

Rollins Undergraduate Research Journal

Volume 2
Issue 1 *RURJ Spring 2010*

Article 1

4-1-2007

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Recommended Citation

Boleslawski, Ann Marie (2010) "Catholic Identities in Central Florida," *Rollins Undergraduate Research Journal*: Vol. 2: Iss. 1, Article 1.
Available at: <http://scholarship.rollins.edu/rurj/vol2/iss1/1>

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Catholic Identities in Central Florida
An Intimate Look at the Translation of Sacrament to Ministry in the Catholic Church

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Abstract

Sacraments are a foundational part of ritual and doctrine with the Roman Catholic Church. The sacrament of Anointing of the Sick is performed by a priest with the use of prayer and blessed oils, which focuses on preparing an individual for death or for resorting health. The purpose of this research was to observe two local parishes and understand how their practice of Anointing of the Sick translated into a ministry that works in conjunction with local members, nursing homes, and hospitals. Key elements include understanding how ministers are trained, how information about these programs is spread, and what specific actions each parish takes to meet the needs of their members. Both parishes met the standards set within the Diocese of Orlando, but improvements should be made with regard to increased communication between the church and nursing homes, and with parish members. The lack of strong communication only leads to difficulties for those seeking assistance from the parish. Findings suggest that there is a need for a Catholic nursing home within the Diocese due to problems within individual facilities. A Catholic nursing home within the area would lead to stronger support for the sick and elderly and their families, and would also encourage a more community based Anointing of the Sick practice.

“If there is anything that appears basic and essential to ‘being a Catholic,’ it is some participation in sacramental liturgy- children are to be baptized and later confirmed, the sick and dying should be anointed, sins need to be forgiven, and Catholics should share the Eucharist on a regular basis. It used to be that people understood what was expected of them at such sacramental occasions...Now the rituals themselves are being altered, some pastors are urging people to take a more active role, and some prominent sacramental practices such as ‘confession’ seem almost to have disappeared.”

From *Sacraments and Sacramentality* by Bernard Cooke

A note to the reader:

The research and analysis conducted here is intended to inform the Central Florida Diocese of the progress and stability of sacrament and ministry within two specific local parishes. The research is informative not only for the St. Margaret Mary and Our Lady of Lourdes communities, but for Diocesan officials and beyond due to the nature of the programs observed. Understanding where specific parishes stand in their practices of sacrament and ministry can lay down a foundation meant to inspire and motivate. However, the benefits do not end with the program of Ministry to the Sick, nor does it end with the Diocese of Orlando. The research leads to conclusions about the relationship between religion and the health care profession. It may also allow for reevaluation of similar programs, and the relationship between clergy and laity within the Roman Catholic Church. The conclusions made here are meant to provoke discussion about the impact church organizations have on secular groups, and this can extend far past the understanding of Roman Catholic structure or that of any religious institution.

Table of Contents

Introduction	5
Roman Catholic Sacraments	6
Identifying the Research	8
What the Research Community Reveals	14
Training a Minister of the Sick	17
Parish History	21
Interview and Observations at St. Margaret Mary's	22
Interview and Observations at Our Lady of Lourdes	30
Advertising Ministry of the Sick	35
Analysis of Observations	38
Suggestions for Improvement and Larger Implications	44
Concluding Thoughts	50
Bibliography	54

As the Roman Catholic Church develops and evolves, sacraments remain a foundation in ritual and doctrine. For Roman Catholics, there are seven specific sacraments which consist of Baptism, Confirmation, Eucharist, Reconciliation, Anointing of the Sick, Matrimony, and Holy Orders. Each sacrament plays an important role through a phase in each an individual's life. Anointing of the Sick is one of the few that can play an essential role throughout the life of a Catholic. This sacrament deals with the suffering, illness, and hardships that the individual endures. It also overlaps into care at the end of an individual's life.

In today's Roman Catholic Church sacraments are still a foundational part of ritual practice. The sacrament of Anointing of the Sick has seemingly become one of the less practiced and understood. This study will attempt to define the Catholic Church's understanding of the sacrament, and also its transition into the daily life of the church. Each Catholic Church establishes programs that benefit the community and its members. With regard to Anointing of the Sick most churches offer a program of Ministry to the Sick that bring religious services and care to individuals who are home bound, in nursing homes, or seeking some form of counseling in reference to their illness. The Diocese of Orlando has an established program that is extended to each parish in regard to this ministry. This paper will examine how specific parishes in the central Florida area translate these teachings and guidelines, and create their own programs which in turn meet the needs of the community.

An Introduction to Roman Catholic Sacraments

Before understanding the implications of sacraments within the local community, it is vital to understand how each sacrament contributes to the overall theology and ritual of the church. The first series of sacraments are known as the Sacraments of Initiation and this includes Baptism, Confirmation, and Eucharist. The second series is called Sacraments of Healing, which includes Penance and Reconciliation, and Anointing of the Sick. Finally, the Sacraments at Communion include Holy Orders and Matrimony. The primary source for understanding each sacrament is the Catechism of the Catholic Church. By reverting to the primary text of the Church, a baseline understanding can be drawn about each sacrament. This will in turn help determine whether or not local parishes are properly interpreting the teachings of the sacraments.

The Catechism explains Baptism as the basis to Christianity and as the “doorway” to the sacraments that follow (312). The purpose of Baptism is for the forgiveness of sin and incorporation into the Church all by the act of anointing with oil, immersing in water, and lighting of the baptismal candle (312). The sacrament of Confirmation stabilizes the individual’s membership into the church, and includes the promise to spread the word of God. Eucharist completes the initiation process by having those who completed the previous sacraments take Communion during the Mass (Catechism, 334).

The sacrament of Penance and Reconciliation allows the individual to receive absolution for the sins he or she has committed. It can also be called the sacrament of confession since the individual discloses sins to the priest (Catechism, 357). The Catechism explains that only God can forgive sins but that the Church is an instrument of

forgiveness and God has entrusted the power of absolution upon members of the Church (362).

The Sacrament of Holy Orders is deemed by the Catechism as the sacrament through which individuals who chose to become part of the clergy of the Church become ordained (383). Those who become ordained exercise the right to provide a service of teaching, divine worship, and pastoral governance (Catechism, 398). The Catechism stresses the Church's responsibility to recognize the appropriate individuals for this sacrament (399). The Sacrament of Matrimony also falls under sacraments of Communion. This sacrament creates a partnership and bond between a man and woman through an ultimate covenant with God (Catechism, 400). Those who undergo the sacrament must also take a vow to create and educate offspring in the faith of the Catholic Church (Catechism, 400).

Identifying the Research

Different cultures and faiths approach illness and death from distinctive angles. For some groups, such times in a person's life are private and personal. For others, it is a phase in life where a community is called to come together. Many times mourning is encouraged as a private matter, and some individuals prefer to suffer alone. Other individuals desire to be surrounded by loved ones. The Roman Catholic Church, through the sacrament of Anointing of the Sick as show within the Catechism, has certain expectations for its clergy and followers.

Looking at Anointing of the Sick in the Central Florida community, several parishes were observed and critiqued for their approach and interpretation of this sacrament of healing. Since the specific sacrament has become a private matter between family and priest, the general area of dealing with healing and sick individuals has evolved into Ministry of the Sick. The purpose of studying different parishes was to gain an understanding of the way local communities react and reflect on the teachings of the Catholic Church, and then practice this ministry. The Sacrament of Anointing of the Sick was selected due to its role within the church through observable ministry, and availability. Most sacraments are performed during specific times of the year; however, as least theologically Anointing of the Sick is available year round. Visits to nursing homes and other locations are also performed on a consistent basis. The issue of the treatment of sick, dying, and elderly individuals has also become evident within the media with high profile stories such as Terri Shiavo. Even though such an experience is rare, and not usually dealt with by ministers of the sick, the issue of treatment and care is still very much discussed within the Roman Catholic Church.

This study will look at the basics of Anointing of the Sick, its overlap with Ministry to the Sick, and the basic structure of selected parishes. It will discuss the recent debates about the sacrament, improvements suggested by scholars, and critiques from scholars and professionals, the effect on parishioners, suggested improvements, and future studies. There will be an attempt to understand if and how this sacrament translates into a ministry of the sick within the local community, and how it forms into community outreach through connections with hospice centers, local hospitals, and special church meetings or organizations.

Looking into the parishes of the central Florida area, two different church groups were chosen based on willingness to cooperate and availability. The first was St. Margaret Mary's Catholic Church, which is located in Winter Park. The second parish chosen was Our Lady of Lourdes in Daytona Beach. Each parish was chosen based on its location in the Central Florida area, its parish size, and basic demographics. Each church was visited, and interviews were conducted with both clergy and parishioners. Conclusions were drawn based off of observations made at different facilities, and the personal feedback from members of each community.

When observing different churches within a relatively spread out area, it is important to understand the specific demographics of the region. Orlando and Daytona Beach are located approximately fifty miles from each other. The Orlando community, which is located in central Florida, may have a reflection on the structure of the Catholic community in the area. The estimated population for Orlando from the 2000 census was approximately 185,951, with the majority of the population falling in the age range of 18 to 34, and with 11.4% of the population being over the age of 65 (cityorlando.net).

There is racial and ethnic diversity in the area, with approximately 61% of the population being Caucasian, 27% African American, and 18% Hispanic (cityoforlando.net).

Currently the unemployment rate is stated to be around 3.4% (cityoforlando.net).

The Daytona Beach community, which is an east coast community within the central Florida location, has an estimated population of 64,112 with a median age of 37.2 according to the 2000 U.S. Census (www.census.gov). Approximately 75% of the Daytona Beach population is Caucasian, and 12.3% African American, and 12.5% Hispanic with the additional percentage scattered (www.census.gov).

The first portion of the research started with an in depth understanding of what the Catechism says about Anointing of the Sick for the purpose of comparison and further understanding. The importance of each sacrament in the life of a Catholic individual starts with the forgiveness of original sin and entrance into the faith through the sacrament of Baptism. Just as Baptism greets the individual into their faith, the sacrament of Anointing of the Sick helps this individual cope with the end of life and prepares the individual for the next phase of spiritual existence. Anointing of the sick is often the final sacrament that the Catholic individual will experience in their lifetime. The Code of Canon Law briefly explains the basis of the sacrament. In summary, the code states that only a priest is able to administer the sacrament, and priests performing the sacrament are able to carry the blessed oil with them (Can. 1003). Those who are able to receive the sacrament must be a member who, “having reached the use of reason, beings to be in danger due to sickness or old age” (Can. 1004). The sacrament can be repeated if that individual recovers and then becomes gravely ill once again. It is also be administered in times of doubt, and when requested by the individual (Can. 1005, Can. 1006). The

sacrament is not to be given to those who “persevere obstinately in manifest grave sin” (Can. 1007).

Through further examination, the *Catechism of the Catholic Church* reveals more doctrine on this sacrament. One of central functions of religion, in general, has been to help individuals understand suffering and have the essential tools to handle it. Suffering has been taught as an inevitable part of life, and all living things will eventually die. Illness in the Catholic Church has been approached as a part of life from which a human can actually learn and grow, and is part of an individual’s faith journey (Catechism, 375). New Testament scripture asks, “Is any among you sick? Let him call for the presbyters of the Church, and let them pray over him, anointing him with oils in the name of the Lord; and the prayer of faith will save the sick man, and the Lord will raise him up; and if he has committed sins, he will be forgiven,” (James 5:14-15). This is the central thought around the importance of the sacrament of Anointing of the Sick.

Bernard Cooke in Sacraments and Sacramentality brings up the concept of the sick individual who simply asks why such suffering has been placed on them (188). The Catechism explains that there is no concrete answer, but through this sacrament gives that individual special grace at the proper time (382). By contrast, in the past this sacrament was given to individuals who were at the point of death, and was thought to help the individual into their passage into death (Cooke, 186). The sacrament was performed on an individual basis, where only the priest and the sick person were involved (186). Today, it is not only given to those who are at this point of death. Anyone, at any age, who is in danger of death from sickness or from their age, is able to receive it (Catechism, 379). The sacrament can be received more than once, if a persona recovers

and later becomes ill again, and many times individuals receive the sacrament before an operation (379).

Like in the past, a priest is called to perform the ritual for this individual. However, today the sacrament serves the sick in both a public and private setting. Anointing of the Sick can occur at an individual's home, hospital, at church or any other place where the sick individual may be located (Catechism, 379). It is also true that more than one individual can be anointed during the same celebration, commonly during the Mass (379). Anointing of the Sick is also not restricted to those of the Catholic Community who are dying (Stoutzenberger, 249).

No matter if the sacrament ritual is for those who are non-terminally ill, terminally ill, dying or receiving the sacrament during the mass, certain parts are the same for the sacrament. This includes having prayer, a penitential rite, readings for Scripture, the laying of hands, anointing with oil, and Holy Communion (Stoutzenberger, 249). The penitential rite is usually stated outside the Mass and asks for the individuals to prepare themselves for the anointing.

The actual ritual that is performed for the person receiving the sacrament starts with an anointing on the forehead of the sick individual, while the priest prays, "Through this holy anointing may the Lord in his love and mercy help you with the grace of the Holy Spirit" and with the anointing of the hands he states, "May the Lord who frees you from sin save you and raise you up." With the final blessing the priest prays, "May the God of all consolation bless you in every way and grant you hope all the days of your life. May God restore you to health and grant you salvation. May God fill your heart with peace and lead you to eternal life" (Stoutzenberger, 250-251). The importance of

these words and actions support the idea that the anointing of the sick supports the individual through their body, mind and spirit (252).

The Catechism stresses that Anointing of the Sick grants special grace on those who receive it by allowing the individual to be united with Christ, to give the individual strength, peace, and courage, to pray over the restoration of health, but also to prepare for the passing if applicable at the time (382). One of the essential ideas connected with Anointing of the Sick is the concept of dying with dignity. Controversial issues in the media, the advancement of medical science, and American culture's overall fear of death has pushed death into a corner. The Catholic Church has strived to communicate the idea that death is an inevitable and natural process, which should be discussed within the community. The use of the sacrament and the ministry that follows is aimed at helping individuals spread compassion and support to the sick and dying. The Church urges that Anointing of the Sick should act as a connection between the individual and the community, and their religious growth.

What the Research Community Reveals

The Roman Catholic Catechism is not the only text that discusses the need to assist and serve the aging and sick community. Many scholars and researchers have discussed the issue of end of life care through religious and secular terms. Understanding what issues are being discussed within the academic community will also help bring understanding to what the ministry each parish provides. Not only does it provide an alternative opinion on the topic, but it allows for those programs to have guidance and input from alternative sources.

Elizabeth Kubler-Ross has discussed and questioned the issue that religion and science has played in the role of a person's death. She states, "In the old days more people seemed to believe in God unquestionably; they believed in a hereafter, which was to relieve people of their suffering and their pain. There was a reward in heaven...Suffering was more common...there was a purpose and future reward in suffering. Now... there is not much sense in suffering, since drugs can be given for pain, itching, and other discomforts. Suffering has lost its meaning" (Kubler-Ross, 29). Looking at this final sacrament in reference to these changes in attitude, anointing of the sick has taken on a new importance in the dying process of the Catholic individual. Since many individuals no longer die shortly after being diagnosed with a life threatening illness, the issue of long term suffering within medical facilities has become a topic of discussion for parishes. Since the church cannot provide any literal medical ease for a patients suffering, they are called to bring spiritual care to those who are homebound or residing in medical facilities. Through Anointing of the Sick, the patient is given a religious experience that is focused on healing and overall spiritual wellness.

Research done by Kathryn Braun and Ana Zir at the Center of Aging in Hawaii reveals that, “ although faith communities may seem to be a logical place to discuss death and dying, few are engaged in extensive efforts...” (685). There is debate among scholars that even though helping the sick and aging is a primary goal for many institutions, the actual amount of work done is small in comparison. This helps bring understanding as to why observing the programs of the specific Florida parishes can be beneficial to the larger community.

Braun and Zir interviewed and worked with small focus groups from Christian institutions to discuss the issues of end of life care through a religious program. Through their interviews they found that many were concerned with the issue of having a good death, which would include managing pain, preventing prolonged suffering, preventing conflict, and finding family support (Braun and Zir, 693). As will be shown through personal interviews and observations, the issues of family support and conflict did become significant points in the programs provided by St. Margaret Mary’s and Our Lady of Lourdes. The focus groups also discussed the definition of a bad death, which would include conflict and denial within the family, conflict with the health care system, and religious conflict (Braun and Zir, 694). Again, several of these issues did emerge within the research conducted.

Most importantly the study conducted also revealed what these individuals felt were the most vital roles for the church with end of life care. Braun and Zir state that interviewees specified the preparation for death by the church, facilitation of conflict resolution and forgiveness, administering appropriate ritual, and clarifying church theology (697). When dealing with the preparation for

death, a pastor was noted as saying that he has given specific sermons about the topic but has rarely been approach by individuals for counseling (Braun and Zir, 698). The topic of forgiveness and administering appropriate ritual would deal directly with the sacrament of Anointing of the Sick for the purpose of coming to terms with sin and allowing for the correct steps to be taken before death. The overall findings of the research done imply that members of churches have some idea of what end of life care should consist of, and that they agree that the church should play a significant role within that care. The findings also suggest that specific demands made of the church are vast and theologically significant. Keeping this research in the forefront of observations for the local parishes, seeing how the two parishes utilize the demands of general church members will be a significant factor in determining whether or not that parish successfully met the goals of their church.

Training Minister of the Sick

The Diocese of Orlando has an office for Lay Ministry Development. Within this branch of the diocese a course of Ministry to the Sick has been formulated for the purpose of training Eucharistic Ministers to become Ministers of the Sick. There is a basic workshop that educates individuals in the ministry. Each parish should follow the basic format and workbook given by the diocese. The class educates the individual on the Theology of Ministry to the Sick, basic ethical codes, dealing with suffering, faith, practical skills, communication skills, and prayer with the sick.

The Parish Based Ministry to the Sick Training Guide (1999) specifies a code of ethics which is designed for the sick and shut-in. There are six basic steps that each minister must adhere to as they are exactly cited in the training guide:

1. The Minister to the sick has a respect for human dignity which allows a person to have his/her own thoughts, feelings, hopes and relationship with God.
2. The Minister to the Sick observes confidentiality with regard to the privileged information that is heard during ministry.
3. The minister is compassionate and consistent in serving those assigned to his/her care
4. The Minister to the Sick is reverent and aware of the presence of Christ in the Eucharist that is carried, in the person visited, and in the minister.
5. The Minister to the Sick is serious about continuing his/her education and spiritual enrichment, seeking opportunities to increase knowledge, skills, and relationship with God.

6. The Minister to the Sick has an obligation to keep abreast the teachings of the Church with regard to both the ethical and moral issues that pertain to the sick and dying.

These are the basic guidelines that each minister must follow if they chose to volunteer within this position. It is evident through these guidelines that the Catholic Church is serious about the service they are providing those who are sick.

There are also basic requirements that each Minister of the Sick must meet before they can become an active participant in the ministry. They must be approved by the pastor, and they must be a certified Eucharistic minister. They must also attend the training program that the Office for Lay Ministry provides in which all of the guidelines, policies, and skills are taught. Finally each individual must be fingerprinted because of the work that they will be doing in hospitals and nursing homes. These requirements are outlined within the Parish Based Ministry to the Sick Training Guide provided by the Diocese of Orlando.

There is also standard policy issued by the Diocese of Orlando which is formulated specifically for Ministers of the Sick. These policies include having individuals who are considered Ministers of the Sick identified as ones who completed proper courses given by the diocese, which equals eighteen hours over a span of three years. Also, no Minister of the Sick is permitted to anoint the sick or carry oil for healing, and Communion is only allowed to be distributed to Catholic individuals. The diocese also specifically reminds those trained in this ministry to uphold confidentiality for the patient, their family, and other parishioners.

Ministers of the Sick are also given practical advice which allows them to conduct themselves in a proper manner when visiting those who are sick and in need of their service. The Diocese of Orlando, through their training guide, suggests that name tags are worn at all times, that hosts be returned back to the tabernacle after each visit, that family members of those being visited are also welcome to receive the Eucharist if Catholic, and to use the “Rite of Communion Outside of Mass” for the prayer services. The Parish Based Ministry to the Sick Training Guide also makes it clear that carrying Eucharist anywhere else besides to the visit is prohibited, and that running errands or taking money from patients is unacceptable.

Ministers of the Sick will most often visit either a hospital, a nursing home, or the private residence of the sick individual. There is a basic structure to the visit that is laid out in the training guide provided by the Diocese of Orlando. Most importantly, ministers need to keep an organized list of Catholic patients and residents at the different facilities that they will be visiting. This will require proper communications with the staff at the hospitals and nursing homes. Visiting at a hospital is mostly conducted on a one on one basis, since most patients are in individual or shared rooms. Visiting each room starts with an introduction. The patient is then asked if they would like to receive Eucharist. The visit should last about ten minutes and should end by allowing the person to have time to pray in silence.

Nursing homes usually have a similar format, however, many times a Eucharistic Service can be held for a larger group in a community room. If that is the case, the larger service is conducted first. Nursing home residents that are incoherent or too sick to leave their rooms are visited on an individual basis. The Parish Based Ministry to the Sick

Training Guide reminds the ministers that for such residents it is important to arrange an Anointing of the Sick several times a year. The guide also reminds those being trained that hearing is the last sense to go, so it is important to visit those who might be unconscious or incoherent even if they can not receive Eucharist.

Private visits at the home of a sick individual are usually made in advance. At an individual's home it is important to have an appropriate relationship with any caregiver that may be at the home. Again, patients are asked if they want to receive communion. If they do not wish to do so, the Minister of the Sick is to pray with the individual.

Parish Histories

St. Margaret Mary's Catholic Church was officially dedicated on January 30th, 1927. However, the cornerstone of the church was laid on October 17th 1924, on the feast day of Saint Margaret Mary. Bishop Patrick Barry dedicated the church in the 1920's, and in the 1950's a wing was added along with a house on Park Avenue that was used as a convent. With these purchases, St. Margaret Mary's was able to establish a school. The present school was built in 1958 and by 1969 there were over one thousand families belonging to the parish. The church had outgrown the old building and new construction lead to a double in parish membership in the 1970's. By this time, lay volunteers and workers established committees and board to help run the church. A full time staff and office building became operational. A chapel was built in 1983. Starting in 1985, Father Richard Walsh has been the active pastor of the church, and has continued expansion of St. Margaret Mary's. An up to date figure on membership states approximately 3,500 families. (<http://www.stmargaretmary.org/History.htm>)

Minimal information was given about the establishment of Our Lady of Lourdes through interview with Maureen Shelton. The information that was given included that the church was first started using a motel ballroom as its location. The Sisters of Mercy had come from Ireland to establish the school that is now associated with the church. When the church moved to its current location, the Mass was actually held in the building that is now the community center. The parish currently has over one thousand members.

Interview and Observations at St. Margaret Mary's

Sharon Wess is the Pastoral Care coordinator, a paid position, at St. Margaret Mary Catholic Church. Her preliminary job is to work with the Ministers of the Sick at the parish, and to also coordinate bereavement, additional funeral arrangements, spiritual direction and other supporting programs that deal with end of life care. Sharon Wess has worked with the parish in this position for about ten years. She received her M.A. from Loyola University in Pastoral Care. Wess was 49 when she started working as a volunteer. She served as a Minister to the Sick when Father Walsh asked her about her interest in the position. At first she felt that the job was not appropriate for her because she desired to work as a spiritual director. However, after some thought, she accepted the position.

An interview was conducted with Sharon Wess in early December, 2006. Her interview consisted of questions about personal opinions about the programs affiliated with St. Margaret Mary's and about the daily outreach of the parish in regard to the Sacrament of Anointing the Sick and of its sister ministry. Wess was asked about the specific programs that she is responsible for that fall under the program of Ministry to the Sick. Wess explained that the program has been part of the parish for twenty five years. The program includes Mass and Communion Service for the sick, homebound, and nursing home patients.

Wess works with all Catholics in the area if they are located at nursing homes or in the hospital, whether or not they are parishioners of St. Margaret Mary. The hospitals attempt to consistently have a Minister of the Sick visit every day. Sharon trains the volunteers in accordance with the Diocese of Orlando, and also arranges their hours of

volunteering. There are approximately 110 Ministers to the Sick working for the parish and these volunteers usually work in teams. The process works by allowing the volunteers to pick a nursing home or hospital, depending on their comfort level. However, once they chose their position they stay with it. Wess explained that most volunteers are elderly and have had some experience with the ministry through their personal experiences, or have had a loved one in a nursing home. In the last five years there have been more young women with their children becoming volunteers within the ministry. This younger generation makes about one fourth to one third of the volunteers as this time. Mass or Communion Services are offered, depending on the nursing home and hospital. Wess communicates with the activities director and it is usually up to the staff about how much involvement they are allowed to have with the patients. The parish attempts to have one Mass a month. Wess emphasizes the use of communal prayer in each of the organizations, and on communication with hospital and nursing home staff when the Sacrament of Ministry to the Sick is required.

One of the other programs that the Pastoral Care program provides is the cancer support group. The group is made up of approximately four to fifteen individuals, most women, who meet twice a month. These individuals are either survivors of cancer or still in treatment. Wess explains that these group members tend to be quite “rowdy” but are very faith filled and rely on each other for support. Wess explains that she personally runs each meeting, and starts it with the question posted in the church bulletin for that week. This question is meant for reflection and to inspire discussion. They group members pray together, share stories, and listen to each other. The group is anonymous and this helps the members feel comfortable. The purpose of this group is not to educate the members

about cancer, but to give them emotional and spiritual support. Wess explained that she has been running this group successfully for about three years. She also explained that she has never had a family member suffer from cancer, but that this experience has been a growing process for her as well.

A final project that Sharon Wess discussed as an active part of the Pastoral Care program is called Purls and Prayers. This is a crochet and knitting group that makes prayer shawls, hats, and scarves for the homeless, homebound, elderly, or suffering from cancer. The participants in this group are mostly elderly women who volunteer their time to this project. The women also include a card of prayers and offer support to those who are receiving the knitted items.

During the interview, Sharon Wess identified some of the difficulties with the program and with the concept of Ministry to the Sick. One of the most specific issues Wess pointed out was time commitment on the part of the volunteers. Wess explained that personal schedules, time conflicts, and other issues sometimes cause the Ministers of the Sick to cancel their shifts, and what happens is that there is no one available to visit the nursing homes and hospitals at that point. She views dedication to this ministry as a personal responsibility.

Another common issue was simply the lack of clergy available to visit each nursing home or hospital. Sharon Wess explained that there have been a decreased number of actual masses at the nursing homes, since there are fewer priests and their time is stretched. At this point Wess attempts to schedule one mass a month at each location. Since there are fewer priests coming into priesthood, laity must fill positions within the church. With Ministry to the Sick this often materialized into having more communion

services instead of masses. Wess explained that the lack of priests has had no impact on whether an individual is able to receive the Sacrament of Anointing the Sick.

Communication and support from staff and activity directors is another difficulty with the program that Sharon Wess pointed out during the interview. Many times there seems to be a lack of support to keep the mass sacred. It is often moved from a chapel area into a basement, cafeteria, or activities center where loud speakers continue to make announcements or nurses interrupt by walking through. Communication with staff about Catholic residents within a facility is Catholic has also become a sensitive issue with in the program. It is difficult to have good communication with the administration at nursing homes because of Health Insurance Portability and Accountability Act (HIPAA) rules. These rules of confidentiality are meant to protect the patients and clients at different medical and psychological facilities. However, because of this rule Wess points out that administration will not always release information about a patient's religion. Saint Margaret Mary's may have a difficult time finding out if someone is Catholic and should receive the Eucharist, or if they need to receive Anointing of the Sick. Many times those who are supposed to receive the sacrament of Anointing of the Sick go "under the radar" because there is no family available to request it. Wess explains that personal requests need to be recognized more actively. She explains that this is not the case in all locations, and most nurses call the church to inform her of the specific situation.

One of the difficulties that needs improvement has become a culmination of lack of priests, poor mass setting, and proper support from administration is the desire of elderly to simply watch the mass on a television in their room or private residence. Sharon Wess points out that many times patients will prefer to watch the mass on

television because they can hear and see it better, and because they are viewing a priest instead of a lay person. Wess explained that this is not liturgically correct. The ministry being performed is supposed to be a communal experience, as is the sacrament to the sick. The ministry needs to work out bringing the elderly and homebound into the community in a more active and visible way. She explains that the Sacrament of Anointing of the Sick is supposed to be a process shared by the community. St. Margaret Mary's provides a communal version of the sacrament twice a year. It is also done at a weekday mass as long as a priest is told ahead of time. However, because of this process, and the majority of individuals needing the sacrament unable to come to church, it becomes a one-on-one process. Wess explains that she feels strongly about placing more emphasis on the community and family within the parish; however, many parishioners are unaware that these options are available.

Awareness of the family members of a sick or dying individual also needs to extend outside the realms of the parish. Wess explains that one of her most difficult, yet not uncommon, experiences was with a family that could not accept the imminent death of a loved one. The family refused to accept that this family member was dying and did not allow her to use a hospice. They revived her several times, even after she requested not to be, and did not let her go home. With such experiences Wess says that the goal to protect the concept of "dying with dignity" has become a real need in our society. Many times people forget that there is a difference between "healing and curing". They become obsessed with curing, but forget about the healing process all the individuals involved need to go through. Wess explains that this can be a frustrating part of her specific

ministry, but it also allows her to see what improvements need to be made on a larger scale of spiritual and physical health care.

Finally, Sharon Wess discussed the future of Ministry to the Sick, specifically at St. Margaret Mary's. She feels that change is going to be in the hands of the lay person. There are simply not enough people within the clergy to meet the needs of the individual. Church leaders must accept that Communion Services and other programs organized by laypersons will become more common, especially concerning Ministry to Sick. Priests do a significant job of calling others to do work and finding help when it is needed, but lay people will need to learn to handle the responsibility. Wess feels that the most helpful change would be having parishioners take some responsibility in educating themselves to the opportunities give by the church. She feels that the amount of Masses performed will only decrease in nursing homes, but that more support groups and communion services will be performed because of the lack of priests needed to personally attend the facilities on a consistent basis.

Personal Experience with Ministry to the Sick at St. Margaret Mary

Sharon Wess arranged a visit to Manor Care, a nursing home located near Winter Park Hospital. The visit was conducted on December 14, 2006 in order to observe a communion service performed by Deacon Bob Kreps. Two Ministers of the Sick, Margaret and Anne, also attended that day. The communion service was held in the activities room of the building. Five women attended the service, all in their wheel chairs. They were brought in by nurses almost twenty minutes before the service started, and most were sleeping before it began. The Ministers of the Sick provided song books and sang the opening song. The communion service was twenty five minutes long, and the

Deacon said a short homily. Afterwards, Anne and Margaret gave the Eucharist to each attending patient.

The second part of the visit consisted of personal visits. After the area was cleaned up, the nurses came to take the patients back to their room. The Ministers of the Sick and Deacon Kreps had a stack of cards with the names and room numbers of the individuals who were Catholic within the facility. They proceeded to go into each room for people who were on the list. In each room Deacon Kreps said the Our Father, in either English or Spanish, depending on the individual. For individuals who were awake and accepted, Deacon Kreps distributed communion. The group spent approximately five minutes in each room. In many of the rooms the patients were not responsive, and the group simply said a prayer for them. Anne brought her four-year-old granddaughter with her for the visit, and this seemed to be the highlight for many of the individuals. I noted that most did not have family visiting at the time. There was also a social worker visiting several of the rooms that day, and she cooperated with Deacon Kreps and the volunteers when communication with patients. The entire visit lasted about two hours, and the next planned visit was for three weeks from that date.

Sharon Wess also arranged a visit with the cancer support group at their 10 a.m. meeting on December 18, 2006. The group that day consisted of four women, which had a very wide age range. All four were in remission from cancer or had been cancer free for several years, and had been showing up for the group meeting for many months. The meeting started, as Wess explained in her interview, with the question of the week. For that specific week the question was: During the advent season, how do my actions point to Jesus rather than myself? After reflection on this question, the group members started

giving examples of movies they saw or experiences during their treatment that pertained to the question of the week. The discussion grew and included discussion topics such as cancer as a blessing because of its use as a learning experience, as a rebirth, and a reevaluation of life. One woman discussed the difficult time she had finding support in the work place, and how this group helped her gain perspective on what was truly important. The woman seemed comfortable discussing the issues at hand. At the end they shared how the group fluctuates in size, and how many come for several meetings and then never come again. Each of them stated how valuable such a program is because of the support it gave them during treatment.

Interview and Observations at Our Lady of Lourdes

Maureen Shelton, 56, is the Director of Outreach at Our Lady of Lourdes. She has had four years of experience with Ministry to the Sick, three years of which have been in the position she now holds. Before becoming an employee of the church, Shelton was a hotel manager. However, since the age of sixteen she has had some experience as a minister to the sick. When she was younger, Shelton was a candy striper at a local hospital where she was drawn to care giving. Eventually she became involved as a Minister of the Sick and also worked for the Bereavement program. After a year Father Phillip Egitto asked her if she was interested in becoming the Director of Outreach. She eventually left her job in the hotel industry and now works for Our Lady of Lourdes fulltime.

During an interview in March of 2007, Maureen Shelton was asked the same series of questions that were also given to Sharon Wess. Shelton started by describing the ministry provided at Our Lady of Lourdes. Outreach is a large program within the parish. Our Lady of Lourdes does not have an employee that deals strictly with controlling Anointing of the Sick and Ministry to the Sick. Outreach consists of Ministry to the Sick, Bereavement, Hospitality, Justice Ministry, and Rights of Christian Initiation for Adults (RCIA). The Ministry of the Sick program at this specific parish has grown to approximately fifty ministers over the past three years. The parish visits approximately 100 homebound individuals each week. The program focuses on visitations at nursing homes, rehabilitation facilities, hospitals, and personal residences. The ministry works with ten different nursing homes within the Daytona Beach area. They also visit the Veterans Affairs (VA) clinic to pray the rosary. Cassettes of the Hail Mary prayer are

also available to all of the individuals that are visited by the parish. Some volunteers are also able to speak French, Russian, and Polish to meet the needs of the diverse community they are visiting. The parish also provides bereavement counseling for those in hospice, which occurs about three to four times a year and is a six week course. The course is free, and if individuals require special needs those are provided as well.

Those who are active ministers within the parish are all volunteers. Shelton explained that about fifteen percent of those who volunteer are between the ages of twenty and thirty. However, most are over the age of fifty. Shelton has observed that over the years more and more volunteers also bring their children with them on visits if given permission, which has been beneficial in gaining younger volunteers and also added interest by those being visited. Other programs that Outreach provides include Project Hope which deals with helping disaster victims, counseling for emotional support, AIDS ministry, and working with the school children who make cards for parishioners who are bed ridden or in nursing homes and hospitals. For each of these specific programs, Shelton trains individuals in groups or in one-on-one sessions in accordance to diocese regulation. When training Ministers of the Sick she focuses on finding the right fit for each volunteer so they feel comfortable at a certain location, whether that be the nursing home, hospital, or individual residence. Once a volunteer makes a selection, they usually remain at that location for the purpose of consistency.

Maureen Shelton explained that people feel drawn to certain locations and desire a certain experience. One volunteer whom she trained requested to work at the nursing home in which her grandmother had passed away. Even though she would often feel uncomfortable, she explained to Shelton that he felt drawn to the location and that it was

helping her accept her loss and assist others. Shelton was concerned about keeping her at this facility, since she would often feel distraught. However, over time she learned that sometimes working through another's pain helps in understanding personal pain.

For the sacrament of Anointing of the Sick, the Parish works in conjunction with Father Chien Nguyen, the hospital chaplain, at the Basilica of St. Paul in Daytona Beach. Father Phillip Egitto does not normally perform the sacrament unless specifically called to do so by the individual or family. Father Nguyen is called to each hospital and nursing home at the time the sacrament needs to be received. He is also the priest that performs most of the Masses at each nursing home. Our Lady of Lourdes focuses on bringing prayer services and visitors to these locations on a more frequent basis.

Shelton also explained that even though volunteers are consistent and many programs are running successfully, there are also major difficulties when attempting to run as successful ministry. One of her personal experiences included working with the local VA clinic. Shelton attempted to have ministers come perform a Communion Service for the residents at the clinic. For over six months she focused on establishing a relationship with the staff, but they were hesitant to communicate. Shelton felt that they were in need of spiritual support, since no other church was providing a service for them. The clinic eventually explained that they did not feel comfortable with the situation, and that they did not desire the service. After some time, Shelton was able to establish a time for ministers to come and pray the rosary with residents if they desired it. However, she explained that dealing with bureaucracy could often be frustrating, especially if trying to reach people with a religious purpose.

There are also many changes that Maureen Shelton would love to see and she also senses the direction that the ministry is going in. In the future she sees the need for more meetings, and makes the suggestion that Ministry of the Sick should be changed to Ministry of Care, since so many times there is much for that the ministry offers than just support of those that are sick. The title also has a very dismal association. She feels that the ministry is much more about offering comfort. At this time Shelton feels that the church is very supportive of the ministry and that it will continue to grow as the church grows. There is a definite need for more young couples and families to become involved in the ministry. Shelton would like to also start a new program that would work closer with those who are more directly dealing with their death, possibly through hospice. This again brings in the concept of compassionate care for the dying that the Catholic Church stresses. In essence, the need for more end of life care is essential. All of these issues translate into one huge ongoing debate about the need for a Catholic nursing home. The church spends so much time and energy reaching out to nursing homes, but being able to take care of its own parishioners within the parish's facility could prove to be the best way to make sure they are properly looked after.

Personal Experience with Ministry to the Sick at Our Lady of Lourdes

Maureen Shelton arranged a visit to Indigo Manor Nursing Home in Daytona Beach for the purpose of observing the Communion Service and ministers volunteering at that specific location. The visit occurred on March 21, 2007. This specific volunteer time occurred bi-monthly. There were two Ministers of the Sick, but no Deacon or clergy member, who were present at Indigo Manor. There were thirteen residents who attended the communion service, which was held in the activities room. There were two males and

eleven females. The communion service started with one set of Hail Mary's which was guided by one of the ministers. The residents spoke along with the minister. There were readings from the gospel and the communion was distributed. Most of the residents actively participated and all take communion as well. There was some socializing between the ministers and those who attended the service.

Indigo Manor spans across two floors, so the rooms were divided up according to floor. One minister took the first floor, and the other took the second floor. In this way each had approximately ten additional rooms to visit which consisted of another hour of volunteering. In many rooms communion was given to both individuals, and thus about an additional forty people were visited in the nursing home that day. The Minister of the Sick used a slightly different format with each individual depending on their activity level and understanding. For some a simple prayer was said, for others communion was distributed and several prayers were said together. Most that were visited were female, and all used English as their primary language. Most were not sedated and could participate. Several thanked us for coming and expressed their enjoyment in our visit. They explained that they were grateful and looked forward to our coming. The minister of the Sick whom I followed used a lot of personal prayer in each individual room instead of option for the Our Father prayer or some other standard prayer. The entire visit lasted approximately an hour and a half.

Advertising Ministry of the Sick

A strong element that has come across in understanding how people react to the sacrament of Anointing the Sick and the ministry that follows is through basic advertisement and available information. It is strange to think of the church advertising the basic programs it runs, since most assume that the availability of Anointing of the Sick is evident to the community. However this is not always the case and it has been evident that because each church has slightly different programs and practices that the parish members need to be informed of what is available. Not only does the parish need to express what programs are accessible, but this information should to be easily available to the public. It seems, for the most part, if information is not constantly reviewed or placed on a table in the foyer of the church then most parishioners will not look for it. Directly before the end of Mass the priest will make announcements about the weekly activities that are available at the church; however, parishioners are not reminded that they can receive the sacrament of anointing at any time if they discuss it with the parish office or priest. This might lead some to question the manner of the church about their specific attitude towards the sick and dying, or just about the basic spread of information to church members. Specific observations were made about both St. Margaret Mary's and Our Lady of Lourdes about their approach to spreading this information.

One of the first places most individuals turn to for information today is the internet. St. Margaret Mary's has a strong website which also includes a well-built description of all the Ministry to the Sick programs that are available. The St. Margaret Mary's website leads the viewer to information through both Pastoral Care and

Sacrament links. The pastoral care page explains what Anointing of the Sick offers and then describes all that their ministry offers. The webpage describes each nursing home which is visited by the church, and also gives information about the cancer support group, homebound visits, a prayer hotline, and bereavement ministry. The website also gives a significant amount of information about how to contact the church and who to ask for. The Staff page gives the viewer pictures, names, phone numbers, and e-mail addresses to contact the individual they need in regard to the ministry.

St. Margaret Mary's uses a church bulletin to spread information out to parishioners. The bulletin is passed out to individuals walking out at the end of mass, but is also made available in the foyer of the church at any time. The bulletin is updated each week. The church's bulletin provided a summarized paragraph about the different programs that the church organizes. A significant portion of the bulletin is dedicated, each week, to the spreading of information about this ministry. On the first page there is a portion dedicated to each sacrament, and a phone number is provided for information regarding Anointing of the Sick and Funerals and Bereavement. Sharon Wess's phone number is also provided on that page. On one of the last pages of the bulletin the church has a section dedicated to Pastoral Care which describes several of the programs and also includes information about how to become a volunteer at the parish. (See attachment 1 and 2)

Our Lady of Lourdes takes a different approach to informing parishioners about their programs. The church website does not provide any exact information about ministry of the sick. The website does mention that Anointing of the Sick is given at the church in March and October, and to contact the church for more information. Maureen

Shelton is described as the Director of Outreach and a number is given on the staff page. However, it may be difficult for parishioners to discern that her name is associated with the ministry to the sick and bereavement program. The website is not very extensive, but does publish the bulletins online. It also provides all the contact information needed to reach the parish office.

The church bulletin does not provide extensive information about what the church offers with the program. However, they do include Maureen Shelton's information. The bulletin also adds a reminder to pray for the sick. Inside the foyer of the church where the bulletins are available there are also two informational flyers available. One flyer is dedicated to Ministry of the Sick which describes the role of a minister and also what the program is supposed to accomplish. Shelton also provides her card in the packet. The other flyer is on Bereavement Ministry and describes the basic funeral rights of the church, the basics of cremation, and about the support groups offered at the church during certain times of the year. However, both flyers are very general and do not give specific information to the different volunteer locations or how the process works. (See attachment 3,4,5,6 and 7)

Analysis of Observations

Similarities and differences

It was evident that going into the research there would be some distinct similarities between the churches that were visited. Working with a Roman Catholic community, there is an expectation that practice among churches would be similar. In fact the major purpose of the programs at both St. Margaret Mary's and Our Lady of Lourdes is very similar. Both programs strive to comfort and bring a religious message to those who are incapable of achieving it themselves. Both programs fulfill a need within the community. Both communities are also able to provide a sacrament to individuals, whether they are visiting the church, at home, or in a medical facility. These are all very basic and foundational similarities that should be expected at each parish.

There are also deeper similarities between the two parishes in the manner of which they work with the community. It was surprising to find how both parishes dealt with language barrier issues. Even though the language needs themselves were different, both parishes were able to provide their parishioners with language support. Providing nursing home residents with the sounds of their native language brought an evident connection between the ministers and those who they were visiting. Even if the need met was minimal, such as knowing the Lords Prayer in Spanish, it showed the extra amount of preparation given to ministers.

Similarly, children played an important role in the ministry. When visiting Manor Care in Winter Park one of the ministers brought her granddaughter. The minister mentioned that she does so often. It was evident to see how much the different residents interacted with the child. Maureen Shelton also explained that when she goes through

training with those who desire to volunteer as ministers, she advises them to bring children along or to involve their children if they are of appropriate age. It not only brings another element of ministry to those who are being visited, but it also helps children understand and be exposed to different elements of life and living. Shelton explained that many times when this occurs the entire family becomes involved in the ministry. The more willing individuals are to volunteer then the more enriching their ministry becomes.

Another similarity of note is the focus on individuals that each church shows. Even though it is stressed that Anointing of the Sick and its associated ministry should be focused on groups and families, it seems that the ministry is very individual-oriented. Ministers go in small groups or on their own to visit individuals who are on their own. Only once was a family member present in a resident's room who chose to stay for the visit by church ministers. There are possible problems with this approach that will be discussed in more detail later on. It is important to note though, that when ministers visit most of the work is done going to homes or patient rooms. Also something important to note is that when a patient does have a roommate who is not Catholic and receiving Eucharist, there is little interaction with that individual. This was a consistent experience at both locations. Even when St. Margaret Mary's organized a group meeting, the number of people who showed was low and it also felt like a one-on-one experience with those leading the discussion.

As much as the basic flow of the service and visitation process seemed similar, there were several differences between both parishes that made it evident that they were functioning through their own organized approach. Some of the differences are just surface and structural differences. Others seem more problematic and should be

addressed and improved upon, which will be discussed further on. It should be noted that differences between these two parishes' communities is also important. Having a "cookie-cutter" experience when visiting different parishes would be unpleasant and would imply that there is no room for growth. Also, many individuals might feel drawn to a certain type of style of worship and ministry and thus a specific parish may appeal to them. Through observation it is evident to see that both programs comply with what the diocese deems appropriate in training and working with the sick. However, the differences that these two parishes possess do create two different types of ministry environments.

One of the evident and impacting differences between the two parishes is their communication method. St. Margaret Mary's has a very strong and easily accessible approach to informing parish members and the general public about their pastoral care program. The parish utilizes the Internet by posting large amounts of ministry and contact information online, which is viewable to everyone. They also explain the programs in the bulletins. They make the information accessible and easy to understand. However, how much parishioners and outside individuals actually utilize the information is unclear. What is evident, however, is that St. Margaret Mary's has trained many individuals and does have members come to group discussions and programs such as Purls and Prayers. The information does get distributed to some individuals. However, I feel that the information that needs to be spread more is about the actual sacrament of Anointing with the Sick, since according to my interviews many parishioners do not participate in the church anointing that occurs twice a year. This has been a consistent finding between

both churches. It seems that most people do not understand they do not have to by dying to receive the sacrament, and that it is focused on community prayer.

Our Lady of Lourdes does not have the extensive website information that St. Margaret Mary's provides. However, they still have a strong amount of individuals that desire training for ministry of the sick. Again, it is not readily evident how much of an impact their lack of advertising has on those who are not members of the parish and looking for answers.

Generally speaking, based mostly on interviews, it would seem that Our Lady of Lourdes has a stronger relationship with the nursing homes it visits on a regular basis. St. Margaret Mary's did mention the difficulties they experienced with gaining access of records and space to visit and worship with nursing home residences. However, Shelton at Lourdes also mentioned difficulties working with the VA clinic. When it came to actual visits, the turn out at Indigo Manor (which was being visited by Our Lady of Lourdes) did have a much larger turn out. It could be possible that the communication between that specific church and home is more efficient and staff is more aware of the church's presence. It is also possible that since Our Lady of Lourdes works with fewer nursing homes that it has more time to communicate with each nursing home. Shelton explained that she had a very good relationship with the homes she worked with, and that the staff at each was very respectful. Sharon Wess with St. Margaret Mary's did describe the frustrations and lack of respect that she experiences with each nursing home that she was in contact with. At the time of visitation, both groups did have lists provided by the staff, which informed them of the Catholic residents, and each group of ministers were well organized. Understanding the true relationship with both nursing homes and parishes

would require more observation and communication with the nursing homes. However, generally speaking, both parishes did have enough communication with each nursing home that residents were attending the communion services and proper lists of residents were being distributed.

The most evident and important different between both parishes was the level of lay person independence within the programs. Sharon Wess had mentioned in her interview that the future of a successful Ministry to the Sick program was its ability to be dependent from the clergy at the church. She explained that different programs such as this one could not focus on the use of priests and deacons since their numbers are decreasing and their energies are focused elsewhere. However, St. Margaret Mary's was evidently more dependant on clergy based on the observations and interview. As mentioned previously, Deacon Bob Kreps performed the communion service at Manor Care, while the ministers assisted. Deacon Kreps also visited each room at the facility. He guided each prayer and distributed the Eucharist. The ministers of the sick assisted the elderly individual by holding their hand and praying with them.

This personalized attention seems to be desirable coming from a clergy member. However, the question arises about the practicality of the deacon leading the ministers at each visit. It could be possible that the reason St. Margaret Mary's is unable to conduct Communion Services for its parishioners on frequent basis because of the need of an available deacon. Wess also described that having volunteers that are dedicated to a consistent schedule has been a difficult factor. However, if the deacon is also attending the visit, than a minister might not feel needed or useful at each visit. These are possibilities based on the observations and answers given by Sharon Wess. In essence, St.

Margaret Mary's seems to be a more self-sustaining church since they utilize their own clergy for their ministry and for Anointing of the Sick. They also work more within their own building by providing programs that parishioners can attend within the church.

Our Lady of Lourdes takes a more community-oriented approach to their ministry. The program seems to be self-sufficient from clergy since Maureen Shelton assigns locations and ministers attend by themselves and lead communion services by themselves. Since individuals go with out the lead of a clergy member, this is more responsibility placed on the volunteer. Shelton did not express any difficulty with having volunteers keeping consistent times at their locations. Each nursing home is also not solely visited by Our Lady of Lourdes but has weekly visits from other churches within the area, which seems to make for more consistent visiting times for nursing home residents. Father Egitto is also not responsible for all the Anointing of the Sick done at each hospital and nursing home the church visits. Instead there is an area chaplain who is approached when the sacrament is needed. The church calls on other parishes in the community to make their specific programs more fluid. This may be an expression of the communion between parishes and nursing homes in the area and the specific work done by Maureen Shelton. Being independent or community based can have both positive and negative impacts on the community and the parish ministry. Both parishes seem to maximize the amount of work they do based on their approach. Both St. Margaret Mary and Our Lady of Lourdes also have room for growth and improvement, which leads to larger implications about Ministry to the Sick within the Catholic community.

Suggestions for Improvement and Larger Implications

One of the more evident changes that should occur at both parishes is increased communication with outside groups. Strong communication skills are always being developed and always need improvement, especially when the success of a program such as Ministry to the Sick depends on the understanding and support of outside individuals. St. Margaret Mary's seems to desire stronger communication with the facilities that it works with, specifically the nursing homes it visits. Simply saying that the church needs to teach the nursing home to be more understanding is not going to instill change within the upper administration. From what the interviews revealed, most interaction seem to be over the phone. It is not practical to ask the director of the ministry to set up meetings and talk with every nursing home's staff and expect a complete turnaround in behavior. However, since so many Ministers of the Sick are being trained at the parish, some of them must have a strong understanding for what communication needs to be increased. This would be especially true if they volunteer on a consistent basis and have to personally deal with the lack of information being given to them, and unnecessary interruptions during communion services.

There is no reason why religious services need to be fighting for space with different activities such as Bingo or arts and crafts, which has become the case at several facilities. Training one or two volunteers to set up meeting times to discuss these issues in person with higher administration could bring more awareness. Many of the residents at these facilities are incapable of properly communicating their needs to the staff, and thus family members should also voice their opinions about the need to provide the ministry. Since most of the time the family members are paying for the residents, their voices

would be taken more seriously. Since many times patient information is confidential reaching these individual could be difficult. However, those who happen to belong to St. Margaret Mary's or other local parishes could be informed through formal announcements after mass or within the bulletins.

This brings to focus the need to improve communication at Our Lady of Lourdes within their bulletin and online services. The importance of easy access to information about church programs has been stressed as an important part of a successful ministry. Our Lady of Lourdes has the means to inform both the public and parish members about the specifics of ministry to the sick. The church does make brochures available, but they provide insufficient and impersonal information. Also, individuals who may have questions but are not sure exactly what they are looking for would really have to go out of their way to find a flyer. Some might assume that if it is not in the weekly bulletin, then it does not exist. These are easy corrections to make and take some minor adjustments. However, the bigger communication problem would be with the specific program name. "Outreach" is an umbrella name for many programs that Maureen Shelton directs. It is admirable that one individual is able to run so many different programs. However, when a parish member looks at the director there is no specific location that states Ministry of the Sick or Pastoral Care. Again, adding a description in the bulletin or online of what Outreach consists of would be an additional benefit to those who are seeking information.

One of the underlying problems that all parishes need to work on through their ministry is breaking down the misconceptions about Anointing of the Sick. Already, these parishes have established strong programs that are assisting individuals within the

community. However, one of the main problems is that they are dealing with individuals on a one-on-one basis and bringing an understanding of the sacrament and ministry could help break down this barrier.

Through interviews it became evident that most parish members are not quite sure what Anointing of the Sick is and what occurs. The primary belief seems to be that the priest absolves the individual of sin right before death. As seen through the Catechism, the sacrament is much more complex and encompassing. The thought that this sacrament can be utilized by any individual in a time of need is a message that should be spread. If more knowledge becomes available about the sacrament and what it entails then members will be more willing to utilize it for their needs. Spreading such information is the responsibility of the clergy of the church. If the priest puts a strong emphasis on this sacrament the way baptism and marriage are regarded, then the public attitude would shift and more people would be open to understanding what it entails.

Since there is a great misconception about the sacrament, those who feel they need it seek it out on an individual basis or once it is delivered at a hospital or nursing home facility. It has become evident that part of this misconception could be created by the church program itself. Since much of ministry is done on a room-to-room approach, or within some groups at individual homes and residences, many feel that Ministry to the Sick and Anointing of the Sick is a private affair. Family is often not present, and other parish members are also not available. The Catechism explains that the sacrament should be communal. Improvements can be made if the church works on more frequent Anointing of the Sick and Ministry of the Sick programs within the church for large groups. Currently, most of these are only held twice a year. However, the cancer support

group that St. Margaret Mary's provide is on the right path. Again, such programs can only work if information is spread properly. This shows the constant cycle between proper communication with parish members, facility staff, and cooperation with clergy and volunteers.

There are greater implications to the observations and conclusions made about these two specific programs. There are basic differences and improvements that should occur at either location. However, the overall need for Ministry of the Sick is an essential part of the Catholic Church. Doing this research and seeing the actual programs that are established bring and understanding about what type of role religion plays in the lives of many individuals.

With the use of sacraments the Catholic Church becomes a foundational part of a person's life during each transitional stage including birth, entering adulthood, marriage, and finally death and end of life care. As it turns out, sacraments and ministry centering on end of life care has become a private and secularized function. Those who are unable to leave a home or facility are dependant on the church to organize and bring programs to them. The questions raised summarized the feeling of: Is a bi-monthly ten-minute visit enough? For many homebound and nursing home patients who are not directly dying this has become the only option. It is understandable that training and organizing visits through church ministry takes a lot of effort, money, and time. Those who run these ministries are individuals who are working for the church, and in turn find volunteers to work for the program. However, as Sharon Wess described, the future of the church will depend on the effort and dedication of these volunteers. Since there is a limited amount of priests, others must take initiative.

These thoughts and observations culminate to the discussion about the future of Ministry of the Sick and the Catholic Church. At least within the Central Florida community that was observed, it would seem that the next appropriate step for appropriate Pastoral Care would be the establishment of a Catholic nursing home facility. Many Catholic Churches in the area focus on the Catholic youth by providing schools that educate and provide guidance and assistance to those in the faith. However the sick and elderly and not provide the same level of service. There are hospice facilities within the area that cater to those specific needs. However, even though hospice work is significant it only benefits those who are dealing with terminal disease and utilizing end of life care. Taking some of the basic ideas of hospice care and Ministry of the Sick work and translating it to basic nursing home care would be beneficial to the community. To further support this solution, there is also a successful Catholic nursing home in the Jacksonville area called All Saints Nursing Home and Rehabilitation Center. It was founded by Archbishop Hurley, and focuses on creating a spiritual atmosphere for its residents. The facility does have a chapel on site and provides consistent religious services and activities. (See attachment 8)

The Catholic Church does hold the responsibility for taking care of its parishioners and this should be done on all levels of life. Based on the Catechism that explains the responsibilities of the Catholic Church and identifies the foundations of sacramental thought, it would seem that establishing a Catholic nursing home would be the next logical step. Specific benefits of having a nursing home run by the church would include end of life care that went along with the belief system that would parallel the

ideals of the faith and would encourage the community aspect of caring for the sick and elderly.

Concluding Thoughts

Future research can be done on understanding the true concept of Ministry to the Sick. This research has brought a picture of how individual parishes act out ministry; however, what does the local public truly desire? One of the largest implications of this research has been the evident need for some form of alternative care. Based on observations and interviews, the progress towards a Catholic nursing home seems to be an optimal solution. The most important focus would be the long-term attention given by the church and the elimination of confusion or lack of information given to priests and ministers by staff. It would also eliminate some of the more inappropriate behavior that occurs during communion services. In essence, the nursing home would try to create a sanctuary for residents and their families. Future research could attempt to uncover the practical aspects of creating such a facility with Central Florida. As with most research, as some questions start to be answered, new ones are created. As a whole, local parishes are focused on creating a strong sense of community with volunteers and its aging population.

Additionally, future research should also attempt to understand how much the sacrament of Anointing of the Sick has been used within in the Roman Catholic Church. The surprising outcome of this research has been the lack of emphasis placed on it even within each church. Each parish worries about elderly and sick individuals being forgotten or “misplaced” within nursing homes and hospitals, and thus not given their final sacrament. However, the most common excuse for this occurrence has been the lack of communication with these establishments and/or family relations. Would working on stronger communication between each parish and facility really be the best approach?

Perhaps future research can examine this problem more precisely and see if more specific education through the church would be beneficial. Teaching members and their families that these services are available before they are placed in a compromising position might be more valuable than encountering facilities dealing with the H.I.P.A.A. laws and other confidentiality agreements.

Looking back on the teachings in the Catechism and the findings reported by Braun and Zir in their research on end-of-life care, this study was able to reveal that both parishes successfully responded to the Catechism's teachings of Anointing of the Sick. Each provided the sacrament and successful ministries that additionally supported it. The ministries were also able to support the requests of the diocese for compassionate care within the nursing home facility. Each parish was effectively able to provide at least some of the care that is generally demanded by members, including preparation for death, facilitating forgiveness and administering appropriate ritual. There was no specific instance of conflict resolution between patient and family or patient and church, so no conclusions can be drawn on that fact. The other final expectation that most members have is about clarifying theological teachings. I feel that St. Margaret Mary's provided adequate information, but that Our Lady of Lourdes could provide more in terms of their advertisement. Both parishes do provide significant clarification to volunteers who in turn would be working with these individuals. However, no specific counseling or education to patients was viewed at the time of visitation.

When scholars, theologians, and parish members reflect on the meaning of the Roman Catholic Church, the idea of "universality" comes to mind. The Church views itself as one body, and one of the beauties of the Church is that no matter where an

individual goes in the world, there is a sense of common expectation. Conducting this research has shown that although the Church has specific expectations and ideals for its clergy and supporting members, each parish is unique. These two parishes have been able to adapt and meet the needs of their individual communities. St. Margaret Mary's has had much more demand placed on it through nursing home visitations, and the expanded need for information due to its high amount of members. Our Lady of Lourdes has successfully worked with other local parishes in order to increase visitation and care to homebound and nursing home residents. This is not to say that improvements cannot or should not be made. Even though both parishes have strongly prepared volunteers and built relationships with their respective cities, both should keep an open mind and program that is acceptable of changes and new opportunities.

As this research comes to a close, there are still many facets of the ministry that need to be discussed. This project provides a glimpse into a topic that is often debated under more controversial settings, such as the Terri Shiavo case, but is rarely thought about on a day-to-day basis. Especially with an aging baby boomer population, considering the approach the church has to those that are sick and elderly becomes an essential part of our concern for the future. Everyone hopes that their end-of-life care will be supporting and appropriate. When the church becomes involved with this ministry, parishioners and local citizens expect that the specific care they provide will be at its best. The question arises about how much the common individual knows about the spiritual options of end-of-life care. As has been established, the Church itself is responsible for spreading information and educating the public. It has also been established that focusing on the quality of spiritual care at private and public residences is not only a responsibility

of the church, but also of the supporting family. Ideally, as the Roman Catholic Church grows and changes, it must continue to meet the needs of its members by providing ministries that go above and beyond fulfilling the suggestions of the Catechism. At this point the research has shown that church guidelines have opened doors for strong philanthropy and assistance to the sick, elderly, and homebound.

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