

ANOINTING OF THE SICK

The How and Why

We have been richly gifted by health care ministry in the church from the earliest times. The power to heal in the New Testament was given within a missionary context, not for the exaltation of the Twelve or the Seventy-Two, but to confirm their mission.¹ What is understood today as the sacrament of anointing of the sick is rooted in James 5:13-15:



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Is anyone among you suffering? He should pray. Is anyone in good spirits? He should sing praise. Is anyone among you sick? He should summon the presbyters of the church, and they should pray over him and anoint [him] with oil in the name of the Lord, and the prayer of faith will save the sick person, and the Lord will raise him up. If he has committed any sins, he will be forgiven.

The Catholic community is committed to a sacramental view of the world wherein clergy, religious and lay ecclesial ministers all minister to the sick and infirm, as well as their family and friends who accompany them in the journey of suffering. The current liturgical rite for the Anointing of the Sick states that *human illness is part of the mystery of salvation. We seek good health to enable us to fulfill our role in society and in the church. At the same time, those who are ill and infirm remind us of essential things and the necessity of the redemption of our lives through the mystery of Christ's death and resurrection.*²

THE CANONICAL RITES OF HEALING

Sacrosanctum concilium 59 and Canon 840 of the 1983 *Code of Canon Law* note that sacraments are ordered for the sanctification of all people and to build up the Body of Christ in order that they may render worship to God. On Nov. 30, 1972, Pope Paul VI issued an apostolic constitution that revised the formula and approved the rites to be observed for anointing and pastoral care of the sick. The English translation of the liturgical ritual was published in 1983 and is known as *Pastoral Care of the Sick: Rites of Anointing and Viaticum*. It also includes sections pertaining to the care of the sick,

pastoral care of the dying and readings, responses and verses from Scripture.

Other sacred rituals are also available in the *Roman Missal* containing a Mass for the Infirm in which, in addition to spiritual graces, the health of the sick is requested. The Roman ritual contains blessings for the infirm and blessings for adults and children. Canons 998 -1007 prescribe the conditions for the proper celebration of the Anointing of the Sick.³

NATURE AND EFFECTS OF THE SACRAMENT

Ritual prayer and action by their very nature involve an encounter with God's presence in faith and culture, according to *Pastoral Care of the Sick*. The sacramental action of anointing with oil and prayer over an individual is an efficacious action for a sick person. Prayer of intercession or petition accompanies this ritual action. The *Catechism of the Catholic Church* outlines the effects of the sacrament: The sick person is united to the passion of Christ for one's own good and that of the whole church. Strengthening, peace, healing grace and courage are given to endure the sufferings of anxiety, illness or old age. Sins are forgiven if the sick person was not able to obtain this through the Sacrament of Reconciliation. Health may be restored or one is prepared for passing into eternal life.⁴

There are three aspects of celebrating the Anointing of the Sick. First, the prayer of faith by which the community asks for God's help for the sick; second, the laying on of hands indicating the person is the recipient of the prayer of faith; and third, the anointing with oil on the forehead and hands signifying healing, strengthening and the presence of God. A generous amount of oil is to be used so that it can be seen and felt. Any part of the body (the place of pain or injury) may be anointed during the prayer. In case of necessity,

one anointing is given on the forehead, or any part of the body, while praying the entire formula.

WHO MAY BE ANOINTED?

Baptized members of the Christian faithful who have reached the age of reason and who begin to be in danger due to sickness or old age may receive the sacrament of anointing. Participation in the rites is encouraged broadly. For example:

- The elderly who are weakened, even though no notable illness is present, may choose to participate in the ritual.⁵
- Those who face surgery due to serious illness
- Those who suffer serious mental illness

On certain rare occasions, Canon 844 allows Catholics to receive the sacraments of Penance, Eucharist and Anointing of the Sick from priests who belong to churches where the sacraments are valid, under these conditions:

- In cases of necessity or true spiritual advantage
- There is no danger of error or indifferentism
- If there is a physical or moral impossibility of receiving the sacraments from a Catholic priest

Orthodox Christians may receive the sacraments from Catholic priests when they spontaneously ask for them and are rightly disposed, according to Canon 844.3. Other baptized non-Catholics may receive these sacraments under six conditions:

1. They cannot approach their own ministers
2. They spontaneously request the sacrament
3. They are rightly disposed
4. They manifest Catholic faith regarding these sacraments
5. They are in danger of death
6. If there is another grave necessity in the judgment of either the diocesan bishop or the episcopal conference

Norms for the above can be given by a bishop or episcopal conference, but only after appropri-

ate ecumenical consultation. Although particular law can promote the values of universal law, when norms are issued for a diocese or the territory of a conference of bishops, it would be important, in accordance with the principle of subsidiarity, to allow some personal discretion on the part of the minister in individual cases.

THE MINISTER OF ANOINTING

The Council of Trent decreed that any priest is the minister of the sacrament. This remains the practice and is likewise regulated in Canon 1003.1, *Pastoral Care of the Sick* 16 and Canon 739 of the Code of Canons for the Eastern Churches. Paragraph 1516 of the *Catechism of the Catholic Church*

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says that “Only priests (bishops and presbyters) are ministers of the Anointing of the Sick.” This is rooted in the Scriptural reference to presbyters as the minister of the sacrament. In Catholic theology, the ministerial priest acts as a spokesperson for the whole church and has authority granted by Christ for the pastoral care of souls.

Pastors and those charged with pastoral care of souls⁶ have the duty and right to administer the sacrament to those entrusted to their care. Any priest with the presumed permission of the pastor, or if there is reasonable cause, may administer the sacrament. Every priest is authorized to carry the blessed oil for administering the sacrament in cases of necessity.

A dilemma in the context of “parishes of choice” leaves open the question of the appropriate rights for the minister of the sacrament. This is an area for future legislation because parochial circumscription is easily ignored by clergy and laity alike.

A theoretical discussion continues on whether the sacrament of anointing can be viewed as an extension of the healing of baptism, which can be administered by deacons or anyone in case of necessity. The question of deacons has been posed to the Holy See, but the current discipline has

not been changed.⁷ Because reconciliation and anointing grant forgiveness of sins, sacramental reconciliation with the church can be celebrated only by those who lawfully preside over reconciliation, that is, a bishop or a priest. Yet there is a yearning for further developing the theology of these sacraments. Theologian Susan Wood, SCL, makes a keen point about this, as follows:

... in assessing who is the appropriate minister of the sacrament of the sick, we need to keep in mind the ecclesial meaning of the sacrament of the sick and avoid at all costs an overly individualistic approach to it. The Church, acting in the name of Christ, is the primary minister of the sacrament. When the Church anoints a sick person, it anoints a member of its own body. Anointing is about the restoration to baptismal integrity of the whole body which will be definitively achieved when all is restored to Christ.⁸

THE MANNER AND TIME

The canons simply state that the sacrament may be celebrated at an opportune time with members of the family and others from the faith community, effectively expressing the share that each one has in the suffering of others. The ritual should correspond to the particular situation of the person who is sick. Preferably, the celebration would take place while the person is capable of active participation and at least implicitly gives consent.

Communal celebrations may be celebrated in one place and following the prescriptions of the liturgical books and directives as may be provided by the diocesan bishop.

The situation or occasion determines the number of anointings — for example, during subsequent illnesses or if there is a more serious crisis in the same illness. If a person has lost consciousness or the use of reason, or is in a case of doubt, (whether the person has reached the age of reason, is seriously ill or is dead) it may be administered conditionally, presuming the individual would desire the sacrament. If a person has expired, then prayers of the dead and prayers for the commendation of the dying person are said. These prayers are not restricted to the ordained but by anyone who ministers pastorally to a dying person.

There is no prohibition to other members of Christ's body offering prayers on behalf of the sick, and even laying hands on them or using oil. Where two or three gather in the name of the Lord, Christ is present in their midst (Matthew 18:20). While prayer may not be a sacrament, it is "sacramental" in the sense that the rosary or a scapular is "sacramental."⁹ All prayers on behalf of the sick are beneficial. While the sacrament is typically reserved for serious illness, praying for each other or ritualizing the passing of a loved one in a simple form of anointing by family and friends is known to be healing and truly sacramental.¹⁰

The sacrament may be withheld from one who persists in manifest serious sin, according to Canon 1007, but Canon 976 gives wide discretion to any priest in remitting penalties or censures or sins.

OTHER POSSIBILITIES

The ritual offers a wide range of possibilities and adaptations. These include:

- *Pastoral Care of the Sick* 168-174, which speaks to the care of a dying child and adapting the ritual to the understanding of the child

- Viaticum is the last sacrament of Christian life. It is food for the passage to eternal life and should be offered under both forms of bread and wine when possible. The ritual includes a renewal of baptismal profession of faith and a sign of peace

- Anointing in a hospital or institution

- If the minister arrives after time of death, prayers for the dead conclude with a blessing or a signing of the cross on the forehead

- A continuous rite of penance, anointing and viaticum (*Pastoral Care of the Sick* 236-258)

- A rite for emergencies includes sacramental confession, then viaticum, then anointing

There is no prohibition to other members of Christ's body offering prayers on behalf of the sick, and even laying hands on them or using oil.

- There is a rite of Christian initiation at the time of death. In such an instance, the person must be able to hear and answer the questions. The individual is baptized, confirmed, and receives Eucharist as viaticum

■ The oil must be blessed by any bishop or those equivalent in law to a bishop (abbot, ordinary of clerical institute) or any priest in case of necessity during the celebration of the sacrament (Canon 999)

■ Particular prayers are provided for the family and friends (*Pastoral Care of the Sick 222*)

AN ECUMENICAL VIEW OF SACRAMENTAL HEALING

The Catholic historian Br. Jeffrey Gros, FSC, affirms that the ecclesial and sacramental theology of the Catholic Church is a gift to the wider Christian ecumenical world. While we do have a canonical sacrament of healing, our sacramental, incarnational worldview can facilitate participation of a wider community in the healing ministry of the church. What we have learned about sacramental healing, now a clerical prerogative, can be a resource for the variety of ministries that will

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emerge with inculturation, lay participation and communal engagement in healing. We do not yet know how our own sacramental understanding and practice will develop in the future. However, the experience, theological reflection and dialogue in the health community provides an important resource in the development of sacramental theology.¹¹

There is a differentiation of roles in the various dimensions of health care ministry — medical, sacramental and personal. The ecumenical and Catholic setting provided by the health care community creates a basis for learning and exploration in the service of wholeness in healing from which the whole society, and the faith community in particular, can learn. These learnings will serve the church in both ritual development and institutional design so as to best integrate all elements which contribute to the healing of the human person, and the community's ability to sacramentalize that ministry to the wider society.

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NOTES

1. Congregation for the Doctrine of the Faith, *Instruction on Prayers for Healing*, Sept. 14, 2000, paragraph 3. Instructions by the Roman Curia are usually explanations that clarify the prescriptions of laws and elaborate on approaches for implementation. They clarify and interpret law and encourage its observance.
2. National Conference of Catholic Bishops, *Pastoral Care of the Sick: Rites of Anointing and Viaticum* (Collegeville, Minn.: The Liturgical Press, 1983), paragraph 3.
3. For further elaboration on the development of the history of this sacrament, see *The History of the Anointing of the Sick*. http://www.resurrection-catholic.org/learn/sacraments/anointing/anointing_history.pdf.
4. United States Catholic Conference, *Catechism of the Catholic Church 1499-1535*, 2nd ed. (Washington, D.C.: United States Catholic Conference, 2000) 375-83.
5. Canon 738 of the Code of Canons of the Eastern Churches states that the Christian faithful freely receive Anointing of the Sick whenever they are gravely ill.
6. Priests are given the office of pastor through the appointment of the bishop, thereby bestowing the right and duty of pastoral care of souls in a given territory (parish) or pastoral service in institutions such as hospitals, universities, nursing homes, etc.
7. Congregation for the Doctrine of the Faith, *Note on the Minister of the Sacrament of the Anointing of the Sick*, Feb. 11, 2005. http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20050211_unzione-infermi_en.html.
8. Susan K. Wood, "Anointing of the Sick: Theological Issues," *Proceedings of the Sixty-Third Annual Convention*, Canon Law Society of America, vol. 63 (2001), 250.
9. Canon 1166 states: "Sacramentals are sacred signs which in a sense imitate the sacraments. They signify certain effects, especially spiritual ones, and they achieve these effects through the intercession of the Church."
10. Article 7, paragraph 1 of the 2005 Congregation for the Doctrine of the Faith *Instruction on Prayers for Healing* presents norms that consider such sacramental prayers and actions as non-liturgical and therefore prescribes that they must not be introduced into the celebration of the Holy Mass, the sacraments or the Liturgy of the Hours.
11. Br. Jeffrey Gros, FSC, from a presentation to the Catholic Health Association Sponsorship Institute, Tampa, Fla. (January 14, 2011). Manuscript entitled *A Healing Church in an Era of Dialogue*.

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