

# Sacred Sexual Touch: Illness, Sexual Bodies and Sacramental Anointing in Rural *Bidayūh* Villages

JOSEPH N. GOH

*Monash University, Malaysia*

Although the sacrament of anointing has undergone a major shift in focus from the dying to the sick after Vatican II, the official ritual maintains that its administration necessitates an ordained minister. This exclusive prerogative, coupled with the number of priests that is disproportionate to an increasing growth of baptized laity, underscores the reality that anointing lies beyond the attainability of many of the ailing. This is particularly evident in certain Roman Catholic communities of Malaysia. This article aims to queer sacramental anointing through a hermeneutics of body and sexual theologies by focusing on touch and presence, and a widening of boundaries beyond its exclusive presbyterial administration. Based on my ministerial experiences with the indigenous *Bidayūh* Catholics in the villages under the Archdiocese of Kuching in the state of Sarawak, Malaysia, I propose an alternative paradigm of anointing that focuses on embodiment through the act of touching by familiar hands, and which privileges the presence of the family members and friends of the ill.

**KEYWORDS** *Bidayūh*, Archdiocese of Kuching, Sarawak, Malaysia, sacramental anointing, illness, queer theology, body theology, sexual theology

## A Queer Pursuance

This article began innocuously as mind voyaging. I was reminiscing over frequent testimonies of indigenous *Bidayūh*<sup>1</sup> friends in the *kupo* (villages) of the Malaysian state of Sarawak of my presence at their sick beds. ‘Fader manūg!’ was the usual euphoric quip. Those occasions had spurred my musings on manifold issues in my theological worldview. I had served as one of three or four Roman Catholic

<sup>1</sup> The *Bidayūhs* comprise of diverse indigenous groups in the state of Sarawak (Malaysia) and north-west Kalimantan (Indonesia) on the island of Borneo. There are approximately 198, 473 *Bidayūhs* in Sarawak, thus constituting 0.7% of Malaysia’s total population. See Department of Statistics, 2010, p. 93.

religious priests from 2000 to 2007 among predominantly *Bidayūh* Roman Catholics in the villages.<sup>2</sup> I used to travel for miles, almost on a daily basis, to minister sacramentally to the Catholic populace spread over approximately fifty villages, in addition to numerous housing estates and schools. The rural Catholic mission which assumed pastoral responsibility for this Catholic population nestled under the patronage of the Archdiocese of Kuching (see Roman Catholic Archdiocese of Kuching, 2013).

Identifying now as a queer, progressive, ecumenical, transgressive and radical ‘interfaith-Christian’ Malaysian man and ordained priest, but who continues to unearth great value in many Catholic traditions, I pondered over a sacramental praxis of word, touch and oil that had gained recognition and acceptance among Malaysian Catholics. I wondered about the efficacy of spiritual sustenance that a priest could effect by his brief presence. My anxiety heightened over how the growing number of Catholics in predominantly Muslim Malaysia, where Christians constitute 9.2% and Catholics make up 3.1% of 28.3 million Malaysian inhabitants straddling peninsula Malaysia and the two states of Sarawak and Sabah on the island of Borneo (see Department of Statistics, 2010, p. 9; and Andrew, 2010), was disproportionate to its cadre of priests. There are 238 priests in contrast with 882,835 Catholics in Malaysia (see Andrew, 2010). In the Archdiocese of Kuching, 25 priests provide pastoral care for 168,221 Catholics (Andrew, 2010, p. 196). Currently, there are 22,087 Catholics and two priests in the Catholic mission where I formerly ministered.<sup>3</sup> My thoughts soon assumed a critical contemplation and gravitated towards the human dynamics of anointing. I began to see those who were ill and most in need of sacramental anointing not merely as passive subjects assuming the roles of sick persons who awaited sacramental handouts, but as passionate, embodied, sexual human beings who sought amelioration from their sufferings in prayerful sacramental solace. Soon after, I began writing this article as a project to queer, to punctuate and interject in normative conversations on sacramental anointing through a hermeneutics of body and sexual theologies, in order to foreground the oft-dismissed significance of viscerality in sacramental praxis. My queering enterprise also seeks the interruption and problematization of an inherited Roman-centric Catholicism in Malaysia, notably the politics of sacramental administration. Although the hierarchical structure of sacramental praxis is rarely contested by the laity who often eschew confrontations with their ecclesiastical leaders out of deference, my previous experiences among the *Bidayūh* Catholics indicate a high rate of sacramental inaccessibility due to the dearth of ordained ministers.

In this article, I highlight sexual bodies as sacraments and liturgical performances that engage flesh-and-blood lives. Sexuality is not exclusively bound to the domain of genital expression. Sexuality is ‘the entire range of feelings and behaviours which ... embodied persons in the world, have and use to express

<sup>2</sup> While *Bidayūh* Catholics form the majority of parishioners, the Catholic mission also ministers to Catholics of Malaysian Chinese, Indian and *Iban* descent. The *Ibans* are another indigenous group in Sarawak.

<sup>3</sup> Based on my communication with a member of the administrative staff of the said Catholic Mission on May 11, 2013.

relationships ... through looks, touch, words and actions.’ (Hardman-Cromwell, 2000, p. 5). There is thus a holistic dimension in sexuality that evinces ‘self-understanding’ and a ‘way of being in the world’ (Hardman-Cromwell, 2000, p. 5) for embodied persons. Human identity – in its utterly complex fluidity – is fundamentally sexual identity, in that it bespeaks the ‘experience of desire ... biological constitution, the social roles and norms of society, and ... individual choices’ (Wilkerson, 2007, p. 4). Sexuality is that which constitutes the core force and deepest expression of relational human persons in their lived corporeal experiences.

Borrowing from Althaus-Reid’s notion of the sexual subject in theology (see Althaus-Reid, 2008), I posit that the task of discovering how the ill sexual subject irrupts in sacramental theology is paramount. I am not merely alluding to the copulative act itself that may be suspended in deference to the onslaught of illness. Sexuality as the core force of humanness must somehow be theologically aided for ill persons of faith who negotiate meaning in their afflictions. Mixon identifies illness as the ‘experience of physical disease, and of the sociocultural construction of meaning for that experience’ (Mixon, 1997, p. 7). Hence, illness is a sexual issue as it evinces numerous facets of human relationality and experiences within a socio-cultural setting. Wilkerson’s theory of sexual identity as ‘based on experience’ and how it ‘stabilizes as individuals interpret their desires through contact with others and their own culturally specific norms’ (Wilkerson, 2007, p. 4) finds parallel and applicability in the experience and meaning-making of illness.

Nonetheless, sexuality and the body have had a convoluted relationship with theology. Over time, ‘theology concerning sex became both more pessimistic and pragmatic’ (Horrocks, 1997, p. 10), with some mainstream churches such as the Catholic church in contemporary times adamantly declaring heterosexual and ecclesiastically-sanctioned marriages and progeny as the absolute telos of sexuality (see Catechism of the Catholic Church: no. 2363). Any route off the beaten track of such sexual specificity is considered sinfully prurient, as demonstrated in the opposition towards homosexual unions (see Pullella, 2012). Nevertheless, such narrow perspectives do not take into consideration the multifaceted ways in which sexuality permeates the realms of theology, ecclesiastical institutions and human lives. Kwok was spot on when she highlighted Althaus-Reid’s observations of how theological actors and actions somehow seem to gravitate around sexuality (see Kwok, 2003). Yet, traces of ‘body deficit’ (Goss, 2003, p. 13) sentiments had pervaded Catholic theology for a good number of years, effecting an unequal weightage in favour of the ethereal in its theological tenets, notably a sacramentological premise that stressed the spiritual dimensions of healing and dismissed the sexual body as ephemeral at best in the sacramental praxis.

I salute the reforms of Vatican II that emphasise a holistic healing of the ill person which includes physical healing (see International Commission on English in the Liturgy, 1983: no. 4) in the sacrament of anointing, but I argue in this article that sacramental anointing can be further enhanced by body- and sexuality-affirming perspectives. I propose using a queer theological methodology, with its return to the sexual body as a site of divine knowledge (see Goss, 2003, p. 13) as a

mode of enquiry, deconstruction and architecture of sacramental anointing. Based on my experiences among the *Bidayũh* Catholics in Sarawak, I suggest that richer forms of body and sexual theologies which focus on touch and presence are crucial in sacramental anointing, and can be located in the families and friends of the ill, whose consistent attendance can complement the fleeting and limited presence of (usually unfamiliar) priests as sole agents of anointing.

## Body Talk

During my years of ministry among *Bidayũh* Catholic communities, the laying on of hands and anointing were eagerly sought after by parishioners when I visited their villages to celebrate the sacraments. Semi-annual healing services at the Catholic mission were also well attended, and it was a common practice for parishioners to place vials of oil on a side table for blessing during the service, which they would subsequently bring home for their own use.<sup>4</sup> A parallel between the body and sacramental practices exists as both can potentially provide avenues for experiences of God in bodily responses (see Osborne, 1999, pp. 139–140). Sacraments deploy acts, utterances and artefacts as ways for embodied persons to connect with God who invites them to a relationship. In sacramental praxis, God reveals Godself. Bodily experience is ‘a fundamental realm of the experience of God’ (Nelson 1992, p. 42). Hence, the sexual body is potentially sacramental because it can discern and reveal the action and power of God. Despite being ill, ‘bodies participate fully in the imago Dei’ (Eiesland, 1994, p. 107). Albeit wrecked by suffering, bodies are grace-filled and are good because they can also be mighty sites for the presence of God, who enters human spaces and offers healing and radical transformations in the outlook of life and suffering.

It is particularly in processes of intimate encounters that bodily communication occurs through the skin, which serves as the interface between the self and external forces and presences. Skin-to-skin contact is expressed through touch. As embodied persons almost always communicate themselves and negotiate their identity as self through whom they touch and by whom they are touched, through whom they deny the possibility of being touched and whom they have denied their touch, how they touch and are touched, it is the same total, embodied persons who give and receive healing in a much greater capacity through touch than any other intermediary. Crawford posits that healing involves ‘physical, psychological and spiritual approaches to wellness ... determined by cultural, political and social locations’ (Crawford, 2006, p. 32). As a form of sexual communication, touch conveys the intentions of the one who touches to the one who is touched – be it benevolent or malevolent.<sup>5</sup> Sacramentally speaking, bodies can attest to the

<sup>4</sup>Permission was granted by the local ordinary for priests to bless oil for the laity to use among the sick, with the proviso that parishioners were made aware of the difference between blessed oil and sacramental oil. In this article, I am withholding an exploration into issues pertaining to this distinction as well as a further argument over who can validly pronounce the benediction over the oil. Instead, I accede to the assumption that the oil discussed herein proceeds from annual Chrism masses in the Archdiocese, in which oils are blessed by the local ordinary and distributed among parishes.

<sup>5</sup>In this article, I am not addressing issues of inappropriateness of touch. Instead, I focus on the constructive elements of touch in sacramental praxis.

healing touch of God in their lives which is encountered whenever tactile expressions of love and concern are given, as ‘the outward activity symbolizes an encounter with God and sets a seal upon what is happening inwardly, thereby in itself contributing to that encounter’ (Headley, 2002, p. 16). Healing takes on a multiplicity of approaches, but bodily contact – chiefly physical touch – is a major constituent of the physical approach to wellness.

The exact nature of how touch heals is a highly complex matter which does not propose a facile, singular answer. As a form of extension of the self to another, touching is an act charged with the potential to heal from many perspectives. According to Jablonski, touching effects ‘pleasure and relief, with measurable reduction of anxiety and stress levels and strengthening of the immune system, whose functioning is inhibited by high level stress’ (Jablonski, 2006, p. 111). Additionally, Weze, Leathard, Grange, Tiplady and Stevens (2007, pp. 115–123) insist that methods of healing by gentle touch, either by themselves or complementing conventional medical treatments are ‘safe and effective method[s] of improving psychological well-being in people with psychological problems’. Headley (2002, pp. 15–16) proposes that touch brings about benefits from physical, psychological, social, spiritual and sacramental aspects. These categories of touch do not imply a clean, distinct segregation of one from the other. Rather, the obvious polyvalence in the process of healing corresponds to the polyvalence in illness itself. There does not exist a singular or linear form of healing, just as illness is not a one-dimensional reality. Just as illness causes the ill person to enter into a liminal state, so too does healing occur on a liminal plane (see Empeur and Fernández, 2006, p. 239). Healing is a movement of the betwixt-and-between, negotiating the twists and turns of suffering and amelioration, whereby different aspects and areas of healing transpire in varying degrees and stages, ascertained by its effects.

Touch can ameliorate fragmentation in the ill person, particularly touch from familiar hands. Tactility within a setting of love, concern and the accompanying presence of loved ones plays a powerful part in the healing process. Within a liturgy of anointing, provision is made for the minister to lay hands and anoint the ill person with oil while repeating a certain formula that evokes images of God’s love, mercy, help, forgiveness, salvation and raising of the ill person (see International Commission on English in the Liturgy, 1983: no. 124). As the action of touch, either executed in silence or coupled with specific words, forms an integral part of the sacrament and reinforces the goal of healing, these images are communicated to the sufferer in a powerful manner.

The notion of healing as relational can be further illuminated by the research of medical anthropologist Koss-Chioino on spirit healing in Puerto Rico. The process of spirit healing ‘includes a radical empathic exploration, in which the healer-medium first sees and feels the sufferer’s distress ... The medium ... becomes deeply, often unconsciously immersed in the inner experience of the sufferer’ (Koss-Chioino, 2006, p. 54). Her research allowed Koss-Chioino to conceive of the theory of radical empathy, which expressed ‘the idea not only of experiencing what another person feels but also of participating in that experience’ (Koss-

Chioino, 2006, p. 56). A conceptual parallel to radical empathy highlights an important aspect of healing: the presence of significant others in the sufferer's sojourn is crucial in the journey toward healing. These significant others, who enter into and are undoubtedly affected by the sufferings of their cherished ones form an indispensable part of healing in numerous ways, chiefly in terms of accompaniment and shared suffering.

Immediate experiences of divine healing are possible, but a vast majority of the ill experience healing through mediated means. Sexual bodies can act as interfaces for God and persons to interact during illness. The presence, words, gestures, eye contact and touch of human beings become the sacraments through which the ailing allow God to penetrate their worlds and render meaning and support to their suffering. To borrow Csordas' words, 'hands are ... a kind of energy interface where divine love enters and negative energy exits the person' (Csordas, 1994, p. 54).

### Queer Excavations

Córdova Quero claims that 'to queer the past is a *performative disruption* in order to open up spaces for other discourses from the past to arise and be heard' (Córdova Quero, 2004, p. 28. Emphasis in the original). This breach is necessary to excavate insights that may have long been buried and forgotten by 'normalization' (Córdova Quero, 2004, p. 28), and is particularly helpful in the context of this discussion on sacramental anointing. In relation to the blessing and use of oil for purposes of anointing for the alleviation of suffering, some ancient records include the Apostolic Tradition of Hippolytus (see Hippolytus, 1987) from the third century, the Euchologion by Serapion (see Serapion, 1964) from the fourth century, the Apostolic Constitutions (see Apostolic Constitutions, 1990) from the fourth and fifth centuries, the letter of Innocent I to Decentius of Gubbio (see Innocent I in Ziegler, 1987, p. 42) in the fifth century and the Sermons of Caesarius of Arles (Caesarius, 1956) from the sixth century. Innocent I intimated to Bishop Decentius of Gubbio in a letter dated 416 CE that episcopally blessed oil was 'a kind of sacrament' and could be applied to the ill both by the clergy and the laity (Innocent I in Ziegler, 1987, p. 42). Some scholars understand this to mean that both clerical and non-gender-specific lay anointing were sacramental by virtue of an episcopal blessing, even if it was not identical to the medieval or contemporary understanding of sacraments (See Ziegler, 1987, p. 45; Gusmer, 1984, p. 19). The blessing contained in the Euchologion of Serapion invokes 'a throwing off of every sickness and every infirmity' (Serapion, 1964, pp. 77–78) and the prayer of blessing over the oil in the Apostolic Constitutions requests 'the power to restore health' and 'to drive away disease' (Apostolic Constitutions, 1990, p. 91). Thus, in the life of the early church, anointing embraced diverse forms of ailment, focused on bodily healing, and included lay anointing alongside clerical anointing, and possibly even self-anointing.

Nevertheless, a shift from this more holistic approach to one which accentuated the spiritual dimension gradually evolved. 'In the years between 800 and 1300,'

Thomas writes, ‘we see the disappearance of liturgies and rituals aimed at healing the whole person’ (Thomas, 1994, p. 31). Moreover, according to Headley, ‘healing became the exceptional miracle associated with sainthood, rather than the common practice of the church as a whole. General church ministry tended to relate to the soul rather than the body’ (Headley, 2002, p. 12). An understanding of sacrament anointing as ‘extreme unction’ and which concentrated on preparing the dying for heaven through remission of sins (see Martos, 2001, pp. 336–338) was prevalent for a lengthy period of the Church’s history. Finally, the Roman Ritual of the *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, a translation from the Latin version promulgated in 1972 (see International Commission on English in the Liturgy, 1983: front matter) sought to bring the notion of extreme unction to a halt and reinstated anointing as the sacrament of the sick. To a substantial extent in this regard, the Catholic Church engaged in its own liturgical queering by displacing a, prevalent perception of anointing. For Goss, to queer is ‘to spoil or interfere with (Goss, 2003, p. xiv). Hence, queering is a necessary engagement in meddling and disruption upon the realisation of systems that are oppressive, unjust or inadequate in the lives of people, particularly those who lie most vulnerably at the margins of society. Goss also sees queering as a theological methodology that transgresses boundaries of perceived and accepted normativities for the sake of justice and the greater welfare of living persons (see Goss, 2003, p. 229). The *Pastoral Care of the Sick* asserts that ‘suffering and illness have always been among the greatest problems that trouble the human spirit’ (International Commission on English in the Liturgy, 1983: no. 1) and reinforces the theological imperative for the followers of Christ to heed the example and mandate of their Master by showing ‘great concern for the bodily and spiritual welfare of the sick’ (International Commission on English in the Liturgy, 1983: no. 5).

The reforms of Vatican II showcased an admirable restoration of the holistic view of the embodied person in anointing. The Rites speak of the well-being of a person in terms of battling ‘strenuously against all sicknesses,’ seeking ‘the blessings of good health’ (International Commission on English in the Liturgy, 1983: no. 3) and being ‘concerned for the whole person and offer both physical relief and spiritual comfort’ (International Commission on English in the Liturgy, 1983: no. 4). While these sacramental and liturgical reforms have been commendable milestones in the life of the Church, there are problems and I will highlight two. First, the Rite itself exhibits considerable verbosity in its construct which may prove to be bewildering or irrelevant for some, with minimal human contact in liturgical gestures. Then there is the theological remnant of absolution embedded in sacramental anointing, which effectively renders it the sole prerogative of ordained ministers. Yet one wonders how the fleeting bodily presence of priests, the momentary laying on of hands, the brushing with oil on the forehead and palms, and the triumphalistic insistence on absolution can capture the well-intentioned sentiments of the Rite that are set out to embrace a more body-affirming theology, particularly in the context of rural *Bidayūh* Catholic communities with very few priests. How would this much-needed sacramental rite

affirm the sacredness of ill bodies if hampered by the paucity of ‘legitimate’ ministers? The obligatory inclusion of absolution needs to be reassessed if sacramental consolation is to achieve the highest levels of availability for the ailing.<sup>6</sup>

The evidence shows that a deeper, more radical queering of sacramental anointing is imperative. Goss made an apt point that “‘queer’ turns upside down, inside out,” (Goss, 2003, p. 228) which goes even beyond spoiling or interfering. When read from a sacramental context, Goss’ claim that the body is ‘a vehicle to connect with God’ (Goss, 2003, p. 12) and ‘the site of God’s Spirit’ (Goss, 2003, p. 67) disrupts the idea of sacramental anointing in its minimalistic performance and availability. A queer rendition of anointing emphasizes the reality that sacraments can be specific moments of embodied encounter with God for the ill, particularly through specific moments of presence and touch encounter – the laying on of hands and anointing, considered as components that constitute the centrality of the Rite (see Larson-Miller, 2005, p. 12). The present understanding of the sole prerogative of ordained priests in the administration of this sacrament and their dwindling numbers, as well as the clerical structure of the Rite itself due to the codicil of absolution underscore the reality that this mode of healing is not sufficiently body-centric in its spirituality and cannot be realistically made available to the large numbers of the faithful. This is a subtle form of sacramental marginalisation. Other models which can assist and enhance the priestly ministry in this regard must be explored.

## Widening Sacramental Boundaries

What has been discussed hitherto is by no means exhaustive, but it does drive home some salient points. Illness and healing are holistic, person-focused concepts. Constant bodily contact can contribute to the well-being of an afflicted person. Relationality, understood here as the presence of others who are able and willing to engage in radical empathy with the sexual sufferer, is vital to the process of healing. Nevertheless, the evidence proclaims the blatant reality that the present liturgical system is inadequate. Statistics in Malaysia clearly indicate that a depth of familiarity, relationship and availability that needs to be formed between priests and the ill for greater sacramental depth and significance cannot realistically be forged. A radical disruption is necessary in order to turn the current method of sacramental anointing on its head and extend its boundaries. Thomas adamantly asserts that healing touch cannot be monopolized by any particular group, but that it should be owned by all, seeing as healing touch is integral to the healing ministry (see Thomas, 1994, pp. 103–104). This ministry can be rendered more effectively when greater lay participation is permitted in sacramental rituals of anointing. This proposal is not an attempt to usurp the clerical practice of anointing, but to support, enrich, enhance and supplement it. A queer interpretation of my proposed

<sup>6</sup> I do not deny the connection between sin and sickness, nor the value of sacramental reconciliation and forgiveness. I am, however, questioning the location of absolution in this sacrament which focuses on the seeking of divine assistance in the amelioration of suffering.



expanded architecture of sacramental anointing for the transitionally or chronically ill, those convalescing or preparing for an inevitable end is based on radical love, ‘a love so extreme that it dissolves ... boundaries’ (Cheng, 2011, p. x), whereby pastoral love for the ill demands a widening of boundaries in sacramental administration. The ill are in positions of greater need, particularly from emotional and spiritual perspectives. While the presence of clergy and the sacramental help they offer may be of considerable benefit to the sufferer, it must also be acknowledged that their presence is often sporadic and brief. Sacramental justice demands that the ill should have access to body-affirming practices of prayerful, sacramental healing as and when the need arises for them, not according to the convenience of the clergy. This can best be accomplished by family members, caregivers or friends who have a special rapport with the ill. In situations where ill persons and those surrounding them share the same belief in Christ, and are mandated by their baptism to act in accordance with their common priesthood, frequent liturgies of touch and anointing can be especially effective.

Within this ethos of intimacy, radical empathy and abiding presence, the ill have numerous advantages in multifarious healing. Mixon declares that ‘all healing is founded in the practice of presence’ (Mixon, 1997, p. 196). Apropos this belief, Mixon proposes accompanying presence as a healing power. In accompanying the ill person, the caregiver does not need to unravel all the riddles of illness. Instead, what is potent in healing is the witness to suffering and shared experiences of all those involved in the saga of illness (see Mixon, 1997, pp. 195–196). The sexual bodies of loved ones and friends are charged with their own meaningful experiences and provide a means of achieving cohesiveness in the midst of the ill person’s fragmentation. In this sense, familiar faces, voices, scents and touches also bear sacramentality as they are the means through which the ill may gaze upon the healing countenance of God. Sacramental healing rituals which incorporate healing touch, and celebrate the goodness of bodies and the power of accompanying presence within intimate circles need to be reclaimed and be made more available to the Christian faithful in addition to clerical pastoral visits. Although this vision may hold particular salience for close-knit *Bidayūh* communities in rural villages, it is equally pertinent for all Catholic communities – throughout Malaysia and perhaps even beyond – which face a scarcity of priests.

Cheng speaks of the necessity to radically reverse the fragmentation and compartmentalisation of sexuality, race and spirituality to attain wholeness (see Cheng, 2011, p. 60). I wish to expand on his point by highlighting a parallel in the fragmentation of sacramental life, seen in the exclusive and divisive roles assigned to clergy and laity at the expense of the spiritual welfare of the laity. The pursuit of wholeness in the form of greater shared sacramental responsibilities and power that radically dismantles solidified liturgical legalities and hierarchical prescriptions, and erases institutional boundaries is long overdue. Illness, like healing, bears upon persons in a plurality of ways and often fragments the entirety of their sexuality – in their relationality, self-identity and life-meanings. The accompanying presence of loved ones who provide a sense of closeness and empathy are major constituents in the process of defragmentation and healing, thus yielding an important and powerful embodied sacramentality that complements anointing.

This queer but unrealised sacramental vision of radical love holds many possibilities in its future unfoldings for the ill who struggle in the meaning-making of their sufferings.

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## Notes on contributor

Joseph N. Goh is currently pursuing a PhD in Gender, Sexuality and Theology with the School of Arts and Social Sciences at Monash University, Malaysia. He holds a Licentiate in Sacred Theology (STL) from the Jesuit School of Theology of Santa Clara University in Berkeley, CA. An ordained minister with the North American Catholic Ecumenical Church (NACEC), Goh is also a member of the Emerging Queer Asian Pacific Islander Religion Scholars (EQARS) and the editor of the Queer Asian Spirit E-Magazine (QAS E-Zine). Website: <http://www.josephgoh.org>.

Correspondence to: Joseph N. Goh, Monash University, Jalan Lagoon Selatan, 46150 Bandar Sunway, Selangor, Malaysia. Email: [joseph@josephgoh.org](mailto:joseph@josephgoh.org).