The Linacre Quarterly

Volume 42 | Number 4 Article 6

November 1975

Reflections of an Angry Pastor

Thomas S. Forker

Reflections of an Angry Pastor

Rev. Thomas S. Forker

Father Forker, who was ordained in 1942 for the Diocese of Brooklyn, spent 12 years in parish work in the Diocese of Rockville Center, N.Y. Since 1954 he has been Chaplain of Pilgrim State Hospital, N.Y. Father Forker was active in the institution of the National Association of Catholic Chaplains and is a past president of that group. He is also past president of the Association of Mental Health Clergy.

There have been considerable interest and attention given in the past few years to the subject of life and death. When life begins and when it ends have commanded the interest of medical people and theologians, as well as the general public. For centuries doctors have thought they knew enough about the beginning and end of life and others were willing to accept the doctors' decisions. Now other considerations, such as transplantation of organs, the morality of abortion, and even considerations of the acceptability of euthanasia, have caused those in the fields of medicine, theology, government and economics to do some deep thinking and soul-searching in the field of life itself.

From the standpoint of the priest this situation has been complicated by a new concept of the Sacrament of the Sick, formerly referred to as Extreme Unction. The "communal" side of the Sacrament is being brought to the fore. The Liturgists are now emphasizing the communal side of all Catholic practices, supposedly carrying out the mandates of Vatican II.

In the field of bioethics, even the professional theologian walks warily. He comes up with articles such as "The Indignity of Death with Dignity." Such ivory tower musings are important to know, but as a basis for action are not practical for the "foot-soldier hospital chaplain." We will leave to the theologians whether death is the final indignity or if it is a natural part of every normal life. The priest-chaplain should view life with awe as a gift of God, and the human being as a fellow creature of God, to be treated with love and intense respect.

I would like to consider, from a pastoral point of view, two particular aspects of the priest's work. I wish to emphasize the word *pastoral* because here we wish not to *theorize about* death, but to *live with and love* the dying. The first point I would like to consider is just how *changed* is the Church's teaching regarding the giving of the Sacrament to the dying. The second point con-

siders the priest as Pastor of the dying.

Some Pastoral Considerations

It is not my intention to treat the entire question of the new rite for the Sacrament of the Sick. There have been many books and articles explaining the new concept of the communal celebration. There have been many articles dealing with how some parishes and institutions have effectively put the new rite into practice. However, some have come to wrong conclusions. They erroneously believe that all of the old teaching regarding the Sacrament has been superceded. Recently, a young priest refused to answer a call to an accident victim citing the prohibition to give the Sacrament to one already dead.[1] He declared to the policeman calling him that "the day when we run out in the rain in the middle of the night to smear oil on corpses is long gone." This is not true. In this he was merely parrotting some of the antisacramentalism we find in the words of enthusiasts for the participation of the laity in the various liturgical rites.

I wish to reemphasize that the young priest was wrong in assuming that the only thing a priest could do was to give the Sacrament of the Sick. The same section of the official text which advises that the Sacrament is not to be administered to one already dead also states,"When a priest has been called to attend a person who is already dead, he should pray for the dead person, asking that God forgive his sins and graciously receive him into his kingdom." There is also the note that in case of doubt as to death the Sacrament may be administered conditionally.[2] This section, therefore, merely reiterates what has been the practice of the Church for a long time. The author, a priest for thirty-three years and a chaplain both in hospitals and for the police, has given the Sacrament to thousands, many times *sub conditione*. He has never knowingly "smeared oil on a corpse." He has given a blessing and said a prayer for many whom he judged already dead.

It might be good to emphasize something found in another section of the directives. "When the faithful are not present, the priest should remember that the Church is already present in his own person, and in the person of the one who is ill. For this reason he should try to offer the sick person the love and help of the Christian community, both before and after the celebration of the Sacrament."[3] In those cases where he cannot give the Sacrament, the presence of the priest can express the interest of the Christian community both to the members of the person's family and also to those present at the time. The point to be emphasized is that what is put forth is not the new order but is precisely the way priests have been acting for many years in the past.

This can be seen further in the very many special provisions that

have been built into the new rules. The Fathers in their wisdom have told us a new way of administering the Sacrament of the Sick. It is to be administered in a communal fashion dealing with several persons at a time, not waiting until the actual *danger of death* but acting even when death is on its way but not imminent. We are to use, as seems to be the style in every act, readings from the scripture and gospels and involve various members of the community. However, the celebration of the Sacrament is still described as consisting "in the laying on of hands by the priest, their offering the prayer of faith and the anointing of the sick with oil made holy by God's blessing."[4]

This is the same as has been the case all along. Further "the anointing may be conferred upon sick people who have lost consciousness or the use of reason, if as Christian believers they would have asked for it were they in control of their faculties."[5] In addition, the minister is given much latitude. "In hospitals the priest should consider the other sick people, whether they are weak, or, if not Catholics, whether they might be offended."[6] "The minister should be aware of particular circumstances and other needs," and is given the decision as to how much or in what way the new rules of the ceremony are to be carried out.[7]

This is especially important to those priests operating in public facilities where circumstances would make it practically impossible to carry out the new liturgy in full. Consequently, it is good to realize that the new regulations take into account the actual conditions under which the priest must operate, and put into his power the decision as to how he shall act. "The Church is present in his own person" and "the priest is the only proper minister of the anointing of the sick."[8]

The Priest, Pastor of the Dying

In addition to the great wave of interest in what might be called "the philosophy and theology of death" on the part of theologians; and to the medical studies of the signs of death; and the determination of the end of life, there have been other studies. The one which has probably come to the attention of most priests is the study of the psychology of the dying, *On Death and Dying* by Dr. Kubler-Ross. This is a most interesting and useful study. In it Dr. Kubler-Ross delineates the "stages" of dying, or perhaps better, the stages of the person's reaction to and acceptance of the impending death.

The doctor posits five stages which stated briefly are:

1) Denial — "No, not me" as if by denying one could halt the process;
2) Rage and Anger — "Why me?", anger frequently directed against God, and of note to the priest, frequently taken out on the priest as His representative;
3) Bargaining — "Allright, but not now" or "I'll just do this first;"
4) Depression — facing to the past,

with its faults and lacks and facing forward, a preparatory grief as death is seen as inevitable;

5) Acceptance — not with any happiness but with little bitterness, almost a victory over one's own repugnance to death.

The subtitle of the book is "*What the dying have to teach doctors, nurses, clergy and their own families.*" From this point of view the study should be of value. The outlook is one of the psychiatrist, but once this is remembered the priest might well learn what is reaction to death itself and to its surroundings, and what is really directed at himself; when to speak, what to say, and when no speech is needed or expected.

The priest, in the overall picture of dealing with the dying, stands in a completely different position from all others. Alone among those dealing with the patient only the priest does not have to see defeat in death. This should not be the case, but doctors and their ancillary personnel are so tied up in attempting to *cure* rather than *treating and caring for* the patient that every death is a failure. The priest alone can walk to the door of death with his fellow Christian without failing him.

This point of view has many sequellae: The doctor prescribes and goes away; the nurse treats and medicates, carrying out the doctor's orders, and goes away; even the aide cleans and makes the patient comfortable, and goes away. One of the things that strikes a keen observer of those dying in an institution is the well *cared for* aloneness that is their lot. None of the medical team wants to stay around and watch the combined efforts of all fail.

Here is an opportunity for the chaplain; yes, and the pastoral assistant to show that *love* about which so many speeches are made. Helped by the psychological insights of Kubler-Ross, the priest can realize that the angry striking out by the dying is against a helpless and hopeless situation, and not against the priest personally. He can learn not to try to answer all the "Why's", and might point out that only God could answer them. (As Dr. Kubler-Ross says of the anger and the question, "God can take it.")

Some few points that a long experience in thes situations have taught: While a short prayer or a blessing may be in order, now is not the time, if there ever is one, for pious twaddle or a voice dripping with sweetness and artificiality; now is the time mostly for listening. Long visits are not called for unless the patient has something special to discuss, and it becomes easy to tell the difference between the tone of the dying person who wants to say something and mere ventiliation. A quick visit, a sign of the cross on the forehead, or touching the patient's hand and letting the patient touch or hold yours will let the dying person know that you, the priest, and through you the whole Church of God, is present and *loving* him.

Most of us are so much creatures of our own time and prisoners of its ideas that we shy away from the idea of love expressed. Perhaps my very writing about it will make some readers embarrassed; one just doesn't speak or act this way. And yet if we are true priests of Christ it should be our stock in trade. Its passing on and teaching others to do so is the very reason for our existence. We do it as ministers of the Church, by the sacraments through which we express the love of all the Church. Performing the liturgy of the sacraments we are the connection which passes to this dying person the love of the priest, and through him the love of all the Church, and of Christ Himself. Our very attitude as well as our actions will get our point across.

A further task, really just a continuation of the one that finishes with the patient's death, is dealing with the family of the dying. Sometimes they are more difficult to deal with than the dying person. They bring to the situation so many *streamers* from the past, difficulties in communication, guilts, and deep seated personal needs that every psychological insight the chaplain has might need to be called into play. However, the chaplain should not forget that his primary role in this particular situation is as a priest attending the dying or dead person.

Many of the problems uncovered at the time of death will demand time and abilities that the chaplain does not have. If he has a background in psychiatry he might be very helpful indeed; but he must realize that in entering into these matters he is going into another field, and is accepting responsibilities foreign to his training.

The pastor of the dying I have sketched is not your ordinary run of the mill priest. He should have a great intellectual curiosity and should read and learn all he can about his field; not to be more a man of medicine but to be a more effective man of God. He should be psychologically stable. If the patient's sickness and troubles put him in bed A, the chaplain would be a fool if the same troubles put him in bed B. He can't work out his problems by working with his patients. He must be able to love the patient and show it without becoming emotionally involved. A good sense of humor and an appreciation of others' humor will help. He should be a man of prayer because if he isn't used to talking to and listening to God the dying will quickly discern that his words are only those of a man. And finally, he should love what he is doing. If he is unhappy in his work he will never be able to project the peace of soul which is necessary to help the deeply afflicted.

Where do you find such a man? Luckily we don't have to. His vocation, as a special kind of priest, can only come from God.

So, in the words of Christ, "Pray that the Master will send laborers into His vineyard."

REFERENCES

1. "Rite of Anointing and Pastoral Care of the Sick," International Committee on English in the Liturgy, 1973, no. 15, p. 3.
2. *Codex Iuris Canonici*, 941.
3. "Rite of Anointing and Pastoral Care of the Sick," *op. cit.*, no. 40 b, p. 9.
4. *Ibid.*, no. 5, p. 2.
5. *Ibid.*, no. 14, p. 3.
6. *Ibid.*, no. 66, p. 33.
7. *Ibid.*, no. 40, p. 9.
8. *Codex Iuris Canonici*, 938.