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Reclaiming Rights to the Rites of the Anointing

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Reclaiming Rights to the Rites of the Anointing

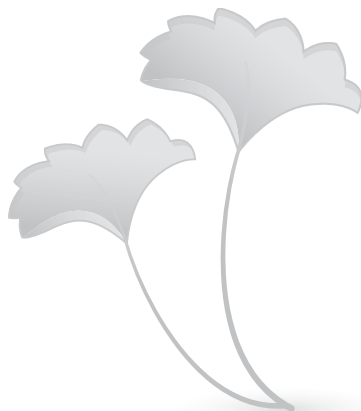
by Kelly Olson

ABSTRACT:

This submission is a paper written in response to the discussion of Jesus' healing ministry restoring ethnomedical health of a community through healing particular individuals thus representing the need to reintegrate the marginalized within the body of the community and the utilization of the Rite of the Anointing as a communal sacrament to renegotiate the individual in the community amid circumstances contributing to the migration to the periphery creating discord and illness. I have used the diverse and global impact of the pandemic to illuminate imbalanced health of communities and the urgency with which we must respond through sacramental theology.

SYNOD:

The concerted effort to reach the outskirts of the lay population to discuss the current condition of the Church will absolutely interface with the sequelae of the pandemic. Historically pandemics have influenced theological evolution as leaders, mystics, scholars, reformers attempt to interpret the dynamic conditions in which we live with the teachings, doctrines and practices of the Christian identity. This essay expresses a contemporary need to respond to the condition of our Church community following a global experience of uncertainty, devastation, disorder and chaos. Listening to our global members will direct effective and efficient action to facilitate the necessary healing.



**Fear...anger... mistrust...doubt...opposition...aggression...isolation...
alienation...paranoia...illness...injury...DEATH.**

The emotion conjured encountering this list in the context of a theological journal might inspire one to mentally venture down a path contemplating the effects of sin and the sequelae of a disordered existence vying for saving grace. This application would not be wrong. Consider another context; this list as a brief summary of common themes experienced globally over the last two years. Trials are not new to the human condition but the extent of the shared experience of the pandemic and the residual tidal waves still crashing over communities have contributed to a state of being that is fatigued, ill, injured (physically and morally), and in need of restoration of hope. A renewal of the liturgy of the Rite of Anointing needs to restore the intent of the sacrament to “affirm the sick person’s inestimable value before God and people and the renegotiation of the person’s mission in life”¹ to an inclusively defined population of “sick” respecting a culturally aware ethnomedical perspective to restore holistic health to our communities and strengthen table fellowship in the diverse members of the Body of Christ through readily accessible communal worship.

The pandemic has intensified focus on the global community’s dialogue regarding biomedical health, wellness, prevention, treatment and/or cure. Various factors have contributed to popular concepts, or expectations, in western medicine suggesting illness indicates a deficiency requiring restoration achieved through prescribed treatment by a designated and decorated professional. The complex nuances of the impact of the pandemic and the unfortunate influence of various media created a dense web of popular opinion, misrepresented articles, unvetted study reports and political persuasions entangling individuals amongst the threads of fear and disorientation. Additionally, mitigation measures required individuals to withdraw from communities, distance from family and friends, participate socially via digital devices with constant inundations of confusing prompts. In a time when biomedical health is at risk due to an extremely contagious virus that has proven high morbidity and mortality in particular demographics,

1 Bruce T. Morrill, *Divine Worship and Human Healing* (Collegeville: Liturgical Press, 2009), 140.

ethnomedical health suffered as a consequence of the previously mentioned tangled matrix of information and misinformation overwhelming people already experiencing devastating consequences of the pandemic. No longer is there an obvious single etiology for imbalanced wellness that can be remedied by a simple plan. Author Bruce T. Morrill presents research completed in medical anthropology and comparative ethnomedicine to add substance to the understanding of Jesus' healing miracles in his book, *Divine Worship and Human Healing*.² Morrill claims, "Health, then, is a matter of restoration not only for the sick person but also for the shared social order, its values and coherence."³ In addition to the illness of individuals, COVID or not, social order has been disrupted in various facets and it is time to address the shock waves that have rippled through our communities disrupting order and balance, leaving in its wake chaos and despair.

Praying for a miracle felt like a distant, antiquated sentiment when opportunity to impact positive change was unrecognizable in the discomfort of the duration of the acuity of this pandemic. Morrill's discussion of Jesus' healing ministry from an ethnomedical perspective shifts the view of the current situation, cracking the seemingly impenetrable shell of COVID's unceasing grip of the world's ability to function, thus shedding light on opportunities to facilitate healing despite not knowing how to remove the threat. "The key to comprehending this crucial dimension of Jesus' prophetic mission lies in recognizing that the gospels portray Jesus as healing, not curing, that he is interpreting situations of illness and changing the meaning of people's experiences therein."⁴ While Morrill illuminates particular categories of illness healed by Jesus and the social ramification of the restoration of wellness, COVID represents a multifactorial illness that has alienated individuals for diverse reasons: intensity of illness, vaccination status, mask-wearing compliance, ability to congregate with family or friends, or access to participate with faith community to name a few. Illness and opinion have opened giant chasms amid communities, co-workers and even families, formerly the "fundamental social unit."⁵ Units of social order that previously

2 Morrill, *Divine Worship*, 73-74.

3 Morrill, *Divine Worship*, 74.

4 Morrill, *Divine Worship*, 81.

5 Morrill, *Divine Worship*, 88.

cooperated and participated in the comfort of occasional differences in opinion are suddenly finding themselves grappling with an inability to come together on topics that have grave consequences for some yet minor inconveniences for others. The alienated, the disengaged, the ill and the isolated would benefit from the healing touch of Jesus to rid the individual, or a family member, of the virus that robs breath and the opportunity to commune thus restoring the capacity of the family or fictive kin group to embrace one another and support successful, meaningful life participation.

The healing ministry of Jesus can be seen in many healthcare workers tending to the needs of the ill, but the healing capacity of the liturgy has yet to be fully engaged. Communal Rites of the Anointing have the potential to restore order through group worship supporting the collective release of suffering and realization of social restoration in the midst of the pandemic, “[s]ince healing in any concrete instance of life is fundamentally a matter of renegotiated meaning, all Christian healing comes through a restoration of afflicted persons’ sense of self and world in relation to Christ Jesus and the reign of God he has inaugurated: divine solidarity with human brokenness, God’s glory in human wholeness.”⁶

Bringing together the masses for healing rites reflects the intention of the early followers of Jesus in accordance with Jesus’ outreach to bring the marginalized back to the center.⁷ Early outreach was to provide loving care and attention to the outcast and afflicted thus restoring awareness of inherent human dignity in each individual. The intent is the same, but the population looks different. Massive efforts are redesigning and responding daily to meet the needs of the afflicted physically, but the socially afflicted have not yet received the same urgency: addiction uninhibited as a result of isolation and accountability safeguards deconstructed to maintain ‘healthy’ distance; mental health destabilized due to restricted access to services and the demands of physical distancing from support systems; children unsupervised, unsupported and unassisted as a result of closed classrooms removing access to teachers, school meals or coping mechanisms for their care providers barely sustaining stability themselves thanks to the efforts of the village.

6 Morrill, *Divine Worship*, 95.

7 Morrill, *Divine Worship*, 137.

Maintaining the intention to renegotiate meaning and purpose in the new context, the liturgy of healing rites need to be reevaluated so that intention can be made for the socially afflicted with specific mitigation efforts so as not to contribute to the spread of COVID. The purpose of this paper is not to elaborate on the biomedical practices necessary to implement in worship during the pandemic, but the acknowledgement of such necessary measures cannot be overlooked or ignored. For this paper, the focus is on the need for renewal of liturgical and ritual practice to create an optimal environment to facilitate ethnomedical healing. Reviewing the history of evolution of the Rite of Anointing demonstrates the corruption of clericalism, disparity of availability based on resource and narrowed definition of indication, necessity or candidacy.⁸ Tragically, biomedical therapeutics have a history of struggling with similar access issues. Reinstating the Rite of the Anointing requires a return to the intention to restore strength to an afflicted member of a community that is disoriented as a result of a new set of circumstances that have challenged perspective in relation to self, others or God regardless of ability to pay – to pay for any services that may render restoration to the previously stated relationship.⁹ The condition and duration of the pandemic have created chronic symptoms in many. Some are physical symptoms from previous infection. Some are symptoms of moral injury due to factors out of an individual's control creating a sense of failure to perform in alignment with moral values. Some are symptoms of fractured relationships or dissolved systems of faith and support. Regardless of the etiology, "it is not so much the person's medical condition that is determinative. It is rather the 'religious condition,' a spiritual powerlessness, the crisis that illness represents in the life of an ailing Christian as regards communication with self, others, and God."¹⁰ The condition of the public is in extremis and in need of healing.

The Rite of the Anointing is a uniquely Christian ritual, and the global public does include diverse faith practices, systems and communities. Other faith traditions may have particular rituals or practices that embrace ethnomedical healing but the Rite of the Anointing will indeed focus on Jesus' healing ministry example and his endurance of disproportionate suffering

8 Morrill, *Divine Worship*, 143-144.

9 Morrill, *Divine Worship*, 175.

10 Morrill, *Divine Worship*, 160-161.

on our behalf so that we may not be lost. Communal Rites of Anointing would bring together the disoriented, the injured, the ill to be reminded of present community, everlasting love, and an embrace from the Lamb that has endured the depths of suffering. The communal aspect may reignite the ancient wisdom and healing power of table fellowship. Participating in Eucharist, sharing experience together, worshipping alongside one another and collectively seeking healing will raise up echoes of Jesus' original ministry of inviting all to the table.¹¹

COVID-19 is here . . . and will remain here. Significant progress has been made to combat the devastation initially experienced: vaccines, hospital protocols for various stages of acuity, rigorous criteria protecting finite resources in the balance of serving those in need. Still, much progress is needed: proper dissemination of accurate, helpful information, improved access to resources, restored supply chains, increased workforce. Not least of all is the spiritual health restoration of our community. We are hurting and this is not ending any time soon. We are feeling distraught, complacent, ineffective and powerless. Morrill summarizes well, "Death was lurking, but death not in the sense of imminent physical demise but rather a diminution in the desire to live."¹² Many great individuals are losing light, and it is time to respond, it is time to restore spiritual power and reframe existence in relation to self, others and God in the context of COVID-19 and the purpose of restoring health and wellness through communal liturgical worship.



11 Morrill, *Divine Worship*, 98-99.

12 Morrill, *Divine Worship*, 161.

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