AN EVALUATION OF THE REFORM OF THE SACRAMENT OF THE SICK FOLLOWING
THE SECOND VATICAN COUNCIL

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Following the Second Vatican Council, the Church deemed it necessary to address the sacrament now known as Anointing of the Sick in a twofold manner, which one could characterize as a reform of the philosophy of its use and a reform of the rite itself. This paper’s objective is to trace those changes, with special attention paid to Magisterial documents and interpretations, together with measured recourse to the opinions of theologians. The attempt to change when the sacrament is administered is laudable and simply needs to be examined. The alteration of the rite itself is more open to critique: in general, the threefold sacramental action at the heart of the new rite effectively captures the essence of the sacrament. The diminution of the number of the anointings to only two as well as the change of the sacramental formula for the anointing, however, are regrettable amendments since they convey a weaker sign and can leave the sacrament’s purpose confused.

On 30 November 1972, Pope Paul VI, acting on the recommendations given by the Council Fathers in Sacrosanctum Concilium, issued the Apostolic Constitution Sacram Unctione Infirmorum (SUI) dedicated to the sacrament of the sick. This document also served as the promulgation of the new Ordo Unctionis Infirmorum Eorumque Pastoralis Curae, which use became mandatory on 1 January 1974. Finally, on 27 November 1983, Pastoral Care for the Sick: Rites of Anointing and Viaticum became the mandatory editio typica for the dioceses of the United States. These are the normative documents for this study.

Before the Council, the sacrament in question was known by the name Extreme Unction, indicating thereby the last anointing of a Christian’s life. Pastorally the administration of the
The sacrament was limited to the dying “or even exclusively for those whose death was imminent and almost certain.”¹ This in turn led to difficult pastoral situations: reception of the sacrament would be delayed as long as possible since some assumed that if the sacrament were received, death would follow quasi-infallibly. Moreover, the profit derived from the sacrament threatened to be minimal since the recipient and his/her family could be so distracted by the imminent death so as to not have time nor peace sufficient to listen to the rite and take in its value as a sign of salvific grace.² Although the Magisterium attempted to alter such practices, the suggestions fell largely on deaf ears.³

In Sacrosanctum Concilium 73, the Council Fathers inaugurated an important change in the use of the sacrament of the sick. The paragraph is worth quoting in full:

“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 any one of the faithful begins to be in danger of death from sickness or old age, the appropriate time for him to receive this sacrament has certainly already arrived.

Hence the Council Fathers definitively determined the recipient of the sacrament and reinforced it by a change in the normative name of the sacrament.

Each of these documents elaborated on the conciliar teaching of SC 73 further. In SUI, the Pope clarified that the recipient of the sacrament was someone “seriously ill.”⁴ The General Instruction in the Ordo counsels further: “Great care and concern should be taken to see that those of the faithful whose health is seriously impaired by sickness or old age receive this

² Gilbert Greshake, “Extreme Unction or Anointing of the Sick? A Plea for Discrimination,” Review for Religious 46 (3, 1986), 436; William Woestman, Sacraments: Initiation, Penance, Anointing of the Sick: Commentary on Canons 840-1007, (Ottawa: Faculty of Canon Law at St. Paul University, 1992), 304. Clearly these sorts of assertions are limited in value since they can be colloquial, but the literature generally supports such claims. Nor is this to question the ex opere operato effect of the sacrament.
³ Beal, Coriden, and Green, 1179 mentions Sodalitatem of Benedict XV and Explorata Res of Pius XI.
sacrament.”

Use of the word “seriously” in the above quotation was employed only after great study and care to make sure that the Latin periculose was translated such “to avoid restrictions upon the celebration of the sacrament,” whether to the right or to the left. In 1975, Pope Paul VI also commented on why he had deemed it necessary to reform the sacrament, giving as one of his reasons to encourage the administration of the sacrament outside cases of fatal illness.

A very recent Magisterial document once again reinforces that the recipient is a member of the faithful who is gravely sick.

There are two things to be noticed in the Magisterial teaching on the subject: first, the Church wishes to overcome the old stipulation that the recipient of the sacrament be ill unto death. “This sacrament is for seriously sick persons and for those seriously weakened by old age, although they may not be critically ill.” On the other hand, the Church does not wish to encourage indiscriminate use of the sacrament. What is necessary, then, is clearly discernment, principally on the part of the sick person. Since “sickness is never a mere physical evil…[but] also a time of moral and spiritual testing,” the sick person should ask for the sacrament when the time of testing, coupled with grave illness, has intensified, “making it difficult for them to sustain faith and hope.” This also fits well in connection to the other sacraments, which the faithful approach according to their needs. In conjunction with this, of course, is the duty of the pastor and of the family and/or caregiver to encourage the sick person to receive the sacrament if the

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5 ICEL, 13, n. 8. The Latin reads: “Omni ergo studio ac diligentia haec sacra Unctio conferenda est fidelibus qui propter infirmitatem vel senium periculose aegrotant” (emphasis added).

6 ICEL, 13. See the note at the bottom of the page.


8 Congregation for the Doctrine of the Faith (CDF), “Adnotatio de Ministro Sacramenti Unctionis Infirmorum,” Communionones 37 (2005), 177. This document is clearly more concerned with restating that the minister of the sacrament is the sacerdos only, but it has some useful information about the sacrament in general.

9 Woestman, 305.

conditions are met, just as, for example, people must be encouraged to take advantage of the sacrament of Penance.

As already alluded to, the sacrament may also be received by the elderly: “elderly people may be anointed if they have become notably weakened even though no serious illness is present.” It may also be received by a person going into surgery “whenever a serious illness is the reason for the surgery.”11 There is even provision made for those who suffer from serious mental illness, provided that they would benefit from the sacrament.12 Finally, the General Instruction also permits the anointing of a sick child, provided that the child has such use of reason that he or she can be strengthened by the sacrament.13 In each case, the sacrament may be repeated if the sick person’s condition worsens or if the person recovers and then relapses.14 In general, then, the application of the sacrament has been broadened considerably so that those who are significantly troubled by bodily infirmity due to the above mentioned cases may find solace in the grace of the sacrament. This is plainly an improvement on the pre-conciliar practice, assuming the necessary discrimination previously mentioned is at work.

The Council Fathers did not only counsel the alteration of the philosophy behind the administration of the sacrament, however; they also called for the alteration of elements of the rite itself: “The number of the anointings is to be adapted to the occasion, and the prayers accompanying the rite of anointing are to be revised so as to correspond with the varying conditions of the sick who receive the sacrament.”15 To understand this statement, one must be

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11 ICEL, 13, nn. 11, 10. Woestman, 316-17, notes that Pope John Paul II received the sacrament in 1972 before he underwent surgery for serious intestinal difficulties.
12 ICEL, 27, n. 53.
13 ICEL, 13, n. 12. The length of this paper does not allow the controversy over children to be dealt with adequately. For varied opinions on the topic see Beal, Coriden, and Green, 1188; Gusmer, 84; and Thomas Green, “The Revision of Sacramental Law: Perspectives on the Sacraments other than Marriage,” Studia Canonica 11 (2, 1977), 313.
14 ICEL, 8, n. 9.
15 Sacrosanctum Concilium, 75.
familiar with the former rite. In the Roman Ritual of 1925, the last time the rite in question was revised before Vatican Council II, the rite began with prayers for the peace of the house of the sick person and its inhabitants, followed by the extension of the priest’s right hand over the head of the sick person and a prayer for the extinction of the power of the devil. The anointings followed and were six in number: the eyes, ears, nostrils, lips, hands, and feet. The formula, adjusted to fit each sense, read thus: “Through this holy Anointing and through his most compassionate mercy, may the Lord forgive you whatever you did sinfully through the sense of ____.” During the anointings, others present are instructed to say the penitential psalms with the litany of the Saints. Following the anointings is a very brief litany. Then follows three prayers: the first invokes James 5:14–15 and then asks Christ through his Holy Spirit to cure the sick person, heal his wounds, forgive his sins, expel pains, give interior and exterior health, all to the end that he may be restored to his previous duties. The second prayer asks God the Father to refresh the sick person’s soul and make him whole. The final prayer once again invokes the Father, this time to raise up the sick person, strengthen him in virtue, and restore him to the Church.

Clearly the older rite encapsulates much of the varied symbolism of this sacrament. The formula emphasizes forgiveness of sins, and the first collect, among other things, asks for forgiveness of sins, probably because it immediately follows upon the anointings, which are couched in deprecatory rather than assertive language. In addition, however, the three collects ask for a certain wholeness (sanitas) for the sick person which is left vague enough to encompass both spiritual and bodily health, or as the first collect puts it, health interiorly and exteriorly.17

16 It is clear from the rubrics that the latter action is an imposition of hands. Beal, Coriden, and Green, 1184, notes that this imposition of hands was added in the 1925 Ritual.
Requests for spiritual power (refresh the soul, strengthen in virtue) are hand in hand with requests for bodily strength (restore to previous duties, restore to Church).

The new rite has a four-part structure: the rite of gathering; the Liturgy of the Word; the sacramental action; and the rite of dismissal. The sacramental action is further divided into three parts: the prayer of the Church (a litany of intercession); the laying on of hands; and the anointing with holy oil (followed by a collect to fit the occasion). The opening and closing rites provide an instant familiarity with the rite, for they closely resemble the same rites in Mass. The Liturgy of the Word is intended to “nourish the sick spiritually” since it is quite possible that he or she has been unable to attend Mass and perhaps even read the Scriptures for some time.18

The threefold sacramental action, however, is what is of most interest. The first part, the litany of intercession, or in the language of St. James, the prayer of the Church, satisfies the Council Fathers’ call for a prayer adapted to the occasion. The older litany provided for application to the sick person while at the same time invoking familiar Scriptural petitions. The newer litany better provides an individual dimension to the prayer, and even includes a prayer for caregivers. In addition, the petitions are framed in clear language instead of the somewhat opaque language of the former Scripturally based petitions.

The second part of the sacramental action, the laying on of hands, is clearly an attempt to imitate the Apostolic precedent as related in James. As already noted, however, such a gesture is a continuation from the earlier rite of 1925 and not an innovation. The difference between the two rites is that in the 1925 rite a prayer asking for deliverance from the devil accompanied the ritual action, whereas the 1974 rite has no such prayer. Instead the preceding litany is meant to

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provide the form, as it were, for the ritual action, thus indicating what is intended or asked by way of the laying on of hands.\textsuperscript{19} The silence also allows all present to pray interiorly for the sick person as they feel moved by the Spirit. This revision of the rite does follow the Fathers’ intentions, for the silent laying on of the hands permits its adaptation to any occasion.

The third part of the sacramental action is that which was most significantly altered by Pope Paul VI. The Council Fathers called for a revision of the number of anointings, and the six previous anointings become two in the new rite, one of which is new (the head) and one of which also existed in the older rite (the hands). The rite also provides for other anointings according to local custom, including the area of pain or injury.\textsuperscript{20} Regardless of the number of anointings, however, the formula is said only once, usually in two parts, with the first half said while anointing the head, and the second half said while anointing the hands. The rationale behind the two anointings seems to be multiple: first, the head and hands fittingly represent the whole body; second, they are both easily accessed and anoint-able; third, the two anointings simplify the rite.

In contrast, the older rationale for anointing the five senses and the feet ran thus: the primary principle of action in man is the cognitive power, for he must know in order to desire, and he moves because he desires something. Since knowledge begins in the senses, each sense is anointed as the root of sinful acts; the bodily organ is anointed to heal the power which vivifies the organ.\textsuperscript{21} For example, the eye is anointed to heal the power of sight of any remnant of sin, so that the power may be cleansed of any attachment to using the power of sight unto unholy actions. This rite in turn reflects the theology of the sacrament in which its principal effect is the removal of the remnants of sin, a spiritual cure that serves as a remedy against those defects that

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\item[20] ICEL, 16, n. 24 and 94, n. 124.
\item[21] Thomas Aquinas, \textit{Summa Theologiae}, Supplementum, q. 32, aa. 5-6. (Hereafter \textit{ST}, Suppl.)
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weaken a man spiritually. Despite the enthusiasm of some theologians, the Magisterium has continued to present a theology of the sacrament not unlike the outlook above, with continued insistence on the spiritual benefits of the sacrament, even unto forgiveness of sins. For example, Pope Paul VI, shortly after he had promulgated the new rite, preached that in the sacrament of the sick “the Church looks principally to the soul, to the remission of sins and to growth in divine grace.” A 2005 document of the CDF reiterates this teaching in saying that the effects of the sacrament are saving grace, forgiveness of sins and relief of the sick person.

The formula of the rite was also changed by Pope Paul VI so that “by reflecting the words of James, it may better express the effects of the sacrament.” Whether the Council Fathers called for a reform of the sacramental formula is debatable, depending on whether one interprets the revision of prayers accompanying the rite, which the Fathers did ask for, to include the formula itself. Regardless, the new formula reads thus: “Per istam sanctam unctionem et suam piissimam misericordiam, adiuvet te Dominus gratia Spiritus Sancti. Amen. Ut a peccatis liberatum te salvet atque propitius allevet. Amen.” The form is a combination from three sources: the 1925 Rituale Romanum (the ultimate origin of which is the 1614 Rituale); the Council of Trent’s teaching on the sacrament; and the letter of James. By this revision, the twofold meaning of spiritual-bodily and present-eschatological conveyed in the collects following the anointing in the older rite has been placed in the formula itself. This makes the formula deliberately opaque so as to allow God work as he sees fit and as the faith of the

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22 ST, Suppl., q. 30, a. 1.
25 Paul VI in SUI, as found in ICEL, 7-8.
recipient demands: the final two verbs are certainly intended to imitate the polyvalence of the Greek verbs found in the letter of James.

The phrase *a peccatis liberatum* seems to presuppose one of two things: first, that the sacrament of Penance has already been celebrated at a time sufficiently near to the celebration of the sacrament of the sick so as to ensure previous forgiveness of sins; second, and this seems more likely, that the freedom from sin besought in the litany preceding the laying on of hands was granted in that laying on of hands. In other words, the Magisterium since the Council has consistently emphasized that forgiveness of sins is one of the principal effects of the sacrament, yet the new formula does not clearly convey that; hence, the forgiveness of sins must be granted in a part of the sacramental action previous to the anointing, and the laying on of hands fits well with this thesis.

Here it is also fitting to comment on the combination of the new formula with the twofold anointing in comparison to the older rite. The older formula clearly emphasized the forgiveness of sins and allowed the layers of meaning in the entire sacrament to be conveyed by other parts of the rite. In this way it better exhibited the spiritual core of the sacrament, thereby reinforcing that sacraments are primarily spiritual remedies. The six-fold anointing coupled with the clear formula in the older rite communicated transparently to the recipient the principal effect of the sacrament. Moreover, it did so in a very reassuring manner, with the powerful sign of repetition of the formula and anointing as applied to the five senses and the feet.\(^{27}\) In contrast, the new formula attempts to capture the multiple meanings of the sacrament, and leaves itself to be further determined by other ritual actions and prayers, especially the laying on of hands, as argued above. With the opaque formula, the burden is on the rest of the rite to convey to the

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\(^{27}\) One could argue that this is one aspect of the genius of the Roman Rite before the Council, and that the new rites regularly choose simplicity over repetition and suffer greatly for that.
recipient the full meaning of the sacrament. Undoubtedly the recipient of the sacrament of the sick requests the sacrament seeking varied things from God: healing in his person, both bodily and spiritual; healing in his social life, including the Church; and healing with God himself. The person of faith will particularly seek the lattermost healing and the older formula and number of anointings best signify this.

The prayers that follow the anointing were clearly written so as to satisfy the Council Fathers’ desire that the prayers accompanying the rite “correspond with the varying conditions of the sick who receive the sacrament.” The editio typica of the United States offers seven different options, five of which are applicable to very specific circumstances. These prayers constitute an undeniable improvement over the older collects in the sense that the priest can more easily adapt the rite to the circumstances by simply choosing the appropriate prayer. The older collects certainly petitioned God for gifts which each sick person would normally desire, but there exist special cases where the standard collects would not be appropriate. An excellent example of this is prayer C, which is written for a person in extreme or terminal illness; for such a person it would not be pastoral to ask that the person be restored to his or her previous duties, as the first old collect asks. The sacramental action ends with the common recitation of the Our Father.

As is evident from this study, the reform of the sacrament of the sick has not been without controversy. The Second Vatican Council’s call for a change in its administration in order to open the sacrament to a wider application is a happy development. The faithful are now more able to take advantage of the spiritual help offered through the sacrament without undue anxiety. On the other hand, the Council Fathers also requested that the number of anointings be

28 Larson-Miller, 71.
29 ICEL, 94-97, n. 125. Mary Collins, “The Roman Ritual: Pastoral Care and Anointing of the Sick,” in The Pastoral Care of the Sick, eds. Mary Collins and David Power (Philadelphia: Trinity Press, 1991), 9, rightly points out that the new formula is so “generic” that it needs the prayer that follows in order to interpret it.
modified as well as the prayers that accompany the rite. The result was largely a complete revision of the rite, with a threefold sacramental action at its core. Overall this threefold sacramental action of litany, laying on of hands, and anointing is again a happy development. The reform of the form of the anointing together with the diminution of the anointings from six to two, however, is more lamentable. What must be maintained above all in the administration of the sacrament as it now stands is its function as a spiritual remedy before all else. At times the excitement over the recovery of the bodily aspect of the sacrament, or what is better referred to as the holistic dimension, has obscured the sacrament’s essence as a sign that makes men holy, that is, gives grace. Many of the revisions of the rite of anointing the sick are useful, but they presuppose a theological foundation which is no longer present among most of today’s faithful. Hence the spiritual aspect of the sacrament must be emphasized and care taken so that the celebration of the sacrament focuses on the spiritual remedy and healing offered therein.