

# ANOINTING AND THE HANDICAPPED

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**O**F ALL THE revised rites of the Roman Catholic Church which are the result of the liturgical reform initiated by the Second Vatican Council, that of the sacrament of anointing has been one of the most successful. Not only is this sacrament finding new life and vitality among Catholics and other Christians, but there have been ongoing revisions in direct response to pastoral concerns emerging from actual practice. What the Constitution on the Sacred Liturgy says about anointing is succinct:

Extreme Unction, which may also and more fittingly be called 'Anointing of the Sick', is not a sacrament for those only who are at the point of death. Hence, as soon as 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.<sup>1</sup>

An interim *Rite of anointing and pastoral care of the sick*, released on 7 December, 1972, implemented this decision of the Vatican Council in a way which placed this sacrament among the living, being designed primarily for the sick and elderly rather than the dying. This first revision reflected the structural changes of the other sacraments such as the proclamation of the Word preceding the symbolic action, the provision of optional prayers and readings, the possibilities for some adaptations and a sensitivity to the variety of people receiving the sacrament.

The most recent version of the rite, *Pastoral care of the sick: rites of anointing and viaticum*, published in 1983, contains a structural reordering of the rites with expanded pastoral introductions as well as additional materials and newly composed texts. The title itself, *Pastoral care of the sick*, reflects much of the input from pastoral situations of anointing over the past decade. The focus is not so much on the administration of a ritual as on the larger context in which a liturgical celebration takes place. The more comprehensive

area of pastoral concern is seen, for example, in the additional emphasis given to the visitation of the sick. This is concretized in the first section of part one of the ritual which provides liturgies for (1) visits to the sick, and (2) visits to a sick child. And this emphasis is echoed in the title of Charles Gusmer's recent commentary on the rite: *And you visited me: sacramental ministry to the sick and dying*.<sup>2</sup> In stressing this broader pattern of the pastoral care of the sick, I wrote about such visits:

Visiting sick people, and even more, aged persons, is healing them in the very process of reaffirming them that they are not alone and abandoned. Others might leave the ill and aged to such abandonment, but Christians come together to assure the sick and aged of wholeness and integration within the community. They do this before, during, and after the liturgical rite.<sup>3</sup>

This larger pastoral milieu means that now anointing can be extended to more people. Both the expanded pastoral care and the opportunity for more people to receive the sacrament are the consequences of the broadening of the understanding of what it means to be sick. The handicapped can easily be included among the sick as sickness is now defined. The study document of the American Bishops' Committee on the Liturgy averts to this wider meaning of sickness:

What does it mean to be seriously ill? To be sick means bodily pain, psychic depression, isolation from one's profession as well as from normal human society, especially as experienced in the family. To be sick means impatience, sulkiness, and excessive preoccupation with self. To be sick means discouragement or even despair, hardness of heart, spiritual dryness.<sup>4</sup>

Because sickness is no longer defined in medical terms only, it can be applied to those who are handicapped. This is not to say that handicapped people are sick in the less technical, popular sense, or that disability is equal to being diseased. Handicapped people should not be anointed indiscriminately just as not every sick person is the proper subject of anointing. It is when sickness becomes a crisis situation in someone's life that anointing is appropriate. Perhaps it is easier to understand anointing and the handicapped on an analogy with the elderly. One can not and should not be anointed simply because one is aged. But when old

age in a concrete situation presents obstacles to human and spiritual growth, when there is a danger to salvation, that is, an inhibition to a deeper, more integrated union with God in the community, then the elderly are to be anointed. And so it is with the handicapped. They need not be clinically sick. But it may be that their condition either at times or for prolonged periods of their lives in some way makes their body-soul unity tenuous and prevents them from identifying with the suffering and risen Christ. Anointing is the sacrament of such a situation.

A more recent perspective on the sacrament is that anointing is a sacrament of vocation. I have elaborated on this in another place. The matter cannot be developed here at any length but the following will serve as a summary of that idea.

A way of understanding the sacrament of anointing, one which must be given as much credence and emphasis as the past stress on its being a sacrament of healing, is that it is a vocational sacrament analogous to orders and marriage . . . This sacrament is a celebration of the fact that because of Christianity the sick and old person who is fragmented can be brought back together again. It is an articulation of the truth that by dying to oneself, by being the kind of marginal human being a sick and old person is, one opens oneself to a far greater wholeness. In turn, the sick and old person who is anointed, as well as the rite itself, speaks to the Church reminding it that there is a deeper meaning to sickness and old age than what can be explained by the medical and psychological professions. Thus those anointed minister to the rest of the Church who are well and in the fullness of life. They are called to proclaim that sickness and old age need not be a threat to their fellow Christians whose lives need not be characterized by fragmentation.<sup>5</sup>

One can substitute the disabled for the sick and elderly in this statement without any further qualification. Because handicaps are often life-long, the notion of vocation applies even more readily than in the case of much sickness which is transitory. Again, being disabled is similar to being aged in that it often characterizes a period of one's life. The point is that there is a specific salvational and witness value not only in being 'sick and old in the Church', but also in being 'handicapped in the Church'.

This vocational aspect of anointing the handicapped becomes clearer when one associates the situation of being disabled to a

rite of passage. The pattern of a passage rite is one of separation followed by ambiguity and reintegration. It is a pattern which should characterize the Church as it moves toward the inauguration of the kingdom of God. This means that the transitions of our lives as Christians, whether of human growth, of becoming a sacramental community or of building up the reign of God, have an element of being on the margin, of locating us in an undefinable state. As a liturgy of passage, anointing removes the ambiguity often found in the situation of being handicapped. Being disabled usually involves some kind of separation and need for further community integration. Frequently, the disabled must live with this ambiguity all their lives and these lives can at times be filled with confusion. Anointing can shed some light on this obscurity so that it does not become debilitating. It promises new life because it provides a christian perspective for those not blessed with physical or mental health. This means that the very living of the disabled life, as for example in the case of someone with cerebral palsy or epilepsy, is a witness to the resurrection. But anointing is not only a passage rite for the one receiving the sacrament. It involves the removal of ambiguity for the other members of the Church. Take for example someone who is severely burned. Anointing raises to visibility the value of that person's life for those of us who live with that person with difficulty, who are tempted to turn away rather than look beyond the scars which mark the body so cruelly. The sacrament is not only to bring clarity to the life of someone whose life has been dramatically changed through an accident, but also to help us deal with our fears, our uncomfortable feelings, and our trivial priorities about what makes a person 'beautiful'. Anointing is a rite of passage for those who are alive and well in the Church.

The main thrust as well as the major insight of the revitalization of the sacrament of anointing is that the sick, the elderly and the dying are of such special significance to the Church as a whole that the action of anointing makes sense only in the atmosphere of community concern and healing. This is also true for the handicapped. And so we need to ask the question: what does it mean to be 'handicapped in the Church'? The answer to that question is also the answer to: what does the sacrament do for the handicapped? It means that before all else to treat the handicapped as 'living sacraments' the Church or local community must do what it can to help in the rehabilitation of these persons. When

we are speaking of paraplegics or brain-damaged individuals, for example, it can be complicated, but the local community can provide some support. It is not expected that the Church members replace occupational and physical therapists, social workers and psychologists, but that through care and encouragement members of the parish can help the disabled find the will to live and develop. Colston observes:

Pastors and congregations can help by learning what are the particular interests of a disabled person, and then cater to those interests when they see the person co-operating with the workers in the rehabilitation process. For example, if the person likes to read, the gift or loan of books will be a reinforcement of positive behaviour. Nurturing and rewarding the consuming interests of the handicapped can constructively contribute in an essential way to the reinforcement process.<sup>6</sup>

The christian community can provide religious resources to enhance the various support systems which now contribute to a person's will to live fully and enthusiastically. The lack of the desire to live that is sometimes found in the disabled is not so much that of choosing to die, but not deciding to live out their humanity completely. While these religious resources are frequently rituals, devotional readings and prayers, the greatest is the love and acceptance from those who visit them. The presence of a supportive community through visitation will more often than not provide the needed motivation for the handicapped to engage in rehabilitation.<sup>7</sup>

But to continue on with life is not enough. There must be movement in the life of the handicapped person. It must be a journey to becoming a whole human being. For most handicapped persons their disability has occasioned great changes in their lives. They need to make major adaptations regarding their relationships and their environment. If they are going to function, they need to change their attitudes about themselves. Once in touch with their feelings, they can advance toward greater integration. Advance is a significant word here since the handicapped (or any other Christians) must do more than merely survive or simply maintain themselves. There is much more to physical disability than the physical. Degeneration of the human body triggers anxiety. Perhaps one has lost an arm or a leg. Perhaps it is a matter of

paralysis in some part of the body. It may be the impairment of organs. They are all losses, all personally threatening, all critical. Traditionally, we have related the sacraments to critical situations of human living. The various crises associated with the disabled are the appropriate contexts for anointing. The hope is that the ritual celebration in conjunction with the surrounding pastoral solicitude can provide enough support so that these threatened persons can reorganize themselves as whole human beings. The sacrament of anointing becomes a paradigm of this world of pastoral care which on the one hand provides support while also moving the persons to assume more responsibility for their lives and to take more risks.

There is in everyone a thrust toward wholeness. When this is hampered in any way, as for instance, in the case of the brain-damaged person, the other parts of the person can come to the rescue. The person finds additional and new inner resources. The person is being called to move toward further integration. The local christian community is the one to respond to these people. Colston points out that chronically ill persons especially are the ones who need and welcome this kind of ongoing pastoral care. They are often neglected. Frequently the major ministerial need for these people is to receive the expression of their feelings. Obviously, there are many ways a parish can assist people toward integration. On the societal level it may be a matter of job retraining while on the emotional level it will usually be by sustaining and meaningful relationships.

Probably the greatest pain of incurring a disability when one has been in good, perhaps even excellent, health is an accident that renders one relatively immobile with the ensuing loss of human relationships. One need only recall stories of football players who suffer back injuries or lively young people injured in automobile accidents to realize how traumatic such a situation is. Often relationships cease at this time because the healthy cannot handle what has happened to their once popular friends. The sacrament of anointing will be little more than a perfunctory action, if it is not the celebration of the relationships in the lives of handicapped people. The obvious relationships here are those of faithful friends and the people who care for the disabled person. But included as extremely important is the relationship that the disabled has with him/herself.

The fact is that for many of the disabled life will be alone, more

circumscribed but also freer from the kind of distractions with which the rest of us fill our lives. It is important for these people to get in touch with their internal selves, to go deeply beyond the seeming tensions and contradictions of their daily experiences. The Church is supposed to be the expert in providing people with techniques and practices, as for example meditation, whereby they can find this inner self. It should go without saying that those offering pastoral care to the disabled should assist them in contemplative prayer. But that is not enough. One must also listen to what comes from the inner lives of these people. And this must be affirmed. Many times it will be in these expressions and their acceptance by the pastoral ministers that the disabled will be ministering to the local community, exercising their special vocation.

It is not that in our pastoral ministry we are encouraging a form of selfishness. Far from it. Rather it is a matter of self-acceptance which makes the acceptance of others a possibility. For the stroke victim and the kidney patient will be able to enter into the lives of others positively if they have a strong self-appreciation. Most of us when we are critical of others are really critical or uncomfortable with ourselves. As the level of trust rises in oneself so it does toward others. It is important that the christian community affirm a love of self in the handicapped and not reinforce in them guilt feelings about this self-acceptance being selfish. Thus a large part of any pastoral ministry is formed by the affirming relationships in community. Anointing makes no sense apart from the relationships that form the world of the anointed person. Relating to others is our most important pastoral tool.

Along with promoting the personal relationships of the handicapped, the local community should seek to provide support systems for such people in its midst. We have probably had the experience of people avoiding those with cancer as if it were an infectious disease. It is a great comfort when the worshipping community accepts these people when, perhaps, others have abandoned them. Being left on one side, the disabled need a community which values and appreciates them. Often these people are not in need of physical healing (their situation may be permanent), nor do they desire advice or comforting. They crave for sustained concern, the kind that usually is best provided by a group. In the early stages of a disability it may be that pastoral ministers and friends will be the most important, but later it will be small groups

in the congregation who will give the most realistic support. Here the elderly can play a privileged role. If they are capable, they can be wonderful in providing strength and encouragement to others. These congregational groups can be anything from informal gatherings to the more structured encounter groups. There are numerous models available for such groupings. Often these will be the faith communities of the larger parish. This but highlights my conviction that the parish is more a sociological umbrella than a theological phenomenon. Under this umbrella are found small communities of committed Christians. It is their faith which becomes the truth of the sacrament of anointing. What the sacrament ritualizes, what it reveals, what reality it brings to symbolic expression and clarity is that the community that anoints is a community of salvation. By its anointing it proclaims that wherever this kind of healing support takes place, God is found. Care for the handicapped becomes the paradigm of the salvific quality of all forms of human care for suffering and human limitation. The healing community constantly invites the handicapped to greater participation in church life and organizes the groups and other relational experiences for those who fulfil the call of 'being disabled in the Church'.

In raising up the value of those Christians who are special because they may be deaf or hard of hearing, blind, mentally retarded or physically confined, there is no question of denigrating good health. The last thing the sacrament of the sick should justify is a masochistic pleasure in suffering. Illness in whatever form is not to be sought. Nor should any kind of deficiency be simply passively accepted. But Christ did reach out to the sick and the handicapped in a special way so that one can say that he had a special predilection for them. As liberation theologians have stressed God's 'preferential option for the poor', so can we speak of a divine option for the disabled.<sup>8</sup>

The vocation of these special Christians, such as those confined to wheelchairs, those who are missing a hand or leg, those who are blind or otherwise incapacitated, is not only to proclaim the saving value of being physically and psychologically limited. They also issue the call to all members of the Church that when they assist others in bringing together the fragmented areas of their lives, they participate in the redemptive work of Christ. But beyond that the disabled in our midst are prophets of the kingdom of God, a kingdom of justice. Anointing liturgically situates and celebrates



their lives as forms of the word bringing the justice of God. From much that has already been said, it can be seen how the community makes visible this justice in the ways that it integrates its incapacitated members. The disabled are treated in a fully human way as people who have sacred rights. The Church sets an example for the rest of society in respect for their human dignity. Justice for the handicapped means a greater sensitivity to other areas of injustice in the community. The Church must listen to the voice of these people so as to direct its care in the concrete and to good effect.

On the side of the person anointed, this sacrament establishes a ministry of justice for the whole Church.<sup>9</sup> Through the public ritual of anointing and laying on of hands, the disabled witness to the goodness of human body and human feelings. These people are more likely to communicate through touch and thus are often more direct about their feelings. They will call into question the ways in which we disguise our emotions. They do not allow us to treat others as abstractions.

The great witness to justice that these people perform for the rest of us is that of loving without expectations. Their spontaneous reactions and their emotional transparency may make us uncomfortable, for they show up those times in our lives when we approach people and events with hidden agenda or with expectations which may be self-serving or at least narrowing. This more direct reaction to situations on the part of the disabled can serve as a formative model for just communication among the differing groups in the Church, whether between the races, the sexes, or the generations.

Perhaps the most significant ministerial contribution the disabled can make to any parish is the challenge to the incumbent value system. Often they need do little more than be present for questions about personal priorities and the meaning of life to be raised. People who are seriously handicapped especially arouse a lot of feelings in those who observe them. Often these feelings are of a conflicting nature. However those feelings are dealt with, it is difficult to remain neutral in the presence of these people and to refrain from reflecting on how one would respond, act and even live were one disabled in a similar fashion.

The disabled are models for us all, but especially for people working in social justice ministries. They have a purifying effect. They show them how to deal with frustration and anger. They

have had to learn how to let go. They cannot achieve all their desires and goals. They have the experience of turning to other options. Many people committed to liberation need that kind of relativizing of their programmes, their goals, and even their convictions.

The disabled bear witness to justice in the community, not because of the holiness of their lives, not because there is often more pain and limitation to their existence, but because they ensure the prophetic and liberating quality to the community. They are an especially valuable way that the sacrament of anointing calls the Church to share in the healing mission of Jesus Christ. Several years ago Henri Bissonnier put it quite beautifully:

From the start the handicapped have this 'mission' in the Church: to see that the works of God are made manifest in this way. Said in another way, the action of Christ is manifested in his Church, continuing his living work through members of his body and who, like him and with him, go to the most wretched to give what they lack. To arouse the Church and humanity animated by the Spirit, sent from the Father in Jesus; to show this Spirit of Love at work making the supernatural effectiveness of his invisible presence shine forth and in this way permit authentic Christians to be witnesses of God's charity, charity by which one has to recognize the Church founded by Christ: all this, it seems to us, is the primary role of the handicapped in the plan conceived by divine wisdom.<sup>10</sup>

#### NOTES

<sup>1</sup> *Constitution on the sacred liturgy*, para 73.

<sup>2</sup> New York, Pueblo Publishing Co., 1984.

<sup>3</sup> *Prophetic anointing: God's call to the sick, the elderly, and the dying* (Wilmington, Michael Glazier, Inc., 1982), pp. 218-19.

<sup>4</sup> *Pastoral care of the sick and dying* (Study Text 2) (Washington, D.C., U.S.C.C., 1984), p. 32.

<sup>5</sup> Empereur, James L.: *Prophetic anointing* p. 141.

<sup>6</sup> Colston, Lowell G.: *Pastoral care with handicapped persons* (Philadelphia, Fortress Press, 1978), p. 21-22. I found Colston's observations on dealing with the handicapped very concrete and helpful. I have made use of a number of his observations in writing this article.

<sup>7</sup> *Ibid.*, p. 25.

<sup>8</sup> Bissonnier, Henri: *The pedagogy of resurrection* (New York, Paulist Press, 1979), p. 80. This excellent book is subtitled: 'The religious formation and christian education of the handicapped and the maladjusted'. I have made use of some of his insights.

<sup>9</sup> In this section I have relied on a short article by Rev Dennis O. Kennedy, C.M. entitled: 'Reaching the disabled community'. It appeared in *AIM: Aids in Ministry* (Summer, 1982).

<sup>10</sup> Bissonnier, Henri: *The pedagogy of resurrection*, p. 83.