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Deacon Joseph Pius Piyasiri Gabriel

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CLOSING THE ECCLESIAL GAP BETWEEN PASTORAL CARE AND SACRAMENTAL MINISTRY OF THE SICK AND DYING IN THE CONTEXT OF THE DIOCESE OF RALEIGH, NC

BY

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To my parents, family, and Rev. Fr. Felix X. Mayer, S. J.

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ABBREVIATIONS

CCC	Catechism of the Catholic Church
CCICU	Cardiac Care Intensive Care Unit
CCT	Coordination-Communication Team
CDF	Congregation of the Doctrine of Faith
CPE	Clinical Pastoral Education
CSC	Catholic Sacramental Care
EM	Eucharistic Minister
GI	General Introduction
GPC	General Pastoral Care
HIPPA	Health Insurance Portability and Accountability Act
ICEL	International Commission on English in the Liturgy
IRB	Institutional Review Board
NAB	New American Bible
PCS	Pastoral Care of the Sick
USCCB	United States Conference of Catholic Bishops

ABSTRACT

This research is framed by the New Testament which posits that pastoral care of the sick and the dying is a fundamental duty of Christians. This research establishes that the theology for such ministry is rooted in Jesus's ministry, Church tradition, and Council of Trent/Vatican II contributions. The qualitative research includes focus groups, case studies, surveys, and interviews in addressing the widening gap between sacramental ministry and pastoral ministry. Four reasons for a widening gap surfaced: (1) a majority of parish members not directly involved in such pastoral care in medical realms, (2) an increase in aging members, (3) an increase in membership, and (4) a declining priest population. The research focuses on (1) the effort to close the widening gap, (2) the potential for volunteerism, (3) the implementation of Second Vatican Council guidance, and (4) protocols that allow pastoral care.

INTRODUCTION

My thesis focuses on four areas of concern based on several sources which are ministerial in nature: (1) the widening gap in sacramental and pastoral ministry in the care of the sick and dying, (2) the potential for bridging the gap through increased volunteerism to close that gap, (3) the need to identify the elements of Vatican Council II which endorse the use of these volunteers to serve in this capacity, and (4) the emerging model or protocols which can then be used to implement this program in the regional diocese. Without such initiatives, the result is that some will face not receiving the full complement of the care they deserve. The thesis will concentrate on and address my parish community (St. Anthony of Padua, NC) along with my sister parish community (Sacred Heart). Although they will be my intended audience, I would like other pastors in my diocese, and, perhaps the local Church hierarchy, to evaluate the possible applicability of a model I intend to present.

A short narrative of my background explains why and how I came to undertake this subject as my thesis project. I am a permanent deacon in the Parish of St. Anthony of Padua, Southern Pines, NC, Diocese of Raleigh, functioning liturgically as the deacon of the Mass on Sundays and on some weekdays. In addition, I volunteer as a hospital chaplain and prison chaplain in two adjacent counties and function liturgically as a deacon of the Mass in the large healthcare center, St. Joseph of the Pines (Pinehurst, NC). Additionally, I visit several other nursing homes, and the home bound to bring communion to those who are not able to attend weekly Eucharistic celebration. It is my observation, after serving in various medical and health care facilities in the Diocese of

Raleigh, that many of the faithful are not receiving the full spiritual and pastoral care they need at the time of their hospitalization or in the rehabilitation/ recovery periods. Therefore, it is my goal to find ways to extend care, support, and spiritual/ pastoral care to the sick and the dying and to their family members.

In particular, I would like to explore ways to tap into the vast pool of our Christian *communio*[1] to participate in this ministry, especially all the faithful who are vested by the *chrism* they received in their baptismal anointing and who may be willing to accept this pastoral charge. Many of us in my ecclesial community have experienced the pain and grief associated with sickness and death. All Christians share in the suffering and the loss that Jesus and his mother Mary experienced over 2000 years ago. One of Jesus's earthly ministries was visiting the sick, healing them, and showing loving kindness to them. On many occasions, he did not wait for the sick person to approach him; instead, Jesus went forth and offered his services to the sick person by laying his hands on them.[2]

Furthermore, this pastoral care ministry is very dear to me since, while serving in the US Air Force during the Vietnam era, and subsequently in other regions of the world, I witnessed the death and destruction of innocent children, women, and the elderly. Losing some of my dear friends in my native country and on foreign soil where I served has left an open wound in my heart. That impact, coupled with the sense of service, has shifted my focus even more deeply since many of my relatives perished due to the 2004

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[1] Church as communion, in Latin it is referred to as *communio*, includes all the baptized faithful, bishops, priests, deacons, religious and the laity in the local Church which is connected to the universal Church through the union with the rest of the bishops to the Bishop of Rome. However, in this paper my main focus is with our bishop, priests, deacons, religious, and the laity who are part of our local Church which is an integral part of our local community.

[2] Luke 13: 10–17 [NAB].

tsunami in South East Asia. Many also lost their lives during the 30-year civil war that plagued Sri-Lanka, my native land. In addition, I watched both of my parents spend their last years in and out of the hospital. I witnessed the deaths of my mother, my father-in-law, my mother-in-law, and my brother-in-law who died in my arms. This impacted me deeply. In addition to these personal losses, as a volunteer Light Keeper (the No One Dies Alone program), as a volunteer chaplain at the First Health Hospital (Pinehurst, NC), and as a deacon helping at the health center at St. Joseph of the Pines, I serve in comprehensive ways those who are sick and dying.

The ever-increasing shortage of priests and the excessive workload placed on the priests are causing an increasing gap in the provision of sacramental and pastoral care to the sick and dying. Currently, a few members of the laity (as ministers of Holy Communion) and deacons have assumed the pastoral charge and are providing spiritual and pastoral care in my parish. As Roberto S. Goizueta quoting Gustavo Gutierrez states, "The reason for the poor to be among us is to give us a continuing reminder that one of our responsibilities is to serve the poor."[3] Likewise, it is my contention that the sick and the dying constantly remind us that Jesus wanted us to care for them.[4]

Moreover, after serving in the aforementioned facilities for almost 14 years, it is my observation that only a handful of volunteers (30 ministers of Holy Communion)[5] come forward to bring communion to the sick, the dying, and the homebound in our parish. A very similar situation is going on in our adjacent parish (80 ministers of Holy

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[3] Roberto S. Goizueta, Speaker at the *Yves Congar Lecture Series* (Miami Shores, FL: Barry University, 2010).

[4] Matt. 25:36 [NAB].

[5] Diana Wake, Director of Religious Education, St. Anthony of Padua, Southern Pines, NC, interview by author, November 15, 2013.

Communion).[6] In addition I have observed that some of the faithful are not receiving the full spectrum of spiritual and pastoral care they need at the time of their hospitalization or in the rehabilitation/recovery periods. Thus, it begs this question: why is there only a handful of people volunteering to serve and care for the sick and the dying in our community? Clearly, a priest alone is not able to meet the needs of all these people who are sick and dying. I am concerned about the diaconate ministry for the sick and the dying and the role of the ecclesial *communio*. I am impelled by God's Word in the gospel of Matthew, particularly when Jesus said, "I was sick and you cared for me" . . . "Whatever you did for one of these least brothers of mine, you did it for me."[7]

Paul's ministry was to transform all of the converts and faithful to become spotless at the coming of Christ.[8] Likewise, I received a similar charge when I was ordained: "Believe what you read, teach what you believe, and practice what you teach," and as such, I am to work for my own salvation and that of all the faithful in my parish. I have a responsibility to guide them to the eschatological end and to transform my community to become a part of the solution to caring for the sick. This obligation energized me to find ways to include as many of our faith community as possible to extend care, support, and spiritual nourishment to the sick and the dying, and to their family members. This problem has been troubling me for a long time, and some of the case studies and experiences I encountered in my ministry will attest to this.

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[6] Mary Round, Administrator, Sacred Heart Church, Pinehurst, NC, interview by author, November 17, 2013.

[7] Matt 25:40 [NAB].

[8] James W. Thompson, *Pastoral Ministry According to Paul* (Grand Rapids, MI: Baker Academic, 2006), 19–20.

An increasing shortage of priests creates a gap in the provision of sacramental ministry and pastoral ministry to the sick and dying. Sacramental ministry includes the sacrament of healing (anointing), viaticum, and the sacrament of penance. These are ministered by the priest/pastor. I would classify this as spiritual work of mercy. Spiritual and pastoral care may include, but not be limited to, bringing the Eucharist, praying with the sick and his or her family and friends, comfort care, reading scripture, praying the Rosary, and helping these suffering people recount the many blessings they have encountered in their lives and much more. This I would classify as a corporal work of mercy.

Currently, a few members of the laity (ministers of Holy Communion) and the deacons have assumed the pastoral charge and are providing spiritual and pastoral care. This responsibility became very apparent during my class on Sacramental Theology at Barry University. I presented a case in which I had provided all the care I could to an individual and his family. However, I was left with a feeling of inadequacy since he did not receive the full spectrum of all the sacraments. I felt this sense of failure because he did not receive the sacrament of anointing, and in my fixation on that sacrament, I failed to get him viaticum before he died. Following my presentation, the professor (Fr. Mark Wedig, O.P.) asked several pointed questions: “Who was present there to provide the pastoral care for this man?”; “Who had the pastoral charge?”; “Did you provide all the care for him and his family?”; “If you did all these things, why are you concerned with the things you are not allowed by the Church to do?” He pointed out to us that “you rightfully assumed the pastoral charge and provided the best possible care for this man

and his family." That was an "ah-ha" moment in my understanding of pastoral care for the sick and the dying.

Fr. Mark gave me wise counsel, suggesting that I focus on the current ministry, which is caring for the sick and the dying at my own parish and in my own diocese. I began to inquire of my friends, some fellow deacons, and some of the ministers in my Church about their understanding about this ministry. The response was surprising: many did not have a deep understanding of the *Pastoral Care of the Sick and the Dying.* In fact, many held the view that this ministry mainly belongs to the priest and the ministers of Holy Communion, (formerly called Eucharistic Ministers -EM).

That same year (2012), with the permission of our Director of the Diaconate Program (VR. James Garneau, Ph.D.), I conducted an informal survey of all the deacons in our diocese at our annual retreat. The result was rather alarming. Then I conducted another informal survey of our parish members and our sister parish members and found that there is much to be done. During this process, my focus became clear that the priest alone cannot provide this care to all the sick and the dying in our parish, hospital, nursing homes, healthcare institutions and home bound patients. It is my intention, through this research endeavor, to find ways in my local Church to meet the increasing demand for pastoral care to all who are sick and dying by augmenting the ministry of the priest. Therefore, I envision a specially trained pool of ministers who may assume responsibility for this ministry. This will supplement the sacramental ministry by having the *communio* assume a majority of the pastoral charge.

Throughout this thesis I will be making reference to spiritual and pastoral care of the sick and the dying, instead of simply pastoral care, because I feel it is important to

minister to the spiritual needs of a person as well as to the pastoral needs.[9] It is the whole person that needs our loving care. Although the pastor is mainly charged with the sacraments of reconciliation, anointing, and viaticum, we have the charge to prepare the sick for reception of each sacrament.[10] Furthermore, we are the ones attending to the needs of the sick and the dying on a regular basis and providing the pastoral care. This personal insight resulted in my current quest—this thesis project: "Closing the Ecclesial Gap between Pastoral Care and Sacramental Ministry of the Sick and Dying in the Context of the Diocese of Raleigh, NC" as my thesis project.

In order to achieve this goal, I came up with four key questions to be answered in my thesis:

(1) What is our current praxis? In order to understand, I will look at our demographics, evaluate the culture, gauge the experience of our people, and review the tradition from the perspective of lived tradition and the Church's tradition. I intend to use some of the surveys conducted in my Church and my sister parish, the informal survey of deacons in our diocese, and informal interviews I conducted to determine who may be interested in providing pastoral care.

(2) To what degree do the modern faithful understand the history of the Sacrament of Healing[11] and how it has evolved throughout various periods of time? I will briefly survey the ancient and medieval practices of anointing and pastoral care, Trent and its "Reforms," the liturgical movement and the need to reform "extreme unction" and

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[9] Harold G. Koenig, MD, *Faith and Mental Health—Religious Resources for Healing* (Philadelphia: Templeton Foundation Press, 2005), 81.

[10] ICEL, *Pastoral Care of the Sick—Rites of Anointing and Viaticum* (New York: Catholic Publishing Corp, 1983).

[11] United States Catholic Conference, *Catechism of the Catholic Church* (New York: Doubleday, 1997), 357–82.

the post Vatican II reforms. In this section, I will examine the *Pastoral Care of the Sick—Rites of Anointing and Viaticum,* specifically, paragraphs 32–40 of the Introduction of the revised rite.

(3) How do the modern faithful best understand the Ecclesiology and Ministry of the pastoral care of the sick and the dying? I intend to address this question by the following methods: review *Lumen Gentium* and the Vatican II vision of the Church and the baptized; review the theology of ministry originating from baptismal priesthood as articulated by Philibert; review the theology of ministry (Richard R. Gaillardetz, Edward Hahnenberg, and Zeni Fox); and finally, analyze the ecclesiology and ministry of the Rites of the Pastoral Care of the Sick and Dying and the theology of paragraphs 32–40 of the *Introduction to the Rites of Pastoral Care of the Sick and Dying* and the theology of Church and ministry of the rites.

(4) How do the modern faithful determine what kinds of models are being used to provide pastoral care in my parish and in the sister parish. In the absence of a usable model, I intend to provide a model which will include a renewed praxis along with these elements: I. Reviewing the implications of the ecclesiology and ministry of the baptized in the rites as performed in the local Church and Diocese of Raleigh; II: Expanding the scope of pastoral care of the sick and dying: A proposal for a ministry in the local Church and Diocese of Raleigh [I will study the model used in the Diocese of Memphis for applicability, with modifications, to be used our Church and in our Diocese]; and III. Exploring practical suggestions and ramifications for carrying out such a model.

This research will identify our current praxis (current state of affairs of pastoral care) by exploring the basic understanding our faithful community (including my parish

and our sister parish) in this ministry. I will accomplish this by conducting several surveys approved by the Institutional Review Board of Barry University. These will include priests, deacons, members involved in my case studies, and a group of members involved in pastoral care in the hospital, nursing homes, and in the healthcare institutions of the Raleigh Diocese. It is important to note that at this initial stage all of my writing will be directed toward members of my parish and my sister parish in order for them to understand why I am making such claims; I intend to use God's Word (Gospel passages) to guide them to reflect on what we are required to do.

Upon completing the surveys, I will provide an overall assessment (thick description) of what is being done and what are the identifiable needs. Upon making the determination of needs, I will write a thick description (the first movement of a fundamental practical theology)[12] in which I briefly outline the demographics of our parish community, the history of our current community, and how this community came to be. To be true to a proper thick description method, I will record my pre-understanding and outline the current state of what is happening or what is being done in pastoral care ministry. This thick description will include my own pre-judgments, biases, and the information gleaned from all the interviews and surveys. I will also utilize the results of an internal survey conducted in my Church and my sister Church.

The result will lead me to my second chapter, "History of Pastoral Care of the Sick and the Dying." The chapter's purpose is to detail how this ministry has evolved over the centuries as presented in these segments: First, I will examine the ancient practices to include medieval practices and the theology of anointing and the pastoral

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[12] Don S. Browning, *A Fundamental Practical Theology* (Minneapolis, MN: Fortress Press, 1991), 72.

care of that era. Then, I will briefly examine Trent and its reforms. With those reforms in mind, I will highlight the liturgical movement and the need to reform “extreme unction.” I will close the chapter by outlining the Vatican Council II reforms and highlighting the importance and the obligations the faithful incur by their baptismal priesthood. In addition, I intend to focus on the Introduction, specifically paragraphs 32–40, of *Pastoral Care of the Sick—Rites of Anointing and Viaticum* to highlight our obligations.

The third chapter will discuss the “Ecclesiology and the Ministry of the Pastoral Care of the Sick and Dying.” I will accomplish this by reviewing the Vatican II vision of the Church as the baptized and outline what is expected of all the faithful as outlined in *Lumen Gentium.* In the next section, I will review the theology of ministry originating from baptismal priesthood as articulated by Paul J. Philibert. In the following section, I will explore the theology of ministry as discussed by Richard R. Gaillardetz, Edward Hahnenberg and Zeni Fox. In section four, I will write about the “Ecclesiology and Ministry of the Rites of Pastoral Care of the Sick and Dying.”

In Chapter four, I will present the renewed Praxis that I envision for my parish, with the hope of recommending it be adopted throughout our diocese. I will attempt to do this by first discussing the “Implications of the Ecclesiology and Ministry of Baptized on the Rites as Performed in the Local Church and Diocese of Raleigh.” Secondly, I will discuss “Expanding the Scope of Pastoral Care of the Sick and Dying: A Proposal for a Ministry in the Local Church and Diocese of Raleigh” [I will suggest a model similar to the one in the Diocese of Memphis]. Finally, I will make some “Practical Suggestions and Ramifications for Carrying out Such a Model.”

The concluding chapter will reemphasize the ever-widening gap between sacramental ministry and pastoral ministry and how some of our faithful who are sick and dying in various institutions are not receiving the full complement of care we as a Church can provide for them. I will summarize the ways in which we can fill the gap by assuming the pastoral charge for many in these locations, knowing well that the priest alone cannot reach out to each and every one of them. This ministry is to augment the priest in providing the pastoral care and some of the spiritual care that we as ecclesial *communio* are allowed to perform by the Church. I will bring in the theology and the ecclesiology by exploring history, the intentions of Vatican II Council as written in the documents, scriptures, and *Pastoral Care of the Sick*, *Rites of Anointing and Viaticum*. I will reemphasize and recap some of the writings of the experts in this field and the recommendations made by those who are currently engaged in this ministry. In addition, I intend to show what I have learned from the case studies, one-on-one interview with deacons, ministers, chaplains, religious and the faithful. This will enable me to conclude with evidence as to why my proposal and model will serve the purpose of bridging the gap between the sacramental and pastoral ministry. The end result will be the model which I propose to be accepted by our diocese as a model to be employed in order to better serve the aging, sick, and the dying members of our community.

I will conclude my thesis by drawing together all the information related to the current praxis in our parish, including culture, experience, training and tradition, case studies, surveys one-on-one interviews with deacons, ministers, chaplains, religious and the faithful. This will help me analyze and assess how these have affected the mindset of our ecclesial *communio,* in providing the care for the sick and the dying. I will summarize

by showing how the history of this sacrament has molded our faith community and how the ecclesial *communio* receives the ecclesiology and the ministry of the pastoral care for the sick and the dying. Finally, I will summarize my recommendation to my Church and to the other Churches on how a renewed praxis with the new model can help us to provide the appropriate care for the sick and the dying in our community.

Chapter 1

CURRENT PRAXIS

In Chapter 1, my research focuses on case studies and their inherent evidence that aligns with survey data, which provide revelations related to what might be called “interventionist shortfalls” related to meeting the needs of the sick and the dying in one parish region. This chapter highlights the economic and ethnic factors which contribute to those shortfalls. It also provides clear evidence that the inability of the parish priests to meet those needs is tied to two factors: a reluctance to share duties with deacons and the laity in areas where Catholic doctrine does not allow such intervention, and the shortfall in priests which contributes to that inability to meet those needs. Finally, the chapter highlights the communication barriers that also contribute to one parish region’s inability to meet the needs of the sick and the dying.

I. Current Praxis

This Introduction provides the framework for my research, in which the thesis focuses on four areas of concern based on several sources which are ministerial in nature. These include (1) the widening gap in sacramental and pastoral ministry in the care of the sick and dying, (2) the potential for bridging the gap through increased lay ministry to close that gap, (3) the need to identify the elements of the Vatican Council II which endorse the use of lay ministry to serve in this capacity, and (4) an emerging model or protocols which can then be used to implement a program for pastoral care in the regional diocese. For the purpose of this research, a distinction is made between pastoral care and sacramental ministry with the intent of establishing the boundaries between the roles

reserved through Church doctrine for priests alone (or their designates) and the roles allowed to the laity. To that end, the research for this thesis project refers to Catholic Sacramental Care (CSC—for priests and designates) and General Pastoral Care (GPC—for the role of the laity). Without such initiatives, the result is that some will face not receiving the full complement care they deserve. The thesis concentrates on and addresses my parish community (St. Anthony of Padua, NC) along with my sister parish community (Sacred Heart). Although they will be my intended audience, I would like other pastors in my diocese, and, perhaps others in local Catholic diocese to evaluate the possible applicability of a model I intend to present. In this chapter, I will outline the current deficiencies in the praxis of St. Anthony of Padua in providing pastoral care to the sick and the dying among us.[1] The purpose of this project is to involve—through a careful analysis of this parish practices juxtaposed with the Vatican Council II interpretations of the layperson's role in this pastoral care—more of our community members to serve the sick and the dying.[2] It is the condition of the thesis that all the faithful have an obligation[3] to help our brothers and sisters during their time of suffering, sickness and death.[4] This ministry belongs to the Church, of which we are all members. There is substantial material from documents of Vatican II to support a valid ministry due the laity in this regard. Vatican II references the call to minister among the "People of

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[1] Throughout this paper, the research refers to the Catholic Sacramental Care (CSC—the roles of the priests and designates) and the Catholic Egalitarian Care (CEC—the role of the laity). Complimentary of the pastoral/spiritual care for the sick. ICEL, Art. 16, 22.

[2] Allen Bouley, ed., *Catholic Rites Today*, *Abridged Texts for Students* (Collegeville, MN: The Liturgical Press, 1992), 498.

[3] Austin Flannery, ed. "Dogmatic Constitution of the Church, *Lumen Gentium*," 32, 33*, Vatican Council II: Constitutions, Decrees, Declarations: The Basic Sixteen Documents* (Northport, NY: Costello Publishing Company, 1996), 49–51.

[4] Austin Flannery, ed. "Pastoral Constitution on the Church in the Modern world, *Gaudium et Spes*," 27–29.

God."[5] Furthermore, the pastor alone cannot meet the growing need of all the sick and the dying in our parish. This research endeavor will explore the tradition, the experience, and the culture that pertains to the pastoral care of the sick and the dying in my parish Church, St. Anthony of Padua, and the adjacent parish, Sacred Heart Church, in order to understand how our *communio* regards religious mission and baptismal calling.

There are several scriptural passages that command us and serve as guiding principles for our inter-relationships with one another and with God in providing pastoral care for the sick and the dying. More specifically, my focus will be on several references in the Gospel of Matthew, including the Beatitudes and the final judgment passages and the information gleaned from the *Pastoral Care of the Sick-Rites of Anointing and Viaticum* (PCS).

This thesis highlights the pastoral care of the sick and the dying that includes prayer, reading scripture and reflection, and many other ways of engaging those who are ill in the love and compassion of their faith community. Both instruments of pastoral care are very important to our community as many in our community are elderly with family members living throughout the country. For many, this can cause feelings of isolation and vulnerability, leading to a loss of hope in the Church and even a struggle for faith.

In 2013 St. Joseph's of the Pines health care facility lost more than ten faithful parish members. This institution has about 12 active lay volunteers who devote many hours ministering to these residents. Over a period of time, these lay volunteers become a part of the resident's life, and losses such as these take a toll on all the volunteers, staff and caregivers. This, therefore, raises the question: "Have we properly catechized our

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[5] Flannery, *Lumen Gentium*, 10.

faith community to understand the calling to the priesthood of Christ which belongs to *all of us*?" Equally important questions follow: "How do we educate the *communio* that pastoral care is a ministry that is to be performed by *all* baptized Catholics? How do we strengthen ourselves in the process of caring for others? What gives us the motivation to go on and continue volunteering our time, money and energy to serve people who, perhaps, we did not even previously know? These questions are the focus of this research. The necessity of this analysis is born of a marked shortage of priests to serve a large elderly population, thereby creating a greater need for lay intervention in the roles that has been traditionally served by priests. Table one indicates the shortage of priests as the Catholic population grows and the number of parishes being closed increases.

a. Thick Description

The demographics of the ministerial area (Southern Pines) and the parish (St. Anthony of Padua) in the Diocese of Raleigh provide an awareness of the social and economic makeup which directly relates to how all decisions and actions take place in this parish (see Table 1). Examining the demographics and the specific Church community make-up clearly indicates a very diverse community. While clearly the ministry of pastoral care is one that belongs to the whole people of God,[6] the necessity for this particular analysis is borne of a marked shortage of priests and the subsequent limitation in ministering to a large elderly population (thereby creating a greater need for lay intervention in roles normally served by clergy).

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[6] ICEL, Art. 33, 26.

Table 1. Declining number of priests and increasing number of parishes without a priest in the U.S.[7]

Year	Total Priests	Parishes	Parishes without a resident priest pastor	Catholic population[a] (millions)	Catholic population[b] (millions)	Foreign-born adult Catholics[c] (millions)
1965	56,632	17,637	549	46.3	48.5	–
1970	59,192	18,224	571	47.9	51.0	–
1975	58,909	18,515	702	48.7	54.5	4.7
1980	58,398	18,794	791	50.5	56.8	4.1
1985	57,317	19,244	1,051	52.3	59.5	4.8
1990	52,124	19,620	1,812	55.7	62.4	5.6
1995	49,054	19,331	2,161	57.4	65.7	7.0
2000	45,699	19,236	2,843	59.9	71.7	10.9
2005	41,399	18,891	3,251	64.8	74.0	15.8
2010	39,993	17,958	3,353	65.6	74.6	13.2
2014	38,275	17,483	3,496	66.6	76.7	15.3

Note. This table indicates the growing number of Catholics in this country and the declining number of priests during the same period. This trend cannot be sustained for many more years without finding alternative ways to care for the sick and the dying.
[a] *The Official Catholic Directory*; parish-connected Catholics
[b] Self-identified, survey-based estimate
[c] Survey-based estimate

There is, moreover, a notable disparity in the lives of the parish demographic (see Table 2). For instance, St. Anthony of Padua has nearly 250 Hispanic families in our parish, and their more impoverished experiences, unlike those of the majority of their white brothers and sisters, is profound. Their lives are difficult, both within and outside of the Church. The majority of Hispanic men are employed in the farming industry as manual laborers; the women are employed as housekeepers, cleaners, and as other menial

[7] Center for Applied Research in the Apostolate, http://cara.georgetown.edu/CARAServices/requestedChurchstats.html, accessed October 2013.

laborers. Their children are not offered any scholarship assistance in our private Catholic school even though the majority of the white children receive some form of tuition assistance.[8] This became obvious when, at a recent parish financial council meeting, the chair reported that 96.2% of the virtually all-white class roster received some tuition assistance.[9] Out of 153 children enrolled in the school, there is no black child and one Asian Indian child.

Table 2. Demographics

People Quick Facts[10]	Southern Pines	North Carolina
Population, 2012 estimate	12,736	9,752,073
Population, 2010 (April 1) estimates base	12,369	9,535,471
Population, percent change, April 1, 2010 to July 1, 2012	3.0%	2.3%
Population, 2010	12,334	9,535,483
Persons under 5 years, percent, 2010	5.6%	6.6%
Persons under 18 years, percent, 2010	20.0%	23.9%
Persons 65 years and over, percent, 2010	27.5%	12.9%
Female persons, percent, 2010	54.9%	51.3%
White alone, percent, 2010 (a)	71.7%	68.5%
Black or African American alone, percent, 2010 (a)	24.0%	21.5%
American Indian and Alaska Native, percent, 2010 (a)	0.6%	1.3%

[8] Interview of a school board member and information gained from the financial council members by author, 2012.

[9] Comment made by the school principal at the financial council meeting, July 2014.

[10] Areavibes, Inc., http://www.areavibes.com/southern+pines-nc/demographics/, accessed February, 2013.

Table 2. (Cont.)

People Quick Facts	Southern Pines	North Carolina
Asian alone, percent, 2010 (a)	0.8%	2.2%
Native Hawaiian and Other Pacific Islander alone, percent, 2010 (a)	0.1%	0.1%
Two or More Races, percent, 2010	1.4%	2.2%
Hispanic or Latino, percent, 2010 (b)	3.9%	8.4%
White alone, not Hispanic or Latino, percent, 2010 Southern Pines, NC	69.6%	65.3%
St. Anthony of Padua	900	7%
Hispanic	250	2%
Blacks	30	0.25%

The current population of blacks in St. Anthony of Padua does not correspond to the numbers listed in this table.
The table indicates that the population in North Carolina and in Southern Pines does not correspond to the Catholics in St. Anthony of Padua. St. Anthony of Padua parish reflects the regional population with regards to white and Hispanic members, with 900 members who are white (ca. 7% of the Southern Pines population) and 250 who are Hispanic (ca. 2.0% of the Southern Pines population.) The parish does not, however, reflect the regional population in African Americans, with only 30 members who are Black (ca. 0.25% of the Southern Pines population). A very small number of the parishioners are Asians.

Most of the funding to offset the tuition assistance is subsidized by St. Anthony of Padua Church. The Hispanic members also contribute to the Church income; however, none of Hispanic or black children receive any educational benefit from the donations the Hispanic community and the black community make to the Church and school funding, which explains why only one ethnic minority attends the school and at full tuition. This is due to the failure of the school to recruit Hispanic and black students to the school.

b. Current Culture

Many members of St. Anthony of Padua parish have the misunderstanding that the pastoral care of the sick is only an action involving the priest and the sick person which is based on the sacrament of anointing.[11] They see no personal obligation to serve in this capacity because they are not properly catechized to the role that they *can* and *should* play in addressing this pastoral need as clarified in the Vatican II reforms which later in this research serve as guiding principles for the laity's role in pastoral ministry.[12] This claim is based on personal experience, observation, and on an informal survey conducted when serving as both a hospital chaplain and an assigned permanent deacon in the parish.

This research is not intended to be critical of our ecclesial *communio.* Our people are very faithful, devoted, and caring. However, they have neither been properly catechized nor required by the hierarchal Church to carry out the ministry of Jesus "to heal and support us as we walk toward the Kingdom of God so that we might do the work of the gospel." Thus, the pastoral care of the sick and the dying is limited or, in some cases, notably absent at a moment of greatest pastoral need. We might better categorize pastoral care as a dyad: the functions requiring pastoral intervention referred to as "Catholic Sacramental Care" (CSC) and the functions that engage trained members of the laity referred to as "General Pastoral Care (GPC)." St. Anthony of Padua is reflective of the lack of involvement among many faithful members regarding the caring, volunteering, and providing of egalitarian care among the sick and the dying in part because they are naïve or undereducated in the role they can play. Thus, the question

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[11] Informal survey of parish members by Abby Flores, April 2013.
[12] Vatican II, "*Gaudium et Spe*s," Art. 3, 165.

remains: To what degree is the parish responsible for educating itself and carrying out pastoral care for the sick and dying?

The intention of this research project is to bridge the gap that the Church at both the local and national level, is experiencing in providing adequate pastoral care to those who are sick, weak, vulnerable, and dying. The experiences of those engaged in pastoral outreach to the sick and dying of St. Anthony of Padua (which may serve as a microcosm of this larger truth) can thus be seen as a dyad requiring equal involvement of clergy and laity, each serving a particular role. In the CSC role, the priest or pastor acknowledges Church designated ministry on what interventions can be performed; in the CEC role, the laity recognize and begin to accept their essential obligation to their brethren to have a functional and vital role in pastoral ministry.

In addition, I hope to engage our community of faith regarding our baptismal obligation toward our sick and the dying brothers and sisters, as well as to begin the process of bridging the gap between the pastoral care offered by the priest and the faithful in our parish through this CSC/CEC approach. I would, furthermore, seek to draw attention to what Regis Duffy points out in *A Roman Catholic Theology of Pastoral Care*: ". . . that the larger context of pastoral care is evangelization."[13] Regis Duffy further states that the "Church and ministry exist not for their own sake but for the sake of Christ's work."[14] Pastoral care not only provides a ministry among the sick and the dying, but offers an opportunity for evangelization among those who may not know Jesus.

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[13] Vatican II, "*Gaudium et Spe*s," Art. 3, 165.
[14] Ibid.

c. Our Location

My research begins with an examination of how pastoral care of the sick and the dying is administered in our parish, St Anthony of Padua, and the adjacent parish, Sacred Heart. In order to provide an accurate picture, I offer the following geographic profile: We have two Churches within 15 miles of each other and between which lies a regional medical center with about 400 beds and a renowned heart center. In addition to the hospital, we have more than eight healthcare/extended care facilities which house many elderly, sick, injured, and those nearing end of life. We also have two hospice houses which have no Catholic chaplain assigned; however, each parish priest covers his own parishioners in these facilities.[15]

d. History (Experience)

My own examination of personal conscience, perceived struggles, and challenging encounters in life reminds me to be mindful of the fact that *any* conversation partners come to the table with their own unique convictions, experiences, feelings, ideas, and biases.[16] Therefore, as part of the current praxis, I will offer a brief outline regarding the circumstances that led St. Anthony of Padua to come to its current status as a single Church serving white, black, and Hispanic communities yet doing so with some apparent inequities. Given its location in what was once referred to as the Old South, it is important to review some historic circumstances that, even today, limit a full engagement of parishioners across ethnic boundaries. As the nation was divided along issues related to race and slavery, the South—specifically North Carolina—was no different. The issues

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[15] Hospice House staff, interviewed by author, November, 2013.

[16] James D. Whitehead and Evelyn Eaton Whitehead, *Method in Ministry: Theological Reflection and Christian Ministry* (Franklin, WI: Franklin, Sheed & Ward, 1999), 10.

and resulting segregation were so severe, in fact, that the town of Wilmington, NC, which was a very successfully thriving, predominantly black area, was set ablaze by whites little more than a century ago (Wilmington Massacre of 1898). [17] Yet no one was charged with the crime, and the emotional and spiritual wounds never healed for many of the successive generations. Many blacks in North Carolina have never forgotten their roots in slavery and the horrendous abuse their ancestors encountered.

To encourage healing, an Irish woman named Margaret Sullivan, who worked as the housekeeper for the Meehan family, owners of Quaker Oats Company in Chicago, IL, decided that black youth needed the opportunity for education and worship. Therefore, Sullivan donated the funds to establish a Catholic Church and a school for the black community in Southern Pines. Construction began in 1933. The Church was constructed at a total cost of $5,000—including the furnishings. Today, the Church building is named for Margaret, called the Sullivan Building. This Church was formally dedicated in 1935 as Our Lady of Victory Church, and its school was opened for blacks in Southern Pines. The school was dedicated and opened under the stewardship of the Notre Dame Sisters from Baltimore, MD. The black community children flourished under the supervision of the Norte Dame Sisters. Many black children—both Catholics and non-Catholics—attended that school.

This provides background to what is testimony that the city was divided along racial lines, as were many other cities in the South. In 1962, as challenge to the ongoing racial divisions in the community, Bishop Waters, Bishop of Raleigh, proclaimed that all black Churches should be closed and merged with white Churches. Vincent S. Waters,

[17] Wilmington Massacre of 1898, http://www.ushistoryscene.com/uncategorized/1898wilmingtonraceriot accessed June, 2013.

the third bishop of Raleigh, in his pastoral letter dated 12 June 1963, issued a directive to all the Catholic Churches in diocese of NC, directing them to consolidate the black Churches with the existing white Churches. The following remarks are taken from his letter:

> Therefore, so that in the future there can be no misunderstanding on the part of anyone, let me state here as emphatically as I can: there is no segregation of races to be tolerated in any Catholic Church in the Diocese of Raleigh. The pastors are charged with the carrying out of this teaching and shall tolerate nothing to the contrary. Otherwise, all special Churches for Negroes will be abolished immediately as lending weight to the false notion that the Catholic Church, the Mystical Body of Christ, is divided. Equal rights are accorded. Therefore, to every race and every nationality as is proper in any Catholic Church and within the Church building itself everyone is given the privilege to sit or kneel wherever he desires and approach the sacraments without any regards to race or nationality. This doctrine is to be fully explained to each convert who enters the Church from henceforth in the Diocese of Raleigh . . . N.B. This letter to be read at all Masses on Sunday, June 21, 1953 instead of a sermon.[18]

Based on this instruction, Our Lady of Victory Church and school were closed, and the parishioners were told to attend the white Church, St. Anthony of Padua. Unfortunately, this edict did not allow sufficient time to prepare the members of either congregation to accept the change in a manner consistent with Catholic teachings[19] nor as Bishop Waters intended. Thus, members of Our Lady of Victory were not welcomed by many members of St. Anthony of Padua Church. Furthermore, because of the ill treatment by many of the white members imposed on the new black members, the majority of the blacks began to find religious homes in local Churches of other denominations that warmly welcomed and accepted them.[20] A few well-to-do families

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[18] Vincent L. Waters, "Pastoral Letter of His Excellency to the Clergy and Laity of the Diocese of Raleigh," June 12, 1953. http://dioceseofraleigh.org/sites/default/files/files/Bishop Waters Pastoral Letter on Race(1).pdf St. Anthony of Padua Historical Document located in the vault.

[19] Clare Wilson, interview by author, January 12, 2012.

[20] Gloria Lewis, interview by author, May 8, 2012.

took their children and left the area, moving to Maryland, New York and Illinois (most notably, Chicago) for the purpose of educating their children.[21] Since then, some members of St. Anthony of Padua have attempted to convey a spirit of welcome to and return of the black community to St. Anthony of Padua, but it has never been a complete success (as reflected in the aforementioned Church demographics). A very few retired blacks have returned, but they have not been especially welcomed by the main fold, and the remnants of segregation still persist. This is evidenced by the actions displayed by the white members of the congregation, specifically boycotting all the events organized by the African American and Evangelization Ministry, which is a black organization of St. Anthony of Padua.

The Church demographics mentioned previously illustrate the situation with the Hispanic community as well. The Hispanic community is treated as a separate congregation. The Hispanic community attends the Sunday Hispanic Mass, in which few whites participate. All Hispanic functions are conducted by the Hispanic priest, and the Hispanics are not invited to or included in any of the activities, festivities or celebrations associated with other Masses and populations. The bulletin (English) does not publish any information about Spanish Mass, celebrations, or any of their social activities. The Hispanic community does not have a bulletin of its own. There are no pulpit announcements about the Spanish services or about any Hispanic functions or activities.

This separation is often attributed to the language barrier and the issue of immigration status. In reality, however, a majority of the older, non-Hispanic whites do

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[21] Dr. Gaddy, interview by author, May 8, 2012.

not want to integrate due to a lack of concern for cultural diversity.[22] Parishioner observations and experiences which may attest to this include: "They [Hispanics] don't come on time, always walking in late," "They don't make their children behave," and "their children make too much noise, they make a mess in the Church, they don't dress appropriately."[23] Such comments speak to one of the factors that precludes ethnic groups engaging the congregation in ministering for the sick and the dying since any efforts are impacted by ethnic factors.

e. Profile of the Ministry of Pastoral Care to the Sick and the Dying

The current pastoral care communication flow is illustrated in Figure 1. This chart speaks to the complexity of communication between and among the Church, its parishioners, and the various medical facilities.

The following reflects the current complexities: The ministers of the Holy Communion from Sacred Heart Church go to the hospital and obtain a list of all the Catholic patients from the hospital database and bring Communion to all Catholics from both parishes. The priest assigned to the hospital ministry (part of the Sacred Heart Staff) visits the hospital on Mondays and when called by the hospital for anointing the patients from Sacred Heart parish. The Pastor of St. Anthony of Padua is called when there is a patient from St. Anthony's parish who needs anointing. The pastor from Sacred Heart parish visits his patients on Wednesdays, and St. Anthony of Padua Pastor visits his members on Fridays. There are no pastoral visits by any priest on Tuesdays and on Thursdays unless they are called for a visit by the pastoral care office from the hospital. Sometimes the Sacred Heart Church office may receive a call for a priest and if it is not

[22] Comments by the associate pastor of St. Anthony of Padua, October, 2012.
[23] Comments from parish members L.B. & C.R. in 2013.

one of their parish members, they will forward this information to the office of St. Anthony of Padua. Because of this complicated arrangement, many times, the sick and the dying do not get put on the list and receive a visit either by the priest or the ministers of Holy Communion. It is my observation that the result of such a multi-level flow of communication tends to diminish the ability to request and receive appropriate pastoral care in a timely manner. It is very easy to demonstrate some of these flaws through case studies presented below.

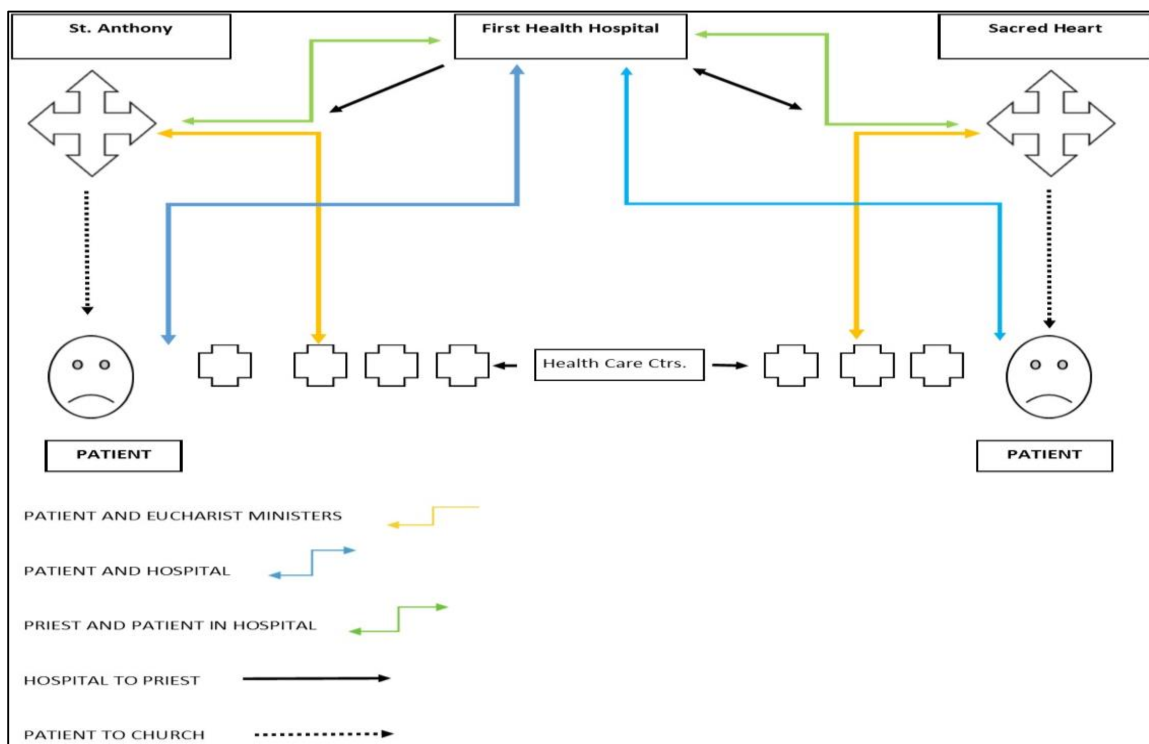

Figure 1. Current practice for requesting pastoral care for members of St. Anthony of Padua

The question at hand is how is pastoral care administered to the faithful of St. Anthony in particular and the Diocese of Raleigh in general? The current practice for requesting pastoral care for members of St. Anthony of Padua is represented below. This observation and the illustration are based on both my personal and critical observation

from the period of January 2008 to June 2014. Figure 1 illustrates how pastoral care is implemented in St. Anthony and Sacred Heart parishes and within the main hospital in our area. (The diagram includes some of the health care institutions, nursing homes, and hospice houses in St. Anthony's juridical boundaries.)

As I have shown in Figure 1, the region's interaction between Churches and health care providers is dominated by one major hospital and two Catholic parishes nearby. Sacred Heart Church is right across from the hospital, and St. Anthony of Padua Church is within six miles of the hospital. Sacred Heart Church has three priests assigned: one is the pastor, the second is assigned the duties of hospital ministry, and the third is assigned to care for the Hispanic community at both parishes. St. Anthony of Padua has a pastor who is assisted by two retired priests. There are three deacons in the area: one is retired, one is an Eastern Rite, and the third is the deacon assigned to St. Anthony of Padua by the bishop of Raleigh. However, none of the deacons is assigned by the pastor to hospital ministry.

No one would deny that the individual pastors can and do have an impact on a parish's ability to meet the pastoral needs of the sick and the dying. For instance, the current policies in both parish Churches (St. Anthony of Padua and Sacred Heart) are that the priests attend to the sick and the dying from their assigned parishes in the hospital and other institutions within their juridical boundaries. In doing so, they are boundless in terms of delivering CSC and/or GPC. As one might expect such territory assignment leads priests to be very protective of their territorial boundaries, which in turn, reveals the sheer impossibility of their fully serving the needs of the sick and the dying while fulfilling their other roles as well. In practice, the St. Anthony's parish priest goes to the

hospital on Fridays, and the Sacred Heart Church Pastor goes to the hospital on Wednesdays while the hospital Chaplain from Sacred Heart Church parish goes to the hospital on Mondays and on an "as needed" basis.

However, the second priest from Sacred Heart Church is designated as the hospital chaplain, and he takes calls; in his absence, the pastor of Sacred Heart Church takes calls and visits Sacred Heart parish members. On the other hand, the current Pastor of St. Anthony of Padua (June 2000–June 2014) has given strict orders that he is the **only** one to visit the sick and the dying from St. Anthony of Padua Church. No specific reasons are given, but he is clearly indicating a desire to avoid CEC interventions on the part of the sick and the dying. The only exception is that, when he is away from the local area for the day, the Church staff is allowed to call other available retired priests in the area or the adjacent Church to minister to the dying. St. Anthony of Padua has two permanent deacons assigned; they are not, however, being used for healthcare ministry.

The priests are not alone in the failure to meet the needs of pastoral care of the sick and dying. Another common factor observed during the period from January 2012–June 2014 is that most family members, or even the sick themselves, fail to inform the hospital pastoral care office or admissions staff or the parish office, or pastor about an illness or impending hospitalization. A more engaged laity serving a CEC role could prove to be a communication tool for this purpose. Additionally, according to many priests' input to the survey questions and the input received during the presentation of the research proposal, I learned that often people do not engage in communication with the priest who might better inform family members or the patients themselves when they are

in the process of anticipating hospitalization or while hospitalized or institutionalized for rehabilitation.

Clearly, research on this topic is limited. One research endeavor was an IRB-approved survey to determine how much the parish adult populations are aware of various sacraments. I engaged both pastors, Rev. Msgr. Jeffery Ingham and Rev. Fr. Edward Burch, to garner permission to survey parishioners on the subject of spiritual care of the sick and the dying, and the survey revealed some key insights. That survey included 200 parish members from each Church, and asked questions such as:

1. Who is responsible for the pastoral/spiritual care of the sick and the dying?
2. Where would you learn about this ministry?
3. How do you hear that one of our parish members is sick or dying?
4. How can we provide more care for the sick and the dying?
5. When was the last time you visited a sick person in a hospital or a nursing home or a health care facility?
6. Are you willing to be a volunteer minister to providing care for the sick and the dying and are you willing to learn about this ministry?

All survey questions were considered, prepared, ordered, compiled, and interpreted by a qualified individual from our parish with multiple choice questions. A statistically significant canvas of opinion was achieved, as forty percent from St. Anthony's parish and 47% of the Sacred Heart parish responded. The following reflects the survey:

- 35% believed that pastoral care is the responsibility of the priest and the Ministers of Holy Communion; 25% never visited a sick person from the parish, except their own family members;
- 36 % stated we need more priests;

- 34% stated that they never visit the nursing homes or hospitals;
- Only 3% stated they would like to learn about this ministry and possibly would like to volunteer.

In addition to survey results, there are indications of factors that further compound the problem of providing the best pastoral care to the faithful. A recent conversation (verbatim) with a member of St. Anthony of Padua revealed the following:

Member: Hi deacon, how are you?

Deacon: Hello Bob, I am fine and how are you?

Member: I am Ok, but I will be having a major surgery in a couple of days and please keep me in your prayers.

Deacon: Oh yes. Of course I will pray for you. But have you told the priest or the parish about your upcoming surgery? Have you been anointed?

Member: What do you mean anointing? Do you mean last rite? No, I did not tell any of them about my surgery or sickness.[24]

This reporting of a short conversation is an indication of the knowledge and level of sacramental awareness among at least some of our faithful. This is but one example of the communication that often takes place associated with pastoral care of the sick.

It should be noted that members of both Churches are mainly elderly and are not accustomed to visiting the sick and the dying in the hospital or in an institution, because no one has asked them to be involved in this ministry. Thus, the engagement of CSC or GPC is not necessarily a shortfall on the part of parish priests. Moreover, based on conversations with many of the elderly members of the Church community, one will quickly conclude that many members of the congregations have not been properly catechized or even informed that pastoral care is a ministry of the whole community of

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[24] Conversation between the author and one of the parish members, Robert Dwyer on January 30, 2014.

faith and that they may well serve a role in GPC. This further emphasizes the need for a greater educational effort in building the GPC function of the laity.

Of course, there are actions in place that do speak to an awareness of this obligation to others. For example, the women's Guild offers prayers for the sick and the dying, but only if someone puts the name of the sick or the dying on their prayer list. Once again, many Church members don't know that this service is available, and there is no intentional system in place for this information to flow to others.[25] In addition, there is a prayer request book available in the Church lobby. Unfortunately, and too often, people don't think to add an individual's name to the book, and even when added, there is no established system to bring the information to the community members.

f. Tradition

It is important to concede that some lack of engagement on the part of the laity in CEC is understandable. In some instances, the need for such engagement is simply not known because it is not distributed in a predictable pattern. In addition, we must concede that not everyone possesses the particular gift that would allow them "officially" (i.e., as a minister of the Church) to render pastoral care to the sick. Then, there is the matter of training for this ministry, for without such training, individuals may feel uncomfortable just walking into the room of someone dying, let alone embracing a CEC role. And as also noted earlier, there is the larger challenge of educating members so that pastoral care is not just done by the pastor in a CSC role, but can be performed by the laity in a CEC role. All of these factors point to the need for pastors to engage the Church population in an awareness effort related to their pastoral role among the sick and the dying.

[25] Author's experience following his serious illness in December, 2013.

Following the Sacrament of Confirmation, our Church does not offer any form of formal or informal continuing education for the growth of the young and adult members' religious knowledge. Thus, important lessons about the GPC function of the laity may be lost or forgotten. Additionally, the CCC does not have a specific chapter dedicated to the spiritual care of the sick and the dying. While it is true that CCC does not offer a chapter on this subject, perhaps important to note that #2447 and #2185 deal with the **corporal works of mercy** which include visitations to the sick. In #2447 encouragement to perform these works which include visits the sick is clearly intended for **all** members of the church not just clergy; and in #2185 this is especially so on Sunday as part of the Sunday observance. This subject (pastoral care of the sick and the dying) is listed in Chapter Two: (Title is) Sacrament of Healing. In that chapter appears Article 5 which covers the Anointing of the Sick; Para: 1499–1532 of the CCC. However, the focus is on the **anointing** rather than the entire pastoral care of the sick. Furthermore, the *Pastoral Care of the Sick: Rites of Anointing and Viaticum* (PCS), (commonly referred to as *Book of Rites*), mainly used by the clergy, is rarely studied by the faithful. In the *Pastoral Care of the Sick: Rites of Anointing and Viaticum* (PCS), praenotanda (Introduction), paragraphs 32–40 outline the obligations each faithful has inherited through his or her baptismal priesthood.

g. Case Studies

Case studies for this thesis project serve a three-fold purpose: (1) to provide a deacon's perspective on the laity as an instrument through which a parish might hope to provide pastoral care the sick and dying, (2) to reveal how a shortfall in designated and trained parish ministers results in varied degrees of pastoral care which tends to follow

socio-economic divisions, and (3) to provide for the opportunity for a more formalized training model for deacons and laypersons to offer pastoral care for the sick and the dying and to help with evangelization, in an attempt to bridge the gap where priests are unable to meet the growing demand for the pastoral needs of the sick and dying.

Case studies also reveal the impact of a three-fold problem in St. Anthony's parish which is a microcosm of challenges facing other parishes: (1) There is a disconnect among the three identified parish factions as to their communal roles in supporting their fellow parishioners, (2) there is a pastor's reluctance to relinquish control of key practices and the limitation of deacons to anoint the sick in emergencies—which might in turn foster great sense of connectedness among the parish factions, and (3) there is a clear evidence that lack of ordained priests at the parish contributes to the other two problems. These case studies of what might be called "happenstance evangelism" reveal the problems that arise. This research addresses those problems in later chapters.

The First Case

As background, I am the deacon assigned to St Anthony of Padua, but I have not been given any specific pastoral duties by the pastor. I offer my time at the hospital and at two different county prisons as a volunteer chaplain and as the deacon at Mass at St. Joseph of the Pines Nursing home, which is a part of the Catholic East Health Care System. I also act as volunteer minister in several other nursing homes.

One afternoon while making rounds, I encountered a parish member and her husband who was in respiratory distress. I offered to pray, and the wife joined along with her husband. As I was conducting the prayers, I noticed Dick's distressed respiratory

condition. A sense of urgency on the part of the nursing staff and their actions indicated to me that he might be seriously ill.

Upon completing my prayers, I invited his wife to step out of the room and recommended that she call the pastor and ask him to come and anoint her husband. At first, she did not think her husband was in any danger; however, I suggested that it would be OK to anoint him as he was sick. She agreed and called the parish office to request the pastor to come and anoint her husband. The parish office staff informed her that the pastor was unavailable at that moment but would visit as soon as he was able.

I left and attended to other patients. While caring for the others, my thoughts remained on Dick, so I took the liberty to call the parish office and inquired about the pastor coming to anoint Dick. The administrator informed me that the message had been passed on to the pastor and that he would go to the hospital after completing a meeting. I suggested that the office staff call Sacred Heart Church (our adjacent parish) and ask them to come and anoint Dick. I was told that when the pastor is in town he attends to these visits and that he would not want Sacred Heart Church called for a situation like this. After hearing the response, I returned to the laboring patient's room, read the anointing prayer and read the associated Gospel passage from *Pastoral Care of the Sick*. I talked to him about the passage, we said the Confiteor, the Lord's Prayer, I then informed him that the pastor would arrive later to anoint him. I noticed that his condition had become worse and that medical staff and specialists were working with an even greater sense of urgency. After waiting a while and observing the activities, I finally went home; however, I left feeling a sense of guilt that I could not do more for him. He passed away within two hours after we prayed together. He was not anointed by a priest.

As reflected in the gospel and outlined in *Pastoral Care of the Sick*, Christ came and showed that he cared for both the bodily and spiritual health of people. The Church continues that ministry to the sick. This ministry is a common responsibility of all Christians who visit the sick, to remember them in prayers and celebrate the sacraments with them.[26] Yet the restriction imposed by the Church and the local parish interfere with engaging in that common responsibility.

My role in the man's passing highlights all three factors which are impinging upon providing a full complement of pastoral care ministry to the sick and the dying. Furthermore, it begins to shed light on the question of what role a deacon and other members of the congregation can serve in their engagement with the sick and the dying. This issue will be explored in detail in later chapters. That said, ordained ministers are to serve the faithful in all capacities, most especially the sick and the dying, the poor and oppressed. According to the current praxis of our local Church, as an ordained minister, I have not been appointed by the pastor to provide CSC to the sick in the hospital, nursing home or other health care institutions. Although as a deacon I am not allowed to anoint and perform the sacrament of reconciliation, there are many other forms of care which can be provided by a deacon and other members of the community of faith. Depending on the circumstances and the condition of the patient, these services include proclaiming the word and sharing theological aspects of the word with those gathered. Deacons may bring the Eucharist to the patient if that patient was not included on the list for the ministers of Holy Communion, (Eucharistic Minister -EM). If the person is beyond all recovery, the deacon is permitted to celebrate

[26] ICEL, Art. 5.

the Viaticum outside the Mass for the dying. “The official liturgical rites for the sick in the Latin Church may be classified as sacraments and sacramentals. The category of ‘sacramentals’ includes not only official rites but also blessed objects that can be used as part of the rites or apart from the rites, with intercessory prayers or forms of popular piety, such as devotions to the saints, blessed Virgin and so forth.”[27] Like all other sacraments the Sacrament of Healing and more specifically the Sacrament of the Sick (which is anointing) is a liturgical and communal celebration which has its own liturgy, prayers and rubrics. The general instruction to the officers and ministers for the sick states,

> It is especially fitting that all baptized Christians share in this ministry of mutual charity within the Body of Christ by doing all that they can to help the sick return to health, by showing love for the sick, and by celebrating the sacrament with them. Like the other sacraments, these too have a community aspect, which should be brought out as much as possible when they are celebrated.[28]

The Second Case

As I was waiting to take the elevator to attend to an emergency Code Blue, I saw two women approaching, so I held the elevator to accommodate them. It was apparent from their facial expression and their body language that they had received some bad news about someone close to them. I commented, “I am very sorry that you both are so sad and if you like I could ask the members who will attend the prayer service to pray for you and your loved one.” They both simultaneously said that they would love to pray and that it was the only hope they had. I immediately reached for their hands and started to pray.

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[27] Huels, John M., O.S.M., “Ministers and Rights for the Sick and Dying: Canon Law and Pastoral Options,” in *Recovering the Riches of Anointing—A Study of the Sacrament of the Sick,* ed. Genevieve Glen (Collegeville, MN: The Liturgical Press, 2002), 90.

[28] ICEL, *Book of Rite*, Art. 33.

As we were leaving the elevator, I took a calling card, gave it to them and stated, “If you would like me to visit and pray with your family member, I would be glad to do that after I return from the emergency.” Happy to hear this, the woman said, “I would like you to visit my husband, he is in the Cardiac Care Intensive Care Unit (CCICU).” Upon receiving his name, I assured them I would do so before I went home, and we went our own ways.

After I finished with the emergency and visiting a few other patients on the same floor, I returned to the CCICU to visit the member of the family I had met earlier in the elevator. He was alone, on life support systems and with a private nurse in attendance. I greeted the nurse and informed her that I was asked by the two women to come, visit Jim (name is changed) and offer my prayers.

During our prayer, I sensed a couple of people enter the room. Though they stood in silence, I heard one responding to the prayers. After I finished the prayer, I turned and observed two surgeons standing there, thanking me for coming in. I briefly explained that Jim's family had asked me to come in and pray. I then stepped out of the room and waited outside the door. Shortly thereafter, the surgeons came out, and we spoke for a few minutes, during which they stated that “he has used up all of his nine lives, and we have done everything in our power except to do the autopsy on him. There is nothing else we can do for him in this hospital.”[29] I asked if the family were aware of this. One doctor indicated they were, stating, “Rose (name is changed) knows what all their options are.”[30] After the visit with the doctors, I left my calling card with the private nurse and asked her to tell the family that I did come to visit Jim.

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[29] Cardiac Surgeon, First Health, March, 2012.
[30] Ibid.

When at the hospital the following day, I was told by the pastoral care office that they had received a request from Jim's wife for me to visit Jim. When I inquired of their faith and was told that they were Catholic, I asked if the priest had been notified. The pastoral care office administrator informed me that two or three priests had come to visit him, and he had been anointed a few days earlier. A day later, during my visit, I met the wife in the room and had a long conversation with her. She informed me that she attended St. Anthony of Padua and that our pastor was a good friend of the family. I offered to be of any assistance while Jim was in the hospital and gave her permission to call on me if she needed any help.

A couple of days later, I noticed that Jim's condition was deteriorating and that there were discussions of terminating his life support. On my first day back, I went to visit Jim, but he was not in his room. The nurse informed me that he had been taken some place out of state. At that point, I lost contact with the family and assumed that the family had taken Jim to their home where he would spend his last days.

A couple of weeks later, our parish office forwarded an email that our pastor had received thanking me for the kind and gentle care they received from the Hospital Chaplain. The email indicated that they were well pleased with the pastoral care they were given by the hospital and a courtesy copy of that letter had been sent to the hospital administrator. The next day when at the hospital, the Director of Pastoral Care thanked me for taking such good care of that family.

After a couple of months had passed, and I was again in the hospital visiting patients, I saw a couple walking toward me, hand in hand. Though I did not recognize them until they got closer to me, it was then that I could not believe what I was seeing. It

was Jim and Rose walking together. At that time, Rose greeted me, and Jim thanked me for coming and caring for him and his family.

A couple of days later, I was asked at the parish office if I could bring communion to a family in an exclusive gated community. I knew that it was our pastor who always brought communion to those who lived in that community. Since I was asked, I was somewhat surprised and asked in response, "I thought that was Msgr.'s territory. Is he out of town?" The parish secretary informed me that the family had requested that the parish send me to care for the family. Somewhat puzzled, I asked what the Msgr. had to say about this and was informed that he was the one who requested that I make this visit. Upon arriving at the home, I realized it was Rose who had requested my visit. We rejoiced and thanked God for his amazing power, and I gave Jim Communion and consoled the family and was able to minister to them until he was able to attend Mass.

Over the months that followed, I continued to check on Jim and his family via email, intermittent visits, and phone calls. Then, in June of 2014, I received a call from Rose that their daughter, who lives in Italy, would like her baby baptized and they would like me to baptize that child. Then I informed her of the requirement to have the proper documents to indicate eligibility to baptize. A week later, Rose informed me that she had made arrangements with the pastor and he had told them that he would give me permission to baptize that child.

When I returned to their home, we planned, and eventually had, a wonderful baptismal celebration for the newborn son of the young woman whom I met at the elevator on that day when her father was about to die. Present at the baptism was the

baby's grandfather, Jim. That one act of holding the elevator for a grieving family had brought us together, four generations of families from two continents and several states from this country. Since then, Rose has asked me to talk to her sister, who has left our Church due to some ill will with the pastor. I take this as a great blessing that God has given me another opportunity to serve God's people. I am thankful for that.[31]

The Third Case

I was called by the charge nurse from the intensive care unit for an end-of-life care service. As soon as I arrived on the floor, I observed that a prison guard was present who I happened to know me from my volunteer work at the prison as their chaplain. I greeted him and then went to the nurse's station. She gave me the basic information on the patient: Black male, from the prison, is dying of cancer. No known relatives and he had not specified a religious preference. That is when I realized that the reason for the prison guard. Then I went to the guard and asked for more information about this patient, and he told me that the inmate patient had a family, but he never had any visitors at the prison.

I went into the room and introduced myself to the patient. Though he was not fully alert, I prayed with him with my hands on him. After praying, I ask him for permission to get some background information on his family, relatives and his religious preference, and he told me to go ahead. I called the prison superintendent who provided the following information about this inmate/patient: he had a wife in prison, three children who lived with his mother; he was a Vietnam veteran and was a baptized Catholic. With that information, I asked the superintendent if he would help the patient's

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[31] Case study of a Pinehurst family.

wife to be brought to the hospital to visit him prior to his death. The superintendent agreed to coordinate this with the wife's prison superintendent.[32] I then asked the pastoral care office to call for a priest, but was told that since he was not one of St. Anthony of Padua and Sacred Heart Church parishioner, and because he has not elected Catholicism as his faith in the admission form, they were not responsible for his care.

Eventually, I called and informed both Church's pastoral staff to carry out pastoral care and I had verified that he was a baptized Catholic, but that did not persuade the Church pastoral staff. I returned to the patient and offered the service which I perform with other patients, praying and using the prayers for visiting the sick and the prayers for the dying listed in the *Pastoral Care of the Sick—Rites of Anointing and Viaticum.*

In the meantime, I was informed that his wife could be brought to the hospital within four hours. I called the VA office and asked them to make arrangements for a military funeral service and burial. I then contacted the local sheriff's office to send someone to the last known address of his mother and find out if they could have the children brought to the hospital. However, the situation with his mother was dire, and she had no way to transport the children until the next day.

In the meantime, his wife was escorted in to the hospital by a guard, where she visited with her husband for a while and as his condition deteriorated very rapidly. I then asked her wishes for his burial and for her permission to bring the children to the funeral, and she basically told me to do whatever I could to help. I informed her that I could arrange to have a military funeral and have him buried in the Fayetteville, NC military cemetery, and that I would try to have the children and his mother present.

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[32] Mr. Summers, Superintendent, Hoke County Correctional Institution, November 6, 2012.

He passed away while his wife was standing right by his side. Later, the Veteran's Administration took charge of the funeral and burial. The children and his mother were able to be present for the funeral service. Sometime later, I received a note from the eldest daughter through the pastoral care office of the hospital stating her appreciation for arranging to honor her father with such a nice military funeral. In her note, she indicated that she did not even know her dad was in the service, so the ministry had served to provide historical perspective on a life that had seemed to be a failed one. This simple act of caring for a fallen Catholic helped the family to feel closeness to God and ignite a flame of love for the father and children. The child's letter indicated an interest in knowing more about our faith. This may be the seed of evangelization that Regis Duffy refers to in his book.

This case shows how, without the parish's involvement, one parish member can still engage in CEC to a degree that provides for the pastoral needs of the sick and the dying—even when that dying member is a criminal. It emphasizes how the Church should care for members of our community but also how the Church and her staff are often bound by rules and protocol that sometimes stand in the way of effective pastoral care. Jesus provided care for the woman who was not a Jew,[33] so why would the local parish and the prison system not offer similar service to a dying man and his family?

As a deacon from St. Anthony of Padua, I also function as the Hospital Chaplain and minister to all the patients who desire a pastor without regard to any one particular denomination. Once in a while, I may see a patient from one of the two parishes, and after providing the needed care, I forward that information to the appropriate Church

[33] Matt 15: 22–28 [NAB].

pastor. One of the notable lines of communication in the chart above is a visit by the faithful representing their respective Churches. This is one of my key foci of concern. As I develop my thesis, I will draw attention to the dilemma we are facing in our Churches and maybe in other Churches as well. Why are the faithful not involved in the ministry of caring for the sick and the dying other than praying for the sick in general? Are they even aware of who is sick from our parish community?

It is worth noting that a few dedicated volunteers are caring for sick patients in some of the nursing homes, but that number is fewer than 20. We have a few people who volunteer for the Light Keeper program, a group who keeps company with the dying person when there are no relatives available to sit with the dying. However, we are unable to get the parish community involved in that ministry. Another concern is why the deacon is not assigned by the Church to function as the representative of the pastor/Church. Ironically, the hospital has recognized the deacon's ordination in the Church as a minister and has certified him to function as the Hospital Chaplain. Another indication of a failure to utilize valuable resources is that there are more than six registered nurses who are religious order sisters who work in local health care institutions and hospitals, yet they have not been asked by the Church or local pastors to provide any form of pastoral care for the patients.[34] This also indicates a need to better teach about pastoral care to the faithful including the religious and deacons and the community of the faithful. Furthermore, the local priest has the capacity to engage these valuable resources to expand the care to more people who are in need of pastoral care needs. The case

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[34] Religious Sisters (St. Joseph's Sisters) who are registered nurses, interview by author, February 2012.

studies above provide some insights as to the responses on the survey used to assess current understanding of intervention efforts.

In reviewing the three case studies, their alignment with the *Survey of Clergy and the Faith Community* (See Table 3) becomes evident. The survey reveals the actions or interventions that are occurring less than 100% of the time (see Table 3).

Table 3. Percent of clergy intervention in the case study examples

Intervention	Percentage Delivery	Case Study in Which This Intervention Did Not Occur
Anointing	80%	CS's 1 and 3
Viaticum	60%	CS's 1, 2, and 3
Laity Participation	54%	CS's 1, 2, and 3
Bringing Communion	98%	CS's 1, 2, and 3

Yet the participation of priest, deacon, and laity do not align with the interventions which occurred in the case studies. The priest's workload, as discussed earlier, is a contributing factor to the 20% of the sick and dying who go without anointing. Viaticum is denied to 40% of the faithful due to the communication elements identified in this chapter. The 46% lack of laity participation is due to the lack of the communication flow between the patients and the Church staff and communication. The 2% lack of communion can be traced to the patient's lack of communication with staff of the Church or failure to identify religious preference during in processing at the medical facility.

II. Results of Surveys and Interviews

The survey was conducted among the deacons (100% response) and priests (80% response) in the Diocese of Raleigh. The responses reflected in Table 4 represent a

statistically significant sampling of equal numbers from the survey group (12 respondents in each category). The survey reflects requests for information related to specific family requests for services to be provided from either deacons or priests in an attempt to measure two factors: (1) percentage responses related to requests for specific types of clergy interventions, and (2) percentage measure of each group's ability to honor those requests.

For families with a sick and/or dying relative who request service from a clergy the survey shows the following information. The responses reflect a limited ability to honor family requests related to the sick and the dying in these families.

Table 4. Responses to Diocese of Raleigh survey provided by clergy members related to family requests for the sick and the dying and the clergy's ability to honor those requests

Clergy Member	Simple Visit	Words of Encouragement	Hear Confession	Anointing Last Rites	Viaticum	Community Anointing
Percent Requests Made by Families of the Clergy						
Deacons	66%	25%	0%	0%	20%	0%
Priests	0%	25%	16%	58%	0%	60%
Actual Percent Response to Family Requests						
Deacons	90%	50%	0%	0%	60%	0%
Priests	33%	50%	16%	80%	0%	58%

Based on this information, it seems clear that the deacons are not utilized in providing Viaticum as restricted by the local Church and other services as they are permitted by their faculties. On the other hand, the priests are not able to provide Anointing to all the members requesting such services. This also points to the problem on the part of the members not knowing what types of services to request.

III. Overall Assessments of the State of Pastoral Care in the Local Church

If pastoral care is associated in the minds of the faithful with "Last Rites,"[35] formerly known as extreme unction, then a vast majority of the parish members regard pastoral care almost exclusively as end-of-life urgency. Such an interpretation reinforces the belief that many of the faithful have not been properly catechized for various reasons, or perhaps they fail to recognize that pastoral care includes a CEC component that is within the bounds of the laity's role in their faith. Often, family members and others are unfamiliar with the range of pastoral interventions that are essential to the care for the sick and the dying. This lack of understanding and awareness on the part of many of our faithful prompted this research endeavor and illustrates the need to involve many, if not all, of our faithful in the ministry of providing the care to the sick and the dying. This is clearly evidenced by the input I have received from the deacon community.

IV. What is Being Done and Not Done?

A parish and its congregation must begin its quest to serve the needs of the sick and the dying with self-assessment. In the case of St. Anthony of Padua, it is important to establish the efforts being made and the areas of shortfall. To that end, the review of current practices offers the following revelations.

What Is Being Done?

When the hospital calls for pastoral care, if the pastor is available, he will go and anoint the patient and sometimes give Viaticum if the patient's condition permits and if the pastor has brought Eucharist with him. Some patients may call and receive anointing prior to major surgeries. On his weekly visit to the hospital, the pastor will provide the sacrament of reconciliation and anoint patients on an as needed basis. Our lay ministers

[35] Herbert Vorgrimler, *Sacramental Theology*, trans. Linda M. Maloney (Collegeville, MN: The Liturgical Press, 1992), 228–221.

of Holy Communion from our parish will bring communion to the few nursing homes which lie within our juridical boundary. Our sister Church is responsible for bringing the Eucharist to those in the hospital. We pray for the sick in general during the prayer of the faithful.

What Is Not Being Done?

Many of the faithful who are sick and dying in the hospitals, who are homebound, or in some form of health care institution, nursing home or incarceration facility are not receiving the full complement of spiritual and pastoral care. If the pastor is not in town to be able to respond to the call for pastoral care for a sick and/or dying patient, no alternate is assigned and no alternate procedure is established. Our Church has no trained lay people who can minister to the sick and the dying, and no training programs have been planned. There is no close working relationship between the two Churches and their pastors. There are many faithful Catholics and many other Christians in all the health care facilities and nursing homes facilities who are languishing in pain and spiritual want without any visitors to come and comfort and console them. Oftentimes, their dear ones are far away, and these people have no one to come and visit and pray with them.

Many of the requirements listed in the *Pastoral Care of the Sick* and specifically the introductory paragraphs 32–40 are not being carried out by many of our parish community. For instance, on one particular occasion, I was visiting a patient in the hospital as a hospital chaplain, and a nurse was observing my interaction with the patient. Upon completion of my visit, I greeted the nurse. During the ensuing discussion, she informed me that she was a Catholic. At that point, I asked her if she had ever been asked to perform pastoral care for the sick and the dying. Her answer was that “no one from the

Church has ever asked her to provide pastoral or spiritual care to the patients. However, I recognize that as a nurse it is my job was to care for the sick and the dying and as a member of the medical team, it is her duty."[36] There are many different kinds of acts we can perform to make the lives of the sick and the dying a bit more bearable by our involvement.

Another contributing factor, in addition to a lack of training, is that there are no mechanisms to inform the parish community about the illness of one our faithful who is hospitalized or dying. Many of the family members, for various reasons, fail to inform the Church; the Church staff likewise fails to inform the community in a timely manner. Pastors who may have received this information and have taken care of the patient's immediate need of anointing may fail to communicate this to the community of faith and invite them to also provide for the spiritual care of those individuals through CEC.

V. What are the Spiritual Needs as Derived from Empirical and Qualitative Analysis?

The need for pastoral care is an ongoing and urgent one, and of course, the sick and the dying as well as their loved ones prefer the priest to come. Most patients seek to be anointed. Unfortunately, the priest alone cannot keep up with the demand. Vatican II has opened the doors for others to take on some of the sacramental ministry, yet the USCCB has not acted on it to open the door more fully to grant faculty to deacons and the religious and some well-trained faithful to carry out this chrism in emergency situations. The sick and the family members need pastoral visits from Church members.

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[36] Teresa Camden, interview by author, August 2012.

The statistics from one parish are revealing. During January 2012–April 2014, there were 893 calls for pastoral visits but the records show that only 759 were visited, and the documentation does not reveal whether all specific needs were met in terms of Anointing and Viaticum.

VI. Conclusions

Vatican II has opened the door for the faithful to become more active in ministering to the faithful through participating in prayers and liturgy in a CEC capacity. We, in fact, "enter more deeply into relationship with Christ who is at the heart of the Church's prayer."[37] Therefore, it is my belief that as a deacon what I do for the sick and the dying during their end of care situation will be kindly and graciously received by our Father who art in heaven and he will receive those individuals for whom we offer our prayers.

All of this speaks to a hard reality. The needs of the many sick and dying too often go unmet. This research—through case studies, a demographic review, and a survey analysis of a single parish can possibly serve as a microcosm and a guiding tool for parishes who fail in this endeavor and who thus wish to provide a way to address a much larger problem.

While the research thus far establishes one Church's inability or unwillingness to address those needs through training for the laity capable of unburdening the priests and, more importantly, meeting the spiritual needs of the many sick and dying, it also provides a framework for understanding the history of anointing and viaticum provided in Chapter 2. It also provides a way to establish the lessons found in Vatican II which allow the

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[37] Richard R. Gaillardetz and Catherine E. Clifford, *Key to the Council: Unlocking the Teaching of Vatican II* (Collegeville, MN: The Liturgical Press, 2012), 30.

priests to continue to serve the Catholic Sacramental Care afforded a small group while opening the door for educating the laity of the opportunity to provide Catholic Egalitarian Care in the absence of available priests.

Chapter 2

HISTORY OF PASTORAL CARE OF THE SICK AND THE DYING IN THE CONTEXT OF THE DIOCESE OF RALEIGH, NC

In Chapter Two, my research turns to the historical religious precedents in interventionist efforts to minister to the sick and the dying. First, this chapter will provide evidence from the Old Testament of sanctioned lay care for the sick, and healing ministry. The chapter then shifts focus to New Testament evidence and how, in the early years of Christianity, the sick received care, and who, in particular, performed this ministry. Also, the chapter will present evidence that lay people, elders, or presbyters (shortened version of Greek word presbuteroi/presbyters/priest) cared for the sick and anointed them with oil. In addition, it will show a shift in practice, revealing how the Church phased out lay anointing beginning in the Carolingian period, 740–840,[1] and institutionalized the practices as a strictly priestly ministry in the Council of Trent and its reform actions. It will further show the liturgical movement's call to reform "extreme unction." Finally, the chapter will show how the Vatican II reforms in the twentieth century have impacted the way the pastoral care of the sick, rites of anointing, and viaticum are administered. It will also focus on how Vatican II has given more opportunities for the faithful, family, and friends to be involved in the pastoral care of the sick and the dying—even though they are still restricted from actually anointing the sick.

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[1] John J. Ziegler, *Let Them Anoint the Sick* (Collegeville, MN: The Liturgical Press, 1987), 58.

I. Brief Historical Survey of the Ancient and Medieval Practices and Theology of Anointing and Pastoral Care

This examination of the early history of anointing, its origin as a practice, how it has evolved, and how it continues to evolve begins in the Old Testament. This ministry pre-dates Jesus and his disciples in their ministry to the poor and the sick in Israel. In Exodus 30:22–33, Yahweh instructs Moses on how to make holy chrism. Leviticus 14:16–18 describes in detail the anointing of a leper with chrism to purify (heal) him. The application of the chrism to the lips, ear, right thumb, right great toe, and head foreshadows the current practice of anointing the hands and forehead of the sick.

The seminal text *Bikur Cholim* (Hebrew words meaning "Visiting the Sick") begins with the visit by God to Abraham. The Jewish faith—even today—uses this book as the guide for visiting the sick. [2] According to Rabbi Schindler, a practicing rabbi in Chapel Hill, NC, those who visit the sick should time their visit appropriately; they should not go too early or too late and should not stay for long periods of time—practices which can be traced to this text. Thus, relatives and friends are urged to visit as soon as possible, and they are not to discuss the death of anyone since it will aggravate the pain and suffering of the ill person.[3]

There are additional references recorded of individual healings and many communal healings in the Old Testament. Some such examples follow: "Abraham then interceded with God, and God restored health to Abimelech, to his wife, and his maidservants, so that they bore children; for the Lord had closed every womb in

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[2] Rabbi Judith Schindler, interview by author, July 2013.
[3] Ibid.

Abimelech's household on account of Abraham's wife Sarah."[4] As recorded in Numbers, God afflicted Miriam with leprosy for speaking against Moses. Moses interceded for her saying, "O God, please heal her." God mandated that she be shut outside the camp for seven days and then brought in again, for "brought in again," as taken from the Greek, is "purified." (Healed)[5] There are twelve such occurrences of individual healings and three communal healings recorded in the Old Testament. In addition to the two above, they include 1 Sam 1:9–20 wherein Hannah received healing from barrenness in response to her personal prayers and Eli, the priest's declaration.

In 1 Kings 13:4–6, King Jeroboam pointed his hand in judgment at an unnamed prophet and it "shrivelled up." The prophet interceded for Jeroboam and his hand was restored to health, and in 1 Kings 17:17–24, Elijah raised a widow's son from death. Later, in 2 Kings 4:8–17, Elisha granted a child to the formerly barren Shunammite woman, and in 2 Kings 4:18–37, the Shunammite's son died, and Elisha raised him from the dead. Intercessions continue to be chronicled in 2 Kings 5:1-14, when Naaman, commander of the King of Aram's army, was healed of leprosy after following Elisha's counsel and in 2 Kings 13:21, when a dead man was thrown into Elisha's tomb and contact with Elisha's bones raised the man to life.

Repeated references to some events reflect this intervention in the Old Testament as well. In 2 Kings 20:1–7, 2 Chron. 32:24–26, and Isa. 38:1–8, there are accounts of how Hezekiah contracted a terminal illness and prayed for healing. Isaiah received a word from God that he would live for a further 15 years. Hezekiah was healed after applying a

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[4] Gen 20: 17–18; Donald Senior and John J. Collins, eds., *The Catholic Study Bible*, NAB (New York: Oxford University Press, 2006), 563.

[5] Alexander Jones, ed., *The Jerusalem Bible* (New York: Doubleday & Company, Inc., 1966), Num. 12:14, footnote f.

poultice of figs to the offending 'boil.' In Job 42:10–17, after what some scholars believe to be nine months of serious sickness and loss, with patience and trust, Job prayed for his critical friends and was personally healed. Finally, in Daniel 4:34, 36, Nebuchadnezzar "looked to heaven" and was healed of insanity.

Such incidents of healing take a communal form in three different episodes in the Old Testament: In Numbers 16:46–50, Aaron stopped the plague which had killed 14,700 people by offering incense and making atonement for the people. In Numbers 21:4–9, the Lord sent venomous snakes among the rebellious Israelites. Moses prayed for them, made a bronze snake, and anyone who looked at it after being bitten lived. In 2 Samuel 24:10-25, David sinned by counting his troops, and the Lord sent a plague upon Israel which took 70,000 lives. David built an altar, sacrificed burnt and fellowship offerings, and prayed to the Lord, who answered and stopped the plague. In reviewing source materials related to the sacrament of anointing and pastoral care, there are two important distinctions. The history of this sacrament has been constantly evolving through the centuries. As noted, above, the Old Testament contains significant evidence of pastoral care of the sick.

In the New Testament, Jesus provided pastoral care, healed and cured the sick, and comforted the injured. More importantly, as it relates to this research, the New Testament reveals Jesus's commissioning the apostles to go forth and emulate his actions of healing the sick and proclaiming the Word. In the history of pastoral care of the sick, there was the primacy of physical healing in understanding it whereby spiritual healing

takes precedence in later developments of its conception.[6] As an example of this development, one need look at Mark 2: 4–12, where Jesus says to the paralytic man, "Child, your sins are forgiven."[7] It is important to note that only God forgives sin.

In the New Testament, the main sources for the sacrament of anointing are drawn from James 5:14–15 and Mark 6:13: "Is any among you sick? Let him call for the elders of the Church; and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith shall save him that is sick, and the Lord shall raise him up."[8] Mark refers to the sacrament when he recounts how Jesus sent out the twelve disciples to preach, and "they cast out many demons, and anointed with oil many that were sick and healed them" (Mark 6:13). In addition to these, there are other important references in the New Testament wherein Jesus carried out this ministry of healing, caring for, and comforting the sick and the family members of both Jews and the Gentiles.

The following examples of Jesus's healing ministry are recorded in the New Testament: the cleansing of the leper,[9] the healing of a Centurion's servant,[10] the cure of Peter's mother-in-law,[11] the healing of a paralytic,[12] the official's daughter and the woman with a hemorrhage for twelve years,[13] the healing of two blind men,[14] the healing of a mute,[15] the healing of the man with a withered hand,[16]and the healing of a Canaanite

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[6] Jean-Charles Didier, *Death and the Christian*, trans. P. J. Hepburne-Scott (New York: Hawthorn Books Publishers, 1961), 28–29.

[7] Mk. 2:5.

[8] ICEL, *Pastoral Care of the Sick (PCS)—Rites of Anointing and Viaticum* (New York: Catholic Book Publishing Corp., 1972), 15; James 5:14, 15.

[9] Matt. 8:2–4 [NAB].

[10] Ibid., 8:5–13.

[11] Ibid., 8:14–15.

[12] Ibid., 9:2–7.

[13] Ibid., 9:18–22.

[14] Ibid., 9:2730.

[15] Ibid., 9:32–33.

[16] Ibid., 12:9–13.

woman's daughter.[17] These are all part of Jesus's healing ministry, which is a template that is given to all to emulate.

Furthermore, Jesus sent out the twelve disciples with the authority over unclean spirits to drive them out and to cure every disease and every illness. At their initial meetings with Jesus, they were essentially serving a lay role. This illustrates how Jesus was committed to the sick and the healing ministry without imposing limitations as to who could perform those functions. He commanded them to proclaim that "the Kingdom of heaven is at hand, cure the sick, raise the dead, cleanse the lepers, drive out demons."[18] It is clearly evident that Jesus devoted a considerable amount of time to healing the sick and commanded his disciples to do the same. Both in the healing of the deaf /mute man (Mark 7:31-35) and the blind man (Mark 8:23-26), Jesus applied his own spittle to "anoint" the defective body parts and effected the healing. Furthermore, in Mark 16:18, the apostles were commissioned to lay hands on the sick, who recover. As Jean-Charles Didier points out, the faithful must bear in mind that humans may not see miracles as in the past, but the anointing of the sick is a charism, a sacramental remedy which conveys the message to the sick that "struggle against sickness is connected with the eschatological Kingdom, where there will be no more 'mourning, or cries of distress, no more sorrow (Apoc.21.4).'"[19]

During this early period, the Christians understood that what Christ did and said were revelations from God. The healing ministry is a major part of Jesus's ministry. The above mentioned examples in the New Testament indicate that the disciples, who were in

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[17] Matt., 15:22–28.
[18] Ibid., 10: 1, 5–8 [NAB].
[19] Didier, 16–17.

the background until that moment in Jesus's tenure on earth, were then asked to repeat Jesus's deeds under the leadership of Peter who was the head of the Church established by Jesus.[20]

According to scriptural accounts, Jesus and the apostles engaged in both physical and spiritual healing. Lay anointing of the sick occurred in the early period (215) through the Carolingian period (740–840), but that practice was preceded by challenges to the practice as early as the period of Pope Innocent I (401–417) who, as noted later in this chapter, addressed the challenge in his famous letter to the bishop of Gubbio in the year 416, and in response to Caesarius of Arles (d.543) and Eligius of Noyon (d.659), all of which serve as examples of exhorting their people to put their trust in the Eucharist and the oil for the sick rather than to rely on sorcerers.[21]

Caesarius's recommendation to the laity was to hurry to the Church and receive the Eucharist and be anointed with blessed oil.[22] St. Genevieve and a noble woman named Avitus had their own vessel of oil intended as a remedy for sickness to be used by them on other lay people or on themselves.[23] The point is simple: Were the Church today to use the original historical precedent, then deacons and laity would play a much greater role in anointing and ministering to the sick and the dying. However, that is not the case, in part, because of two shifts which occurred involving the Council of Trent and Vatican Council II.

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[20] John Barton and John Muddiman, *The Oxford Bible Commentary* (Oxford, New York: Oxford University Press, 2001), 857–864.

[21] Charles W. Gusmer, *And You Visited Me: Sacramental Ministry to the Sick and the Dying* (Collegeville, MN: A Pueblo Book, 1990), 15.

[22] Gusmer, *And You Visited Me*, 15–7.

[23] Ibid., 18.

a. Early Church Response and Patristic Developments (100–476)

According to James Empereur, Church history shows that in the pre-Nicene Church, first century and mainly prior to 325 AD, there was anointing of the dying. Although Empereur does not propose this anointing as a sacrament, one cannot conclude that there was no Church ritual of anointing of the sick. However, it is clear that self-anointing took place and that the faithful used the oil as a means of healing their sickness or the sickness of their loved ones. Empereur further states that, prior to the Carolingian era, there was neither a Roman Rite of anointing the sick with oil nor any evidence for a priestly or clerical anointing of the sick in Rome.

However, a quantum shift in thinking appears to take place between the third and fifth centuries. In the early third century, the liturgical manual, *Apostolic Tradition,* around 235 AD, a treatise which included a blessing for oil which is to be used for anointing the sick.[24] In the fifth century, a letter written by Pope Innocent I to Decentius, Bishop of Gubbio (19 March 416), speaks of the anointing of the sick.[25] This letter has been accepted as the tradition and helped to the Church to bolster the claim that only the priest can be a valid minister of the sacramental anointing of the sick. This position was used as the authoritative position of the Church throughout the West during the centuries prior to the Carolingian reform.[26] This letter provides documentary evidence supporting the decision that priests and bishops are the proper ministers of anointing even to this date. However, Innocent I wrote this letter in response to a commonly belief held during

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[24] Ziegler, 43.
[25] Ibid., 41–43.
[26] Ibid., 42, 46.

that time that only the presbyters, not the bishops, were allowed to anoint the sick,[27] based on the letter of James: “Let him send for the (elders in some version of the Bible) presbyters of the Church and let them pray over him, anointing him with oil in the name of the Lord.”[28] However, Pope Innocent I rejected the notion that presbyters are the only ones to anoint the sick and stated that bishops as well as presbyters are the ministers of the sacrament (cf. DS=confer, Denzinger-Schonmetzer—cf. DS 216).[29] On the other hand, Canon #4 from Trent is being held up as the source document prohibiting the diaconal anointing. I would argue that first of all, at the time of Trent, there were no permanent deacons as we have today. Therefore, one cannot interpret Canon #4 issued by Trent as prohibiting diaconal anointing. Secondly, there is a question about this Canon—whether it is based on “dogma of faith” or a reaffirmation of an accepted practice of the church. If the latter is the case, then it is possible to change the current position the CDF holds firmly not allowing other than a priest to anoint the sick.[30] When discussing diaconal anointing, one must keep in mind that the “permanent diaconate” did not exist during the period of church history when anointing was reserved to priests. Permanent diaconate had disappeared by the tenth century almost everywhere in the West and was only restored after Vatican II. “Some theologians who have studied the issue in depth hold that Trent did not absolutely exclude deacons, and possibly even the laypersons, from administering the sacrament of the sick.”[31]

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[27] Ziegler, 41–43.
[28] ICEL, 15; James 5:14–15.
[29] Ziegler, 146–48.
[30] Ibid., 25
[31] Ibid., 25.

During the time of Bishop of Arles (d543) Caesarius notes "that the Christian receives from the anointing a spiritual effect, a healing of the soul and the forgiveness of sins."[32] This is an example of the earlier evidence of combining the anointing with forgiveness of sin. It is important to point out that in the early periods, "St. Clement of Rome, Tertullian and others have acknowledged that confession to God was performed publicly and the penitent casting himself at the feet of the priest and of the people and begging them to aid him with prayers."[33]

b. Early Medieval to Scholastic Developments (476–1500)

During the early Medieval to Scholastic period, fully developed rituals for death and burial became part of the Catholic Church. This lasted until the Reformation period. There is other evidence that Churches had developed specific rituals to minister to the sick and dying and during the period of the sixth through the eighth century. In southern Gaul, "Bishop Caesarius of Arles (503–543) urged his flock to receive the Eucharist as a remedy which preserves and cures on the two planes of spirit and body."[34] Pope Gregory the Great (590–604) first promoted the practice of offering the Mass as an aid to souls in the afterlife, thus establishing the basis for a system of suffrages for the dead. In 1216, the Lateran Council discarded the public confession in Church which St. Clement of Rome acknowledged.

In addition to the aforementioned text, Ziegler uncovers another important find—Jonas of Orleans in his *De Institutione Laicali* (ca.829) made some textual changes to the writing of Innocent I and the commentary of Bede: "it is permitted not only to priests, but

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[32] Ziegler, 48.

[33] Henry Charles Lea, *A History of Auricular Confession and Indulgences in the Latin Church: Volume 1. Confession and Absolution* (Philadelphia: Lea Brothers & Co., 1896), 171–186.

[34] Didier, 22.

also, as Pope Innocent has written, to all Christians to use this same oil for anointing in their own necessity or that of those close to them."[35] However, Jonas's modification reads as follows: "It is permitted not only to priests, but as Pope Innocent has written, in the very same way it is also permitted that all Christians be anointed in their necessity." Jonas acknowledges Bede's etymological interpretation of "presbyter" as signifying "elder."[36] Therefore, the question remains, what was Jonas's intention in modifying the text? Is it to erase the lay anointing from the famously quoted texts? Modern scholars must not forget the facts that restricting the anointing of the sick to priests alone, tampering with the text of Innocent I's letter to Decentius in 19 March 416, and the commentary by Bede on the same letter by Jonas and the sudden cessation of lay anointing happened at the time of great clerical reform in our Church.[37] Bede also made an important point in regard to the relationship between sin and sickness. According to Bede, "in case of less serious sin, it is sufficient too for the sick person to confess them to another person. With more serious sins, however, the patient is bound by the 'law of the priesthood' and must confess them to a priest." Because of this observation, Bede identified two rites: one for anointing the sick and a rite of penance which includes confession. Bede did not see the remission of sin as one of the effects of the anointing as it is found in James."[38]

Another important finding of Ziegler is that of a ninth-century monk of Corvey, Christianus Druthermar, commenting on Matthew 10:1-16, stating the responsibilities of deacons and priests in ministering to the sick: "For it is the task of exorcists to cast out

[35] Ziegler, 79–86.
[36] Ziegler, 67.
[37] Ibid., 86.
[38] Ibid., 47–8.

unclean spirits; it is of porters to have the powers of discretion; it is of Deacons and priests to cure the sick, regarding whom, it is prescribed that they be brought in to the sick and anoint them."[39] However, the deacon mentioned here is believed to be a reference to a transitional deacon and not a permanent deacon as it was re-established by the Vatican Council II. Furthermore, the references are discussing the various stages—such as porter, exorcists and deacon—which may imply that these were former stages prior to becoming a priest. Nonetheless, this still speaks to the basic tenet that ministering to the sick is not the sole province of the priests.

Another important observation by James Empereur is that "before the ninth century there is evidence for lay anointing, self-anointing and presbyteral anointing in various parts of Christian Europe."[40] These anointings were directed toward the healing of the whole person. It is understood that elders and deacons could anoint another person who was seriously ill.

The middle of the ninth century is the earliest evidence of any of the rites such as the visitation of the sick, special rites for the sick and prayers referring to anointing itself.[41] All of these accounts reflect the gradual erosion of the laity's role in ministering to the sick and the dying.

The tenth century order of anointing, *Codex Ratuldus*, identifies that the ritual that accompanies eight anointings refers to the remission of sin. Furthermore, three additional formulas emphasized the spiritual effects with reference to sickness.[42] On the other hand,

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[39] Ziegler, 66.
[40] Ibid., 52.
[41] James L. Empereur, S.J., *Prophetic Anointing* (Wilmington, DE: Michael Glazier, 1982), 105.
[42] Ibid., 60–61.

it becomes evident from Ziegler's work that by the sixteenth century, the Church's theological understanding shifted from the healing of the whole person to spiritual healing which became the primary focus; the physical healing was secondary.[43]

However, sufficient evidence shows that by the twelfth century onward, only priestly anointing was allowed. In the twelfth century, small children and some mentally disturbed people could not be anointed, and the moment of dying centralizes the entire theological interpretation of the sacrament. It is evident through history and tradition that the faithful preferred to resort to some holy person, both for the administration of the oil and for the blessings. During the Middle Ages, people were not anxious to receive the sacrament of anointing. They were, according to Gusmer, discouraged due to the length of the service and the greed of the priests. Some of the repulsive habits of the priests, such as demanding excessive stole fees and the taking by the priests for their own use the candles and the linens purchased by the sick families for the sacrament did not encourage the faithful to invite the priests to their homes. This form of abuse also contributed to the number of sick people waiting until the last moment to call for a priest;[44] unfortunately, that practice of waiting until the last moment lasted for centuries. As Gusmer states, "It is a sad commentary on pastoral care that in some circles it was said that only a person who owned two cows could afford to ask for the sacrament."[45] Even now, the faithful find some remnant of that practice of delaying until the last moment to call for a priest for anointing or to ask for viaticum.

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[43] Empereur, 83.
[44] Gusmer, *And You Visited Me*, 28.
[45] Ibid.

By the 1100s, the sacrament of anointing was perceived to be divided into two differing purposes: "Hugh of St. Victor (d.1141) held that the sacrament was instituted for a twofold reason, the remission of sins and the alleviation of bodily sickness."[46] On the other hand, Peter Lombard (d.1160) was the first to use the phrase "extreme unction for what Hugh Of St. Victor had called the sacrament of the anointing of the sick."[47] Nonetheless, the purpose of the sacrament, and the division as Gusmer explains it, is further evidenced by the claims modern theological scholar Lizette Larson-Miller makes:

> 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 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*.[48]

The two hundred years that followed was a time of change. Clearly, the fifteenth century brought several changes: The Council of Florence (1439) stated that the oil must be blessed by a priest. Thus, the sacrament was to be given to those who were nearing death, and the priest was to anoint eyes, ears, nostrils, mouth, hands, feet and loins. They concluded that the effect was to cure the mind, body, and soul. The practice at that time was for a priest to be accompanied by a procession of believers when he visited the dying. The dying received absolution, the Eucharist (as *viaticum*—food for the journey),

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[46] Gusmer, *And You Visited Me*, 28.

[47] Ibid., 29–30.

[48] Lizette Larson-Miller, "Rituals of Care: A Look at the Church's Ministry with the Sick," http://www.valpo.edu/ils/assets/pdfs/larson_paper.pdf, accessed March 2014.

and extreme unction. Some or all of the penitential psalms were read, as was one of the Gospel accounts of Our Lord's passion and death. During this time, the Church developed the rite to include a commendation for the dying person, prayers for the dead, and prayers for the bereaved after the person died.[49]

II. Trent and Its Reformation Responses (1500–1648)

The sixteenth century brought the Council of Trent and a move toward greater restriction in anointing. This Council was the answer to the revolts against Catholic teachings, and specifically Martin Luther's, Calvin's, and other reformists' claims that Christ did not institute the sacrament of anointing. In addition to this, Luther questioned how an apostle could, on his own authority, institute a sacrament with a divine promise attached to it. Yet, how do believers even know that this particular passage was written by the Apostle James, the brother of Jesus? In answering this assertion in 1551, the Council of Trent declared that "this sacred anointing of the sick was instituted by Christ our Lord as a true and proper sacrament of the New Testament. It is alluded to indeed by Mark, but is recommended to the faithful and promulgated by James, the apostle and brother of the Lord."[50]

In the reforms it instituted, the Council of Trent concluded that the sacrament of anointing confers grace, remits sin, and comforts the sick.[51] Unlike the Council of Florence, (1431–1464) Trent established the requirement for the bishop to bless the oil and only the priest (presbyter) to be the minister of the sacrament of anointing. Trent defined the presbyter (referred to in the letter of James) as those who had received the

[49] Larson-Miller, 72.
[50] Gusmer, *And You Visited Me*, 7.
[51] Ibid., 29–30.

sacrament of Holy Orders in the Church from a bishop. Deacons also have received the Sacrament of Holy Orders for purpose of serving the Lord and His people, yet they are not permitted to anoint. Although there are many historical precedents that laity and deacons take part in anointing the sick, the Council of Trent further required that only the priest be the proper minister of extreme unction. This action completely excluded the deacons and the laity from anointing the sick. Moreover, the Council of Trent stated that the pastor of the parish where the sick man lives, being the "ordinary minister," possessed before all others the duty and right to give this sacrament.[52] Thus, the stage was set for the shift away from the laity's engagement in sacramental care for the sick and the dying.

The leaders of the Reformation challenged the Roman Church's position on the sacrament of anointing and who should be the proper minister for the sacrament. As a result, the Council of Trent anathematized lay anointing[53]—a practice that went unchallenged in Vatican Council I (December 1889–October 1870) and in the early twentieth century.

Ziegler brings out other important points about the Council of Trent's decisions on several matters and how they should be interpreted. He points out that the "Council understood that its task was, first and foremost, to defend the Church against the Reformers' obstinate spirit, out of which arose their accusations that the Church had erred in its teaching and practices."[54] The sixteenth century theologian Melchior Cano, who attended Trent, noted: The terms 'anathema sit,' 'faith,' and 'heresy' were used in an uncritical manner in its deliberations and its documents. Such usages and definition were

[52] Didier, 46.
[53] Ibid.
[54] Ziegler, 24.

seen in Vatican I writings as well. It appears that these terms may have been used without fully developing the causes and failing to follow the established definitions as defined by council.[55] In addition, Cano's view is in agreement with Gaillardetz's comments on the revelations which are rooted in God and how there should be more deliberations prior to the conclusion of it as dogma and doctrine. Once again, these comments indicate that Trent failed to follow the standard that had been in place to determine that the teaching was based on dogma or doctrine prior to prohibiting anointing by deacons and the laity.[56] According to John M. Huels, O.S.M., "some theologians who have studied this subject in great detail 'hold that Trent did not absolutely exclude deacons, and possibly even laypersons, from administering the sacrament of the anointing of the sick.'"[57]

Accordingly, the Church had acknowledged that a "number of canons are found whose contents are clearly not of the original deposit of revelation but to which an 'anathema sit' was attached. Some examples would include Denzinger-Schonmetzer (DS)—DS 1657, regarding the practice of reserving the Eucharist; DS 1732, on the administration of Holy Communion under both kinds; [and] DS 1757, on the use of vestment and outward signs."[58] Based on such evidence, Ziegler recommends that "any study of Tridentine teaching must include a careful investigation of whatever canons are in question to see if their doctrinal content is a dogma of faith as we understand 'faith' today, or if Trent defined it in the wider sense of terms 'faith' and 'heresy,' which then could admit the possibility of change or development."[59] In saying this, Ziegler points to

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[55] Ziegler, 22–23.
[56] Gusmer, *And You Visited Me*, 79; Ziegler, 25.
[57] Huels, 86.
[58] Ziegler, 24.
[59] Ibid., 25.

the sources of the ambiguity that are used today to preclude qualified laity in their intent to minister to the sick and the dying. As such preclusions become patterns, this contributes to the laity's disinterest in serving this role as part of their natural faith.

Winston Churchill once stated that "the farther back you can look the farther forward you are likely to see"[60] This prediction is very true with the sacrament of anointing. As theologians look back in history, it needs to be emphasized that Luther spoke out against the priesthood of the Roman Church, not only because it appeared to have strayed from the Gospel testimony regarding ministry, but also because it had reduced the importance and significance of the priesthood of the laity. In "an open letter to the Christian Nobility, written during the same period as the Babylonian Captivity, Luther explained, "Let everyone, therefore, who knows himself to be a Christian, be assured of this, that we are all equally priests, that is to say, we have the same power in respect to the word and sacrament."[61] Thus, in the twentieth century, the Council of Vatican II did make this point clear as it acknowledges the fact that all the faithful belong to the baptismal priesthood,[62] a position which clearly supports the laity's role in ministering to the sick and the dying.

These gradual erosions to the role of the laity were part of the Church's renewal and liturgical reform, which took place in the 1600s, during which time the Roman ritual of anointing became effective. This action, by Pope Paul V in 1614, moved the anointing from a sacrament of physical healing to being a means of the

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[60] Winston Churchill, "Winston Churchill Future Quotes," http://refspace.com/quotes/Winston_Churchill/future, accessed March, 2014.

[61] Ziegler, 93.

[62] *LG*, 9–10.

forgiveness of sins. This theology also was concerned with the removal of sin or the consequences of the sin.

Later, Vatican Council II then imposed a change in thinking as to how the sacrament could be administered but infused some ambiguity which still left some question of the laity's role. However, changes and the teachings have not been fully institutionalized to this date, a condition which supports the basic claim in this research. The Vatican Council II's intention was to make the sacrament of anointing available to many, and it will be discussed in detail in the latter part of this chapter.

III. Vatican II and Post-Vatican II Developments

On October 28, 1958, Angelo Roncalli was elected as Pope, and he took the name of John XXIII. He announced that the convocation of a new Ecumenical Council would be one of his goals to bring the Church "up to date."[63] Pope Paul VI was elected Pope in 1963 and continued through the major challenges of implementing the Vatican Council II teachings. The Second Vatican Council was officially closed on 8 December 1965. This Council stated, "through Baptism and confirmation all are appointed to this apostolate by the Lord himself;"[64] which in essence acknowledged the role of the faithful as baptismal priests.[65]

In 1963, the Vatican II Council stated in the *Constitution on the Sacred Liturgy*, "'Extreme Unction,' which may also and more fittingly be called 'anointing of the sick,' . . . is not a sacrament for those only who are at the point of death. Hence, as soon as one of the faithful begins to be in danger of death from sickness or old age, the fitting time for

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[63] Gaillardetz, XI-XIII.

[64] Austin Flannery, O.P., *The Vatican Council II—Constitutions, Decrees, Declarations: The Basic Sixteen Documents* (North Port, NY: Costello Publishing Company, 1996), 51.

[65] *LG*,11.

him to receive this sacrament has certainly already arrived."[66] Moreover, the Council highlighted the healing ministry of the Church and the salvific healing of our Lord: "Through the sacred anointing of the sick and the prayer of her priests, the entire Church commends the sick to the suffering and glorified Lord, imploring for them relief and salvation. She exhorts them, moreover, to associate themselves freely with the passion and death of Christ."[67]

The lingering challenge is found in how one views the specific nature of anointing. When the Council recommended that a continuous rite be prepared which would include confession, anointing and viaticum, it left to interpretation who served each role. In addition, the controversy addressed the question of the remission of sin and the remnants of sin. They agreed that the effect of the sacrament was the remission of sins. However, the question was this: Did the unction forgive the venial sins or remove the remnants of the sin which impeded the soul's passage to glory?[68] This led to the rethinking of the effects and grace of the sacrament. This controversy did not foster an environment to settle the issue on who may anoint the sick. The old belief was that the body had to be cleansed from all sins prior to entering the kingdom; the anointing was considered urgent to remove all the sins. Therefore, extreme unction was held off until the last moment of a person's life and is, today, administered prior to a sick person's death and requires the role of the priest in that final act.

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[66] *SC*, 73.
[67] *DC*, 11.
[68] Gusmer, *And You Visited Me*, 31.

IV. Post-Vatican II Reform: *Pastoral Care of the Sick—Rites of Anointing and Viaticum* (Special Emphasis Will Be Given to Paragraphs 32–40 of the Introduction) (1963–Present)

Vatican Council II's *Sacrosanctum Concilium* (*SC*), made several changes to the sacrament of anointing, which was initially defined by the Council of Trent in 1551. One of the major changes was making the rite more available for the faithful by designating anointing as the sacrament of the sick. Viaticum was designated the sacrament of the dying. It emphasized the point that "all baptized Christians share in this mutual charity within the Body of Christ by doing all that they can to help the sick return to health."[69] Most importantly, the sacrament of anointing was to be seen as an expression of God's presence in the midst of human suffering and Christ's healing power and concern for all those who are seriously sick (*SC* 73–75).[70] *Sacrosanctum Concilium* stated that "as soon as any one of the faithful begins to be in danger of death from sickness or old age, the fitting time for him to receive this sacrament has certainly already arrived."[71]

Sacrosanctum Concilium further required two separate rites, one for anointing and one for viaticum in order that the sick person could be anointed after he or she made his/her confession and before viaticum was given. (74).[72] In addition, *SC* further stated that the number of sites to be anointed is to be adapted to the occasion, and the prayers which belong to the rite of anointing are to be revised so as to correspond with the varying conditions of the sick who receive the sacrament. (75)[73] Yet, the minister of the

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[69] *PCS*, #33.
[70] *LG*, 73–75.
[71] Ibid., 73.
[72] *LG*, 73.
[73] Ibid.

sacrament was unchanged, and it required a priest to be the proper minister of the sacrament of anointing.[74] However, communal anointing was allowed, and it was left up to the prescripts of the local bishop. The number of places to be anointed was changed from five or more places to two places; in case of necessity, a single anointing on the forehead or even on some other part of the body is sufficient.[75]

As a result of the work of the *Sacrosanctum Concilium,* the scope of this sacrament was broadened by including the faithful in the service of caring for the sick and the dying. As stated in the rite, "This ministry is the common responsibility of all Christians, who should visit the sick, remember them in prayer, and celebrate the sacrament with them."[76] As Lizette Larson-Miller points out, "the overall effect is of a reformed rite more consistent with a twentieth-century consensus in sacramental theology in which sacraments are seen as graced moments of encountering an ongoing relationship between God and individuals and between God, the Body of Christ, and individual members thereof."[77] Moreover, Vatican Council II stressed the ecclesial dimension of all the sacraments,[78] specifically the sacrament of anointing. The revised order of administering the sacrament is anointing which precedes viaticum, which is in line with the new teaching that viaticum is for the dying and anointing is for the sick.

Another factor that is worth noting was brought out following Vatican Council II. It relates to the role of family and friends—who are assumed, in this argument, to include the laity:

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[74] Canon, 1003.
[75] *PCS*, # 23.
[76] Ibid., # 43.
[77] Lizette Larson-Miller, *The Sacrament of Anointing of the Sick*, Lex Orandi, ed. John D. Laurance (Collegeville, MN: The Liturgical Press, 2005), xiii.
[78] *SC*, 26.

> The family and friends of the sick and those who take care of them in any way have a special share in this ministry of comfort. In particular, it is their task to strengthen the sick with words of faith and by praying with them, to commend them to the suffering and glorified Lord, and to encourage them to contribute to the well-being of the people of God by associating themselves willingly with Christ's passion and death. (34)[79]

Although this change is made with the intention of making this sacrament readily available for many of the faithful who are sick, the current rite (Pastoral Care of the Sick-Rites of Anointing and Viaticum), and the guidance by the Congregation of the Doctrine of Faith (CDF) fail to meet the intended purpose. Furthermore, it appears that the question of the deacon's anointing was not considered by the Congregation for the Doctrine of the Faith in their deliberations at any time when the request was made to change the decree issued.[80]

The current situation for the sick and the dying can be made a matter of practicality of numbers. Since the number of priests in this country is on the decline and the number of elderly, sick and those nearing death is on the rise, the "sacrament becomes less available for persons who are seriously ill."[81] Likewise, priests alone are not capable of providing the pastoral care for all the sick. Therefore, the ecclesial community needs to take charge of the pastoral care for the sick and the dying and assist in the pastoral charge.

As *Pastoral Care of the Sick* (*PCS*) # 32 informs the faithful, "If one member suffers in the Body of Christ, which is the Church, all the members suffer with that

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[79] *PCS,* #34.

[80] Susan K. Wood, S.C.L., "The Paschal Mystery," in *Recovering the Riches of Anointing—A Study of the Sacrament of the Sick*, ed. Genevieve Glen (Collegeville, MN: The Liturgical Press, 2002), 16.

[81] Kevin Tripp and Genevieve Glen, O.S.B., "Introduction," in *Recovering the Riches of Anointing—A Study of the Sacrament of the Sick*, ed. Genevieve Glen (Collegeville, MN: The Liturgical Press, 2002), xiii.

member" (1 Cor. 12:26).[82] Many deacons are engaged in the pastoral care of the sick and the dying along with other ministries."[83] Furthermore, while Vatican Council II intended to make this sacrament readily available for the sick, the subsequent actions by the Office of the Congregation for the Doctrine of the Faith sent a conflicting message in this regard. The *PCS* # 30 states in part:

". . . The sick person who, because of the nature of the illness, cannot receive communion should be anointed."[84]

Decisions of the Vatican and varied councils over time have ongoing impact even today. In the Diocese of Raleigh, in the past year alone, I have encountered people dying in the hospital where they were unable to receive viaticum and where no priest was readily available to anoint them prior to their death. However, Canon Law prohibits a deacon (an ordained member of the clergy, and permanent deacon), religious or officially instituted ministers of Holy Communion from anointing these individuals. Yet these are genuine cases of necessity.

Moreover, the *PCS* # 29 clearly provides an avenue to support the laity's role: "In case of necessity or with at least the presumed permission of the competent minister, any priest or deacon may give viaticum, or if no ordained minister is available, any member of the faithful who has been duly appointed."[85] If the viaticum is made available in case of necessity, why withhold anointing from a dying man, if he is not able to receive viaticum?

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[82] *PCS*, #32.
[83] Ibid.
[84] Ibid., #30.
[85] *PCS*, #29.

The Congregation for the Doctrine of the Faith (CDF) has, on numerous occasions, rejected the call from several quarters asking for approval to grant faculties for the deacon to anoint the sick in case of extreme necessity.[86] In 1973, the American Bishops' Committee on the Permanent Diaconate petitioned the Sacred Congregation for the Sacrament and Divine Worship to extend the faculties to deacons to anoint the sick, but it was rejected. In 1975, Fr. Paul Palmer, S.J., submitted another petition on this topic, which was also rejected.[87] As a result, Rome has upheld the current practice in the 1997, 1982, and 2005 letters from the Congregation for the Doctrine of the Faith (CDF). (See the letter published by the Congregation for the Doctrine of the Faith in 2005 expressing their attitude toward making this sacrament available for many:

"CONGREGATION FOR THE DOCTRINE OF THE FAITH

Note on the Minister of the *Sacrament of the Anointing of the Sick*

NOTE

The *Code of Canon Law,* in can. 1003 1 (cf. also can. 739 1 of the *Code of Canons of the Eastern Churches*) exactly reflects the doctrine expressed by the Council of Trent (Session XIV, can. 4: DS 1719; cf. also the *Catechism of the Catholic Church*, n. 1516), which states that "only priests (Bishops and presbyters) are ministers of the Anointing of the Sick".

This doctrine is *definitive tenenda*. Neither deacons nor lay persons may exercise the said ministry, and any action in this regard constitutes a simulation of the Sacrament.

From the Offices of the Congregation for the Doctrine of the Faith, Rome, 11 February 2005, the Memorial of Our Lady of Lourdes.

[86] Gusmer, *And You Visited Me*, 80.
[87] Lizette Larson-Miller, 61.

Cardinal Joseph Ratzinger
Prefect
Archbishop Angelo Amato, S.D.B.
Titular Archbishop of Sila
Secretary"[88]

This letter dated in 2005 illustrates how the Office of the Doctrine of Faith gave a "no" answer with no pastoral solution to a problem. New evidence and arguments have been presented by many liturgical theologians challenging the decision made at Trent.

Such a decision is still open to interpretation. First of all, the content of the 2005 letter from the Congregation for the Doctrine of Faith (CDF) contradicts the guidelines established in the *PCS* #33 that "...it is thus especially fitting that all baptized Christians share in this ministry of mutual charity within the body of Christ by doing all that they can to help the sick return to health, and by celebrating the sacrament with them . . ."[89]

The Council of Trent in their response to Reformers' objection anathematized those who objected to the position of the "minister of the sacrament to be the priest."[90] On the other hand, the Congregation for the Doctrine of Faith failed to properly address the questions raised by theologians such as Gusmer, Palmer, Ziegler and many others who have presented solid counter arguments that ordained deacons, properly trained and certified chaplains could be granted faculty to be the proper minister in case of necessity to perform the sacrament of anointing for the sick.

In addition, as Ziegler points out, the draft of the canon approved by the bishops at Trent did not contain the qualifier "proper." The *Acta* do not note the source of this

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[88] http://www.vatican.va/roman_curia//congregations/cfaith/documents/rc_con_cfaith_doc_2005, accessed December, 2013.
[89] *PCS,* #33.
[90] Ziegler, 124.

qualifier or the reason why it was added.[91] Its insertion does seem to point to the possibility that someone other than a priest might be designated as a minister of anointing.[92] Moreover, there were no comments made by the Office of the Congregation for the Doctrine of Faith on why Trent's decision issued a canon based on doctrine or tradition**;** if it is doctrine, is it based on revealed truth or on tradition from the Carolingian period?

Vatican II has reintroduced the permanent diaconate; therefore, why not consider granting faculty to the deacons to anoint in case of emergency? Especially when *Lumen Gentium* clearly explains that the faithful belong to the baptismal priesthood, it may be time to grant such faculty to deacons.

Finally, "The *Note* of the Congregation for the Doctrine of the Faith (CDF) intends to call attention to these trends to avert the risk of possible attempts to put them into practice, to the detriment of the faith, and with serious spiritual damage to the sick, whom it is desired to help."[93] This may not be an issue if the faithful are fully catechized about this change.

The *PCS* #40 states that the minister should make adaptation based on the condition of the sick and the availability of family and friends. One such adaptation could be the granting of faculties to the deacons to be ministers for anointing in case of necessity. This claim is based on Bishop Joseph Bernardin's comment that the person

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[91] Ziegler, 143.

[92] Wood, "The Paschal Mystery," 15.

[93] Libreria Editrice Vaticana, http://www.vatican.va/roman_curia//congregations/cfaith/documents/rc_con_cfaith_doc_20050211_unzione-infermi_en.html, 2005, accessed January, 2014.

who is providing the day-to-day pastoral and spiritual care to the sick is the proper minister for anointing those sick brothers and sisters.[94]

Nevertheless, there are so many things the laity, religious and the deacons can do to help the sick and the family and friends, and they should concentrate on those efforts. New evidence and arguments have been presented by many liturgical theologians challenging the decision made at Trent.

In conclusion, Chapter 2 has briefly covered three major periods of thought on the role of the laity in the ministering to the sick and the dying: early history from scripture through the Middle Ages, to religious thought of the sixteenth century, and the shifting thoughts of the twentieth century, including Vatican I and Vatican Council II to the present. This research focuses on key events and changes and some of the key members' actions which influenced the course of events. As a result, the following has been provided as a recap of what happened in 1963. Vatican II wanted the name of the sacrament to be changed and wanted the rites to be revised to be more faithful to the ancient mind and tradition of the Church. They emphasized the following points: A) Change the name from "Last Rite" *and "*Extreme Unction" to Anointing of the Sick and make this a sacrament for those who are sick or of old age. B) *Viaticum* was designated as the proper and true sacrament of the dying. C) The anointing of the sick, as all other sacraments, is to sanctify people, to build up the body of Christ and finally to worship God. By words, sign and symbols, sacraments nourish, strengthen and express God's presence in the midst of the sick and help them understand the significance of human illness in salvation history, and Christ's healing power to those who are afflicted and to

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[94] Cardinal Bernardin's comment made to the Health Care Chaplain.

their family members. (*SC*#59). The Council upheld and affirmed a prior council's decision that the proper ministers of the sacrament of anointing are priest and bishop. E) Baptismal priesthood of the faithful was clearly and strongly expressed. F) *Pastoral Care of the Sick—Rites of Anointing and Viaticum*, specifically, the General Instruction, opened up ways in which the faithful, deacons and religious may serve the sick and the dying in many ways.[95]

With the historical groundwork laid in terms of understanding the current state of affairs, Chapter Three will explore ecclesiology of the pastoral care of the sick and dying. In doing so, this research will further the argument that the laity have a major role to play in the sacrament of caring for the sick and the dying.

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[95] *PCS,* General Introduction, 19–30.

Chapter 3

ECCLESIOLOGY AND MINISTRY OF THE PASTORAL CARE OF THE SICK AND THE DYING

This chapter will establish an ecclesiology of the pastoral care of the sick and dying and thereby allow the laity to understand, internalize, and subsequently impart the Vatican II-endorsed interventions often absent in the laity's role among the sick and the dying. In order to accomplish this task, I will examine the following: First, I will examine the ecclesiology and ministry of the Pastoral Care of the Sick and Dying, *Lumen Gentium* and the Vatican II's vision of the Church as the baptized will be the foundation of this ecclesiology. Secondly, a theology of ministry originating from baptismal priesthood as articulated by Paul Philibert, gleaned from Vatican II, will strengthen and expand the ecclesiology of *Lumen Gentium.* Next, the theology of ministry as articulated by Richard R. Gaillardetz, Edward Hahnenberg, and Zeni Fox will demonstrate further post-Vatican II reflection on the status of the laity in ministry. This material in turn will lead to an examination of the ecclesiology and ministry of the *Rites of Pastoral Care of the Sick and Dying*. (Here I will especially examine the theology of paragraphs 32–40 of the Introduction to the *Rites of Pastoral Care of the Sick and Dying* and focus from there on a theology of Church and ministry of the rites themselves).

I. *Lumen Gentium* and Vatican II's Vision of the Church as the Baptized

"Vatican Council II is a moment in time and an event of international scope in a lifetime."[1] This Council's decision in placing "The Mystery of the Church," "The People of God" in the first part of the *Dogmatic Constitution on the Church* (*DCC) Lumen*

[1] Gerard Austin, O.P. Professor of Ecclesiology, Barry University, 2013.

Gentium (*LG*) indicates the importance the Council placed on the faithful and their desire to bring the faithful to the forefront of the Church's conception.[2] Prior to this event in Church history, Catholics were losing their sense of connection with the Church and especially the ancient teachings of the Church. According to Philibert's writing in 2005, "...statistics indicate a continuing decline in Mass attendance and a dangerous alienation of young adults and minority populations in particular. It is important to figure out why this is happening."[3] This was true at the writing of *Lumen Gentium* and is true now. Fortunately, through the help of the Holy Spirit, many of the bishops in attendance at the Council played a significant role on behalf of the faithful in their deliberations. Many bishops were attuned to the Holy Spirit and were dedicated to giving the faithful the place the Lord Himself has given them. *Lumen Gentium*, section one, discusses the Church and the Holy Spirit:

> The Spirit dwells in the Church and in the hearts of the faithful, as in a temple (see 1Cor 3:16; 6:19) prays and bears witness in them that they are his adopted children (see Gal 4:6; Rom 8:15–16) . . . 'Hence the universal Church is seen to be 'a people made one by the unity of the Father, the Son and the Holy Spirit.'[4]

Section one further states that Jesus died for humanity, resurrected, and appeared as Lord, Christ, and priest. He established the Church by pouring out the Spirit on His apostles, the Spirit He promised to leave with them as another advocate while He went to be with the Father.

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[2] Austin Flannery, O.P. *Vatican Council II, LG, Ch.1&2,* (Northport, NY: Costello Publishing Company, 1996), 1-25.

[3] Paul J. Philibert, *The Priesthood of the Faithful—Key to a living Church* (Collegeville, MN: The Liturgical Press, 2005), 8.

[4] Austin Flannery, O.P. *Vatican Council II,* LG, Ch.1, Para. 4 (Northport, NY: Costello Publishing Company, 1996), 3.

From that day forward, the Church is: ". . . faithfully observing His precepts of charity, humility and self-denial, receives the mission of proclaiming and establishing among all peoples the Kingdom of Christ and of God, and is, on earth, the seed and the beginning of that Kingdom."[5] The *communio* has become one body through baptismal anointing, and all of the faithful have been reformed by the same Spirit and been made in the likeness of Christ.[6] "As all the members of human body, though they are many, form one body, so also do the faithful in Christ."[7] This is an important point in establishing the role of the laity in the Church. This Church, once holy and always in need of purification, embraces all sinners and constantly and untiringly follows the path of penance and renewal.[8] If, in fact, the laity are the body of Christ, then certain rights to minister belong to the laity.

In addition, the faithful must not forget how the Church functioned prior to Vatican Council II reforms. As Gaillardetz explains, many people believe today that the Church is a monarchical and a monolithic institution. "They imagine a vertical chain of command moving from the laity up through the priests and bishops to the pope, who stands, as it were, at apex of a great ecclesiastical pyramid. Popular though it may be, this cannot be sustained theologically."[9] Thus, a concept of hierarchy that does not elevate the laity in a manner similar to the very religion it protects is theologically flawed.

Pope John Paul II, in discussing the Church and laity in "*Christfideles Laici,*" points out the relationship between the universal Church and the particular Church.

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[5] Flannery, *LG,* Ch. 1, Para. 4.
[6] 1 Cor. 12:13 [NAB].
[7] 1 Cor. 12:12 [NAB].
[8] *LG*, 8.
[9] Richard R. Gaillardetz, *By What Authority? A Primer on Scripture, The Magisterium, and the Sense of the Faithful* (Collegeville, MN: The Liturgical Press, 2003), 66.

According to John Paul II, although the local Church contains the universal dimension, it is where the very "mystery" of the Church is present and at work.[10] This parish Church is not a building, territory or a tiny kingdom of a pastor, but it is "the family of God, a fellowship afire with unifying spirit . . . 'a familial and welcoming home' (92), . . . the 'community of the faithful' (93)."[11] This is the Church that is precisely not monarchical and monolithic/vertical. Gaillardetz alludes to this when he notes that the Church is founded on the theological principle (its sacramental constitution, the baptized gathers for Sunday liturgy, Eucharistic liturgy, and spiritual communion in many levels) and reality because it is a Eucharistic community. This is the bond that unites all the particular Churches to the universal Church. These Churches may be poor, spread out over vast areas, and challenged by many modern cultural impediments; nevertheless, they may be the true expression of ecclesial communion and center of true evangelization. That is why the synod fathers directed the ecclesial authorities to be more flexible in applying canon law, especially in promoting participation by the lay faithful in pastoral responsibilities. Pope John Paul II noted that it is essential to permit the faithful to communicate the Word of God and express it in service and love to one another, which in turn will enable them to flourish as true Christian communities that can help evangelize others.[12]

This Church is not the old Church as elder Catholics knew it, but it is a newborn Church as envisioned by the Second Vatican Council which concluded that all the baptized, through their anointing by the Holy Spirit, are consecrated as a Spiritual house

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[10] Pope John Paul II, *Christifideles Laici,* "The Pressing Needs of the World Today: 'Why do you stand here idle all day?'" http://w2.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_30121988_christifideles-laici.html, accessed February, 2014.

[11] Pope John Paul II, Ch. II, "All Branches of a Single Vine: The Lay Faithful's Participation in the Life of the Church," paras. 25-8.

[12] Gaillardetz, 66–71.

and a Holy priesthood, that through all their Christian activities they may offer spiritual sacrifices and proclaim the marvels of Him who has called them out of darkness into his wonderful light (see1 Pet 2: 4-10).[13] Because of this grace, all the faithful, the "Disciples of Christ, persevere in prayer and praising God (see Acts 2:42-47), and should present themselves as a sacrifice, living, holy and pleasing to God."[14] This is one of the most profound statements made by the Council, and the *communio* should not forget that the faithful offer themselves as spiritual sacrifice at the altar every time when the faithful take part in the Eucharistic celebration, which is the "source and summit of the Christian life, [wherein] they offer the divine victim to God and themselves along with him."[15] This active participation in the liturgy gives a whole new meaning to the Eucharistic celebration and unites the faithful with the entire universal Church. The Vatican Council II documents thus support a belief in a laity whose role is to minister to the sick and the dying.

In addition to this great privilege of offering themselves as spiritual sacrifice, the Council notes that "by the Holy Spirit in baptism the faithful are made children of God so that the people of God may be perpetuated throughout the centuries."[16] Parents are asked to be the first preachers of the faith, giving their children the word of God and fostering the children to consider a vocation to serve the Lord. The *communio* is called to share in Christ's prophetic office: by spreading the word, by a living witness, by love, through offering sacrifice of praise, through confessing and glorifying His name everywhere. The faithful are also called to share and use their gifts to undertake renewal and the task of

[13] Vatican II, *LG,* "The People of God", Ch. II, 10.
[14] Vatican II, *LG,* "The People of God," Ch. II, 10.
[15] Ibid., para. 11.
[16] Ibid.

building up of the Church. Christ has baptized us in the name of the Father, the Son, and the Holy Spirit.[17] In addition, “All disciples of Christ are obliged to spread the faith to the best of their ability.”[18] Therefore, it becomes the obligation, responsibility and authority of all the faithful to pray and work to fulfill God’s plan, and the Vatican Council II recognizes a larger role for the laity in ministering to human needs.

II. Theology of Ministry Originating from Baptismal Priesthood as Articulated by Paul Philibert

The primary purpose of this chapter is to establish a foundational theology of ministry but more specifically to explore Paul J. Philibert’s theology of ministry originating from the baptismal priesthood of *Lumen Gentium*. Philibert, through extensive work in this field, has translated Yves Congar’s writings which influenced the seminal ecclesiological Vatican Council II teachings. For many of the faithful, an understanding of ministry is based on a limited understanding of God’s vision and mission and His purpose for all the faithful. For many, this limited understanding originates from incomplete or ineffective parental teachings and limits in their own understanding of the scope of their ministerial obligations. In my own experience, for example, through formal ecclesiological study I have come away with an improved –but still limited— understanding of the practical theology of ministry.

Research on this topic has led to greater ecclesiological clarity. For instance, Philibert explains that there are three components in ministerial formation: one is subjective, one is objective, and one is fundamentally social, a triad through which he believes that “ministerial formation is [a] very vital, irreplaceable aspect of ministerial

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[17] Vatican II, *LG,* Ch. II, para. 16.
[18] Ibid., Ch. II, para. 17.

formation that builds the bridge between ideas and shared experience, or between ideology and encounter . . ."[19] He believes that a mentor's responsibility is to help the students by "bringing them along the path from a self-preoccupied, impersonal grasp of their ministerial role to an ecclesiastically focused, compassionate realization of their ministry."[20] In his article, "Reclaiming the Vision of an Apostolic Church," Philibert explains a variety of views on this subject:

> An eminent professor of theology, Edward Farley is an exception to the general rule. He fully recognizes the capacity of supervised ministry and subsequent theological reflection to generate a genuine integration of the theoretical and the practical. But others have explored the importance of pastoral experience for theological education as well. Walter Bruggemann and Craig Dykstra, for example, point to the development of a "prophetic" or "pastoral" imagination—a way of seeing, of understanding, and of construing one's relationship as a minister to one's baptismal peers in the Body of Christ.[2(21)]

Based on this interpretation, most often when one is given a mission, that individual will normally ask questions such as who, how, what, when, and where; and they are not bad questions for non-theological missions. But would the faithful's interpretation be based on the real meaning of the tasks at hand? Therefore, when one is undertaking a theological ministry, that individual must begin with the mindset that the real source of all of these ministries is God. Ministry is, simply put, God's work. The fundamental undertaking the minister needs to discern is "What is God's will, His vision for humanity, His commands, and His expectations of the faithful to accomplish during their short duration on earth." Apart from this, the faithful have no ministry of their own; it is the Father's will that all the faithful need to fulfill—including a role in ministering to the sick and the dying.

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[19] Paul J. Philibert, "Reclaiming the Vision of an Apostolic Church," *Worship* 83 (2009).
[20] Ibid.
[21] Philibert, "Reclaiming the Vision," 482–501.

That begs the question of how the faithful are to know what is the real meaning of what God wants the faithful to do for the sick and the dying? Again to quote Congar, "the word of God and the doctrine of the Church in which this word is applied and developed ought to be studied in order to be handed on to the faithful so as to give them spiritual nourishment capable of changing their lives."[22]

Just after the First World War, Romano Guardini coined an expression that quickly became a slogan for German Catholics: "An event of enormous importance is taking place: the Church is awakening within souls."[23] The result of this awakening was ultimately the Second Vatican Council. This Council placed heavy emphasis on the role of the faithful and their priesthood through the anointing they received in baptism.[24] This was later confirmed and continued to be nourished through participation in and offering themselves along with Christ at the Eucharistic celebrations. The Ecclesial *communio* owes a great deal of gratitude to the Dominican theologian Yves Congar, the Jesuit Theologian Karl Rahner, the Belgian Cardinal Leo Jozef Suenens, and the others of this caliber for their lifelong work and the influence they had on the decisions at Vatican Council II.

Philibert peels back the layers being placed by those who really do not want the faithful to employ the autonomy granted by God and endorsed by Vatican Council II. As he points out, the Church grows from within and moves outwards, not *vice versa.* Above all, she [the Church] is the sign of the most intimate communion with Christ. She is

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[22] Yves Congar, *At the Heart of Christian Worship—Liturgical Essays of Yves Congar*, trans. and ed. Paul Philibert (Collegeville, MN: The Liturgical Press, 2010), 12.

[23] Cardinal Joseph Ratzinger, *The Ecclesiology of Vatican II*, http://www.ewtn.com/library/curia/cdfeccv2.htm, accessed March, 2014.

[24] Gaillardetz and Clifford, 85; *LG*, 10.

formed primarily in a life of prayer, the sacraments and the fundamental attitudes of faith, hope and love.[25] As Philibert further explains, the Council speaks of baptism as a reorientation of life's meaning within a new context in which all men and women are implanted in the paschal mystery of Christ.[26] Moreover, The Constitution on the Church found it helpful for this purpose to use the concept of "the People of God." It could describe the relationship of non-Catholic Christians to the Church as being "in communion" and that of non-Christians as being "ordered" to the Church where, in both cases, one relies on the idea of the People of God.[27] (*Lumen Gentium*, nn. 15, 16). The concept of "People of God," along with the concept of the Body of Christ, entered the ecclesiology of the Council.

Next, Philibert brings out a very critical doctrine that has been neglected for a long time, although it was presented in the New Testament, Vatican II Council documents, and in the Catechism of the Catholic Church. He draws the attention of the faithful to the following excerpts since all these documents point to one common thread: that the entire baptized are called to exercise their baptismal priesthood through participation.[28] The faithful are a spiritual house, a holy priesthood, and are allowed to offer spiritual sacrifices acceptable to God through Jesus Christ,[29] and the faithful are regenerated and anointed by the Holy Spirit, and the same Spirit who anointed Christ also anoints all His members in their entirety.[30] God clarifies the total priest of Christ, not only in terms of historical significance, but also in terms of the living sacrifice of Christ

[25] Philibert, "Reclaiming the Vision."
[26] Ibid., 29.
[27] *LG*, 15–16.
[28] CCC, 1545.
[29] 1 Pet. 2:5 [NAB].
[30] Dogmatic Constitution on the Church, (*LG*) 10.

in which all the faithful join Christ in faith and in the Holy Spirit. The disciples (faithful) of Christ need to choose whether to live for the body of Christ or for themselves; to act in the name of love for the Father and serve selflessly.[31] Many of the faithful are not made aware of this relationship between Christ as the head of the body, the Church, and the faithful who are the members of that body.

Philibert quotes St. Paul's teaching, in which Paul appeals to the Romans by stating, ". . . by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship."[32] Paul taught the Romans that their lives have been transformed by two divine gifts: faith and the Holy Spirit. Through this divine act, the faithful become a new being united with Christ so as to form one body with Him.[33] This was the reason for Paul to proclaim, "So we, who are many, are one body of Christ, and individually we are members one of another."[34] Paul J. Philibert also draws attention to the teaching of Martin Luther which was based on Paul's teaching on God's gift of Christ and the power of the Holy Spirit.[35] Through faith in Christ and the help of the Holy Spirit, the faithful receive abundant grace which will lead to eternal life.[36] Philibert informs us that the same doctrine which Paul articulated in his theology of life that "Christians are transformed by two life-changing divine gifts: faith and the Holy Spirit."[37] He recommends that we become accustomed to the idea that the daily lives of all are activities of obedience of faith or an expression of "Priesthood." All the faithful

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[31] Paul J. Philibert, *The Priesthood of the Faithful—Key to a Living Church* (Collegeville, MN: The Liturgical Press, 2005), 26–33.

[32] Rom. 12:1 [NAB].

[33] Philibert, *The Priesthood of the Faithful*, 2.

[34] Rom 12: 5–6 [NAB].

[35] Philibert, *The Priesthood of the Faithful,* 2–3.

[36] Ibid., 3.

[37] Ibid., 2.

need to learn to speak and live this way.[38] Part of that expression and God's desire for the Church is to proclaim the Kingdom of God and God's power to love, welcome, heal and forgive others, which points to a direct role in the ministry to the sick and the dying. The faithful are the "benign contagion" in society spreading this message.

Furthermore, Philibert asks all the faithful a very challenging question about how Christians live their priestly lives as baptized Disciples of Christ. He quotes Paul by stating that our Church is in a moment of "*kairos*," a time for decision and a time to look at everything in a new light.[39] This new light overshadows the old concept of the Church primarily as a structure or organization, a monolithical and monarchical establishment. It is refocused on the idea that the Church is the body of Christ, and the faithful are the members of that body, and Christ is the head. This means that the faithful *are* the Church, and this Church is much more than an organization; it is the organism of the Holy Spirit, something that is alive, that takes hold of *communio*'s inmost being. This consciousness found verbal expression with the concept of the "Mystical Body of Christ," a phrase describing a new and liberating experience of the Church.

Philibert draws attention to the Dogmatic Constitution on Divine Revelation, *Dei Verbum,* number 4 which explains:

> Everything to do with his presence and his manifestation of himself was involved in [his bringing revelation to its perfection]: his words and works, sign and miracles, but above all his death and glorious resurrection from the dead, and finally his sending of the Spirit of truth. He revealed that God was with us, to deliver us from the darkness of sin and death, and to raise us up to eternal Life.[40]

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[38] Philibert, *The Priesthood of the Faithful,* 3–10.
[39] Ibid.
[40] Ibid., 31.

Thus, the Holy Spirit is a gift from God who helps the faithful to understand and accept divine truth, which the faithful are incapable of comprehending since it defies all normal logic. The Holy Spirit is the life of the Church and it appears that the *communio* fails to think about this or is unaware of this. This gift that the faithful have received through the Holy Spirit during their baptismal anointing becomes the internal flame which enables us to emulate Christ's salvific actions through signs and symbols in the faithful's daily lives and in Churches.

According to Philibert, the early statements from the Council establish the fact that the whole Body of Christ—all the baptized—bring Christ's priestly action to earth. The later document, Dogmatic Constitution on the Church (DCC), also expresses the same sentiment:

> taking part in the Eucharistic sacrifice . . . [The baptized] offer the divine victim to God and themselves along with him (n. 11). Philibert draws attention to a very significant statement which is in the *Constitution on the Sacred Liturgy, SC*: In every Christian liturgy, the primary celebrant is Christ himself, through the Spirit's action, Christ who is at the right hand of the Father makes his divine liturgy present to us here in our assemblies. Christ is present to us as the one who acts to sanctify in all of the sacraments. 'So that when anybody baptizes it is really Christ himself who baptizes.' (*SC* n. 7)[41]

Furthermore, he points out that the prayer life of the faithful is very fundamental and important to the theology of the sacred liturgy of the Church. Moreover, God invites the faithful to become "'one body, one Spirit in Christ' and to sing a great Amen to God's offer to allow us to live 'through him, with him, and in him." This clearly indicates that we are more than mere listeners and observers of the Church's liturgy. The faithful offer

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[41] Philibert, *The Priesthood of the Faithful,* 60–5.

themselves "fully and unguardedly to this divine work of transformation"[42] and part of that divine work is engaging the sick and the dying.

III. The Theology of Ministry as Articulated by Richard Gaillardetz, Edward Hahnenberg, and Zeni Fox

There are many ways the faithful can understand the theology of ministry. God has created them in His image, has given them the privilege of being His children, and through Baptism, has given the charism, the power of the Holy Spirit, and the grace to do His will and carry out the commandment to love one another. If the faithful love one another, they will even give their lives for each other; that is what Jesus did for the faithful. He loved His father so much that He humbled Himself, entered into our time and space, took the human form, and obeyed and fulfilled His father's will by accepting death on the Cross. He said that He came to serve and not to be served.

The limitations of engagement with the sick and the dying among the laity can be traced to many sources. Richard R. Gaillardetz states that technical theological language and jargon have caused lay people to shy away from developed intellectual discourse, and secondly, the heavy emphasis on precise truth statements has stifled the imagination in the average person's mind to think about God and His calling and His desire for us.[43]The theology of pastoral ministry is a relational and lived experience. It has to be grounded in some religious experience, namely the "triune life of God as a divine movement toward

[42] Philibert, *The Priesthood of the Faithful*, 62.

[43] Richard R. Gaillardetz, *A Vision of Pastoral Ministry* (Liguori, MO: Liguori Publication, 2002), 8–9.

us in love points to the essential insight of Trinitarian Doctrine;[44] . . . God does not just have a love relationship with us, God is [that] loving relationship."[45]

Similarly, the "relational, love and lived experience with God and the faithful Christian's brothers and sisters" begins with searching for answers to existential questions that seek understanding of one's situation in life: "Why am I here?"; "Do I really believe in God?"; "What is my faith level?"; "What do I believe in?" The answers to these questions are different for each one of the faithful. The theology of relationship with God/Creator, or the Almighty as many call God, informs the faithful that all ask such questions when faced with illness, old age, nearing death or grief. But the theology of relationship is built on religious experiences and the connection made with the most profound events that are lived or learned. Therefore, the theology of ministry is based not on the questions or the answers, but the experiences encountered in the lives of the faithful and the role God played in each one of those situations. This thinking is universal regardless of what humans call their own God. These experiences have roots in love, passion, suffering, grief, and the value placed on what happened at the Cross and the experiences Jesus encountered in His journey. This universal value is the key to enter through the doors to provide spiritual/pastoral care to all the children of God regardless of religious affiliation, but based on human experience which is universal.

When Jesus took the form of a human and entered this world, and when He lived and experienced the life of an ordinary person, that act transcended all culture, national origin, ethnicity, religious affiliation or rank, and sexual orientation. His experiences relate to all human beings. That is why a minister can enter into a patient's room and

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[44] Gaillardetz, *A Vision of Pastoral Ministry,* 18.
[45] Ibid.

begin a conversation, knowing well that there is a common lived experience that can relate to what the minister has lived, learned, and experienced and what Jesus encountered during His time on earth.

Ministry to the faithful is based on belief, faith, and understanding of God and how the faithful view and relate to His work on earth, His purpose, His love for His father and for humanity. The entire ministry comes from God.[46] Specifically, ministry to the sick and dying was one of Jesus's main ministries during His journey. He displayed a special concern for the sick, and the dying; He healed, cured and raised them. Everything done in this ministry "flows out of who we are. This means that we must ourselves be living the life of communion."[47] Ministry does not belong to the faithful; it is God's ministry; therefore, in order to be an effective minister "one must feel comfortable with who they [*sic*] are. They must have a healthy self-love and more importantly, a real sense of being loved unconditionally by God."[48] The pastoral ministers' collective and individual role is "to be prophets, contemplatives and agents of divine compassion, persons of hope and above all servants to the life of communion for which all are called by God."[49] In accompanying the sick and the dying on their final journey, we are to walk with them in their spiritual transformation.[50]

As Hahnenberg points out, the Church is in search of a proper language to describe the theology of ministry since the old view of the ontological theologies of the priest alone is not sufficient in a new Church where the explosion of ministries is taking

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[46] Gaillardetz, *A Vision of Pastoral Ministry*, 31.
[47] Ibid., 40.
[48] Ibid.
[49] Ibid., 63.
[50] Ibid.

place everywhere and in every field. Therefore, the new theology of ministry must include a functional theology of ministry which is focused more on doing the ministry rather than being the minister.[51] Hahnenberg points out the difficulties in trying to marry the ontological and functional schools of thought in determining and defining the theology of ministry. On one hand, there exist the traditional theologies that affirm and promote the central leadership role of the priests and bishops; and on the other hand, there exists an ever-growing ministry of the priestly people of the Church who have received their charge through the baptismal priesthood.[52] He concurs that promoting the traditional model is outdated since the shrinking number of priests and growing number of faithful and the required ministries are on the rise. Secondly, the relational approach the faithful are exercising in their ministry is focused on Christ and, with the grace of the Holy Spirit, is grounded in the Trinitarian nature of the theology of ministry.[53]

As ministers, the faithful must keep in mind that they do not bring God to themselves. As Gaillardetz has stated, "For if the doctrine of Trinity means anything, it means that long before we ever seek God, God has sought us and long before we ever find God, God has already found us . . . When we minister to others, we must remember that God got to them before we did!"[54] Therefore, it becomes the responsibility of the faithful, while ministering to our brothers and sisters, to call their attention to the holy presence of God which they may have neglected or forgotten in the midst of their current crisis. Gaillardetz uses the example of background music which is not heard by anyone

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[51] Edward P. Hahnenberg, *Ministries—A Relational Approach* (New York: Crossroad Publishing Company, 2003), 3.

[52] Ibid., 4.

[53] Ibid.

[54] Gaillardetz, *A Vision of Pastoral Ministry*, 31.

until someone mentions it.[55] Then people begin to realize that the music was present even before they entered that place. In addition to these qualities, as Gaillardetz notes, in order to become an effective minister, the faithful must become immersed in the qualities of a contemplative witness to life, understanding the qualities of a prophet, and the habits of a person of hope.[56] Most of all, the faithful need to learn to be patient and to be in communion with those for whom they are caring. Being in communion means the faithful in ministry let go of their priorities and focus on those whom they are there to serve. Gaillardetz emphasizes that "Vatican II put it very clearly when it taught that 'the Church, in Christ is a sacrament—a sign and instrument, that is, of communion with God and of the unity of the entire human race'" (*Lumen Gentium* # 1).[57] So why are so many lay members absent from this role? Hahnenberg sees this as a conundrum of inflexibility of the priest and bishop and the identity crisis they face in the shortage of priests to fulfill the required ministry, and the quest of lay ministers seeking recognition of and support for their work. Vatican II and the *Lumen Gentium*, in issuing some general statements regarding these two priesthoods, make this a very challenging task for the theologians to influence the Church.[58] The challenge is, ironically, complicated by the clergy's need to feel "set apart" from the laity as leaders in the Church.

All the ministries were given to the faithful by Christ through their baptismal anointing which inducts the faithful into the Holy Church where Christ is the Head and the faithful are his limbs. However, in the current reality of the Church, this is not fully realized. This is epitomized by the reluctance of some priests and bishops to empower the

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[55] Gaillardetz, *A Vision of Pastoral Ministry*, 32.
[56] Ibid.
[57] Ibid., 36–37.
[58] Hahnenberg, 6.

faithful, a lack of understanding on the part of the faithful about the rights they gained through their baptismal priesthood, and the teaching and the influence of some of the forward-thinking theologians from the past and present. Ministry is not limited to an individual Christian community; it is in the context of all humanity, yet that message remains unreceived by some.

Hahnenberg helps to expand a theology of ministry. Let us explore further his explanation of the ontological theologies of the priesthood and the functional theologies of ministry. Ontological theology states that the ontological bond unites the priesthood to Christ the high priest and good shepherd.[59] This position undermines the teaching of Vatican II. Edward Kilmartin cautions against interpreters of Vatican II who advocate that the ordained ministers and their ministry are aligned with Christ over the spirit-filled Church[60] An ontological view of ministry focuses on the identity of being of the minister, whereas the functional view focuses on doing the one ministry given to the whole Church. This tension threatens the interplay between Christ and the Holy Spirit.[61] It does not have to be this way, and Vatican II made it so that both can coexist in harmony.

In relationship to these two views of ministry Kilmartin reverses recent church teaching: "Instead of *in persona Christi* making possible in *persona Ecclesiae,* the priest's acting *in persona Ecclesiae* makes acting *in persona Christi* possible. Representing the church allows the priest to represent Christ."[62] The reason this disconnect is central to this discussion is based on what Zeni Fox reveals, "That our understanding of the ordered ministries are situated within our beliefs about baptism and

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[59] Hahnenberg, 54.
[60] Ibid., 55.
[61] Ibid., 3–4.
[62] Ibid., 57.

the Trinity, the twofold mission of son and the Spirit, and the concept that all ministry is an activity of the Church and its mission."[63] Moreover, if the theological relationship between the baptismal priesthood and the ordained priesthood is not properly understood, and the two priesthoods fail to reach a mutual understanding and respect for one another, how can the mission of the Church be furthered? In addition, all the faithful (clergy and the lay people) should come together in some level of understanding of each other's calling to further the most important mission of the Church. Furthermore, there is so much work to be done in bringing the kingdom of God to people on earth, and if *all* members of the faithful can learn to respect each other's calling and work in harmony, God's work can be achieved with less turmoil from within.

Since Vatican II, there has been a tremendous growth in lay ministry, and the shrinking numbers of ordained priests also threatens the communication and the interplay between the two camps. When the Church affirms the central leadership of the priest and bishops and fails to encourage the broader ministerial role for the baptized, it diminishes the fullness of Christian ministry. "Ministry in the church are those relationships of service that celebrate and carry forward Christ's mission in the Spirit. We want to draw together reflection on Christ and the Spirit within a trinitarian theology of ministry."[64] By these kinds of approaches, the faithful can truly find a common place where they as a *communio* will become coworkers in the vineyard producing much fruit for the Lord during His harvest, as reflected in His words: "Bear hardships with me for the sake of the Good News, relying on the power of God who has saved us and called us to be holy—not

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[63] Zeni Fox, "Overview of Lay Ecclesial Ministry: Development and Practice," *Liturgical Ministry* 15 (Fall 2006): 188.

[64] Hahnenberg, 4.

because of anything we ourselves have done but for His own purpose and by His own grace, which has been granted to us in Christ Jesus."[65] It is through the laity's participation in this ministry that Christ's dying and resurrection, His passion, is reflected.

IV. Ecclesiology and Ministry of the Rites of Pastoral Care of the Sick and the Dying

Each one of the faithful functions with his or her ecclesiological understanding. This part of Chapter Three focuses on the ecclesiology of the Church in relation to the Ministry of the *Rites of Pastoral Care of the Sick and the Dying*. An informal survey of more than 200 people in two parishes revealed that the parish members were not well versed in the ecclesiology of the pastoral care of the sick. One of the priests of the parish stated that he did not spend much time studying ecclesiology, although he spent his entire priestly ministry in parishes as pastor. A second priest of the parish stated that he could not recall studying ecclesiology in seminary. This lack of the parish priests' ability to provide a cogent explanation of ecclesiology may be an indication of why there is such a misunderstanding among many—deacons and laity, in particular—about the pastoral care of the sick, and the sacraments of anointing and viaticum. That may be why Charles Gusmer states, ". . . this anointing, is the most misunderstood . . . most un-liturgical . . . and most un-communal . . . of all the seven sacraments of the Church."[66] Clearly, a gap in knowledge exists.

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[65] 2 Timothy 1:8-9 [NAB].

[66] Charles Gusmer, "Communal Anointing of the Sick," in *The New Dictionary of Sacramental Worship*, ed. Peter E. Fink, S.J. (Collegeville, MN: The Liturgical Press, 1990), 1162; Wood, "The Paschal Mystery," 11.

Mark Wedig explains that an ecclesiology is revealed in how the local Church receives, understands, interprets, discerns and appropriates, and internalizes the pastoral care of the sick and dying. In addition, he emphasizes the point that it is the responsibility of the clergy to insure that the faithful properly appropriate the lessons about the sacraments, and the obligations and responsibilities associated with each sacrament.[67] Therefore, it is necessary that the parish community of St Anthony of Padua be educated about the spiritual and pastoral care of the sick and the dying. In this particular situation, I will examine the ecclesiology specific to the *Pastoral Care of the Sick—Rites of Anointing and Viaticum* (*PCS*) and the responsibility and obligation of the faithful to the sick and the dying. Particular attention will be paid to the general introduction to the *PCS* and more specifically to paragraphs 32–40 of the rite. Here are described the roles and missions of caring for the sick and the dying.

a. Theology of Paragraphs 32-40 of the Introduction to the *Rites of Pastoral Care of the Sick and Dying* (General Introduction, Paragraphs 32–40)

The theology and the ecclesiology of *Pastoral Care of the Sick and Dying* are best described as a relationship between God and the Church, which are inseparable. This relationship is based on God's love for humanity, which is directly tied to two of his commandments: “Love your God”[68] and “Love your neighbor.”[69] As part of this love, Christ took the form of a human and entered a world of suffering, struggles and eventual death. Christ claimed all humans as his body (*corpus*), the Church, of which he, Christ, is the head (*caput*).

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[67] Interview with Fr. Mark by the author on January, 2014.
[68] Matt. 22:37 [NAB].
[69] Lv. 19:18; Lk. 10:27 [NAB].

This segment of research will focus on Jesus's activity while he was in this world, which was mainly a healing ministry, and how the *Pastoral Care of the Sick* describes how theology is tied to the ministry of caring for the sick and the dying. This is clearly demonstrated by Mark's Gospel—since more than half of the Gospel is devoted to Jesus's healing ministry. Christ's healing ministry and his suffering reflect greatly on the theology of caring for the sick and the dying and become models for the faithful to emulate. Ecclesiology, in the context of providing care for the sick, elderly and the dying, is the study of how the ecclesial community receives God's words, interprets, understands, appropriates, and applies them in their Christian ministry to the sick, elderly and the dying. This study includes the faithful, the clergy, and the rest of the Church hierarchy. In examining the *Pastoral Care of the Sick and Dying—Rites of Anointing and Viaticum* (Rites) (*PCS*), it is clear that God's love for humanity and his two basic commandments are intertwined in the general introduction of the rites and visible in the selections of scripture sourced in the sacrament. *PCS* paragraph #1, states in part that Christians' "faith helps them grasp more deeply the mystery of suffering and to bear their pain with courage. From Christ's words they know that sickness has meaning and value for their own salvation and for the salvation of the world."[70] The scripture contains Christ's words which may evoke many key theological implications in the hearts and minds of the sick and the dying.

Dr. Mary Mandell, a noted psychiatrist, states in an interview that when there is a break in the *communio,* either with family, friends, Church, or work environment, it creates tremendous anxiety and psychological complications which have deep spiritual

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[70] *PCS,* #1.

roots. There is evidence for such claims in the scripture and in the life of Jesus and in his disciples. In such cases, the member's urgent needs are to reconnect with the *communio* and to find meaning and purpose to life in the love and compassion from those with whom he or she was a part.[71] Pastoral caregivers need to be mindful of that fact and show love, compassion and assurance that the entire community is praying for him or her. Furthermore, the sick person should be reminded that as Jesus suffered and died for the sins of men and to bring salvation to all humanity, the sick too need to offer their pain, sickness and suffering for their own salvation and the salvation of the *ecclesia.*

Whenever the sick in a hospital or in nursing homes are visited, the question often heard is, "Why is God allowing this to happen to me or my loved one?" First of all, there are no easy answers, and secondly, God does not need anyone to defend Him because the faithful are incapable of knowing His will. Charles Gusmer writes: "Sometimes there is no apparent reason why bad things happen to good people. Vulnerability to death is one of the given conditions of human life in the imperfect, developing world we live in."[72]

If one member suffers, then the rest of the *communio* also suffers.[73] Therefore, this responsibility falls upon not only the sick, but also on family members, friends, doctors, nurses, caregivers, ministers and all the faithful in the community to which the sick person belongs. All of these people involved in caring for the sick are considered to be the Church, which is performing an ecclesial act. This is why the introduction to the rites (*PCS* #32) states, "If one member suffers in the Body of Christ, which is the Church, all the members suffer with that member (1 Corinthians 12:26). For this reason, kindness

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[71] Interview with Mary Mandell by the author on January, 2013.
[72] Gusmer, *And You Visited Me*, 145.
[73] Ibid., 32.

shown toward the sick and works of charity and mutual help for the relief of every kind of human want are held in special honor."[74] In regards to the term "kindness shown," an excellent example is found in the Gospel of Luke, the Good Samaritan parable. Jesus asked, "'which of these three, in your opinion, was neighbor to the robbers' victim?' He answered, 'the one who treated him with mercy.' Jesus said to him, 'Go and do likewise.'"[75] This is an indication of a direct command to love and care for all the faithful which God wants the baptized to fulfill. The general introduction further states, "Every scientific effort to prolong life and every act of care for the sick, on the part of any person, may be considered a preparation for the Gospel ("preparation for the Gospel" may refer to the eschatological time or advent of the reign of God) and a sharing in Christ's healing ministry."[76] The term "any person" means that even if a non-Christian or an atheist provides care for the sick, that action disposes him or her to receive the Gospel message and to participate with Christ in healing.

Pope Francis in his first encyclical stated that "Anyone who sets off on the path of doing good to others is already drawing near to God . . . [32]"[77] All baptized Christians have already received the Gospel message, and as part of the ecclesial *communio* share in the community aspect of all sacraments, including anointing and Viaticum. Because the family, friends and caregivers of the sick share a close relationship with the sick person, they are exhorted to pray with the sick and to encourage them to offer their suffering for the expiation of the sins of the Church, joining themselves to Christ's passion and death

[74] Ibid.
[75] Luke 10:36–38 [NAB].
[76] *PCS,* #32.
[77] Pope Francis, Encyclical Letter—*Lumen Fidei* (Vatican City: Vatican Press, 2013), 47. http://w2.vatican.va/content/dam/francesco/pdf/encyclicals/documents/papa-francesco_20130629_enciclica-lumen-fidei_en.pdf, accessed Jan 2015.

for the redemption of all. Furthermore, as the imitators of Christ, it becomes incumbent upon all the faithful to share in his ministry of healing.

Every time the *Pastoral Care of the Sick* asks the Church to act, it is calling on all members including the sick, the priest, family, friends, caregivers and those who pray for them. In addition, Jesus told the faithful that "I will ask the Father, and He will give you another advocate to be with you always, the Spirit of truth, which the world cannot accept, because it neither sees nor knows it. But you know it, because it remains with you, and will be in you."[78] The Holy Spirit is also directly involved in the ministry of caring for the sick and the dying. It is noteworthy that the Holy Spirit is invoked and asked to act and intercede for all humans in all of the sacraments.

There are several theological insights which can be mined from the passages of *Pastoral Care of the Sick*. When Christ suffered, died, and was raised, he guaranteed to the faithful that they will also be raised.[79] The faithful are also reborn by water and the spirit in him; they are called the body of Christ. Therefore, they are given the privilege to claim that the suffering of each of the faithful is tied to Christ's suffering. As any kindness is shown to one of our brothers and sisters, it is done for him. This is what is expected of the faithful and they will be asked of this mission at the end of the earthly journey: "When I was sick did you come to see me?"[80] In addition, it also refers to the eschatological time when all will be raised in the likeness and image of God. The Church is referred to by several names in theological and spiritual writings by various authors: as *ecclesia, communio*, the faithful, the body of Christ, community gathered in faith, and by

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[78] John 14:16–17 [NAB].
[79] Ibid., 14:23 [NAB].
[80] Matt. 25:45 [NAB].

many other names. *Lumen Gentium* refers to the Church as Building of God [*LG* (34)]. "The Lord himself showed great concern for the bodily and spiritual welfare of the sick and commanded his followers to do likewise."[81] Throughout His earthly mission, Jesus demonstrated his love and compassion for the sick and the suffering in numerous ways.

In addition to caring for others, each member has the requirement to take care of his or her own body since it is the temple of God; this includes the requirement that pastors and ministers also take care of themselves. This was evidenced by the way Jesus took time off from preaching, from healing, and from the crowd and went alone to meditate and pray.[82] This may be considered an example for all caregivers and pastors. If the caregivers don't care for themselves, then how can they comply with the following instruction? As outlined, *PCS,* # 33 points out that "all baptized Christians share in this ministry of mutual charity within the Body of Christ by doing all that they can to help the sick return to health, by showing love for the sick, and by celebrating the sacraments with them."[83] Anointing and viaticum are sacraments, and like the other sacraments, require the community aspect to be included, which should be brought out as much as possible when celebrated.[84] The sick may not comprehend the liturgy associated with the sacraments of anointing and viaticum while they are focused on their suffering. They need to be reminded of the meaning of such sacramental celebrations and the grace received through such sacraments.

The sick person needs to be made aware that only in the grace of God can he or she find the strength to overcome the present predicament: ". . . the grace of God who has

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[81] *PCS*, #5.
[82] Lk. 6:12; Lk. 4:42 [NAB].
[83] *PCS*, #32.
[84] Ibid., #36.

brought about this situation in order to reveal His mysterious purpose and to show the Lord's death and His love . . ."[85] The sacrament of the Eucharist binds all the faithful together. Those who are sick are isolated from the community; but by the community's coming together and celebrating that sacrament with them, the community is helping the sick and the dying to join the main community. It is important that they understand that ". . . the grace of Christ interprets for us the saving mystery of love which forgives and sanctifies. . . . This would refer to the existence, growth and operation of sanctifying grace."[86] In addition, the *PCS* asks the faithful to "do all that we can do." What does this mean? It could be anything from feeding those who suffer to giving a glass of water to drink, to praying with them, attending sacramental services such as anointing and viaticum and so on. No task should be considered minor since the sufferers may not be in a position to ask for help or think of asking someone to do such things for them. There are limitless acts of kindness which can be shown, and the faithful act as agents of the Church when they show such kindness. As the human population is growing older, there are more people being admitted to hospitals, nursing homes and health facilities for care, convalescence and comfort until the end of their journey in this world. Most often these people are prone to serious sickness, loneliness, isolation, pain, suffering, and mental anguish. They represent, collectively, human need.

However, Christians have a capacity to transform their own suffering by attempting to bear their pain as part of their penance and by offering it up to God as remembrance of Christ's passion, suffering and death. As Christians and as the members of the ecclesial *communio,* the faithful have an obligation to visit the brothers or sisters

[85] Karl Rahner, *Meditations on the Sacraments* (New York: Seabury Press, 1977), 81.
[86] Ibid., 82.

who are sick, love them, pray with them and heal them as Christ often visited the sick, touched them and healed them. *The Rites* states that the faithful are to comfort the sick, take measures to strengthen the sick with words of faith, and commend them to the suffering and glorified Lord. It states that "we are to strengthen them with words of faith."[87] Is it our faith, or the faith of the sick or the faith we profess or the faith we proclaimed at our baptism? It could be all of these. Therefore, what matters is that the faithful need to ensure that the sick do not lose faith in God and in his power. In addition, the caregivers need to be mindful that faith will be telegraphed/displayed through body language and demeanor. Because one is sick, it does not mean that one cannot comprehend what is happening. Moreover, actions can also be a lesson for others who may not be firm in their faith.[88] Christians who are not fully aware can learn from this action. It is an opportunity to regenerate their faith. Such kindness will help the healing process.

Pastoral (spiritual) care of the sick and dying is the community's mission, which must be constantly emphasized to remind the faithful. Like the other sacraments, the pastoral care of the sick and dying and the sacraments of anointing and viaticum are also crucial parts of the Church mission. Many in St Anthony of Padua have not fully grasped this and have failed to internalize it. In the Eucharistic celebration, the entire community offers itself through the priest. In a similar way, when members pray over the sick person, they are representing the ecclesial community of the Church. By attending Mass in a healthcare facility or hospital where the members reside due to their ill health, those who visit represent the entire, both local and universal, community of the Church. In addition,

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[87] *PCS*, #34.
[88] Gusmer, *And You Visited Me*, 54–61.

it shows the ecclesial *communio's* love and compassion for the people who are confined to the health care institutions. This simple act of attending Mass and visiting may help energize them spiritually, may help them feel better, and may possibly enable them to look forward to the next visit. When the community comes together in the name of Christ, He is with them.[89]

The *Pastoral Care of the Sick* #34 also speaks of the faithful's duty as family, friends and as caregivers who have a share in the ministry of comfort.[90] This discussion spells out several efforts that can be made to ease the lives of those who are hospitalized, homebound, isolated, and neglected and suffering from various medical complications. Furthermore, there are several appropriate scripture passages listed in the *Pastoral Care of the Sick* to this end. Sharing them with the sick and the dying and devoting some time in prayers with them may help strengthen their faith.

As is evident from the scriptures, Jesus prayed often. A case in point is when he went to visit Lazarus at his burial place and prayed prior to raising him. In addition, there are several references which address why continued prayer is needed, especially **with** the sick and **for** the sick. In John 11:40, Jesus tells Mary, "Did I not tell you that if you believe you will see the glory of God," and in John 11:42–44, Jesus raised his eyes and prayed to His father about raising Lazarus. Some other examples are found in John 17:9–10, with Jesus's praying for them ("I pray for them. I do not pray for the world but for the ones you have given me . . .;") and Luke 11:1–13 (Jesus teaching the Lord's Prayer). The faithful ask for grace and for the power not to sin, the capacity to forgive others, and the ability to be persistent in their prayers.

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[89] Matt. 18:20 [NAB].
[90] *PCS*, #34.

These examples reinforce the importance Jesus placed on prayer. In addition, it is essential to note the profession of faith where forgiveness of sins is affirmed. One prayer to be shared while visiting the sick reflects His wish: “Come to me, all you who are weary and find life burdensome, and I will refresh you. Take my yoke upon your shoulders and learn from me, for I am gentle and humble of heart. Your souls will find rest, for my yoke is easy and my burden light.”[91] Reading these words and sharing the meaning with the sick appears to summon in them and in the laity interventionist a remarkable inner strength to cope with the suffering they are encountering. There are many other scripture passages that can help build confidence in God’s mercy. The sick and the dying may enjoy a special prayer or reciting the rosary or reading the Gospel passage. Even the more mundane activities of pastoral care bespeak God’s love for the sick, such as taking them for a walk or pushing their wheelchair to get some fresh air. When a member of the faithful visits the sick and prays with them, it may help them to become accustomed to praying together. This experience could help when they are ready to be anointed, since this sacrament is also meant to be celebrated with the community. In most circumstances, the opportunity to be with the sick and comfort them and care for them offers limitless opportunities. During this process, Church members need to seize the opportunity to guide the sick person to think about associating his or her sickness and suffering with Christ's passion, suffering, death and the resurrection to the end.

The rising with Christ is the ultimate honor all long for, and that is what God has promised. Guiding their thoughts in that process is very rewarding for the sick and for those exercising this ministry. There are several recommended scripture readings listed in

[91] Matt. 11:25–28 [NAB].

the book of *Pastoral Care of the Sick*, such as Matthew 11:28 or John 6:51 and many others, which may provide particular comfort to the sick. The *Pastoral Care of the Sick* further states that as the person's condition is deteriorating, the pastor should be informed.[92] It will alert the priest that the time has arrived for the sacraments of anointing and viaticum. In the meantime, the members of the Church may help to prepare the sick person and others who may have gathered to receive the sacraments and help the pastor during the sacramental celebration.

It is important to note that *Pastoral Care of the Sick* # 35 states, "The priest is the only proper minister of the anointing of the sick. This office is ordinarily exercised by the Bishops, the pastor and his assistants, chaplains of health care facilities and the superiors of clerical religious institutes."[93] Although *The Rites* states that the priest has the responsibility to prepare the sick to celebrate the sacraments, there are many ways the faithful can help prepare the sick for the sacrament. They may assume responsibility for the preparation with the consent of the priest. It will signify the true sign of the Church working together. *Lumen Gentium* teaches, "Though they differ from one another in essence and not only in degree, the common priesthood of the faithful and the ministerial or hierarchical priesthood are nonetheless interrelated: each of them in its own special way is a participation in the one priesthood of Christ. (2*)"[94]

Catholics often fail to stir up hope and faith when they pray with one another, or when they bring communion to the sick, or while celebrating the sacraments with them. ". . . it is their duty to care for the sick by personal visits and other acts of kindness . . .

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[92] *PCS,* #34.
[93] Ibid., #16.
[94] *LG*, 10.

priests should stir up the hope of those present and strengthen their faith . . ." (35) This is a key factor to keep in mind since many Catholics who have left the Church say that they do not feel any warmth, excitement, joy, or hope while taking part in prayers, services or sacramental services. "Hope" can mean hope for healing (physical, mental, and spiritual) as well as hope in eternal life. Likewise, strengthened faith includes faith in the healing power of God manifest in the anointing, as well as faith that they will be with God after death. *Pastoral Care of the Sick* states that priests . . ." comfort believers and raise the minds of others to God. (35)"[95] The term "others" includes those gathered around the sick and the dying which may include nonbelievers. The nonbelievers may be given the grace to receive the Gospel message and have their minds "raised to God."

It is the faithful's baptismal duty to help the sick and the dying and others who are around them to renew their faith by exploring and explaining the theology rooted in the scriptures and in the Church tradition. These are moments to proclaim the word, work and mercy of God for all to hear and reaffirm their faith. The *Pastoral Care of the Sick* has specific parts for priest, deacon and Eucharistic minister. In the event a priest is not available, others like a deacon or a minister of Holy Communion are allowed to preside at a particular rite.[96] It is important that the faithful, (the Church members, ecclesial community) and the person who is sick are properly catechized regarding participation in the celebration of the sacrament.[97] This will help them understand the rites and the grace they will receive through this sacrament. This responsibility belongs to all of the faithful,

[95] *PCS,* #35.
[96] Ibid., #44.
[97] *PCS*, #36.

and any one of the faithful may take the lead on this matter.[98] Prior to giving the viaticum, the faithful are to renew and reaffirm their baptismal promise, and or reaffirm the profession of faith and prayer of faith.[99] Part of that reaffirmation is tied to the obligation to echo the kindness of Christ.

Viaticum is given following these prayers: Gospel reading, Homily, Baptismal Profession of Faith, Litany, Lord's Prayer, Sign of Peace, and Communion as Viaticum. Why are these prayers and reaffirmation required? These prayers and reaffirmation of faith and the baptismal promise help the sick to regain their confidence and renew their faith in God. It helps them understand that the Church still cares for them, and finally they are able to fend off the temptation of the devil. If there is a deacon or a religious person or a minister of Holy Communion who is experienced in working with the priest, that person may prepare the community and the person who is to be given viaticum. It should be noted that the priest may elect to celebrate Mass when viaticum is given. Once he decides how he will conduct the celebration, he or others may prepare the sick and the faithful who will take part in the celebration. "By bringing the Church's love and the consolation of faith, they [priests] comfort believers and raise the minds of others to God."[100]

As the faithful celebrate the sacraments with the sick person and his or her family and the faithful, it is their belief that the sick may be healed physically and spiritually. The *Pastoral Care of the Sick* indicates that, ". . . the sick person will be saved by personal faith and the faith of the Church, which looks back to the death and resurrection

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[98] *PCS*, #36–37.
[99] *Ibid.*, Outline of the Rite, Viaticum, Introductory Rites, #146, #152.
[100] Ibid., #35.

of Christ, the source of the sacrament's power (see James 5:15), and looks ahead to the future kingdom that is pledged in the sacrament."[101] The scripture passage where Jesus answered a question in the following manner is illustrative: "Whoever loves me will keep my word, and my Father will love him, and we will come to him and make our dwelling with him."[102] It is important to remember that the faith of the Church, (the members of the faith community, the *ecclesia)* is an equally important element in the mystery of physical and spiritual healing of the sick. This is another reason the prayer of faith is included in the sacrament which is nourished by the profession of faith.[103]

There are numerous references to faith in the scriptures. Matt. 17:20 reflects Jesus's telling the disciples that if they have faith the size of a mustard seed, they can move mountains; Matt. 2:5; Matt. 15:21–28 notes the faith of the Canaanite woman, begging Jesus to heal her daughter, and he healed her daughter; Matt. 9:22 reveals how a woman who was hemorrhaging for twelve years touched his cloak and He healed her since she had great faith; Matt. 8:8–12 provides the healing of the Centurion's servant, when Jesus proclaims that He has never seen such faith in Israel. Luke 7:50 notes how Jesus pardons a sinful woman and tells her, "Your faith has saved you; go in peace." These are a few examples of faith being very crucial in the healing ministry of Jesus. That same brand of faith is what the laity can bring to their interactions with the sick and the dying.

There are many reasons why familiarity with these and similar passages is needed. First of all, it prepares the members and builds confidence in discussing the

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[101] *PCS*, #7.
[102] John 14:23 [NAB].
[103] *PCS*, #36

scripture passage. Secondly, the faithful may be able to convince the sick person of their belief in the passage, and finally, it may help lift the spirits of the sick person and help rebuild/renew faith. One of the disconnects often observed is that the faithful and the priest who attend to the sick and take part in the sacrament with the sick and his family and friends fail to communicate to the rest of the faith community that a member is ill and needs their prayers. Although this is included in the Eucharistic prayer, the entire Church may not be fully aware of their own community members who are sick, even though the members are representing the entire community to the sick. Therefore, it is important that the information be shared by those who minister to the sick with the entire congregation to ask for their special prayers for the sick and to ask them to remember those who are separated from the main body of the faithful. Such sharing of information must respect the privacy and confidentiality of the sick. With that in mind, by attempting to include the sick with the community in such a manner, Church members truly become an ecclesial *communio.* Such notification may be included in the prayer of the faithful, by the lector or deacon making an announcement prior to the Mass, or even in the weekly bulletin.

The faithful are well aware of the suffering and illness that afflicts humanity. That is why Scripture asks, “Is there anyone sick among you? Let him send for the presbyters of the Church and let them pray over him, anointing him with oil in the name of the Lord. The prayer of faith will save the sick man, and the Lord will raise him up. If he has committed sins, they will be forgiven him (James 5:14–15).”[104] Note the words in the passage above: “let them pray over him” (or her) and “presbyters of the Church.” The

[104] James 5:14–15 [NAB].

"them" and the "Church" clearly refers to the community of the faithful, the *ecclesia, communio*. There are several scripture passages that are very appropriate for consoling and rekindling the faith of the sick, and for the family and friends who may have gathered around them. One passage may be: "We do not lose heart because our inner being is renewed each day, even though our body is being destroyed at the same time. The present burden of our trials is enough, and earns for us an eternal weight of glory beyond all comparison. We do not fix our gaze on what is seen but on what is unseen. What is seen is transitory; what is not seen lasts forever."[105] Thus, the laity interventions on the part of the sick and the dying move beyond the transitory/pastoral intervention and into the spiritual fulfillment.

Another example of scripture that may be very effective in engaging the sick is that

> We know that when the earthly tent in which we dwell is destroyed we have a dwelling provided for us by God, a dwelling in the heavens, not made by hands but to last forever. Therefore, we continue to be confident. We know that while we dwell in the body we are away from the Lord. We walk by faith, not by sight, I repeat, we are full of confidence and would much rather **be** [emphasis mine] away from the body and at home with the Lord.[106]

Emphasis is added to indicate that these points needed to be expressed purposely in order that the sick may internalize these words. There are many other examples from the scripture which can be used to strengthen the sick and the dying and comfort the family and friends. As the faithful visit the sick and pray with them, they need to keep in mind that they are the representatives of the Church, the ecclesial community, and they are there, ministering to the sick, the dying, and their hurting family members. The Church

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[105] 2 Cor. 4:16–18 [NAB].
[106] 2 Cor. 5:1, 6–10 [NAB].

"exhorts us to contribute to the welfare of the whole people of God."[107] Such kind acts are considered ministering not only to the sick, but also to the family members whereby care is extended to all of them.

Jesus is fully aware of the suffering, pain, and anguish the faithful encounter in their lives. He is intimately familiar with the pain and suffering the loved ones experience since He experienced it while hanging on the cross. Even when nearing death, He was setting an example of caring for one another, "When Jesus saw his mother and the disciple there whom he loved, he said to his mother, 'Woman, behold your son.' Then he said to the disciple, 'Behold your mother.' And from that hour the disciple took her into his home."[108] This behavior becomes a guide to how the laity—regardless of relational connection—are modeling the disciple's role in tending to needs.

The Sacred Congregation for Divine Worship wrote the Decree to the *Pastoral Care of the Sick—Rites of Anointing and Viaticum* which states, "When the Church cares for the sick, it serves Christ himself in the suffering members of his Mystical Body."[109] The Church, the entire faith community, is included in this important ministry which was very dear to Jesus. Caring for the sick, lame, blind, and the marginalized who live on the edges of society was his primary concern. He healed them, comforted them, gave them strength, and opened a new horizon for them. The ecclesial community, the Church, has continued this caring concern for the sick and the dying.[110] The Decree further points out that the Church shows its solicitude by visiting the sick and through the sacrament of

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[107] *PCS*, Pope Paul VI, "Apostolic Constitution," *Sacrament of the Anointing of the Sick*, 30 November, 1972.

[108] John 19:26–27 [NAB].

[109] ICEL, *Pastoral Care of the Sick*, Decree, Sacred Congregation for Divine Worship (New York: Catholic Publishing Corp., 1972).

[110] Matt. 25:45 [NAB].

anointing and by nourishing them with the Eucharist during the illness and while they are in danger of death. The same community of believers, the Church, prays for their health, and when the time is near, the same members who have been praying for them are asked to commend the sick to God.

Prior to Vatican II, the sacrament of anointing was referred to as extreme unction. However, the Vatican II revision properly renamed extreme unction as anointing of the sick. It states that the time for this sacrament is when a sick person's condition worsens, or in old age, or when a person is in danger of death. It is no longer a sacrament to be administered only at the point of death.[111] Although there has been much progress in this area, there is a large population of faithful who still hold out until the very last possible moment to send for the priest. Thus, "The use of this sacrament is a concern of the whole Church."[112] The Church members have the obligation to alert the priest to the deteriorating condition of the patient, and he may schedule the celebration according to his schedule. However, a lot more catechizing needs to be done to inform the faithful that there may not be a priest available if they wait until the very last minute. Due to priests' busy schedules and obligations, there may not be a priest available who can celebrate this sacrament on a moment's notice. It is also important that deacons, Eucharistic ministers, and the faithful who are involved in this ministry become familiar with the rites, and that specific sacraments may be performed by those other than a priest.

The introduction to *Pastoral Care of the Sick* notes that the Constitution on the Liturgy has granted the right to conferences of bishops to make adaptations to the

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[111] ICEL, Paul VI, *Pastoral Care of the Sick*, "Apostolic Constitution-Sacrament of the Anointing of the Sick," 16-7.

[112] *PCS*, "Apostolic Constitution," 16.

existing rites within certain guidelines and approved by the Holy See.[113] Based on the material presented here, and considering the vast inflow of Hispanics into the St. Anthony of Padua parish and the local Diocese of Raleigh, there is a need to make use of the rites approved for use in the pastoral introduction of the Mexican ritual as listed in the following paragraph:

> The entire community has a responsibility and obligation, as both a need and privilege, to apply gospel value to sickness. What is needed is full solidarity in all aspects of life: political, social, and Christian for the well-being of those who are sick because they are no longer productive. This is particularly true because they are often forgotten even though there are different forms of social security and special care for them. It falls to the Church to show itself as the Church of the poor for they are the ones for whom the gospel has a special preference [in the Diocese].[114]

Such adaptation definitely falls within the scope of the conference of bishops. Such adaptation may be applicable in areas where there are large communities of Hispanics. In addition, most of our faithful are not bilingual, a factor which also contributes to that community's being neglected by a majority of our faithful, and it presents another dilemma in ministering to the Hispanic sick. Understanding the theology of pastoral care is to understand the love God has for all and to remember the two most important commandments: love your Lord God and love your neighbor. The ecclesiology of this rite is squarely on the shoulders of the entire ecclesial community which includes all the faithful who are part of the baptismal priesthood and those who are part of the ministerial priesthood. There may be difference in the charism between these priesthoods, but they both share in the same mission of caring for the sick and the dying.

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[113] *PCS,* #38.

[114] As quoted in James Empereur and Eduardo Fernandez*, La Vida Sacra—Contemporary Hispanic Sacramental Theology* (New York: Roman & Littlefield Publishers, Inc., 2006), 235.

b. Theology of Church and Ministry of the Rites

As Congar points out, the Church is seen first as a *congregatio fidelium*, a community gathered together in and through faith. Then it is constituted as the Body of Christ by the Holy Spirit. "The Body of Christ is there when the Holy Spirit is there . . . The Holy Spirit is actually the principle of our communion with Christ and, in Christ, among us. The Holy Spirit is the principle by which the faithful form themselves into an *ecclesia,* and thus become an organic unity of the body of Christ, the subject of liturgical actions."[115] Therefore, the liturgical and the sacramental nature of pastoral care for the sick and the dying have to be rooted in the theological perspective of Holy Spirit working through ecclesial *communio*. After the Council of Trent, the idea of the priesthood of the faithful seemed to lose its meaning and was ignored by the ministerial priesthood and by some theologians.[116] Vatican II made a concerted effort to renew the sacramental rites of pastoral care of the sick, specifically the anointing of the sick. It was changed from being extreme unction to a sacrament for those who are nearing death or who are of advanced age. The theology behind this reform and the acknowledgment of the baptismal priesthood of the faithful empowered the Church, the faithful, and the entire Christian community to help bring spiritual, physical and mental healing to the sick, injured, dying, and to those who are close to them. As Genevieve Glen, O.S.B. states, "Healing implies making whole what was in fragments."[117]

Based on the reading of the Introduction to the *Rites of Pastoral Care of the Sick*, it becomes very obvious that the Church has been given the command by God, and it has

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[115] Congar, 38.

[116] Ibid., 45.

[117] Genevieve Glen, ed., *Recovering the Riches of Anointing: A Study of the Sacrament of the Sick* (Collegeville, MN: Liturgy Press, 2002), 117–8.

been the Church tradition to care for the sick. There is no question that the instructions task Church members to make this one of their primary concerns. The ecclesial community is to carry out this mission since it is one of Jesus's missions when He was on this earth. He commanded his followers to do the same. Furthermore, He as the head of the Church and the faithful as His body should work in unison.[118]

Turning the focus to the ministry of Rites, spiritual (pastoral) care of the sick and the dying, a fundamental understanding of this ministry, is lacking among many in the *ecclesia.* When the faithful minister to others, they must be mindful that God has found them long before they ever came to see the sick and the dying. Therefore, it is their task to help the sick and dying, to remember through the scripture, Church tradition, teaching and faith what kind of blessings they have received and experienced in their lives, and to allow the Holy Spirit to transform them and enable them to experience the love of God.[119] It is ". . . our responsibility to call people's attention to the holy presence of God."[120] As Richard Gaillardetz points out, as ministers, the faithful must be able to help the sick or the ones in pain to point to the time where they may have encountered divine love. The faithful need to help them to identify their own selfishness, egoism, and greed and raise their understanding to welcome the act of love and care in God's hand.[121] With this understanding, the members need to acknowledge that the Church requires a priest to perform the ministry. However, the faithful do not have to depend on the priest to perform the ministry of rites in terms of pastoral care. As members of the baptized

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[118] Ephesians 4:15–16 [NAB].
[119] Gaillardetz, *A Vision of Pastoral Ministry*, 31.
[120] Ibid., 33.
[121] Ibid., 35.

priesthood, the faithful may function as the ministers of rites and provide the needed preparation, care, spiritual nourishment and physical healing to the sick and the dying.

The general introduction to *Pastoral Care of the Sick—Rite of Anointing and Viaticum* points to many areas of ministry in which the Church has been asked to take part. The only parts that have been reserved for the priests are anointing and absolution. In the rites, members of the Church take part in reading, responses to the prayer of litany, the Lord's Prayer, and Communion. They are to take part in the full liturgical act. This helps the sick member to feel the community's love and care and helps strengthen them.

It is important to keep in mind that every prayer has a strong theology associated with it. When the priest says, "The grace of our Lord Jesus Christ and the love of God and the fellowship of the Holy Spirit be with you," it invokes the love of the triune God in union with the faithful gathered along with the sick person. However, this powerful greeting may not register in the mind of a suffering person. Therefore, the ministers have an obligation to talk about such powerful images of the liturgy with the sick. When the time for anointing comes, they may recall the meaning of these words. Similarly, the scripture readings and its meaning can be discussed with the sick to help them meditate on their own pain and suffering in relation to what pain and suffering Christ underwent for all. Similarly, the sufferings and pain the saints and martyrs have endured in the name of love of God can be mentioned.

Some of the following passages may help them focus on the love God has for his followers and how he commanded them to love one another as evident in John 13:34–35: "I give you a new commandment: Love one another. As I have loved you, so you also should love one another. This is how all will know that you are my disciples, if you have

love for one another." This is emphasized in John 15:9–10, "As the Father loves me, so I also love you. Remain in my love. If you keep my Commandments, you will remain in my love." The faithful also may discuss the meaning of sprinkling of Holy Water and how it symbolizes that all are baptized by water and cleansed from sin. The anointing represents the forgiveness of sins and how the sick came to Jesus for healing. These areas can be discussed with the sick in preparation for anointing by the priest. In addition, when he anoints, the entire community is in communion with him. This is one of the fundamentals of the baptized ministry. This is evidenced by the priest's statement, "Let us (includes all of us gathered) therefore commend our sick brother/sister N. to the grace and power of Christ, that he may save him/her and raise him/her up."[122] In doing so, the faithful are serving their intended role.

In addition, there is another sacramental service that the faithful may exercise which is also reserved for priests and deacons. The local ordinary may grant faculties to the faithful with proper qualification to be ministers of some sacramental expression (Can. 1168). This would include lay chaplains, ministers of Holy Communion, and other lay ministers.[123] This will enable them to use the Holy Water and blessed oil as sacramentals to bless the sick. However, care should be taken not to confuse the sick or family members, or to mislead them into thinking that they are being anointed.[124] Susan Wood has pointed out that the "healing, both bodily and spiritual, is effected through the faith-filled prayer and medicinal anointing. The forgiveness of sin associated with the

[122] *PCS*, #117.
[123] Huels, 92–93.
[124] Ibid., 93–94.

very act of anointing does not, then, require the capability of a priest for absolution."[125] Such arguments by some theologians and the National Association of Catholic Chaplains (NACC) have been made to open the possibilities for a minister of anointing other than an ordained priest.

In addition, the NACC has made several sound pastoral recommendations and guides to enable deacons, religious, extraordinary ministers, and the faithful to be used while caring for the sick, dying and their families, friends and loved ones. Peter Fink, S.J., calls on the faithful to think of the Vatican reforms and their intended purposes. These would be to rethink the sacraments, which are liturgical actions by the Church in which all, *ecclesia*, participate, and the Holy Spirit then answers the pleas and bestows and confers the sacramental grace upon the faithful.[126]

V. Conclusion

A general introduction to pastoral care very clearly indicates that God's love for His Church and all of its members, *ecclesia*, is unlimited. The theology underlying this fact is based on the relationship between Father, the Son, and the Holy Spirit, the Triune God, and his love for humanity. Furthermore, as Congar explains,

> this is the *ecclesia* that theologians refer to and becomes the subject of in liturgical services. On the one hand, the Body is the totality of the faithful, the *ecclesia,* the 'we' when we say Christians. On the other hand, the ecclesia is even more than that. . . . It represents a reality and mystery that have a depth of meaning and a fullness of significance in the Church that is unlike anything else.[127]

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[125] Wood, "The Paschal Mystery," 19.

[126] Peter E. Fink, S.J., "Anointing of the Sick and the Forgiveness of Sins," in *Recovering the Riches of Anointing: A Study of the Sacrament of the Sick*, ed. Genevieve Glen (Collegeville, MN: Liturgy Press, 2002), 23–6.

[127] Gaillardetz, *A Vision of Pastoral Ministry*, 64–65.

"The Church is the person to whom the Spirit is always promised. She is the *milieu* or the organism into which each one is grafted by baptismal incorporation."[128] The same Holy Spirit works through the faithful in healing the broken, injured, hurting, and separated from the Church. The faithful become the symbol of the love God has for those who are sick; they are the conveyors of that message. The Church accomplishes this through prayers, presence, caring, explaining the scriptures, and the meaning of different acts in the sacramental rituals, and taking part in communion along with the sick. This helps them realize that they are loved and that they are still part of the Church, the Body of Christ, family. Such caring assurance may enable them to heal and become strengthened by experiencing the love of God to fight the temptation of the devil. The faithful do this because they love God, and He has commanded them to do this, and because this is the theology of the Church. The Church can do many things for the sick and the dying to show love, support, and compassion, and to help them remember the kindness God has shown in their lives and to help rebuild their faith in God. As the members do such acts of charity, they are in effect performing an ecclesial act in order to fulfill the theological edicts.

As Mark Wedig emphasizes in relationship to the rite, "You should focus on how much you can do for the sick rather than what you are not allowed to do."[129] Vatican II has made this sacrament more readily available to many of the faithful by placing the emphasis on the baptismal priesthood. Of course, this change could bring in more faithful to take part in this spiritual (pastoral) care ministry. However, the intention of Vatican II has not yet been fully realized.

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[128] Gaillardetz, *A Vision of Pastoral Ministry*, 35–36.
[129] Lecture by Fr. Mark Wedig, Barry University, January 2013.

In summary, the ecclesiology of the pastoral care of the sick and the dying involves more than a priest coming alone and anointing the patient and giving viaticum. It includes the visiting, praying with the sick, caring for the loved ones (family and friends), witnessing the suffering, and consoling the patient with the concerns of the *communio*. The whole Church is being represented by the members' visits, and they assure the sick that the "content and effect of this sacrament, (anointing) . . . is the grace of the Holy Spirit."[130] They are also required to inform the sick and dying that the illness may be an occasion for the acceptance of this grace in faith.[131] Therefore, the entire Church is involved in pastoral care for the sick. The faithful need to keep in mind all that they could do; it is done for "the greater glory of God." Every kind act done for one of our brothers and sisters is really being done for our Father.[132]

The opening chapter of this research established four key questions to be addressed. Chapter Two presented a brief historical survey of the ancient and medieval practices and theology of anointing and pastoral care; Trent and its "reforms;" Liturgical movement and the modern recognized need to reform of "extreme unction"; and the Post-Vatican II reform: *Pastoral Care of the Sick—Rites of Anointing and Viaticum.*

This chapter has covered the ecclesiology and ministry of the Pastoral care of the Sick and Dying, specifically *Lumen Gentium* and the Vatican II vision of the Church of the baptized; it has addressed theology of ministry originating from baptismal priesthood as articulated by Paul Philibert; Theology of ministry through the lenses of Richard R. Gaillardetz, Edward Hahnenberg, and Zeni Fox; and it has included discussion of

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[130] Rahner, 86.
[131] Ibid., 89.
[132] Matt. 5:40 [NAB].

Ecclesiology and Ministry of the Rites of Pastoral Care of the Sick and Dying (a. Theology of Paragraphs 32–40 of the Introduction to the *Rites of Pastoral Care of the Sick and Dying*, and b. Theology of Church and Ministry of the Rites).

Chapter 4 will discuss the Implications of the Ecclesiology and Ministry of the Baptized on the Rites as performed in the local Church of the Diocese of Raleigh. An outgrowth of this research is the intent of expanding the scope of pastoral care of the sick and dying by establishing a proposal that honors the intent of Vatican II in establishing a ministry of pastoral care for the sick and the dying in the local parish context and possibly in the Diocese of Raleigh. This might then allow adaptation and a new model proposing new communication flow related to the care of the sick and the dying with the local parish, local hospital, nursing homes and health care facilities.

Chapter 4

RENEWED PRAXIS

This thesis-project has derived from four concerns that drive the research: (1) the widening gap in sacramental and pastoral ministry in the care of the sick and dying, (2) the potential for bridging the gap through increased participation of the laity, (3) the need to identify the elements of the Vatican Council II which endorse the use of laity to serve in this capacity, and (4) the emerging model or protocols which can then be used to implement this program in the focus parish, St. Anthony's, and in other parish Churches throughout the Diocese of Raleigh and beyond.

In this chapter I will briefly discuss the implications of the ecclesiology and ministry of the baptized for the rites as performed in the local Church and Diocese of Raleigh; the expansion of the scope of pastoral care of the sick and dying; a proposal for a ministry in the local Church and Diocese of Raleigh (a modified model similar to the one in the Diocese of Memphis, TN); and conclude with some practical suggestions for and ramifications of carrying out such a model.

I. Implications of the Ecclesiology and Ministry of the Baptized for the Rites as Performed in the Local Church and Diocese of Raleigh

As a benefit to the reader, Chapter 1 explained the demographics of the local parish and some of the historical and cultural differences that reflect the experiences of the parish community. In addition, that chapter highlighted some of the biblical references and traditions of the Catholic Church and how it has molded the ecclesial *communio* of St. Anthony of Padua parish in relation to pastoral/spiritual care of the sick

and the dying. In addition, that section explored how the pastoral ministry and the sacramental ministry are carried out in St. Anthony of Padua and the sister Church, Sacred Heart (Pinehurst, NC).

The situation from the current praxis shows that many of the parishioners of St. Anthony parish are wounded spiritually and have never had a chance to experience the grieving process in order to heal sufficiently so as to work as a united Christian family due to the Church hierarchy's failure to address the spiritual needs of a segment of the Catholic community whose home parish was lost in a merger of Churches that saw one Church and its associated school close—a Church and school which had been serving as the Church home of the black Catholic population. Furthermore, this failure to meet spiritual needs is true for some whites, blacks, and more specifically, Hispanic community members. Since all these old wounds are still vivid in their collective memory, it appears there are still difficulties which have fostered suspicions among these three groups and preclude their reaching out to one another. Additionally, many are not adequately catechized in sacramental theology, and specifically about the sacraments of anointing and viaticum, and pastoral care of the sick and the dying in general, leaving the lay members uncertain as to their role in sacramental care. This is borne out by the local surveys referenced and conducted in 2013.[1]

Chapter 4 will provide schemata to address some of these issues. The chapter will briefly capture the key elements of the historical events referenced in Chapter 2 that have shaped the pastoral care of the sick and the dying. This chapter offers insight into

[1] Informal survey conducted by St. Anthony of Padua and Sacred Heart Churches on March 2013.

how the Church has focused mainly on the sacrament of anointing and how the sacrament of healing especially includes pastoral care.

Chapter 3 focused on examining the ecclesiology of pastoral care for the sick and the dying. The liturgical celebrations are not private functions, but instead are actions of the Church, and a communal celebration is preferred over private or individual administration of this sacrament and care.[2] In essence, the ecclesiology reflects **how** the ecclesial *communio* receives the teaching of the Word of God, the teaching of the Church, and the practices handed down through the Catholic history and tradition.

Ecclesiology also includes the teaching of the Vatican Council II and how it is understood, internalized, and acted upon.[3] This is how the faithful understand and exercise their obligation and authority that they received at the time of their baptismal anointing and later at their anointing at confirmation, and "reaches its culmination in the communion of the body and blood of Christ."[4] This completes Christian initiation and makes followers a part of the baptismal priesthood—a belief that is the cornerstone of the proposed initiatives for insuring that a parish meets the pastoral needs of the sick and the dying in a time of decreasing numbers entering the ministerial priesthood.

Each has the obligation to care for one's brothers and sisters, which is the fundamental command of Jesus when he asks his followers to "love one another as I have loved you;"[5] this commandment is based on His love for humanity, His self-sacrifice, and His offering of Himself, which is a new covenantal bond reflective of His love for His

[2] Gusmer, *And You Visited Me*, 177.
[3] Fr. Mark, interview by author, January 2014.
[4] Gerard Austin, *The Rite of Confirmation Anointing with the Spirit* (Collegeville, MN: The Liturgical Press, 1985), 58.
[5] John 15:12 [NAB].

Father.[6] In addition, the followers have been taught to imitate Him. Many fail to grasp the meaning of what it is to imitate Jesus. In simple terms, human beings are to emulate Him by showing compassionate care and Christian charity as He did on earth. This involves being compassionate to the lonely, the oppressed, the sinners, people with blindness or deafness or sores, and those who are lepers.[7] Excluding no one, Jesus dined with tax collectors and the marginalized (gentiles), comforted the grieving, healed the sick, and listened to the oppressed. Thus, these actions are expected of all Christians, and the latter two of these are cornerstones in this research.

This chapter, a renewed praxis, will examine the implications of the ecclesiology and ministry of the baptized on the rites as performed in the local Church in the Diocese of Raleigh. This will be followed by expanding the scope of Pastoral Care of the Sick and Dying: A proposal for a renewed ministry in the local Church, with possible applicability to the Diocese of Raleigh (a modified model similar to the one in the Diocese of Memphis, TN). The thesis will conclude with some practical suggestions for and ramifications of carrying out such a model in St. Anthony of Padua and possibly in other Churches in the Diocese of Raleigh and beyond.

Vatican II broadened the horizon for all the baptized when it placed the People of God as the central metaphor for the Church even more foundational than the hierarchy of the Church. This is the reformed foundation for all baptized Christians to be part of the Body of Christ. When the Council concluded, the faithful were given a new understanding of their obligation to minister that graced them in their baptismal

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[6] Raymond Brown, S.S., Joseph A. Fitzmeyer, S.J. and Roland E. Murphy, O.Carm., eds. *The New Jerome Biblical Commentary* (Englewood Cliffs, NJ: Burns & Oates, 2000), 974.

[7] Matt 10:7–8 [NAB].

anointing.[8] One of the ways to understand this anointing is that the faithful have been anointed as Jesus was anointed as priest, prophet, and king. Through this anointing, they have become a part of His Body-*corpus* (the Church), and He is the Head-*caput* (of that Church). With this new meaning and understanding, the faithful offer themselves as living sacrifice, during the Eucharistic celebration, which is pleasing to God[9] along with the priest and the gifts. With that teaching in mind, can the faithful expect the limbs to function on their own, or can they serve any meaningful purpose without working in unison as a whole body? Vatican II has stated: "By divine institution, the Holy Church is directed and governed with a wonderful diversity. 'For just as in one body we have many members, yet all the members have not the same function, so we the many, are one body in Christ, but individually members of one another'" (Rom 12:4–5).[10] The worshiping communities are given certain charisms and thereby have the obligation to use those charisms to perform certain tasks in helping to bring the Kingdom of God to those who have gained special preference in Jesus's mercy. Jesus has a special preference for the poor, the sick, widows, and children.[11] However, for the purpose of this discussion, the focus will be on the sick and the dying.

From Church teaching and biblical narratives, one can discern that Jesus has commanded all His followers to do charity work such as caring for the sick and related tasks. One such illustration is: ". . . I was ill . . .," ". . . I was thirsty . . .," ". . . you comforted me . . ." (Matt. 25:34–36). However,

[8] Gaillardetz and Clifford, 85.

[9] Vatican Council II, *Dogmatic Constitution on the Church,* (LG) Chapter II, "The People of God," art. 10.

[10] *LG*, 32.

[11] Gustavo Gutierrez, *We Drink from Our Own Wells—The Spiritual Journey of a People* (Maryknoll, NY: Orbis Books, 2003), 22, 127.

> Feeding the hungry, welcoming strangers, and visiting the sick are mundane acts. In this sense 'virtue is not far from us, nor is it without ourselves, but it is within us, and is easy if only we are willing' (Anthony the Great). The Son of Man does not demand supernatural feats, but simple, unobtrusive charity. The former but not the latter can easily be counterfeited (24:24) Charity is accordingly the true test of faith.[12]

Furthermore, as Matthew 10:7 states, Jesus commanded His disciples to go out and proclaim the word of God. According to Wenham, this was an urgent mission of God's people. The disciples are to greet all with peace to discern a deserving host.[13] That same command applies to all the faithful since all the faithful are His disciples and belong to the baptismal priesthood, as Christ was the high priest and the baptized are sharers in His priesthood since the baptized are a part of His Body.[14] This Body is what believers call the Church. "If one member suffers in the Body of Christ, which is the Church, all the members suffer with the member."[15] In St. Anthony of Padua, there are many members even if wounded by historical, cultural, and socio-economic factors.

As posited earlier, when faithful are wounded and not fully healed, how do they find that compassionate part of their spirit? When grief is holding one back from expressing God's love for one another in ordinary circumstances or at the Eucharistic celebration, then that dilemma needs to be remedied before that individual can move forward. In St. Anthony Parish, this issue needs to be addressed once again, **before** (emphasis mine) the members can ask the faithful to come forward to love and serve their brothers and sisters in Christ. Reconciliation is central to understanding what God

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[12] Dale C. Allison, Jr., "Matthew," in *The Oxford Bible Commentary*, ed. John Barton and John Muddiman (New York: Oxford University Press, 2001), 879.

[13] Gordon J. Wenham et al., eds., *New Bible Commentary* (Nottingham, England, Intervarsity Press, 2010), 917.

[14] Vatican Council II, *Dogmatic Constitution on the Church*, Chapter II, The People of God, Art. 10.

[15] *PCS*, Art. 32; 1 Cor. 12:26 [NAB].

has done for the world through Jesus Christ, but there is little mention about the brokenness and wounds and how the reconciliation may be an instrument of healing those in these situations.[16]

According, Robert Schreiter stated that the Church must keep in mind that

> . . . it is God who initiates and brings about reconciliation; secondly . . . reconciliation is more a spirituality than a strategy . . . reconciliation makes of both victim and oppressor a new creation; the story that overcomes the story of division and violence is the story of the passion, death and resurrection of Jesus; and finally, reconciliation embraces all dimensions of reality.[17]

In addition, following the initiative toward reconciliation, the clergy and other ministers and leaders must take part in some training program for the *communio*. Many theologians, such as Don Browning and Regis Duffy, have recommended the Clinical Pastoral Education (CPE) model to train the clergy and other ministers. In the Diocese of Raleigh, the need for training is evident in the results of the survey conducted between both Churches which indicated the notable lack of awareness about the pastoral care of the sick and the dying and what requirements/obligations face the faithful. Simply stated, too many of the faithful are unaware of the critical need for their involvement with the sick and the dying. In addition, fifty years after Vatican II, this research effort would suggest that most of the St. Anthony faithful have not been fully and thoroughly catechized about the changes and how those changes carry implications to their role in this ministering; this possibly reflects a larger lack of awareness throughout the Diocese and the larger faith community.

Furthermore, virtually all have experienced, or had someone dear and near to the faithful, fall ill, become hospitalized, undergo major surgeries, or endure deteriorating

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[16] Whitehead and Whitehead, 134.
[17] Robert J. Schreiter, quoted in Whitehead and Whitehead, 136–138.

health. During those periods of such difficulties, one of the experiences the sick and the dying may have encountered is the separation from the Church, being unable to participate in the Eucharistic celebrations or simply feeling distress at being separated from the *communio*. This separation adds stress to the sick in addition to what they encounter due to their illnesses. Very often, this is the time the family feels the same sense of isolation, helplessness, and vulnerability.[18] This is when other faithful are needed as pastoral caregivers, to care for the Lord's children, brothers and sisters in Christ, in their time of difficulties. The other faithful function as the bridge that brings communion and represent the *communio* to the sick. The faithful help them see God's presence by simple acts of love and compassion.

These foundational works must be accomplished in order to find ways to bridge the gap between pastoral/sacramental caregivers and those who are in need of sacraments, pastoral, and spiritual care—a large number of whom currently exist, and that number is expected to increase in the coming years. Catholic ministries have severe and serious shortages of priests with the dwindling numbers due to retirements, ill health, and insufficient candidates entering seminary and becoming priests. On the other hand, the Church is encountering an ever-increasing number of people who are reaching old age and are ailing. In addition, the shortage of priests is being exacerbated by growth in Churches and in dioceses due to migration coupled with a diminishing number of young men drawn to the priesthood in proportion to the burgeoning human population. Furthermore, the baptized have received the Holy Spirit, the same Holy Spirit that came upon Jesus when he was baptized by John, the same Spirit that came to Mary and enabled

[18] Mary Mandell, M.D., interview by author, February 2014.

her to conceive the Son of God, and the same Spirit who left Jesus when he commended His Spirit into His Father's hands and died. "It is the Holy Spirit who empowers all the baptized to participate in the work of Christ as priest, prophet and king. Again, this applies to all the faithful."[19] Therefore, it is incumbent upon the faithful to become proactive and take part in learning what is needed and to find ways to help to fill the void. All have a part to play in this ministry.

From my research interviews, I learned that I was not the only one looking for a priest to come and anoint my dying friend, my mother, and my brother-in-law. Moreover, one would think that a deacon would have placed priority on bringing viaticum to the dying friend, to a mother or to a brother-in-law. But it did not happen that way. Like so many others, the deacon was of a pre-Vatican II mentality that did not know, or understand, what rights Vatican II had given to its baptized members. Vatican II has changed the name of the sacrament of the sick to anointing[20] and the sacrament for the dying to viaticum and placed both in the context of the pastoral care.[21] The anointing was formerly known as "extreme unction," and later it was commonly referred to as the "last rites."

The faithful need to be informed and reminded on a regular basis that anointing is the proper sacrament for the sick and the aged, and viaticum is for the dying. This needs to be brought out in the Church's teaching and preaching and catechizing ministry. In addition, the clergy need to encourage the parish communities, especially the young people, to get involved in the ministry of caring for the sick and the dying. "The Lord

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[19] Gaillardetz and Clifford, 85.
[20] Vatican Council II, *Constitution on the Liturgy*, art. 73.
[21] Vatican Council II, *Constitution on the Liturgy*, art. 74.

himself showed great concern for the bodily and spiritual welfare of the sick and commanded his followers to do likewise."[22] Furthermore, "Christ commanded all of us to visit the sick and be concerned for the whole person and offer both physical relief and spiritual comfort."[23] Unfortunately, it appears that many of the faithful are unaware or uninformed of this obligation and responsibility.

What are the implications of all these references for St. Anthony of Padua Parish and in the Diocese of Raleigh? In order to understand the knowledge level of the parish members, an informal survey was conducted of St. Anthony of Padua Church and Sacred Heart Church. There was a very good response (40% and 47%, respectively, of parish members responded to the survey). These responses might guide the Parish to a better understanding of the need to incorporate post-Vatican II theology in teaching parish members about the roles they might play in ministering to the sick and the dying.

The following information is gleaned from the majority of the people's responses to this informal survey. Some of the key questions and answers were the following:

> Q. Who is responsible for the pastoral care of the sick and the dying in your Church?
> A. Priests and lay ministers of Holy Communion are responsible for the sick and the dying.
>
> Q. What services do you provide for the sick and the dying?
> A. Simple visit and prayers.
>
> Q. How would you read/learn/hear about the ministry?
> A. Word of mouth.

In addition, the survey revealed the following:

- The service provided is to pray for the sick during prayer of the faithful and if any one of their friends or relatives is sick, then they pray for them.

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[22] *PCS*, Art. 5.
[23] Ibid., Art. 4.

- They learn about this ministry through the Bible and Catechism classes they received as young persons or from parents.
- They learn about the sick and the dying or the dead through word of mouth or an obituary or from the *Book of Prayer* sitting in the back of the Church.
- They believe that the lay minister's role is to bring Communion (ministers of Holy Communion) and pray for all the sick at Mass during the prayer of the faithful.
- The general belief is that by increasing the number of priests and ministers of Holy Communion, then we can better serve the sick and the dying.

This feedback reveals that St. Anthony of Padua and the Sacred Heart parish communities have a very serious lack of understanding of this ministry. Furthermore, only 3% think that this ministry belongs to all the faithful. Two percent (2%) responded that they would be interested in volunteering for this ministry. Moreover, the input from the diaconate community of Diocese of Raleigh indicates surprisingly that they believe that this ministry belongs to the priest and to the ministers of Holy Communion and to the family members of the sick and the dying.

Another surprise and a revealing factor from the priests' survey indicate that the priests consider this caring for the sick and the dying in a formal manner as their own ministry and that the ministers of Holy Communion are merely there to assist them. Many of the faithful according to the survey conducted (38% of the 40%, and 45% of the 47%) have not heard of the *Pastoral Care of the Sick—Rites of Viaticum and Anointing* and are consequently unfamiliar with the meaning of the baptismal priesthood. "The concern that Christ showed for the bodily and spiritual welfare of those who are ill is continued by the Church in its ministry to the sick. This ministry is the common

responsibility of all Christians, who should visit the sick, remember them in prayer, and celebrate the sacrament with them."[24]

In addition, the general introduction to the *Pastoral Care of the Sick—Rites of Viaticum and Anointing* states: "It is thus especially fitting that all baptized Christians share in this ministry of mutual charity within the Body of Christ by doing all that they can to help the sick return to health, by showing love for the sick, and by celebrating the sacraments with them."[25] Thus, it is a contention borne of this research that many of the faithful in St. Anthony of Padua and possibly other parishes are lacking in this teaching and understanding. It is also equally important to note that the majority of the faithful are loving people; therefore, they would be willing to participate in this ministry if they are taught that it is their responsibility and obligation and invited to participate.

II. Expanding the Scope of Pastoral Care of the Sick and Dying: A Proposal for a Ministry in the Local Church and Diocese of Raleigh. [The Following Model is Taken from Diocese of Memphis, TN and Has Been Modified to Fit St. Anthony of Padua]

To establish a more effective ministering to the sick and the dying, a parish does not face an impossible or unproven challenge. A solution envisioned in this research is the use of a specially trained pool of lay ministers who would assume partial responsibility for this ministry. This will supplement the sacramental ministry by having the *communio* assume a majority of the pastoral charge. Similar proposals and views have

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[24] *PCS*, Art. 42.
[25] *PCS*, Art. 33.

been advocated by very prominent theologians, organizations, and members of the National Conference of Catholic Bishops, but too often to no avail.[26]

In order to make pastoral care to the sick and the dying successful, rather than simply depending on a priest to come and dispense the sacraments, I argue that the parish community share and extend the pastor's charge to provide pastoral care. This could be accomplished by a well-trained cadre from the *communio*. Therefore, this element in the thesis will focus on how to close the gap between sacramental and pastoral ministry within the capability and availability of the faithful.

In undertaking this project, the key focus was on all the clergy, religious, extraordinary ministers as well as the laity of St. Anthony of Padua Church, hoping to lead them to a deeper awareness of the urgent need the local community faces in providing spiritual and pastoral care for the elderly, the sick, and the dying in various institutions or in private health care centers and in private homes. The ultimate hope is for an emergence of a genuine pastoral spirit and openness to new perspectives on the part of all involved—including ordained, religious, and lay ministers as well as those who may not yet be directly involved in this ministry, but may be called to it.

Realizing the magnitude of need at the present time, there is no doubt that priests by themselves are not able to meet the existing and ever-growing demands of this ministry. Such information was provided in Chapter One. The additional outcome of this project is to encourage a wide range of persons to become aware of the true meaning of caring for the sick, to understand each one's union in the priestly ministry of baptism, and to accept the pastoral charge of finding the means to provide such necessary pastoral

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[26] Ziegler, *Let Them Anoint the Sick*, 2.

care. In the end, this approach would enhance the capability of priests to respond to the pastoral charge given them by sharing the full scope of it with the *communio*. The faithful are called to serve one another and most urgently to serve those in need among the community.

The ministerial questions that need to be answered are the following: Who are the proper persons to provide spiritual (pastoral) care for the sick and the dying? Who has the pastoral charge? Who holds the charisms for such ministry? Who is currently exercising that charge? It is my contention that the person who is caring for and providing spiritual support on an ongoing basis for a patient who is sick or dying is the one who assumes the pastoral charge. The Church's concern about the sacrament of anointing is expressed as follows:

> By the sacred anointing of the sick and the prayers of its presbyters, the whole Church commends the sick to the suffering and glorified Lord so that he may raise them up and save them. . . . The Church exhorts them, moreover, to contribute to the welfare of the whole people of God by associating themselves willingly with the passion and death of Christ.[27]

The General Introduction to the *Pastoral Care of the Sick and Dying—Rites of Anointing and Viaticum* states, "It is thus specifically fitting that all baptized Christians share in this ministry of mutual charity within the Body of Christ by doing all that they can to help the sick return to health, by showing love for the sick, and by celebrating the sacraments with them. Like the other sacraments, these too have a community aspect, which should be brought out as much as possible when they are celebrated."[28] To that end, the aforementioned efforts to educate the parishioners as to their role are essential if the needs of the sick and the dying are to be met.

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[27] Ziegler, *Let Them Anoint the Sick*, 490.
[28] *PCS*, #33.

While providing pastoral care for the sick, the dying, their relatives, and the staff, the ministers are faced with high levels of tension and emotional strains. However, the ministers must keep in mind what Bernard Spilka says in “The Role of Theology in Caring for the Sick”: “Central among the factors motivating thought and behavior in these anxious circumstances is the theological position of the minister. Theology is of great importance for offering solace, strength, and understanding, especially if it is conservative in its orientation.”[29] The term “conservative” implies that the ministers should be compassionate when visiting the sick and not traumatize the patients. There are many examples of how some ministers tend to engage in theological malpractice by telling the patients that God will not forgive them or refuse to give absolution and walk out on patients, and similar unkind acts. In addition, the faithful should remember what Howard Clinebell said about pastoral care: “Pastoral care is the shared ministry of pastor and the whole congregation.”[30] All Christians (disciples) are called to visit the sick and pray, comfort and help them heal.

In analyzing and trying to understand what “The General Introduction” to the *Pastoral Care of the Sick and the Dying, (Rites)* is conveying about pastoral care, one can draw conclusions about modern application of the concepts. Furthermore, by briefly examining how and when the requirement for a presbyter to provide pastoral care was established, one can better understand the ability of the Church to convey certain rights to the laity in ministering to the sick and the dying. How the community at large understands this pastoral care process impacts the ministry either by imposing limitations

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[29] Bernard Spilka, “The Role of Theology in Pastoral Care for the Dying,” *Theology Today* 38 (April 1981): 16–29.

[30] Howard Clinebell, *Basic Types of Pastoral Care & Counseling* (Nashville, TN: Abingdon Press, 1996), 27.

or opening them up for a larger role. The rites state, "Kindness shown toward the sick and works of charity and mutual help for the relief of every kind of human want are held in special honor."[31] The "General Introduction" to the Rites, specifically paragraphs 32–37, very clearly indicates that God's love for his Church and all of its members are unlimited. It states that ". . . every act of care for the sick, on the part of any person, may be considered a preparation for the Gospel and a sharing in Christ's healing ministry."[32] I believe this refers to pastoral care provided by members of the Christian community to the non-Christian or atheist; likewise, this could mean that even if a non-Christian or an atheist provides care for the sick, that action disposes the individual to receive the Gospel message and to participate with Christ in healing.

Because the family, friends, and caregivers of the sick share a close relationship with the sick person, they are exhorted to pray with the sick and to encourage them to offer their suffering for the expiation of the sins of the Church, joining themselves to Christ's passion and death for human redemption. This ecclesiology of the rite is manifested especially in paragraph 32: "If one member suffers in the body of Christ, which is the Church, all the members suffer with that member" (1 Cor. 12:26).[33] Love for the sick is part of the love that binds Christians with the Triune God. The theology which underlies this fact is based on the relationship between Father, Son, and the Holy Spirit, and his love for humanity. As part of this triune love, Christ took the form of a human

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[31] Bouley, 493.
[32] *PCS*, #32.
[33] Ibid.

and entered a world of human suffering and death. Christ claimed all humans as his body (*corpus*) and He as Head (*caput*) of the Church.[34]

Too often, pastoral care is associated in the minds of the faithful with "Last Rites," formerly known as *extreme unction*, which is seen exclusively as end-of-life urgency. Unfortunately, many of the faithful have not been properly catechized for various reasons or have failed to recognize that pastoral care is more than anointing a person in the last hour of his or her life. Too often, family members and others do not know what to look for, ask for, or expect in regard to the pastoral care of their loved ones who are ill. This lack of understanding and awareness on the part of many of the faithful exacerbates the need to involve a community of care to provide the care to the sick and the dying.

While the Church teaches that the priest is the proper minister of anointing and forgiveness of sins, most Catholics do not realize that the entire Church unites with the priest in prayer for the sick. Although oil was used in anointing from the earliest times, Jesus, while carrying out his ministry of healing the sick, did not regularly use oil but employed many different acts in the process. Although one of Jesus's most profound acts was the raising of Lazarus, on many other occasions He simply prayed for healing. But one of the foundations of the faith informs followers that everyone who is baptized in the name of the Father, the Son and the Holy Spirit has been charged with this ministry. "In the sacrament of the sick, the Church (not only the local community but the whole Church) comes to the patient in the person of the priest."[35] This research contends that the

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[34] Congar, 32.

[35] John C. Kasza, *Understanding Sacramental Healing: Anointing and Viaticum* (Chicago, IL: Hillenbrand Books, 2006), 184.

believers and followers are the Church *(ecclesia*), and the priest is one of the faithful in this context. Furthermore, as Kasza points out, "Pastoral care of the sick does not begin with, nor end with, the anointing liturgy. The care of the sick and the dying is the responsibility of the whole faith community."[36] As Cardinal Bernardin once confided to another priest who was in pastoral care ministry, "Whoever is providing the pastoral care to the sick and the dying is the one who should be anointing that person."[37]

This thesis has provided evidence for the development of the schemata below as a beginning of a renewed praxis (St. Anthony of Padua Pastoral and Spiritual Care Ministry) which could then become a new ministry in the focus of any parish, inviting all the committed faithful to become partners in the pastoral care and sacramental ministry for the sick and the dying. St. Anthony of Padua and other Churches therefore need to train the faithful to care for its aging *communio.*

This research proposes that St. Anthony of Padua, as a pilot parish for the schemata, will begin several team-building sessions. If this is not done as a first order of business, the trust which could and should be building between different groups will be hampered. The long term woundedness, resentment, and bitterness toward one another needs to be acknowledged without blaming anyone and that the process should include an honest review of the Church's own history and how closing the black Church and consolidating with the white Church could have been better implemented in an amicable way. It is worth pointing out that the Bishop of Raleigh has come to St. Anthony of Padua and celebrated Mass[38] and formally apologized for the injustice done by not

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[36] Kasza, 196.
[37] Comment from a priest who was involved in the field of CPE, Baltimore, MD., June, 2012.
[38] Bishop's Mass in 2010 at St. Anthony of Padua.

planning and executing a well-intended plan based on Catholic charity. Since he has acknowledged the error, the local clergy need to do likewise and to provide team-building sessions which will include talking honestly, listening to each other's feelings, and sharing grievances.

Secondly, any practices must recognize the role that medical facilities play and the constraints under which they themselves operate, most specifically as it applies to law and accepted medical practices. Thus, the training of volunteers needs to begin with establishing clear boundaries and confidentiality health information (HIPPA) requirements pertaining to patient-care and privacy matters. These should be followed up by some of the hospital, nursing home care rules, facility expectations, and adherence to some mandatory requirements such as flu shots and TB testing.

This thesis-project has provided the framework for a more formalized model to be implemented in the local parish, but also one that has general application for any parish that has similar challenges in meeting the needs for pastoral and spiritual care of the sick and the dying. From these early interventions, a more formalized model of training and awareness must be implemented involving the clergy, the laity, open communication within the parish, and with the impacted outside agencies and groups as proposed below:

A Proposed Model for Church-Directed Interventions for the Sick and the Dying	
Part I: Clergy-Directed Efforts	
1.	The priest/deacon implements training that begins with renewing understanding of the sacrament of healing, sacrament of anointing, and viaticum. He would posit these questions to the laity: What is the proper sacrament for the sick? (Ref: PCS #) General Introduction (GI) 8. What is the proper sacrament for the dying? (Ref: PCS #) GI 26. What is the origin of the sacrament? James 5: 14-16. What was the command Jesus gave his disciples in regards to the sick? Ch. 4.

A Proposed Model for Church-Directed Interventions for the Sick and the Dying	
	What does it mean to provide pastoral/spiritual care to the sick and the dying and to their loved ones? Ch. 4. How and by whom are the faithful called to this ministry? Whose ministry is this? Ch. 4. What grace and obligation did we receive in our baptismal anointing, and what is the call we have received from God's word and his example? (Ref. Gaillardetz, Hahnenberg, *PCS* and Gusmer) Ch. 4.
2.	Priest selects deacon communication team and coordinates their ongoing role with the parish administrator who maintains the telecommunication routing from the parish central switchboard to the assigned deacons. This group must be trained to facilitate New Praxis for Communication Model.
3.	Experienced lay pastoral ministers conduct group training for all able faithful volunteers and explain the need for more ministers, asking these questions: What are their obligations as God commanded and the gift and grace all have received through the baptismal anointing? (Gusmer, Ziegler.)
4.	The clergy and office staff emphasize the need to keep the parish office, priest, deacon and other ministers informed of all those who are sick, in the hospital, in a nursing home, or homebound.
5.	Experienced lay pastoral ministers remind the Church community at large in Masses and through Church communiques that it is everyone's responsibility to minister to the sick and the dying and to make the Church family aware of who is sick or dying. (*PCS #* GI 13.)
6.	The clergy assume a greater role in bridging the gap that exists between the sick and the pastoral and spiritual care needed. Many of faithful have the false understanding that the priest alone can care for all the sick and the dying. (Ref. Survey result.)
7.	The clergy note at Mass when the Church institutes any ministers; it needs to be communicated to all by taking time to make it a part of the Sunday celebrations and to be publicized in order for the community to become aware of the program and to introduce the individuals who are volunteering for such ministry. (Ref. Gusmer)
8.	Deacons attend refresher awareness classes annually on key points about the teachings of Vatican II with special attention to LG#10.
9.	Deacons provide training to the volunteers using the General Introduction of the *Pastoral Care of the Sick—Rites of Anointing and Viaticum* and pay special attention to Para 32–40. The training would begin with renewing their understanding of the sacrament of healing, sacrament of anointing, and viaticum. The training will direct an understanding of these questions: What is the laity awareness on key points about the teachings of Vatican II with

A Proposed Model for Church-Directed Interventions for the Sick and the Dying	
	special attention to LG#10? What grace and obligation did we receive in individual baptismal anointing, and what is the call these volunteers have received from God's word and his example? (Ref. Yves Congar)[39]
Part II: Church Community Efforts	
1.	The Parish Administrator ensures every ministry leader understands the need to keep the Church informed of the illness, surgery and deteriorating health condition of Church members.
2.	The Parish Administrator will rotate items in part of this protocol to be published as articles in the Church bulletin or published in the NC Catholic (diocesan monthly magazine). A sample article may be in this form: See attachment 2.
3.	The Church administrative staffs inform the deacon, the priest, and the coordinating person of the Eucharistic ministers of the sick in our community and include them in the prayer of the faithful.
4.	Well-trained pastoral ministers will provide in-service for the laity (this could be the sick, their relatives, their care providers, and/or the concerned faithful) who will accept these roles as interventionists for the Church: The laity needs to keep the Church informed of the illness, surgery and deteriorating health condition of members. There are many roles that the community of the faithful can play to help the sick and their family and ease the workload of the priests. The clergy frequently remind the laity of the power of a simple visit to keep company, pray with them, (the rosary is one of the popular prayers many Catholics prefer,) listen and be present for reading of scripture, religious articles, magazines, newspapers or their favorite novels. The clergy conduct informal classes on how to direct the sick and the dying to refocus their pain and suffering toward the suffering and death of the Lord, helping them reflect on some of the gifts and graces they and their families have received from God, and conduct informal classes on ways to comfort through discussing the faith involved in healing and how Jesus told many that their faith had healed them. Experienced lay pastoral ministers of the sick and dying in conjunction with medical professionals from the parish conduct informal classes on sickroom protocols with simple kindnesses like handing them glasses of medically approved beverages or playing familiar games that prove distracting. This can include some sort of music that they enjoy listening to that can be played on a CD player or other musical device. (Ref. This practice is currently in use by the Light Keeper program at St. Joseph of the Pines.)
Part III: Outside Agency Efforts	
1.	Director of Hospital Pastoral Care Office provides hands-on training in working with the hospital chaplain associates visiting the sick. Ref. Clinical Pastoral

[39] Congar, 52–7.

A Proposed Model for Church-Directed Interventions for the Sick and the Dying	
	Education (CPE) model.
2.	Pastoral care offices in the local hospitals provide training to laypeople on how to visit and care for the sick. This can be done by making arrangements in advance with the pastoral care office at the hospital and then by obtaining permission from all impacted patients so as not to violate their privacy.
3.	The Director of Hospital Pastoral Care provides training for pastoral/spiritual visits to patients of the Catholic community and anyone else requesting this service. Ref. Current practice at the hospital.
4.	Chaplains at the health care facilities and nursing homes implement the new communication model for requesting pastoral/spiritual care for the residents.
5.	Facility managers of pastoral care will orient/train the lay volunteer ministers to the unique, site-specific requirements. Ref. Current practice at many hospitals and health care facilities. (St. Joseph of the Pines, Southern Pines, NC and Moore Regional Hospital, Pinehurst, NC.)
6.	The Department of Hospital Quality Assurance officer at each facility will inform volunteers of all the required training, medical clearances, HIPPA training, and all other internal training that is required to be completed. (Ref. Current practice at many hospitals and health care facilities.)
7.	Nursing Care Coordinator/Case Managers provide orientation to the types of cases and emergency medical protocols that the volunteers may encounter and how the pastoral care team can help the patients without interfering with the other medical staff. (Ref. Current practice at many hospitals and health care facilities.)

Since many of the above directives require ongoing commitment to a more expeditious and focused communication stream, the following table also provides the proposed model for communication flow in the new praxis to be implemented. The majority of all the tasks are already in use at various institutions in a less formalized fashion. As this research has determined, all of these tasks have not been drawn together as one model. Thus, the following model might guide the development of a local parish handbook related to the roles various parties play:

A Proposed Model for Communication Flow to Ensure Praxis Success	
Clergy	1. Acquire and install a communication device that will automatically dial preprogrammed numbers in sequence. This dedicated line will be published in the Church bulletins as the number to be called if there is a need for pastoral/spiritual care for the parish members.

A Proposed Model for Communication Flow to Ensure Praxis Success	
	2. Establish Coordination-Communication Team (CCT). Assign priest, deacon, ministers of Holy Communion and parish nurses-lay ministers who are trained and capable of discerning what the patient's requirement(s) are when they receive the call. CCT members will be assigned to be on call from 0700-1600, 1600-2300, 2300-0700 the following day. This will be a weekly assignment. CCT Member's Responsibilities: --When he/she receives the call, the CCT member on duty will collect basic information to determine who will be the proper minister and dispatch accordingly. --This would include basic required information: Name, age, parish, address, purpose of the call; nature of illness. Has the patient been anointed? If so when? --Upon completing the requested care, each minister must call the CCT member on duty and leave feedback in order to improve the care that is being provided to the faithful. Ref. Hospice model. (As mentioned earlier, this is a modified version of what is being done in the Diocese of Memphis.) (Ref. Rev. Dr. Bruce Cinquegrani's input to my proposal.) 3. Publish a handbook for the members providing basic guidance, contact information for a priest, or the name/number of a priest who is on call. This handbook may contain scriptural prayers, reference for Gospel readings, and various litanies to ensure consistent intervention. NOTE: The modified Memphis Diocese model will use one central telephone number for all to call for pastoral and spiritual care needs. (See Fig. 5 attachment.)
Lay Ministers	1. The parish community trains these individuals guided by the parish clergy and outside agencies; they are instituted to be on the pastoral/spiritual care team for St. Anthony of Padua Church. 2. CCT volunteers respond to the call from the patients and attend to the needs of the patients. Ref. similar model has been in use in the Diocese of Memphis. 3. Lay ministers exercise caution with confidential information in providing pastoral care, understanding the paramount importance of safeguarding that information. Ref. individual hospital policy and HIPPA. It is a sacred obligation on the part of all the

A Proposed Model for Communication Flow to Ensure Praxis Success	
Lay Ministers	ministers involved in this ministry. In addition, it is the law. (Ref. HIPPA) 4. Lay ministers make observations related to any unusual conditions such as shortness of breath, contusion, bleeding, and/or change in consciousness while attending to the patient; that information should be passed on to the CCT member on duty. 5. Clergy ask the CCT member on duty to listen to the feedback and alert appropriate persons such as patients' physician or nurse on duty, hospice nurse (if appropriate), relatives or caregivers to the needs of the patients. (Ref. This is based on the hospice patient visit reporting method. 6. Lay ministers request priest to visit and hear confession and/or anoint a patient. 7. Lay minister contacts the deacon or, in the absence of a deacon, a trained and commissioned minister of Holy Communion to bring viaticum, or contact prayer group to go and pray a rosary, or contact a caring Church member or family member or friend to go and sit with the person. All members of the Church have a role to play. (Ref. *PCS*.)
Faithful	1. Members contact the CCT concerning a loved one's need for the sacrament of Eucharist, anointing, or viaticum to ensure that the loved one or an authorized person communicates that need to the central calling number who then evaluates and informs the minister on duty of the degree of need.

In implementing the proposed model for Church-directed intervention for the sick and the dying and the CCT model, the resultant handbook would provide easily adapted directions to any similar parish that faces communication challenges related to Church interventions on the behalf of the sick and the dying. Certain protocols should guide the development of that handbook.

Preparing the Ministers

Care should be given to select the right volunteers for this ministry since they will be the ones representing the ecclesial *communio* and, most of all, God's presence. This is not a ministry of earthly origin, but a ministry given by Jesus Christ himself and a

ministry that is continued on earth by the Church. Matthew 10:7–8 indicates that Jesus gave the charge to the apostles as He was sending them out: "As you go, make proclamation 'the kingdom of heaven is at hand.' Cure the sick, raise the dead, cleanse the lepers, and drive out demons. Without cost you have received; without cost you are to give." As Wenham points out, this is a charge whereby the disciples may face unwelcome reception or rejection which has to be accepted, and they will be like sheep among wolves. The disciples may count on the help of the Spirit of your Father, and therefore, they need not worry.[40] Moreover, "This service becomes a visible expression of the entire Church. It is the Church living out the gospel mandate to bring the healing power of Christ to its frail and aging members."[41] Therefore, the volunteers who carry out this ministry must realize that what they will be doing is representing God and the Church to the sick and the dying through love, compassion, dignity and prayers. Just like the body, each limb has its own part to play, and it is especially true with the volunteers. They all have their own gifts that need to be drawn out, nurtured, and utilized. The Church-directed component of the proposed praxis identifies those qualified parties.

In the tradition of the Sisters of Missionaries of Charity, the lay ministers who are willing to take part in this ministry need to pray and ask God to guide them in discerning whether this is the right ministry for them. In addition, the volunteers need to be well prepared by those who have received some formal training in Clinical Pastoral Education programs and need to approach their roles with prayerful reflection and dedication.

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[40] Wenham et al., 917.

[41] Marie Roccapriore, *Caring for the Sick and Elderly—A Parish Guide* (Mystic, CT: Twenty-Third Publication, 1989), 4–13.

Ample resources have been developed by many Churches around the U.S., and one can tailor a program for an individual parish based on that parish's needs.

Sharing Ministry

The adult life of Jesus was spent in service to others. The apostles gave up their daytime jobs and followed in Jesus's physical and metaphorical footsteps, preaching and serving one another with healing, comforting, and preaching. In my fifteen years of volunteering in healthcare facilities in military hospitals, civilian hospitals, and nursing homes, I have encountered people from all walks of life and people of various faiths. Regardless of their status in life, everyone, at varying times in life, feels isolated, vulnerable, and lonely and finds himself or herself searching for God and His loving mercy. Some have not even heard of the Word of God. When one is sick or aged or lonely and vulnerable, it is common to reach out to a higher power, the Almighty, which many people call God, for consolation, peace, and mercy because most people believe in such a higher power or authority. The Church-directed component of the proposed praxis allows for orientation and assessment of Church interventionists to recognize their obligation in this effort.

One of the shortfalls in the human tradition is not to speak of death. Yet, and somewhat ironically for the faithful, without the death of Christ, we would not have been redeemed, and the eternal kingdom would not have been opened. "The Church seeks to sustain the dying person's union with Christ until this union is brought to fulfillment in death."[42] Therefore, experienced lay pastoral ministers of the sick and dying make every effort to be present and facilitate the meaning of death in the communion of the Church

[42] Gusmer, *And You Visited Me*, 124.

and to assist the dying in the process of dying with dignity in the love of the Lord and the community. The proposed communication praxis facilitates that level of commitment by ensuring that human resources are available for that role.

Another important part of the liturgy that is most often overlooked or that most often fails to be exercised is that of laying of hands on the sick and the dying. This is a very powerful symbol of Jesus laying His hands on the sick when He healed or cured them. In St. Anthony of Padua Parish, there are many highly educated and wealthy businessmen and women who have retired from prominent positions of fame and power. Most of the time, they are separated from their extended family, friends, and colleagues. Consequently, once they fall ill, their world becomes very small, and they become isolated very quickly and disconnected from the world and their sense of power that they have known for most of their lives. For these people of power, illness is a new environment in which they have no influence or familiar position of authority, and for the first time, they feel out of control of their destiny. It is a very frightening experience. This is when the pastoral care ministers can become very important to the sick by sharing prayers, exercising mere presence, and providing comfort by listening, reading for the sick and the dying, and keeping company, showing love, and assuring them that God has not forgotten or abandoned them in their moment of isolation.

Moreover, God asked this of humankind in Matthew 25:36: ". . . I was ill and you cared for me . . ." Raymond E. Brown points out that this parable "provides six of the seven corporal works of mercy in the Catechetical tradition; . . . (and look after or nurse the sick or the injured and the dying) . . . identifies service to the needy with love of

Christ."[43] In Luke 10:29–37, the faithful read about the parable of Good Samaritan. Here, they learn that one "Samaritan may be nearer to the kingdom than a pious, but uncharitable, Jew. . . . Failure to keep the commandment springs not from lack of information but from lack of love . . ."[44] Based on this understanding, the faithful are to care for their brothers and sisters without regard to their race, color, religion, or any other attributes. The Samaritan treats a total stranger as a neighbor. In responding to a question about their obligation to "the neighbor," Jesus asked those around Him, "which of these three, in your opinion, was neighbor to the robbers' victim?" He answered, "The one who treated him with mercy." Jesus said to him, "Go and do likewise." The faithful too often fail to welcome newcomers and show compassionate love to the strangers in the parish pews. The faithful must learn to be like the Samaritan who did God's work showing mercy and love for a neighbor.[45] This mercy and caring includes showing God's presence, love, and compassion, and comforting the one in need, especially those who are sick and dying. A formalized model of communication between the Church and the sick and dying can facilitate this aim.

III. Practical Suggestions for and Ramifications of Carrying Out Such a Model

A practical assessment of available help for the parish priests in ministering to the sick and the dying is essential. Currently, St. Anthony of Padua has only one deacon assigned. However, there are two more deacons available to help with the Masses on an as-needed basis; one is a retired deacon, and the other is a Ukrainian Catholic of the

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[43] Benedict T. Viviano, O.P., "The Gospel According to Matthew," in *The New Jerome Biblical Commentary*, ed. Raymond E. Brown, S.S., Joseph A. Fitzmyer, S.J., and Ronald E. Murphy, O. Carm. (Englewood Cliffs, NJ: Burns & Oates, 2000), 669.

[44] Wenham et al., 998.

[45] Robert J. Karris, O.F.M., "The Gospel According to Luke," in *The New Jerome Biblical Commentary*, ed. Raymond E. Brown, S.S., Joseph A. Fitzmyer, S.J., and Ronald E. Murphy, O. Carm. (Englewood Cliffs, NJ: Burns & Oates, 2000), 702.

Eastern Rite. In addition, the second priest at the adjacent parish (Sacred Heart) may also help in this project. Furthermore, there are several priests who reside in the local area, who have been removed from parish ministry but who still have the faculty to anoint and bring viaticum. The local bishop may permit them to exercise this ministry. That will give sufficient staff to set up such a model practice connecting all facilities.

A centralized communication model is essential. A major drawback in setting up a central number to be called among all nursing homes, healthcare facilities and the hospital is the cost associated with this addition. Furthermore, the juridical boundaries will be violated and the current pastor (2001-June 2014) of the parish described in this research is opposed to such blurring of boundary lines. However, the bishop may be able to intervene to make this model a pilot program to be employed, with possible usefulness for other parishes in this Diocese. There are also increased costs in setting up the communications system and increased training for staff. This can be shared by both parishes, and some of the health care facilities may contribute toward this expense.

Endorsement of the protocols may be harder to achieve. However, the pastor needs to emphasize this new focus of the parish ministry at every opportunity, as he does whenever he has a program that interests him. In addition, he must allocate the required resources to implement and grow this ministry. The opportunity does exist, as "the general intercessions should regularly include a petition for the sick of the parish, who could be mentioned by name."[46]

Finally, there has to be an ongoing program of continuing education and training (either semiannually or annually). In addition, the attached protocol (Attachment 2) can

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[46] Gusmer, *And You Visited Me*, 182.

be added to the existing parish website and to the bulletin in segments to inform and educate all faithful in this parish about the pastoral care ministry of our parish.

How We May Be of Some Help

There are many strategic components to employ to help the sick and their family members. Some of these can include a simple visit to keep them company, praying with them (praying the rosary is one of the popular prayers many Catholics prefer), just listening, or reading for them (Scripture, religious articles, magazines, newspapers or their favorite novel). However, reading Scripture passages and reflecting on them can help the sick and the dying to refocus their pain and suffering toward the suffering and death of our Lord, to be offered for our failings. Helping them to reflect on some of the gifts and graces that they and their families have received from God is also very comforting for many.

Another way to comfort may be to discuss the faith involved in healing and discuss how Jesus told many that their faith had healed them; it is essential to be present, hand them a glass of water, help feed them or play a game of some sort with which they are familiar. In addition, there is usually a genre of music that they enjoy, and the interventionists can play that on iPad, CD player, or another device. Moreover, interacting with family and caregivers, running errands and providing transportation to the store, the hair salon, the pharmacy and to medical appointments are some areas where they can find assistance. We need to keep in mind that senior citizens desire and cherish trusted companions who consistently visit and care about them.

Who May Help in This Ministry?

It is our desire to make this an intergenerational ministry in which all students over fifteen years of age and adults of any age can take part. This is based on the notion that friendship is ageless. The students' participation and interaction with the elderly will give the elderly an opportunity to share their lifelong experiences, the wisdom they have gained through their own successes and failures, and the meaning of unconditional love and how they experienced God's love for themselves and for their loved ones. The students and adults can bring God's presence and the Church's presence through their visit, sharing scripture passages, and reflecting on them, giving the sick and the dying the hope for eternal life at the end of this journey. These, in essence, can become not only a pastoral ministry, but also a spiritual ministry.

The Sick and the Elderly in Our Community

The message to the larger community can be a simple one with direct guidance for how to help for the laity:

- In order to provide the best possible pastoral and spiritual care to the sick and the elderly, a congregation needs the following information.
    - Please notify the Church of anyone in the parish who is sick or elderly or who is admitted to the hospital or is homebound. If you feel that you need to see a priest or a deacon, call the direct line for pastoral/spiritual care (CCT) which listed in the bulletin:
    - Please provide the following information to the person who answers your call: Name and address of the person who needs pastoral care, an active phone number, the individual's location (i.e., hospital, home, nursing

home). Indicate what is needed: a priest, need to receive communion, anointing.

- Please provide the name of a relative, care giver or a contact person's name, that person's phone number, address and the relationship to the sick. If the sick person or the elderly belongs to one of the local parishes, provide the name of the parish.

Some of the effects of the pastoral and spiritual care ministry

Father Brzezinski offers keen insight into the results to be gained through simple acts:

- Healing is prompted. This may be spiritual, psychological, moral, social and or physical.
- Relationships may be made right, restoring balance and truth. Forgiveness is celebrated.
- Hope, encouragement, and emotional support are communicated.
- The suffering person is joined in the paschal mystery of Jesus.
- Having had a glimpse of mortality, the sacrament is also a preparation for eternal life, even if death is not close.[47]

It is through these simple gestures that a true ministry marks the interventions that echo those of Christ and that lead to pastoral comfort for the sick and the dying in their hours of greatest spiritual need.

IV. Conclusion

This thesis project concludes with three new models to be employed in intervention efforts with the sick and the dying: The first model can help train the faithful on how to provide pastoral and spiritual care and thereby improve their understanding of the sacrament of the sick: *A Proposed Model for Church-Directed Interventions for the*

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[47] Fr. Jerry Brzezinski, A Pastoral Letter, Pontiac Area Vicariate, June, 2009, http://www.pontiacareavicariate.org/pastoralcare/Ministry.pdf (accessed June, 2014).

Sick and the Dying in the local parish community. The second model—*A Proposed Model for Communication Flow in the New Praxis*—provides a guide to communication flow which is critical for the success of this intervention program. The third model is a format and curriculum for development of a locally edited and adopted *Parish Handbook for Intervention with the Sick and the Dying* to be used to recruit and train volunteers who are dedicated to and enthusiastic about helping the sick and the dying, and who are naturally inclined to love others.

In addition, this research has identified a list of strategies which have been presented for possible use: preparing the ministers, sharing ministry, providing practical suggestions for and ramifications of carrying out such a model, identifying who may help in this ministry, and, of course, identifying the sick and the elderly in our community. What follows is a sample letter to be included in the parish website. These items can be presented in several formats such as handouts, short briefings, or as an information package for those interested to read and gain some understanding of this calling.

In closing, the introduction of this thesis project developed the methodology by which I arrived at the four areas which drive the research: (1) the widening gap in sacramental and pastoral ministry in the care of the sick and dying, (2) the potential for bridging the gap through increased volunteerism to close that gap, (3) the need to identify the elements of the Vatican Council II which endorse the use of these volunteers to serve in this capacity, and (4) the emerging model or protocols which can then be used to implement this program at the parish level and possibly throughout the Diocese. Without such initiatives, the result is that some will not receive the full complement of the care that they deserve. The thesis concentrates on and addresses my parish community (St.

Anthony of Padua, NC) along with my sister parish community (Sacred Heart); however, the intended audience would include other pastors in Diocese of Raleigh and, perhaps the local Church to evaluate the possible applicability of the proposed model.

In Chapter 1, I outlined St. Anthony of Padua's current praxis as to the current practices for providing and sometimes failing to provide the spiritual and pastoral care to the sick and the dying. As the Introduction to this thesis-project reveals, its purpose is to entice more St. Anthony's Catholic Church (Southern Pines, NC) community members to serve the sick and the dying since the pastor alone cannot meet their needs. All the faithful have an obligation to help our brothers and sisters during the time of their suffering, sickness, and death. This project also explored the tradition, the experience, and the culture that pertains to the pastoral care of the sick and the dying in St. Anthony of Padua and the adjacent parish (Sacred Heart Church) in order to understand how both Church *communio* view, or fail to recognize, their obligation as Catholics, their religious mission, and their baptismal calling.

Chapter 2 briefly examined the historical developments and changes concerning the role of the laity that took place from early periods, through the Trent reforms, and provided a brief historical survey of the ancient and medieval practices and theology of anointing and pastoral care.

In Chapter 3, I discussed the ecclesiology and ministry of the Pastoral Care of the Sick and Dying, specifically offering analysis of *Lumen Gentium* and the Vatican II vision of the Church as the baptized. A theology of ministry originating from baptismal priesthood as articulated by Paul Philibert, Richard R. Gaillardetz, Edward Hahnenberg, and Zeni Fox. Finally, an ecclesiology, and ministry of the Rites of Pastoral Care of the

Sick and Dying, as derived from Paragraphs 32–40 of "The Introduction" to the *Rites of Pastoral Care of the Sick and Dying* was presented.

In Chapter 4, I closed with a discussion of the implications of the ecclesiology and ministry of the baptized on the rites as performed in the local Church and Diocese of Raleigh. It proposes expanding the scope of pastoral care of the sick and dying, and it offers a Proposed Model for Church-Directed Interventions for the Sick and the Dying as well as a Proposed Model for Communication Flow to Ensure the New Praxis—each component designed as a way for the models to become successfully introduced in the local Church and the Diocese of Raleigh (a modified model similar to the one in the Diocese of Memphis, TN).

This research concludes with some practical suggestions for and ramifications of implementing such models with recommended materials such as: "Preparing the Ministers; Sharing Ministry"; "Practical Suggestions for and Ramifications of Carrying out Such a Model"; "How We May Be of Some Help"; "Who May Help in This Ministry?"; and "The Sick and the Elderly in Our Community." The research discusses some of the effects of the pastoral and spiritual care ministry and provides other guiding documents such as a Sample Letter (designed to be included in the parish website and to be included in booklets, handouts) and recommended articles to be incorporated in the Church web site and bulletins for publication.

If implemented, the components derived from this research can be adapted for use in widely varied parish communities to provide all the sacraments required for successful ministering to the sick and the dying at the time of their greatest spiritual needs. In addition, the protocols proposed in this research can insure that proper pastoral care is

delivered in the local Church. This set of guidelines also provides methods to formalize a communication model which will greatly enhance the Church's ability to reach previously unserved or underserved members of the Church community who are in their final stages of human existence.

CONCLUSION

"There can be no separation between being the Church and doing the work of the Gospel," stated Regis A. Duffy, O.F.M. The Christian community has a moral and religious obligation to be the living witness to God's calling. The Greek term *Koinonia* has various meanings, but in Paul's teaching to the Philippians, "*Koinonia* rang in their ears, not just of a friendship of the faithful, but as a partnership of the faithful . . . They joined with Paul as equal partners in living and preaching the Gospel."[1] In a parish where only one or two priests are assigned to minister to all the many hundreds of the faithful, they cannot do this ministry alone. In addition, in our tradition, we are called to proclaim the word of God and to live the word by witnessing to the word. Unfortunately, a degree of this tradition is slipping away from our society due to many reasons. As Gusmer points out, "In the tenth century, a reaction set in against this unwieldy ritual, emanating from the Benedictine monks at Cluny. This led to a further simplification found in the pontifical of the Roman Curia of the fifteenth century."[2] In addition, we have become a death-defying society. He gives several reasons why we may have come to this point in our faith journey or the belief system. First of all, the medical terminology defining death is addressed by many modern terms, such as brain death, vegetative state, life-support system and non-responsive. These terms fail to mention the death of a person. This gives people the false sense of death, as though it is merely a final earthly journey. Secondly, family structures in the modern age are so spread out throughout the country and the world. We have come to place more emphasis on socio-economic success, and we fail to

[1] Regis A. Duffy, O.F.M. *A Roman Catholic Theology of Pastoral Care* (Philadelphia: Fortress Press, 1983), 79.

[2] Gusmer, 27.

reflect on the final destination of our lives, the eschatological period of our journey. And finally, we glorify youth, vigor, and superficial beauty as the "end-alls" of our lives, a glorification which does not permit our generation of young people to contemplate inevitable sickness, old age, and death. Our younger generation grows up with computer games, movies, dramas, and unrealistic narratives which often imprint in the minds of children the mental image of "no one dies" and the notion that the death of a physical body is a non-permanent event. These sorts of beliefs and understanding do not give space for any to think of the paschal mystery of Christ, the teachings of the Church, and the traditional values that our parents and grandparents placed on caring for the sick and the dying.

As stated in the opening paragraph of my proposal for this thesis, several of our community members are sick, hospitalized, homebound, isolated, and separated from rest of the ecclesial community. Furthermore, it is my observation that they are not being well served by the Church (ecclesial *communio*) as I have observed since I entered this ministry almost fifteen years ago. It is my belief that our faith community does not understand that caring for the sick, the injured, and the poor are baptismal obligations. Furthermore, there is a growing shortage of priests and a great increase in the aging population. The ever-increasing Catholic population in our diocese exacerbates the ever-widening gap. In addition to these beliefs, I learned from my informal survey of two of the parishes in our dioceses that many of the faithful believe that pastoral care is the sole function of the priest and the Eucharistic ministers. Their understanding is that they are merely to pray for the sick when it is made known to them and required of them to do so.

Therefore, it is my aim to find ways to start a pastoral care ministry and, through that ministry, to bridge the gap between pastoral care ministry and the sacramental ministry in my local Church. I intend to accomplish this by informing our faithful how we are and how we are not ministering to the sick and the dying in our local Church. I have tried to illuminate the theology and the ecclesiology by exploring history, the intentions of Vatican II Council as written in the documents, in scripture, and in the *Pastoral Care of the Sick—Rites of Anointing and Viaticum*. I have brought out some of the key information from the writings of the experts in this field and the recommendations made by those who are currently engaged in this ministry. In addition, I have used case studies and one-on-one interviews with deacons, ministers, chaplains, religious, and the faithful to point out how we may overcome the deficiencies in the pastoral care for our sick and dying brothers and sisters who are in need of our loving care. Based on my investigation, review of Church doctrines, analyses of scripture, history, and some of the best practices being used by some of the dioceses of this country, I have proposed a future model to be employed in our Church and possibly by our diocese in order to better serve the aging, the sick, and the dying members of our community.

I pray that this project will enhance our ability to help more people who are sick and dying in our hospitals, nursing homes, and homebound venues—those without access to the loving care of relatives, friends, and our faith community. This has to be done to fulfill the call of Jesus, ". . . when I was sick you came to visit me, fed me and comforted me." If any part of this writing can foster the love for our brothers and sisters, then we are

on the way to being blessed and to be told "well done, my faithful servant, come and be seated at the right hand of our Father."

APPENDIX 1

SAMPLE LETTER TO BE INCLUDED IN THE PARISH WEBSITE

St. Anthony of Padua Pastoral and Spiritual Care of the Sick and the Dying (P & SCSD)

We are looking for all interested people of all ages, to come to the aid of sick and the dying in our parish community. This is one of our ministries that was handed down to us by Jesus Himself.

One of the ministries of Jesus was healing of the sick, even raising the dead to new life. In the ministry of pastoral care of the sick, we, the Church, continue the ministry of Jesus; we also recall His work on earth and scripture passages such as Matt. 4:23, Matt. 8:3–17, Mark 6:13, and James 5: 14–15 are some of the seeds that the Church uses to ground the sacrament of healing.

Healing is a power which brings wholeness to what is broken, union to what is separated, and strength to what is weakened. The New Testament accounts depict healing as a central ministry of the early Christian community. The miracle of Jesus and the apostles portrays sickness as disease in connection with the search for healing. Throughout his entire life, Jesus visibly used his healing power to bring wholeness, strength, peace, and recovery to people in their illness, wounded relationship, and hurts of body and soul.[1]

The letter of James states: "Is anyone among you sick? He should summon the presbyters of the Church, and they should pray over him and anoint him with oil in the

[1] Marie Roccapriore, *Caring for the Sick and Elderly—A Parish Guide* (Mystic, CT: Twenty-Third Publications, 2003), 4–12.

name of the Lord, and the prayer of faith will save the sick person, and the Lord will raise him up. If he has committed any sins, he will be forgiven."[2]

There is so much work to be done, and we don't have enough workers; the priest alone cannot meet the ever increasing needs of the faithful. We are needed to help fill the gap by volunteering our time. This ministry is very dear to our Lord God Himself. He showed great concern for the bodily and spiritual welfare of the sick and commanded his followers to do likewise.[3]

One must understand that the pastoral care of the sick and the dying, "the Sacrament of healing—the anointing of the sick and viaticum, the last sacrament of the Christian"[4]*—is not about a priest and him alone going to a sick person's room and anointing a sick person. First of all, we need to be mindful of the revision made by Vatican II about this sacrament: "The term 'Extreme Unction' (last rite as we have known it) which may also and more fittingly be called 'Anointing of the Sick' is not a sacrament intended only for those who are at the point of death. Hence, it is certain that as soon as any of the faithful begins to be in danger of death from sickness or old age, this is already a suitable time for them to receive this sacrament."*[5] *In addition, if one is facing major surgery, that person may be anointed. However, the appropriate sacrament for the dying is viaticum. "There exists an equally serious problem as to delaying viaticum (which is more important than the anointing!)"*[6] *The anointing is accomplished well ahead of one getting to the point of death. Unfortunately, many of our faithful still*

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[2] James 5:14–15.
[3] *PCS*, Art. 5.
[4] USCC, *Catechism of the Catholic Church*, Libreria Editrice Vaticana, 1994. (1420–1532).
[5] *LG*, 73.
[6] Gerard Austin, Ecclesiology Class, Barry University, Miami Shores, 2016.

prefer to wait until the last moment of the dying process to call for anointing. We the ministers need to help the faithful understand the change in our way of thinking.

In their Pastoral Plan for Pro-Life Activities from November 2001, the U.S. Catholic Bishops wrote:

> *We proclaim that human life is a precious gift from God; that each person who receives this gift has responsibilities toward God, self and others; and that society, through its laws and social institutions, must protect and nurture human life at every stage of its existence.*[7]

Therefore, it is the responsibility of every baptized member to bring the Church to people who are homebound, hospitalized, or living in various nursing homes and healthcare institutions. Many of these individuals are anxious to have regular visitors and to help build a tie to the world and to the Church community through these visitors.

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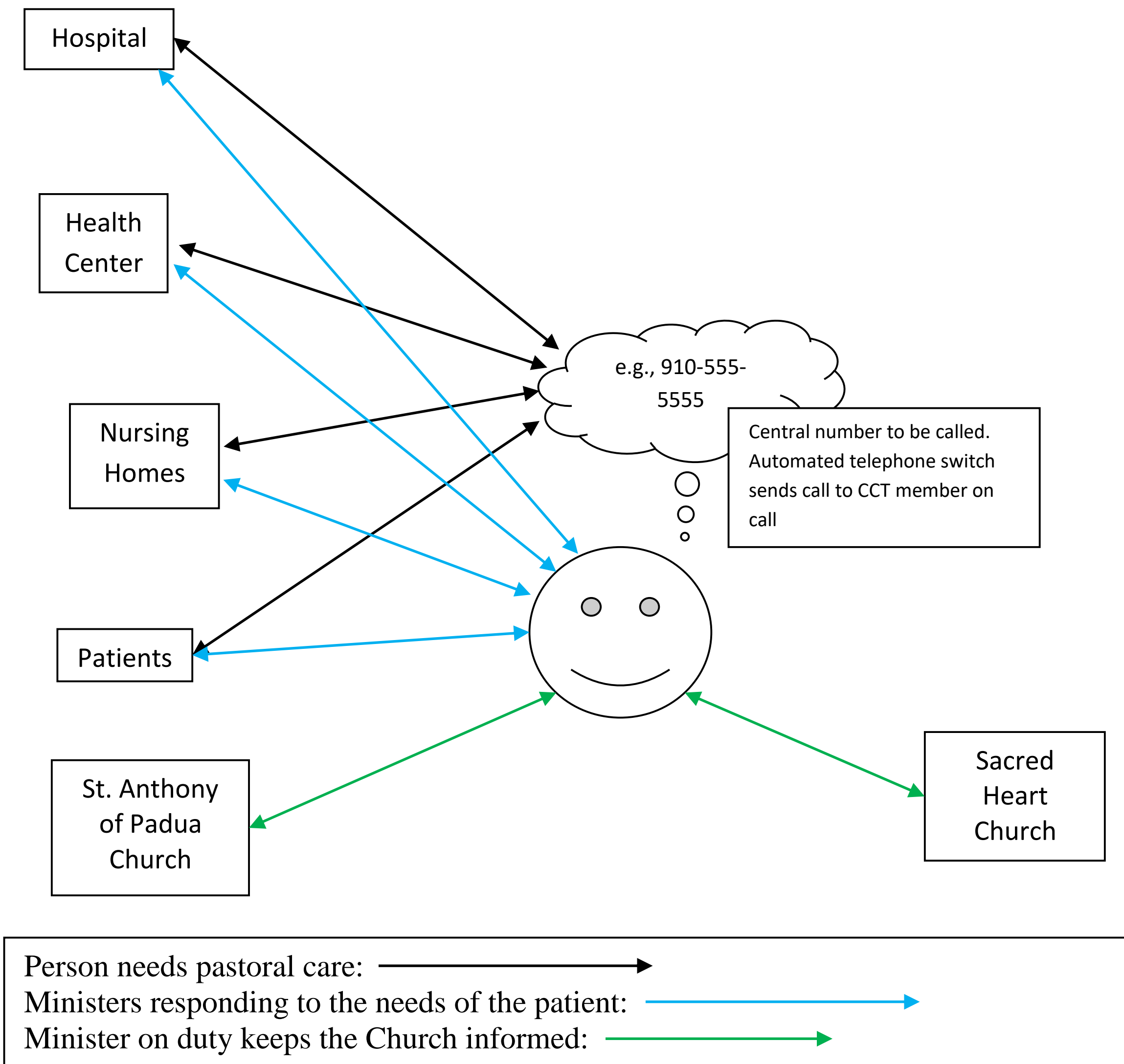
[7] St. Ignatius Church, CA. http://stignatiussf.org/?page_id=379, accessed May, 2014.

APPENDIX 2

A PROPOSED MODEL FOR COMMUNICATION FLOW TO ENSURE NEW PRAXIS SUCCESS



Person needs pastoral care:
Ministers responding to the needs of the patient:
Minister on duty keeps the Church informed:

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