

**“ANOINTING THE SICK”:
THE REDISCOVERY OF AN OLD RITE WITHIN THE
EVANGELICAL CHURCH IN GERMANY**

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Abstract

In the Evangelical Church in Germany a ritual that faded into virtual meaninglessness in the course of the Reformation, the “anointing of the sick”, has been rediscovered.

This article traces the meaning and interpretation of the anointing ritual in broad outline throughout the centuries. Focal points here are Luther’s position on the anointing and the prescribed steps of the ritual. The article proceeds chronologically, beginning with the period up to the Reformation. This is followed by an overview of the period up to the conceptualisation of the programme “ministering to the sick” in the twentieth century. In conclusion the formula “blessing the sick [with anointing]” is discussed in detail and analysed from different perspectives.

In the historical overview the main object of attention is the practice of anointing the sick, the participants, the form and the substance of anointing.

1 THE PERIOD UP TO THE REFORMATION

This part of the history is decisive because the anointing of the sick underwent various changes during this period. Ultimately, these

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changes became established in the understanding and practice of anointing the sick as *unctio extrema* or extreme unction, in other words, the last rite.

Until sometime in the 9th century there is no proof of the existence of any liturgy for the anointing of the sick; instead there are liturgies for the sacramental oil ritual. Similar rituals are found in the “Apostolic tradition” of Hippolytus (died 235), and in the “Euchologion” of Serapion of Thmuis (died 362). The envisaged effect is “grace and forgiveness of sins ... health and immunity of body and soul” (Vorgrimler 1978:218-219). The crucial question that remained at issue into the 5th century was whether the anointing was done with the right oil so that it would be sure to do its healing work and ward off evil by invoking the Holy Spirit (Vorgrimler 1978:220). Further aspects of the practice of anointing the sick, are addressed with reference to the non-liturgical letter *Instituta Ecclesiastica* (416) written by Innocent I to Decentius, Bishop of Gubbio. On the one hand the question of the dispenser is addressed, and on the other the matter of the receiver. Until that time dispensers were laypeople who anointed themselves and those in their immediate circle (Probst & Richter 1975:141). Innocent I extended this circle to include priests (Nwokolo 2002:65). For him the holy oil itself is the sacrament, hence whether it becomes sacrament does not depend on the dispenser. He restricted receivers to “believers” and excluded confessors before reconciliation (reacceptance into the Christian community) (Probst & Richter 1975:141). Caesarius, Bishop of Arles (502-543), drew a distinction between anointing the sick and magical rituals and emphasised the importance of the “holy oil” (Nwokolo 2002:66). For the Venerable Bede (died 735) there is a distinct coupling of forgiveness of sins and anointing the sick (Knauber 1978:34), and the object of anointing the sick is healing while the ministers of healing are the laity.

In summary the following can be said about the practice of anointing the sick during this first period: any Christian can be a dispenser. The receivers are the sick. The healing substance, the oil, is specifically defined as oil that has been blessed by a bishop. The form of the anointing procedure is not specified (Vorgrimler 1978:218).

At the beginning of the 9th century important changes were introduced by the *Statuta Bonifacii*. The laity was excluded from the dispensing function and only priests were allowed to engage in this activity. High fees for the anointing, lack of time on the part of the dispenser, and the link with confession had the effect that anointing was reserved for the dying. The main purpose of anointing had now become forgiveness of sins and preparation for eternity, and not healing.

The existing practice is theologically grounded in Scholasticism (Schneider 1979:227). The priest is the designated dispenser. The Anointing is a sacrament that can only be administered to the dying. The Scholastics even tried to pinpoint the exact moment of dying. Excluded were people who, according to perceptions at the time, were incapable of sinning: mentally disturbed people and children (Lengeling 1975:41). The primary purpose was held to be the forgiveness of sins and preparation for eternity.

The Reformers reacted to this restriction.

2 DEVELOPMENT IN THE EVANGELICAL CHURCH IN GERMANY UNTIL CONCEPTION OF THE LITURGY

First of all, it should be noted that only a passing reference is made to Calvin because his sphere of influence lay outside Germany. He proceeded from the theory of dispensationalism, with the result that he regarded the anointing referred to in the New Testament as a symbol of the Holy Spirit that endowed the apostles with the ability to perform miraculous acts of healing. According to Calvin, the church no longer possesses this gift (Nwokolo 2002:107).

Luther's position concerning the anointing of the sick is taken as the defining principle for the Evangelical Church in Germany because he laid the foundations for the theology and practice in the Evangelical Church. Luther deals with anointing of the sick as part and parcel of Catholic sacramental doctrine from an early stage. Thus in his thesis

“About the Babylonian Exile” (1520) he rejects the “extreme” or “last unction” as false for two reasons: First, he denies that the anointing is a sacrament. Instead it should be seen as a recommendation of James. At the same time he questions whether James was, in fact, the author of the letter and argues further that if he was the author, he could not have instituted any sacrament although he was an apostle. Only Jesus could do that (Luther [1880-1910] 1986:120). And besides, Luther contends that if the anointing were a sacrament, then what it invoked or promised would come to pass – in this case the “health and restoration of the sick ... but who does not see that the promise made by James is fulfilled in few, if any cases? Because among thousands hardly any are restored to health” (Luther [1880-1910] 1986:121). Unlike the Catholic Church, Luther contends that the anointing of the sick promises healing while the Catholic Church sees the forgiveness of sins as a promise that is coupled to the sacrament of anointing the sick (Luther [1880-1910] 1986:119). Secondly he declares that the practice of the “last unction” is a distortion that does not conform to what James suggests because it applies largely to the sick in general, and not only to the dying. This means that the sick in general “are deprived of the benefit of the anointing” (Luther [1880-1910] 1986:120). This is the only instance where he presents the anointing in such a positive light. Luther does not say, however, how it can be used correctly. Rather, in his further discussion he emphasises prayer in faith, “that many (elders) should be present, not for the anointing but for prayer” (Luther [1880-1910] 1986:122). For Luther elders are “older men of proven faith” (Luther [1880-1910] 1986:122). Finally, Luther explains his perception of illness in relation to the desire for healing: “Since illness is an honourable state for the church, and death is our gain” (Luther [1880-1910] 1986:123), it follows that this dispensation is intended rather for those who are too weak and impatient to bear their infirmity. Thus anointing of the sick can bring about peace and forgiveness for the receiver, but only because it is accepted in faith, as with the holy water (Luther [1880-1910] 1986:124).

As a result of this contrary position, which is of little help in establishing a correct usage, the ritual was not further developed by the Evangelical Church in Germany. Here again, Luther’s deference to Scripture, and thereby his emphasis on Scripture in precedence to

all rituals, is demonstrated, as is his understanding of worship. For Luther worship is both Word and Answer (Meyer-Blanck 2001:29). This position is a response to the Catholic overemphasis on symbolic acts and rituals. In any case, in 1545 Luther advocated prayer in faith in a letter to Pastor Schulze in Belgern. In this letter Luther attempts to offer assistance towards dealing with the sick by placing his own practice on record. The object of the practice is to heal the sick. In this context Luther recommends the prayer in faith, citing the example of a man with whom it was done and who was healed by prayer in the name of Christ (Luther [1880-1910] 1986c:3172). He indicated the following procedure: he would go to the patient with a number of men of the congregation, lay hands on the person and call down the peace of the Lord upon him/her. This would be followed by the confession of faith and the Lord's prayer and the citation of John 16, 23-24 as well as Psalm 50:15. Before leaving he would again lay hands on the patient and recite Mark 16:17 while doing so. As for the frequency of such visitations, he recommended three per day. In addition the sick person would be included in prayers of supplication during the church service (Luther [1880-1910] 1986c:3172-3173). Anointing had no part in all of this.

In his confessions Luther does ultimately give permission (1528) for anointing, but rather than encouraging it, he merely places it at the disposal of those who still need it.

The anointing, exactly according to the Gospel, Mark 6:15 (sic!) and James 5:14, I would allow it, but there is no question of regarding it as a sacrament ... that one goes to the sick person, prays and admonishes, and if one then wants to anoint the person as well, that is admissible, in the name of God (translated) (Luther [1880-1910] 1986b:1102-1103).

In conclusion it can be said that Luther neither rejected the anointing of the sick, nor spoke in its favour. In principle it is subject to Scripture and should only be undertaken in case of need. He also introduced renewal in the anointing practice, although he rejected any sacramental understanding of it. He determined that those to whom anointing could be administered were the sick rather than the

dying. Dispensers were elders in the sense of men who were experienced in faith. Prayer in faith was central. The object of the action was healing.

In the further history of the Evangelical Church the anointing of the sick did come up for discussion at times, but apparently it was never practised.

For example, in the 19th century Wilhelm Löhe (1808-1872), the founder of the deaconess institute at Neuendettelsau, addressed the topic of anointing because he saw the need to take care of the sick. Accordingly he incorporated the text of James 5 in a formula that he drew up for visitations of the sick (Löhe 1953:447-452; see also 448). No provision for anointing was made in this formula. The reason given by Löhe (1965:633) is that misconceptions could occur because the usage of anointing was uncommon at the time. For the practice of anointing the sick Löhe determined: the receiver must be a sick person. The officiant must be the pastor acting in his official capacity. Prayer must be central to the action. He also writes "that ... in essence prayer is obligatory" ((1965:633). Furthermore the action should be supported by the community of Christians.

Johann Christoph Blumhardt (1805-1880) discusses anointing of the sick in *Blätter aus Bad Boll* (Letters from Bad Boll). He regards anointing as a manifest action to give form and expression to the words and underlying faith. The form and the usage embodied within it would render the sick more receptive to healing (Blumhardt [1874-1875] 1969:90). However, at the same time, Blumhardt also rejected the usage in his time because oil was not generally used as a restorative, as it had been in biblical times. In his words the reason is: "because what was appropriate in those times is all different for us at this juncture" (Blumhardt [1874-1875] 1969:91). Furthermore, the necessary healing power was lacking.

Accordingly Blumhardt gives the following directions for the practice: the anointer needs God's healing power. The ritual must be adapted for the times and must be clearly dissociated from any superstitious practices. Prayer is the decisive element in the action. Finally the sick may not be subjected to pressure if they are not healed.

On the whole it can be said that for both theologians it was important to rule out any confusion with magic rituals. In addition the non-existence of the practice was justified on the ground that anointing was not common in daily life, while prayer was central to the liturgy.

During the latter part of his ministry *Johannes Seitz*, under the influence of Rev Johann Christoph Blumhardt, established convalescent homes for the sick, modelled on Bad Boll, where anointing of the sick was practised. In this connection Seitz (1985:141) speaks of a dispensation of divine grace. For him the pivotal element in the rite is the person to be anointed. A precondition for a *possible* healing is a formal relationship between the patient and God (Seitz 1985:142). It is only instrumental in the matter. Seitz also distances himself from any magical interpretation of the anointing practice. The object of anointing is healing.

In the mid-20th century Walter Lotz, pastor and member of the *Evangelischen Michaelsbruderschaft* (Evangelical Brotherhood of Michael), addressed the issue of anointing the sick and at the same time offered an aid to the practice by publishing a private liturgy (1949) with an attachment that contained a formulary for the anointing of the sick. In so doing he was reacting to the absence of such formulas in the Evangelical sphere (Lotz 1949:6). He drew up the following guidelines for the practice: The receiver must be “seriously ill” (Lotz 1949:165) and no longer capable of taking Communion. The officiant must be the pastor. Lotz specifies that the oil must be olive oil “that has been set apart and blessed for the purpose” (Lotz 1949:166). The anointing of the sick must be preceded by a preparatory conversation or a confession. He also suggests that the designated area be prepared by providing a table covered in white cloth with a cross and burning candles standing on it.

The structure of the formula can be briefly described as follows: Lotz begins the anointing procedure with the pax (peace salutation), which is extended to all present. Then the formula is pronounced to repose trust in the succour of God alone. Then Psalm 16 is recited as a prayer. After that, follows a prayer that is triunely referenced. James

5:14-15 is then taken as the Scripture reading. The anointing is done on the forehead alone by tracing a cross with the thumb while uttering the following words: "Thus I anoint you with the oil of peace / in the name of the Father, and of the Son, and of the Holy Spirit. May the almighty and merciful God grant you forgiveness of all your sins and eternal grace. Amen" (Lotz 1949:168). Instant healing is not at issue here. It suffices that a plea for physical healing is included in the closing prayer. The anointing closes with a formal blessing.

Note that forgiveness of sins and eternal salvation are given priority over physical healing. This is similar to Catholic practice (cf Kaczynski 1992:331).

In contrast, for Otto Witt healing is central to anointing. A probable reason for this is Witt's propensity to take issue with the healing practices of his age. At the same time he wants to renew consciousness of its function as an expression of faith. In 1952 Witt expressed the view that anointing according to James 5 should be reinstated (Witt 1957:11). He prescribes the following for the actual usage: those who are to receive anointing should be "*believing Christians*" (Witt 1957:72, italics in source) and members of the congregation. Those administering the anointing are described as men "of proven faith" (Witt 1957:73). Women are excluded. The possibility of anointing should be considered in principle where there is sickness (Witt 1957:73). It is incumbent on the patient to call in the elders. The anointing proper takes place in a small circle (Witt 1959:23). It is done with ordinary oil on the forehead. A new issue, which is also problematic, is that the believer should use the anointing as an opportunity to demonstrate his/her faith in God, that he/she might be healed. However, one should note that the sick person's distress may therefore be increased if no physical healing follows the anointing.

Pastor Heinz Doebert addresses the matter of the authority to perform the anointing. It is a task that falls under the general function of healing. This rules out the interpretation of the Catholic Church that it is a sacrament for the dying, as well as any mistaken magical connotation (Doebert 1960:59). He gives the following guidelines for the anointing procedure: like Witt, Doebert presumes that the

receivers are believing Christians; however the dispensers can only be office bearers who have the gift of healing (Doebert 1960:93). He presumes a close tie with the working of the Holy Spirit. In the anointing, "God grants the ... gifts of abundant grace ... as a gift of the spirit of life" (Doebert 1960:57). He also strongly advocates the normalising of this function in the everyday affairs of the congregation.

3 ANOINTING OF THE SICK AS DETERMINED BY THE LITURGY

In the context of the Evangelical Lutheran Church, official liturgy is normally a binding ordinance. But the formula for blessing the sick [with anointing] is expressly not obligatory; instead, it is offered as a suggestion. Attention will now be given to the formula devised for "blessing the sick [with anointing]".

To that end the definitive liturgy (1994) is compared with its original draft (1990) to indicate developments with reference to salient points. It should also be noted that a definitive liturgy must be introduced by each individual state church before it can become part of the official liturgy of this Church. In Baden the practice was introduced in 1998, while in Saxony its introduction was unanimously approved by the 25th evangelical Lutheran Synod as recently as 18 November 2002 (Bliesener 2003: Appendix 4) and came into effect on 1 January 2003 (ABl. 2003:A1).

This is followed by the presentation of guidelines contained in the liturgy as a whole, as well as introductory notes to elucidate the formula. In addition, with respect to the actual anointing procedure, important parts of the formula are given verbatim. Finally, in support of the main theme, a small selection of proposed aids to the practice of anointing the sick, are discussed with specific reference to the Evangelical Lutheran Church.

3.1 A brief comparison of the draft and the definitive liturgy

There are three main points of difference between the definitive liturgy and the draft:

First, anointing is not mentioned by name in any of the headings in the draft (Lutheran Liturgical Conference of Germany 1990:5.76.83). Secondly the matter of who may anoint and exactly how the anointing should be done is not covered in the explanatory notes provided in the draft as an aid to blessing the sick (Lutheran Liturgical Conference of Germany 1990:73-75), although the anointing procedure is described in the body of the formula. Thirdly the draft contains a prayer pertaining to the oil that reads: "Lord, our God, you include your entire creation in the embrace of your mercy. We implore you. Let this oil be a sign of your healing and saving power for *this sick person*" (Lutheran Liturgical Conference of Germany 1990:83; italics in source). This prayer is omitted in the final liturgy, as are various texts from the psalms of atonement, the Isaiah text which deals with the theme of the scapegoat, and the section of the Epistle to the Hebrews which deals with the sacrifice of Jesus Kirchenleitung der Vereinigten Evangelisch-Lutherischen Kirche Deutschlands (Church Council of the United Evangelical Lutheran Church of Germany VELKD 1996:120-151; Lutherische Liturgische Konferenz Deutschlands (Lutheran Liturgical Conference of Germany) Lutheran Liturgical Conference of Germany 1990 1990:107-147).

There are specific reasons for each of these differences. First, the use of "anointing" in the headings of the definitive liturgy, albeit in brackets, nevertheless indicates a process of increasing acceptance of anointing. A useful addition is the more precise designation of the dispenser and the proposed form of the actual anointing procedure. The third point, namely the exclusion of the prayer of thanksgiving for the oil in the final version, could be attributable to a clear limit set for the consecration of oil by the Catholic Church. A question that remains open is why precisely the psalms of atonement and the other texts as indicated were omitted from the final selection. Perhaps the object is to skirt the issue of the exact relation between illness and sin.

3.2 Guidelines for the anointing of the sick as described in the liturgy

First, in the explanatory notes possible objections to the anointing of the sick are mentioned and accepted as serious considerations. Among these reservations are: the alien nature of the ritual, the fact that anointing of the sick used to be an important distinguishing characteristic of other denominations (e.g. the Catholic Church), and the fact that the Reformers rejected “extreme unction” and spoke out against the abuse of anointing the sick (VELKD 1996:8). The emphasis is therefore on suggestion rather than obligation. The object of this liturgy is not to introduce “blessing the sick [with anointing]” universally; instead it merely offers a form for those who wish to use it (:8). The physical act of anointing still has an optional character, however, as indicated by the square brackets (:9).

Blessing the sick [with anointing] is a religious exercise (:10) that proceeds on the premise that everything takes place “in the name of the Lord”, and that the “prayer in faith” is central (:18). The benefit extends to “the corporal existence of the patient as well as his/her relationship with God” (18). The whole person is involved. “Anointing the forehead and the hands means the person in totality as a thinking, feeling and acting being” (:85). Note that excepting the addition of “feeling”, this passage is taken over verbatim from the Catholic Church.

Blessing the sick [with anointing] can be unstructured or in accordance with formal usage. Since people cannot control God, there is an ever-present tension between trust and submission to God’s will (:26).

Assistance is also offered for the actual practical itself. As far as the prospective receiver is concerned, the directive is that the sick person must be open to this action without any misconceived associations, such as “extreme unction” (:27). The officiating person can be any member of the congregation after suitable preparation (:86). It is interesting to note that no particulars are given for how the preparation should take place, and no conditions are made (e.g. that this or that person must be a proven Christian). This formulation

makes it possible for women to take part in the anointing. At least the formula speaks of male and female pastors (“Pfarrer” and “Pfarrerin”). The purpose may have been to simplify matters, but it can also be interpreted as another occasion of being too narrowly specific about the officiating person.

In addition the nursing and other attendant staff should be involved whenever possible. The anointing agent must be pure olive oil. Furthermore, a specific programme is proposed. The religious exercise should begin with a greeting and a reference to James 5.14-16 in leading to the anointing proper. The prayer, which is the centrepiece of blessing the sick, can be unstructured or it can follow a prescribed form, and it should end with the laying on of hands (:84). The laying on of hands is supported and complemented by the anointing, which must take the form of drawing a cross on the patient’s forehead and anointing both hands (:85). Various formal blessings as contained in the formulary are also proposed (to accompany the anointing action).

3.3 Explanatory notes to the formula for blessing the sick (with anointing)

First the individual parts are presented and discussed in detail before a partial rehearsal of the verbatim formula.

The greeting of peace is the opening gesture that must be extended to all present, wishing God’s all-encompassing peace upon them, and thereby addressing and including all participants, not least the sick person, in the religious exercise. This beginning with the greeting of peace also shows that the anointing of the sick is a special situation. By leading the participants through James 5, the way is opened for what happens in this ritual of anointing the sick. Psalm 23 serves as the vehicle for taking up the theme of anointing, but the passage through various life situations should also be indicated. In context with the text readings some words should be addressed to the person (:84). A confession can be taken, but only if desired. This is consistent with James 5:15. Then a variety of text readings is presented that emphasise various matters, such as awareness of the

servant of God, accepting the situation with a promise, or the exhortation to come to God or Jesus.

The following prayer is the “centrepiece of blessing” and anointing the sick (:84). In the formulary of proposed prayers there are various points of emphasis. In the first prayer reference is made to Jesus Christ, who bore our infirmity, which resembles the words of Isaiah 53. The plea is not specifically for healing, but that “the illness be turned into good” (:93). The second prayer makes the plea for health quite literal while taking account of the possibility that healing might not ensue. The third prayer is mainly concerned with fortitude to bear the illness and preparation for eternity, but the inclusion of this element is only facultative.

Again, the plea for health is a facultative element of this prayer. The fourth prayer is a refrain taken from a hymn by Dietrich Bonhoeffer. It also emphasises fortitude in the situation. In addition the possibility is mentioned of initiating an informal prayer (:84). The blessing in silence probably stems from the Catholic Church. Without going into further detail it is recommended that one finger be used for the anointing action. Since the anointing is only facultative it is accompanied by the pronouncement of formal blessings. The second blessing formula corresponds with the Catholic blessing, except that the specifically Catholic elements are left out. The third blessing formula is a commonly used Evangelical form that is also used for confirmations and the like (:85). The fourth blessing formula is the Aaronitic blessing. After that there is the possibility of Communion. At least, it poses the question whether Communion as well as anointing are not too many rituals for one service. The service ends with the Lord’s Prayer and the blessing as in the Sunday service.

3.4 Verbatim excerpts from the formula for blessing the sick (with anointing)

The proposed versions of the prayer for the sick and the possible words to accompany the anointing action are given verbatim:

“PRAYER

The following is a prayer that is adaptable to suit the patient's situation. Examples are given. An informal prayer relating to the reading can also be said.

Pastor:

Let us pray.

Lord Jesus Christ, you have borne our infirmity and the burdens of our suffering. We thank you for your patience and love.

We plead with you for N. N.: Grant *him/her* the faith that he may trust you, and the conviction that you will turn this illness into good.

or:

Great God, in Jesus Christ you revealed your power over all infirmity.

You promised: Call upon me in the day of trouble; I will deliver you, and you will honor me.

We thank you that you hear us, that you know us, and that you love us.

Therefore we plead for N.N: Help *him/her*. Remove this illness from *him/her*. Grant *him/her* new strength for life. Let *him/her* become whole again. If it is not your will, give *our sister/brother* N.N and us the courage to trust you that we may accept everything that we receive from your hand.

You are a loving God and do more than we ask or understand. To you belongs the glory and the worship in the name of Jesus through the power of the Holy Spirit now and forever into all eternity. Amen.

or:

Father in heaven, we plead with you for N.N. in *his/her* need and suffering: Let not the affliction become too great for *him/her* to bear and strengthen *him/her* in your mercy. [Grant *him/her* life and health according to your will.]

Lord Jesus Christ, Son of the living God, you have suffered for us and our sins: Do not abandon N.N. in *his/her* affliction, but draw near to *him/her*.

Holy Spirit, consoler in all our need: Fill N.N. with your power, enlighten *him/her* with your clarity and invigorate *him/her* with your divine love [and, when *his/her* hour comes, grant *him/her* eternal salvation]. Amen.

or:

Wonderfully secured by forces for good, we confidently await what may come.

God is with us in the evening and in the morning and certainly in every new day [free translation of Dietrich Bonhoeffer's hymn]" (VELKD 1996:92-94).

"BLESSING [WITH ANOINTING]

The pastor lays both hands on the sick person in silence. [Then he/she dips one finger in the oil and draws the sign of the cross on the forehead - and on both hands - of the patient.] He/she says:

N.N., you are blessed [and anointed with oil] in the name of our Lord Jesus Christ.

May he raise you up with the healing power of his love.

Peace (sign of the cross) be with you.

or:

May almighty God help you in his abundant mercy. May he aid you with the power of the Holy Spirit. May he raise you up in his mercy.

Peace (sign of the cross) be with you.

or:

May God the Father, Son and Holy Ghost have mercy on you:

Protect and keep you safe against tribulation, strengthen and assist you in all that is good, that you may have eternal life.

Peace (sign of the cross) be with you.

or:

The Lord bless and save you. The Lord make his face to shine upon you and be merciful unto you. The Lord lift up his face unto you and give you (sign of the cross) peace.

Sick Person:

Amen" (:95).

3.5 Aids to adapting the formula

A small, but significant selection of publications that have appeared in connection with the introduction of the liturgy and as aid to anointing are presented here.

The State Synod of the Evangelical Lutheran Church in Baden offers the following proposal for the anointing proper:

Cross with anointing oil on the forehead

"I anoint you in the name of the Father who created you in his image."

Cross with anointing oil on the inner surface of the right hand

"I anoint you in the name of the Son who saved you (and who lives in you through the Holy Spirit)."

Cross with anointing oil on the inner surface of the left hand

"I anoint you in the name of the Holy Spirit, who consoles and leads you (and flows through you with healing power)."

(State Synod of the Evangelical Lutheran Church in Baden 1998:2).

In its directions (Evangelical Supreme Church Council 2001:13) the Evangelical Lutheran Church of Wurttemberg actually provides graphic illustrations as an aid to anointing.



Figure 1

"Anointing the forehead with cross" (:13)



Figure 2

"Anointing the right hand" (:13)

Explanation of Figure 1

The person making the blessing gesture does it with hand loosely outstretched. The index and middle fingers are used to make a cross with the anointing oil on the forehead of the person opposite. The cross is made from top to bottom, and then (separate movement) from left to right (:13).

Explanation of Figure 2

The anointer touches and traces a cross on the inner surface of the receiver's hand with the tips of the index and middle fingers (:13).

As a departure from the liturgy a scented mixture of olive and jojoba oil is also suggested for the anointing action. As a comment one should add that it is important in this regard to ask the person who is to receive the anointing whether he/she finds the smell of the oil

acceptable since an aversion to the smell could cause inner (unconscious) resistance to the ritual.

Alternative aids to direct the anointing action are contained in the supplement to the Evangelical Church Service Book. It is suggested, for example, that the anointing action can be done by rubbing the oil in, to some extent, in a cruciform or circular motion. The sequence in which parts of the body are anointed differs from that suggested in the liturgy in that it begins with the back of the hand, proceeds to the palms, followed by the forehead and finally the temples. The reason given for this sequence is its “increasing intensity and intimacy” (VELKD 2002:117).

Pisarski (2000:65-66), a pastor of the Evangelical Lutheran Church in Bavaria, includes some suggestions in his practical instructions for the anointing service that are worth considering, even though he does not deal specifically with anointing of the sick. He deals, for example, with the important question of proximity and distance in performing the anointing action. He refers to body and personal (subjective) limits. A suitable demeanour, not too hesitant and not too bold, is therefore necessary so that the receiver will not shrink back. He also advises that the anointing action be done with the index and middle fingers. Anointing with the thumb could be interpreted as the symbolism of being “under the thumb” of the anointer (:70). The receiver should be addressed by name as the anointing is done with reference to the Trinity (:69).

4 CONCLUSION

Although, as indicated, anointing of the sick lost some of its significance in the course of its history, such as in the development of the concept and practice of “extreme unction” or when it is automatically associated with complete physical healing in every case, this does not prevent it from being used appropriately.

It is my opinion that with the formula for blessing the sick [with anointing], the Evangelical Church in Germany has gained a structure that is important for the praxis of the church. In my view it can also serve as a basis for reflecting on the principles underlying

the present praxis. I foresee that this rite will, in future, be noticed as a possibility for the sick in the Evangelical Church in Germany and will increasingly find acceptance. But it will still be a long time before it is offered in the majority of local churches and I am not sure, that this point will ever be reached.

However, in further theological reflection, the text of James 5 should also be taken into consideration, although this is outside the scope of this article.

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