

# DOWNLOAD PDF THE CONTEXTS OF CHURCH AND CULTURE FOR PASTORAL CARE OF THE SICK.

## Chapter 1 : Pastoral care - Wikipedia

*Lizette Larson-Miller; John D. Laurance, S.J., Series Editor*The ritual *Pastoral Care of the Sick* offers the church a wealth of assistance in visiting and praying with the sick, in facilitating services of Communion, and in tailoring the sacramental rites of anointing and Viaticum to meet the particular circumstances of each individual illness and journey into death.

That tradition has taken ritual form in a variety of ways as the Christian assembly and its ministers have gathered over the centuries to pray and to share communion with the sick as well as to anoint them with oil in the name of the Lord. Sickness and healing are terms defined by human experience interpreted through the double lens of personality and culture. Sickness is a process; it may begin in a disorder of the body, but it reaches out to encompass the human spirit in both its individual and its social dimensions. In time of illness, whether acute, chronic, or terminal, the human person confronts the limit imposed by bodiliness on the limitless desire of the spirit for life, meaning, and love. The ultimate expression of that limit is death. Death is the boundary of human hope. Sickness deprives us of the future we had imagined. The deprivation may be temporary, if the illness interferes only briefly with our plans for this day or this week or this month; or it may be permanent, if the illness threatens to end in death. Hope may be understood as that act of the imagination whereby we project the future as both possible and desirable. Sickness, then, may cast us into a crisis of hope. To the extent that we order our lives within the future as we imagine it, loss of that future may provoke the concomitant loss of our sense of purpose in life. Bereft of our usual goals, we may feel that our life has no meaning or value. In this sense, sickness induces a crisis of faith defined not as religious belief but as trust in life as ultimately meaningful. Finally, sickness may disrupt the ordinary relationships of which our lives are made: When our survival is threatened, we tend to concentrate our energies upon ourselves and our own needs. In this sense, sickness provokes a crisis of love. Potentially, then, sickness, as a confrontation with mortality, whether hidden or overt, creates for the sick a threefold crisis of hope, faith and love. Nor is this crisis confined to the sick alone. It may extend to any whose lives are touched and affected by the sickness of a family member, friend, co-worker, fellow parishioner. Sickness calls into question the hopes, the goals, the relationships of the whole community within which it occurs. Sickness, then, is not a mere bodily reality but a total human experience shared, to some extent, by the social world to which the sick person belongs. The ways in which both the sick person and the surrounding society interpret and respond to this experience are largely determined both by personality and by culture. Contemporary technological cultures tend to respond with medical structures and tools ordered to the cure of the physiological component of the illness, without regard for its spiritual or social dimensions. The movement toward a more holistic approach to medical care is based upon a larger vision of both sickness and healing as human and social processes. The experience of sickness described above generates a corresponding description of healing as a social process directed toward the transformation of the threefold crisis of hope, faith and love as it is rooted in bodily disorder. Biblical imagery captures the goal of that mission in terms of wholeness: Sickness disrupts this harmony. It fragments the personal integrity of the individual; it disturbs relationships within society; it is ordered toward the ultimate disruption of death. Sickness therefore stands in contradiction to the reign of God. It is a manifestation of the chaotic reign of evil from which creation is to be redeemed. The evangelists frequently depict Jesus healing the sick as a sign of the in-breaking of the reign of God upon the chaos of a world under the rule of sin and death. In the new Jerusalem, sickness and suffering, sin and death, will be no more. The work of healing is therefore an expression of the work of redemption. Healing in the fullest sense addresses all the dimensions of sickness. It has both a medical and a pastoral component. As Jesus cured the sick, so Christians throughout the ages have undertaken medical work for the sake of the gospel. The church has a long history of sponsoring hospices and hospitals for the physical as well as the spiritual care of the sick. However, healing done in the name of Jesus Christ is essentially a soteriological action. That acceptance implies commitment to a way of life. In this context, whatever physical cure may take place is a bodily taste of the deeper healing which

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embraces every dimension of the human person affected by sickness. While a total cure is always desirable, it is not always possible. Moreover, it is always temporary. Cured of one ailment, we will eventually sicken from another until, inevitably, death claims us in the end. True healing consists less in cure than in conversion. To recall the terms used above to describe the human experience of sickness, the Christian work of healing invokes the power of God made available in Jesus Christ to enable the sick and all who participate in their sickness to resolve whatever aspects of the crisis of hope, faith and love stand in the way of their wholehearted commitment to the life of the reign of God. Healing, then, is a corporal work of mercy which embraces the whole person both as individual and as social being. The ritual book itself reflects that same awareness. In , the Latin *Ordo unctionis infirmorum eorumque pastoralis curae*, drawn up in response, took significant steps toward situating the sacraments of anointing and viaticum in the context of a larger vision of pastoral care of the sick which includes both theological reflection on the experience of sickness and pastoral directives for the medical care and community support of the sick. This version, approved for use in the United States in , represents an adaptation rather than a mere retranslation of the Latin text. The theological manifestation of this image of the rites is a preoccupation with identifying their effects. In this context, the sick themselves, as well as all those who participate in their sickness as social process, are themselves invited by the very nature of the act to surrender in remembrance and thanksgiving. To return to the terms introduced earlier, they are challenged and supported by the worshipping community to entrust themselves to God in hope, in faith and in love. It is in this rehearsal of the Christian act of death that they are healed, whether or not any physical cure takes place. For this reason, all of the rites for the sick must be interpreted and celebrated in light of the principles of liturgical worship established through the process of liturgical reform since Vatican ii. The symbolic character of Christian liturgical worship must be fully respected: A communal celebration of the rites is always to be preferred over the semi-private forms long familiar in pastoral practice cf. The dialogic structure of each rite clearly presupposes the presence and participation of a community, however minimal. The rubrics consistently provide for the ordinary distribution of liturgical ministries where circumstances permit. The pastoral notes urge a communal rather than a private form of celebration whenever possible. Moreover, every rite includes a liturgy of the word which may be as brief as a few sentences from the gospel or as long as that of the Sunday eucharist, depending upon the condition of the sick. Only a medical emergency or an insuperable shortage of ministers justifies the omission of the word e. However, precisely because the rites for the sick are ecclesial acts of public prayer, they are subject to the same norms for symbolic ritual action as all of the other rites in the Christian liturgical repertoire. Pastoral sensitivity to the reality of the human sufferer suggests the wisdom of an attentive concern for the nonverbal dimensions of worship in the midst of the emotional and physical disruptions engendered by sickness. PRAYER Family members, friends, and members of the faith community encourage, support and challenge the sick by gathering to pray with and for them. Both the ot and nt contain stories of miraculous cures attributed to the power of the prayer of a recognized prophet or healer, including Jesus himself e. The description of the rite of anointing found in Jas 5: No doubt the custom of praying with and for the sick continued unabated in Christian communities long before it was formalized in the prayers and Masses for the sick found in the medieval liturgical books and in subsequent church rituals down to the present day. Ordained ministers are encouraged to pray with the sick and dying as public representatives of the ecclesial community e. Visitors are urged to share with the sick the word of God, especially as it has been proclaimed in the gatherings of the assembly from which the sick person was absent They are also encouraged to pray the psalms and other prayers Several of the prayers given for the commendation of the dying are taken from the early medieval European liturgical books which contain the prayers used by the church to accompany its dying members on the journey from deathbed to grave. In addition to praying with the sick and dying, the community of worship is urged to remember and to pray at the regular Sunday assembly for those whom sickness has taken from their midst e. It is also the sacramental means through which the community of faith and worship, divided by the absence of its sick members, is restored to communion in the one body of Christ cf. In his First Apology ca. This practice

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seems to have continued in some places until the 7th or 8th century, but it began to diminish after the 4th century. Although the texts cited did not single out the sick and dying for specific mention, such persons were no doubt numbered among those who took communion outside the community celebration. Other sources do attest to the custom of communicating the sick and dying. Where reliable medical care was unavailable, every sickness could and frequently did result in death. As the Christian community adopted and adapted the Greek and Latin customs of providing their dead with a coin as fare for their journey after death across the river Styx, they gradually narrowed their use of this imagery of viaticum to the eucharist received in immediate preparation for death, whether death by violence or death by disease. Beginning with the Council of Nicaea in , church legislation has repeatedly insisted on the importance of providing communion for the dying. Similarly, hagiography is filled with stories indicating the value placed on eucharist as the one necessary food for those facing death. So well was this lesson taken to heart that church councils in West and East from the 4th through the 7th centuries found it necessary to reiterate their condemnation of placing the eucharist in the mouth of those already dead, a Christian echo of the older customs of Greece and Rome. Prior to the medieval clericalization of all eucharistic ministries, communion was given either by ordained ministers, by laypeople, or, in some instances, even by the sick themselves. Formal rituals for the communion of the sick and dying began to emerge in the Western church in the 8th century. According to the oldest surviving texts, viaticum was to be given in the context of prayer and the proclamation of the passion according to St. Medieval sources later described three types of rituals: Until the 12th century, communion was given to the sick under both kinds, though for practical reasons intinction had commonly replaced the cup by the 9th century. The *Rituale Romanum* of made no distinction between communion for the sick and viaticum for the dying. The priest was the sole minister of both, which were given only under the form of the bread. Today, the Roman church presently possesses two distinct but similar rituals for the communion of the sick and viaticum for the dying: This full rite includes: In both rituals, viaticum is distinguished from communion not only by the use of texts referring specifically to the advent of death but also by the inclusion of the baptismal profession of faith renewed by the dying person and the optional apostolic pardon given to the dying person. The rituals offer a great degree of flexibility to allow for the condition of the sick or dying person as a primary criterion for determining what is to be included in the celebration. It is not possible in this brief space to explore the full depths of the eucharistic images called into play in the rites of communion and viaticum. Let a few hints suffice to invite the pastoral imagination of presiders, homilists, and musicians to draw out in the celebration the multi-faceted invitation to hope, to faith, and to love offered to the sick and dying, as well as their co-sufferers, in these rites. The eucharistic meal recalls such human experiences as hunger and thirst felt and satisfied, especially in the context of a meal shared with others. Hunger and thirst are experiences of mortality: Moreover, hunger and thirst may carry hints of human isolation; without a wide web of social cooperation, we cannot eat or drink. The sick and dying must face their mortality, with all its attendant isolation.

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### Chapter 2 : SICK, PASTORAL CARE OF THE “ Encyclopedic Dictionary of Bible and Theology

*Pastoral care ministers give personal witness to the presence of God in the church through the expression of their faith, hope and love in their outreach and visitation to the sick, the elderly, homebound and their caregivers.*

Anointing of the Sick is a theological introduction to the rite and focuses on the whole spectrum of pastoral care of the sick. Lizette Larson-Miller explores the sacrament of the anointing of the sick and the crucial role played by a biblical text from the Letter of James in reconstructing a rite for the sick rather than only for the dying. She looks at the central sacramental ideas surrounding the anointing of the sick that emerge from the three primary actions: Theological Questions from the Rite, Anyone interested in sacraments, care of the sick, theological reflection, or medicine and spirituality would find it helpful. It would be a useful theology textbook. Catholic Studies An Online Journal Professor Lizette Larson-Miller, in *Anointing of the Sick*, offers fresh pastoral insight on the many facets of this ministry. Her book gives readers the historical and theological foundations which undergird *The Pastoral Care of the Sick*. The focus of the book is on the sacramental anointing of the sick, but the reader will also find a thorough discussion of the accompanying rituals as well as an exploration of issues related to the care of the sick which arise today in a rapidly changing medical scene in which pastoral decisions must be made. Lizette Larson-Miller has produced another excellent work. *Anointing of the Sick* not only introduces the reader to the history and theology of this sacramental moment in the life of the Church but also contains excellent pastoral reflections and applications with a real sensitivity to other Churches and ecclesial communions. This ecumenical flavor would be enough alone to recommend it highly to a wide audience. Larson-Miller goes further by posing new, pressing questions to the sacramental life and understanding of the churches. A must read for all those engaged in pastoral theology and teaching. An excellent commentary on the rites of pastoral care for the sick? In this newest volume of the *Lex Orandi* series, Lizette Larson-Miller has produced a liturgically sound, theologically astute, and pastorally sensitive guide to the Anointing of the Sick in its overall context of our pastoral care. All who seek a well-written and very readable study of the rites of the sick in history and contemporary pastoral-liturgical practice will find here a treasure. Both ecumenically and culturally sensitive in its approach, *Anointing of the Sick* merits a wide readership. Takes a close reading of the official texts in light of scripture, historical

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### Chapter 3 : Evangelical Catholic Church: Pastoral and Sacramental Care of the Sick and Dying

*The publication, Pastoral Care of the Sick: Rites of Anointing and Viaticum was once embraced by the church as the best way to extend care for the ill and dying.*

This blog is a place for people who work in hard places to reflect theologically on pastoral care and practical theology from an Evangelical Christian perspective. Contributors are invited to write and anyone is free to respond. Let him sing praise. Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord. And if he has committed sins, he will be forgiven. The prayer of a righteous person has great power as it is working. As a result of the Fall, sickness and suffering are a reality. Further, we will all die a physical death and after that, face judgment. It is likely that our deaths will be preceded by a period of illness, from which, in the plan of God, we will not be physically healed. People faced with prolonged illness or suffering invariably have to modify their beliefs about God and themselves as a result of their experience. In addition, what they know in their heads often conflicts with their heart response to their experience of suffering hence the "Why? So we need to have patience and not be afraid of the expression of powerful emotions that can and do, under God, lead to new insight. In broader context, James has been focusing on love in action authenticating a saving faith in Christ. In the immediate context of this passage, his encouragement to believers is to be mindful of the return of Christ and the coming judgment while persevering in faith in the face of suffering as per the prophets and Job. Notes on the text: Where someone is sick, the faithful response of that person is to "call the elders to pray over him and anoint him with oil in the name of the Lord. What are we to make of the fact that these two words translated "sick" in the NIV have such rich layers of meaning? Well, I think James is trying to not limit the context of intercessory prayer and anointing by the leaders of the church to that of serious illness. There is no room for telling the weakened person that their faith is deficient if the prayer is not answered. We will see why in a moment. To spare you, I will not go into the details, but this only adds more fuel to the hypothesis that James is wanting to cover a wide range of circumstances, including, but not limited to, physical sickness. This does not mean that the elders of the church should always keep a bottle of oil in their back pockets, but there are clear implications for pastoral ministry within the church context here for prayer, for the leadership of the church and for the membership in general. How might this passage be applied in your church, in your ministry context? Culturally, oil for the Jews symbolized a number of characteristics that encouraged the one being anointed. Oil was also used to mark a new beginning of particular pastoral significance to one weakened by suffering, it was also associated with joy Ps The prayer of faith -- the anticipation is that God will do as he desires, in accordance with his character, not that he will do what we want him to. So the prayer of faith can only be offered if the will of God is in keeping with the prayer. There is also of course the possibility that the weakened person will indeed die, and if that is likely, then confession if they need to and intercessory prayer by the leadership of the church are entirely appropriate preparations for the ultimate healing resurrection and eternal life, see Rev. The man in the gospels who was born blind was born so not as a result of sin "Who sinned, this man or his parents that he was born blind? In some cases there can certainly be a direct link, eg alcohol abuse and vascular dementia is one that springs to mind, but even then, there may be people with vascular dementia who have not abused alcohol at all. So we need to be very careful. However, there is evidence in my pastoral experience to say that some sickness has its origin in sin. For example, knotted pain in the stomach can be a result of unforgiveness and if not dealt with, can lead to ulcers. The notion of sin resulting in sickness accords with scripture as well, although my example which just springs to mind is in a very specific context. Paul says in 1 Cor. Indeed, I believe James is saying that if sin is involved as a cause of the weakness, however that weakness might be experienced, confession and prayer will bring healing, both physical and spiritual eg. Sin confessed, forgiveness sought and received, knotted pain disappears, ulcer heals. If it is not the cause of the weakness, then prayer in accordance with the will of God see above will still be

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powerful and effective. The last verses highlight the value of fervent prayer and right relationship with God. It was when the people of Israel confessed their sin and renounced idols that rain came. I hope this has been of some help to you.

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## Chapter 4 : The Sacrament of Anointing of the Sick - Lizette Larson-Miller - Google Books

*Pastoral Care and the Sacrament of the Anointing of the Sick* The sacrament in which the sick are anointed with holy oil was, until recent years, called *Extreme Unction*.

The term was adopted for metaphorical usage historically first by Christians, although many religions and non-religious traditions contain an emphasis on care and social responsibility. The pastoral care movement in the West has since expanded to embrace many different religions and non-religious beliefs. Shepherding involves protection, tending to needs, strengthening the weak, encouragement, feeding the flock, making provision, shielding, refreshing, restoring, leading by example to move people on in their pursuit of holiness, comforting, guiding. This typically embraces instruction, by sermons, admonitions and administration of sacraments, to the congregation over which they have authority from the church. In countries where the Roman Catholic Church acted as the national church, the "cure" was not only over a congregation or congregations, but over a district. The assignment of a priest to a district subdividing a diocese was a process begun in the 4th century AD. Humanist and non-religious[ edit ] Humanist groups, which act on behalf of non-religious people, have developed pastoral care offerings in response to growing demand for the provision of like-minded support from populations undergoing rapid secularisation, such as the UK. That is not to say that the congregation is not to be involved in both activities, but the pastor should be the leader. Family religion is waning in many branches. And what avails public preaching alone, though we could preach like angels? We must, yea, every traveling preacher must instruct the people from house to house. Pastoral care is considered to be the responsibility of all the baptized. Understood in the broad sense of "helping others," pastoral care is the responsibility of all Christians. Sacramental pastoral care is the administration of the sacraments Baptism, Confirmation, Eucharist, Penance, Extreme Unction, Holy Orders, Matrimony that is reserved to consecrated priests except for Baptism in an emergency, anyone can baptize and marriage, where the spouses are the ministers and the priest is the witness. Pastoral care was understood differently at different times in history. Many Catholic parishes employ lay ecclesial ministers as "pastoral associates" or "pastoral assistants", lay people who serve in ministerial or administrative roles, assisting the pastor in his work, but who are not ordained clerics. They are responsible, among other things, for the spiritual care of frail and housebound as well as for running a multitude of tasks associated with the sacramental life of the Church. If priests have the necessary qualifications in counseling or in psychotherapy, they may offer professional psychological services when they give pastoral counseling as part of their pastoral care of souls. However, the Church hierarchy under John Paul II and Benedict XVI has emphasized that the Sacrament of Penance, or Reconciliation, is for the forgiveness of sins and not counseling and as such should not be confused with or incorporated into the therapy given to a person by a priest, even if the therapist priest is also their confessor. The two processes, both of which are privileged and confidential under civil and canon law, are separate by nature. Youth workers and youth ministers are also finding a place within parishes[ citation needed ], and this involves their spirituality. Orthodoxy[ edit ] The pastoral obligations of Orthodox clergymen are outlined by St. John Chrysostom in his treatise *On the Priesthood*. It is perhaps the first really great pastoral work ever written, although he was only a deacon when he penned it. It stresses the dignity of the priesthood. The priest, it says, is greater than kings, angels, or parents, but priests are for that reason most tempted to pride and ambition. They, more than anyone else, need clear and unshakable wisdom, patience that disarms pride, and exceptional prudence in dealing with souls.

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## Chapter 5 : Blogging Chaplains: Reflections on James in the pastoral context.

*Christianity - Pastoral care: Pastoral care has always been of special importance in the Christian community. The biographies of the great charismatic ministers, beginning with the Fathers of the Eastern Church and the Western Church, testify to surprising variations of this pastoral care.*

Order for the Blessing of the Sick Introduction The blessing of the sick by the ministers of the Church is a very ancient custom, having its origins in the practice of Christ himself and his apostles. When ministers visit those who are sick, they are to respect the provisions of Pastoral Care of the Sick: Rites of Anointing and Viaticum, nos. It may also be used by a layperson, who follows the rites and prayers designated for a lay minister. While maintaining the structure and chief elements of the rite, the minister should adapt the celebration to the circumstances of the place and the people involved.

Order for the Blessing of Adults Introductory Rites When the community has gathered, the minister says: In the name of the Father, and of the Son, and of the Holy Spirit. All make the sign of the cross and reply: Peace be with you this house and all who live here. The peace of the Lord be with you always. All make the following or some other suitable reply. And also with you. Brothers and sisters, let us bless the Lord, who went about doing good and healing the sick. Blessed be God now and for ever. The Lord Jesus, who went about doing good works and healing sickness and infirmity of every kind, commanded his disciples to care for the sick, to pray for them, and to lay hands on them. In this celebration we shall entrust our sick brothers and sisters to the care of the Lord, asking that he will enable them to bear their pain and suffering in the knowledge that, if they accept their share in the pain of his own passion, they will also share in its power to give comfort and strength.

Reading of the Word of God A reader, another person present, or the minister reads a text of sacred Scripture, taken preferably from the texts given in Pastoral Care of the Sick and the Lectionary for Mass. The readings chosen should be those that best apply to the physical and spiritual condition of those who are sick. Brothers and sisters, listen to the words of the second letter of Paul to the Corinthians: Blessed be the God and Father of our Lord Jesus Christ, the Father of compassion and God of all encouragement, who encourages us in our every affliction, so that we may be able to encourage those who are in any affliction with the encouragement with which we ourselves are encouraged by God. If we are afflicted, it is for your encouragement and salvation; if we are encouraged, it is for your encouragement, which enables you to endure the same sufferings that we suffer. Our hope for you is firm, for we know that as you share in the sufferings, you also share in the encouragement. Brothers and sisters, listen to the words of the holy gospel according to Matthew: Jesus said to the crowds: Take my yoke upon you and learn from me, for I am meek and humble of heart; and you will find rest for yourselves. For my yoke is easy, and my burden light. Brothers and sisters, listen to the words of the holy gospel according to Mark: After making the crossing, Jesus and his disciples came to land at Gennesaret and tied up there. As they were leaving the boat, people immediately recognized him. They scurried about the surrounding country and began to bring in the sick on mats to wherever they heard he was. Whatever villages or towns or countryside he entered, they laid the sick in the marketplaces and begged him that they might touch only the tassel on his cloak; and as many as touched it were healed. Lord, you have preserved my life from destruction. Isaiah 38 In the noontime of life I must depart! To the gates of the nether world I shall be consigned for the rest of my years. No longer shall I behold my fellow men among those who dwell in the world. Those live whom the LORD protects; yours. You have given me health and life.

Intercessions The intercessions are then said. The minister introduces them and an assisting minister or one of those present announces the intentions. From the following intentions those best suited to the occasion may be used or adapted, or other intentions that apply to those who are sick and to the particular circumstances may be composed. The Lord Jesus loves our brothers and sisters who are ill. With trust let us pray to him that he will comfort them with his grace, saying: Lord, give those who are sick the comfort of your presence. Lord Jesus, you came as healer of body and of spirit, in order to cure all our ills. You were a man of suffering, but it was our infirmities that you bore, our sufferings

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that you endured. You chose to be like us in all things, in order to assure us of your compassion. You experienced the weakness of the flesh in order to deliver us from evil. At the foot of the cross your Mother stood as companion in your sufferings, and in your tender care you gave her to us as our Mother. It is your wish that in our own flesh we should fill up what is wanting in your sufferings for the sake of your Body, the Church. You bore our weakness and carried our sorrows: You felt compassion for the crowd, and went about doing good and healing the sick: You commanded your apostles to lay their hands on the sick in your name: Let us pray to God for our brothers and sisters and for all those who devote themselves to caring for them. Free them from sin and do not let them give way to temptation: Sustain all the sick with your power: Assist all who care for the sick: Give life and health to our brothers and sisters on whom we lay our hands in your name: Prayer of Blessing A minister who is a priest or deacon may, as circumstances suggest, lay his hands on the head of each sick person, and then say the prayer of blessing. Lord, our God, you sent your Son into the world to bear our infirmities and to endure our sufferings. We ask this through Christ our Lord. Lord Jesus, who went about doing good and healing all, we ask you to bless your friends who are sick. Give them strength in body, courage in spirit, and patience with pain. Let them recover their health, so that, restored to the Christian community, they may joyfully praise your name, for you live and reign for ever and ever. Lord, our God, who watch over your creatures with unflinching care, keep us in the safe embrace of your love. With your strong right hand raise up your servants N. Minister to them and heal their illnesses, so that they may have from you the help they long for. Lord and Father, almighty and eternal God, by your blessing you give us strength and support in our frailty: They may do so by singing or reciting a Marian antiphon, for example, We turn to you for protection Sub tuum praesidium or Hail, Holy Queen. Concluding Rites A minister who is a priest or a deacon concludes the rite by facing the sick and saying: May God the Father bless you. May God the Son comfort you. May God the Holy Spirit enlighten you. Then he blesses all present. May the Lord Jesus Christ, who went about doing good and healing the sick, grant that we may have good health and be enriched by his blessings. Intercessions To the following intentions others may be added that apply to the condition of the sick children and to the particular circumstances. The Lord Jesus loved and cherished the little ones with a special love. Let us, then, pray to him for these sick children, saying: Lord, keep them in all their ways. Lord, hear our prayer. Lord Jesus, you called the little children to come to you and said that the kingdom of heaven belongs to such as these; listen with mercy to our prayers for these children. For this we pray: You revealed the mysteries of the kingdom of heaven, not to the wise of this world, but to little children; give these children the proof of- your love. You praised the children who cried out their Hosannas on the eve of your passion; strengthen these children and their parents with your holy comfort. You charged your disciples to take care of the sick; stand at the side of all those who so gladly devote themselves to restoring the health of these children. Prayer of Blessing A minister who is a priest or deacon may, as circumstances suggest, lay his hands on the head of each sick child, and then say the prayer of blessing. Lord, our God, your Son Jesus Christ welcomed little children and blessed them. Stretch out your right hand over these little children, N. Grant that, made well again, they may return to their parents and to the community of your holy Church and give you thanks and praise. Father of mercy and God of all consolation, you show tender care for all your creatures and give health of soul and body.

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### Chapter 6 : Order for the Blessing of the Sick

*counselling in multi-cultural contexts. The essay ends with a proposal of church: Voices from the at Iliff and SPT. 4 The topic of intercultural and cross-cultural pastoral care has been.*

Given the general principles of Church teaching just enunciated, the following guidelines for pastoral care emerge. Church Participation As baptized members of the Catholic community, persons with a homosexual inclination continue to look to the Church for a place where they may live in authentic human integrity and holiness of life. Being welcomed into and participating in their local faith community is the foundation of spiritual support that the Church offers to them. Full and active participation is encouraged. Essential to the success of ministry to persons with a homosexual inclination will be the support and leadership of the bishop and other pastoral leaders. A welcoming stance of Christian love by the leadership and the community as a whole is essential for this important work. This is particularly important because more than a few persons with a homosexual inclination feel themselves to be unwelcome and rejected. Persons who experience same-sex attraction and yet are living in accord with Church teaching should be encouraged to take an active role in the life of the faith community. However, the Church has a right to deny roles of service to those whose behavior violates her teaching. Such service may seem to condone an immoral lifestyle and may even be an occasion of scandal. Special care ought to be taken to ensure that those carrying out the ministry of the Church not use their position of leadership to advocate positions or behaviors not in keeping with the teachings of the Church. They must not belong to groups that oppose Church teaching. It is not sufficient for those involved in this ministry to adopt a position of distant neutrality with regard to Church teaching. In the context of parish life, however, general public self-disclosures are not helpful and should not be encouraged. Sad to say, there are many persons with a homosexual inclination who feel alienated from the Church. Outreach programs and evangelization efforts ought to be mindful of such persons. In areas where there are larger concentrations of homosexual persons, individuals may profitably be dedicated solely to outreach ministry to them; in other areas, ministry to persons with a homosexual inclination should be included as part of overall evangelization efforts. Church policies should explicitly reject unjust discrimination and harassment of any persons, including those with a homosexual inclination. Procedures should be in place to handle complaints. The work of catechesis is exercised first in the family by parents of children. Catechesis starts with the formation of those who so generously engage in this essential ministry. Care should be taken in their selection and training; individuals who do not support Church teaching should not serve in this ministry. Sponsoring training days and days of reflection conducted by theologically sound and pastorally wise ministers is an important component of this formation. Moral choices ought to be based on sound moral teachings. Ongoing catechesis and conscience formation for persons who experience same-sex attraction should be an important part of this Catholic ministry, counteracting some prevalent societal mores and providing the basis for making informed moral judgments. Catechesis should also involve the entire parish community. Ignorance of the fullness of Church teaching is often the greatest barrier to an effective ministry to persons with a homosexual inclination. Catechesis in the parish should also teach the virtues that are needed to live out the call to chastity, e. Catechesis for the community ought to denounce unjustly discriminatory and violent behaviors against homosexual persons and to seek to correct misinformation that can lead to these behaviors. Parish social justice ministries integrally formed in the moral and social teachings of the Church may be one venue for promoting just behaviors and opposing unjust discrimination towards persons with a homosexual inclination. Local bishops should oversee material used for catechesis to ensure that the information contained is accurate and that nothing is contrary to Church teaching. Catechesis, especially for young people, should explain the true nature and purpose of human sexuality and should promote the virtue of chastity, which has been both little understood and little valued in contemporary society. People do not all move forward at the same pace, nor do they always proceed in a direct line toward their goal. Those who stumble along the way should be

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encouraged to remain in the community and to continue to strive for holiness through conversion of life. In this regard, frequent reception of the Sacrament of Penance is of great importance. Ongoing, sound spiritual direction is of significant help. In this way, they mutually perfect each other, in order to cooperate with God in the procreation and upbringing of new human lives. Church ministers may not bless such unions or promote them in any way, directly or indirectly. Similarly, the Church does not support the adoption of children by same-sex couples since homosexual unions are contrary to the divine plan. Nevertheless, the Church does not refuse the Sacrament of Baptism to these children, but there must be a well founded hope that the children will be brought up in the Catholic religion. Also, in preparing the baptismal record, a distinction should be made between natural parents and adoptive parents. Primary among these is spiritual direction from a priest. Young people, in particular, need special encouragement and guidance, since the best way of helping young people is to aid them in not getting involved in homosexual relations or in the subculture in the first place, since these experiences create further obstacles. There are particular temptations for those who experience homosexual attractions. For some, these attractions may be short-lived or situational, but for others, they may be part of a lifelong experience. It can be helpful for persons who find themselves with homosexual attractions to gather together in mutual understanding and support. Support groups, noted for their adherence to Church teaching, for persons who experience same-sex attraction continue to be an important part of Church ministries and are to be encouraged. Rather, they should be encouraged to form relationships with the wider community. Pastoral and psychological care for adolescents who struggle with sexual attraction issues is of particular importance. Adolescents with homosexual attractions can be at serious risk for personal difficulties, including suicidal tendencies and attempts as well as enticements to promiscuity and exploitation by adults. Every effort should be made to ensure that adolescents have access to age-appropriate professional counseling services that respect Church teaching in matters of human sexuality. Efforts should be made to identify and publicize those services that conduct their work in a manner that accords with Church teaching. The discovery that a family member has homosexual tendencies can pose a serious concern for parents, siblings, and spouses. The Church reaches out to them, seeking to help ensure that the bonds of love among the family members remain intact. Other organizations in our society devoted to persons with a homosexual inclination can be of support or a hindrance in living a chaste and holy life. Each should be evaluated on its own merits using Church teachings as a guide and participation should be encouraged or discouraged accordingly, as appropriate.

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## Chapter 7 : Pastoral Care of the Sick | Catholic Sensibility

*These books also address pastoral care for adolescents, men, and women—“even in cross-cultural contexts. Knowing the Bible Series (12 vols.) - 38% off! With contributions from a variety of gifted authors, these week study guides help you wade into the Bible by connecting the story of God's grace through Scripture to practical.*

Every person of faith feels and experiences pain as do all other people; yet their faith helps them to grasp more deeply the mystery of suffering and to bear their pain with greater courage. They also know that Christ, who during his life often visited and healed the sick, loves them in their illness. Pastoral care ministers give personal witness to the presence of God in the church through the expression of their faith, hope and love in their outreach and visitation to the sick, the elderly, homebound and their caregivers. This ministry maintains the vital relationship between those being served and their parish community. Rites of Anointing and Viaticum

In its rite for anointing and care of the sick, the Church notes the following: When the Church cares for the sick, it serves Christ himself in the suffering members of his Mystical Body. The Church shows this solicitude not only by visiting those who are in poor health but also by raising them up through the sacrament of anointing and nourishing them with the Eucharist during their illness and when they are in danger of death. Finally, the Church offers prayers for the sick to commend them to God, especially in the last crisis of life. In this, several theological and pastoral themes are evident. We see ecclesiological and Christological elements: We also see a pastoral reality, that anointing is situated within the wider context of visiting and caring for the sick. It is complemented with pastoral visits and with the celebration of Holy Communion. In receiving Holy Communion those who are ill are united to Christ and to the Eucharistic community. In the pastoral care of the dying, rites are elaborated for the celebration of Viaticum, for the commendation of the dying, and for exceptional circumstances including a continuous rite of Penance, Anointing and Viaticum and also a rite used for emergencies. Prayers for the Dead are also included. These rites are different from the above mentioned rites for the care of the sick. The Pastoral Obligations for Response There are various levels through which the Church responds to the needs of the sick and dying. The first level might be considered the closest circle of persons who surround the sick or dying person, usually family, neighbors, and friends. The element of emotional and physical separation from the wider community is lessened by the presence and care of those closest to the sick person. The second level might be considered the parish community. When the sick person is able to participate in communal prayers for the sick, it serves to strengthen and encourage them. Visits to the sick in their homes by members of the parish community are important for reminding the sick person of his or her connection to the parish community. The third level of care of the Church may be considered pastoral or hospital care. When a sick person is in the hospital, chaplains are often able to visit them, bring them Holy Communion and anoint them when necessary. Suffering is a mystery. This does not mean a sleuth-like approach will always net a neat solution. The cause and purpose of suffering often lies beyond rational understanding. The believer searches for deeper meaning when encountering a mystery. We begin with what we know: Christ himself, who is without sin, in fulfilling the words of Isaiah took on all the wounds of his passion and shared in all human pain see Isaiah Pastoral Assessments of Patient Needs In order to achieve the best pastoral potential when meeting patients, hospitals, hospices and nursing home may wish to consider including the following assessment tool and providing the results to their Chaplains. Do you consider yourself spiritual or religious? What things do you believe in that give meaning to your life? How do your beliefs affect or influence your behavior or health? How is it important? Who do you love or who is important to you? Caring for the Terminally Ill In terminal illness several stages have been identified. Initially there is a stage of denial, although usually a temporary response that is replaced by some degree of acceptance. Next is the stage of attempted bargaining, usually with God, to delay the end. This is followed by a stage of depression due to the patient realizing what they are going to lose because of their illness, be it a bodily part, a physical activity or an important function in the daily activity of life. The final stage is of acceptance, which is

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not necessarily a happy or peaceful stage, but the time when the patient stops fighting their illness and regard death as a relief. These different stage are coping mechanisms one uses to deal with a difficult situation and often throughout there is a usually some hope for a miracle cure. Similar stages also occur with family members, for they can also engage in denial, expressions of anger, attempts to bargain, depression and reluctant accepting the situation. The Chaplain throughout the States of Terminal Illness In order to be an effective presence, the Chaplain has to assess which stage the patient is in. If the patient is in the stage of denial, the Chaplain should not judge them for what they are saying. The Chaplain should realize and accept that anger could often be a desire for attention, opening the door for interaction. When caring for patients who are in the bargaining stage, it is important not to given them any false assurances. Often the best response is to listen. Many of the problems experienced by terminally-ill patients can be classified as fear. There is the fear of unknown consequences, perhaps formed by the knowledge they have of others who experienced terminal illness. It is a natural response for people to fear suffering and pain; in terminal illness there can be both physical and emotional suffering. Often there is the fear of physical disfigurement resulting from the progression of their disease. Also, many people fear the process of dying rather than death itself. Patient Needs A patient usually has at least four types of need: The physical needs can be fulfilled by control of distressing symptoms through nursing care. Emotional needs can be fulfilled by proper care of the psychological issues with the possible use of anti-depressant and anti-anxiety medications. Social needs are usually fulfilled by those prepared to spend quality time with the patient and assuring them of their personal value despite their illness. Each of the aforementioned supports are concerned with helping the patient have as comfortable as possible journey through their terminal illness. In contrast the Chaplain not only has to cope with the reality of a pending death, they many have to explain the meaning of death to both patient and their family. And sometimes they must also do this for the team of health care providers. In most cases, the Chaplain will have dealt previously with terminal illness, either in their family or through their ministry; also they will have studied appropriate literature and attended relevant courses; these factors can help prepare for involvement with terminally-ill people, but they also allow for the danger of rote professionalism. The Chaplain needs to remind themselves of the uniqueness of each terminally-ill person, and should respond to them as if they were the only person they are caring for. The Chaplain and the Family There are a variety of issues that can arise in this relationship. The Chaplain must aim at enabling the family to face the looming separation in the context of faith.. This does not mean they have to experience a negative anticipation for several weeks. The period of terminal illness can be a time of family bonding, when family members can express their love and appreciation of one another and also make any appropriate confessions of wrong attitudes. It can be appropriate for the Chaplain to ask the patient, if possible, to initiate and continue to contribute to this as it will help the family realize they are not adding to their burdens. The dying person should be encouraged to be a help to their relatives in the grieving process. They may have a sense of guilt, either for past failures or even for their inability to help their loved one at this time of crisis. It is also an effective means of removing possible causes of guilt after the death of the patient. Such bonding is not merely based on family relationships but has the added dimension of experiencing the mercy and grace of God and of looking forward together to heaven. Belief and Culture Spiritual, religious, and cultural beliefs and practices play a significant role in the lives of patients who are seriously ill and dying. In addition to providing an ethical foundation for clinical decision making, spiritual and religious traditions provide a conceptual framework for understanding the human experience of death and dying, and the meaning of illness and suffering. The importance of spiritual and religious beliefs in coping with illness, suffering, and dying is supported by clinical studies. However, religious concerns can also be a source of pain and spiritual distress, for example, if a patient feels punished or abandoned by God. A common goal for the dying patient, family members, and the health care professional is for a meaningful dying experience, in which loss is framed in the context of a life legacy. Their primary goal should be the person whom God has called to this vocation. This makes their goals be just what God wishes to be at that particular moment 1 Thessalonians 4: Preparation Prayers It is important to be spiritually prepared

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when making a pastoral visit. Central in that preparation is praying beforehand. The Chaplain should strive to clear themselves of any barriers between themselves and God. They should also pray for the presence of the Holy Spirit during the visit. I am here to represent You who sent me. I do not have to worry about what to say or what to do, because You who sent me will direct me. I am content to be wherever You wish, knowing You go there with me. I will be healed as I let You teach me to heal. I am here only to be truly helpful.

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### Chapter 8 : For Service, Study, and Mission: April Resources, April Deals! | LogosTalk

*Chapter VI of Pastoral Care of the Sick is the Commendation of the Dying and includes scripture texts, prayers and litany which can be used with the dying person.*

A Contribution towards Pastoral Care of the Sick Nicodemus Tebatso Makhalemele

Sickness and suffering are so commonplace in our world that it would seem we should not make too much fuss about them. The sick, like the poor, are always with us. Health-care workers – doctors, pharmacists, nurses, chaplains, counselors, men and women religious, administrators and volunteers – are constantly in demand. But no matter how common, sickness and suffering are still very strange and will always be full of mystery. They present a problem to all who want to believe in a just and fair world; they create difficulties for continuing faith in the goodness and kindness of God. Pope John Paul II was no stranger to suffering. At the age of eighteen, Karol Wojtyla was hit by a train that left him unconscious with a shoulder dislocated. In 1958, the Pope had colon surgery, involving removal of noncancerous tumor. The next year he fell and dislocated a shoulder. In 1962, he suffered a broken femur in another fall. An appendectomy followed in 1963. During these years, moreover, a Parkinson-like condition, if not the disease itself, began to reveal its visible effects. From the beginning of his long pontificate, the Holy Father wrote and spoke about sickness and suffering on a number of occasions. His theology of sickness and suffering, however, has not been fully exhausted, due to a number of reasons. John Paul II, did not write a single theological treatise on the theology of sickness and suffering; nor did he write a number of easily accessible theological articles. Rather, his thought on this matter has to be gleaned from a wide variety of sources: *Salvifici Doloris*, the frequent and often lengthy reflections on the Christian meaning of Suffering, contained in many of his major Encyclicals, Apostolic Exhortations and other authoritative documents, and the many addresses, homilies, catechetical instructions and occasional talks which have the sick and suffering as their main point of concern. In 1988, Pope John Paul II instituted the Annual World Day of the Sick as a way to bring compassion and greater attention to the sufferings of humanity, as well as to the mystery of suffering itself. The event is held on February 11th each year on the feast of Our Lady of Lourdes. It is from these messages that this study will try to extract the theology of sickness and suffering according to John Paul II. For the purpose of this study the material from the above-mentioned messages has been grouped thematically rather than chronologically, under the following headings or chapters: The Church and Sickness; [2]. Christ and Suffering; [3]. Believers and Sickness and [4]. The Church and Sickness

1. Paul reminds the Christians in Corinth becomes a reality: This means that the followers of Christ should devote themselves to presenting the subjects of health and illness in the light of the Gospel; encourage the advancement and defense of life and the dignity of the human person, from conception until natural death; and make preferential option for the poor and the marginalized concrete and visible. Christians are being called to embrace the Cross of Christ so as to give the world the reason for its Gospel hope
- 1Peter 3: In his own words: Conscious of this long tradition of ministering to the suffering and sick, John Paul II instituted the World Day of the Sick which would be celebrated every year on the 11th of February, a day which according to the Catholic liturgical calendar coincides with the commemoration of Our Lady of Lourdes. Its institution was effected on 13th May
- In addition, he wanted the church and humanity, with renewed spirit of service, to commit themselves in the face of the great mystery of pain and illness. Specific Aims of the World Day of the Sick Beginning with the message, up to the last one in 1999, the Holy Father does not cease to put each year in context by pointing out the specific aim of the celebration of the World Day of the Sick. This awareness campaign is urgent because statistics indicate that about two-thirds of the world population still lack essential medical care, while the resources employed in this sector are too often insufficient. He went on to remark that one of the main goals of celebrating the World Day of the Sick is to make public opinion sensitive to the plight of the sick and to be close to those suffering so that they will make their suffering fruitful. The annual celebration of the World Day of the Sick gives the Church community the opportunity to pause in devout recollection before the mystery of

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pain and suffering and to contemplate the Christian meaning of suffering. In his message to celebrate this event, the Holy Father reiterated the specific aims of this important in event. He stated that the World Day of the Sick is always a moment of intense prayer for all who suffering pain and infirmity. This event coincided with the tenth anniversary of the historic gathering of the African Synod of Bishops which took place in In the Death and Resurrection of Christ, Human Suffering finds its Deepest Meaning and Saving Value During the celebration of the first World Day of the Sick on the 11th of February , Pope John Paul II publicly stated that it is only in Christ, the incarnate Word, Redeemer of mankind and victor over death that humanity finds satisfactory answers to fundamental questions posed by the realities of suffering, illness, pain and death. The Holy Father proclaimed: We cannot reproach a God uniting himself to human sufferings! Listen with faith to his voice repeating to each of you: He thus redeemed suffering, transforming it into a gift of salvific love. The peculiarity of the Christian perception of suffering is because of the singular nature of the death and resurrection of Christ. He invited his listeners to imitate Christ and contemplate the mystery of his death and resurrection since in it God has given humanity the answer to the question of the meaning of human suffering. Our sufferings become meaningful and precious when united with his. In this union between the human and the divine, suffering brings forth good and overcomes evil. The Holy Father told believers that this dogma introduces believers into the heart of the mystery of Creation and Redemption, in other words, it is about the central role of Jesus Christ in the mystery of creation and salvation. And the Pope insisted that the key to these mysteries is the incarnation, through which God united himself with humanity in Jesus Christ.. Jesus is the God who suffers for humankind. He takes upon himself the sufferings of everyone and redeems them. Christ also suffers with humanity, he is the one who enables those who suffer to share their pain with him. For this reason, the Holy Father affirms: Through Christ, Suffering has been Redeemed During the celebration of the first World Day of the Sick, John Paul II addressed in special way those he referred to as the main actors of this World Day, namely, the sick people all over the world. He urged them to bear their pain and suffering in the spirit of unshakeable faith in Christ the Redeemer, for it is only when their sufferings are joined to those of Christ that they take on extraordinary value for the life of the entire ecclesial community and the good of humanity. According to Pope John Paul II, the perfect manifestation of saving value of pain and suffering is found in the death and resurrection of Christ. Through his passion salvation has been accomplished and suffering redeemed and given a new meaning. The Holy Father insists: In Christ, God has gone in search and man and become one of us, thus transforming and redeeming the human condition from within. The salvation accomplished by Him, already prefigured in the healings of the sick, opens up horizons of hope for all who find themselves in difficult time of suffering. Pope John Paul II made a special appeal to all present to re-examine the reality of illness and suffering in the perspective of the mystery of the Incarnation of the Son of God, and to draw from this extraordinary event new light to illumine these basic human experiences of suffering, illness and death. During the annual celebration of the 13th World Day of the Sick, the Holy Father urged the Church in Africa to pay special attention to pastoral health care. He argued that it is precisely in the world of illness and suffering that human destiny is played out and the answers to the ultimate question about human existence are confronted. It is by opening the human mind to the reality of mystery of Christ that human suffering gains a new meaning and suffering itself cease to be a frightening reality. Suffering and illness belong to the condition of man, a fragile limited creature, marked by original sin from birth on. In Christ, who died and rose again, however, humanity discovers a new dimension to its suffering: In other words, it is call to all who bear the name of Christian to look back and recognize the wrongs they have done in the course of the two thousand year of Christian history. The Pope went on to argue that much need conversion and purification will also be promoted in the world of suffering and health. He invited the suffering and the sick to accept their pain and illness and turn into a source of purification and salvation for themselves and for others. In his message to the sick and suffering the Pope invited them to contemplate the mystery of the incarnate Word, in which human pain finds its supreme and surest point of reference. Christ the Saviour of every human person and of the whole person. He invited the American Catholics and people of good will to

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bear renewed witness to charity, so that the presence of Christ the Redeemer of humanity may be felt especially in the numberless situations of physical and moral suffering. Before the eyes of all are the very sad images of individuals and whole peoples, who lacerated by wars and conflicts, succumb under the weight of easily avoidable calamities. In health-care facilities and homes millions of people undergo the calvary of sufferings which are often neglected, not always suitably relieved, and sometimes lack adequate support. Outside the gift of faith, it would be next to impossible to discover in the moment of trial the constructive contribution of pain, it would be difficult to give meaning and value to the anguish, unease and physical and psychic ills that accompany our mortal condition. Two years later, in , the Holy Father dealt on the contribution of faith, especially when people find themselves under the weight of acute and unbearable pain. It enables them to understand the mystery of suffering in a new and different manner. Presiding over the celebrations of the eighth World Day of the Sick, in “the year of the Jubilee of Redemption” the Holy Father regretfully observed that at the end of the second millennium we cannot say that humanity has done all that is necessary to alleviate the immense burden of suffering which weighs on individuals, families and societies. The Pope insisted that while great breakthroughs in health care have been made in this last century, the river of human pain has, however, swollen to unprecedented heights: The Pope remarks that in the midst of this obvious pain and suffering, there is a further serious cause of suffering prevalent in post-modern society: Addressing multitudes of believers gathered at St. The followers of Christ are challenged by this event to reflect on ethical problems, including fundamental issues pertaining to human life. It is incumbent upon them to promote good health and the quality of life and teach others the respect for it. To accomplish this noble duty, Christians need to reflect on the ethics of life so as to dispel the confusion of values that seems to dominate the culture of the present society. The Pope went on to remark that due to selfishness and materialism, many are engaged in promoting a worrying culture of death. Faith will enable them to find the true meaning and value of life from its beginning to its natural close. In his message to the suffering and sick of South India, during the tenth celebration of the World Day of the Sick, Pope John Paul II reflected on the suffering of Christ as a key to understanding the true meaning of human pain. Because Christ has suffered in order to redeem the world, humanity should learn from his passion, death and resurrection the deepest meaning of human suffering. In order to appreciate the significance of the Christ-Event, the gift of faith is necessary. In his view, the Christian response to pain and suffering is never one of passivity. Believers, however, know that suffering is not simply a fundamental human fact, it has a deeper meaning that can only be discovered through faith. Believers recognize the Presence of Christ in the Suffering and the Sick In his message of the first World Day of the Sick, Pope John Paul II affirmed that the suffering, death and resurrection of Christ, the incarnate Word, constitute the key to the mystery of human pain and suffering. Those who gave themselves selflessly to the service of the sick and suffering were able to do so because they saw in their suffering brothers and sisters the face of the suffering Christ. And no less marvelous pages have been traced out through humble service to the poor and the sick, in whose tormented flesh the presence of the poor, crucified Christ has been recognized. He urged not be discouraged or yield to pessimism. As they serve the sick and suffering on daily basis, they should find inspiration from the example of the Good Samaritan, always respect the dignity of the sick as persons and discover in them poor and suffering Jesus. The Holy Father used this occasion to reflect on the relationship between pain and peace. He observed that the decline of peaceful understanding translates into a proliferation of attacks on life, whereas serving, advancing and defending life, even at the cost of personal sacrifice, constitute the indispensable premise for authentically building individual and social peace.

### Chapter 9 : Christianity - Pastoral care | calendrierdelascience.com

*Pastoral theologians from Congo, Ghana, Kenya, South Africa, and Zimbabwe address, in this book, the issues of leadership, Ubuntu (community), gender-based violence, political violence, healing, and deliverance faced by pastors*

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*and ministers in African contexts today.*