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Rituals of Care: A Look at the Church's Ministry with the Sick

by
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Valparaiso University, Valparaiso, Indiana

I had an interesting experience last month writing an article on Christian healing for a journal of medicine. The parameters of the requested article were a bit vague, and as I prodded the editor with questions I realized just how much I was in un-chartered territory. The familiar concepts (or, more to the point) the familiar assumptions that are part of an insider conversation theologically and ecclesiologically were missing, and I found myself having to carefully spell out the focus of what I thought might be helpful to discuss in a journal read solely by health professionals. The experience of being here at this gathering, even as the honor and opportunity that it is, has a bit of that 'un-chartered territory' to it also. This was probably exacerbated by several of my colleagues in Berkeley responding to my description of this conference, where it was and how interesting the subject matter was, with a moment of perplexed silence, and then "they do know that you just look Lutheran, you're not actually Lutheran, right?" So here I am, an admittedly catholic scholar with a long fascination of rites for the sick and dying and a more recent pastoral practitioner of somewhat arcane rituals that have been extraordinarily graced experiences of sacramental encounter.

Of the many perspectives and expertise represented in the attendees of this conference I suspect that there will be some overlap as we present and discuss various facets of the ministry of healing along with differences too. As a professor of liturgy I bring the discipline of that particular academic field with me, a field that is generally sub-divided into three areas of study: liturgical history, liturgical theology and ritual studies. I would like to take that threefold subdivision and draw out of these areas ways to look at what it is the church does in being with the sick, what the church does that is faithful to scripture, respectful of tradition and ritually alluring to human cultures. But above all, the question seems to be, what do our rites of healing mean? Are they a means to an end or the end itself, and if either is so, what is the end?

Lessons from History: Living Tradition from a Varied History

“Then Jesus went about all the cities and villages, teaching in their synagogues, and proclaiming the good news of the kingdom, and curing every disease and every sickness.” (Matthew 9:35)¹

Jesus’ ministry of healing is found in examples recorded throughout the New Testament, and seems well summarized in this verse of Matthew’s gospel. In addition to the primary example of Jesus healing the full spectrum of illness, including the ultimate illness of death, there are examples of the disciples healing along with later New Testament instructions for the subsequent generations of church leaders. Two primary New Testament texts in this latter category have

¹ All biblical citations are from the *New Revised Standard Version* translation.

been used throughout Christian history to ground, explain, or defend Christian ecclesial healing. They are Mark 6:13, “They cast out many demons, and anointed with oil many who were sick and cured them,” and James 5:13-15, the ‘charter’ of liturgical rituals involving anointing and healing prayer

Are there any among you suffering? They should pray. Are any cheerful? They should sing songs of praise. 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.²

This brings us to the larger picture of the history of the church’s ritual care of the sick and the standard approach to presenting that history as a history of the anointing of the sick. Through this lens, one could summarize that history in the following way: first we had it, then we didn’t, and now we have it again. While clichéd, this really is the larger pattern with regard to an understanding of anointing with oil at the heart of the ministry of healing. There is ample evidence of the use of oil in conjunction with touch and prayers for healing in the early church, and through most of the first millennium of Christianity. The second millennium of Christianity, however, was dominated by a shift in the use of anointing as a final ritual before death, and probably in many cases, after death. A portion of sixteenth century Western Christianity rejected that practice out of a perceived lack of basis in scripture and the realities of abuse connected with the practice. The remaining portion of Western Christianity quietly set the practice

² I am well aware of the tangled relationship between the Letter to James and historical Lutheranism, but the passage remains as central to the history of the church’s ministry to the sick.

aside in the late twentieth century in favor of a partial return to the anointing rituals of the early church, and many Eastern Churches, while retaining anointing for the sick through the centuries, found themselves faced with a rite so complex as to be rarely used. But in the midst of this simplification it is necessary to remember that there has never been a time when Christians did not get sick and there has never been a time when the Church, the Body of Christ, did not minister to and with the sick through prayer and ritual. The constant, therefore, has been the awareness and care of the sick as the concern of the whole church, the variables have been how the care of the sick was made manifest, with what physical outward sign the healing of God was expressed, and what rank of Christian was allowed to do particular rituals.

Two clarifications are probably necessary at this point – ecclesial healing, the ministry of the whole church, is the prayer and ritual done in the name of the whole church, either represented by the individual doing the ministry, who, by appointment and/or official agreement, represents the whole, or through the material or place used, again generally representative of the whole church. This is *one* trajectory of the Christian ministry of healing, the other is charismatic healing, recognized in scripture, present throughout Christian history, and alive and well today. This is not necessarily ecclesial ministry to the sick. It is often the ministry of an individual, gifted by God, who can work within the church, through ecclesial ministry to the sick, or independently. Charismatic healing need not be the ministry of the whole church. For better and sometimes for

worse, these two approaches have more often been parallel tracks in the history of the church's ministry with the sick than intimately intertwined.

The second clarification is that while I believe anointing of the sick is at the heart of the church's ritual, corporate and sacramental ministry to the sick, and is the skeleton on which much of the history has been traced, it is not the only ritual activity that has been employed in healing, historically or at present. The accounts of both Jesus' and the apostles' healing in the New Testament reveal touch, prayer, mud, spittle, water and oil as efficacious elements. Early Christians lived in a Mediterranean world where the culture saw three options to the onset of serious illness: miracle, medicine and magic,³ and Christianity adopted and adapted some of these practices. A common Christian adaptation of miracle was incubation. Greek practices saw the cults of Asklepios, Isis and other healing gods centered around temple complexes where the sick would be brought to spend the night on benches in the presence of the statue of the god. During the night they might have been visited by snakes (a good omen in the cult of Asklepios) and the ministrations of the temple priests. The cure often came through the night's visions and dreams in which instructions to drink particular potions or bathe in the temple springs resulted in a cure or improvement of health.⁴ Christians adapted the same practice with the cult of saints, where many of the martyria of saints associated with healing were built with stone benches lining the side walls, where the sick spent the night (or even weeks) praying for healing, where oil was poured through the actual tomb, collected and

³ See Howard Clark Kee, *Medicine, Miracle and Magic in New Testament Times*. Cambridge: Cambridge University Press, 1986.

⁴ *Ibid.*, pp. 67-70.

used as a healing drink, and where mud or spring water was used as a healing material.⁵ The Christian practice of incubation was closely linked to pilgrimage, where the spiritual and physical journey to a particular healing site, linked to a saint or vision or historical event, emerged as a particularly important element of the church's healing ministry in the second millennium of Christianity, when the ritual practice of anointing became solely a preparation for spiritual healing before dying, not for physical healing of the sick.

The practices of incubation and pilgrimage were only several alternatives to the anointing of the sick, there was also the giving of salt or blessed bread, the mixed history of the relationship between the church and the world of physicians and herbal experts, and, above all, the celebration and participation in the Eucharist, the "medicine of immortality".⁶

The trajectory tracing the church's historical ministry to the sick is, as mentioned, really a web of rituals and prayers surrounding the anointing of the sick, most of which is centered on the "what" the oil, and the "who" the people involved. Oil had a long history of multiple practical and sacral uses around the Mediterranean and beyond,⁷ and the prayers of blessings for oil used for healing are found in many forms in the first five centuries of texts. In the (convoluted) *Apostolic Tradition* of perhaps the third-fourth century:

⁵ "As ill people appealed to...saints, they sometimes themselves slipped temporarily into a similar state of 'suspended animation' by falling asleep at the tombs. In their sleep they shared in the health of the saint...upon awakening, these ill people would often be healed and would even come to resemble the 'healthy' saint in his tomb." Raymond van Dam, *Saints and Their Miracles in Late Antique Gaul* (Princeton, NJ: Princeton University Press, 1993) 90.

⁶ Ignatius of Antioch, *To the Ephesians* 20.2., ed. Helmut Koester (Philadelphia: Fortress Press, 1985) 95.

⁷ See the collection *The Oil of Gladness: Anointing in the Christian Tradition*, eds. Martin Dudley and Geoffrey Rowell. London: SPCK, 1993.

As, sanctifying this oil, you give, God, health to those using and receiving [it], whence you have anointed kings, priests, and prophets, so also may it afford strengthening to all tasting [it] and health to all using it.⁸

And in Sarapion of Thmuis' blessing text of the fourth century:

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 may the partaking of these created things be a healing medicine and a medicine of wholeness in the name of your only-begotten Jesus Christ, through whom to you be the glory and the power in holy Spirit to all the ages of ages.⁹

Because the olive oil, brought from people's homes was generally blessed by a bishop, and the bishop represented the church, the oil carried with it the ecclesial association, it became the vehicle by which the anointing to the sick by Christian family members in their homes, or the anointing by deacons (of both genders) in homes, prisons and elsewhere, or the anointing by priests in churches and shrines, or even the anointing by bishops all became actions of the whole church. This was distinctly different than the charismatic healer whose individual God-given charism needed no ecclesial stamp of approval to bring with it efficacy of healing, and whose efficaciousness did not reflect back to the whole church. The only alternative ecclesial blessing of the oil in the first millennium was the martyr's tomb. The martyr was also ecclesial, one whose life and death

⁸ *Apostolic Tradition* (Latin) 71.2., edited and translated by Paul Bradshaw, Maxwell Johnson & Edward Phillips. (Minneapolis: Fortress Press, 2002) 50.

⁹ *The Sacramentary of Sarapion of Thmuis*, ed. & trans. R.J.S. Barrett-Lennard (Bramcote, Nottingham: Grove Books Ltd, 1993) 30-31.

was not just model and inspiration but who through their death in imitation of Christ brought glory to the church and the power of intercession to all.

So the oil itself, generally blessed by the bishop or presbyter, became the vehicle of the church's ministry to the sick, and around this developed prayers, rituals, and restrictions, which brings us to the "who". The status of the blessed oil was linked especially to the person doing the anointing. If the oil itself carried the weight of the ecclesial connection, than there could be fewer restrictions on the person doing the anointing. In an article I wrote years ago for the *Coptic Church Review*, I was surprised to find how dominant women were in early church anointings of the sick, but in many ways it was a natural link because women often functioned within the household, caring for sick members of the family and the extended household, in addition to the widespread practice of using women deacons when the subject of baptism or anointing was female. Caesarius of Arles, Bishop of that city in the 6th century, urged the women of the parish to set aside their trust in magical methods of healing and turn instead to the church:

When your children are worn down or tried by illness, mothers hurry with concern to the church to obtain the oil blessed by the presbyter with which you can counter the disease through an anointing, and put all your hope in God.¹⁰

The famous letter of Innocent I to Decentius on issues of anointing the sick, written in 416, is often cited as a defense of lay anointing. In it, Innocent answers

¹⁰ *Sermon LII*, cited in Antoine Chavasse *Etude sur l'onction des infirmes dans l'Eglise latine du IIIe au XIe siècle*. (Lyon, 1938) 105.

Decentius' questions concerning the interpretation of the James text – the charter of anointing we looked at above. He says that the James text is to be

Understood of the faithful who are sick, and who can be anointed with the holy oil of chrism, which has been conected by the bishop, and which not only priests but all Christians may use for anointing, for themselves or for others.¹¹

This approach to linking the church's ministry to the sick through the blessed oil, through the person doing the anointing - a Christian in good standing - and the understanding of this as "a type of sacrament" in Innocent's letter because of these links will unwind in the second millennium. As Christianity adapted to different cultures in late antiquity and beyond, the perception of the human person and what is most in need of healing also shifts. A loss of hope for healing in this life and an emphasis on healing what is necessary for the next life mark the inculturation of Christianity in Gaul and other parts of Europe.¹² This emphasis on healing sin coincided with shifts in the rites of reconciliation around the ninth and tenth centuries, culminating in the official status of private, or tariff, penance replacing public, or canonical penance, by the thirteenth century.

The gradual clericalization of anointing the sick is intimately linked with these two realities, healing focused on the healing of sins, rather than physical ailments, and the healing of sins moving from monastic to clerical domain. The result was that the representation of the church's ministry in healing the sick was the priest, not the oil. The emphasis on spiritual healing as absolution was

¹¹ *Innocentius Decentio episcopo egubino, 130-132*. Edited in *La letter du Pape Innocent Ier a Décentius de Gubbio*, Robert Cabié (Louvain, 1973) 30.

¹² See Frederick S. Paxton, *Christianizing Death: The Creation of a Ritual Process in Early Medieval Europe*. Ithaca: Cornell University Press, 1990) especially pages 45-59.

differentiated by scholastic theologians from confession in the types of sin to be forgiven before death, which contributed to the eventual usurping of *viaticum* as the sacrament for the dying with this last anointing, *in extremis*.

While extreme unction was no longer primarily engaged for physical healing, Christians found other ways to heal. The medical knowledge of the ancient world was preserved in part in monastic circles, and the monastic hospice generally had its own herbal garden. Until the renaissance of learning in the thirteenth century, the normative physician was a monk, the *medicina clericalis*.¹³ Prayers for the sick were standard in early church patterns of intercessory prayers, and particular embolisms for the sick appeared in medieval Eucharistic liturgies, along with elaborate lay-led litanic prayers, some bilingual (Latin and vernacular) that accompanied shrine visits or prayers for the sick at home. In addition, the blossoming of pilgrimages to healing shrines opened avenues for Christians of the Middle Ages to pursue physical healing apart from the rites for the dying.

The response of sixteenth century reformers to several of the healing practices, especially extreme unction and pilgrimages, varied from indifference to outright hostility, particularly with regard to the abuses associated with anointing the dying. For Martin Luther the lack of faithfulness to scripture was particularly problematic, but a part of the Lutheran tradition, Swedish church practice through the work of Olavus Petri, took that critique seriously and restored anointing of the

¹³ A comprehensive study of the historical relationship between medicine and theology is Heinrich Pompey, *Die Bedeutung der Medizin für die kirchliche Seelsorge in Selbstverständnis der sogenannten Pastoralmedizin*. Fribourg: Herder, 1968.

sick for healing in the 16th century.¹⁴ John Calvin was far harsher in his critique of anointing, seeing the anointing of the sick as pertaining to a gift given only “to the first preaching of the gospel” and worse, that even if the scriptural accounts were relative to contemporary practices, the Roman practice of anointing ‘half-dead carcasses’ was an abuse of the scriptural bases.¹⁵ Anglicanism, in its usual tug of war between Puritan and Catholic influences, scaled back the elaborate healing rituals of the Sarum rite to produce the rites found in the 1549 prayer book, which in turn disappeared under the critique of Martin Bucer by 1552. The practice of extreme unction was restored among Anglo-Catholics, but anointing of the sick and other rites of healing did not reappear until the late nineteenth and early twentieth centuries.

The Roman Catholic reformation responded to the challenges by centering the argument for extreme unction around four canons of Trent in 1551:

- 1) extreme unction is a sacrament instituted by Christ and announced by James,
- 2) it is sacramental because it confers grace, remits sins and comforts the sick,
- 3) the rite and practice are those of James (with the understanding that *presbyteroi* was to be translated as “priest”),
- 4) and the proper minister is a priest and only a priest.¹⁶

But Trent also reversed a scholastic understanding that the rite was for the dying only and clarified that the anointing could be given for the sick and was

¹⁴ See Geoffrey Rowell, “The Sacramental Use of Oil in Anglicanism and the Churches of the Reformation,” in *The Oil of Gladness: Anointing in the Christian Tradition*, eds. Martin Dudley & Geoffrey Rowell (London: SPCK, 1993) 136.

¹⁵ Cited in Charles Gusmer, *And You Visited Me: Sacramental Ministry to the Sick and Dying* (New York: Pueblo Pub. Co., 1989)61-67

¹⁶ Cited in Paul F. Palmer, *Sacraments and Forgiveness* Westminster, MD: The Newman Press, 1959) 313.

repeatable for different illnesses.¹⁷ In spite of these reforming decisions, the rite continued to be popularly seen and experienced as part of the last rites for a dying Christian, not a rite for the sick hoping to recover.

The changes of the twentieth century in the approach and responsibility of the church for the healing of its members was part of the overall ferment in sacramental theology and discoveries in liturgical history, as well as massive social and cultural shifts. The Church of England was a leader in developing hospice programs for the dying and in restoring a focus on rites for the sick, including laying on of hands and anointing. Part of the motivation was to express outwardly a belief in the incarnation against the rise of spiritualist traditions (particularly Christian Scientists) as well as rebuild relationships between medicine and Christian healing practices. Many other developments, ritual, theological and cultural, influence the restoration of Christian interest in healing and ecclesiology. I would like to turn to the church's healing ministry through the lens of liturgical theology, exploring the meaning of practices rediscovered or discovered for the first time.

'Healed to Life': Some Issues in Theology and Ministry with the Sick

I've always loved the phrase from the Belgian Roman Catholic Bishops' treatise on anointing the sick, which proclaims that the church's pastoral care of the sick and anointing "heals us to life."¹⁸ When we enter into the realm of theology, of meaning, with regard to rites for the sick, there are endless avenues

¹⁷ Ibid., 311-312.

¹⁸ *Geloofsboek*, The Book of Faith

we could travel. Some of the most fascinating issues are the ones that have been with us through the centuries, such as what does healing mean? If healing is only physical cure, and an obvious physical healing does not occur, has the prayer and ritual of the church failed? Or is there a difference between cure and healing? Is healing inclusive of the hope of physical healing but ultimately addressed to the healing of the whole person, spiritually, emotionally, mentally and physically? Is healing about strengthening faith, restoring relationship with God, with community and with oneself in order to have the ability to deal with serious illness? How do we distinguish between charismatic healing and the healing office of the church, whether we refer to that as sacramental or ecclesial? To what do the healings point? Just as the healing events of Jesus pointed to the coming fullness of the reign of God, or to the power of God and the necessity of belief, what is the intention of the church's ministry with the sick? Charles Gusmer suggests several questions in discerning the difference in motivations in healing:

Are healings, whenever and wherever they occur, signs pointing to a deepened faith and conversion in which the beneficiaries become changed or transformed persons?

Is the approach imbued with the central mystery of the Christian faith, the passion, death and resurrection of Jesus Christ and our participation in this saving paschal event?¹⁹

Another set of key theological questions are those regarding the relationship between sin and sickness. If healing is holistic, addressing the whole person, then part of the person is spiritual health and spiritual sickness,

¹⁹ Gusmer, *And You Visited Me*, 159.

often defined as sin. But how do we understand that? Are our illnesses, especially serious illness, caused by our sinfulness? Can we articulate a difference between saying that individual sin causes a wrathful God to make us sick and saying that spiritual or emotional or mental sickness can make us physically ill because the human person is a psychosomatic whole? The Roman Rite addresses this issue at the very beginning of the theological introduction to 'Pastoral Care of the Sick'. Under the umbrella of human sickness and its meaning in the mystery of salvation, it says:

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. Christ himself, who is without sin, in fulfilling the words of Isaiah, took on all the wounds of his passion and shared in all human pain.²⁰

Linking the issue of sin and sickness to healing and curing above, we really into one of the most difficult issues in contemporary liturgical theology and ritual studies, that of 'symbolic illiteracy'.²¹ In our modern or postmodern worldview the answer to 'what should be healed' is probably the most literal and concrete response to an obvious question – the body. After all, what else is there? One of the great challenges of sacramental theology and language is that there is always more to liturgy, to sacrament, to ecclesial ritual, than meets the eye, more than can be perceived by human senses, or at least that human senses are the first level windows to worlds only imagined and "sensed" in other ways. In a world of impoverished literalism, of post-symbolic, post-metaphorical interests, sacramental reality is a hard sell. From this perspective, if the body is not

²⁰ General Introduction 2, *Pastoral Care of the Sick*. The Rites (Collegeville: Pueblo Pub. Co., 1990) 778.

²¹ Regis Duffy's wonderful term to describe the inability to see beyond the concrete.

healed, it didn't work. And this non-event may actually demonstrate the "non-appearance" or absence of God, either because God is not God, or, perhaps worse, that God chooses not to heal but to punish – the "God of the ambush" in Charlie Gusmer's terms.²² Even knowing better intellectually does not erase the appearance of fear and guilt when one is seriously ill. Kristiaan Depoortere captures a common human sense: "By day patients ask "I have headaches, can I have a pill?", but by night "I have headaches, what did I do to deserve this?" The night's questions ask why."²³

Complicating the confusion of the relationship between sin and sickness is the insidious message of many groups who fall under the umbrella of New Age spirituality and healing.²⁴ At first glance, the growing Christian emphasis on wholeness and healing seems very compatible with a similar emphasis in New Age movements, but one of the criticisms leveled against Christianity is that it maintains a dualistic view of human beings and of the cosmos, whereas New Age spirituality has moved beyond that to wholeness.

In New Age there is no distinction between good and evil. Human actions are the fruit of either illumination or ignorance. Hence we cannot condemn anyone, and nobody needs forgiveness. Believing in the existence of evil can create only negativity and fear.²⁵

²² Gusmer, *And You Visited Me*, 148.

²³ "You have Striven with God (Genesis 32:28): A Pastoral-Theological Reflection on the Image of God and Suffering," *God and Human Suffering*, ed. Jan Lambrecht & Raymond Collins (Louvain: Peeters Press, 1990) 213

²⁴ Understanding the New Age movement is varied and often composed of independent groups, the movement as a whole has become as mainstream as any institutional religion in the United States and spiritual healing is one of the unifying hallmarks linking the otherwise diverse beliefs and practices of the overall phenomenon of New Age practice.

²⁵ Cited in "Jesus Christ, the Bearer of the Water of Life: A Christian Reflection on the New Age" *Origins* 32:35 (February 13, 2003) 575.

The cultural influences of New Age contribute to American Christian views by conveying the sense that we should be able to affect our own health and wholeness through our actions. In much New Age thinking, “illness and suffering come from working against nature; when one is in tune with nature, one can expect a much healthier life and even material prosperity.”²⁶ The implication is that if we are sick it is because of something we have done, or not done. Therefore, if we could just be in harmony with the world, our neighbors, our family, our God, the sickness should go away. This type of inculturation is really a syncretism inasmuch as it denies the wisdom and will of God in the course of human affairs. The all-too-common fear, that personal sin has caused sickness does not need additional confirmation from an inculturated assumption that we bring sickness upon ourselves because we are not appropriately in balance with all living things. If we are ultimately responsible for our own health, if the “source of healing is said to be within ourselves”²⁷ alone, then when sickness comes for reasons quite other than personal actions, it can lead only to hopelessness and despair. The theology of pastorally caring for the sick should provide an important antidote to this sole dependence on oneself for both health and happiness in the articulation of an authentic spirituality that is “not so much our search for God, but God’s search of us.”²⁸

Another important dimension of sickness, health, ministry and theology is their intersection in trying to understand human suffering. Pastoral, ecclesial ministry with the sick inevitably brings up the question of human suffering and

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid., 582.

with it, fundamental questions that have in every generation presented a challenge to Christianity. If God is all-powerful and all-good, why is there suffering in the world? Why especially do faithful Christians suffer? The experience of suffering on a mass scale, such as through war or natural disasters, can lead to a sense of utter hopelessness and the conviction that God is nowhere to be found. Coupled with the modern ability to access information on disasters throughout the world almost as they happen leads inevitably to an overwhelming sense of failure when trying to cope with the information mentally and emotionally. On an individual level, the personal experience of pain, whether physical or other, can be the defining moment of faith. But it is often only after the shock of experiencing an intimate and unwanted reality in a world accustomed to virtual detachment that the reality of pain sinks in. And even then, physical pain is not the sum total of personal suffering. The inevitable sense that one has done something to deserve this suffering, and then trying to reconcile that with one's image of God can lead either to growth and insight or further alienation and bitterness.

The perception of many people outside the Church (as well as some within the Church) is that the Church's care for the sick is crystallized in its reaction to and articulation of the suffering endured by individuals. The health profession has made tremendous strides in alleviating physical suffering, primarily through new and stronger medications and better surgical procedures. The challenge remains to eradicate all physical pain, which is the primary definition of suffering. But pain is not seen as a moral evil from the perspective

of the health care profession. Pain first has a positive role in that it “can function as an alarm, a warning signal that we are somehow being threatened. Were it not for the experience of pain, the threat to our well-being might go unnoticed,”²⁹ as with our reflective move away from fire. After this initial usefulness of pain, however, chronic pain is no longer necessary in signaling an alarm or in assisting in a medical diagnosis and can therefore be safely removed by some type of medical intervention. But when the physical pain cannot be removed, in spite of the advanced technological skills of physicians and others, the limits of modern medicine become all too readily apparent to those involved. The challenge to the Church and its rites for the sick is first to take a stand on suffering, to acknowledge it as something to be struggled against, and then to imbue it with meaning. “Pain demands a response, while suffering demands an interpretation.”³⁰

The popular cultural views on suffering and pain, reflected in some of the discussion on the New Age movement above, often stem from information overload. Our culture might be characterized as simply numb, what Robert Lifton calls “psychic numbing.”³¹ Others attribute it to more insidious cultural traits: “every culture has its own specific pathology; ours has been described as narcissism. The narcissistic personality is characterized by its inability to recognize how others feel; pathological narcissists suffer from apathy.”³² But

²⁹ Joseph A. Selling, “Moral Questioning and Human Suffering: In Search of a Credible Response to the Meaning of Suffering,” *God and Human Suffering*, 157.

³⁰ *Ibid.*, 164.

³¹ Lucien Richard, *What Are They Saying about the Theology of Suffering?* (New York: Paulist Press, 1992) 10.

³² Christopher Lash, *The Culture of Narcissism*. (London: Abacus, 1980) 36-41

certainly individualism, “greed as creed” consumerism, and contemporary politics contribute to this inability to discern a reality beyond oneself or away from the primary focus on acquisition more than the New Age focus on self-fulfillment and self-reliance. In whatever way these factors contribute to the lack of empathy or engagement, the consensus from a number of theologians is that “our contemporary culture is characterized by its overwhelming attempt to eliminate negativity; it is marked by the repression of pain and the consequent incapacity to suffer; it fosters the incapacity to confront and appropriate the reality of suffering.”³³ The challenge to the church in its pastoral care of the sick, then, is to articulate the reality and the experience of suffering, to assure the suffering individual (and their circles of community) that suffering has meaning, and to articulate a Christian interpretation of the meaning of suffering through the relationship between the suffering of Christ and that of the individual Christian. Therefore, it becomes a primary task of the Church not only to say that suffering and community are real for both the sake of speaking the truth and for the sake of comfort and solidarity with the suffering, but to articulate what and how suffering means and what it does for the individual, for the Church, and for the world.

These are only a few topics in theology and ministry to the sick that could be explored, but Christian anthropology, sin, suffering and the meaning of healing are enough to help us move, with the historical overview, to some of the specific ritual issues that arise when the church does ministry with the sick.

³³ Richard, *What Are They Saying*, 10.

Rituals of Healing: Prayer in Tangible Form

'Healing in the context of the Church's ministry' is a phrase used by the advertisements for this conference of the Institute of Liturgical Studies. It is an interesting description because of its very ambiguity; what is the context of the church's ministry, and how is the ministry of healing that of the church? The ambiguity invites several reflections; what is the pastoral pulse of healing ministry? How do we understand church? How do we outwardly express healing?

This conference is dedicated to exploring healing ministry in the church, and it is a particularly timely conference. There seems to be an explosion of interest in healing in this country and beyond, and in multiple ecclesial communities. From a liturgical perspective it might be explained by the emerging ecumenical similarity of rituals and texts, beginning with the English experiments of restoring healing rituals in the mid-twentieth century and the promulgation of the post-Vatican II Roman rites. It seems every time I teach an ecumenical seminar on rites for the sick, dying and dead, there is another denominational service book out which contains laying on of hands and anointing of the sick, along with public rites of healing to be done in parishes on Sunday morning. But the familial resemblance among the rites does not mean an absolute equal reception or understanding of the meaning of the rites. The pastoral issues are many and varied, from who may anoint the sick in communions where that is expressly limited, to who may be anointed (how sick is sick enough, and how many times can it happen). For other church groups, especially those new to the anointing of the sick, the question of anointing as an ecclesial action versus the

charismatic actions of an individual is far more of an issue, especially where definitions of church are quite varied. For all church communions involved in anointing of the sick, laying on of hands, and other rituals surrounding the sick, the broader contexts of faithfulness to scripture and tradition, respect for both, and ritual integrity are issues to grow into from different trajectories.

One of the over-arching themes that takes into account a number of the realities mentioned above is sacramentality. I would argue that all of the church's rituals of healing encompass prayer but there is more to ritual than verbal prayer. They are matters of matter. Reading from the 1979 Book of Common Prayer the difference between prayer and sacrament in the catechism is interesting.

Christian prayer is described as "a response to God the Father, through Jesus Christ, in the power of the Holy Spirit." And intercessory prayer is specifically that which "brings before God the needs of others."³⁴ So far, fairly simple... the definition of sacraments, on the other hand, is that they are "outward and visible signs of inward and spiritual grace, given by Christ as sure and certain means by which we receive that grace." Besides the two primary sacraments, Baptism and Eucharist, there are other sacramental rites which "are means of grace" but "not necessary for all persons in the same way that baptism and the Eucharist are."³⁵

Unction of the sick falls under this category and is described as "the rite of anointing the sick with oil, or the laying on of hands, by which God's grace is given for the healing of spirit, mind and body." Outward and visible signs of inward and spiritual grace, material things that allow us access to more than

³⁴ BCP, 856, 857.

³⁵ BCP, 857, 860.

meets they eye, tangible reality that reaches out to us and draws us into the heart of the Incarnation through sacramental encounter. John of Damascus wrote that “matter was instrumental in my salvation, and for this reason is endowed with divine power and grace.”³⁶ Geoffrey Rowell builds on this many centuries later, saying that not only have Christians celebrated matter as the medium through which salvation is accomplished, but “grounded in the Incarnation, matter matters, and sacraments and the sacramental. Our human senses and materiality and bodiliness are not things to be escaped from, and left behind, but to be transformed and transfigured.”³⁷ This materiality, and the concreteness of things, of touch, of proximity at the heart of relationship, become primary symbols capable of carrying the mystery of a relational encounter between humans and God. Here Durkheim’s “collective representation” is helpful in avoiding the dualism between sacred and profane: it is not a matter of holy things versus unholy things “so much as the uneven distribution of value among things” as determined by collective representation.³⁸

The notion of collective representation simultaneously permits the idea of individual vocations and makes sense of social organizations, including their consecration of callings as they endorse representatives or sacred persons. It also allows us to grasp why things, persons or places gain their sacred properties only under certain conditions and for certain times: it contains a sociological account of the sacramental.³⁹

³⁶ John of Damascus, *De Fide Orthodoxa*, xvi, cited in Geoffrey Rowell, “The Significance of Sacramentality,” *The Gestures of God: Explorations in Sacramentality* (London: Continuum, 2004) 4.

³⁷ Rowell, :”The Significance of Sacramentality,” 4-5.

³⁸ Timothy Jenkins, “Sacred Persons,” in Rowell and Hall, *The Gestures of God*, 59-60

³⁹ Jenkins, “Sacred Persons,” 59.

“Matter matters”: and whether it conjures up scholastic emphases on matter and form or simply creation in general, it is at the heart of sacramental encounter.

The laying on of hands, anointing of the sick, and other rituals of care include this physicality to a greater extent than many sacramental actions. And even though the outward focus is often on a physically ill body, the psychosomatic wholeness of the human person is understood as the subject of healing. To offer this ecclesial healing is to address the whole person in all realms of their being, the embodied person.

In addition, the heart of the ritual entails both things (oil) and human touch, all in the context of the “prayer of faith.” Indeed, the laying on of hands and the anointing with oil are the outward manifestations of this prayer of faith, along with the gathered community or at least its representatives. And this marriage of ritual and prayer is different than intercessory prayer alone. Those prayers are considered efficacious because of the Spirit, present in those praying and in the prayer act of the Church, whether the individual who is the recipient of the intercessory intentions is present or not. But the prayer of faith in the anointing of the sick and its related, embodied rituals implies a physical directness and, for many interpreters of the James passage, touch also, praying over, not for, which make it a different genre of prayer than the intercessions of the gathered Church. Therefore, throughout the history of the ritual care of the sick, prayer-in faith and in the name of the Lord-remained the context for the other elements.

Proximity and embodiment as outward manifestations of the incarnation is key to many of the newest denominational articulations in the US. *Enriching Our*

Worship II, a supplement to the *BCP*, stresses this embodied proximity when speaking of prayer with the sick:

Praying *with* the sick seems more personal and penetrating than praying *for* the sick. Since illness is often accompanied by deep frustration, feelings of helplessness and loneliness, prayer which joins with patients can lift up and remind the afflicted that they are neither alone nor powerless in intercession, but are part of the whole communion of saints. Further, it reminds both them and the ministers that while some of us may appear to be healthy and full of life, sickness and death are universal conditions to which we all must come. Therefore, our prayer is an act of true sympathy and identification.⁴⁰

When we return to the idea of context – healing in the context of the church’s ministry – and recall the incarnational dimensions of matter, touch, proximity and embodiment, it reminds us of another theological and ritual reality that occurs whether the context of healing is that of ecclesial representation at a hospital bed or healing in the midst of the full Sunday assembly. This is the care we need when treating the prepositions used in ministerial language. Is it ministry to the sick or with the sick? While there are probably times when one is more appropriate, it is ecclesially and theologically incorrect to presume that the ministry is only one direction. The sick minister to us too, they witness to us, they participate in the paschal mystery in a double way, through their baptism and through their suffering in Christ. In a paradoxical way, the sick are actively participatory as the anointing of the sick recalls the baptismal anointing by which each Christian became *christos* and then joins that reality to the reality of the sick

⁴⁰ *EW II*. 13-14, quoting Norman Autton, ed., *A Manual of Prayers and Readings with the Sick* (London: SPCK, 1970)

person, allowing “the suffering and separation of sickness to become identified as participation in the *pascha Christi*. By such anointing, *anamnesis* is made of the passage of Christ through death to life and of the patient’s consecration to this mystery.”⁴¹ This witness is not the struggle of a lone individual, nor of an individual alone with their God, because it is, as with all sacramental encounters, an ecclesial reality. The communion in anointing is of all the manifestations of the “body.” “When we anoint the body of a sick person, we anoint not only that individual but also the ecclesial body of Christ.”⁴² The body of Christ that is the Church is thus sacramentally bound to the suffering of the sick individual through, with, and in Christ in the anointing of the sick.

With this theological underpinning, we glimpse the importance of the ministry of the sick in our midst, in the rituals of and with the sick. They are not passive recipients of our ministrations, but challenge us to remember the centrality of compassion and to engage in acts of prayer and mercy as we become the hands and feet of Christ for others. Above all, their experience of serious illness reminds us of our own immortality and turns out thoughts from the mundane events of daily life, giving us an insight into the paschal mystery, and reminding us that this is a mystery not just of the efficacious death and resurrection of Christ, but of our own engagement into that passage of life and death also. Their existential grasp of the paschal mystery “discovers God in a

⁴¹ Thomas Talley, “Healing: Sacrament or Charism?” *Worship* 46 (1972) 55.

⁴² Susan Wood, “The Paschal Mystery: The Intersection of Ecclesiology and Sacramental Theology in the Care of the Sick” *Recovering the Riches of Anointing: A Study of the Sacrament of the Sick* (Collegeville: The Liturgical Press, 2002) 7.

particular way and reveals this to the community,"⁴³ and in that revelation we become "agents with them of the world's salvation."⁴⁴

For this and other reasons, the regular scheduling of public rites of healing are important for those whose physical health can endure a somewhat lengthy liturgy. The context of the gathered body of Christ, literally around those asking for the church's rituals of care and transformation, is the strongest sign of the reality of community in Christ, a community made anew in a particularly powerful way when the rituals of healing culminate in the great liturgy of healing, the Eucharist. It is in these corporate manifestations, the outward and visible sign of the inward and spiritual reality that the church is a sacrament of the triune God in the world, that the whole body is touched, anointed, prayed for, and most importantly, transformed, made anew and different. These are rituals not just of care but of powerful transformation, for the individual and for the whole body of Christ.

Conclusions

We have looked at the church's ministry with the sick through some elements of history, theology and ritual, taking into consideration the scriptural challenge, the living tradition of the church and the human and cultural reality of ritual actions. There are many questions left; why do we do this? Because we want to do something to respond to the requests of the sick? Because we feel

⁴³ Mary Collins, "The Roman Ritual: Pastoral Care and Anointing of the Sick," *The Pastoral Care of the Sick* (London: SCM Press, 1991) 13.

⁴⁴ *Ibid.*, 12.

better doing something? Because we understand healing to be a dominical mandate? What effects do we think our ministrations will have? Physical healing, peace, strength, courage, unbelief helped and belief strengthened? What is the ultimate goal, the point of all this? Psychosomatic healing for an individual, the reign of God revealed, the church built up and strengthened? I am grateful for conferences like this, where these questions can be asked in multiple ways and where the interrelatedness of the issues can be danced with and seen through many eyes.

“May all of us in the frailty of our flesh know God’s healing and resurrecting power.”