



The Seven Sacraments

Anointing the Sick

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2 Kings 20: 1–5 James 5: 13–16

Many of you here have received, or, I'm guessing, would consider receiving, most of the sacraments. Some of you are, and many of you may get married; you have had or may have your children baptized and may encourage them to be confirmed; you quite probably take communion. As to confession – yet to come in our series – you may not have gone in for it in a formal one-to-one setting, but you are familiar enough with confession week by week at the beginning of this service, for example, that it wouldn't be a huge step, perhaps, to undertake a more formal confession. That leaves ordination and anointing the sick. Now though you might not think of ordination for yourself (since, let's be honest, only rather odd people get ordained – my clerical colleagues here excepted of course), you probably wouldn't disown your children if they did. But anointing the sick? I doubt if you have entertained it for yourself or proposed it to anyone else. So how come this sacrament is bottom in the sacrament popularity stakes?

This sacrament has had, of course, unlike the others, a bit of an identity crisis – communion has always been communion, and baptism has always been baptism, and so on – but this rite has been pulled between the death bed and the sick bed, and has changed its name and character as it has gone in one direction or the other.

Poussin's painting, on the service sheet, is entitled *Extreme Unction* – that's the death bed end of the spectrum and plainly the bystanders in this picture don't expect the poor fellow in the middle to be up and about any time soon. Now it is often said that Poussin's concern in his series of paintings of the sacraments was archaeological – that is to say, he intended to depict the sacramental rites as they may have occurred in the very earliest days of the church. And in terms of costume, architecture, fixtures and fittings, those who know about these things assert that he certainly has been archaeological in this picture. But as regards the practice of the rite itself, he is almost certainly in error in placing the scene at a death bed. The Epistle of James, our second lesson, commends a practice whereby the elders of the church visit the sick, pray over them, and anoint them with oil in the name of Christ, with the assurance that 'their prayer offered in faith will heal the sick and the Lord will make them well'. This practice itself reaches back to the work done by the 12 whom Christ first sent out who, in Mark's account, 'cast out many demons and anointed with oil many who were sick and cured them'. (Mark 6: 13) So had Poussin really wanted to be archaeological, he would have depicted a rite of prayer and anointing offered to the sick, not a farewell rite for the dying.

But what Poussin wrongly presents as the practice of the early church, did indeed, over time, become its practice – a rite for the sick became a rite for the dying, extreme unction – that is, anointing for those ‘in extremis’. At the Reformation some churches, including the Church of England, tried to reach back to an earlier practice, so the Book of Common Prayer converted the service of extreme unction to a service of visitation of the sick. Nearly 400 years later, the Roman Catholic Church made a similar move. We are still, however, left with seemingly the least popular sacrament of them all.

I can’t help thinking, however, that the sacrament’s identity crisis has something to do with its relatively marginal status. Though there has been a valiant attempt to wrest it away from the death bed, it still rather reeks of death. It is as if someone took a large black hearse and painted it a jaunty yellow colour – it still doesn’t quite feel like an ideal family car. And if you lying in bed in Addenbrooke’s and are approached by a looming clergy person in black offering you anointing, you are very likely to greet them, I suspect, as warmly as you would an undertaker touting for business.

But that is not the only problem for this sacrament. No one had the last rites thinking the last rites would make them better. But once the service is brought back to the sick bed and is associated not with sending someone on their way, but with healing, isn’t it, well, rather naïve or superstitious? Praying for healing is what witch doctors do; or even worse than that, what wild evangelicals and Pentecostals get up to. It is not what we sophisticated, cosmopolitan and above all modern people would think of doing.

I want to suggest, however, that we would do well to overcome any suspicion of the rite, and to consider allowing it a place in our lives.

Let’s deal with the bad vibes from death, first of all. I don’t want to deny the rite’s connection with death – and I don’t mean just in the past. Of course the rite of anointing can be administered to someone who has some long term condition, arthritis for example, who therefore has no more thought of dying anytime soon than do most of us when we are feeling well. But if the prayers are said over someone who is acutely sick, even if not seemingly dangerously so, it can’t really help but bring death to mind. We all know that the passage from healthy to deathly can be travelled in the space of an hour or two – and there is no doubt, I think, that a solemn rite of prayer even for someone who seems only mildly ill, is rather likely to bring to mind our mortality.

That seems to me, however, no bad thing, and certainly not a reason for being chary of the rite. We live in a cloud cuckoo land if we somehow think we can cheat death simply by never alluding to it. Death is not, as it were, some slightly wild looking stranger at a party whom we can successfully avoid just so long as we don’t make eye contact. It is said – wrongly in fact – that Carthusian monks sleep in coffins so as not to forget their mortality. Perhaps we don’t need to go that far, but words from the Ash Wednesday service later this week are worth taking to heart: ‘from dust you came and to dust you will return’. For once we admit our mortality up front, a rite which may put us in mind of our death can hold no fears.

What about the supposed superstition – what about the thought that praying for healing is naïve and unscientific? I want to answer that by suggesting that the opposite is the case – that as this rite challenges a narrow medicalization of sickness, it actually makes better sense of illness than does that medicalization.

What am I getting at? That illness – serious illness, not man flu – now takes place in hospital. It is assigned to doctors. This is no bad thing in itself – the early fathers held that medicine is a God-given aid for which we should be grateful and which it would be improvident and imprudent to ignore or overlook. But for those same fathers, resort to medicine was not an alternative to prayer. Christians were encouraged to take their sickness to doctors, but also to bring it to church.

In the modern West even most Christians tend to follow a different practice. We present our illness to the doctors and expect them to deal with it medically, which most of the time means as a bodily matter – just as we present a car at a garage to a mechanic. But if you think about it, this is very odd indeed, even scientifically speaking. For we don't actually believe that bodies and souls are discrete and self-contained substances. We know only too well that our bodily states affect our mental states, and vice versa. So yes, if I have serious illness I want surgery, drugs, or whatever it might be to address that immediate threat – but it is distinctly odd to ignore the fact that my soul may need attention too. My bodily disorder, in other words, may be intimately connected with a spiritual disorder – or, to put it another way, with the sicknesses of anger, resentment, guilt, envy, fear, or whatever, all of which may bear on my physical state. Let me be clear as to what I am saying and not saying – I am not saying that when we get ill, it is always our fault. What I am saying is that sometimes that an illness manifests itself, the way it manifests itself, and certainly the way in which we experience and handle it, has to do with what we would call in religious parlance, the state of our souls.

Treating illness as purely and simply a physical matter ignores its wider context in our lives. But there is another thing – sending it off to the hospital also seems to render it a wholly personal problem, as if my sickness and health are all mine and an individual matter between me and the medics. Now if regarding illness as a purely physical phenomenon seems scientifically dubious, treating illness as something between an individual and a hospital alone is surely morally dubious. Isn't it just when I am ill that I need not only the skilled attentions of medics, but also the support and solidarity of the community?

The rite of anointing serves to correct these two errors. In the first place, the prayers and readings which this rite provides, allow the one who is sick to face his or her own illness not simply as a physical problem, but as an existential problem. Illness is an affront to my hopes and expectations; perhaps it is a challenge or a threat to my relationships; it may be a moment in which opportunities lost or foregone become causes of real regret or guilt; it may require me to give up things I have valued and to consider what I do really value. Medicine does many things, but it does not show us how to negotiate the new and often distressing landscape of lives afflicted by sickness. The rite of anointing does not promise that we will be removed from this landscape – but it does provide us with the landmarks by which we might navigate it. But in the second place, just as this rite of anointing is an action of the church, an action of a community for and towards one of its members, it assures the sufferer that they do not need to negotiate this landscape alone.

The rite assures the sick that their plight is recognised, not privatized, and it challenges the community to realise the fellowship and solidarity which the rite enacts.

There is much more to say – but you will be glad to know that I will not now say it. So my un-concluding conclusion is this. Some of the sacraments serve as rites of passage or as ritualizations of important moments and events in human life. We need such rites to mark such moments, to acknowledge their significance, to dramatize and solemnize them, but also to manage and direct them, to help us make sense of times of transition and change and challenge, and to weave something from the threads of our often tattered and disordered lives. Jesus Christ commanded his disciples to go out and anoint and pray for the sick; the early church followed this same practice – and when we take up this rite we find a script to order our lives aright in the sickness which afflicts them, both as those who are sick and as those who stand by them. Christ came to heal the broken lives we live in relationship to ourselves, our neighbours and God. This sacrament, like the other sacraments, invites and enables us to receive and accept this healing.