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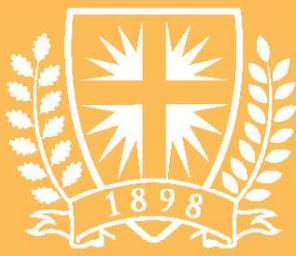
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ST. NORBERT
COLLEGE

Master of
Theological Studies

Catholic Deacons and the Sacrament of the Anointing of the Sick

Michael J. Eash

Catholic Deacons and the Sacrament of Anointing of the Sick

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A thesis submitted in partial fulfillment
of the requirements for the degree
of

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Abstract

An examination to discern if Roman Catholic deacons should be allowed to sacramentally anoint the sick. This includes a review of the current rite of Anointing of the Sick through its development. The Catholic diaconate is examined in historical context with a special focus on the revised diaconate after 1967. Through these investigations it is apparent that there is cause for dialog within the Church considering current pastoral realities in the United States. The paper concludes that deacons should have the faculty to anoint the sick as ordinary ministers when it is celebrated as a separate liturgical rite.

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As part of my ministry as a deacon in the Catholic Church, I make routine visits to parishioners in the area hospitals. One day I entered a room and found Alice¹ sitting on the edge of her bed looking out the window. We had always enjoyed a special bond, so I was anxious to hear why she was in the hospital. She explained that her doctor found a tumor at the base her brain stem that was inoperable and she was in to have a biopsy done to see if the tumor was cancerous. She went on to share that the tumor was in the region of the brain that affects emotion and her greatest fear was how it would affect her relationships with her family. She told me how she met with all her children and grandchildren individually to let them know much she loved them for who they were and to remember that any outbursts to the contrary in the future were from the disease and not from her. She shared her life journey with me and how blessed she was to have such a great life. With a soft sigh she said, “I wish that you could be the one to anoint me.”

As I left the room, I began to wonder why I was not able to anoint Alice. Deacons can baptize, officiate at weddings, preside at wake and funeral services, and give homilies as part of their ministry in the Church, but they are not allowed to anoint the sick. I began to investigate the rite and the Church’s teaching on anointing the sick and discovered that there seemed to be a disconnect between the liturgical rite of Anointing the Sick and the Church’s sources that support the rite such as canon law, and other Church documents. While the rite does not explicitly forgive sins, many of the supporting documents list the forgiveness of sins as one of the outcomes and thus the reason only a priest may administer the sacrament. Examining various sources shows why this should be examined more closely; this became the impetus for this

¹ The name has been changed to respect confidentiality.

paper. This paper will examine the two aspects of this query: the rite of Anointing of the Sick and the Diaconate to see if the two should be married together.

Anointing of the Sick

The latest report from Pew research does not paint a very good picture for the strength of Christianity in the United States. Those identifying themselves as Christian currently sits at 65%.² This is a 12% drop in the last decade alone. Meanwhile, those who identify as atheist, agnostic, or religiously unaffiliated has grown 9% in the same timeframe. At this it seems as though the religious landscape is moving away from traditional, organized religion to “nothing.” What this research does not show is what may be lost by those who no longer choose to identify with a religion. What may be missed by those not being a part of a community devoted to prayer and worship? These are broad questions that are beyond the scope and of this paper but lead to the question: “What can be done reverse the trend?”

One of the ways might be to highlight what “church” can offer that cannot be found anywhere else.³ Something that the Catholic Church can bring to the world that is found only in a few places is the sacraments. According to Irwin, the word “sacrament” finds its roots in Latin word *sacrare* which means “to make holy.” It can also be found in the Greek language as “mystery” from the word *mysterion*.⁴ Combining these two origins makes sacraments “holy mysteries.” Part of what sacraments *do* within the church is to try and make these “holy mysteries” become visible and meaningful for the faithful. They try and draw women and men out of the themselves to realize that there is something greater that moves the cosmos and yet is

² “In U.S., Decline of Christianity Continues at Rapid Pace,” Pew Research Center, Oct. 17, 2019, accessed December 18, 2019, <https://www.pewforum.org/2019/10/17/in-u-s-decline-of-christianity-continues-at-rapid-pace/>.

³ For the remainder of the paper, “Church” is assumed to be the Roman Catholic Church in the United States unless specified otherwise.

⁴ Kevin Irwin, *The Sacraments: Historical and Liturgical Theology* (New York: Paulist Press, 2016), 11.

personal to everyone who ever lived. In this sense, sacraments have much to offer a world that seems to be lacking in what it means to be created and loved. When the Sacraments are celebrated to their fullest expression, they help transcend those “holy mysteries” and help the faithful find deeper spiritual meaning. The Church is tasked with making the sacraments available to those in need, so the question is whether it is doing all it can to celebrate the sacraments to the fullest? There seems to be one sacrament in particular that has been neglected... the sacrament of the Anointing of the Sick.⁵

Barbara Beckwith is the managing editor of St. Anthony Messenger magazine and she is not alone in her assessment of AOS in saying that it is, “the most misunderstood and neglected of the seven sacraments.”⁶ Much of the misunderstanding comes from the fact that rite in its current form is relatively new to the Church both in name and how it is celebrated. A short examination of how the sacrament evolved will be useful for a more complete understanding of the current rite and theological underpinnings.

Development

Through accounts in the New Testament, it is clear that one of the public actions of Jesus was healing. There are no less than forty different accounts of Jesus healing those who were blind, disabled, injured, or had a condition that ostracized them from the community. The church cites Mark 6:13⁷ as the passage that shows that the Apostles used oil as a means of healing the sick when Jesus sent them on mission. It reads, “They drove out many demons, and they anointed with oil many who were sick and cured them.” It is important to note that in this passage the use of oil to anoint was done to heal the sick. The scriptural foundation of the

⁵ For the remainder of the paper, the sacramental rite of Anointing of the Sick will be abbreviated to AOS.

⁶ Barbara Beckwith, “The New Rite of the Anointing of the Sick,” in *Living our Faith After the Changes: Explaining Catholic Teaching Since Vatican II*, ed. Jack Wintz (Cincinnati: St. Anthony Messenger Press, 1977), 64.

⁷ New American Bible Revised Edition (NABRE) will be used for this paper unless otherwise noted.

sacrament, however, is found in James 5: 13-16: “Is anyone among you suffering? He should pray. Is anyone in good spirits? He should sing praise. Is anyone among you sick? He should summon the presbyters of the church, and they should pray over him and anoint [him] with oil in the name of the Lord, and the prayer of faith will save the sick person, and the Lord will raise him up. If he has committed any sins, he will be forgiven.” As with all scripture it is important to keep in mind the authorship, audience, and context to gain a clear understanding of what is being communicated.

Contemporary, scholarly research indicates that the Letter of James was written the second half of the first century. Biblical scholars are divided on the authorship of this epistle. Davids asserts that the most likely author for the letter is pseudonymous due to the lack of a titular greeting as in, “‘brother of the Lord’, ‘elder in Jerusalem’, or ‘apostle of Christ’.”⁸ He notes, however that some of the material in the letter could have come from sermons and teachings of the Apostle James with additions and redaction made at a later date. There seems to be a consensus that the letter was written to a Jewish audience because of references to concepts that would only make sense if the person receiving the text was Jewish. The letter does not appear to be addressed to any specific community but was written as a broader exhortation to Jews living in regions just outside of Palestine.⁹

This passage instructs the reader how to act in different circumstances of life. Of interest to this study is that the sick person is to call the presbyters (elders) of the church and they will pray and anoint with oil; the effect of the anointing is to heal. Since the understanding at this time was that illness (or any number of other hardships) could be in part due to sinfulness, the

⁸ Peter Davids, *The Epistle of James*, Kindle Ed. (Grand Rapids: Wm B. Eerdmans Publishing Co., 1982), location 289.

⁹ Davids, location 1333.

anointing would also forgive any sins the person may have. It is important to keep in mind that the confession of sins during this period was a public act with a public penance and it was only done once in a person's life. The forgiveness of sins in this context is referring to any remaining sins the sick person may have, not an act of confession as we understand it today.

Anointing with oil in this passage likely implies that there was a religious purpose. Moo notes that it seems illogical that the elders of the community would be called to anoint with oil if the purpose was strictly medicinal.¹⁰ Davids asserts that, "the function of the oil in James is not medicinal except insofar as it partakes of the eschatological oils... Thus, it is either the outward sign of the inward power of prayer or, more likely, a sacramental vehicle of divine power."¹¹ What cannot be disputed, however, is that this anointing found its way into regular Church practice.

Several commentaries note that in the early Church, the focus of ritual anointing was on healing (both spiritual and physical) and that any faithful Christian could apply the blessed oil. Gusmer¹² notes that, "[In the tradition of the first 800 years] there was no apparent distinction between the anointing by the presbyters or by lay people."¹³ In a letter written to one of his bishops in the year 416, Pope Innocent I says of the oil used for anointing that, "They [the faithful] have a right of being anointed with the holy oil of chrism; which, being consecrated by the bishop, it is *lawful* not for the priests only, but for all Christians to use for anointing in their own need or in the need of members of their household."¹⁴ The concern was that the oil was

¹⁰ Douglas Moo, *James*, Rev. Ed. (Downers Grove: InterVarsity Press, 2015), 224.

¹¹ Davids, *The Epistle of James*, location 4489.

¹² Charles W. Gusmer is a Catholic priest who spent twenty years on the faculty of Immaculate Conception Seminary (Huntington, NY) specializing on sacramental ministry to the sick and dying.

¹³ Charles Gusmer, *And You Visited Me: Sacramental Ministry to the Sick and Dying* (Collegeville: The Liturgical Press, 1990), 78.

¹⁴ Fredrick Puller, *The Anointing of the Sick in Scripture and Tradition: With Some Considerations on the Numbering of the Sacraments* (New York: E.S. Gorham, 1910), 54 (emphasis mine).

blessed by the bishop, not who applied the oil. This sets a much different tone for the use of sacred oil in this sacrament than what followed.

According to the USCCB, the first complete rite for anointing is found in an early ninth century ritual in the Carolingian era (late eighth to ninth centuries). In the ritual, the sick person is, “instructed to get out of bed and kneel down to receive a blessing.”¹⁵ It would seem here that the person being anointed is in a state of serious illness; an aspect of anointing that was about to change. In the same century a reform movement aimed at the priesthood asserted anointing as a priestly function and lay anointing was suppressed. It was during this reform that the ritual for anointing, “was inserted after the already established rites of death-bed penance” and the two rites were married together.¹⁶ This is where anointing moved from a ritual to help the sick to a ritual that was associated with the dying. The USCCB study text notes that, “This is the origin of *extreme* unction (last anointing) or the ‘last’ rites.”¹⁷

Larson-Miller points out that this transition is more nuanced than just simple change in the rite. She says that:

The historical restriction of the anointing of the sick to the ordained did not happen in a temporal moment, once and for all. Its gradual development was affected by the slow changes occurring in the sacrament of penance, from a system of public or canonical penance - harsh, demanding, and unique in a person’s life - to a system of repeatable tariff penance. At the same time, cultural and ritual changes were leading the anointing of the sick away from a domestic ritual and from a ritual stressing physical healing to one that stressed spiritual healing. This spiritual healing could easily be seen as linked to the forgiveness of sins, especially when a Christian was overwhelmed with an illness that would most likely lead to death.¹⁸

¹⁵ United States Conference of Catholic Bishops, *Anointing and Pastoral Care of the Sick: Commentary on the Rite for the Anointing and Pastoral Care of the Sick* (Washington, D.C.: United States Catholic Conference, 1973), 19.

¹⁶ USCCB, *Anointing and Pastoral Care*, 19.

¹⁷ USCCB, 19.

¹⁸ Lizette Larson-Miller, *The Sacrament of the Anointing of the Sick* (Collegeville: Liturgical Press, 2005), 57.

Taken as a whole, it is the convergence of priestly renewal, a shift in penance from a public act to a private one and viewing healing as strictly spiritual rather than physical that led to a different understanding of anointing of the sick. Anointing the sick with oil went through drastic changes from the early Christian communities through the sixteenth century.

One of the most defining moments for the rite came at the Council of Trent in 1551. The Council of Trent was convened in 1545 to address Protestant movements. Due to the number of Church teachings that were questioned by the reformers (think of Martin Luther's ninety-five theses) the Council addressed many items. The aim of the Council was to solidify and clarify Church teaching and to exclude anyone who did not hold what the Church taught to be true. Unlike the Second Vatican Council, Trent was not looking to bring the Church into the world, but to define what the Church taught through the centuries; the thrust was dogmatic, not pastoral.

In a move to counter the Reformers (who claimed that anointing of the sick was not a sacrament) the council codified that the sacrament of AOS was for the remission of sins and was to be done at the time of death. The council also concluded that the minister of the anointing was restricted to a priest or bishop. The study text on the rite of anointing from the USCCB highlights the following passage from the Council of Trent to show how much emphasis was placed on spiritual healing in the rite versus any physical healing:

This reality is in fact the grace of the Holy Spirit, whose anointing takes away sins, if any still remain to be taken away, and the remnants of sin; it also relieves and strengthens the soul of the sick person, arousing in him a great confidence in the divine mercy, whereby being thus sustained he more easily bears the trials and labors of his sickness, more easily resists the temptations of the devil "lying in wait" (Genesis 3:15), and sometimes regains bodily health, if this is expedient for the health of the soul. (Council of Trent, Session 14, *De extrema unctionis*, c.2; Denz-Schon 1696).¹⁹

¹⁹ USCCB, *Anointing and Pastoral Care*, 21.

One of the effects that resulted from the council's action is that the faithful began to stay away from being anointed. Woestman says that, "the emphasis in the mind of many was that it was a sacrament for the dying – so much so, that many feared to receive the sacrament for it was thought to be a sure sign of approaching death."²⁰ What was once a ritual to comfort and strengthen those who were sick had evolved to a sacrament to be feared because of its association with dying. Even though there were advances in the social sciences and medical fields²¹, the rite remained unchanged until the Second Vatican Council.

The current rite of AOS can be traced directly to the reforms of Vatican II. In 1972, Pope Paul VI promulgated the reformed rite coming from the Vatican Congregation for Divine Worship.²² The Constitution on the Sacred Liturgy *Sacrosanctum concilium* states that *Extreme Unction* (Last Rites) is more fittingly called the Anointing of the Sick.²³ What was once a sacrament for the dying was transformed into sacrament that is available to any of the faithful that are seriously ill. Three aspects of the new rite to keep in mind for a contemporary understanding are its *pastoral, communal, and relational* nature. Unfortunately, old habits and beliefs do not go away easily and that is why the rite remains, "the most misunderstood and neglected of the seven sacraments."²⁴ From the "average parishioner" perspective, there has been very little in the way of catechesis at the parish level to help the faithful understand the difference between *Last Rites* and *Anointing of the Sick*. Since AOS is so misunderstood and neglected it is prudent to examine the rite in order to see if the Church is utilizing the sacrament in a way that illuminates this "holy mystery."

²⁰ William Woestman, *Sacraments: Initiation, Penance, Anointing of the Sick: Commentary on Canons 840-1007* (Ottawa: St. Paul University, 1996), 322.

²¹ See footnote on page 18 regarding the role of religious nuns in advancing healthcare during this time.

²² Beckwith, *Living our Faith After the Changes*, 64.

²³ Austin Flannery, *Vatican II: The Conciliar and Postconciliar Documents*, ed. Austin Flannery (Collegeville: Liturgical Press, 2014), 22.

²⁴ Beckwith, *Living our Faith After the Changes*, 64.

The Rite of Anointing of the Sick

The current liturgical celebration of the Anointing of the Sick is placed into the broader context of pastoral care of the sick. As described earlier, the current rite shifts the focus from those that are dying to those that are seriously ill. By doing so, it provides more opportunities to enhance the relationship between the sick person, the minister (Church), and God. Those that are close to death do not have many relational situations remaining. Those who are seriously ill, however, may have years of relationships ahead of them. The general introduction to the Pastoral Care of the Sick²⁵ says that, “Those who are seriously ill need the special help of God’s grace in this time of anxiety, lest they be broken in spirit and, under the pressure of temptation, perhaps weakened in their faith. That is why, through the sacrament of anointing, Christ strengthens the faithful who are afflicted by illness, providing them with the strongest means of support.”²⁶ This statement summarizes the focus of the rite on those that need to be strengthened because of their illness. This is an important facet of the new rite because it shifts the outcome from the forgiveness of sins to strengthening those who are ill.

The introduction goes on to say the effects of the sacrament, “gives the grace of the Holy Spirit to those who are sick: by this grace the whole person is helped and saved...”²⁷ What follows in the introduction to the rite highlights is one of the reasons why this rite is neglected and misunderstood. It says, “A return to physical health may follow the reception of this sacrament if it will be beneficial to the sick person’s salvation. If necessary, the sacrament also provides the sick person with the forgiveness of sins and the completion of Christian penance.”²⁸

²⁵ The Pastoral Care of the Sick is the 1982 publication of the English version of the Rites of Viaticum and Anointing of the Sick. It includes background documents from Vatican II along with prayers and liturgies for visiting various sick persons. It is the book used by ministers who visit the sick.

²⁶ International Commission on English in the Liturgy, *Pastoral Care of the Sick: Rites of Anointing and Viaticum* (New Jersey: Catholic Book Publishing, 1983), 21.

²⁷ ICEL, 21.

²⁸ ICEL, 21.

In the same paragraph, the introduction highlights that the sacrament may restore physical health and that it forgives sins. While this encompasses a holistic view of the person as a physical and spiritual being, it does not aid in providing a definitive focus of the sacrament. A comparison of the old rite versus the current rite seems to show that a shift in the intention of the rite from a focus on the forgiveness of sins to one of strengthening the sick person.²⁹

Extreme Unction

Through this Holy Unction or oil, and through the great goodness of His mercy, may God pardon thee whatever sins thou hast committed by evil use of *(the name of the extremity being anointed [eye, ear, etc.]*.

Anointing of the Sick

Through this holy anointing may the Lord in his love and mercy help you with the grace of the Holy Spirit. May the Lord who frees you from sin save you and raise you up.

It seems like the commentary from the USCCB comes from a combination of the forgiveness of sins from the old rite and of healing from the new rite. An examination of official Church teaching on the sacrament might help to set the table for examining contemporary commentary and further discussion.

The Catechism of the Catholic Church (CCC) highlights several aspects of AOS. It tells of how Jesus identifies with those who are sick in a special way.³⁰ It links Jesus' earthly healing ministry with us by saying that he continues to touch us to heal us.³¹ It hints that this sacrament has the power to heal by saying that, "The Holy Spirit gives to some a special charism of healing

²⁹ USCCB, *Anointing and Pastoral Care*, 8-9.

³⁰ *Catechism of the Catholic Church*, 2nd ed. (Washington, DC: United States Catholic Conference, 2000), 1503.

³¹ CCC, 1504.

so as to make manifest the power of grace of the risen Lord.”³² It acknowledges that anointing the sick can be found in liturgical celebrations going back to ancient times.³³

The Catechism lists four effects of the celebration of the sacrament. First, it provides a gift of the Holy Spirit to strengthen and encourage the sick person. Second, it unites the recipient more deeply with the Christ’s passion. Third, it helps to unite the suffering person with the entire Church who is able to contribute to the people of God. Lastly, it is a preparation for the final journey.³⁴ From this list it appears as though the sacrament is meant to help the sick person through encouragement and uniting their suffering to the Church and to Jesus. There are two effects of the sacrament that seem to be absent: healing the sick person and the forgiveness of sins. If the anointing is meant to heal the person, “body and soul”³⁵ the listed effects do not indicate that as an outcome. This is removed from the early use of the sacrament/ritual that was highlighted previously when healing the sick person was the primary focus and expected outcome of the anointing.

Section two on the chapter of AOS states that, “Only priests (bishops and presbyters) are ministers of the AOS.”³⁶ There is not any statement as to why this is the case, but instead the Catechism simply lists the declarations and the canons that came from the Council of Trent. This seems out of place given the fact that the rite was substantially revised by the Second Vatican Council. This is a missed opportunity to examine the theology used by Second Vatican Council when it revised the rite and a missed opportunity to enlighten the faithful more fully on this sacrament. The Catechism provides some basic information on the rite but seems to leave several

³² CCC, 1508.

³³ CCC, 1512.

³⁴ CCC, 1520-1523.

³⁵ CCC, 1503.

³⁶ CCC, 1516.

gaps in helping understand this sacrament. A turn towards the Code of Canon Law may provide some fodder for filling in those gaps.

Canons 998 – 1007 address the official Church teachings on the rite of AOS. There are two canons that are applicable to this study. Canon 998 is the introductory canon addressing the nature of the sacrament, it says, “The anointing of the sick, by which the Church commends the faithful who are dangerously ill to the suffering and glorified Lord in order that he relieve and save them, is conferred by anointing them with oil pronouncing the words prescribed in the liturgical books.”³⁷ One item of interest that can be gleaned from this canon is that by the anointing the faithful are relieved and saved. The word “relieved” is curious because there is room here to interpret that this could mean “healed.” McManus notes in a homily given by Pope Paul VI in 1975, that he says:

Here as in the other sacraments, the Church’s main concern is, of course, the soul, the pardon for sin, and the increase in God’s grace. But also, to the extent that it is up to the Church, it’s desire and intent is to obtain relief and, *if possible, even healing the sick...* The revision’s intent was to make the overall purpose of the rite clearer and to lead to a wider availability of the sacrament and to extend it – within reasonable limits – *even beyond cases of moral illness.*³⁸

Clearly, Paul VI had in mind that the revised rite is not just for those who are in danger of death and that healing is a possible outcome of the anointing. Another canon that applies is Canon 1003 §1, “Every priest and a priest alone validly administers the anointing of the sick.”³⁹ There is little more to say here since it is clear that only a priest can administer the anointing.

The final source for examining Church teachings on the sacrament of AOS is the liturgical rite itself. As noted previously, the rite is situated within a larger context of pastoral

³⁷ *Code of Canon Law*, c. 998, accessed December 19, 2019, http://www.vatican.va/archive/cod-iuris-canonici/eng/documents/cic_lib4-cann998-1165_en.html#TITLE_V.

³⁸ Frederick McManus, *New Commentary on the Code of Canon Law*, ed. John Beal, James Coriden, and Thomas Green (New York: Paulist Press, 2000), 1189 (emphasis mine).

³⁹ *CIC*, c. 1003.

care of the sick. The rite is sandwiched between the Rite of Penance and the reception of Viaticum, noting that each rite stands on its own. Ideally, each one of these rites is to be administered separately, although provisions are made within the rite of AOS to administer all three at one time if extraordinary circumstances are present (it is likely the faithful is on their death bed). Ordinarily, before reception of the AOS, the priest would make himself available for the Rite of Penance. The sacrament is available the faithful who are seriously⁴⁰ ill and should be administered at the onset of serious illness.

The introductory section to the rite provides some focus to what the rite is about and what it means to achieve. It states that, “While the sacrament will be celebrated more frequently outside Mass, the celebration may also take place within Mass.”⁴¹ It is worth noting the communal nature of the rite of AOS as it applies to the minister because if the rite is to be celebrated in community, then the Rite of Reconciliation and Penance would be done separately with the person who is ill. It can be argued that the minister of the anointing need not be a priest because the rite of penance is already completed.

The introduction also addresses the communal nature of the rite by noting that the rite should be celebrated with family and other representatives of the faithful for it is then that, “the sacrament is seen for what it is – a part of the prayer of the Church and an encounter with the Lord.”⁴² The introduction concludes by noting there are three distinct aspects of the celebration: the prayer of faith, the laying on of hands, and the anointing with oil. In the prayer of faith, the community is asking for God’s help for the sick. In the laying on of hands, the priest indicates

⁴⁰ In the general introduction to the Pastoral Care of the Sick it is noted that the Latin word *periculose* as used in Church documents has been carefully studied and rendered as “seriously,” rather than as “gravely,” “dangerously,” or “perilously.” This helps to avoid restrictions on who may receive the sacrament by having it be available at the onset of illness, not just when someone is in danger of death. This also gives the sacrament a better chance at physical healing.

⁴¹ ICEL, *Pastoral Care of the Sick*, 90.

⁴² ICEL, 91.

the person is the object of the Church's prayers, it is a clear sign of blessing for God to heal or strengthen the person, and an invocation for the Holy Spirit upon the sick.⁴³ It is noted above all, "*it is the biblical gesture of healing and indeed Jesus' own usual manner of healing.*"⁴⁴ Finally, the use of oil, "signifies healing, strengthening, and the presence of the Spirit."⁴⁵ With the cursory examination of Church teachings on the sacrament, it is time to turn towards contemporary commentary on the rite.

Commentary on the Rite of Anointing of the Sick

In her discussion on the current rite of AOS, Lizette Larson-Miller says that, "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 encounter in an ongoing relationship between God and individuals and between God, the Body of Christ and individual members thereof."⁴⁶ There is something in this statement that is important because discussing sacraments as *graced moments of encounter* is different than discussing sacraments as matter and form as treated by Canon Law. It provides a framework for the sacraments that puts the needs of the person before the simple execution of the ritual. In the case of ministering to the seriously ill, the Church should do all it can to foster an environment that allows for the best chance of a graced moment of encounter. Does the current rite do this or are there avenues that might provide a better encounter?

The first thing to explore is what is this rite supposed to be about? It is no wonder that the AOS is the most misunderstood of the sacraments; even within Church documents it seems like

⁴³ ICEL, 83-94.

⁴⁴ ICEL, 94.

⁴⁵ ICEL, 94.

⁴⁶ Larson-Miller, *The Sacrament of the Anointing of the Sick*, xv.

there are different outcomes intended for this rite. The document *The Constitution on the Sacred Liturgy* coming out of Vatican II says that:

“Extreme Unction,” 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, as soon as anyone 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.⁴⁷

This statement does little to move the sacrament from *form and matter* to a *graced moment of encounter*. In fact, it does little to instill a new sense of meaning to the sacrament at all because death is still a factor in determining when the sacrament should be received. There are not many of the faithful that would understand the nuance between “point of death” and “in danger of death” because the operative word for them is not “point” or “danger” but “death.”

In the introduction to the rite of AOS that is used in the United States, it is stated that, “The sacrament of anointing is the proper sacrament for those Christians whose health is seriously impaired by sickness or old age.”⁴⁸ This statement gives a much different view of who should receive the sacrament because it does not even mention death. Those who are seriously sick or aged may be in a much better place to receive this sacrament as a *graced moment of encounter* rather than someone who is beginning to experience death. The statement coming from the United States Conference of Catholic Bishops (USCCB) in the introduction to the rite opens up a new way of looking at who should receive this sacrament and when it should be administered.

Previously in this paper, the Catechism of the Catholic Church is cited regarding certain effects of AOS. One of them is to encourage and strengthen the person and another is that it

⁴⁷ Second Vatican Council, Constitution on the Sacred Liturgy *Sacrosanctum concilium* (4 December 1963), §73, in *Vatican II: The Conciliar and Postconciliar Documents*, ed Austin Flannery, New Rev. Ed. (Collegeville: Liturgical Press, 2004), 22.

⁴⁸ ICEL, *Pastoral Care of the Sick*, 90.

helps the sick person to unite more closely with the Church that can help them through their suffering.⁴⁹ Kanza notes that, “On the anthropological level, when a person is affected with disease or illness, his or her relationships are affected. Sickness, especially of the serious variety, causes depression or anxiety and alienates the person from society, from himself [herself] and even from God.”⁵⁰ It seems a good criterion for when the sacrament should be given is when an illness or disease is serious enough to affect the person in their relationship with others or with God. It is here that the sacrament could offer a *graced moment of encounter* to the one who is ill. When a person is afflicted with something that affects their relationships it seems likely that the time to administer the sacrament has come. The first element of the *Kerygma* (the proclamation about Jesus by the early Church) is for us to know that God loves everyone and created us to have a relationship with God. This not only applies to humanity in general but is also specific to each person. If the relational aspect to the sacrament is given a priority, then it seems wise to assess who is able to administer the sacrament because there is a relationship dynamic there also.

The experience of the sacrament would likely be different depending on the relationship the sick person has with the person doing the anointing. A priest who previously had not met the sick person can administer the sacrament according to the prescribed ritual, but do they offer the fullness of a relation between the sick person and the Church? Taking it a step further, could someone who has journeyed with the sick person celebrate the sacrament that emphasizes the relational aspect in a profound way and help to strengthen the person through a stronger

⁴⁹ One of the profound ways that the Church has connected with the sick and suffering is through the nursing profession. In the nineteenth century, religious nuns were quite prominent in establishing hospitals and furthering the cause of care to the sick. For a more detailed look at this contribution, please see *Say Little, Do Much: Nurses, Nuns, and Hospitals in the Nineteenth Century* by Sioban Nelsen. (University of Pennsylvania Press: 2001).

⁵⁰ John Kanza, *Anointing of the Sick* (Oxford: Oxford University Press, 2015), 564.

connection to the community who is praying for them (which is one of the outcomes of the rite)? What if that person is also able to represent the universal church through their ordination?

Through their ordination in service of charity, deacons are often ministering to those who are sick and aged. As will be demonstrated in the next section of this paper, deacons are called to emulate Christ the Servant who walked with those whose relationships with others were affected by their infirmities. This places deacons in a unique position of having a special relationship with those who are experiencing sickness while being able to represent the Church in a special way through their ordination.

Summary

It is clear that healing the sick was one of the ways that Jesus demonstrated the relationship between him and his father and the person who was afflicted. One of the ways that the early Church continued Jesus' ministry of healing was through anointing the sick with prayer and oil. Through the first eight hundred years, the blessed oil that was used for anointing was far more important than the person who ministered to the sick. In fact, the oil was used in the homes of the faithful as a way of healing sickness. The next seven hundred years brought about a profound change in both the theological understanding and application of the oil. The Council of Trent codified that the sacrament was to be given at the time of death and administered by a priest only. The focus of the sacrament was on the forgiveness of sins, not on healing.

The Second Vatican Council revised the sacrament and placed within the broader context of the pastoral care of the sick. The revised rite removed the language of forgiveness of sins and replaced it with encouraging and strengthening the sick. Although the revised rite changed the wording in the ritual, the introduction to the rite still includes the aspect of forgiveness of sins as an outcome of the rite which does not help to reconcile it as the most misunderstood sacrament

in the Church. The Church already has a sacrament for the forgiveness of sins, and it is confusing why this sacrament focuses on the forgiveness of sins as well. The rite is named Anointing of the *Sick*, not Anointing of the *Sinful*. The Catechism of the Catholic Church hints that the rite has the power to heal and places the emphasis on strengthening the sick person without mentioning an outcome of forgiveness of sins. The Code of Canon Law codifies the matter and form of the ritual while also including language that leaves room for interpretation that healing is an aspect of the rite. The official rite of AOS offers an alternate view of when the sacrament should be administered by saying that when some is *seriously* ill, they should seek out anointing. This contrasts with *Sacrosanctum Concilium* (Constitution on the Sacred Liturgy) which states that the sacrament is administered to those who are in danger of death.

Through all of different introductions and commentaries, one of the aspects that is not addressed very well is the lack of generosity by the Church in administering this sacrament. In the other sacraments, the Church goes to great lengths to promote their application, but for this sacrament the Church gives the appearance of waiting to administer until it is the “right time.” The underlying problem with this approach is that the “right time” is different for every person and situation. A sickness may be carried well by one person and be devastating to another. The revised rite has been in place for just over fifty years. It is time for the Church to re-examine the commentary and instructions to be more generous with this sacrament.

Contemporary sacramental understanding places a great deal of merit on the relational aspect of the sacraments that marries up well with the New Evangelization happening in the Church today. Acknowledging the relationship between the human person and God and with others as a starting point of the sacraments offers a new way of looking at the AOS with a focus on *graced moments of encounter*. The relational aspect of sacraments also allows discussion on

who is able to administer sacraments. The next section of this paper examines the nature of the permanent diaconate to see gifts it can bring to the Church and the world.

Diaconate

“Therefore, in the first place, all that is decreed in the Code of Canon Law about the rights and obligations of deacons, whether these rights and obligations be common to all clerics, or proper to deacons--all these, unless some other disposition has been made--we confirm and declare to be in force also for those who will remain permanently in the diaconate.”⁵¹ It is with these words in 1967 that Pope Paul VI restored the diaconate as a permanent rank within the sacrament of Holy Orders; a status that was absent from the Church for some thirteen hundred years.⁵² In relative terms, the modern diaconate⁵³ is still in its infancy covering only fifty years in a two-thousand year history of the Catholic Church. A brief historical survey is necessary to understanding the current model of the diaconate. As Deacon William Ditewig⁵⁴ notes, “The diaconate is not some static reality that may simply be transported from one time to another: like all parts of the church, it is a living, organic, and dynamic reality.”⁵⁵

Development

A good place to begin is examining the word and concept of *diakonia*. At its core, *diakonia* is Greek for *service*. It follows that *diakonos* is *servant* which transliterates into English as *deacon*. As is true with many transliterations, there does not seem to be an exact

⁵¹ Paul VI, General Norms for Restoring the Permanent Diaconate in the Latin Church *Sacrum Diaconatus Ordinem* (18 June, 1967), Introduction, accessed December 19, 2019, http://w2.vatican.va/content/paul-vi/en/motu_proprio/documents/hf_p-vi_motu-proprio_19670618_sacrum-diaconatus.html.

⁵² Clarification of this statement will be forthcoming.

⁵³ Unless otherwise specified, the term *diaconate* in this paper refers to those permanently ordained as a deacon in the Roman Catholic Church.

⁵⁴ Deacon William Ditewig PhD has authored or co-authored several books on the diaconate. He is considered as one of the foremost scholars on the current diaconate in the United States.

⁵⁵ William Ditewig, *The Emerging Diaconate: Servant Leaders in a Servant Church* (New York: Paulist Press, 2007), 8.

match moving from Greek to English so there is some nuance that comes into play. Ditewig notes that within the New Testament, “At least four levels of meaning [of *diakonia/diakonos*] have been identified: 1. the everyday sense of ‘serving at meal or waiting on tables’ 2. a more general sense of ‘assisting or attending’ to another 3. a sense of ‘mediator, emissary, go-between’ 4. a technical (or perhaps semitechnical) use that refers to a recognized church officeholder.”⁵⁶

Scripture may provide clues to how the early Christian communities embraced *diakonia*. One of the most familiar scriptural passage for *diakonos* (servant) as the Catholic Church experiences it today is Acts 6: 1-6,

At that time, as the number of disciples continued to grow, the Hellenists complained against the Hebrews because their widows were being neglected in the daily distribution. So the Twelve called together the community of the disciples and said, “It is not right for us to neglect the word of God to serve at table. Brothers, select from among you seven reputable men, filled with the Spirit and wisdom, whom we shall appoint to this task, whereas we shall devote ourselves to prayer and to the ministry of the word.” The proposal was acceptable to the whole community, so they chose Stephen, a man filled with faith and the holy Spirit, also Philip, Prochorus, Nicanor, Timon, Parmenas, and Nicholas of Antioch, a convert to Judaism. They presented these men to the apostles who prayed and laid hands on them.

This gives credence to the first level of meaning presented by Ditewig but also helps to make a point for future development of an “officeholder” since the apostles laid hands on them to set them apart from other that also served the community. It is illogical that the apostles would have laid hands on everyone who waited on tables at the time, so there is clearly something beyond the norm that these men were called to do in the early Church.

Interestingly, the only reference to a person in an early Christian community being addressed as *diakonos* (servant) is found in Paul’s letter to the Romans. In chapter 16:1, he

⁵⁶ Ditewig, 53.

commends sister Phoebe who is a *diakonos* (translated minister) at Cenchreae. He asks the community to accept her as they would any of the holy ones (disciples). Even though there is not any consensus that the office of deacon was established at this time, Paul's exhortation points to Phoebe as an important minister in the local church in the vein of officeholder.⁵⁷

In Mark's gospel, Jesus tells his apostles that *diakonia* is the way to greatness. In his discourse on how the leaders at that time acted, he is quoted as saying, "But it shall not be so among you. Rather, whoever wishes to be great among you will be your servant (*diakonos*)" (Mark 10:43). He goes on to say that he came to serve, not to be served. This helps to strengthen the concept that *diakonia* is a component of what it means to follow Jesus and why the early Church would have made this a part of basic structure very early in its development. Ditlewicz notes that:

The Matthean parallels also stress the role of Christ as deacon, and Matthew grounds discipleship and judgment on acting *in persona Christi Diaconi*. In Matthew's well-known passage on the final judgment, one is ultimately judged on whether or not one has been a deacon: 'when did we see you hungry, naked, not come to your help?' In this sense, to be a 'deacon' is to be a 'Christian.' Luke uses 'deacon' terminology more than Mark or Matthew, but yet again we find the emphasis on Christ's self-identification as deacon: In the three synoptic gospels it is obvious that the image of Jesus the servant, Jesus the deacon, has made a tremendous impression on all three of these Jesus communities.⁵⁸

The point here is not to proof-text the word *diakonia* in the New Testament, but to show that the concept of *diakonia* is a thread that is woven throughout the words used in the early Church communities. Serving others was important to the Church from the beginning.

Another aspect of scripture that shows how much importance was placed on *diakonia* in the early Church is how they implemented it as part of their early structure. Most contemporary

⁵⁷ See Thomas Schreiner, "Romans" in *Baker Exegetical Commentary on the New Testament* (Grand Rapids: Baker Academic, 1998), 787.

⁵⁸ Ditlewicz, 55.

translations have the opening of Paul's letter to the Philippians giving a special greeting to "their bishops and their deacons" (Phil. 1:1 NSRV). Most scholars agree that the date of this letter is around 60 CE, so the role of "deacon" (as a function of the Church) seems to be established early (at least in the community of Philippi).

Moving beyond the scriptures, deacons clearly had a role in the Church in the first few centuries. The International Theological Commission⁵⁹ notes that, "The text of the *Didache* (written before a.d. 130) at 15, 1 only mentions bishops and deacons as the successors of the prophets and the *didaskaloi* [teachers/instructors] and says nothing of priests."⁶⁰ They go on to say that, "It is certain that at that period the deacons were responsible for the life of the Church with regard to works of charity towards widows and orphans, as was the case in the first community at Jerusalem. Their activities were doubtless [*sic*] linked to catechesis and also probably to the liturgy."⁶¹ Around this same time, Ignatius of Antioch notes the hierarchy of the Church that is similar to Clement of Rome, "Let everyone revere the deacons as Jesus Christ, the bishop as the image of the Father, and the presbyters as the senate of God and the assembly of the Apostles. For without them one cannot speak of the Church."⁶² There is some interesting theology here. Bishops were compared to God, deacons to Jesus, and priests to the apostles. This lends credence to deacons representing Christ the Servant in the Church. Through these writings from those considered to be early Church fathers, deacons (as officeholders) were considered to

⁵⁹ The International Theological Commission is part of the Roman Curia that advises the magisterium of the Roman Church.

⁶⁰ International Theological Commission, *From the Diakonia of Christ to the Diakonia of the Apostles*, 2002, accessed December 19, 2019, http://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_pro_05072004_diaconate_en.html, Chapter II, no. II.

⁶¹ ITC, Chapter II, no. II.

⁶² ITC, Chapter II, no. II. noting *Letter to the Trallians* 3, 1; SCh 10, 113.

be as important as bishops by the beginning of the second century. This view of deacons, however, began to change.

From the beginning, deacons were given the responsibility of administering the resources of the community. As the Church continued to expand, this meant that deacons increasingly held more power by being entrusted with more and more responsibility. It appears this power began to influence some deacons in a negative fashion. Origen of Alexandria became increasingly critical of deacons of being covetous and amassing wealth for themselves at the expense of the poor.⁶³ This shift in attitude towards deacons does not seem to be isolated; the language of Cyprian places deacons below priests in rank, something that had not been seen before. This “ranking” between bishops, priests, and deacons which is common to current Church structure was beginning to take shape during this time.

The fourth century witnesses the Church becoming attached to the Roman Empire. The emperor Constantine allowed Christ-followers and pagans to each follow their own religious beliefs. This ended the practice of Christians being forced to pay homage to Caesar and so Christianity “came up” from the underground and began to see growth in numbers. In the late fourth century, Theodosius I made Christianity the official religion of the Roman empire. While this helped spread Christianity throughout the empire, it also influenced Christianity by bringing Roman political structure (and attire) into the Church. The impact of this “marriage” is felt even in current times. One of the cultural influences that made its way into the Church is the concept of *cursus honorum* (translated as *course of offices*). Barnett highlights that this structure gives rise to the idea that someone passes through lower “grades” to higher ones. He goes on to say that, “The decline of the diaconate springs more from the development of *curs-us [sic] honorum*

⁶³ ITC, Chapter II, no. III.

than from any other single factor.”⁶⁴ The diaconate began to be viewed as one of the “grades” by time of the Council of Nicaea (325 CE). Canon 18 from the Council says that deacons should remain within their own bounds and remember that they are “ministers to the bishops and inferior to the presbyters.” The Council of Chalcedon (451 CE) strips the deacons of managing the resources of the community bringing an end to one of the functions that deacons were created for as noted in Acts 6:1-6.

The International Theological Commission sums up what happened next:

The history of the ministries shows that the priesthood has had a tendency to take over the functions of the lesser orders. When the progression through the various orders became stabilised [*sic*], each grade possessed the competencies of the previous grade, plus some additional ones-what a deacon can do, a priest can also do. The bishop, being at the summit of the hierarchy can exercise all the ecclesiastical functions. The fact that the different competencies fitted together in this way and that lesser functions were taken over by higher ones; the fragmentation of the original role of deacons into many different functions to be performed by subordinate clergy; and the progression to the higher functions *per gradum*, all go to explain how the diaconate as a permanent ministry lost its reason for existing. All that was left were liturgical tasks exercised for a given time by candidates for the priesthood.⁶⁵

The diaconate itself did not cease to exist; it just became something that was a “step” on the way to something higher. As noted above, the functions that used to be performed by deacons were assimilated into other ranks (some above and some below). Although this remained the status quo for many centuries, the diaconate was still viewed as an important position. In the Scholastic period of the Church, Peter Lombard and Saint Thomas Aquinas both note in their writings that the diaconate is a proper order in the Church that imprints a sacramental character on the recipient.

The next event that gave the diaconate any meaningful attention was the Council of Trent in the mid-sixteenth century. Ditewig notes that Trent, “was called to respond to the challenges

⁶⁴ James Barnett, *The Diaconate: A Full and Equal Order* (Harrisburg: Trinity Press, 1995), 104.

⁶⁵ ITC, *From the Diakonia of Christ, Chapter III*, no. I.

presented by the Protestant reformers of the sixteenth century, amid European wars, intrigue, and political maneuvering.”⁶⁶ There is little doubt that the major impetus for convening the Council of Trent was to respond to Protestants. The sacraments were one of the areas most disputed by the reformers and one of the items most intensely addressed by the council. Trent included Holy Orders as one of the seven sacraments instituted by Jesus and deacons as one of the seven orders declared by the council. Although deacons were instituted as one of the Holy Orders, it remained firmly as one of the ranks that needed to be ascended towards the priesthood. The diaconate failed to gain any ground to be recognized as a permanent order on par with the episcopate and the presbyterate.

Mid-nineteenth century Germany provides the most fodder for the thought regarding a permanent diaconate within the Church. The first writings regarding the vision of a restored diaconate focused on the observation that the priestly state was too sharply separated from the laity and there should be a bridge between the two.⁶⁷ The other factor that is found across various writings of this time note that priests were overworked and needed some assistance. This is not surprising given the impact of the industrial revolution and the concentration of the masses in larger metropolitan areas. An overworked priestly state was also the result of an exalted status that the Church placed on the priesthood. Priests were given all the responsibility and now they were responsible for everything. The practical reasons for a permanent diaconate were in place and the theology for one was coming soon.

Two wars rocked the world. The Second World War saw the incarceration of many priests. Cellblock 26 in Dachau, Germany was one of the more infamous for housing Catholic

⁶⁶ Ditewig, *The Emerging Diaconate*, 80.

⁶⁷ Josef Hornef, “The Genesis and Growth of the Proposal” in *Foundations for the Renewal of the Diaconate* (Washington, D.C.: United States Conference of Catholic Bishops, 1993), 7.

Priests. As the priests discussed how it was possible for the world to end up in the shape that it was in, Ditewig and Tkacik note that:

Among those priests were two men who spent much of their time discussing the possibilities for a new Church and for the need of a permanent diaconate: Father Otto Pies and Vicar Wilhelm Schamoni. Their attention turned to the possibilities for the Church of the future, a Church where they envisioned a critical shortage of priests and an ever-greater need for pastoral care. In response to these concerns, both men exchanged ideas concerning a possible restoration of the permanent diaconate. Interestingly, many of these discussions seemed to involve a need for more or better preachers, especially those who came from and spoke to the common man.⁶⁸

In the writings from Schamoni that survived, he notes that ordained deacons would be able to talk to both the intellectual and working classes from their position in both; deacons could bring the influence of the Church to the communities in which they lived.

The war ended, but the idea of a restored diaconate did not. It was clear from the priests incarcerated in the prison camps that a change in Church hierarchy was needed. The first Deacon Circle⁶⁹ appeared in Freiburg, Germany in 1951. The result was that men began their formation into the diaconate in hopes that it would be restored. Soon Deacon Circles began appearing in other European countries and the push for a renewed diaconate was well on its way. Prominent theologians such as Karl Rahner began writing on the appropriateness of bringing back the diaconate as a proper place in the Church.⁷⁰ The time was ripe for a restored permanent diaconate when Pope John XXIII convened the Second Vatican Council.

⁶⁸ Marshall Gibbs, "The Deacon as Preacher" in *Forming Deacons: Ministers of Soul & Leaven*, ed. William Ditewig and Michael Tkacik (New York: Paulist Press, 2010), 182.

⁶⁹ As noted in *The Emerging Diaconate* from Ditewig (page 99):
Responding to this call for a renewed ordained diaconate was a young forestry worker named Hannes Kramer, who had already been associated with Caritas and its ministry" He dedicated himself to a diaconal ministry In 1951 he formed the first Diakonatskreis (diaconate circle) in Freiburg, West Germany. In addition to providing direct charitable service, members of this group also dedicated themselves to exploring the possibility of a renewed ordained diaconate. The question of the ordained diaconate began to spread outside Germany, largely through the work of the growing number of diaconate circles (Munich, Cologne, Treves, Essen, and Lyons) and the contributions made by theologians considering the question.

⁷⁰ Karl Rahner, "The Theology of the Restoration of the Diaconate" in *Foundations for the Renewal of the Diaconate* (Washington, D.C.: United States Conference of Catholic Bishops, 1993), 139-181.

The Restoration of the Permanent Diaconate

The International Theological Commission notes that:

Three main reasons can be discerned in favour [*sic*] of the restoration of the permanent diaconate. In the first place, the restoration of the diaconate as a proper degree of Holy Orders enabled the constitutive elements of the sacred hierarchy willed by God to be recognised [*sic*]. Secondly, it was a response to the need to guarantee indispensable pastoral care to communities which had been deprived of this because of a shortage of priests. Finally, it was a confirmation, a reinforcement and a more complete incorporation into the ministry of the Church of those who were already *de facto* exercising the ministry of deacons.⁷¹

Three factors: a restoration of an essential part of the Church, the need for pastoral care, and a recognition of ministry already being done by the laity. The first two of these factors will be discussed in more detail later in this paper.

Lumen Gentium was promulgated by Pope Paul VI in November of 1964. Article twenty-nine gives the diaconate a permanent status at a lower level of the hierarchy. The article gives the permission for a permanent diaconate but only at the request of local episcopal conferences and the approval of the Roman Pontiff.⁷² This document gives the permanent diaconate a place in the Church and lists what a deacon is allowed to do in the Church. In essence, the restored diaconate is a marriage between the Church needing to place itself in the service of the world and those feel called by God to *be* service to others.

Even though Pope Paul VI had the Code of Canon Law amended to include deacons as a permanent order in the Catholic Church, there was much work to be done to determine the shape and structure of the diaconate. Certainly, much of the early work on the theology of the diaconate was taken up by Rahner, Hornef, and others, but that theology had to be discerned (and should

⁷¹ ITC, *From the Diakonia of Christ*, Chapter V, no I.

⁷² Second Vatican Council, Dogmatic Constitution on the Church *Lumen Gentium* (21 November 1964), §29, in *Vatican II: The Conciliar and Postconciliar Documents*, ed Austin Flannery, New Rev. Ed. (Collegeville: Liturgical Press, 2004), 387.

continue to be discerned) to meet the needs of the Church and the world. The ITC addresses this by saying that:

It is however interesting to note that nowhere did the Council claim that the form of the permanent diaconate which it was proposing was a restoration of a previous form. This explains why certain theologians avoid the term "restoration", because it might easily suggest something being brought back to its original state. But Vatican II never aimed to do that. What it re-established was *the principle of the permanent exercise of the diaconate*, and not one particular form which the diaconate had taken in the past. Having established the possibility of re-establishing the permanent diaconate, the Council seemed open to the kind of form it might take in the future, in function of pastoral needs and ecclesial practice [*sic*], but always in fidelity to Tradition.⁷³

The time had come to put theory into practice. Instead of restoring the diaconate to the entire Church, however, the Council left the decision to each regional conference to petition Rome for institution within their region. Each region is responsible for developing formation programs and to develop a plan on how their deacons are utilized.

What is constant between each region is that deacons are ordained to service of the Word, so they are proper ministers of proclaiming the gospel at mass. They are ordained to service of the altar and so they assist the presider at liturgical celebrations. Finally, they are ordained to service of charity, so they are involved in the Church and in the community in any number of charitable endeavors.⁷⁴ Deacons are ordained to their service to the bishop of the diocese in which they serve and are incardinated (joined) to a specific parish where they live out their vocation. It is not relevant to this discussion to try and capture the current diaconate across different cultures, so this paper will focus on the current state of the diaconate in the United States.

⁷³ ITC, *From the Diakonia of Christ*, Chapter V, no. II, §2.

⁷⁴ *Lunem Gentium*, §29.

Ditewig provides a snapshot of deacons in the Church today.⁷⁵ The average age of a deacon is 62, they typically have higher education levels than the general male population, and the vast majority are married. Even though deacons are considered full-time ministers in the Church, most have full-time jobs in the secular world. However, with the acute shortage of priests, a greater number of deacons are being encouraged to assume paid positions within the parish. In the diocese of Green Bay, Wisconsin (as well as other dioceses) deacons are increasingly being used as leaders of parishes in response to the acute shortage of priests. Even though there are some that criticize this application, it is wise to remember that deacons were chosen in the early Church to be administrators of the community's resources. Having deacons utilize their experiences in the secular world to help run parishes, seems to bring their ministry full circle.

Summary

All of the gospels note that Jesus embraced *diakonia*. Matthew 20:28 quotes Jesus as saying, "the Son of Man came not to be served, but to serve." It is no surprise that the early Christian communities integrated this notion of service into their newly formed structures through the use of deacons (and deaconesses). Through early Church correspondence such as the *Didache* and letters of Pope Innocent I, we know that deacons were a part of the Church in the first few centuries. Abuses by some deacons along with rise of the priesthood relegated the office of deacon to the *cursus honorum* (the course of offices) and the diaconate become an order that was administered to those on the way to the priesthood. The permanent diaconate ceased to exist until there was a need brought on largely by two factors: an overworked priesthood, and a need for the Church to be in service to the world.

⁷⁵ The following numbers are from 2007 but provide a general overview of the current state of the diaconate.

As the population of Europe expanded during the industrial revolution, a ministerial burden was placed on priests and the diaconate became a topic of discussion as a means to help over-worked clergy. Out of the concentration camps of World War II, the discussion of a restored diaconal order came to the forefront because of a concern that the Church was failing to live out its service to the world. In 1967, Pope Paul VI opened the door to reinstating the diaconate, and the Second Vatican Council reaffirmed the Pope's decision by giving the diaconate permanent status in the Church's hierarchy. Relatively speaking, the diaconate is still in its infancy and it would be surprising to think that the scope of what deacons do in the Church is a static reality. This paper moves forward with this thought in mind, specifically with the idea of deacons being able to sacramentally anoint the sick.

Deacons and Anointing of the Sick

Throughout its history, the Church has always adapted to the signs of the times and the needs of the world;⁷⁶ the restoration of the diaconate is no different. If the Church is to utilize this order to its fullest, it needs to continually examine the gifts that the diaconate can bring to a world in need. Is it time to examine the possibility of having deacons minister to their communities by giving them the faculties to celebrate the rite of Anointing of the Sick? Deacons have a unique relationship with many in their parish (and are the ones who actively represent Christ the Servant in their communities) and the rite of AOS seems to bring these two facets together. This section of the paper will explore the possibility of utilizing deacons to meet the needs of the community by giving them the faculties to celebrate the AOS. Before embarking on the exercise of defending a proposal to allow deacons to anoint the sick, it is logical to first

⁷⁶ Second Vatican Council, Pastoral Constitution on the Church in the Modern World *Gaudium et Spes* (7 December 1965), §2, in *Vatican II: The Conciliar and Postconciliar Documents*, ed Austin Flannery, New Rev. Ed. (Collegeville: Liturgical Press, 2004), 904.

examine whether it is even doctrinally possible. After all, deacons are not currently celebrants of this sacrament and there are reasons why.

It is foolish to think that this is the first time that this subject has been brought forward. In fact, it has been asked so many times that in 2005, (then) Cardinal Joseph Ratzinger (Prefect for the Congregation for the Doctrine of the Faith) published a note specifically addressing why the minister of the anointing is only a priest. He declared the current doctrine as *definitive tenenda* (held definitively). That means that it is essential in guarding the deposit of the faith that the current teaching must be accepted.⁷⁷ In order for a doctrine to be totally unchangeable it needs to be considered dogma, and in the case of the minister of the anointing of the sick, there is no indication that it is elevated to the standing of dogma. Gusmer is one who would argue that there is room for the teaching to be changed. He notes the wording in the current rite that, “The priest is the only proper minister of the anointing of the sick.”⁷⁸ He believes that the, “likely understanding is that the priest alone is the *ex officio* or ordinary minister of the sacrament of the sick” and not that the ordained priest is the only person that has the sacramental power to anoint.⁷⁹ It appears as though the Church could allow deacons to sacramentally anoint the sick. With the dogmatic aspect of the query answered, what the Church teaches (and why) needs to be explored for a full understanding.

As noted earlier in this paper, the biblical foundation for the anointing of the sick is found in James 5:14-15: “Is there anyone sick among you? He should ask for the presbyters of the Church. They in turn are to pray over him, anointing him with oil in the Name of the Lord. This prayer uttered in faith will reclaim the one who is ill, and the Lord will restore him to health. If

⁷⁷ Fr. Brian Belongia, Judicial Vicar, Diocese of Green Bay, Wisconsin, email message to author on December 6, 2019.

⁷⁸ *CIC*, c. 1003, § 1.

⁷⁹ Gusmer, *And You Visited Me*, 79.

he has committed any sins, forgiveness will be his.” The *Note on the Minister of the Sacrament of the Anointing of the Sick* references that the Council of Trent set forth the subject (seriously ill of the faithful), the minister (the presbyter, translated as priest), the substance (blessed oil), the form (the minister’s prayer), and the effect (salvific grace, the forgiveness of sins, and the relief of the sick person).⁸⁰

Previously, the Council of Trent was noted for its influence on defining the sacrament of AOS. However, it should be noted that the Council could only come to conclusions based on the scholarly knowledge *at that time*. That is to say that while Trent defined much, it did so without the advances in biblical exegesis that have happened in the last four hundred and fifty years! Since the sacrament of AOS has its origins in the two verses in James, it seems as though that is a good place to begin.

Trent refers to James as “the Apostle and brother of the Lord.”⁸¹ At first glance this does not seem to raise much concern, but right away Trent is trapped in an assumption that may not be true. What material that could be attributed to James the Apostle and what comes from a later writer still is not available to scholars, but to attribute the entire letter to James the brother of the Lord is not historically sound. At the end of the declaration of the sacrament, the council exhorts the praises of blessed James the Apostle who implemented the sacrament. Responsible scholarship should allow for this to be explored more fully; this idea should be brought forward in examining the minister of the sacrament as well.

⁸⁰ Congregation for the Doctrine of the Faith, *Note on the Minister of the Sacrament of the Anointing of the Sick*, accessed December 20, 2019, http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20050211_unzione-infermi_en.html.

⁸¹ Council of Trent, *On the Sacrament of Extreme Unction: Chapter 1*, accessed on December 20, 2019, <https://www.papalencyclicals.net/councils/trent/fourteenth-session.htm>.

The council declares that the ministers of the rite are priests and bishops. The *Note on the Minister of the Sacrament of the Anointing of the Sick* says that, “The Greek words of James' Epistle (5: 14), which the Vulgate translates as ‘presbyteros Ecclesiae’ (church presbyters) in accordance with tradition, cannot be referring to the elders of the community in terms of age but to that specific category of the faithful who, through the imposition of hands, the Holy Spirit had ordained to tend the Church of God.”⁸² By adhering to only one translation of James (the Latin Vulgate that translated the original Greek) the Council of Trent had a narrow view of the minister as being a bishop or priest. The difficulty here is that the Church structure at the time the book of James was authored did not have priests.

The International Theological Commission notes that the *Didache* (an early Christian treatise written before a.d. 130), “only mentions bishops and deacons as successors to the prophets and the *didaskaloi* [teachers] and says nothing of priests.”⁸³ To assert that author of James is saying that priests are the ones who are called to anoint the sick is not possible since there were no priests⁸⁴ in the Christian community at the time James was written. This is important to understand since the Church relies almost exclusively on these two verses from James as the basis for the sacrament. Moo (and others) believe that the correct meaning of James is that *elders* were called to the sick. He says that, “it can be inferred that the elders were those spiritually mature men who were given responsibility for the spiritual oversight of individual, local congregations.”⁸⁵ For this era, “elder” should be understood as someone well respected in the community as having certain standing, not “priest.” Clearly, there is much that the Council

⁸² CDF, *Note on the Minister of the Sacrament of Anointing of the Sick*.

⁸³ ITC, *From the Diakonia of Christ*, Chapter 2, no. 2.

⁸⁴ As the modern reader would envision.

⁸⁵ Moo, *James*, 222.

of Trent assumed that is open to more investigation regarding the minister of the sacrament. This leads to a review of the effect of the sacrament.

Since the Council of Trent is the source used by the Church for defending the current rite, what did Trent declare for the effect of this sacrament?

Moreover the thing signified and the effect of this sacrament are explained in those words; And the prayer of faith shall save the sick man, and the Lord shall raise him up, and if he be in sins they shall be forgiven him. For the thing here signified is the grace of the Holy Ghost; whose anointing cleanses away sins, if there be any still to be expiated, as also the remains of sins; and raises up and strengthens the soul of the sick person, by exciting in him a great confidence in the divine mercy; whereby the sick being supported, bears more easily the inconveniences and pains of his sickness; and more readily resists the temptations of the devil who lies in wait for his heel; and at times obtains bodily health, when expedient for the welfare of the soul.⁸⁶

There are three effects of the anointing: 1) sins are forgiven, 2) the person is strengthened to resist temptation, and 3) at times will heal the sick person. What is missing from this declaration is a sound review of the passage from James. The translation of *the Note from the Congregation for the Doctrine of the Faith* says that, “This prayer uttered in faith will reclaim the one who is ill, and the Lord will restore him to health. If he has committed any sins, forgiveness will be his.”⁸⁷ While this translation still reflects the three effects noted by Trent, it highlights a different emphasis. Trent puts the forgiveness of sins as the primary outcome of the anointing, the passage itself has physical healing as the primary outcome and the forgiveness of sins as the secondary outcome *if it is needed*. The difference in what is emphasized in this passage is quite significant. Viewing the passage from James in its *sitz im leben* (the situation of the writer and readers at that time) is quite critical in understanding what this ritual anointing was all about.

A hindrance to find the exact meaning of this passage is a lack of clear understanding of the authorship and the *sitz im leben*. That should not deter an investigation of the passage but

⁸⁶ Council of Trent, *Session 14, Chapter 2*.

⁸⁷ CDF, *Note on the Minister of the Anointing of the Sick*.

should serve as a reminder that any conclusion cannot be held with full force. Moo examines the purpose of anointing with oil and comes to the realization that it is hard to determine since anointing with oil for the express purpose of healing is, “mentioned only one other time in the New Testament. The Gospel of Mark tells us that the twelve ‘drove out many demons and anointed with oil many people who were ill and healed them’ (6:13). Unfortunately, no more explanation of the practice is given there than here in James.”⁸⁸ What both passages mention is the effect of healing the sick person. Since oil was used medicinally in ancient Palestine, it seems logical that the effect of the anointing was that of physical healing. If the effect expected was strictly spiritual healing, then the use of oil seems out of place. Surely the prayers of the elders would be sufficient for the relief of spiritual illness.

The connection between the physical and spiritual healing comes from the belief at that time that illness does not come from humans, but from another source. In addressing this passage, Davids notes that, “the person is sick, which means the cause lies outside the human sphere: either God or evil powers must be involved.”⁸⁹ The elders are called to pray over the person because they are unable to pray for themselves. They pray for this sick person to be strengthened to resist evil in their weakness (including being forgiven of any sins that need to be forgiven). For this passage, however, both Moo and Davids conclude that the effect of anointing with oil at this time was for physical healing. Having the benefit of modern exegesis allows a fuller understanding of this passage, something that was not available to the Council of Trent. The council, however, did not seem to be interested in more fully understanding the sacraments, but only to reinforce what was done at that time.

⁸⁸ Moo, *James*, 223.

⁸⁹ Davids, *The Epistle of James*, location 4461.

As mentioned before, Trent was convened mostly to solidify teachings in reaction to Protestant movements. In this case, Trent was defending that *Extreme Unction* was indeed a sacrament. Gusmer⁹⁰ and Rogge⁹¹ (among others) note that many Reformers claimed that it was not a sacrament and therefore any person could be a proper minister when anointing the sick. In order to maintain the sacramental nature of anointing, Trent emphasized that the outcome of the rite was the forgiveness of sins and therefore only a priest could be the minister because a priest was the only person to stand *in persona Christi* to forgive sins. What was not considered by Trent is that a deacon could be a minister of the sacrament; not only because of the effect of the rite but because there was not a permanent diaconate at that time. Trent was arguing against lay persons anointing the sick... deacons were not even a consideration since at that time deacons were only a transitional ordo into the priesthood. In short, while Trent did much to define the current rite of anointing, it did so in the context of its time and circumstances.

In the *Note of the Minister of the Sacrament of the Anointing of the Sick*, Ratzinger cites that, “The first Document of the Magisterium that speaks explicitly of the Anointing of the Sick is a Letter of Pope Innocent I to Decentius, Bishop of Gubbio (19 March 416).”⁹² In the letter, Pope Innocent I states that the minister of the sacrament are both priests and bishops. Ratzinger goes on to say that, “Pope Innocent I’s Letter, like other testimonies of the first millennium (Caesarius of Arles, the Venerable Bede), provides no proof of the possibility of introducing ministers who are not priests to administer the Sacrament of the Anointing of the Sick.”⁹³ What he fails to mention, however, is that in the same letter, Pope Innocent I says that, “There is no

⁹⁰ Gusmer, *And You Visited Me*, 78.

⁹¹ Louis Rogge. “The Anointing of the Sick in Historical Perspective.” *The Linacre Quarterly* 42, no. 3, Article 7 (1975): 211.

⁹² CDF, *Note on the Minister of the Anointing of the Sick*.

⁹³ CDF, *Note on the Minister of the Anointing of the Sick*.

doubt that the passage [from James] ought to be received or understood of the sick faithful, for they have the right of being anointed with the holy oil of chrism; which being consecrated by the bishop, *it is lawful not for priests only, but for all Christians to use for anointing in their own need or in the need of members of their household.*⁹⁴ This highlights a completely different understanding of the sacrament than what is shown in the *Note*. Innocent I was concerned that the blessed chrism be used for the anointing far more than who administered it to the sick person. The question might be raised that, “Does this not contrast the passage in James that the elders are the ones who are to anoint?” However, Puller notes that, “But S. James does not say that the Unction cannot be administered by laymen if the presbyters are not there.”⁹⁵ Innocent’s letter shows a time before sacraments became *Sacraments* and that there were many *sacramentals* that were available to all of the faithful. This challenges that the letter could be used in defense of the Sacrament of *Extreme Unction* as was done by the Council of Trent and by Ratzinger.

A fact that merits weight in this discussion is that at no time in Church history are deacons shown to be ministers of the sacrament of AOS. There is no denying that this statement is true, but that could also be said of deacons being ministers of baptisms and official Church witnesses of marriages either. When the permanent diaconate was restored in 1967, it was done to address the needs of the Church and of the world. The ministries assigned to the diaconate were partially done to help bring relief to priests who were being stretched too thin and unable to effectively pastor their parishioners. I argue that given the current number of priests available as pastors that it is time to re-examine if anointing the sick should be added to the ministries available for deacons. It is time to address the needs of the faithful over the need to hold on to past teachings of the Church.

⁹⁴ Puller, *The Anointing of the Sick*. 54 (emphasis mine).

⁹⁵ Puller, 61.

Where does this leave the question if Church teaching could be changed to allow deacons to be ministers of AOS? This examination concludes that there is enough evidence to argue for a change in Church teaching and practice. Any current Pope could promulgate a change to Canon 1003 to add deacons to the list of who can validly administer the anointing either as an ordinary or extraordinary minister. The rite itself does not need to be changed because there is nothing in matter or form that would exclude a deacon. In short, the answer is yes, Church doctrine could be changed to allow deacons to anoint the sick. While this addresses the doctrinal issues regarding this topic, theological and pastoral questions remain. In other words, the question of *could* a deacon anoint the sick has been answered, and the question of *should* a deacon be allowed to anoint the sick needs to be addressed.

Contemporary Examination

A good place to begin is with the rite itself. As this study has revealed, there may be a disconnect in the meaning of anointing from its roots in the early Christian Church until today. Even differences of the language used between current church documents reinforce why this sacrament remains misunderstood and underutilized. What can be done to help eliminate confusion and bring this sacrament to the same status with other sacraments in terms of understanding and usage? One way might be to have this sacrament offer something that the other sacraments do not address fully. This can be done by making the focus of the sacrament about *healing* and not about the forgiveness of sins. As this paper has shown, there is historical precedent that anointing of the sick was done for healing and not just for the remission of sins. It is quite possible that a reclamation of a focus of healing could help to elevate this sacrament to the same status as others. In order to do so, however, it needs to become detached from the focus of remission of sins.

In a discussion of any sacrament, it is important to remember that their purpose is to lead the faithful to Christ. All sacraments flow from the love of Jesus and are meant to help us unite more fully to the Christ. Sacraments help to give human meaning to the *holy mysteries* so that the faithful are strengthened and encouraged on their journey. The Church has different sacraments to bring forth these *holy mysteries*, each according to its own purpose. The Church has the Sacrament of Penance and Reconciliation so that the faithful can confess their sins, receive absolution, and be united more fully with Jesus and with others. It is theologically inconsistent that the focus of the sacrament of Anointing of the Sick should also be on the forgiveness of sins. The Catechism of the Catholic Church is clear that the sacrament of Anointing of the Sick is separate from that of Penance when it says, “ If circumstances suggest it, the celebration of the sacrament *can be preceded* by the sacrament of Penance and followed by the sacrament of the Eucharist.”⁹⁶ This leads to the question of why would the sacrament of AOS would need to remove sins differently than the Eucharist (which relieves the remnant of sin after the Rite of Reconciliation?) Besides a better understanding of the rite, what else could be gained by making the focus on healing instead of something done at the end of life?

One benefit might be who could receive the sacrament and when. If the focus of the rite is on healing, then the term *seriously ill* (those currently listed in the rite) come into discussion more fully. It is not hard to envision that those with mental or emotional issues could be considered *seriously ill*. What about those that have a chronic disease such as multiple sclerosis, rheumatoid arthritis, cancer, or post-traumatic stress disorder? These ailments might linger for years before they lead the person close to death, but these are people who might benefit the most from a sacrament that addresses a burden that they carry daily. When we think of the healing

⁹⁶ CCC, 1517 (emphasis mine).

stories of Jesus, there is no doubt that he healed those that were close to death (or already dead in the case of Lazarus) but he also healed many who were blind, disabled, or outcast because of their leprosy. These people were not close to death and Jesus healed to help make them whole again in their person, but also whole again with their communities. Jewish law dictated that anyone with leprosy had to live outside of the community; being healed of such diseases reunited such persons to the family and friends once again. The sacrament of AOS has the potential to bring that type of healing to many who struggle to find peace with themselves, Jesus, and others because of their burden. A look at the origins of the ritual might provide some background for this application of the rite.

As discussed earlier, oil had medicinal value in the ancient near east. It would have been common for a sick person to use oils to combat illness and injury. It is easily imaginable that early Christians would connect physical illness with spiritual illness and therefore use oil as a remedy for both (as seen in the passage from the book of James). For the modern reader, there is an awareness that physical illness can affect a person's spirit and so anointing takes on this two-tiered meaning. There is no documented "threshold" of when oil was used to anoint, but there is evidence to say that when an illness put enough burden on the person to make them vulnerable to despair that the time had come. That is good benchmark for a contemporary application as well.

Serious illness places strain on the body and the spirit. When that strain becomes too heavy to bear then despair sets in and a person can lose hope; after hope is lost, then a person's faith is at risk. The Catechism addresses this by saying, "Illness can lead to anguish, self-absorption, sometimes even despair and revolt against God."⁹⁷ Anyone who has experienced an illness (even a short-lived illness like the flu) knows that they are not "themselves" and have

⁹⁷ CCC, 1501.

seen that in others as well. Those that experience serious illness that may not have an end in sight are, in a way, chronically not “themselves.” Certainly, these faithful that can benefit from a sacrament focused on the healing power of Jesus in a profound way.

Instead of focusing on what the person needs to help them heal, the Church seems to want to be able to determine when the anointing should take place. The general introduction to the Pastoral Care of the Sick says that that a doctor can be consulted about the seriousness of the person’s illness in determining if they should be anointed.⁹⁸ Why not let the person who is afflicted determine when their illness affects them so gravely that they are losing hope and falling into despair? Any concern of scrupulousness can be address by the minister as they would with any other sacrament. Again, if the purpose of the sacraments is to lead people to Jesus, should the Church not err on the side of generosity when determining who should receive sacred anointing?

This discussion on the rite of AOS hopefully illustrates the benefit that a change of focus of the rite from the remission of sins to healing might bring to the faithful. What is surprising is that this does not require any change in the rite itself! There is nothing in the form or matter of the rite that explicitly grants the forgiveness of sins by the minister. The Code of Canon Law and the Catechism of the Catholic Church could be modified from the phrasing of “dangerously ill” to “seriously ill” (as is used in the Pastoral Care of the Sick) when discussing those who can receive the sacrament. They could both be updated with clarification on the intended outcome of the rite as to end confusion that this sacrament is only available to those close to death.

A quote from theologian Adolf Knauber provides a bridge from this new vision of anointing to the possibility of allowing deacons to anoint. He says:

⁹⁸ ICEL, *Pastoral Care* 22.

As far as the dogmatic possibility of a new dispensation in this area [anointing children] and, more generally, of a whole new discipline for the anointing of the sick are concerned, we can say that it is completely within the essential power of the Church over the administration of the sacraments, “provided their substance be safeguarded.”⁹⁹ The same answer seems adequate for the question of whether a deacon may not in the case of necessity be the extraordinary minister of the sacrament, provided he act thus on the basis of a special hierarchic mission (substituting for a priest) and use oil of the sick that has been consecrated by a bishop or priest.¹⁰⁰

Although agreeing with much of this thought, there is one area that I believe needs to be addressed more fully. I contend that through their ordination into the service of charity for the Church that deacons should be *ordinary* ministers of the rite of AOS (with restrictions) rather than *extraordinary* ministers as put forth by Knauber. The next section of this paper will present a theological discussion of why deacons should be allowed to anoint the sick.

The Case for Allowing Deacons to Anointing the Sick

Since the diaconate was restored as a permanent order in 1967, it has taken shape in different ways around the world. Some regions do not have any permanent deacons while others (such as the United States) have many and their ministries are as varied as the communities they serve. What is evident, however, is that deacons bring fullness to the Church’s mission of service to the world. The deacon does not just *fulfill* this mission but through ordination *becomes* this mission in imitation of Christ the Servant. As Deacon Enzo Petrolino puts it, “It is not just one of many ministries, but it is truly meant to be a ‘driving force’ for the diaconia of the Church.”¹⁰¹ Deacons do not simply represent charity, they live charity. Therefore, it is no surprise that deacons have an eye for those that need the service of the Church and then search for ways to meet the need. Many times, this is perceived as “moving in” on the functions of the priesthood,

⁹⁹ This is from the Council of Trent, Session 21, Chapter 2.

¹⁰⁰ Adolf Knauber, *Pastoral Theology of the Anointing of the Sick*, trans. Matthew O’Connell (Collegeville: Liturgical Press, 1975), 37A.

¹⁰¹ Enzo Petrolino, “A Special Encounter” in *Deacons: Servants of Charity Deacons* (Washington, D.C.: United States Conference of Catholic Bishops, 2018), 20.

but just as often, the deacon is simply trying to find ways of meeting the needs of the community. As Petrolino points out, “John Paul II also speaks about a ‘special witness’ that deacons are called to give in society, precisely because their ‘secular occupation’ gives them entry into the temporal sphere in a way that is normally not appropriate for other members of the clergy.”¹⁰² Besides, in many parishes, the deacon is the most stable ecclesial presence (which can last many years). Priests come and go, but for the most part, deacons live out their ministry in one parish. That is why many deacons enjoy a privileged relationship with their parishioners and it is only natural for them to want to minister to them in as many ways as possible. It is in this spirit that this paper moves forward.

There is evidence in all four gospels that healing was one of Jesus’ most public actions. The question arises of the purpose of this public ministry: did Jesus heal as a servant of God or did he heal because he was the Son of God? The introduction to the rite of AOS says that, “through the sacrament of anointing the Church supports the sick in their struggle against illness and continues Christ’s *messianic* work of healing.”¹⁰³ This would seem to indicate that Jesus healed because he was the Messiah ushering in the kingdom of God. The study text from the USCCB expands on this by saying that, “The healing works of Jesus are signs that this kingdom *has already arrived*, and is realized in the restoration of the sick to wholeness and in the gift of eternal life offered now to all men [and women] who by witnessing these signs of the kingdom are led to faith and conversion.”¹⁰⁴ Here the focus is on the healing acts of Jesus as being signs that the kingdom is here on earth. The Gospel of Luke notes that Jesus sends out his twelve disciples to preach the good news and heal the sick (Luke 9:6). The story is mirrored in Matthew

¹⁰² Petrolino, 21.

¹⁰³ ICEL, *Pastoral Care*, 90 (emphasis mine).

¹⁰⁴ USCCB, *Anointing and Pastoral Care*, 17 (emphasis mine).

with the reminder that they have been given the power to work great wonders and that, “Freely you have received; give freely” (Matthew 10:5).

Cardinal Walter Kasper is both a bishop and theologian. In his examination of the diaconate he says that the deacon must have, “a perceptive eye for those suffering distress, illness, or fear. The task is to bring a healing that sets free and empowers them to trust and so to serve and love others in their turn.”¹⁰⁵ This is a profound statement that acknowledges that through their secular experiences deacons have a keen eye for those that are hurting and through their ordination have a strong desire to help heal those in need so they, in turn, can serve others. In contemporary ecclesial terminology... the New Evangelization. Showing the love of Christ to those around us so that they may find Jesus and do the same for others.

As noted at the beginning of this paper, Christianity in the United States is bleeding followers and is on the brink of hemorrhaging. The Church is engaged in a world that has never been seen before. More families are experiencing a generational break of regular church attendance than ever in the modern era. Christian messages that were once handed down through the family are not being transmitted to an ever-expanding number of people. If the Church is to live out its mission of salvation, it will need to find new ways of sharing the Good News with others. Pope Paul VI, John Paul II, Benedict XVI, and Pope Francis have all embraced this challenge in the form of the New Evangelization. Kendzia notes the John Paul II states that this New Evangelization cannot change in content because it finds its origins in the teachings of Jesus. She goes on to say, “Evangelization, however, can and should be new in its methods and its expression. It must be proclaimed with new energy and in a style and language adapted to the

¹⁰⁵ Walter Kasper, *Leadership in the Church: How Traditional Roles Can Serve the Church Today*, trans. Brian McNeil (New York: Crossroad, 2003), 40.

people of the day.”¹⁰⁶ I would also contend that it needs to find meaning in the Church of today and not from a paradigm established four hundred and fifty years ago done in defense of the faith. The Church needs to find new ways of expression as well and I believe allowing deacons to anoint the sick has merit to be one of these expressions.

By their calling, deacons represent the Church in the world in a special way. They are in the prisons, the nursing homes, the hospitals, and any number of places where people are hurting. It is fully within their calling as Christ the Servant to be able to anoint those in need. If the Church truly seeks new ways of spreading the gospel, it needs to be open to allow deacons to minister to their fullest. Instead of just reporting back to the parish priest that someone needs anointing, they should be allowed to minister to the person in the present moment. Luke 10:9 says that Jesus gave his apostles the mission to go out and cure the sick as a sign that the Kingdom is near. Jesus entrusted his disciples to carry on the work that he started; can the Church be willing to extend the healing touch of Jesus through its service to the world? Has it not always sought new ways of evangelizing and serving others?

In the United States, as the shortage of available priests continues to climb, deacons are increasingly being tapped to lead parishes in a pastoral capacity. This allows many parishes to remain open with a sacramental presence in its leadership. There is certainly precedent found in the early church as deacons being administrators of the Church’s resources. Today, this places the deacon in a new relationship with those he serves, but this does not need to be a contradiction to his ordination into service; instead it can be a profound witness of Christ’s servant leadership that all the faithful are called to live. In order to be an effective pastor, the deacon needs to be given the tools to do so. One of those tools is to be able to anoint those who he journeys with and

¹⁰⁶ Mary Kendzia, *Catholic Update: Guide to the New Evangelization*, Ed. Mary Kendzia (Cincinnati: Fransican Media, 2012), 16.

are entrusted to his care. Canon 1001 states that, “Pastors of souls and those close to the sick are to take care that the sick are consoled by this sacrament at the appropriate time.”¹⁰⁷ If a deacon is in a pastoral role should he not be able to anoint “at the appropriate time?” There seems to be a path for this allowance while still maintaining that its “substance be safeguarded.”

When the diaconate was revived in 1967, it was not done *carte blanche*. Each episcopal conference must petition the Holy Father with the request to restore the order with their reasons why. Allowing deacons to anoint the sick could be done in the same manner. Canon 1003 could be changed to read, “Every priest validly administers anointing of the sick. §4 A deacon may validly administer the anointing if the sacrament of penance and reconciliation was recently celebrated with the sick. No deacon shall anoint if the continuous rite of penance, anointing, and viaticum are administered simultaneously, this alone is reserved for a priest.” This would make a deacon an *ordinary* minister of the sacrament with restrictions. The Catechism would need to be updated with language that explains why a deacon is an ordinary minister of AOS.

Conclusion

As this paper has demonstrated, there is much to discern about the Catholic sacrament of Anointing of the Sick both in its theological understanding and who might be considered as a proper minister. This should not be surprising to any reader familiar with the Catholic Church because the sacraments (while holding their core elements) are rarely static in their practice. The Church is always tasked to make the sacraments meaningful to those living in each place and time. That means it must always question the current understanding of each of the sacraments to ensure that they are utilized to their fullest extent to help bring the faithful closer to Christ. In the examination of the current practice of the sacrament of Anointing of the Sick, there is the

¹⁰⁷ CIC, c. 1001.

opportunity for the Church to provide a fuller expression of the healing power of Jesus and thus bring greater comfort and care to those that are seriously ill.

In order to help this sacrament become more meaningful it needs to recapture some of its origins in the early Church when the ritual was meant to heal both body and spirit. The aspect of the rite that forgives sins needs to find its proper place as a causality of the anointing, not the primary outcome. Once the healing power of the sacrament is emphasized then the faithful are more likely to approach the sacrament in their time of need instead of associating it with the end of life. By highlighting healing as the expected outcome, then the minister of the sacrament can be expanded to include others who are ordained as servants to the Church and to the world.

Deacons are ordained as ministers of charity to emulate Christ the Servant. They are the ones who are called by their ordination to minister to those that may not be able to actively participate with the community in action and worship. While the places that deacons minister are varied, they can often be found in hospitals and nursing homes. This is exactly where those that can benefit from the rite of Anointing of the Sick can be found. Deacons often build special relationships with parishioners through the years and can be of great comfort to those who are seriously ill. Contemporary understanding of pastoral care within the Church should find that anointing of the sick is a natural extension of the ministry already provided by the deacon. In other words, this proposal does not require a large bridge from the current rite... just a small platform.

As for Alice at the beginning of this paper, she was anointed by a priest that she did not know because our parish was going through a transition that left it without a pastor. While I am sure that the rite was administered correctly using the prescribed words and blessed oil, it probably lacked a genuine connection between the minister and her that could have provided a

wonderful *graced moment of encounter*. As I continued my journey with Alice, I became more aware of what that anointing could have meant for both of us if I would have been able to anoint her that day in the hospital. It is the ongoing example for me that the Church should continue to have priests anoint the sinful... but let deacons anoint the sick.

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