness of the Christian life. “Therefore rid yourselves of all sordidness and rank growth of wickedness, and welcome with all meekness the implanted word that has the power to save your souls” (1: 21). “Adulterers! Do you not know that friendship with the world is enmity with God? Therefore whoever wishes to be a friend of the world becomes an enemy of God” (4: 4). “Come now, you rich people, weep and wail for the miseries that are coming to you. Your riches have rotted, and your clothes are moth-eaten. Your gold and silver have rusted, and their rust will be evidence against you, and it will eat your flesh like fire” (5: 1-3). In the classic prophetic style, James witheringly describes the fallenness of the community and calls them to return to God. Considering James’ prophetic manner and his reliance on the LXX, a multivalent reading of “sickness” rings true. While not discounting the embodied reality of the sickness, James gives serious attention to the spiritual dimension of the illness experience.

This sickness becomes the point at which James introduces a community intervention. Prior to this, the prayer prescriptions for the suffering and the cheerful have been directed simply

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<sup>132</sup> Bowden, “Translating Ἀσθενέω,” 95.

<sup>133</sup> Bowden, “Translating Ἀσθενέω,” 96.

to the individual. For the sick person, the prayer of others will be required. This speaks to the fact that a person who is quite sick may find it difficult to pray due to the conditions of their body. The confusion of a fever, the searing pain of an affliction, or the exhaustion which suddenly sets upon a sick person can each render personal prayer very challenging. The subjective experience of the illness may also raise obstacles to prayer. Perhaps the sick person feels distant from God or is struggling with a sense of being abandoned or forsaken by God's providential care. It is in times of weakness, whether in body or in spirit, that the support of the community becomes particularly vital.<sup>134</sup>

By calling for an intervention, James also attests to the communal dimensions of illness. It is never something experienced solely by the sick individual. Sickness implicates all those who are connected with the person. Those who are bonded in some way to the sick person engage with them in the collective act of interpretation.<sup>135</sup> What is this sickness? What can be done? What meaning does it have? In light of James' thoroughgoing concern with division in the community, the care of the sick becomes an important moment in which the community is able to reaffirm its care for the individual and invoke the name of the Lord as brothers and sisters.

### **2.1.3 They Should Call for the Elders of the Church**

The command to summon the elders indicates that the Christian community is capable of providing a meaningful response to sickness. James does not advise calling a doctor or a

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<sup>134</sup> The Book of Psalms frequently articulates the sentiments of abandonment and isolation in relation to sickness. See, for instance, Psalms 31, 32, 38, 41, 88, 116.

<sup>135</sup> For an example of how individuals and communities engage in this work of interpretation, within the context of contemporary Ghana, see Frederick Amevenku, "Faith Healing in Ghanaian Christianity: An Examination of Attitudes and Practices Based on an Exegesis of James 5:13-18," *Trinity Journal of Church and Theology* 18, no. 4 (2015): 87-101.



magician (although neither does he forbid these things outright). Rather, the elders of the community are the ones envisioned as first responders when someone falls seriously ill. Since James' sickness vocabulary contains strong spiritual allusions, it makes sense that figures within the community of faith are seen as equipped to meet this challenging circumstance.

Understanding the choice of the elders as the ones to respond to sickness also involves stepping outside of the modern Western biomedical framework. The approach to sickness in the Letter is not restricted to the diagnosis, analysis, and treatment of physical symptoms manifesting in an anonymous body. The elders are being called not to attend to just a sick body but to a sick *person*. Their care for the individual proceeds from the relationship already established between them. They are members of one community, united by faith in Jesus and a desire to follow God's Law. Their lives are interwoven by mutual commitments and responsibilities toward one another. The holistic care which the elders will provide is rooted in the full reality of the person, body and soul, and is shaped by what the person has prioritized by virtue of being in the Christian community, namely faith in Jesus.

Although subsequent Catholic and Orthodox sacramental interpretation has tended to equate the elders in James 5:14 with the ordained priesthood,<sup>136</sup> it is important to examine the historical context and usage of the term *presbyteroi*. In the ancient Mediterranean world, the term was commonly applied to men of respected standing within a community.<sup>137</sup> Broadly, this title could accrue due to age or the amassing of wealth. The term was used by both Jews and

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<sup>136</sup> Kelly Anderson and Daniel Keating, *James, First, Second, and Third John* (Grand Rapids: Baker Academic, 2017), 114-115.

<sup>137</sup> Hartin, *James*, 266-267.

Gentiles.<sup>138</sup> Within Jewish communities, the *presbyteroi* could refer to the leaders of the synagogue who exercised a responsibility for ordering the affairs of the community. Considering James' use of the LXX, it is significant to note that the term is sometimes used in the LXX for those possessing spiritual authority.<sup>139</sup> When the Synoptics are composed, the writers will often apply the term to the leaders of the Sanhedrin, scribes of the Pharisees, and leaders of synagogues. There is no connotation of priestly lineage or activity here; in fact, most of these people would have been laymen with no connection to the worship of the Temple. James' use of this term for certain members of the Christian community fits into the continuity present throughout the letter, in which Christianity is still at home within the House of Israel.

As will become clear through the healing ritual they undertake, the elders do not necessarily possess in themselves any miraculous power to heal.<sup>140</sup> As leaders who oversee the life of the community, their responsibility is to express the solicitude of the entire community for the individual. Early Christian writings, such as that of Polycarp, speak of how the *presbyteros* was entrusted with caring and providing for the sick on behalf of all the members of the local church, whom he represents in this ministry of mercy.<sup>141</sup> The elders go to the sick not because others are unqualified to do so, but because as Christian leaders they are to be the first ones to serve those in need.<sup>142</sup>

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<sup>138</sup> Hartin, *James*, 266.

<sup>139</sup> Allison, *Critical and Exegetical Commentary*, 756.

<sup>140</sup> Hartin, *James*, 268.

<sup>141</sup> Albl, Martin C. "“Are Any Among You Sick?”: The Health Care System in the Letter of James." *Journal of Biblical Literature* 121 no. 1 (2002), 140.

<sup>142</sup> See Matt. 20:27.

#### 2.1.4 Let Them Pray and Anoint

James then goes on to prescribe what the elders are to do when they reach the sick person. They undertake a twofold action of praying over the sick and anointing them with oil. James specifies that the act of anointing is to be done “in the name of the Lord.” James’ language does not make clear whether these two actions were performed in a sequential order or simultaneously.<sup>143</sup> The author also does not say whether each individual elder both prays and anoints, or whether there is a division of labor by which some in the group speak the prayers while others apply the oil.

The position of the elders, standing over the immobilized person and likely extending their hands in prayer, is particularly evocative. The gesture evokes the healing touch of Jesus himself, who would be remembered in the gospels as often effecting healings through physical contact. This Christ-like posture accords well with the fact that the elders are acting not by their own authority but “in the name of the Lord.”

It is also noteworthy that this posture of standing over a sick person and extending a hand has resonances with the ancient cult of Asclepius.<sup>144</sup> Writing to the “Twelve Tribes in the Dispersion,” James’ audience would likely have been well aware of this cultic activity, common in the cities of the Mediterranean world. With this background as a possibility, James is proposing a Christian alternative. Unlike in the cult of Asclepius, there is no mention of the Christian elders charging a fee for their healing ritual. Indeed, considering James’ extensive castigation of the rich who oppress the poor, such an arrangement would be almost

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<sup>143</sup> Hartin, *James*, 267.

<sup>144</sup> Albl, “Health Care System,” 141.

unimaginable. The elders are also willing to come to the sick person upon being summoned. In contrast, a sick person could only access the services of Asclepius if they had the means to reach the god's temple.<sup>145</sup>

James does not prescribe any precise content for the prayer that the elders speak. As such, it is impossible to say if the prayer involved direct invocation of the deity (using the name of the LORD or that of Jesus), mantra-like repetition of formulae, psalmody, or other techniques known to have been used in the ancient world. There is no clear indication that this prayer involves exorcism, as James does not address the cause of the sickness.<sup>146</sup> Elsewhere in the letter, he does allude to the existence of demons ("You believe that God is one; you do well. Even the demons believe - and shudder" (2:19)), but their agency is not developed in the text.

With the use of oil, James takes up a very common tool of the ancient world and joins it to prayer.<sup>147</sup> Olive oil was traditionally used in many different contexts - for supplying lamp fuel, for cooking, for magic rituals, and for treating wounds, among other usages. It is difficult to parse out what purpose James had in mind - medicinal, magical, symbolic? This difficulty is compounded by the fact that ancient cultures often did not seek to separate these elements.<sup>148</sup> Reading James within his own historical context suggests that the oil incorporates something of all these common elements. The gospels will speak of the apostles anointing people with oil at Jesus' command, when he sends them out to preach and heal in his name.<sup>149</sup> In his parable of the

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<sup>145</sup> Albl, "Health Care System," 141.

<sup>146</sup> Albl, "Health Care System," 135.

<sup>147</sup> Amevenku, "Faith Healing," 94.

<sup>148</sup> Allison, *Critical and Exegetical Commentary*, 759-762.

<sup>149</sup> See Mk. 6:13.

Good Samaritan, Jesus also speaks of the medicinal use of oil as he describes the Samaritan pouring oil and wine over the traveler's wounds.<sup>150</sup> The oil may also serve as an outward manifestation of the inner healing taking place unseen.<sup>151</sup>

Within explicitly religious contexts, oil could convey a change in a person's status. Often the nature of this change involved a transition from an ordinary way of being toward a consecrated state after experiencing divine contact through the oil.<sup>152</sup> Jewish practices, which would have been well-known to the author of James, associated anointing with the status of being chosen by God, after the manner of a priest, prophet, or king. In the context of the letter, James seems to understand that part of the calling of the early Christian community was to live prophetically, as countercultural witnesses in the midst of the world. The anointing with oil could thus be a reaffirmation of the person's chosen status, in the midst of the questions about divine providence or rejection which can arise during an experience of serious sickness. In this reading of the situation, disease is not a sign of disfavor or punishment but a part of life to be endured like other misfortunes, in a spirit of faith. It is noteworthy that the situation does not involve a washing with water, which would possibly have had connotations of impurity.<sup>153</sup>

James makes clear that this anointing takes place "in the name of the Lord." The elders act by virtue of the Lord's authority, in his stead as it were. Ultimately, the agency of God becomes the hinge point of the healing ritual. The elders stand over the sick person as intercessors who are offering prayer and applying oil in faith that the Lord will take action. The

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<sup>150</sup> See Lk. 10:34.

<sup>151</sup> Allison, *Critical and Exegetical Commentary*, 761.

<sup>152</sup> Abl, "Health Care System," 137.

<sup>153</sup> See Leviticus 14: 8-9.

necessity of faith weaves this passage into one of James' chief concerns throughout the letter, namely that living faith is expected to have concrete impacts on a person's life. Faith can never remain in the realm of the theoretical or abstract. It must shine, nourish, and become thoroughly tangible, much like the oil itself.

### **2.1.5 Saved, Raised Up, and Forgiven**

Having provided a pattern for the community's healing ritual, James goes on to also provide the outlines of an expected outcome. The description which follows incentivizes the performance of James' healing ritual because, if followed according to the author's instructions, he is promising specific, positive results which flow forth from the prayer of faith accompanied by anointing with oil. These results are threefold.

First, assurance is given that the sick person will be "saved" by the prayer of faith which is offered. Here James once again uses a richly allusive term (*sosei*) endowed with both an immediate bodily application and a broader spiritual meaning.<sup>154</sup> When this term is taken up in the synoptic gospels, it will often refer to the bodily cures accomplished by the ministry of Jesus.<sup>155</sup> While this meaning need not be excluded, a solely physicalist interpretation would be difficult to sustain within the context of James. If the author were referring simply to physical restoration, James 5: 15 would be the only instance in the New Testament of a promised unconditional physical healing resulting from a repeatable human technique.<sup>156</sup> Certainly, vast human experience has had to contend with the reality of faith-filled people who do not receive

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<sup>154</sup> Hartin, *James*, 268.

<sup>155</sup> Allison, *Critical and Exegetical Commentary*, 765.

<sup>156</sup> Allison, *Critical and Exegetical Commentary*, 764-765.

the bodily restoration they so deeply desire.<sup>157</sup> As has been true throughout the passage under consideration, James' prioritizing of the spiritual becomes clearer when one revisits the letter as a whole.

James uses the term "save" four other times within the letter in addition to 5:14. In each of the four instances (1:21, 2:14, 4:12, 5:20), the spiritual interpretation of the term comes to the forefront.<sup>158</sup> "Receive the implanted word that is able to save your souls;" "Can such faith save?" "There is one lawgiver and judge, the one able to save and to destroy;" "The one who turns a sinner from his wandering ways saves his soul." While not excluding the body, James' consistent emphasis throughout the letter draws attention to the spiritual dimension of being "saved." Through the healing ritual, the sick person has been brought into contact with divine activity, through the prayer of faith and the anointing undertaken "in the name of the Lord." They are reassured that they will experience the fulfillment of eschatological hope as they are incorporated into the dynamic of God's reign, which is both already begun and still awaited. In light of this reality, both the sick person and the wider community can move into an act of shared reinterpretation of the sickness. The person experiencing sickness is not someone to be excluded, abandoned, or condemned, but a person who is declared to be "saved."

James' next promise is that "the Lord will raise [the sick person] up." Here he highlights the direct agency of God. In the midst of the very human experience of sickness, God is acting. The term "to raise up," (*egerei*) like "to save," has both bodily and spiritual connotations.<sup>159</sup> In

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<sup>157</sup> Andrew Bowden, "Sincerely James: Reconsidering Frederick Francis's Proposed Health Wish Formula," *Journal for the Study of the New Testament* Vol. 38, no. 2 (2015): 247.

<sup>158</sup> Bowden, "Translating Ἀσθενέω," 98.

<sup>159</sup> Hartin, *James*, 269.

the synoptic gospels, especially Mark, this term will be used in connection with Jesus' healings, as people are enabled to physically get back on their feet after having been immobilized by sickness and/or demonic oppression.<sup>160</sup> Most significantly, this term carries resonances of Jesus' own resurrection from the dead.<sup>161</sup> Given the ways in which the early Christian movement hinged upon the resurrection of Jesus, this term would have had a compelling association for its first audiences beyond the hope of a sick person feeling well enough to stand up. In tandem with the assurance of being saved, James seems to be linking the sick person to the resurrection.<sup>162</sup> The final victory of Jesus over death will be realized in them as well. Their body and soul become the location where this mystery is lived through faith. By adverting to the resurrection, James continues to reshape the communal interpretation of the sickness. The sickness is not the end point of the person's story. Whether physically restored or not, the person can anticipate the fullness of eternal life through the Lord's power to "raise up" the living and the dead, both now and on the last day.

Finally, James promises the forgiveness of sins. It is significant that this offer of forgiveness is stated conditionally, "if [the sick person] be the one who committed sins."<sup>163</sup> Once again, James provides guidance for the shared work of interpreting the sickness. It is not necessarily the result of the sick person's own sins.<sup>164</sup> At the same time, there is an acknowledgement that personal sinfulness may indeed have played a part in producing the

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<sup>160</sup> Hartin, *James*, 269.

<sup>161</sup> Bowden, "Overview of Interpretive Approaches," 72.

<sup>162</sup> Hartin, *James*, 269.

<sup>163</sup> Hartin, *James*, 269.

<sup>164</sup> Allison, *Critical and Exegetical Commentary*, 767.



present negative condition. Throughout the Scriptures, the relationship between sin and sickness remains ambiguous, with some texts drawing a fairly direct connection<sup>165</sup> while other texts protest such a conclusion.<sup>166</sup> James appears to be more focused on the response to sickness rather than explaining its origin. The author's conditional offer of forgiveness if needed reflects an openness to the varied circumstances which result in sickness. Some instances may involve personal responsibility, while others may not be a result of personal fault at all.

James' statement - "if [the sick] person be the one who committed sins" - may also raise the possibility that the person's sickness has resulted not from their own sin but through the sins of others. This ties in with James' concerns over division within the community and the treatment of the poor. Sickness may result from neglect, deprivation, or other forms of injustice. If the sick person has become immobilized through the indifference or malice of the community, then it is the community rather than the sick individual who may need to come to repentance through encountering the sick. Thus, James will encourage the community as a whole to "confess your sins to one another, and pray for one another, so that you may be healed." This summons remains urgent for contemporary readers of James as well, cognizant of the many whose health suffers due to the persistence of systemic inequalities.<sup>167</sup>

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<sup>165</sup> Such as Psalm 32.

<sup>166</sup> Such as the figure of Job. Note that James cites the patience of Job earlier in the letter.

<sup>167</sup> See, for instance, Michele Evans, "Covid's Color Line - Infectious Disease, Inequity, and Racial Justice," *The New England Journal of Medicine* Vol. 383, no. 5 (2020): 408-410.

### **2.1.6 Interpretative Consequences for a Contemporary Context**

Given the authoritative character with which the church has endowed James 5: 13-18 as a warrant for the Anointing of the Sick, the exegetical insights contained within the passage merit serious consideration for the contemporary celebration of the sacrament.

According to the passage, the candidate for anointing is one who is sick. The text makes no mention of death's proximity but highlights the disruptive character of the illness. The illness is one which immobilizes, cutting a person off from the normal rhythms of life and destabilizing their place within the community. Unable to have recourse to the assembly, a key part of the anointing experience is the solicitude of the church which reaches out to the sick person by sending emissaries of the community to pray and anoint.

The Letter of James suggests that a fruitful point of discernment for celebrating the Anointing of the Sick could be not the danger of death but the experience of the sick person. While the objectively serious character of the illness envisioned by James excludes frivolous applications (i.e. for afflictions that cause annoyance rather than major life disruption, such as the common cold), the subjective experience of sickness as a phenomenon with theological and sociological implications varies among individuals. An illness borne with serenity by one person may cause significant turmoil and questioning for another individual. Similarly, the illness may be interpreted and experienced differently by the families of the one afflicted. Rather than identifying rigid criteria for administration, a reading of James suggests ways in which anointing can be timely for those who experience in illness a reason to seek out reassurance from the church that God is still with them, saving them and raising them up in union with Jesus.

James highlights the deprecatory and communal dimensions of anointing. When the

presbyters pray and anoint, they are beseeching God to act rather than claiming to accomplish something on God's behalf. This prayerful intercession would seem to be proper to the priesthood of all the baptized. Indeed, these dimensions of prayer and the presence of the community are particularly desired in the reformed liturgies of Anointing, but are rendered largely inaccessible by limitation of the danger of death, by which time the community can no longer be mobilized to swiftly attend to the dying person or are barred from entering the place to which the dying person has been isolated (i.e. a nursing home, hospital, hospice, etc.).

In James, there is a genuine hope for healing and restoration when anointing takes place. There is no sense of the community taking their farewell of a dying individual or preparing that person for an imminent entry into glory with the Lord. Rather, through the anointing, illness is resituated. The sick person is no longer one who is forsaken and ruined but one who is saved and raised up. Through the Paschal Mystery, their diminishment can be transformed into a sharing in Christ's victory. Anointed with oil, they are touched by the Anointed One. They are brought into contact with the one who both healed others and "bore our diseases." Their own life becomes endowed with a shared significance as the anointing claims them once again for Christ.

## **2.2 LITURGICAL WITNESSES TO HEALING IN THE PRIMARY RITUAL TEXTS**

The dictum *lex orandi, lex credendi*, attributed to Prosper of Aquitaine, articulates the formative role which the church's liturgy ought to fulfill in the ongoing work of theological reflection.<sup>168</sup> The way the church prays establishes what she actually believes, just as much so as a creedal statement or other magisterial pronouncement.

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<sup>168</sup> See "Lex Orandi, Lex Credendi" in *Historical Dictionary of Catholicism*, ed. William Collinge (Lanham: Scarecrow Press, 2012), 255.

If this is indeed the case, then answers to the present questions surrounding the Anointing of the Sick should be sought in the church's own liturgical sources. What result is envisioned when a person is anointed? What are the implications for their body and soul? How do the prayers and rituals themselves construe the relationship between anointing and death?

This section examines the principal liturgical texts within the history of the Latin Rite which address the Anointing of the Sick and the visitation of those who are ill.

### **2.2.1 The Gregorian Sacramentary**

The Gregorian Sacramentary, dating from the 600s A.D.,<sup>169</sup> contains a section of prayers and blessings gathered under the title of *Visitatio et Unctio Infirmorum*. The text of these orations conveys the hope for a thoroughly embodied healing and restored quality of life.

The visiting presbyter prays that the Lord God, who is “true health and medicine,” would “mercifully return [the sick person] to full interior and exterior health, that restored and healed by the act of your mercy, they may resume their former duties.”<sup>170</sup> An aspiration is articulated that the one who is ill may, after being healed, “appear once again at your church in order to return thanks to your name.”<sup>171</sup> There is no sense here that the sick person has passed beyond the threshold of hope and is now girding himself/herself for death's approach. On the contrary, there is the desire that, should God answer the prayer favorably, the person will be back on their feet once again. They will be able to walk to church and there give thanks for their healing.

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<sup>169</sup> See Eric Palazzo, *A History of Liturgical Books from the Beginning to the Thirteenth Century* (Collegeville: The Liturgical Press, 1998), 48-55.

<sup>170</sup> *Le Sacramentaire Grégorien*, ed. Jean Deshusses (Fribourg: Éditions Universitaires Fribourg Suisse, 1982), 128. Unless otherwise noted, all translations into English are my own.

<sup>171</sup> *Le Sacramentaire Grégorien*, 130.

Following that, they will be seen once again plying their trade, caring for their family, and fulfilling their role within the community.

The prayers in this sacramentary express an organic understanding of the human person's body-soul composite. Naturally enough, suffering in the body affects the soul, and vice versa. As the presbyter prays for physical healing, he also invokes God's mercy upon the sick person's soul, seeking the forgiveness of their sins and an outpouring of renewed strength to resist temptation and patiently bear the sufferings of the present affliction.<sup>172</sup> In these prayers, there is not a strong focus on the causality of illness, especially with regard to sin. There is simply the assumption that the one who is sick in body is also suffering in spirit.

Throughout the prayers, there is a lively sense of spiritual warfare. As the sick person is weakened, there is a concern that demons may use the opportunity to attack them further. And so the presbyter anoints the sick person "with sanctified oil in the name of the Lord, after the manner of an oiled soldier, ready for combat."<sup>173</sup> This anointing will be for them "a bulwark and a defense against the attack of unclean spirits."<sup>174</sup>

It is notable how these prayers restore agency to the sick person. In the eyes of the church, they are not seen as passive victims of misfortune, forsaken and awaiting their doom. They are anointed in order to take an active part in a battle that is being waged at the nexus of their body and soul. The grace of Christ opens up for them new avenues of action where formerly there was the risk of discouragement and lassitude. These prayers bespeak the possibility of new life in the midst of illness, flowing from Christ the true physician of body and soul.

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<sup>172</sup> See *Le Sacramentaire Grégorien*, 131.

<sup>173</sup> *Le Sacramentaire Grégorien*, 131.

<sup>174</sup> *Le Sacramentaire Grégorien*, 131.

### 2.2.2. The Gelasian Sacramentary

The Gelasian sacramentary, initially compiled in the 700s, represents a different strand within the evolving fabric of early medieval liturgical books.<sup>175</sup> Although less influential than the Gregorian, this sacramentary also provides a vital witness of Christian expectations at this time regarding health and healing.

The Gelasian sacramentary provides a significantly more curtailed repository of prayers for use in ministering to the sick, in a section entitled *Oratio super Infirmum in Domo*. The four prayers enumerated under this heading remain consonant with the general presuppositions and expectations encountered above in the Gregorian sacramentary.

The “medicine of heavenly grace” is invoked upon “your servant laboring against the adverse condition of the body.”<sup>176</sup> God is further requested to “preserve your servant by the gift of your strength.”<sup>177</sup> Once again, the sick person is portrayed as one who is taking an active stance in struggling against illness. There is an articulation of the humble status of the infirm body as part of “the fragility of our condition.”<sup>178</sup> The texts seem to speak with pity for the corporal limitations which the sick person is experiencing, while situating this sorry state against the broader backdrop of God’s great power over all created things.

There is no mention of death within these prayers. The envisioned result of the presbyter’s ministration is that “with infirmities having taken flight and strength having been called back,

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<sup>175</sup> See Eric Palazzo, *History of Liturgical Books*, 42-48.

<sup>176</sup> “famulum tuum ex adversa valetudine corporis laborantem.” *The Gelasian Sacramentary*, ed. H.A. Wilson (Oxford: Clarendon Press, 1894), 281.

<sup>177</sup> *Gelasian Sacramentary*, 281.

<sup>178</sup> *Gelasian Sacramentary*, 281.

[your servant] may bless your holy name with health promptly restored.”<sup>179</sup> With serene confidence, the church further prays that “in [your servant] the perfect grace of former health may be restored.”<sup>180</sup>

The Gelasian sacramentary also provides a Mass for the Sick (with proper Collect, Secret, and Post-Communion). In the Collect, the hope is expressed, in wording almost identical to texts found in the Gregorian, that “your servant, with their health returned to them, may give you thanks in the church.”<sup>181</sup> The Secret prayer alludes to the risk associated with illness (*periculo*), and here one can read an allusion to that ultimate danger which is death. Nevertheless, the prayer averts to this risk only to ask God to banish it: “that we who fear on account of their danger, may be gladdened by their health.”<sup>182</sup> The prayer is oriented toward restored life, further confirmed by the closing words of the Post-Communion: “that they may merit to be present again in your holy church.”<sup>183</sup>

### **2.2.3. The Roman Ritual: De Sacramento Extremae Unctionis**

The ritual for anointing the sick provided in the Roman Ritual is traced in substance to the 900s, with simplifications and revisions made in the 1200s and in 1614.<sup>184</sup> Rubrical annotations accompanying this rite clearly envision the proximity of death, with provisions made for what a

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<sup>179</sup> *Gelasian Sacramentary*, 281.

<sup>180</sup> *Gelasian Sacramentary*, 281.

<sup>181</sup> *Gelasian Sacramentary*, 282.

<sup>182</sup> *Gelasian Sacramentary*, 282.

<sup>183</sup> *Gelasian Sacramentary*, 282.

<sup>184</sup> See Gusmer, *And You Visited Me*, 26-27.

priest ought to do in the case of encountering a dead body upon his arrival or even if a person should die in between the various anointings.<sup>185</sup> It is notable, however, that the tenor of the actual prayer texts does not share this preoccupation with the danger of death.

Emphasis is first placed on the interior effects of the sacrament. The priest begins with an exorcistic command: “May all power of the devil become extinct in thee through the laying on of my hand...”<sup>186</sup> This is followed by a sixfold anointing of the sick person’s body (eyelids, earlobes, nostrils, lips, hands, and feet) with a prayer for forgiveness of whatever sins the person may have committed through the mediation of each bodily sense. Thus the church is seeking for this sick brother or sister freedom from the devil and from their own sins. One might perhaps read into this situation the presence of death, as the varied anointings could suggest a “life review” of what the person has done in the body over the course of their life; however, this remains only implicit in the text. Furthermore, the three prayers immediately following the anointings make such a reading difficult to sustain.

The first of these post-anointing prayers contains the following confident request: “Cure, we beseech thee, O our Redeemer, by the grace of the Holy Spirit, the ailments of this sick man/woman, heal his/her wounds, and forgive his/her sins. Deliver him/her from all miseries of body and mind, and mercifully restore him/her to perfect health inwardly and outwardly, that having recovered by an act of thy kindness, he/she may be able to take up anew his/her former duties.”<sup>187</sup> These words do not suggest an immediate preparation for glory but rather a return to

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<sup>185</sup> *The Roman Ritual: Sacraments and Processions*, ed. Philip Weller (Boonville: Preserving Christian Publications, 1950), 330-335. The editor provides both the Latin texts and accompanying English translations throughout.

<sup>186</sup> *Roman Ritual*, 339.

<sup>187</sup> *Roman Ritual*, 343.



work. One can imagine the awkward dissonance when a prayer such as this was proclaimed at the bedside of someone who was actively dying, due to the reservation of sacramental anointing to those in danger of death. How could one reconcile the restorative hope of the oration with the plain facts before one's eyes? Such a disparity between rite and reality gives witness to the lack of coherence that ensues when sacramental praxis is no longer guided by the *lex orandi*.

The remaining two post-anointing prayers expand upon the themes of the first. God is asked to “revive the soul” of the sick person “that, reformed by chastisement, he/she may acknowledge himself/herself saved by thy healing.”<sup>188</sup> A petition is made that through God's healing power, the Lord would “give him/her back in all desired vigor to thy holy Church.”<sup>189</sup> As seen in previous prayers through the centuries, there is an expectation that the sick person will ultimately return to participate once again in the eucharistic assembly of the church, from which they are absent due to illness. If that were thought to not be possible due to impending death, this eucharistic finality would be maintained by the sending of Viaticum rather than holy oil.

#### **2.2.4. Pastoral Care of the Sick: Rites of Anointing and Viaticum**

Formulated in response to the reforming mandate of *Sacrosanctum concilium*, the revised rites for Anointing of the Sick reflect the Council's expanding understanding of who might receive this sacrament and when. The title of the ritual text in which the new rite of anointing finds its place is significant: *Pastoral Care of the Sick*.<sup>190</sup> Anointing is thus positioned to be a

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<sup>188</sup> *Roman Ritual*, 345.

<sup>189</sup> *Roman Ritual*, 345.

<sup>190</sup> See *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, International Commission on English in the Liturgy (Totowa, NJ: Catholic Book Publishing Co., 1983).

contributing element to the holistic care of the sick person and a concrete manifestation of the church's pastoral solicitude for her suffering members.

The text normalizes the administration of Anointing of the Sick in contexts when people are not actively dying. While maintaining the condition that some danger of death must be present, the ritual options themselves undermine and relativize this requirement. By situating the Continuous Rite of Penance, Anointing and Viaticum under the heading of Rites for Exceptional Circumstances, the text makes clear that deathbed anointing is meant to be the exception rather than the norm. The provision of rites for Anointing within Mass, in which sick people come to the parish church to participate in the liturgy, suggest an understanding of "danger" which has become rather elastic. Prayers are appointed for various pastoral scenarios, only one of which is for use "in extreme or terminal illness."<sup>191</sup>

In continuity with previous forms of the rite, the orations articulate hopes for recovery. God is asked to "mercifully cure the weakness of your servant," "expel all afflictions of mind and body," "mercifully restore him/her to full health," "and enable him/her to resume his/her former duties."<sup>192</sup> In the prayer to be used before surgery, the church asks, "May your servant respond to you healing will and be reunited with us at your altar of praise."<sup>193</sup> Even within the prayer appointed for one who is in advanced age, the grace sought pertains to this life: "Keep him/her firm in faith and serene in hope, so that he/she may give us all an example of patience and joyfully witness to the power of your love."<sup>194</sup> For Anointing within Mass, the litany which

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<sup>191</sup> *Pastoral Care of the Sick*, 100.

<sup>192</sup> *Pastoral Care of the Sick*, 99-101.

<sup>193</sup> *Pastoral Care of the Sick*, 101.

<sup>194</sup> *Pastoral Care of the Sick*, 101.

precedes the anointing enumerates the desired effects: “Relieve their pain...Free them from sin and do not let them give way to temptation...Sustain all the sick with your power...Assist all who care for the sick...Give life and health to our brothers and sisters on whom we lay our hands in your name.”<sup>195</sup> In a notable expression of pastoral sensitivity, the reformed rite prays also for those who are caring for the sick. This takes into account the significant personal sacrifice and hardship which can be experienced not only by the one who is ill but also by those whose lives are impacted by the consequences of the illness and the process of care which follows.

Throughout the centuries, the prayers which accompany the Anointing of the Sick remain remarkably focused on healing, restoration, forgiveness, and a return to life. These aspirations perdured despite the intrusion of historical and theological influences outside the rites themselves which introduced a linkage with death not found in the liturgical texts. If the adage *lex orandi, lex credendi* is taken seriously, this would suggest the need to reconsider the continued use of the danger of death as a criterion for receiving the Anointing of the Sick.

### **2.3 ENGAGING CONTRARY VOICES**

Although the Anointing of the Sick receives comparably less attention from contemporary sacramental theologians than the central sacraments of Baptism and Eucharist,<sup>196</sup> there has been a modest resurgence of interest in recent years. This may be credited to continuing debate stemming from the conciliar liturgical reforms, in which both the letter and the spirit of

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<sup>195</sup> *Pastoral Care of the Sick*, 113.

<sup>196</sup> See Basilius Groen, “The Anointing of the Sick: Conciliar Reform and Post-Conciliar Practice,” *Questions liturgiques* 101 (2021), 139.

*Sacrosanctum concilium* are scrutinized by critics.<sup>197</sup> More recently, the COVID-19 pandemic also drew attention to the Anointing of the Sick, principally through the sometimes contradictory judgements of diocesan bishops, who either denied the sacrament to those requesting it or encouraged their priests to go to extreme measures in order to provide it.<sup>198</sup> These issues of divergent praxis suggested the presence of varied understandings of what the sacrament accomplishes and who benefits from receiving it. As with many other aspects of life, COVID-19 brought into the light longstanding issues which had often been overlooked. Among these were disagreements surrounding the Anointing of the Sick.

People on both sides of the issue at hand (Anointing freely given for healing vs. Anointing reserved for those in danger of death) share a good intention. All wish to uphold what they understand to be the best use of the sacrament and its celebration for those who are apt to benefit from it. All could cite centuries of consistent practice in their favor, at different points in the church's history. All could claim the mantle of the Second Vatican Council.

This section gathers the principal objections to expanding reception of the Anointing of the Sick beyond those who have begun to be in danger of death. While identifying the good which the restrictionist position seeks to either preserve or acquire, reasons are offered for why it is actually the more permissive position which is best suited to secure those goods.

### **2.3.1. Reducing a Serious Intervention into a Frivolity**

The most commonly articulated objection to expanding Anointing beyond the danger of

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<sup>197</sup> Regarding these ongoing debates, see John Baldovin, *Reforming the Liturgy: A Response to the Critics* (Collegeville: The Liturgical Press, 2008).

<sup>198</sup> See Jack Lyons, "Priests seek ways to anoint the sick during coronavirus pandemic," *Crux* April 24, 2020. <https://cruxnow.com/church-in-the-usa/2020/04/priests-seeks-ways-to-anoint-the-sick-during-coronavirus-pandemic>. Accessed 2 April 2023.

death is the risk that the sacrament will be set upon a slippery slope in which it slides from being a serious intervention at a major life-impacting event into a superstition providing slight comfort against the many minor annoyances of embodied life. As Charles Gusmer puts it, the concern is to avoid “reducing the anointing of the sick to the level of the blessing of throats on the feast of St. Blase.”<sup>199</sup>

Theologian Roger Nutt writes, “The Sacrament of Anointing of the Sick is thus not intended for those who are merely ill in the sense of being a bit off, having a cold or flu, and it is certainly not intended for those who are feeling off emotionally...The insertion of the Anointing of the Sick into life situations that are not related to serious illness and dying is misleading and spiritually harmful.”<sup>200</sup> Nutt holds that *Sacrosanctum concilium*’s choice to retain the term “Extreme Unction” while introducing the new terminology of “Anointing of the Sick” gives an interpretative key in favor of the theological position which predates the Council.<sup>201</sup> Nutt continues, “The perception that the Council taught that the sacrament is not for those who are facing death due to sickness or old age is simply an urban legend that needs to be corrected in light of the clear teaching of the Church.”<sup>202</sup>

Nutt considers only two degrees of illness - the minor (“being a bit off”) and the potentially deadly. While agreeing that the minor does not present a plausible scenario for the provision of sacramental care, there exists a spectrum which he does not address here. There are many illnesses and conditions which are serious but not life-threatening. A person can be immobilized,

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<sup>199</sup> Gusmer, *And You Visited Me*, 87.

<sup>200</sup> Roger Nutt, *To Die is Gain* (Steubenville: Emmaus Press, 2022), 87.

<sup>201</sup> See Nutt, *To Die is Gain*, 87.

<sup>202</sup> Nutt, *To Die is Gain*, 88.

isolated, and profoundly constricted without being in any discernible danger of death. To offer just one example, a person may be hospitalized due to a severe flare-up of Crohn's disease. This person is not in any danger of dying, but they feel betrayed by their body, and they are unable to go to work or worship due to the severity of their symptoms. There is an urgently felt need for healing here. If such a person were to seek sacramental contact with the healing power of Jesus Christ, it would hardly seem to risk trivializing the sacrament, since Scripture attests that this motive led many people to approach Jesus.

In the Gospels, Christ is frequently depicted as a healer. Many of his healings address situations which are debilitating but not immediately life-threatening. Christ heals leprosy and epilepsy. He ministers to those with diseases affecting their ability to see, hear, and speak. He heals disabled people such as the man with the withered hand. He addresses chronic conditions, such as the man who laid for decades in the porticoes surrounding the pool of Bethesda. If the Anointing of the Sick makes present the healing power of Christ, serious consideration should be given to the types of people Christ actually chose to heal.

It is not clear why Nutt believes that Anointing is *certainly* not intended for those suffering from emotional problems. Emotions profoundly impact the body, and emotional disorders can be just as debilitating as other forms of sickness.<sup>203</sup> The depressed person who is unable to get out of bed for days and who can barely eat is in serious need of healing. Recent decades have advanced the understanding of mental illnesses considerably. The reformed rite of Anointing

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<sup>203</sup> See Bessel Van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Viking, 2014).

envisions the possibility of mental illness being serious enough to warrant sacramental care.<sup>204</sup>

Nutt endows *Sacrosanctum concilium*'s decision to not outright abolish the term "Extreme Unction" with a significance which a wider reading of the document dispels. Throughout the text, compromises were made in an effort to reconcile groups of bishops who were more or less concerned about preserving a style of continuity while still advancing substantial reform.<sup>205</sup> One can go through the entire document paragraph by paragraph and see a repeating pattern of concession to a "conservative" concern followed nevertheless by proposal of a "progressive" measure. Inclusion of the term "Extreme Unction" was a reflection of what the sacrament was typically called at the time of the document's drafting. It was not intended as a seal against future theological development.

### **2.3.2. Discarding a Distinctive Thomistic Contribution**

A second concern raised against the expansion of Anointing of the Sick beyond the danger of death relates to two contributions from the sacramental theology of Thomas Aquinas. Because they both pertain to the linkage of Anointing with death, one would have to either discard them or account for how they could be resituated within a new sacramental landscape.

Aquinas construed the church's sacramental economy as provisioned for the varied stages of human development. Romanus Cessario observes that this "model compares human growth

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<sup>204</sup> See *Pastoral Care of the Sick*, General Introduction, no. 53: "Some types of mental illness are now classified as serious. Those who are judged to have a serious mental illness and who would be strengthened by the sacrament may be anointed..."

<sup>205</sup> Regarding the drafting of *Sacrosanctum concilium* and the debates preceding its approval by the Council Fathers, see O'Malley, *What Happened at Vatican II*, 129-141.

and development over the course of a lifetime to spiritual growth.”<sup>206</sup> Within Aquinas’ framework, Anointing corresponds to the final stage of human life. It meets the spiritual needs which are specific to a dying person as the *sacramentum exeuntium*.

While there may indeed be an affinity between Anointing and the end of life, which often comes to pass via a health crisis, the sacramental effects are broader than a preparation for glory. One of these effects is an association of one’s sufferings with the Passion of Christ. Cessario writes, “The Anointing of the Sick intervenes in the life of a Christian believer at the moment when the temptations caused by human sufferings are most likely to tempt one to doubt and despair.”<sup>207</sup> Although this crisis may be most acute with the approach of death, confrontation with the mystery of suffering is part of any illness that seriously impacts a person. One can retain Aquinas’ fundamental insight that the sacraments are providentially arranged to meet varied human needs along the development toward full union with God, while recognizing that the need which is met by Anointing is the sanctification of the primordial human experience of illness-induced suffering.<sup>208</sup> This experience is often part of dying, but it also manifests itself in contexts apart from dying. Whenever it does, there is the possibility of repositioning that suffering within the dynamic of Christ’s Passion through sacramental contact with the Paschal Mystery.<sup>209</sup>

The second distinctly Thomistic contribution to Anointing of the Sick concerns the *reliquiae peccati*, or remnants of sin. Because Aquinas understood sacramental anointing as

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<sup>206</sup> Romanus Cessario, “Anointing of the Sick: The Sanctification of Human Suffering,” *Nova et vetera* 17.2 (2019), 301.

<sup>207</sup> Cessario, “Anointing of the Sick,” 307.

<sup>208</sup> Cessario, “Anointing of the Sick,” 305-307.

<sup>209</sup> Cessario, “Anointing of the Sick,” 306.



meeting the spiritual needs of the dying, one of the effects of the sacrament which he enumerates is the healing of the remnants of sin as an immediate preparation for glory. The remnants of sin refer to the effects left upon a soul even after the guilt of sins committed has been absolved. They manifest in “the dying person’s weaknesses and unfitness as well as [their] lack of strength and vigor.”<sup>210</sup> In the midst of the struggle accompanying a person’s dying agony, this healing is meant to strengthen them in “spiritual conditions that are rendered more acute by bodily infirmity.”<sup>211</sup>

The reality that spiritual conditions are made more acute by bodily infirmity extends beyond scenarios of death. Again, any serious illness can produce serious impacts upon a person’s spiritual state. Struggles which do not lead to death are nonetheless true struggles which can evoke the very same doubt and despair mentioned above. For a person of faith, these struggles ought to be met by the timely provision of God’s healing grace.

In terms of the *reliquiae peccati*, the provision of Anointing of the Sick outside the danger of death does not mean that the sacramental effect of healing the remnants of sin does not take place when the sacrament is in fact administered in a dying situation. Not every possible sacramental effect takes place in each bestowal of a sacrament. For instance, reception of the Eucharist may forgive venial sins, but this effect does not take place if a person has no sins to be forgiven. Similarly, Anointing may impart specific graces to aid the dying process, but those graces may not be imparted when the sacrament is received by a person who is not dying.

It should also be noted that the post-conciliar rite of Anointing does not directly address the

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<sup>210</sup> Cessario, “Anointing of the Sick,” 302.

<sup>211</sup> Cessario, “Anointing of the Sick,” 302.

*reliquiae peccati*. It speaks instead in general terms of a sacramental effect of forgiveness of sins if needed and “the completion of Christian penance.”<sup>212</sup> Cessario explains that “the reason for this broader description of the effects of Anointing lies in the practice of the Church not to take sides in theological debates.”<sup>213</sup> In general, the church does not strictly bind itself to Thomism or any other single theological school. Cessario adds that “In fact, the eighteenth-century papal Magisterium warned against over-analyzing the nature of the *reliquiae peccati*.”<sup>214</sup>

### **2.3.3. Neglecting the Spiritual Remedies Already Available to the Non-Dying**

A third concern raised against the expansion of sacramental anointing lies in the availability of other spiritual means to strengthen those who are sick but not in danger of death. On this account, Anointing would inappropriately usurp the role which is already being fulfilled by other sacramental and devotional practices.

Roger Nutt writes, “People who are not in danger of death due to sickness or old age should be directed to the other sacramental graces and spiritual practices that are open to all of the faithful, including Penance and frequent Communion, as well as the Bible and privileged devotional practices (like the Rosary) that nourish the spiritual life.”<sup>215</sup>

While all of the opportunities which Nutt mentions would have salutary effects for the spiritual life in general, none of them directly addresses the phenomenon of sickness itself. Given the way in which sickness can challenge a person’s ability to engage in their normal spiritual

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<sup>212</sup> *Pastoral Care of the Sick*, General Instruction, no. 6.

<sup>213</sup> Cessario, “Anointing of the Sick,” 302.

<sup>214</sup> Cessario, “Anointing of the Sick,” 303.

<sup>215</sup> Nutt, *To Die is Gain*, 92.

practices and responsibilities, it would seem that an intervention directed specifically at the illness is most appropriate. While the impacts of an illness stand at the forefront of a person's mind, it is important that the church be able to minister to her ailing member in a way that is relevant to their need.

The proposition that a sick person be invited to receive the sacrament of Penance, while well-intentioned, can invite misunderstandings. If the response to illness is to be the confession of sins, this could easily suggest some sort of causal relationship between sin and illness. Against this notion, the church teaches that “although closely linked with the human condition, sickness cannot as a general rule be regarded as a punishment inflicted on each individual for personal sins.”<sup>216</sup> Rather, “from Christ's words [the faithful] know that sickness has meaning and value for their own salvation and for the salvation of the world. They also know that Christ, who during his life often visited and healed the sick, loves them in their illness.”<sup>217</sup> This key affirmation of being loved precisely in their illness is essential for effective ministry to the sick. It is most eloquently expressed in the prayers and ritual touch of the Anointing of the Sick.

A more expansive use of the Anointing of the Sick corresponds to the sacrament's capacity to engage the specificity of illness in a way that the Eucharist or Penance does not. It recognizes that the non-dying sick person is in a position distinct from those who, in a state of wellness, are not experiencing health-related disruptions which impede many aspects of normative life. As such, they could benefit from a spiritual practice which corresponds to their changed status and brings it into relation with the mystery of Christ the healer.

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<sup>216</sup> *Pastoral Care of the Sick*, General Instruction, no. 2.

<sup>217</sup> *Pastoral Care of the Sick*, General Instruction, no. 1.

Having examined historical and theological reasons in support of expanding the Anointing of the Sick, this chapter considers pastoral realities of the contemporary church which suggest the need for reconsideration of current anointing praxis. Responding to changed circumstances related to health and healing will help to ensure that the church provides an authentic accompaniment to each believer as he or she navigates the experience of being ill in the twenty-first century.

Jesuit Sam Sawyer observes that “pastoral considerations can often be treated as secondary - a layer of accommodation to practical constraints and limits after the real theological work is done at a higher level. And such practical adaptations are necessary and vital. But the ‘pastoral dimension,’ however we might translate it, is far more than that.”<sup>218</sup> This reflects the fact that God’s self-revelation, which is the wellspring of all theology, is fundamentally relational. Pope Francis “is constantly reminding the church that there is such a ‘pastoral mystery,’ a depth of God’s tender and compassionate closeness to us that we will never be done exploring.”<sup>219</sup> As a result, pastoral realities should always hold a central place in any discussion of how to advance the church’s mission in the present era.

With regard to the Anointing of the Sick, pastoral reflection must account for the ways in which people in the developed world now experience illness and aging. With the advancement of increasingly sophisticated biomedical technologies, life can be greatly extended. While reducing the fatality of many diseases and conditions, such medical interventions also take a compounding

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<sup>218</sup> Sam Sawyer, “What meeting Pope Francis taught me about pastoral care,” *America* December 15, 2022. <https://www.americamagazine.org/faith/2022/12/15/pastoral-mystery-many-things-244334>. Accessed 7 March 2023.

<sup>219</sup> Sawyer, “What meeting Pope Francis taught me about pastoral care.”

toll on quality of life. A person can be kept alive for decades in no real danger of death, and yet their body is bearing significant suffering and gradual diminishment. The Western phenomenon of warehousing the elderly creates an increasing population of invisible people, held captive by bodily weakness and suffering a loss of meaning.<sup>220</sup> The widening acceptance of euthanasia indicates that developed societies are experiencing a crisis related to this new state of life which medical technology has created - that of the physically diminished person with extended life expectancy.

In the developing world, the church is experiencing considerable growth and vitality. This is particularly so on the continent of Africa. As the message of the Gospel continues to take root in African societies, it is important that the church exercises prudence and discernment in how she imparts her teachings and her sacramental life. The Second Vatican Council, sensitive to the realities of new peoples being incorporated into the universal church, expressed openness to inculturation.<sup>221</sup> This means that the life of the church takes on forms and expressions which reflect the unique genius of a local culture. As the church in Africa grows in number and influence, a pastoral priority will be to celebrate the Anointing of the Sick in a manner which responds to distinctly African understandings of sickness, healing, and wellness.

In recent decades, much attention has been given to the ways in which human life is shaped by language and narrative. There is growing appreciation for the extent to which narrative construction undergirds both self-understanding and the interpretation of events. A broader latitude for celebrating the Anointing of the Sick would open up the possibility of the church

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<sup>220</sup> See Adele Hayutin, "Graying of the Global Population," *Public Policy and Aging Report* Vol. 17, no. 4 (2007), 12-17.

<sup>221</sup> *Sacrosanctum concilium*, nos. 37-40.

reaching her suffering members more effectively in the narrative disruption caused by sickness. It is precisely in such moments of vulnerability that the church's sacrament of healing can manifest the sick person's incorporation into the grander narrative of the Paschal Mystery through union with Christ.

### **3.1 BEARING EACH DAY IN OUR BODIES THE DYING OF JESUS: MEDICAL ADVANCEMENTS AND THE EXPERIENCE OF ILLNESS**

Because the sacraments are meant to aid Christians in living out the Gospel amidst the concrete challenges of life in the present world, the church will be positioned for greater pastoral effectiveness in her sacramental economy to the extent that she takes into account the developments in each age which impact Christian living. Because the experience of sickness is especially challenging and widespread, there is a particular urgency for the church to minister effectively in this area.

The Second Vatican Council recognized the flux and upheaval of the twentieth century, together with the opportunities and new questions which were arising as a result of rapid changes in many interconnected spheres of human existence. The Council observed:

The human race finds itself today in a new stage of its history, in which fundamental and rapid changes are gradually extending to the whole globe. These have come about through human intelligence and creativity...As is the case in any crisis of growth, this transformation is introducing considerable difficulties. Thus, while human beings are increasingly extending their power, they are not always able to control it in their own

service.<sup>222</sup>

These words of *Gaudium et Spes* are particularly relevant to medicine's impact on aging and the extension of lifespan. While medicine has expanded the number of expected years in a person's life, it has also mainstreamed a human condition to which the church has yet to fully respond: the person of advanced age who, though burdened with many significant health impairments, is in no real danger of death.

### **3.1.1. Diminishment without Danger of Death**

Particularly within the past century, the basic shape of human living and dying has been radically reconfigured due to advances in medicine. The development of antibiotics and vaccines vastly reduced childhood mortality. The ability to treat heart conditions, respiratory illnesses, and even many forms of cancer, have opened up new avenues of life for formerly terminal conditions. Whereas for most of human history health could be imagined as a plateau that suddenly dropped off toward death as soon as a major illness or injury was encountered, medicine has made it possible for health to have sudden ups and downs, along with gradual slopes, sustained by medical interventions.<sup>223</sup>

Within highly developed Western societies, an increasing number of people have access to sophisticated medical treatments and teams of doctors who are able to coordinate care such that they continue to live for long periods of time even as their bodies ever so gradually fail them. The surgeon and writer Atul Gawande comments, "Old age is not a diagnosis. There is always

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<sup>222</sup> *Gaudium et Spes*, no. 4.

<sup>223</sup> See Atul Gawande, *Being Mortal* (New York: Picador, 2014), 25-29.

some final proximate cause that gets written down on the death certificate...But in truth no single disease leads to the end; the culprit is just the accumulated crumbling of one's bodily systems while medicine carries out its maintenance measures and patch jobs."<sup>224</sup>

These years, or sometimes decades, of diminishment remain underserved even as they have become more widespread among the population. Gawande writes with candor, "Those of us in medicine don't help, for we often regard the patient on the downhill as uninteresting unless he or she has a discrete problem we can fix."<sup>225</sup> One might observe that this indifference is not confined to the medical profession. By continuing a restrictive policy on sacramental anointing, linked to a determination of the danger of death, large swathes of the population are unable to benefit from the sacrament of healing until a judgment has likewise been made by priests that they have "a discrete problem we can fix."

This state of diminished life may not present urgent and dangerous bodily symptoms, but its corresponding spiritual needs are nonetheless serious and worthy of attention. The person in this condition is experiencing in so many ways the harsh reality of mortality. The failure of the body, formerly so capable and reliable, can be profoundly destabilizing. Even the negotiation of one's daily routine can become an obstacle course filled with reminders of limitations and peril. This changed condition can bring with it intense feelings of shame, regret, and resentment.<sup>226</sup>

*Pastoral Care of the Sick* notes that "those who are seriously ill need the special help of God's grace in this time of anxiety, lest they be broken in spirit and, under the pressure of

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<sup>224</sup> Gawande, *Being Mortal*, 28.

<sup>225</sup> Gawande, *Being Mortal*, 29.

<sup>226</sup> See Gawande, *Being Mortal*, 55.



temptation, perhaps weakened in their faith.”<sup>227</sup> Although the text makes clear that the interpretation of “seriously ill” is confined therein to those who are in danger of death, people who are experiencing a medically extended life of diminishment often exhibit the same symptoms which are said to warrant the special help of God’s grace. The rubrics of the ritual already tend strongly toward providing the anointing to a person who is experiencing the effects of the aging process. “Elderly people are to be anointed if they have become notably weakened even though no serious illness is present.”<sup>228</sup> In light of the changed situation brought on by medical advancements, this seems to be one of the natural openings into which the church could advance a still more generous pastoral practice surrounding sacramental anointing. The spiritual strengthening and personal association to the Passion of Christ bestowed by the sacrament is valuable not only in pivotal moments of notable weakening but also during those long years of very gradual diminishment in which a person’s patience is tried in myriad ways by a diverse array of bodily betrayals. Although access to extended life is a privilege inequitably distributed even within already privileged societies,<sup>229</sup> the global expansion of effective health care will render sacramental care at this stage of life an increasingly urgent pastoral priority for the church in the decades ahead.

### **3.1.2. Empowering the Elderly with Agency**

One of the effects of lifespan expansion coupled with physical diminishment is the

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<sup>227</sup> *Pastoral Care of the Sick*, General Introduction, no. 5.

<sup>228</sup> *Pastoral Care of the Sick*, General Introduction, no. 11.

<sup>229</sup> See, for instance, Bailey, Krieger, et. al. “Structural Racism and Health Inequities in the USA: Evidence and Interventions,” *The Lancet* Vol. 389 (2017), 1453-1463.

problem of how to care for the elderly population in ways which promote their safety and access to the medical services upon which they have come to depend. In the United States in particular, this has resulted in the vast expansion of assisted living facilities and nursing homes.<sup>230</sup> These specialized environments are designed to provide the medical care and supervision which family networks are not always well positioned to manage on their own. As with the extension of life itself, this new situation brings with it not only the desired advantages but also a concomitant series of challenges.

Foremost among these is a crisis of agency in the elderly. Removed from their homes, separated from family and community, and without meaningful work, many fall into passivity and depression. It seems that they have been shunted to the sidelines of life, and there is little to do but wait in front of a television until death finally comes. Atul Gawande writes, “This is the consequence of a society that faces the final phase of the human life cycle by trying not to think about it. We end up with institutions that address any number of societal goals...but never the goal that matters to the people who reside in them: how to make life worth living when we’re weak and frail and can’t fend for ourselves anymore.”<sup>231</sup>

The church is able to make a valuable contribution to addressing these challenges by using the means available to her to manifest the truth about the elderly, namely, that as suffering members of Christ’s body, they are endowed with a special role and are at the heart of ecclesial life rather than its margins. *Pastoral Care of the Sick* notes that “the role of the sick in the Church is to be a reminder to others of the essential or higher things. By their witness the sick

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<sup>230</sup> See Gawande, *Being Mortal*, 79-109.

<sup>231</sup> Gawande, *Being Mortal*, 77.

show that our mortal life must be redeemed through the mystery of Christ's death and resurrection."<sup>232</sup> It is the sacrament of anointing which provides the sick with the grace to reclaim personal agency in the face of the passivity often engendered by the monotonous presence of bodily weakness. They are thus "able not only to bear suffering bravely, but also to fight against it."<sup>233</sup> Brought into contact with Christ, the source of life, their appreciation for the gift of their own life is reaffirmed, and they are positioned to make the most of each day before them.

This reaffirmed agency is meant to be exercised in the midst of the church, not only by receiving the sacrament but also by ministering to others through the very reality of their present state. Lizette Larson-Miller puts it this way: "To pray with the sick, rather than only for the sick, is to give concrete expression to the one Body...But it is also to acknowledge our own mortality and fragileness and to be reminded that the sick are ministering to us by reminding us 'of the essential or higher things...' We are mutually ministering to and being ministered to in each and every encounter."<sup>234</sup>

The expressed desire of the church that the Anointing of the Sick be made available at certain times within Mass in the parish community provides a concrete means by which the sick can take their rightful place at the very center of the church, there to receive the support of the community and to actively minister by their presence and example. This vision is only possible if anointing is extended generously before a person becomes so weakened that they are fully immobilized. Parish communities should be particularly attentive to the residents in assisted

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<sup>232</sup> *Pastoral Care of the Sick*, General Introduction, no. 3.

<sup>233</sup> *Pastoral Care of the Sick*, General Introduction, no. 6.

<sup>234</sup> Lizette Larson-Miller, "Healing Intelligent Bodies," *Pastoral Music* 38, no. 4 (2014), 35.

living facilities or nursing homes within their boundaries, and if possible, provide the means by which they can come to church, with any proper precautions taken into account. In this way, the church can work against the warehousing of the elderly, too often forgotten and sidelined. She can take steps to live out what her theology teaches about the meaningful role of the sick and elderly by sacramentally equipping them to minister to others with agency and dignity.

### **3.1.3. Anointing as a Component of Palliative Care**

In response to the ways in which medicine can extend life for substantial periods of time even when serious illnesses are present, the role of palliative care has expanded. Although often associated with the end of life and emergent from within the hospice movement, palliative care accommodates a broader scope of needs.<sup>235</sup> Among the defining traits of palliative care, as articulated by the World Health Organization, the following are of particular note: it “integrates the psychological and spiritual aspects of patient care; offers a support system to help patients live as actively as possible until death; will enhance quality of life, and may also positively influence the course of illness; is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life...”<sup>236</sup>

The goals of palliative care represent an important step toward broadening the biomedical framework of diagnosis and treatment of symptoms by recentering the personhood of the patient and his or her experience of illness.<sup>237</sup> It acknowledges that there can be a spiritual aspect of patient care which provides value and is not simply an afterthought to explore once all other

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<sup>235</sup> See Andrew Davison and Sioned Evans, *Care for the Dying* (Eugene: Cascade Books, 2014), 1-12.

<sup>236</sup> Cited in Davison and Evans, *Care for the Dying*, 2.

<sup>237</sup> See Davison and Evans, *Care for the Dying*, 9.

means have been exhausted. Throughout, the purpose of palliative care is not simply getting ready for death but rather maximizing the meaningfulness of life and helping to foster resilience amidst the progression of disease.<sup>238</sup> In this context, the church has yet another pastoral opportunity to recalibrate its sacramental care to meet new needs.

It is important for pastoral support to join palliative care in becoming “applicable early in the course of illness.” This is the stage at which patients are dealing with difficult news, facing frightening prospects, and wondering where God is. Filled with questions and possibly overwhelmed at the sudden loss of so many old securities, this is a vital moment at which the church could provide the assurance of God’s healing presence through the Anointing of the Sick. As addressed in the previous chapter, this is also the moment when the actual prayers of the rite are most coherent: when a person hopes to still live, has the prospect of returning to their former duties, and holds the aspiration of possibly being reunited with the wider community of faith at the altar.

And yet these needs are too often still unmet. J. Todd Billings writes, “In one study, 72 percent of cancer patients ‘reported that their spiritual needs were supported minimally or not at all by the medical system.’ Sadly, and perhaps more surprisingly, ‘nearly half (47%) reported that their spiritual needs were minimally or not at all supported by a religious community.’”<sup>239</sup> Endowed with spiritual impulses, but left to largely fend for themselves, the impacting experience of illness can wreak havoc on a person’s conception of God. Temptations to think of God as punishing, capricious, or aloof can understandably arise. Influences of the wider culture,

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<sup>238</sup> See Davison and Evans, *Care for the Dying*, 3.

<sup>239</sup> J. Todd Billings, *The End of the Christian Life* (Grand Rapids: Brazos Press, 2020), 125.

including popular spiritual trends, may play an unhelpful role at this time. Billings comments:

In the Sermon on the Mount, it is good to be blessed. But this ‘blessed’ is a far cry from the ‘#blessed’ that adorns so many photos of status and physical prospering on social media. Being blessed, in Jesus’s sermon, doesn’t mean flourishing with health or material prosperity; it also doesn’t mean masochistically seeking to suffer. Rather, it involves an ache, a lament, a looking forward to a coming order in which the kingdom of God turns our notions of status and prosperity upside down.<sup>240</sup>

In the Anointing of the Sick, the church intertwines in a most effective way the human desire to flourish with Jesus’ own acceptance of suffering and death in order to rise again. Amidst many varied forms of pastoral care, the sacrament represents the church’s most powerful means of directly ministering to the needs of the sick. Its wider availability at earlier stages of sickness would help people to live out their experience of illness not just with a natural desire to thrive but with the hope that comes from meeting Christ precisely there.

### **3.2 INCULTURATED ANOINTING FOR A DIVERSE CHURCH: PASTORAL CARE AMID THE RISE OF AFRICAN CATHOLICISM**

Another area of opportunity and challenge affecting the church’s pastoral care of the sick lies in the significant growth of Catholicism in Africa. As the church’s influence and numbers wane in Europe, her presence in Africa represents the demographic future of the church.<sup>241</sup> As such, it will become increasingly important for the shape of the church’s sacramental

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<sup>240</sup> Billings, *End of the Christian Life*, 139.

<sup>241</sup> See, for instance, Edward Pentin, “In Nigeria, Faith is Flourishing in the Face of the Deadly Persecution of Catholics,” *National Catholic Register*, June 6, 2022. <https://www.ncregister.com/news/in-nigeria-faith-is-flourishing-in-the-face-of-the-deadly-persecution-of-catholics>. Accessed 19 April 2023.

celebrations to receive an African imprint.

This process of inculturation would support expanded access to the Anointing of the Sick. This would reflect African understandings of the spiritual dimension inherent in all forms of illness. Wider availability of Anointing would also open up a ritual space for equilibrium restoration and communal reconciliation, both of which are key components within African frameworks of healing.

### **3.2.1. Discarnate Agencies within African Interpretations of Illness**

In a notable contrast to the Western biomedical construction of illness, African interpretations of illness commonly consider there to be a decisive spiritual dimension at play when a person becomes sick, suffers misfortune, seeks a cure, or recovers health. Austin Echema writes, “The African world view is one of extraordinary harmony and coherence, where there is no strict demarcation between the sacred and the secular, the natural and the supernatural or the animate and the inanimate. Such a harmonious and holistic outlook includes a complex interaction between God, some mysterious powers, the spirit world and the ancestors.”<sup>242</sup> As such, when a person becomes sick, this is not exclusively due to transmission of bacteria, failure of an organ, or growth of a tumor. The question of agency arises - who or what caused this sickness? The answer may include vengeful spirits, displeased ancestors, or the curse of a jealous neighbor.<sup>243</sup>

Because sickness is imputed to an external spiritual agency, the corresponding remedy

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<sup>242</sup> Austin Echema, *Anointing of the Sick and the Healing Ministry* (Frankfurt: IKO, 2006), 32.

<sup>243</sup> See Kenneth Nwokolo, *Inculturation in Pastoral Care of the Sick* (Münster: LIT Verlag, 2002), 209-210.

must address not only the observable bodily symptoms but also the unseen originating cause of the illness. Since the church currently restricts Anointing to those in danger of death, there is an absence of the spiritual remedy which many African Christians are seeking when they inevitably experience non-deadly illnesses along life's progression. When the church is unwilling to provide what they need, Africans are left to look elsewhere for spiritual assistance.

This pastoral lacuna causes serious problems within the African church. "At such periods [of sickness or misfortune], Christians of both Catholics and non-Catholics betray their faith. They make clandestine visits not only to healing Churches or homes believed to bring the desired results but even also to sorcerers and magicians."<sup>244</sup> There is a widespread mentality of spiritual pragmatism in Africa: one goes to whoever can provide the desired result, even if the source falls outside the bounds of one's professed religion.<sup>245</sup> Many religious leaders publicly deplore this practice. Others attempt to imitate indigenous practices in order to compete alongside shamans and tribal priests.<sup>246</sup> More fruitful than mere denunciation or imitation would be the inculturated use of the church's own healing sacrament.

Because a spiritual intervention is sought out by Africans at the beginning of a sickness rather than only after first exhausting the natural means, this suggests that within African cultures the advantageous moment to provide the Anointing of the Sick would arrive before the danger of death sets in. Priests might helpfully make use of those texts within the rite which advert to spiritual conflict, i.e. "expel all afflictions of mind and body...", "give him/her the strength to

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<sup>244</sup> Echema, *Healing Ministry*, 17.

<sup>245</sup> See Echema, *Healing Ministry*, 15-18.

<sup>246</sup> See Echema, *Healing Ministry*, 19.



fight against evil.”<sup>247</sup> Part III of *Pastoral Care of the Sick* provides many options for scriptural readings which accompany the sacramental anointing. One might be chosen which mentions Jesus’ power over all spirits and diseases.

Austin Echema, aware of the allowance in the early church for lay anointing, suggests that a modified form of this might be usefully adopted for Africa. “Sacramental practice relating to oil should aim to be broadly based and empowering, keeping the benefits of oil in people’s own hands. As the sacrament that most relates to the sense of touch and healing, people should be allowed to use it themselves.”<sup>248</sup> Although only a priest can preside at the celebration of the Anointing of the Sick itself, Echema envisions that after the priest’s visit, a quantity of blessed oil could be left for the use of the sick person, their family, and other lay pastoral workers. The personal use of the oil would be a reminder and an extension of the grace received through the sacramental celebration and a means of invoking the power of Jesus against all spiritual harm.<sup>249</sup> This would seem to be a well-balanced approach, which recovers some elements of early Christian anointing practices while still maintaining later developments related to priestly mediation.

### **3.2.2. Restoration of Equilibrium within African Understandings of Healing**

Another key concept which must be addressed in an inculturated approach to healing concerns the notion of equilibrium. Equilibrium or harmony is central to African understandings of health. Kenneth Nwoko explains, “Africans are convinced that in the activities of life,

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<sup>247</sup> *Pastoral Care of the Sick*, 100-101.

<sup>248</sup> Echema, *Healing Ministry*, 172.

<sup>249</sup> See Echema, *Healing Ministry*, 173.

harmony, balance, or tranquility must constantly be sought and maintained. When there is harmony, there is health, and when there is imbalance, then sickness is present. The reason must be found out and the necessary steps must be taken to restore the balance...Religiously, sickness is interpreted as ‘breaking or weakening the spiritual bond of protection...’<sup>250</sup>

In addition to exposure to hostile spirits, discussed above, the crisis of sickness for an African believer implicates their relationship with the church. Falling sick calls into question the status of their bond with Christ and the ecclesial community gathered in his name. As such, the experience of sickness can be a moment freighted with religious tension. The absence of pastoral care in this circumstance, or care which is perceived as not proportional to the seriousness of occasion, can have deleterious effects. Nwokolo highlights the stakes in this situation:

“[Churches should] seek a way of making their doctrines meaningful to the African. If Christianity offers an alternative that does not satisfy the African [person’s] search for wholeness and healing, [they] should not be surprised if Africans revert to their old way of understanding sickness and searching for healing.”<sup>251</sup>

Provision of the Anointing of the Sick has the advantage of expressing in ritual language and gesture the equilibrium between the sick believer and the church. This harmony is expressed in the person of the minister, who represents the loving solicitude of both Christ and the church. The greeting of “The Lord be with you” echoes Paul’s expression of communion with the churches he addressed in his New Testament epistles. The ritual option of Sprinkling with Holy Water is particularly useful as a reaffirmation of the sick person’s bond with Christ, established

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<sup>250</sup> Nwokolo, *Inculturation in Pastoral Care*, 207.

<sup>251</sup> Nwokolo, *Inculturation in Pastoral Care*, 208-209.

in Baptism, and the ultimate source of spiritual equilibrium. More broadly, the use of water also reaffirms the harmony between a person and their natural environment, as water remains one of the most essential elements for all life. Details such as where the water is drawn from could potentially augment the harmonizing effect: i.e, from a body of water with local significance, or from a sanctuary, or from the well in a loved one's village.

Harmony with one's environment could also be expressed in the choice of oil for the rite. Austin Echema notes in this regard the permission given by Pope Paul VI for use of alternative types of oil in regions of the world where olives are not commonly grown.<sup>252</sup> By way of example, he notes, "Among the Igbo of Nigeria, the oil extracted from palm kernel is an easily available commodity. This oil is generally acknowledged as being curative and is often used as an antidote for convulsion."<sup>253</sup> The ritual also provides an option for the priest to bless the Oil of the Sick within the rite itself. This could be particularly apt if members of the community gather for the occasion of the anointing and present their locally produced oil to the minister.

The expressed preference in *The Pastoral Care of the Sick* for communal participation in rites of anointing reaffirms the intact status of the sick person within their community.<sup>254</sup> The participation of others in proclaiming readings, leading songs, and making intercession, shows that the sick person is cared for and remains a valued member of the community in the midst of their affliction. They are not abandoned. Within the African context, it could be particularly valuable if elders or other tribal leaders are enabled to participate meaningfully in the rite,

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<sup>252</sup> See Paul VI, Apostolic Constitution *Sacram Unctionem Infirmorum*, November 30, 1972. Cited in Echema, *Healing Ministry*, 171.

<sup>253</sup> Echema, *Healing Ministry*, 171.

<sup>254</sup> See *Pastoral Care of the Sick*, General Introduction, no. 33.

demonstrating how these natural bonds are embraced and enhanced with Christian love.

The potential inherent in the Anointing of the Sick for strengthening bonds - between the sick person, Christ, and the church - suggests that its wider use would be particularly beneficial for African believers seeking the restoration of harmony as an integral component of their healing process.

### **3.2.3. The Role of Reconciliation within African Healing Processes**

Closely aligned with the notion of restoring equilibrium is the concept of reconciliation. If an imbalance or disruption has been introduced, there must be positive steps taken to repair the damage. In addition to seeking outside protection through the invocation of spiritual protection, the believer's own interior acts remain essential contributing factors toward healing. They must take a measure of responsibility for themselves, realizing that their human and Christian dignity imparts profound significance to their choices.

Echema cautions, "This is not to say that we should casually equate sickness with punishment for sins...Nevertheless, a deep interior connection of sin to sickness and death remains. On the contrary, Jesus himself underlines this synthesis of forgiving sins and healing."<sup>255</sup> Although sickness may not be causally related to a person's own sins, nevertheless, the experience of sickness and bodily disintegration is a personal participation in the common sentence imposed upon humankind for sin. The occasion of sickness becomes a reminder for the person to seek reconciliation with God for whatever sins they have committed. Thus, the rites of Anointing envision that a sick person may wish to celebrate the sacrament of Penance. Even if

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<sup>255</sup> Echema, *Healing Ministry*, 134.

this is not the case, the ritual prescribes forms of the Penitential Rite which should precede the sacramental anointing when possible.

A powerful manifestation of reconciliation with God is found in the ritual of giving Viaticum, in which the sick person is encouraged to renew their baptismal promises.<sup>256</sup> The minister prompts them with questions, eliciting from the sick person the positive acclamation of “I do.” Reminiscent of Christ’s repeated prompts of love directed to Peter by the charcoal fire, reconciling him and restoring him to Christian mission, the renewal of baptismal promises expresses a sick person’s personal adherence to God in the midst of the temptations to doubt, anger, or despair which can arise in sickness.<sup>257</sup> If they have in fact succumbed to these weaknesses, the reaffirmation of these promises becomes all the more strengthening. Recognizing that not only the dying struggle with their faith during sickness, this renewal of baptismal promises could fruitfully be extended to the non-dying as well.

For an inculturated Anointing, it is important to realize that Africans do not traditionally think of themselves primarily as autonomous individuals but as members of a family, a village, a tribe. Thus, reconciliation with God via a private ritual with the priest is not sufficient for authentic healing. Relationships with family members and others may play a vital part to the healing process. Kenneth Nwokolo writes, “The healer knows that the disease can effectively be cured in the family atmosphere. In cases of dispute or disruption of relationships, the family sometimes becomes the source of the solution to the patient’s problem. The sick may have been bearing grudges that have been very demoralizing. When the offender appeals for forgiveness,

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<sup>256</sup> *Pastoral Care of the Sick*, Celebration of Viaticum, 158-159.

<sup>257</sup> See *Pastoral Care of the Sick*, no. 179.

the burdens that have engulfed the heart are laid down.”<sup>258</sup> One could envision the utility of an expanded Penitential Rite preceding Anointing, in which family and friends are able to participate. In an atmosphere of trust and freedom, those who remain unreconciled could ask forgiveness of each other. In such a situation, it is quite possible that the sick person will not be the only one to experience the power of Christian healing.

Within African cultures, reconciliation is commonly embodied in a three-fold ritual pattern. The one who has offended publicly states what they have done and expresses remorse. This is followed by a purificatory sacrifice to repair the damage. Finally, all parties involved share a meal together as an expression of their restored bond.<sup>259</sup> An inculturated Anointing of the Sick would be a more compelling expression of healing in African contexts if it corresponded in some way to those three interconnected movements of reconciliation. As mentioned, a more fulsome Penitential Rite beyond private confession could satisfy the first condition. The Anointing itself, done by the priest accompanied by the active participation of all gathered, makes present the purificatory sacrifice of Christ offered for all on the cross. Finally, the ritual provides the option for the sick person, along with those present, to receive Holy Communion. Strong encouragement could be given for all who are able to participate in Holy Communion together as the shared meal which expresses their reconciliation.

### **3.3 ANOINTING AND THE RECONTOURING OF ILLNESS NARRATIVES**

Within postmodern thought, there is a pronounced awareness of the extent to which human

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<sup>258</sup> Nwokolo, *Inculturation in Pastoral Care*, 241-242.

<sup>259</sup> See Nwokolo, *Inculturation in Pastoral Care*, 237-241.

beings do not simply discover meaning in the world but rather make meaning through social constructions.<sup>260</sup> While navigating a world of malleable meanings, people build narratives which reflect their conception of the world, the self, and relations with others, among other things. As the person lives, his or her personal narrative may be challenged, revised, reaffirmed or rejected by others and by oneself.

The experience of illness goes beyond bodily symptoms to include questions of identity, causality, ability, and morality. There can often be competing narratives which seek to interpret the meaning of an illness and its consequences for a person's life. Some of these narratives may be harmful and counterproductive to the person's healing. The Anointing of the Sick and its ritual performance provide a powerful means of shaping illness narratives and contextualizing them within the church's own participation in the Paschal Mystery.

### **3.3.1. Narrative Construction and Disruption**

Narrative is constructed from a number of mutually supporting elements which come together to form a convincing interpretative structure for life. Components such as plot, theme, and characters interlink and provide identifiable sources of meaning along with a certain predictability in the midst of a world of variability and change.<sup>261</sup> Among narrative elements, there are several which are particularly significant and vulnerable to disruption when sickness occurs.

A sense of timing underlies narrative and situates a given event in relationship to others

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<sup>260</sup> See David Morris, *Illness and Culture in the Postmodern Age* (Berkeley: University of California Press, 1998), 250-252.

<sup>261</sup> See Melissa Kelley, *Grief: Contemporary Theory and the Practice of Ministry* (Minneapolis: Fortress Press, 2010), 78-79.

that have come before it. “In between the beginning and the ending things happen with a certain timing. One moment or detail or event is connected to the next, and that one to the next, and so on in a temporal sequence that provides a sense of order to the story’s events.”<sup>262</sup> As people examine their lives, they often seek to find connections in timing. Narratives of achievement, to which people not infrequently attach valuations of self-worth, are predicated upon timing.

Interconnected instances of personal effort or growth over time trace a journey to success. Stories of a family or a relationship detail the development of bonds through choices made in patterns over time.

Sickness challenges timing by virtue of its character as an interruption. Without warning, it can appear and radically alter the shape of a person’s life. When it comes as a surprise, it disrupts the constructed narrative and can induce a crisis of meaning. As sickness causes plans to fall apart and dreams to dissolve, it can induce a profound sense of futility and passivity. It can lead one to question what purpose was really ever present in what had heretofore seemed a cogent and meaningful series of choices and interlocked circumstances.

This, in turn, affects the narrative element of continuity. When timing is clear, a person is able to reflect on the relationship between events and draw out their connection. This sense of continuity assures that “the development of characters or unfolding of plot is continuous: past, present, and future are connected.”<sup>263</sup> The challenge which accompanies sickness is that it seems to rupture the unfolding of the plot. Life can cease to move forward in a meaningful progression and a person may feel stuck in their situation while the world leaves them behind. This is all the

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<sup>262</sup> Kelley, *Grief*, 79.

<sup>263</sup> Kelley, *Grief*, 79.



more difficult in terms of a chronic sickness in which the momentum of life can stall, and the prospect of resolution seems unlikely.

These crises of timing and continuity ultimately impact the most fundamental element of narrative, which is coherence. “An essential dimension of stories is their sense or coherence. Usually, the plot unfolds in a way that makes logical sense. The details cohere or hang together well. The loose ends get tied up neatly and sensibly by the end. Even if we don’t like a particular story, it may still make sense to us.”<sup>264</sup> The crisis of coherence is reflected in the anguished questioning which is heard repeatedly in pastoral ministry to the sick: “Why?” “What did I do to deserve this?” “I don’t understand.” “How could this have happened to me?”

This narrative disruption, which begs for a pastoral response, is by no means confined to terminal conditions or the last days of the actively dying. In fact, there is a certain coherence in dying which a person can come to accept as the final chapter of their life, different but nonetheless linked to what came before. Far more challenging perhaps is the person confronted with the prospect of a life altered by sickness with no clear prospect of death, facing years ahead which seem incoherent with the story of their life up to that point. It is to a person in this type of situation that a pastoral intervention of narrative recovery and integration would be particularly fruitful.

### **3.3.2. Narrative Integration**

In Western societies which valorize youth, beauty, and health, the experience of sickness places a person on the margins. Because their personal story does not find a ready place within

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<sup>264</sup> Kelley, *Grief*, 79.

the larger societal health narrative, they become increasingly invisible to others. They are either unable to give voice to their own experience, or they are silenced by disinterest and neglect. This silence can exacerbate the narrative crisis which sickness can bring on. “Suffering is truly voiceless in the sense that silence becomes a sign of something unknowable. It implies an experience not just disturbing or repugnant (not just something we do not want to hear about) but inaccessible to understanding.”<sup>265</sup>

As such, pastoral care for the whole person suggests the need for a ritual which gives voice to the specificity of the sick person and reestablishes narrative coherence through the integration of their experience within the wider narrative arc of Christian revelation. Bruce Morrill speaks of the need “to discover and share the Gospel as a living, saving word through sacramental rites that empower people struggling with the misfortunes of illness, aging, and death to narrate their suffering in concert with that of Christ.”<sup>266</sup> It is through the enactment of the Anointing of the Sick that this narrative integration is given a most powerful expression.

The sprinkling rite, proposed as an option which follows the Greeting, helps the sick person to situate their sickness within the life of grace flowing from their Baptism. “Let this water call to mind our baptism into Christ, who by his death and resurrection has redeemed us.”<sup>267</sup> The reaffirmation of baptismal incorporation into Christ’s death and resurrection provides an interpretive key for the sickness at hand: far from being a meaningless disruption, it is a holy participation in continuity with that first immersion into the dynamic of death and resurrection which took place in the font.

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<sup>265</sup> David Morris, *Postmodern Age*, 196.

<sup>266</sup> Bruce Morrill, *Divine Worship and Human Healing* (Collegeville: The Liturgical Press, 2009), 55.

<sup>267</sup> *Pastoral Care of the Sick*, 90.

*Pastoral Care of the Sick* emphasizes that the rites of Anointing “have a community aspect, which should be brought out as much as possible when they are celebrated.”<sup>268</sup> This is particularly valuable in overcoming the isolation and marginalization of the sick person. Within the ritual, as the sick person is surrounded by the priest and assisting family, friends, and fellow parishioners, they are situated at the center of the church’s love and assistance. The physical touch of the laying on of hands and anointing with oil reaffirm connection with Christ and the community.

These elements take on an even more persuasive character when they are able to be accomplished in the parish church, as provided for in the rites of Anointing within Mass. By allowing the sick person to be seen and heard, with their experience acknowledged and attended to by the community, they are able to take the place which is still rightfully theirs in the midst of the assembly. This recognition and support can provide the impetus to actively reengage and reinterpret the experience of sickness. “This is why, through the sacrament of anointing, Christ strengthens the faithful who are afflicted by illness, providing them with the strongest means of support.”<sup>269</sup>

Because the act of meaning-making and narrative construction contains an inherently subjective dimension, the provision of the Anointing of the Sick as an aid to narrative integration cannot be determined solely by external categories such as the danger of death. Physical symptoms which one person can bear with equanimity and without disturbance to continuity and coherence may be so disorienting to another person as to suggest a timely sacramental

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<sup>268</sup> *Pastoral Care of the Sick*, General Introduction, no. 33.

<sup>269</sup> *Pastoral Care of the Sick*, General Introduction, no. 5.

intervention. Pastoral care has the opportunity to more effectively meet the needs of postmodern people by moving from a reliance on general directives toward a more personal discernment which takes account of how individual experience can be woven into the grand story of Christ's own passage from suffering into glory.

## Conclusion

As debates continue within global Catholicism regarding the interpretation of the Second Vatican Council and its ongoing significance for the church in the third Christian millennium, the fields of sacramental and liturgical theology have an important part to play in ensuring a reading of the post-conciliar reforms which is historically, theologically, and pastorally sound. This work has aimed to be a contribution toward this end, grounded in the Council's solicitude for a more fruitful participation in the Anointing of the Sick.

In accord with the *ressourcement* ideal that the church of today can be enriched and enlivened by a retrieval more ancient practices, the history of sacramental anointing reveals the possibility of a broad use of Anointing beyond those in danger of death. Reflective of a holistic concern for the embodied person and grounded in the healing ministry of Jesus, the church's healing ministry is at its best when it is oriented toward life.

Due to the Carolingian interventions into the life of the church in the early Middle Ages and a movement toward greater theological systematization of the sacraments, access to the Anointing of the Sick became more limited. However, even in the midst of pastoral practices which in effect made the Anointing a death ritual, the teaching of the church continually harkened back to the remembrance of her earlier theology. Through the papal magisterium and the Councils of Trent and Vatican II, signals were periodically raised against the relegation of this sacrament solely to the dying.

Rooted in the theological primacy of the Word of God, and the church's historical recourse to this scriptural justification, the exegesis of James 5:13-18 is of pivotal importance for understanding how the church ought to minister to her sick members. The passage reveals a

theology of restoration stemming from the risen life of Christ. The biblical witness models a communal response to illness which embraces the sick individual with a lively hope for healing and the forgiveness of any sins.

This biblical vision finds a harmonious expression in the church's collections of prayers associated with the Anointing of the Sick. From the early sacramentaries to the Roman Ritual to the Pastoral Care of the Sick, the church has consistently prayed for bodily healing, resumption of former duties, and a reunion with the entire community at the eucharistic table. These prayers are notably silent about death, even during the centuries in which they would have been pronounced almost exclusively at the bedsides of the dying.

As the church seeks to meet the challenges of a changed contemporary world, many of her members are living longer than ever before but with the burdens which accompany advanced medical care. Although not in danger of death, these often elderly members of the church face crises of significance brought on by health limitations. By extending to them the Anointing of the Sick, these treasured Christians are empowered to unite their own sufferings to the Passion of Christ and to realize their proper place at the heart of the church.

As an abundance of new followers of Christ is gathered to the church, particularly on the continent of Africa, it is vital that their voices be heard alongside their European brothers and sisters. The peoples of Africa show the wider church a vision of the Anointing of the Sick much in continuity with its earlier manifestations: one which is a true remedy for sickness, attends to the spiritual dimensions of illness, and can become a locus of communal reconciliation.

For these reasons, it becomes clear that a more expansive provision of the Anointing of the Sick in the contemporary church would be well-aligned not only with the Second Vatican

Council but with the church's own deeply rooted history, the needs of the present age, and the saving work of Christ. For "as the gospels relate, the sick came to him for healing..."<sup>270</sup>

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<sup>270</sup> *Pastoral Care of the Sick*, 90.

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