

BIOETHICS MATTERS ENJEUX BIOÉTHIQUES

March 2017

Volume 15, Number 1

Ethic of Care 2: Towards a Christian Ethic of Care

Bridget Campion, PhD

In a recent article, “An Ethic of Care 1: The Evolution of an Ethical Theory,”¹ I provided some background on the development of an ethic of care, described how it was enthusiastically embraced by many in the nursing profession at least initially, and explained how it came under suspicion by those who suggested that “care” was closely aligned with the oppression of women. The lingering question was: can an ethic of care be recovered?

In this article I will explore the possibility of a Christian ethic of care—what it might look like and how it might move us to adopt an understanding of “care” not only as a deeply human activity irrespective of gender, but as a divine expression of love. To do this, I will examine the heart of Catholic health care practice and Catholic health care ethics: the healing ministry of Jesus. Before proceeding I should note that I am a moral theologian and not a Scripture scholar. What follows is a reflection on, rather than a study of, three of Jesus’ healing miracles.

1. JESUS HEALS THE BLIND MAN (MK 8:22-26)²

There is a great deal of physical contact in this story. The blind person is brought by the townsfolk to Jesus. They beg him to touch the man, and so to heal him (8:22). Touch is indeed the medium of healing and Jesus places his hands on the man’s eyes twice. But before he does this, he takes the individual by the hand and leads him out of the village and away from everyone (8:23).

The healing encounter is private, occurring between Jesus and the afflicted person.

The healing is messy. Jesus spits on the person’s eyes and then touches them. However, unlike so many other of Jesus’ miracles, the healing is not immediate. Jesus asks the blind man if he sees anything (8:23). The person replies that he has a partial restoration of sight—he can see people who “look like trees, walking” (8:24). Jesus lays his hands once again on the man’s eyes and the man is no longer blind. He can see clearly (8:25).

We might think that, with the person’s sight restored, the healing is complete, but it is not. Jesus has more to do for this man. He tells him not to return to the village but to go directly home instead (8:26). We do not know what detour the village is in this man’s life, but it is clear from Jesus’ words that village life is detrimental to this person’s total well-being. For this person to be fully well, he needs to be home. Here Jesus shows that healing involves more than physical cure and that our environments, both physical and social, also affect our well-being.

2. JESUS HEALS JARIUS’ DAUGHTER (MK 5: 22-24; 35-43)

The narrative opens with Jarius approaching Jesus who is surrounded by a crowd of people. Although Jarius holds a high social position as “one of the rulers of the synagogue” (5:22) he humbles himself before Jesus and begs him to heal his dying daughter (5:22-23). Like the villagers in the previous passage, he asks Jesus to touch her, to “‘lay your hands on her, so that she may be made well and live’ ” (5:23). Jesus does

not hesitate, but goes with Jarius and the crowd follows (5:24).

This storyline is interrupted by the woman with the hemorrhage who is healed by touching Jesus' garment (5:25-34). As that encounter comes to an end, a person from Jarius' house informs everyone that the daughter has in fact died (5:35). In response, Jesus tells Jarius, "Do not fear, only believe" (5:36). We have not yet met the daughter, but already Jesus is caring for those close to her by giving them the antidote to fear, that is, faith.

Jesus knows what care requires, and that does not include noisy crowds. He is selective about those who will accompany him, choosing only three of his followers and dismissing the rest of the crowd (5:37). At the house, he disperses the noisy mourners (5:40). Only the parents and three disciples are with Jesus as he attends to the child (5:40).

At the bedside, Jesus takes the girl's hand and speaks to her. Here we see again the presence of personal contact in the therapeutic encounter. He addresses her directly and commands her to get up (5:41). The healing is immediate; she gets up and walks. Those who witnessed the miracle were "overcome with amazement" (5:42).

Again, the care of the afflicted person is not complete. Jesus tells the family to feed the child (5:43). This may be seen as a very practical demand. After her ordeal the girl may well be hungry. As well, good nourishment is essential to health and well-being. But within Christianity we know the significance of the Eucharistic table as a place of communion and connection with God and one another.³ On a symbolic level, it is possible to see the child being welcomed back to the family and the community through the sharing of food. Healing means an end to the marginalization and social isolation that come with illness (and death). Jesus attends to this dimension of healing as well.

3. JESUS HEALS THE LEPER

(MK. 1:40-45)

Leprosy was a feared disease. It was disfiguring and thought to be highly contagious with no known cure. Persons with leprosy were treated as outcasts and so not only had to contend with the serious physical effects of the disease but also with being forcibly separated from their families and community.

In this account, a person with leprosy approaches Jesus, kneels before him and begs to be healed, declaring that Jesus can heal him if he chooses (1:40). Despite the threat that this person poses and even faced with disfigurement the leper might have, Jesus does not recoil. His response is one of pity (1:41) and he touches the person. In fact, Jesus "stretched out his hand" (1:41). From this description, we can imagine that the leper approaching Jesus nevertheless keeps his distance. In response, Jesus reaches across that gap to touch him and to reply that he does will to heal him. "Be clean" he commands (1:41) and the leper is made clean (1:42).

But the healing is not complete. Jesus speaks to the man, telling him that he must now go to the priest, be examined in order to have the cure verified, and then offer a sacrifice as proof to the community that he is in fact clean (1:43-44). Only then will he be readmitted to communal life and his healing be complete. For the leper, then, healing means being released from both physical infirmity and social exclusion. Through Jesus' healing, he is returned to the community.

DISCUSSION

There are several parallels between an ethic of care (as described in my previous article) and Jesus' healing ministry. Both are based on a holistic view of patients. While physical ailments may have them seeking care, afflicted persons are more than physical entities. In the case of Jesus' healing ministry, even as they are cured of their physical infirmities, for their healings to be

complete the blind man must return home, the child must be fed, and the leper must go to the temple. These are ways in which afflicted persons are readmitted to community life—something that completes their healing.

As well, in both Jesus' healing ministry and an ethic of care, the therapeutic encounter is intimate and personal. Here the patients (and/or advocates) present themselves with their unique needs. The caregiver, meanwhile, is fully present to them and those needs. The patient comes in trust to the caregiver who in turn strives to be trustworthy. Connection and compassion—both valued in an ethic of care—are present in the encounter.

Also valued is hands-on care. We see Jesus touching the afflicted and taking them by the hand. He talks to them and gives them instructions. But it is touch that is so important. It becomes a medium of healing in Jesus' ministry and can be a demonstration of care and connection in an ethic of care.

However, there are also differences between Jesus' healing ministry and an ethic of care, differences that could be bridged by a Christian ethic of care. As Jesus heals Jarius' daughter and the leper, we see that his ministry is inclusive and that each patient is cared for in her or his uniqueness. However, it seems to me (again, as someone reflecting on Scripture) that the miracles we know of concern many more lepers than daughters of synagogue rulers. Jesus worked among the outcasts: demoniacs, blind beggars, infirm women, and in so doing, not only cured their physical ailments but made it possible for them to rejoin the community.

To put this in a modern perspective, it means that Jesus was well aware of the marginalization that so often accompanies affliction. Even today, the presence of illness and infirmity means that people's lives change. Days may suddenly revolve around hospitalization, doctors'

appointments, and filling prescriptions. Along with physical pain and discomfort, there may be emotional suffering—the feeling of not being “normal,” of not being like people who are well, of no longer belonging. Persons with afflictions may also be the targets of discrimination and exclusion. Their changed circumstances may mean that they are no longer able to work. Social and family supports may falter. The costs of medicine and health care can lead to financial distress, and even poverty, which will push persons with infirmities even closer to the edges. By attending so intimately to the most marginalized persons and healing them, Jesus shows the place that the poor and oppressed have in God's Kingdom. Healing and caring become forms of redress and justice, aspects of care that are not emphasized in the original iterations of an ethic of care.

Perhaps the most telling difference concerns the issue of “care” itself. In my previous article I wrote about how nurses originally embraced the ethic of care because it spoke to their experiences and values which were not always validated in the current health care milieu. However, many feminists came to criticize, even condemn, the ethic because of the way care was associated with gender essentialism and ultimately women's oppression. Is this the only way to understand care? What insights can we glean from Jesus' healing ministry?

First, care is not an exclusively female activity. Jesus, as a male human being, was actively involved in the concrete demands of care. He attended to suffering personally and restored individuals to well-being. He cared for them. If Jesus is a model for all Christians, it means that care is not attached to one specific type of person, but is to be embraced by everyone who follows Jesus, regardless of gender. Care is meant to be a human activity.

However, if the early Christian Councils have taught us nothing else, it is that Jesus is fully

divine as well as fully human. Jesus' human act of caring cannot be separated from his divine nature. Furthermore, in his writing on natural law, Thomas Aquinas tells us that as human beings we are made in the image and likeness of God insofar as we are rational—and insofar as we are providential.⁴ Not only is God absolute Intellect, God is Love. God actively cares for us. Caring then is not only a human activity, it is a divine activity. And it is an activity that arises out of the love that God is.

The connection of care and love is crucial to a Christian ethic of care. When Jesus encounters the suffering of the leper or the blind man, when Jesus hears Jarius' plea, his heart is moved. Jesus feels pity and compassion. I can recall being in a New Testament class decades ago where it was explained that these healing miracles were ways of proclaiming the presence of God's Kingdom on earth as somehow present, but not fully realized. And there can be no doubt that the persons who witnessed the miracles were strongly affected by emotions ranging from amazement to outright terror. However, when I think of the persons who were actually healed, I imagine them experiencing not only the hoped-for physical cure, but also the full force of Jesus' love. This of course is what every Christian is called to do: to love one another. And we are to do so no matter what our station or vocation or circumstances or gender. We are called to care.

¹ Bridget Campion, "Ethic of Care 1: The Evolution of an Ethical Theory," *Bioethics Matters* 14 (2016): 1-4.

² All Scripture passages are taken from the Revised Standard Version of the Bible.

³ See, for instance, David Hollenbach, "A Prophetic Church and the Catholic Sacramental Examination" in *The Faith that Does Justice*, ed. John C. Haughey (Paulist Press, 1977), pp. 234-263.

CONCLUSION

A Christian ethic of care takes as its model the healing ministry of Christ and as such is explicitly connected to love. In this way "care" becomes the way we express our tender love for persons afflicted with illness and infirmity. Here a holistic vision of care is expanded to recognize and redress the marginalization experienced by people who suffer. The love operative in a Christian ethic of care thus ranges from a deep personal love that animates the clinical encounter to what Pope Francis calls "social love" that is the foundation of a "culture of care".⁵ It is through caring that we imitate Christ and partake in the providential activity of the God who loves us and cares for us. Far from being a force that oppresses, care becomes a means to human flourishing not only for those who receive care but also for those who give care. ■

Bridget Campion, PhD, is a bioethicist, researcher, educator, and staff member of the Canadian Catholic Bioethics Institute. She is currently a sessional lecturer at Regis College in Toronto.

⁴ Thomas Aquinas, *Summa Theologiae* (London: Blackfriars, n.d.), Ia-IIae, Q.91, art. 2.

⁵ Pope Francis, *Laudato Si* (On Care for Our Common Home) http://w2.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.pdf, accessed August 2015.