Healing Rites for a Post-Pandemic World

by Kyle K. Schiefelbein-Guerrero

Introduction

The COVID-19 pandemic has caused millions to become sick and hundreds of thousands to die. Measures to mitigate the spread of the virus caused public venues to close, and such new words as “social distancing,” “physical distancing,” and “PPE” have become part of everyday vocabulary. Churches are not immune to these necessary actions: many communities have migrated to online environments in order to gather for worship on Sundays and throughout the week. As state and municipal governments begin to ease restrictions on gatherings, and denominations and congregations put forward guidelines for reopening church buildings, the need to think about liturgical rites of healing might be more important than in days past.

In autumn 2020, the lesser festival of St. Luke (October 18) will fall on a Sunday. Luke is mentioned in Colossians 4:14 as a physician who accompanies Paul’s group in ministry, and since the late second century he has been identified with the third gospel and with Acts. His festival appears early in the East and in the eighth century in the West.

While it makes sense in our current situation to commemorate Luke on a Sunday and thus include a healing rite, one must be cautious about interrupting the Matthean narrative that occurs in Lectionary Year A. Worship planners must assess what would be omitted from the public reading of Scripture if the readings for Lectionary 29 (Proper 24) are not used on October 18. Of course, a healing rite during public worship can happen on any Sunday that makes sense for the community.

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physical and mental health. Accordingly, a healing rite—either on St. Luke’s Day or at any other gathering—must be planned for a new paradigm, one that questions the health and safety of pre-pandemic practices.

To better understand healing rites in our current context, it is timely to consider where they came from (historical questions), what we think they do (anthropological questions), and how they connect to our claims about God and the human condition (theological questions). This three-part discussion is then followed by practical considerations regarding healing rites, the selection of accompanying prayers and psalms, and important distinctions that leaders should make between rites for healing (those addressing sickness) and public confession (those addressing sin).

**Historical Questions**

The healing rites that currently appear in ELW and in LSB’s Agenda are products of two millennia of practice. The current rite includes the “three-fold ritual center” of prayer, the laying on of hands, and anointing. For most of Lutheran history, prayer had served as the sole liturgical action for healing; the restoration of a fuller practice that included laying on of hands and anointing began in the mid-1960s.

The primary New Testament reference to a specific healing rite comes from James 5:13–16, which describes a practice that includes prayer, visitation, anointing, confession and forgiveness, and songs of praise. The text identifies prayer as the primary ritual action. Some of the gospels also describe Jesus and the apostles engaging in what could be identified as healing rites. The third- or fourth-century Apostolic Tradition provides a prayer for setting apart oil during the eucharist, identifying its function as providing health and strength to all who use it. Important here is that the text identifies one of its uses as “tasting,” which could mean that the oil was thought of as some sort of elixir. This text does not provide a healing rite as one would find in today’s worship resources, but the Ethiopic version of the text might connect the distribution of the oil with the deacon’s ministry to visit the sick and bring them the eucharistic meal. Such distribution of the eucharist to the sick is known in the second-century writings of Justin Martyr.

Innocent I, the fourth- and fifth-century bishop of Rome, describes two forms of the anointing of the sick, both of which include oil prepared by the bishop. The first form is self-administered by the sick person, and the second is administered by the bishop or the presbyter. Around the same time, Augustine instructs congregations in North Africa to request oil from the church so they can anoint themselves. The Venerable Bede, author of the Ascension Hymn “A Hymn of Glory Let Us Sing” (ELW 393; LSB 493; CW 171), attests to anyone administering the oil in case of necessity.

Drawing on earlier texts, the seventh-century Gelasian Sacramentary describes the laity bringing bottles of oil to church on Maundy Thursday for a blessing, returning home to use the oil as they saw fit. A century later Alcuin’s Ordo for the Visitation of the Sick, a supplement to the Gregorian Sacramentary, provides the first liturgical rite comparable to what would appear in subsequent worship resources.

Three important observations about this visitation rite must be made. First, the rite occurs outside the church building. Second, the central actions are prayer and anointing, with no mention of the laying on of hands. Third, although a strong emphasis on actual healing appears in the prayer texts, this is coupled with concerns about the forgiveness of sins, a focus that would be carried through the Medieval period and Reformation until a twentieth-century...
reassessment as part of the ecumenical liturgical renewal movement.

By the twelfth century, anointing of the sick had become anointing of the dying; its purpose was not to heal the sick but to prepare the soul for the beatific vision. The sacrament, as it was defined by this time, served as part of the “Last Rites” of penance, Viaticum (final receiving of the eucharist), and extreme unction. Such shift in ritual practice, and the failure of the sacrament of penance to provide ritualized pastoral care, caused Luther and his fellow reformers to critique the sacramental system during the Reformation.

The closest Luther came to drafting a healing rite appears in a letter to a fellow pastor who asked for advice when visiting a mentally ill parishioner. Luther states that the pastor should go with the deacon and two or three others, and when they meet the sick person, the pastor is to lay hands upon the sick person and greet the sick person with a message of peace. They are then to recite the Creed and the Lord’s Prayer over the sick person, followed by a prayer that first recalls the promises of God to hear those in distress, then asks for protection from evil and strengthening of faith. As the ministerial group leaves, the pastor is to lay hands upon the sick person again and say, “These signs shall follow them that believe; they shall lay hands on the sick, and they shall recover.” The pastor was to make this visit for three consecutive days, while the congregation prayed publicly in church.

Various German Lutheran church orders provide texts and rubrics for visiting the sick. Many point to the centrality of the Lord’s Supper in the ritual care for the sick. The reading of Scripture is also of great importance. Prayer and exhortation also make up this ritual care, but the older gestures of anointing and laying on of hands are missing. To the north, in Sweden, Olavus Petri’s sixteenth-century Manual maintains anointing in the liturgical rite but notes that its inclusion serves as a transition away from Roman practices.

With few exceptions, visitation rites to the sick including prayer, Scripture, exhortation, and the Lord’s Supper remain unchanged until the development of LBW. The work of the Inter-Lutheran Commission on Worship and the subsequent Task Force on Occasional Services restored the “three-fold ritual center” of healing rites that were published in LBW Occasional Services in 1982,
which included a handlaying and anointing rite for private and congregational use, a celebration of holy communion, a lay distribution of holy communion, confession and forgiveness, and a selection of psalms and prayers for various occasions.

More recently, the Renewing Worship project of the ELCA included a public handlaying and anointing rite in the eucharistic liturgy, whereas the LBW rite had been attached to a Service of the Word.

The eucharist-connected healing rite appeared in the pew edition, while a self-contained “Brief Order” was published in the supplemental volume ELW Pastoral Care. Like its predecessor, LSB Agenda contains rites for healing. The table of contents lists these rites under the heading of “Pastoral Care” and includes both rites from the predecessor book (Lutheran Worship; LW) as well as some new rites. The main visitation rite is “Visiting the Sick and Distressed,” which includes the material from the previous “Ministry to the Sick and Infirm” in the LW Agenda, with options for anointing and celebrating the Lord’s Supper.13

Anthropological Questions

In ELW, the healing rite occurs in the “Life Passages” section of the resource, along with the marriage and funeral rites. This language recalls Arnold van Gennep’s foundational early twentieth-century work The Rites of Passage,14 in which he observes a similar three-part structure among life-cycle rites around the globe. Although van Gennep did not identify healing rites in his paradigm, the Lutheran World Federation does so in its Chicago Statement on Worship and Culture15 by combining van Gennep’s three-fold paradigm with an opportunity to proclaim the gospel amid life’s transitions. The assumption here is that one passes from sickness into health and is thus initiated into a healthy community. But such understanding of passage creates problems if the participant in the rite is not “healed,” and it is difficult to identify where in the rite itself (or in the liturgy as a whole) each of these transitions occur.

Theological Questions

I offer two alternative paradigms for passage. The first is the passage from a general (or secular) understanding of sickness into a Christian one—this is the initiation into a Christian worldview of sickness and health, by changing the operative hermeneutic in order to separate theological understandings of sickness and healing from notions of divine punishment (discussed below). Such a passage is not limited to those who officially participate in the rite, meaning those who come forward as directed for the laying on of hands and optional anointing. Rather, all worshippers in the congregation present for the public rite may potentially have their worldviews changed.

The second is the passage from isolation into community—this is the initiation into a Christian community where some sort of healing can occur. This understanding can underscore why the default enactment of the healing rite moved from private (in LBW Occasional Services) to public (in ELW). Scholars of both medicine and pastoral care have noted that feelings of isolation often accompany illness, especially when a disease or condition is not understood well or is stigmatized by society.16 The healing rite thus serves as a transitional or transformational phase: participants, for whom sickness has created loneliness, are intentionally brought into the community for specific prayers related to sickness and health.

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The first alternative passage listed above—the change in worldview—alludes to theological concerns about sickness and healing. All who engage in
liturgical practices (musicians, pastors, deacons, lay leaders, and so on) must concern themselves with the intersection of theology and practice. Unfortunately, prevailing theological understandings have been shrouded in spiritualizing and moralizing tendencies.

The spiritualizing tendency, in which the healing rite is solely concerned with spiritual matters rather than physical and mental ones, is partly rooted in the later medieval view of healing as the soul’s preparation for death. This shift occurred, in part, because physical healing or curing was rarely the outcome of the healing rite, and it would be unthinkable to believe that this sacrament did not work. Medieval theologians subsequently debated what such spiritual healing does, which sins it alleviates, and when the person would experience the beatific vision.

The moralizing tendency—already present in James 5—sees sickness as a result of sin, almost in the sense of a punishment for bad behaviors. Jesus directly addresses this concern in his dealings with the man born blind:

As [Jesus] walked along, he saw a man blind from birth. His disciples asked him, “Rabbi, who sinned, this man or his parents, that he was born blind?” Jesus answered, “Neither this man nor his parents sinned; he was born blind so that God’s works might be revealed in him.”

(John 9:1–3; NRSV)

Although problematic in other ways, Jesus’ rebuke shows that a simplistic, causal relationship between sickness and sins is not appropriate.

At the center of our theological claims is Christology—the person and work of Jesus Christ—and early Christian writers sometimes identified Jesus as “doctor.” The earliest evidence comes from the pen of Ignatius of Antioch:

There is one physician, both fleshly and spiritual begotten and unbegotten, come in flesh, God, in death, true life, both of Mary, and of God, first passable and then impassible, Jesus Christ, our Lord.\(^{17}\)

In similar fashion, Eusebius equates the name of “Jesus” with being the “excellent physician,” who is the “giver of life and light, our great Physician, King and Lord, the Christ of God.”\(^{18}\)

A unique aspect of Christ’s medical role is that he is a wounded healer. What Christ experiences on the cross is true Anfechtung.\(^{19}\) Translating this as “affliction” highlights the extra nos (“outsiderness”) understanding of suffering, in that sickness is something placed on the person. Christ co-suffers with the sick because the union between Christ and the believer mirrors the personal union of the divine and human natures of Christ in Lutheran Christology. This mirroring, through faith, is often referred to as the “happy exchange”\(^{20}\) The union of the divine and human also means that Christ as doctor affects both spiritual and physical sickness. This particular understanding of the Incarnation in Lutheran Christology means that we as human creatures must be attentive to the physical human condition: “the embodiment of God in the human Jesus—the Incarnation—reminds us that the whole of creation, the physical dimension included, is beloved by God.”\(^{21}\)

Prayers and Psalms

Before exploring some practical applications for healing rites, a note about the psalter. The psalms have their own power in healing, giving language to feelings and situations that defy description or easy expression. In Prayerbook of the Bible, Dietrich Bonhoeffer writes that the “psalms know it all. … They complain about it all to God.”\(^{22}\) For Bonhoeffer, Scripture serves as the foundation of prayer, and all the psalms are prayers. The psalms are God’s words, and thus humans learn to speak
to God through the words God has already spoken to humans.

This bidirectional understanding of the psalms connects with Bonhoeffer’s Christology. The two natures of Christ, described above, unite Christ and the believer in praying the psalms; thus, Christ dwells in the one who prays the psalms. Bonhoeffer’s own organization of the psalms—creation, law, history of salvation, messiah, church, life, suffering, guilt, enemies, the end—meld an objective understanding of God with the person-centered emotions that speak to and through these texts. Here is another example of Christ as doctor providing healing by virtue of his two natures.

Like the long, developmental history of healing rites and the precedent established in recent worship resources, *ELW Pastoral Care* contains a section of psalms and prayers for various occasions related to healing. The 1962 *Occasional Services* volume for *Service Book and Hymnal* categorized the lessons and prayers based on theological understandings of sickness and God, which could be viewed as more objective and distanced from the suffering person. Beginning with *LBW* and continuing into *ELW*, the list is more attuned to emotional states or situations. *ELW* expands the list and separates the categories between those directly related to sickness and health and those that may be more emotional or situational. *ELW Pastoral Care* more than triples the opportunities to pray psalms and prayers for situations that are related to healing.

Although the psalm and prayer sections of these resources are primarily designed for individual or private use, it would be appropriate to include them in communal and public healing rites. The plethora of emotions and situations identified in this section can help worshippers give voice to the complex nature of the human condition. Even if a musician sings or chants the psalm alone (to abide by restrictions for communal singing), synchronous brain activity provides a shared experience that may unite the singer’s and hearers’ grief, lament, joy, and hope.

**Ritual Considerations**

In June 2020, an ecumenical group of liturgical scholars, practitioners, and healthcare professionals released suggested guidelines for returning to in-person worship both during and after a pandemic. The closest the document comes to addressing healing rites is through the laying on of hands, which the writers identify as a gesture associated with the Holy Spirit. The document makes four specific suggestions about the laying on of hands:

1. Worship leaders use face coverings.
2. The one completing the laying on of hands publicly sanitizes their hands before and after the ritual gesture.
3. Only one person does the laying on of hands.
4. Additional people can participate from a distance, directing the palms of their hands toward the recipient(s).
While the laying on of hands has been a central ritual gesture in modern healing rites, it is noticeably absent in the early history of similar rites. In those rites, oil often served as the primary ritual object and anointing as the gesture. Given this long-standing tradition, what might oil and anointing look like during and after the pandemic?

One issue to consider is the oil itself. Many congregations maintain their own stock of oil, with some jurisdictions implementing annual chrism Masses in which the various oils are set apart and blessed. The historical record notes that, in many places, people brought their own oil to worship to be included in the prayers. This parallels people giving bread and wine as part of the offering, some of which would be designated for the Lord’s Supper. If parishioners bring their own oil, the congregation’s sense of community can be strengthened by a blessing of that oil, a sign of unity among the parishioners and households.

A second issue to consider is administering the oil. It is not until Alcuin’s Ordo in the eighth century that one observes an anointing rite in print, although one can assume that people were being anointed prior to that. Both the early church orders and early medieval theologians attest to alternative ways of administering the oil, either through consumption (drinking the oil as some sort of elixir) or having someone other than the pastor apply the oil.

Regardless of its source or ways in which it is administered, the public blessing of oil in an assembly binds together all those who yearn for healing. The congregational aspect is important because of the “passage” identified earlier, namely, the move from isolation to community. The communal psalms and prayers, whether offered in-person or online, also underscore this passage. What follows are three additional considerations specific to our pandemic or post-pandemic contexts.

**Option A:**
**Handlaying and/or Anointing in Family/Household Groups**
The congregational version of the healing rite provided in existing worship resources can easily be modified to change who does the laying on of hands and anointing. Rather than a long line of worshippers gathered to receive these ritual gestures and objects, worshippers can gather in smaller groups, preferably with family or household members with whom regular contact exists, during that section of the rite. The text that accompanies the handlaying and anointing should be said by the one performing those tasks. After these communal actions, the presiding minister concludes the rite with prayer; in *ELW*, this would be the prayer that begins “Living God” (p. 278).

**Option B:**
**No Handlaying and/or Anointing**
In both *ELW* and *LSB*, the laying on of hands and anointing are optional. The structure of this option would then be the introduction, prayers of intercession, and concluding blessing; the latter in *ELW* is the “strong tower” prayer (p. 278). Silence could be inserted after the prayers of intercession for communal reflection on Christ the Great Physician. The prayers and psalms discussed above could be inserted after the prayers of intercession to speak directly to the situation in which the congregation finds itself. It may be appropriate to use the psalms and prayers associated with bitterness or anger (Psalms 30, 39, or 88), discouragement or despair (Psalm 13), grief and loss, or any number of appropriate categories depending on context.

**Option C:**
**Sending of Oil for Anointing at Home**
Following the historical practice of oil brought from homes for consecration, a third option for adapting the healing rite would be to complete it in two parts: communal prayers in the congregation, followed by handlaying and/or anointing at home. The rite would occur as follows:

- introduction to “entrust to God all in need of healing” (*ELW*, p. 276);
- worshippers make ready their oil (e.g., placing
the containers in a central location in the worship space while maintaining appropriate distances);

- prayers of intercession;
- concluding blessing (“strong tower” prayer); and
- sending of oil for home anointing with this text:

  We give you thanks, O God, source of life and health, for in Jesus you became flesh and came to know the depth of human suffering. As you sent the disciples to heal those who were sick and suffering, accompany those who carry and receive this oil, which we set apart today, that it may be a sign of your healing, strength and renewal. We ask this through the Great Physician, Jesus Christ our Savior. 28

The eucharistic liturgy would continue with the Peace, following the guidelines for distancing. Once the worshippers return home, they would complete the healing rite with the material in the worship resource that was not done in the worship space:

- laying on of hands with text;
- anointing with text; and
- final prayer (“Living God” prayer).

If handlaying and anointing is to happen to those who did not attend communal worship, the entire healing rite for visitation (“Brief Order of Healing” in ELW Pastoral Care) would occur. Additional texts from the psalms and prayers section can be inserted as needed.

A combination of options A and C parallels receiving the Lord’s Supper and sending the elements to those who are absent. Those who have received the anointing of the sick in public worship are “blessed” to share the anointing with those who are not able to be present. Such an approach is another way of connecting what takes place at home to the community.

Compounded Trauma: Distinguishing between Sickness and Sin

In many ways, the pandemic has also revealed symptoms of systemic racism that have afflicted this country since its colonial origins. Socioeconomic disparities limit access to quality healthcare, 29 and the torture and murder of black and brown bodies must no longer be tolerated in a society that frequently espouses its supposed Christian values. Churches must respond to these societal problems and can do so through public rituals. Participating in marches and demonstrations are examples of such ritual practice. The Christian tradition also has liturgical practices that can speak to this moment. Yet, it is important to discern which liturgical practices are appropriate.

While some have used words like “disease” and “plague” to describe racism, such language creates two problems. First, it can turn sickness into a figure of speech, which can lessen the seriousness of physical and mental suffering. Second, and more importantly, it can displace culpability and responsibility for the enactment of sins. Sins are “acts done consciously and deliberately against God’s will.” 30 But who is responsible for the discrete, sinful acts that human beings commit as groups or over long periods of time? One way to address this difficult question is to use the language of “deep responsibility” to refer to human action. 31 This understanding of responsibility assumes agency but not necessarily blame: we may not blame the sick for illness, but we may compassionately advocate for fair and equitable healthcare. We may not be directly at fault for helping establish the institution of slavery, but we recognize our responsibility to combat racism in its many forms, including institutionalized white supremacy.
Racism has caused unspeakable suffering all over the world and is not “healed” by a single rite. Therefore, it is not only appropriate but necessary to speak of racism as sin and not as sickness.

And what does this sin require if the healing rite is ultimately inadequate or insufficient? In this time of pandemic, we are also compelled to repent, lament, and act—the order of those three verbs is important! Those who have benefited from white supremacy must repent for participation—both as individuals and as an institutional church—in the sins of slavery and racism. Acknowledging complicity and responsibility is required for lament and anger to be authentic. In this context, lament is not merely an expression of sorrow for sin (i.e., contrition) but also voices solidarity with those who cry out for justice and mercy. But this solidarity must lead to action; otherwise, inaction continues to perpetuate the very issues for which repentance and lament seek redress. For that reason, the appropriate ritual for addressing this and other sins is corporate confession (ELW, p. 238; LSB, p. 290), coupled with the psalms and prayers for healing, especially the ones that speak to the various emotions with which all people are dealing during this time.32

Conclusion

During this pandemic, many have quoted from Luther’s 1527 open letter “Whether One May Flee from a Deadly Plague.”33 As I have indicated elsewhere,34 the main point of Luther’s letter is that church and civil leaders must work together for the well-being of all people during a public health crisis. While traditionally church leaders deal with the spiritual and civil leaders deal with the physical, it is important that both attend the entire person. While some interpret that meaning that governmental officials should not restrict churches from gathering since it may impinge on the freedom of worship, I would argue that the opposite is true: collaboration takes seriously both the spiritual and the physical, not privileging one over the other.

As churches begin to open in this new reality, I encourage all ministry leaders to attend to the well-being of those to whom and with whom they are called to serve, finding ways to maintain community without putting health concerns at risk.

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Notes

11. Luther, 52.
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32. The ELCA has provided specific liturgical resources for the commemoration of the Emanuel 9 on its website that attend to some of these concerns: https://www.elca.org/emanuel9.
