

Touching the Hem of His Garment
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Msgr. John C. Kasza, STD

As we explore the use of the sacrament of the sick in the twenty-first century, the theme “touching the hem of his garment” is most apropos. It reflects the two-fold nature of the sacramental action: people desire healing and God uses instruments to effect that healing. In other words, God acts and we react. God of course as we know is the author of life, of forgiveness, of healing. God desires us to be with him. God continually calls us and waits for us to respond. Our response, our reaction, then, occurs only after God’s salvific action in the world. [slide 1]

There are two scripture passages that illustrate this most clearly: In Matthew 14:34-36 we read: “After making the crossing, they came to land at Gennesaret. When the men of that place recognized him, they sent word to all the surrounding country. People brought to him all those who were sick and begged him that they might **touch only the tassel on his cloak**, and as many as touched it were healed.” The second passage is more familiar to us: “A woman suffering hemorrhages for twelve years came up behind him and touched the tassel on his cloak. She said to herself, ‘**If only I can touch his cloak**, I shall be cured.’ Jesus turned around and saw her, and said, ‘Courage, daughter! Your faith has saved you.’ And from that hour the woman was cured” (Matt 9:20-22).[slide 2]

We note that Jesus had been healing the sick and thereby earned himself a reputation as a healer and holy man. It was God making the first move. The response of the crowds was to bring their sick to him for healing. Their faith was so great that they knew that the power to heal and cure flowed not only through the hand of Jesus, but through things which were connected with his person. Later, the Church recognized that healing grace could also be transmitted through persons who act as God’s instruments as well. [slides 3-4]

Today’s presentation is an examination of the theological aspects found in the *Pastoral Care of the Sick* and by way of inclusion, other ancillary church documents which support ministry to the sick and dying. While we will briefly touch on the historical development of the sacrament, the primary purpose is to

re-examine the ritual itself through the lens of our modern day experience.[slide 5]

Scriptural Bases

In order to more fully understand the ritual aspects of the PCS, we need to return to the roots of the sacrament. Of course, the classic text is that of James 5:13-15. But the ministry to the sick as given to the Church arises out of the ministry done by Jesus and the apostles as well. The reason we minister to sick is because Jesus ministered to the sick. Moreover, this ministry is to all kinds of persons who suffer. As we remember, Jesus did not make distinctions when it came to offering his healing power. [slide 6]

There were a variety of persons who were recipients of his healing touch. In his study on healing in the New Testament, John Pilch notes that “much of Jesus’ public reputation in the Synoptic Gospels derives from his healing the sick. Terms for healing appear twenty-five times in Luke, seventeen times in Matthew, and eight times in Mark. By contrast, there are only three healing stories in the entire Gospel of John (4:46-54; 5:1-20; 9:1-41).”¹ A variety of illnesses, diseases, and disabilities were cured. In addition, many demons were cast out during the course of Jesus’ ministry.

A distinction should be made between the kinds of sickness that was healed. Anthropologists would view “sickness” as a blanket term covering all of the realities of being “unwell.” However, the terms “disease” and “illness” are two explanatory concepts for understanding the reality of sickness.² “Disease derives from a biomedical perspective that sees abnormalities in the structure and/or function of organ systems...Disease affects individuals, and only individuals are treated.”³ In contrast, illness has a wider range of influence. It will affect others: a spouse, family members, neighborhood, Church, town, or world. Illness derives from a “sociocultural perspective that is concerned with personal perception and experience of certain socially disvalued states.”⁴ [slide 7]

¹ John J. Pilch, *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology*, (Minneapolis: Fortress Press, 2000), p. 119.

² Pilch, p. 59.

³ Pilch, p. 59.

⁴ Pilch, p. 59

We might put it this way: disease is “-etic;” that is, concerned with causes from a biomedical perspective; illness is “-emic;” which has a sociocultural perspective with an interest in symptoms, classification, and social interpretation.⁵ The use of these terms imposes a twenty first century understanding on the Hebrew and Greek mindset. In scripture, the words “heal” and “cure” are used interchangeably and certainly not in the way we understand them.

The waters are further muddied in the sense that “a therapist who takes effective control of disordered biological and psychological processes is said to cure disease. In contrast, a therapist who provides personal and social meaning for the life problems created by sickness is said to heal illness.”⁶ In modern medicine, however, diseases are rarely cured whereas someone may be healed of an illness. For example, cancer, heart conditions, diabetes, and AIDS are considered diseases. On the other hand, pneumonia, the plague, and flu are classified as illnesses. [slide 8]

The ancients saw sickness in terms of illness rather than in terms of a disease. Every kind of sickness somehow affected the community. When a person was ill, he or she was ostracized from the community. It wasn’t until the sick person was healed that he or she was welcomed back into society. [slides 9-10]

When we examine Jesus as healer we note that he was not of the “professional class” of healers. He was not a *iatros* (physician). He was considered a “folk healer.”⁷ He healed sickness, hemorrhages, blindness, leprosy, demonic possession, mental illness, those who were crippled or lame as well as raising the dead.

The apostles continued Jesus’ healing ministry. We see this especially in the Acts of the Apostles: cure of a crippled beggar (3:1-10); the sick and those disturbed by unclean spirits (5:12-16); healing of paralyzed Aeneas (9:32-34); the raising of Tabitha (9:36-43); and Eutychus restored to life (20:7-12). But over time, this ministry became more structured and less spontaneous. It evolved into a ritual action as seen in the Letter of St. James. Moreover, the effect of the ritual was not necessarily to produce healing; rather, it became a preparation for death. The sacrament which had been intended for healing and restoration became a

⁵ Pilch, p. 60.

⁶ Pilch, p. 60.

⁷ Pilch, p. 85.

sacrament of final anointing to pave the way for entrance into eternal glory. [slide 11]

A Brief History of the Sacrament of the Sick in the last two centuries

As a result of the liturgical study weeks begun in the late nineteenth and early twentieth centuries, as well as the discovery and translation of early liturgical texts, there was a renewed emphasis on restoring the sacrament of extreme unction to its original purpose as a sacrament for the healing of the sick and a restoration to communion with God. The Second Vatican Council under the inspiration of the Holy Spirit called for a renovation and restoration of the sacraments to reflect the intent of the Author and the experience of the Early Church. Building upon the historical tradition and the lived experience of the ministers and recipients of the sacraments, the Council Fathers wisely called for the rituals to be rewritten and for the faithful to receive proper catechesis. [slide 12]

Blessed Paul VI issued the Apostolic Constitution on November 30, 1972 in which he gave approval to the new *Ordo Unctionis infirmorum eorumque pastoralis curae* and provided a year of transition to allow the vernacular editions to be prepared and published.⁸ The National Conference of Catholic Bishops received confirmation for the *Pastoral Care of the Sick: Rites of Anointing and Viaticum* on December 11, 1982 with an effective start date of November 27, 1983.⁹ While this edition is the one still in use today, in 2004 an updated edition containing new translations of the scriptural and liturgical texts produced by the Confraternity of Christian Doctrine, the International Committee on English in the Liturgy (ICEL) and the International Consultation on English Texts (ICET) as well as the Spanish translation of *Cuidado pastoral de los enfermos: Ritos de la Unción y del Viático* based on the English arrangement of the PCS.¹⁰ [slide 13]

⁸ *Pastoral Care of the Sick*, p. 18.

⁹ *Pastoral Care of the Sick*, p. 5.

¹⁰ *Pastoral Care of the Sick/Cuidado Pastoral de los Enfermos*, Liturgy Training Publications, 2004, p. III

Contents of the PCS

In the 1989 motion picture, *Dead Poets Society*, the late Robin Williams portrays a passionate English professor John Keating who challenges his students to seize the day and make their lives extraordinary. In an early scene, the Professor Keating tells the students to rip out the introduction to the literature book. They look at him incredulously, but then one by one, they begin to rip out the introductory pages of James Pritchard's text. [slide 14]

While we do not rip out pages of liturgical texts, how many people have either not read the *praenotandae* or have not read them since graduate school or seminary? In order to come to a clearer understanding of what the *PCS* means and how it should be utilized in the current day, we need to re-read the introductory pages of the liturgical text. [slide 15]

There is a wealth of information and theology contained in those "boring" decrees and constitutions. The richness of the text is made that much fuller by examining the paragraphs that precede the actual ritual action. The *PCS* (1983 edition "green book") is arranged in the following way: [slide 16]

Praenotandae

The Decree issued by the NCCB

The Contents

The Forward

The Decree by the Sacred Congregation for Divine Worship

The Apostolic Constitution by Blessed Paul VI

The General Introduction

Divisions and Chapters

There are three parts which are further divided into chapters of sections. In addition, Parts I and II each have an introduction as do each of the chapters contained therein. Part II contains readings, responses and verses from sacred scripture as well as an appendix containing the rite for reconciliation of individual penitents and a biblical index. [slides 17-20]

General Introduction and Chapter Divisions

Paragraphs	Division Heading	Content
1-41	General Introduction	Human Sickness and its Meaning in the Mystery of Salvation
42-53	Introduction to Part I	Definitions
54-56	Ch 1	Visits to the Sick
62-65	Ch 2	Visits to a Sick Child
71-80	Ch 3	Communion of the Sick
97-110	Ch 4	Anointing of the Sick

Paragraphs	Division Heading	Content
111-114	Ch 4 A	Anointing outside Mass
131-134	Ch 4 B	Anointing within Mass
149-153	Ch 4 C	Anointing in a Hospital or Institution
161-174	Part II	Pastoral Care of the Dying
175-188	Ch 5	Celebration of Viaticum
		Viaticum Within Mass
		Viaticum outside Mass

Paragraphs	Division Heading	Content
212-216	Ch 6	Commendation of the Dying
223-225	Ch 7	Prayers for the Dead
232-235	Ch 8	Rites for Exceptional Circumstances
236-238	Ch 8 A	Continuous Rite of Penance, Anointing, and Viaticum
259-263	Ch 8 B	Rite for Emergencies
275-280	Ch 8 C	Christian Initiation for the Dying
297	Part III	Readings, Responses and Verses from Sacred Scripture

Paragraphs	Division Heading	Content
298	Part III	Mass for Viaticum
299	Appendix	Rite for Reconciliation of Individual Penitents
	Biblical Index	Listing of all scripture passages used in the PCS

A casual perusal of the structure of the *PCS* reveals that the ritual is envisioned to be used in a variety of situations and settings. The introductions

especially call for a dynamic and liberal use of the text as opposed to a static and restrictive application. In particular, the General Introduction (paragraphs 1 to 53) offers a clear directive that the ritual elements (whether sacramental or ministerial) should be used broadly within the Catholic Christian community. In the year 2017, given the myriad of sicknesses and diseases which are prevalent, the *PCS* needs to be used more frequently by priests and ecclesial ministers alike. [slide 21]

From the very first paragraphs of the General Introduction, sickness and suffering are mysteries by which we are joined to the sufferings of Christ. In other words, sickness can be salvific.¹¹ While sickness and sin are a result of the human condition and the fall of humanity, “sickness cannot as a general rule be regarded as a punishment inflicted on each individual for personal sins.”¹² The one who is sick has a role to be a witness to the presence of Christ who redeemed us by his death and resurrection.¹³ Moreover, the sick as well as those who care for them must fight against illness because every illness touches the human person both physically as well as spiritually.¹⁴ [slide 22]

The next sections of the General Introduction concern the sacraments for the sick and the dying. It should be noted that the terms used are “seriously ill” and “afflicted by illness.”¹⁵ As the text notes: “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 temptation, perhaps weakened in their faith.”¹⁶ Moreover, the effects of the sacrament are clearly defined: “This sacrament gives the grace of the Holy Spirit to those who are sick: by this grace the whole person is helped and saved, ...Thus the sick person is able not only to bear suffering bravely, but also to fight against it. A return to physical health may follow the reception of this sacrament if it will be beneficial to the sick person’s salvation. If necessary, the sacrament also provides the sick person with the forgiveness of sins and the completion of Christian penance.”¹⁷

¹¹ *PCS*, par. 1

¹² *PCS*, par. 2

¹³ *PCS*, par. 3

¹⁴ *PCS*, par. 4

¹⁵ *PCS*, par. 5

¹⁶ *Ibid.*

¹⁷ *PCS*, par. 6

In paragraph eight the term “seriously” is clarified in the footnote as a reminder that *periculose* should not be rendered “gravely,” “dangerously,” or “perilously” so as to not restrict the celebration of the sacrament. This deliberate shift in emphasis allows for a broader use of the sacrament with those who are elderly, preparing for surgery, children with sufficient use of reason, and the mentally ill.

Because the sacrament confers the forgiveness of sins, only a priest or bishop may be the proper minister of anointing; however, other ministers (deacons and lay faithful) also bear a responsibility to prepare those who are ill to receive sacramental anointing as well as to walk with the sick person while on this journey of suffering.¹⁸

Paragraphs 20 through 25 outline the requirements for the celebration of the sacrament. It should be noted that while the number of anointings on the parts of the body has decreased from 7 to 2, in case of necessity one anointing may be done or the number of anointings may be increased, “depending on the culture and traditions of different peoples.”¹⁹ It should be noted that while the tradition in the Roman Rite is to anoint only the forehead and hands, the Eastern rites often will anoint other parts of the body.²⁰ Those who follow the extraordinary form of the liturgy retain the practice of anointing all of the senses.

The next section concerns viaticum for the dying. While viaticum received during the celebration of Mass is desirable, communion received as viaticum may be given by any competent minister whether ordained or lay.²¹ Paragraph 27 also offers an insight into both the sacrament and the use of viaticum: “All **baptized Christians** who are **able to receive** communion **are bound to receive** viaticum by reason of the precept to receive communion when in danger of death from any cause” (emphases added). This point will be further elucidated upon in the *Ecumenical Directory* issued in 1994.²² Moreover, paragraphs 30 and 31 outline the conditions under which a person may receive penance, anointing, and the eucharist in one continuous celebration. [slide 23]

Paragraphs 32 through 37 emphasize that ministry to the sick is just not the responsibility of the priest or pastor, but of the whole Christian community.

¹⁸ PCS, par. 17

¹⁹ PCS, par. 23-24

²⁰ *Catechism of the Catholic Church*, par. 1531

²¹ PCS, par. 29

²² Cf par. 129

Everyone participates in the task of helping the sick person to regain his or her health. Just as the people minister to the sick person, so too, does he or she minister to the Church by being witnesses of joining their suffering to that of Christ on the cross.

In Part One of the *Pastoral Care of the Sick*, we read: “The words “priest,” “deacon,” and “minister” are used advisedly.”²³ In general, most of the rituals may be done by a “minister;” that is, someone who is either a priest, a deacon, a religious, or a member of the lay faithful. However, when the ritual calls for anointing, the hearing of confession, the administering of confirmation, the word “priest” is used. The remainder of this section reminds ministers about the value of visiting the sick (whether adults or children), offering communion to them, and then a summation of why a person who is “seriously impaired by illness or old age”²⁴ should be anointed. The primary reason given is as a “sign of comfort and support in time of trial. It will work to overcome the sickness, if this is God’s will.”²⁵ In addition, those who suffer from “serious mental illness” may be anointed.²⁶

Chapters one, two, and three are concerned with visits to the sick. Throughout these chapters, the necessity of prayer, encouragement, and inclusion are continually repeated. The texts as well as the *praenotandae* speak to the mystery of human suffering found in the words, works, and life of Christ.²⁷ Moreover, the sick person should be encouraged to join his or her sufferings to Christ and to join in the universal prayer of the Church. Children should also be encouraged to “offer their sufferings for the salvation of the world.”²⁸ Finally, those who are able should receive communion frequently: “For the sick the reception of communion is not only a privilege but also a sign of support and concern shown by the Christian community for its members who are ill.”²⁹ [slide 24]

Chapter four contains the ritual to be use when anointing the sick. While the ritual pertains mainly to the ministry of the priest, other ministers should be

²³ PCS, par. 44

²⁴ PCS, par. 52

²⁵ Ibid.

²⁶ PCS, par. 53

²⁷ PCS, par. 55

²⁸ PCS, par. 64

²⁹ PCS, par. 73

familiar with its contents and theological nuances as well. First, sickness affects the entire Christian community. “The sacrament of anointing effectively expresses the share that each one has in the sufferings of others.”³⁰ Moreover, when the priest anoints, he ministers on behalf of the whole community. Second, the sacrament of anointing is communal. Family members, parishioners, as well as medical staff should be present during the celebration. Third, the sacrament should be repeated especially if the person is chronically ill, elderly, or in a weakened condition.³¹ Fourth, there are three components to the celebration of anointing: the prayer of faith, the laying on of hands, and the anointing with oil. The prayer of faith is recognition that the whole community is made present: the people gathered including the sick person join in prayer in response to God’s Word and God’s promise to always be present.³² The laying on of hands is a sign of God’s blessing. It is *epicletic*--an invocation of the Holy Spirit upon the sick person. Moreover, it is in imitation of how Jesus himself healed.³³ The anointing with oil likewise is an ancient gesture of healing, soothing, and strengthening. It is a sacramental sign of the “presence, power, and grace of the Holy Spirit”³⁴ and therefore should be applied generously and allowed to remain on the recipient as a reminder of God’s presence. [slide 25]

The oil that is used is the oil of gladness, assurance, wholeness, reconciliation, and surrender. It is a reminder that sacraments are joyful encounters with the risen Lord. The oil is “an assurance of the presence of God and of his love”³⁵ Nothing, not even sickness, separates us from God. Moreover, the oil reminds the sick person to live his or her life fully—to “live each day as it comes, so that the days become ‘last days’ full of laughter and joy rather than ‘lost days’ where the patient lives in regret that days are numbered.”³⁶ The oil reconciles us to Christ and to one another and encourages us to surrender to God in imitation of Christ when he commended his spirit to the Father (Luke 23: 46). This oil of surrender “allows the sick person to ‘let go’ while not destroying his

³⁰ PCS, par. 98

³¹ PCS, par. 102

³² PCS, par. 105

³³ PCS, par. 106

³⁴ PCS, par. 107

³⁵ Maureen Palmer, “The Oil of Gladness for Wholeness: Hospice Ministry and Anointing,” in Martin Dudley and Geoffrey Rowell, *The Oil of Gladness: Anointing in the Christian Tradition*, (Collegeville: Liturgical Press, 1993), p. 165.

³⁶ Palmer, p. 166.

courage or dignity.”³⁷ Finally, the anointing of the sick allows both the patient and his or her family to give thanks. In this sense, the illness becomes salvific and ultimately Eucharistic as Jesus surrendered himself to the will of the Father on the cross.

The sick may be anointed outside of Mass, within Mass, or in a hospital or institution. For many priests, the latter is the norm. However, the basic ritual remains the same: [slide 26]

- Introductory Rites
- Instruction and reading from scripture
- (Penitential rite)
- (Prayer over the blessed oil)
- Laying on of hands
- Anointing
 - Of the forehead
 - Of the hands
 - (optional: the afflicted area)
- The Prayer after Anointing
- The Our Father
- Blessing³⁸

Part II of the *Pastoral Care of the Sick* contains the rituals for use when the sick person is in the state of actively dying. As we know, this state can last for several hours or even days. The first three chapters of this part (chapters 5, 6, and 7) provide the texts and rituals to be used. The rites contained herein may be used by both the ordained and non-ordained. While the Church envisions that viaticum be given within the celebration of Mass, circumstances usually prohibit this from occurring due to space or time constraints. It should be noted that viaticum is the last sacrament. As the *PCS* notes, “The sacrament of anointing of the sick should be celebrated at the **beginning** of a serious illness. Viaticum, celebrated when death is close, will then be better understood as the **last sacrament** of Christian life”³⁹ (emphasis added). In other words, “last rites” as the

³⁷ Palmer, p. 168.

³⁸ For a fuller treatment of the ritual itself, see Randy Stice, *Understanding the Sacraments of Healing: A Rite-Based Approach*, (Chicago: Liturgy Training Publications, 2015), pp. 113-163.

³⁹ *PCS*, par. 175

term is used colloquially, really is viaticum and not anointing. Therefore, any minister (ordained or lay) can be the celebrant. Indeed, in the *praenotanda* to chapter five, term used most frequently is “minister,” not “priest.” [slide 27]

In addition to the ritual for viaticum, chapter 6 offers prayers for those who are dying. These are intended to be done communally. While the presence of a priest or deacon “shows more clearly that the Christian dies in the communion of the Church,”⁴⁰ other members of the community should be prepared to assist with these prayers as well. These texts are used to calm the dying person, afford them hope, as well as to give consolation to the community that is gathered.

On occasion, the parish is called to minister to someone who has died. Chapter 7 provides the texts to be used by the priest or other minister. As we know, sacraments are for the living and therefore neither viaticum nor the anointing of the sick may be given. However, there are ample opportunities for the priest, deacon, or pastoral associate to still minister to the deceased, and more importantly, to the decedent’s family.

The prayers and scriptural passages remind us that even in death, God is present. The praying of the litany emphasizes again that the community of the Church (militant, suffering, and victorious) is present. The Our Father reminds us that each of us is gathered together. Finally, the prayer of commendation invites us to continually pray for the deceased, imploring God’s mercy and forgiveness. A gesture of blessing such as signing the forehead with a cross (or the priest or deacon blessing the body of the deceased with holy water) recalls how Jesus touched those to whom he ministered.

The rites contained in chapter 8 are “exclusively for use in exceptional circumstances.”⁴¹ There is a continuous rite of penance, anointing, and viaticum which allows a priest to minister to a member of the faithful who has been in a serious accident or when a sudden illness puts them in danger of death. Contained in this ritual is the Apostolic Pardon for the dying. Depending on the condition of the person, communion as viaticum may or may not be given. [slide 28]

The second variation is the Rite for Emergencies which is to be used if there is not enough time to celebrate the three sacraments given in the continuous

⁴⁰ PCS, par. 213

⁴¹ PCS, par. 232

rite.⁴² Essentially, it is a truncated version of the continuous rite. The final variation is that of the Christian Initiation for the Dying. This ritual should be used if the person is a catechumen or someone who has manifested desire to die as a Christian. The ritual envisions two possible scenarios: one with a priest or deacon as the presider and the other with a non-ordained minister as the presider. Again, this ritual is to be used by way of exception. It could also be used when a child is in danger of death and has not yet been baptized. In the event that a priest is the presider of this ritual, he may also confirm if sacred chrism is on hand.⁴³

Part III of the *Pastoral Care of the Sick* contains readings, responses and verses from sacred scripture. It also has the texts for celebrating Mass for Viaticum. There is an appendix which contains the rite of reconciliation for individual penitents as well as a biblical index. [slide 29]

In short, the *Pastoral Care of the Sick* is a ritual for everyone, not just the priest. Deacons, pastoral ministers, and those who minister to the sick on a regular basis should have a copy and review it from time to time. It contains not only the ritual elements for celebration, but also the rich theological tradition of ministry to those who are ill or impaired. [slide 30]

When a person is ill, he or she is alienated from the community, from God, and even from himself or herself. They are “out of sorts.” Ministry to the sick is designed to bring them out of isolation and back into communion. It calls them out of their state of pity and despair and affords them hope. Working with the sick challenges them to push harder and fight against the illness in order to be healed and redeemed by Jesus Christ. [slide 31]

Like the woman with hemorrhage, sick persons desire to touch the hem of Jesus’ garment. They want a change in their condition. They desperately want to be free from the bondage of illness. The Church recognizes that sometimes the sick person cannot come to the Church; therefore, the Church community, in the person of the priest, goes to the sick member. The minister brings the garment of Jesus (under the form of oil, touch, and Eucharistic food) so that the person may reach out and touch the hem that they might be healed. [slide 32]

The ritual encompasses three aspects of healing: physical healing, spiritual healing, and holistic healing. In short, all illness, “whether physical or mental, needs to be seen as part of a larger whole, as one of several consequences and

⁴² PCS, par. 234

⁴³ PCS, par. 276.

manifestations of the fall.”⁴⁴ As Paul Meyendorff notes, “For Christians, sickness and death are not the real problem: rather, it is alienation from God, and the resulting spiritual death, which are the real tragedy.”⁴⁵ The rituals contained in the *Pastoral Care of the Sick* show that the *whole* Church stands with the sick person, bringing him or her out of isolation. Moreover, the ritual “reestablishes a future, for in Christ there is no death. Sickness and death are no longer a prison, but a threshold to new life.”⁴⁶ Finally, with their future being established, the life of the sick person has a purpose. Their sufferings are joined to Christ on the cross. “The suffering thus becomes a *matyria*, which is a *contribution to the life of the community*, for the way in which we suffer and die says more about our Christian faith than any other words or deeds.”⁴⁷

Theological points found in ancillary documents

As the Church continues to reflect upon the tradition and lived experience of God’s people, documents are written which further elucidate upon the teaching. There are five such documents that are germane to our discussion of the theological aspects of the *Pastoral Care of the Sick*: The *Code of Canon Law* (1983), the *Directory for the Application of Principles and Norms on Ecumenism* (1993), the *Catechism of the Catholic Church* (1994/1997), the Instruction *Prayers for Healing* issued by the Congregation for the Doctrine of the Faith in 2000, and the *Guidelines for the Celebration of the Sacraments with Persons with Disabilities, revised edition* issued this past June 2017. Of course, there are numerous papal documents, letters, and homilies which address theological and pastoral aspects of ministry to the sick; however, our focus is on the text of the *PCS* and its application. [slide 33]

While many view the *Code of Canon Law* as merely a “rule book,” it is fundamentally theological in nature. Father William Woestman, OMI wrote an excellent commentary on the canons pertaining to the sacrament of the sick.⁴⁸ He notes that there was a distinct shift in language from the Pio-Benedictine code of

⁴⁴ Paul Meyendorff, *The Anointing of the Sick*, (Crestwood, NY: St. Vladimir’s Seminary Press, 2009), p. 84.

⁴⁵ Meyendorff, p. 84.

⁴⁶ Meyendorff, p. 87.

⁴⁷ Meyendorff, p. 89.

⁴⁸ William H. Woestman, OMI, *Sacraments: Initiation, Penance, Anointing of the Sick Commentary on Canons 840-1007*. Third Edition, (Ottawa: Faculty of Canon Law, St. Paul University, 2004).

1917 to the current code especially with regard to the use of the expression *periculose aegrotant*. Whereas the 1917 code focused on the recipient being “in danger of death,” the current code drops the “of death.”⁴⁹ “Without a doubt this was done expressly in order to circumvent the previous practice of waiting until a person was dying before conferring this sacrament.”⁵⁰ [slide 34]

In reference to canon 1001 which states “Pastors of souls and those who are close to the sick are to ensure that the sick are helped by this sacrament in good time,” Woestman notes that “the ill should be given the opportunity to receive the sacrament *tempore opportuno*---while fully conscious”⁵¹ thus affording them the ability to participate in the sacramental action. In terms of those who are the proper recipients for the sacrament canon 1004 says, “The anointing of the sick can be administered to any member of the faithful who, having reached the use of reason, begins to be in danger by reason of illness or old age.” “The word faithful (*fidelis*) in this canon includes baptized non-Catholics in as much as it refers to the valid reception of the sacrament. For a Catholic priest to administer is lawfully to non-Catholic Christians confer c. 844, §§ 3-4, which deals with administration of the sacraments to Christians not in full communion.”⁵² More will be said on this when we discuss the *Ecumenical Directory*. While the code and the *PCS* use the term “dangerously ill,” it should “not be seen as restricting the Church’s pastoral solicitude for those suffering from lesser illnesses or disabilities since there are other liturgical celebrations and blessings for them.”⁵³

One common misconception is that “last rites” are a free pass to heaven. “Jesus called people to faith, repentance, and conversion of heart. Christian discipleship requires a response of faith and commitment from each individual.”⁵⁴ While the anointing of the sick does remit sin, the presumption is that the person manifest contrition (or at least imperfect contrition) for their sins. In order for the rites to have their full effect, the faithful must have the proper dispositions. This being said, every effort should be made to allow the recipient of the sacrament of

⁴⁹ Woestman, p. 316.

⁵⁰ Woestman, p. 318.

⁵¹ Woestman, p. 322.

⁵² Woestman, p. 326.

⁵³ Woestman, p. 328. Confer the *Book of Blessings*.

⁵⁴ John M. Huels, “Ministers and Rites for the Sick and Dying: Canon Law and Pastoral Options,” in Genevieve Glen, ed., *Recovering the Riches of Anointing: A Study of the Sacrament of the Sick*, (Collegeville, MN: The Liturgical Press, 2002), p. 104.

the sick to confess his or her sins prior to anointing. “When it is physically or morally impossible to confess one’s grave sins, as, for example, when a priest is not available, the faithful must make an act of perfect contrition before receiving the anointing of the sick or Holy Communion.”⁵⁵ As John Huels notes, “the anointing of the sick does not make a saint out of an unrepentant sinner.”⁵⁶ Liturgical law and canon law are there to ensure that the sacraments are celebrated in the way which the Church intends: efficacious signs of God’s grace. The sacrament of the sick is not an amulet, a talisman, or a magic trick; it is an encounter with the risen Christ who heals and redeems.

The *Ecumenical Directory* as it is commonly known offers a further clarification of canon 844 mentioned earlier. Paragraphs 125, 129, 130, and 131 of the *ED* outline the conditions under which a non-Catholic Christian may receive the anointing of the sick:

1. If there is **danger of death** or other grave necessity according to the judgment of the diocesan bishop or of the conference of bishops;
2. If they cannot approach a minister of their **own** community;
3. If they give signs of faith in the sacrament;
4. If they **spontaneously** ask;
5. If they are properly **disposed**.

Note that these are very specific conditions. As the *ED* further notes: “In certain circumstances, *by way of exception*, and *under certain conditions*, access to these sacraments [penance, anointing, and Eucharist] *may be* permitted, or even commended, for Christians of other Churches and ecclesial Communities”⁵⁷ [emphasis added]. It should be pointed out that implicit in the *Ecumenical Directory* is that Catholic ministers (priests, deacons, and lay ecclesial ministers) have an obligation to minister to **all** the sick in their boundaries, not just to members of their parish community. [slide 35]

The *Catechism of the Catholic Church* first issued in 1994 and later revised in 1997 gives a succinct teaching on the anointing of the sick and ministry to sick persons. Canons 1499 thru 1532 provide ample resources from sacred scripture and the theological tradition to show how the Church has consistently ministered to the sick in imitation of Christ the divine physician. [slide 36]

⁵⁵ Huels, p. 105.

⁵⁶ Huels, p. 105.

⁵⁷ *Ecumenical Directory*, par. 129.

Moreover, the CCC reminds us of the effects of illness: “Illness can lead to anguish, self-absorption, sometimes even despair and revolt against God. It can also make a person more mature, helping him discern in his life what is not essential so that he can turn toward that which is. Very often illness provokes a search for God and a return to him.”⁵⁸ The effects of sacramental anointing are:

--the uniting of the sick person to the passion of Christ, for his own good and that of the whole Church;

--the strengthening, peace, and courage to endure in a Christian manner the sufferings of illness or old age;

--the forgiveness of sins, if the sick person was not able to obtain it through the sacrament of Penance;

--the restoration of health, if it is conducive to the salvation of his soul;

--the preparation for passing over to eternal life.⁵⁹

While the *Catechism of the Catholic Church* focuses on the historical, sacramental tradition of the Church, for 2000 years, there has also been a charismatic tradition which in recent years has become quite a phenomenon. We see this charismatic tradition in the early church as well as through the growth of healing shrines and places of pilgrimage. Moreover, certain individuals throughout history have been gifted by the Holy Spirit with the ability to heal and cure. Some of these men and women have been declared saints by the Church; however, there are others who function outside of the Church’s sacramental tradition.

In response to this growing phenomenon (made more public due to television and social media), in 2000 the Congregation for the Doctrine of the Faith issued an Instruction entitled, *Prayers for Healing*.⁶⁰ The Instruction notes that the healings done by Jesus were a part of his messianic mission: “They manifest the victory of the kingdom of God over every kind of evil and become the symbol of the restoration to health of the whole human person, body and soul.”⁶¹ The Instruction goes on to cite the various ways in which the sick were healed in the New Testament and early Church. In reference to the *urtext* for the sacrament of the sick, James 5:14-15 in which the priests pray over the sick

⁵⁸ CCC, par. 1501

⁵⁹ CCC, par. 1532

⁶⁰ Instruction, *Ardens felicitatis*, September 14, 2000. Printed in its entirety in Woestman, *Sacraments: Initiation, Penance, Anointing of the Sick*, pp. 519-529.

⁶¹ Woestman, p. 520.

person, the Instruction notes, “This refers to a sacramental action: anointing of the sick with oil and prayer “over him” and not simply “for him,” as though it were only a prayer of intercession or petition; it is rather an efficacious action over the sick person.”⁶² [slide 37]

The Instruction clarifies the distinction between nonliturgical prayer for the sick and liturgical prayer for the sick. This in no way is an attempt to “stifle the Holy Spirit:” rather, it is to avoid confusion for the faithful. Moreover, “those who direct healing services, whether liturgical or nonliturgical, are to strive to maintain a climate of peaceful devotion in the assembly and to exercise the necessary prudence if healings should take place among those present; when the celebration is over, they may carefully and accurately gather any testimonies and submit those to the competent ecclesiastical authority.”⁶³ [slide 38]

The Instruction encourages all prayers for the sick. The Church has always held sick persons in high regard and continues to pray for them. However, healing is a gift from God. While it may be desired, it should not be expected.

The final document which we will examine is the *Guidelines for the Celebration of the Sacraments with Persons with Disabilities* issued in June of 2017 by the United States Conference of Catholic Bishops. In this revised document, the Conference wished to reiterate that Catholics with disabilities should be afforded the opportunity to participate fully in the Eucharist and other liturgical celebrations. While the *Guidelines* do not presume to identify every conceivable type of disability which a person may have, the document notes that “Full accessibility should be the goal for every parish, and these adaptations are to be an ordinary part of the liturgical life of the parish.”⁶⁴ [slide 39]

With regard to the reception of the sacrament of the sick, the *Guidelines* note that disability does *not necessarily* indicate an illness. Catholics with disabilities would receive anointing of the sick with respect to canon 1004 and the norms established in the *Pastoral Care of the Sick*.⁶⁵ Moreover, the *Guidelines* urge that “persons with disabilities may at times be served best through inclusion in communal celebrations of the Anointing of the Sick.”⁶⁶ Again, this is a gentle

⁶² Woestman, 524.

⁶³ Woestman, 528-529.

⁶⁴ *Guidelines for the Celebration of the Sacraments with Persons with Disabilities Revised Edition*, (United States Conference of Catholic Bishops, Washington DC, 2017), par 3.

⁶⁵ *Guidelines*, par 34.

⁶⁶ *Guidelines*, par 35.

reminder that illness is often alienating. The Sacrament of the Sick seeks to bring people out of isolation and restore them to community. Persons with disabilities are often further isolated by their disabled condition. Including them in a public celebration reminds the Christian community that all life, all persons, have value and are a gift from God.

In short, a review of significant ancillary Church documents illustrates that there is a clear shift in the last fifty years to a focus on the sacrament of the sick for healing of mind, body, and soul. Physical healing may occur if it is conducive for the spiritual well-being of the patient. Moreover, there is a focus on inclusion rather than exclusion when determining if a person should receive the sacrament. Because sickness alienates a person from communal activities, one of the aims of the sacrament is to bring a person back into communion with God, self, and others. The sacrament is restorative and invites a person (as well as those who are assisting in his or her care) to consider the wider ramifications of sickness and health. In addition, while the aspect of final anointing is somewhat downplayed, the use of the *Pastoral Care of the Sick* challenges both recipients and ministers to reflect on eternal life and one's ultimate goal for salvation. [slide 40]

Some conclusions and open questions

What does "touching the hem of his garment" mean in 2017? A review of the *Pastoral Care of the Sick* and ancillary Church documents as well as papal addresses and letters which were not examined here reveals that we are very much like the early Church. As a result of the Second Vatican Council, the Church has opened its doors and windows to a new understanding of caring for the sick, elderly, and disabled. There is clearly a focus on ministry to, with, for, and by the sick and ill. Sickness is not only defined as physical malady, but includes spiritual, mental, psychological, and emotional illness as well. [slide 41]

As we saw, Jesus cured all kinds of illness. His healing ministry was a part of his messianic mission which was entrusted to the Church through the apostles. Ministry to the sick over the past two thousand years contains both sacramental and charismatic elements. Ultimately, it is God who heals using human beings as instruments of that healing. Moreover, sacramental healing has the added component of the forgiveness of sins because both sin and sickness are a result of

the fall of humanity. Yet forgiveness and healing are signs of human redemption through Jesus Christ.

People sought out the Christ, not just for healing or for a miracle, but because they saw in the signs and wonders a glimpse of God's kingdom. The woman who wanted to touch the hem of Jesus' garment did so because she wanted healing in order to exercise her faith better. Those who sought out Jesus wanted to be free from bondage to sin and sickness. They wanted restoration to their family and friends. They desired to be full, conscious, active participants in their communities. Sickness alienates. Healing brings communion. Illness builds walls. Curing builds bridges. In 2017, the Church continues the healing ministry of Jesus.

The *Pastoral Care of the Sick* and ministry to the sick is an act of embrace and deliverance. We embrace our frailty before God and trust that God will deliver us. Caring for the sick among us is a remembrance that God is always with us, even in our darkest moments. Finally, when we minister to and with the sick, we participate in the mystery of Christ himself. We venture into the unknown, trusting in God's promises of life eternal.

While much has happened over the past fifty years or so, reviewing the theological aspects of the sacrament of the sick reveals that we need to continue further reflection and study on how to use the sacrament more effectively. As medicine advances and new cures are being developed, the problem of sickness still remains. The sick and ill and the elderly, like the poor, will always be with us. The challenge of the *Pastoral Care of the Sick* is how to use it more effectively to address the ancillary issues present in ministry to the sick and dying—alienation, loneliness, isolation, forgiveness of sin, addiction, and resistance to letting go. [slide 42]

It is my hope that these reflections have engendered some questions or ideas on how to minister to our brothers and sisters who are ill and suffering. I encourage you to review periodically revisit the *praenotandae* of the *Pastoral Care of the Sick*. Don't throw it out, but read it, digest it, and learn to apply it in your own ministry.