

RESEARCH ARTICLE

# Toward a Theology of Care and Disability: Some Preliminary Considerations

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## Abstract

Issues of disability and mental health are of increasing social importance, challenging Christian communities to reform widespread but problematic conceptions and practices of “care”. Traditional models of care as charity or service have been critiqued as potentially paternalistic and exploitative. Newer approaches struggle under the pressures of bureaucratic professionalization and neo-liberal commodification, where often discussions about quality of life and human bodily differences are marked by ableism and serve to enforce marginalizing social and economic power relations. Interdisciplinary insights from disability studies, feminist ethics of care and political economy of care offer resources for critiquing current care imaginaries and envisioning alternative possibilities of care based in a relational anthropology, opening up generative prospects for theological reflection. This article seeks to outline a vision for a theology of care, proposing that care is itself a theological practice. Care an incarnational emblem of divine energy in the world that resonates with connective and life-giving power, gesturing toward wholeness, healing and peace in vitalizing ways, reflecting the image of God. Such a theological framework can provide a basis for transforming ableist and exclusionary practices and postures.

**Keywords:** Ethics of Care, Theology, Disability, Relational Anthropology, Care Imaginary.

## 1. Introduction

The word “care” carries multiple meanings and is used variously to connote ways that energy is directed toward something or someone of value, the wellbeing of which is a concern. It is a ubiquitous word in theological circles, especially in disciplines of pastoral or spiritual care, connecting also with various aspects of ministry formation, health sciences, community development, justice work, public policy and ecological concerns for the wellbeing of creation. Indeed, it could be said that caring for others, for oneself, for creation and all living creatures encapsulates what bearing faithful witness to God in the world means.<sup>1</sup> In this sense, the word

<sup>1</sup>See for example, John Swinton, *Dementia* (Grand Rapids, MI: Eerdmans, 2012), 171.

assumes positive and generative meanings, and more, a straightforward theological orientation. However, a closer look reveals a more complex scenario with troubling features often overlooked in theological literature on disability. For in addition to representing positive elements, the word is freighted with negative baggage, connoting distorted and harmful practices and postures that demean embodied differences as problems to be solved or flaws to be cured. Many of these connect with theological conceptions that flow counter to the sense of creaturely dignity and God’s loving presence that is the heartbeat of Christian traditions. Given this, language of care warrants particular circumspection in relation to disability.

This article will unfold in three movements, loosely outlining three elements I propose are fundamental

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in developing a theology care. First, I begin by identifying and critically assessing problem areas in care, particularly those related to disability. Second, an interdisciplinary framework is set up for reconsidering care as a dynamic and complex constellation of features coalescing around desire for wellbeing and vitality in human life. The aim here is to develop a care imaginary that may resist and transform problematic tendencies in current regimes of care. Finally, I sketch some theological possibilities that may nourish a more robust and creative care imaginary in faith communities. Put briefly, when theologically interpreted, care can be seen as a basic human mode of participating in the relational power of God's presence, an incarnational emblem of divine energy in the world that radiates with connective and life-giving power, and in this, anticipates shalom (wholeness, healing and peace) in liberative and reconciling ways. Such a theological framework can provide a basis for transforming ableist and exclusionary practices and postures as well as the theologies that inform them. The topic is important to me as a parent with an adult son identifying on the autism spectrum, and because I am someone who lives with depression and anxiety disorder, placing both my son and me in complex caring relations and systems.

## 2. Problematizing Care

It is essential to begin by acknowledging that the meaning of care carries baggage that is deeply fraught. Much of this relates to a reductionist vision of care as a curative apparatus, with a focus on procedures designed to oversee and/or get rid of alleged problems. Links between care and violence, for example, are rooted here, care being a function of paternalistic control and management. This occurs in systems of power (i.e., family-related, medical, faith-based, political, etc.) that presume an asymmetrical posture of "knowing better" and enforces dependency in practices of doing "to" or "for" others, the result effectively demeaning personhood. Disability studies scholars are quick to point out how care practices in this sense push and pull disabled bodies, constraining or excluding on the pretense that disability amounts to a flaw leaving people with little to no choice or control.<sup>2</sup> Such a pretense commonly plays out in

<sup>2</sup> For critiques of care along these lines from disability studies perspective, see Jenny Morris, "Impairment and Disability: Constructing an Ethics of Care that Promotes Humans Rights," *Hypatia* 16, no. 4 (Fall 2001): 1-16; Christine Kelly, "Care and Violence through the Lens of Personal Support Workers," *International Journal of Care and Caring* 1, no. 1 (2017): 97-113, as well as her *Disability Politics and Care: The Challenge of Direct Funding* (Vancouver: UBC Press, 2016); and Teppo Kroger, "Care Research and Disability Studies: Nothing in Common?" *Critical Social Policy* 29, no. 3 (2009): 398 - 420.

unilateral modes of seeking "cure" for disability and mental health challenges.<sup>3</sup> And it conjures horrible histories of institutionalization and custodial practices of care aimed at fixing or regulating bodies stigmatized as unruly or abnormal, informed by ableist ideals forged by care imaginaries captivated by normalcy.<sup>4</sup> Additionally, as noted by feminist ethics of care and political economy of care literatures, care labor has been gendered and domesticated as "woman's work," under-valued and invisible.<sup>5</sup> Colonial legacies play a role, too, "programs" of care embodied in multipronged systems of injustice - from the legacies of residential schools in Canada, racist migration policies, and undocumented care labor, to restrictive public health care policies, privatization and the commodification of care services, and more.<sup>6</sup>

The problems here relate also to histories of care in Christian traditions. A primary example is how care has been framed as charity, as self-less and sacrificial giving to "others" represented as needy, passive recipients. The effect often coalesces in moral postures and material practices of condescension and pity, objectifying others as receivers of care in unilateral and hierarchical power relations. Correlative to these is an idealizing counter dynamic, care-givers becoming represented as virtuous sufferers and spiritual exemplars, self-sacrificial heroes and saints. Not only does this mask regimes of patriarchy and violence in care, but it falsely romanticizes care as an index of moral and spiritual achievement, silencing the harder stories of chaos, undoing and heartbreak as well as obscuring lack of support and labor exploitation.<sup>7</sup> And

<sup>3</sup> For example, see Eli Claire, *Brilliant Imperfection: Grappling with Cure* (Durham and London: Duke University Press, 2017), esp. ch. 1. It is no accident that care and cure in English are etymologically related.

<sup>4</sup> For an excellent study of the failures of institutional 'care' in Canada, see Madeline C. Burghardt, *Broken: Institutions, Families, and the Construction of Intellectual Disability* (Montreal and Kingston: McGill-Queen's University Press, 2018). For a discussion critiquing "normalcy", see Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids, MI: Brazos Press, 2008), ch.2.

<sup>5</sup> For examples of feminist ethics of care and political economy of care, see Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley: University of California Press, 1986), Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993), and Virginia Held, *The Ethics of Care: Personal, Political, and Global* (New York: Oxford University Press, 2006).

<sup>6</sup> For an excellent account, see Akemi Nishida, *Just Care: Messy Entanglements of Disability, Dependency, and Desire* (Philadelphia: Temple University Press, 2022). See also the essays in *Troubling Care: Critical Perspectives on Research and Practices*, eds. Pat Armstrong and Susan Braedley (Toronto: Canadian Scholars Press, 2013).

<sup>7</sup> For a compelling analysis of this dynamic, see Laura McGregor, "A Holy Mess of a Story: Maternal Reflections on Caregiving, Chaos, and Intellectual Disability," *Journal of Disability & Religion* 27, no. 1

on the flip side, it can also romanticize care-receivers as achievers of moral virtue and spiritual stature, who serve as “inspiration” by heroically “rising above” an alleged predicament of suffering or debilitation. Stereotypes of the “supercrip” who “overcomes” disability have roots here. In all this, care becomes instrumentalized in the service of ableism, and the messy middle zone where real life happens for people in complex situations of care is concealed or erased, contexts that do not fit tidy binary depictions of caregiving and receiving. Not only ableism, but also sexism, racism, homophobia and other oppressive distortions continue to prevail under the guise of “care,” flowing counter to the actual wellbeing and flourishing of people.<sup>8</sup> Sadly, these are too often supported by theological justifications that miss the genuine interdependence and vulnerability at the heart of caring relations among people with complex embodiments.

The above dangers fall into a typology of two broad “care imaginaries”, that is, clusters of meanings and practices that congeal around kindred approaches to care. These themselves emerge within the larger frame of care as a curative apparatus, but fan out in several clusters. First, a custodial approach to care focus on modes of supervision, managing, fixing (i.e., curing), or “taking care of” problems in others, usually in unilateral and asymmetrical power schemes, the result of which can diminish the care receiver’s agency. Second, a charity approach to care amounts to one-directional giving “to” or caring “for” others out of a presumed sense abundance in relation to some form of diminishment in others, who are deemed in need or “lacking”. In a posture of condescension, others are represented as passive recipients to be served or saved.

Equally problematic, however, are two other types of care imaginaries, which can intersect with the first two but have their own peculiar logics: technical and commodity driven approaches to care. The technical type of care imaginary sees care primarily in terms of performance expertise and know-how, which become manifest in modalities of efficiency, productivity, and effectiveness, and characterized by a kind of standardized, means-end rationality. This

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(2023): 124–137. See also Reynolds, “Care in the Messy Middle,” in *The Canadian Journal of Theology, Mental Health and Disability* 3, no. 1 (Spring, 2023): 8-13

<sup>8</sup>See Nishida, *Just Care*, chs. 4-5. By ‘ableism’ I mean biases and social prejudices as well as systemic exclusionary practices directed toward embodied differences perceived as disabled and considered other than ‘typical’ and ‘normal’. It includes stereotypes that stigmatize or romanticize disability and that come to define a person wholly by it.

can supplement the custodial and charity types but is distinct by the peculiar nature of its way of drawing on modern technological and bureaucratic procedural values. For example, noting how professionalized credentials have come to privilege certain skills in narrowly defined ways that mark unequal power relations, Pat Armstrong suggests that highly educated clinical skills in health care – e.g., surgical skills – “are both more visible and highly valued than social ones,” such as a routine care or manual caring activities.<sup>9</sup> And these are often distributed along gendered and racialized lines. Additionally, by reducing care to skill-based processes and technologies, the technical model of care fosters a growing divide between expert care-givers (ones with knowledge, proficiency and equipment) and care-receivers as patients (ones subject to or undergoing care as treatment).

This kind of binary is reinforced by neoliberal influences, which animate a commodity type of care imaginary. Here, care is packaged as a product or service and given value in terms of market exchange to be consumed by individuals. In this current frame, Isabel Sousa laments how “health is increasingly conceptualized as an individual responsibility and as a commodity to be consumed and managed.”<sup>10</sup> Care becomes consumed as matter of individual choice, a commodity selected from among competing options on the marketplace of “service providers” and “care products”. Care is thereby privatized, responsibility downloaded onto individuals or family members who must navigate an increasingly complicated network of options as public supports dwindle. Private care is bought on a market that reduces care to a product delivered.

The negative effects of technical and commodity models of care are numerous. Not only do emphases on individual expertise and choice fail to account for the deeply relational and interdependent ways care emerges and circulates in human life, but they neglect how decisions in caring relations are often worked out in ways that fall outside the contractual exchange of consumption-based frameworks, and outside the artificial binaries of expert-patient and product-consumer relations. When cost-effective efficiency is prioritized, care atrophies and becomes thinned out as something “administered”. Furthermore, as Sousa highlights, when health care, for example, is construed as the responsibility of the individual,

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<sup>9</sup>Pat Armstrong, “Skills for Care,” in *Troubling Care*, 102.

<sup>10</sup>Isabel Sousa, “New Technologies and Concepts of Care,” in *Troubling Care*, 138.



“attention is diverted from structural determinants of health and the threats posed by social environments, including the availability of appropriate care supports, which requires coordinated action beyond the capacity of single individuals.”<sup>11</sup> The burdens of care increasingly shifted to individuals, another example of the problem becomes care for aging, sick or disabled family members, which is downloaded onto the invisible, private and micro-level of “domestic units” (i.e., families and often women) or homecare workers, a good portion of whom are racialized migrants. Joan Tronto summarizes the justice implications: “Caring activities are devalued, underpaid, and disproportionately occupied by the relatively powerless in society.”<sup>12</sup>

In light of these problems, many see the need for reimagining care in ethical-relational terms. Instead of being governed by the logic of individualism, rationalized industrial technologies, and marketized values that prize efficiency and productivity, an ethical-relational approach to care reconsiders care in terms of connective energy, affect and emotion, vitality, interdependence, and social flourishing. It is to these we now turn, continuing to draw upon interdisciplinary insights from feminist ethics of care, political economy of care, disability studies, and critical theories as fertile ground for reconsidering care in theological terms.

### 3. Recovering Care

Care is, to borrow Akemi Nishida’s terminology, about the “messy entanglements” that vulnerable interdependence in the world together entails as humans seek wellbeing and wholeness.<sup>13</sup> Care arises in many kinds of ways as an attentive investment in vitality and goodness of life as it is encountered in one another and the world. There is care in all kinds of relationships (among family, friends, colleagues, lovers, etc.); it is defined by a range of social domains (in institutions, communities, small group, family, face-to-face, and for oneself); and it is active in various modes or roles (as supervisor, employee, friend, parent, child, student, lover, counselor, pastor, etc.), the natures of which shift and change from context to context, conditioned by social and cultural frames of reference and the power relations among them (as we have seen above in four care imaginaries). The assumption that care is one-directional is based in a limiting presumption that humans are primarily

individuals, and only relational in a secondary sense. But in fact, we emerge as persons in complex webs of interdependent relationships.<sup>14</sup> And care is a primary connective tissue in these webs.<sup>15</sup> While conditions vary, we are all caught up in multiple dimensions of receiving and giving care as a process of wellbeing. In fact, as Iza Kavedzija argues, “care is fundamental to wellbeing because it constitutes the very subjects that experience it,” in all the ties and relationships that bind humans to life itself.<sup>16</sup>

This highlights vulnerable responsiveness at the deepest levels of human life. Bodies are not self-contained and seamless wholes, but porous and susceptible to change, permeable to influence and leaking outward, too.<sup>17</sup> We engage the world and are affected by others in countless ways – physically, emotionally, mentally, spiritually – as we also initiate and perhaps spill over, affecting others. Care is one register in which the reality of intertwined connection between bodies plays out, emerging in the perception of something precious and good – for example, the presence of another – which summons an investment of attention and draws-out energy for relation in a movement of reverence that mediates between people their worth and integrity. Language of caring “about” or “for” someone can get at this, naming a way of bearing witness to another that is aroused by their value and directed toward their flourishing. This kind of movement can be expansive, opening the capacity for connection in postures of compassion and kindness that seek not only to be attentive and present, but also to nourish, protect and preserve wellbeing.

As this occurs between and among complex and differing embodiments and interdependencies, care ethicists note it also involves concerns of justice and equity. Virginia Held puts it bluntly: “having caring motives is not enough to make one a caring person.”<sup>18</sup> We come to “take care” together. Susan Parsons unpacks “taking care” as a way of understanding self and others not as accidentally related, self-sufficient individuals, but as woven into a web of relationships that requires keeping them steady and flexible enough to sustain wellbeing among various differences.<sup>19</sup>

<sup>14</sup>See HyeRan Kim-Cragg, *Interdependence: A Postcolonial Feminist Practical Theology* (Eugene, OR: Pickwick, 2018).

<sup>15</sup>See Held, *Ethics of Care*, ch. 3.

<sup>16</sup>Iza Kavedzija, *The Process of Wellbeing* (Cambridge: Cambridge University Press, 2021), 26.

<sup>17</sup>See Margarit Shildrick, *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)Ethics* (London: Routledge, 1997). See also her, “‘Why Should Our Bodies End at Our Skin?’” *Embodiment, Boundaries, and Somatechnics*, *Hypatia* 30, no 1 (2015): 13-29.

<sup>18</sup>Held, *The Ethics of Care*, p. 51.

<sup>19</sup>Susan Frank Parsons, “Redeeming Ethics,” 206-23, in *The Cambridge*

<sup>11</sup>Sousa, 139.

<sup>12</sup>Joan Tronto, *Moral Boundaries*, 113.

<sup>13</sup>Akemi Nishida, *Just Care*, see ch. 4.

While care's most focused instance may occur in the sensory proximate communication of presence, face-to-face, it extends from here to include all we do, in the often-cited words of Berenice Fisher and Joan Tronto, "to maintain, continue, and repair our 'world' so that we can live in it as well as possible."<sup>20</sup> It involves creating just conditions for mutuality in interdependencies, what Leah Lakshmi Piepzn-Samarasinha describes as "care webs" based on solidarity, not charity, where people show up for each other with "mutual aid and respect" and with "collective access" in mind.<sup>21</sup> Caring relations expand outward to include the just distribution of care among all in society.

Care in all these registers highlights both practices and values that contain three features: a relational anthropology, an affective and holistic sense of connectivity, and a dispositional orientation toward wellbeing, vitality, and fullness of life in caring relations. First, as noted above, the self is not a bounded, autonomous subject, but rather fundamentally interdependent and entwined with others from the outset, continually receiving and providing care. Human life is bound up with others, such that people do not just rely on others for their wellbeing but are in fact constituted by others in ongoing relations of care.<sup>22</sup> This moves beyond modern European individualist anthropologies in ways that resist one-directional and abstract conceptions of care, instead seeing care as contextual and multidimensional in character, always situated in a matrix of relations that extends through personal, interpersonal, social, and environmental dimensions. Disability and mental health challenges, then, do not make people passive "objects" of care, but instead connect with a complex set of caring relations in which access, mutuality and justice become salient and affirm agency and personhood. Care moves across and between people in multiple ways, blurring lines between dependence and independence. How so?

Second, care involves holistic connective energy of the whole person that circulates between people and things. Care is, in this sense, affective and not simply

*Companion to Feminist Theology*, ed. Susan Frank Parsons (Cambridge: Cambridge University Press, 2002), 212.

<sup>20</sup>Berenice Fisher and Joan Tronto, "Toward a Feminist Theory of Caring," 36-54, in Emily K. Abel and Margaret K. Nelson, eds., *Circles of Care* (Albany, NY: SUNY Press, 1990), 40.

<sup>21</sup>Leah Lakshmi Piepzn-Samarasinha, *Care Work: Dreaming Disability Justice* (Vancouver, BC: Arsenal Pulp Press, 2018), 41, 47. She notes, too, how much disability justice work has emerged in care webs from the margins, among racialized, queer and disabled folk resisting colonial and industrial complexes of care.

<sup>22</sup>See Kavedzija, *The Process of Wellbeing*, 28-30; and Held, *The Ethics of Care*.

about rational choice or abstract ethical principles. Drawing on affect theorists, Nishida notes also how emphasizing affect moves beyond seeing care narrowly as a directed action, but rather a force emanating from and circulating between people in sites of encounter connecting with their surroundings, an embodied flow of energy that influences and shapes vitality and wellbeing.<sup>23</sup> Care circulates in relationships and communities as a connective tissue that is sensual, a forcefield that flows between people and things. This makes it more than dyadic, a binary between a subject and object of care, but rather integrative, involving of a range of interrelations, including the more-than-human world, in a multivalent set of connections and influences.<sup>24</sup> One is never merely a care-giver or receiver; care flows in many ways, often simultaneously. Moreover, in this way, the artificial binary between private and public spheres is also recontextualized, care being a factor of both.

Third, care is a disposition, an attunement to and investment in what is valued, and more, what brings life, wellbeing, vitality and wholeness to others and self, and amidst complex relations. It is an orientation that avails itself to others, emerging as both practice and value.<sup>25</sup> As a practice, care is an action or gesture oriented toward wellbeing summoned by a recognized need. This is usually what is meant by "caring for" others or oneself, which mediates worth and integrity, presuming a covenantal relation beyond that of a merely contractual exchange. In this sense, care is not merely a practice but also a moral posture and value indexed by a responsiveness concerned for the good of someone or something – captured in the words, "caring about". The linking of care as practice and value (loosely, as caring "for" and "about") here is important to highlight how a caring orientation desires the life, vitality and good of another, such that their own life and wellbeing connects with one's own life and wellbeing. As the adage goes, to know someone's cares is know who they are. To care at all is to desire wholeness in and through relational connection. Care amplifies the fact that one's own destiny is caught up with others. With this, empathy, compassion, and justice emerge as vital ingredients in care's connective energy. In all, care seeks to cultivate, maintain, and protect the wellbeing and wholeness of life as it emerges in concrete relations and supported in extended relational webs – social, political,

<sup>23</sup>Nishida, *Just Care*, 22-3.

<sup>24</sup>Kavedzija, *The Process of Wellbeing*, 34-6.

<sup>25</sup>See Held, *The Ethics of Care*, ch. 2; and Tronto, *Moral Boundaries*. The dual aspect of care as both practice and value is frequently highlighted in ethics of care literature.

ecological, etc. And as it emerges concretely, care is a life-impulse, an affective desire attuned to others (and oneself) in gestures that communicate presence and mediate value.

#### 4. Prospects for Theologizing Care

There are strong resonances in the above discussion with theological themes, opening up multiple lines of inquiry. Hellenka Mannering picks up on this to suggest that recent work in theology can deepen and solidify insights from ethics of care, particularly its relational anthropology.<sup>26</sup> But whereas her focus builds on the writings of Pope John Paul II and Benedict XVI, also employing the mimetic theory of Rene Girard, to more adequately account for sin and the kenotic work of Christ, my focus turns to the image of God (*imago Dei*) in relational anthropology, and extends to include two other related theological themes as way of offering a preliminary theological portraiture that supports and amplifies a more generative care imaginary. At this point, I only sketch a rough outline of several salient features of a theology of care. Specifically, these coalesce around a vision of shalom that highlights (1) a relational theological anthropology, (2) a holistic incarnational sense of divine presence, and (3) a way of imagining connectivity in vulnerable relations of mutuality and belonging in communion.

First, care embodies a life-impulse or desire that can be interpreted theologically as a desire for vitalizing relational wholeness that is the shalom of God, a desire for the nearness of God in and through worldly life together. Shalom is a biblical word for peace that signifies a capacious space of right relation and connective wellbeing, one of justice and flourishing of life.<sup>27</sup> Care seeks the wholeness of shalom. In this, pushing further, care reflects the image of God, not as a substantive property encased in individuals, but revealed in co-creative relations that mediate value and cultivate life. The *imago Dei* marks a relational ontology, an image pointing to wholeness found in being together.<sup>28</sup> In this sense, the divine breath (*nephesh*) that vitalizes human life can be seen as a summoning to “take care”, a way the goodness of creation is refracted creatively in tending to life in its variety.

<sup>26</sup>Hellenka Mannering, “A Rapprochement between Feminist Ethics of Care and Contemporary Theology,” *Religions* (2020) 11 / 185, see 5, 8 <https://www.mdpi.com/2077-1444/11/4/185>.

<sup>27</sup>See Randy S. Woodley, *Shalom and the Community of Creation: An Indigenous Vision* (Grand Rapids, MI: Eerdmans, 2012) and Walter Brueggemann, *Peace: Living Toward a Vision* (St. Louis: Chalice Press, 2001).

<sup>28</sup>See *Vulnerable Communion*, 177-88, for a more in-depth discussion.

Reimagining care as shalom-making and as a reflection of the *imago Dei* has many fruitful implications – for example, liberative social justice and ecological sustainability. Solidary among people roots in the image of God, not as sameness among all people, but in care as deep respect for and obligation to the infinite value and particular difference of every person, whether non-disabled or disabled. And in this, care is an envelope of desire for healing relation and connection with others that itself testifies to a goodness untrammelled by what harms and undoes life, that is deeper than our scars and stronger than what binds us to a broken past, and that is wider in its stretch than ableism and the insidious exclusions, oppressions and violence that diminish human life. Care opens to the holiness of life together, to God. Our lives are connected, linked together in a shared vocation, called to care as strands woven into the tapestry of God’s creative, life-giving, liberating, and reconciling presence.<sup>29</sup> This also involves all created beings, with whom human beings are enmeshed in the web of life.<sup>30</sup>

Entailed in this, second, is an affirmation of God as a God who cares, who is attuned to and draws near the world incarnationally. The Gospel testifies to such power, a sympathetic attunement that affirms finite creatureliness by becoming creaturely, the Word made flesh. Jesus Christ embodies divine care, a communication of God’s presence both in his very being and in his ministry, death and resurrection. Drawing on the late medieval theologian Nicholas of Cusa, Wendy Farley stretches the implications of incarnation beautifully as both a metaphysic and a practice, suggesting that divine presence in Christ liberates us to bear witness to the face of Christ in the world. The face of Christ appears in another human face, and in creaturely beings, and as we bear witness to this, we are brought into the arc of divine love shining through all and at the same time shining in each as if only through that particular form.<sup>31</sup> Divine care infinitely values the particular and resonates through its difference. And it expands and makes us “one flesh” with each other through the dynamism of incarnational love. Such love resonates transformatively through Christ, as the power of divine care nourishes life over death, loosens what holds us in bondage, and opens

<sup>29</sup>The theological notion of call and vocation is explored fruitfully in Keith Dow, *Formed Together: Mystery, Narrative, and Virtue in Christian Caregiving* (Waco, TX: Baylor University Press, 2021).

<sup>30</sup>This is a key theme in Woodley, *Shalom and the Community of Creation*.

<sup>31</sup>Wendy Farley, *Gathering Those Driven Away: A Theology of Incarnation* (Louisville: Westminster/John Knox, 2011), 180-183.



up what closes us off from embracing the image of God in each other and ourselves.<sup>32</sup> In the envelope of divine grace, embodied differences reveal sacredness at the heart of all, the destitute and outcast gathered in as beloved.

Finally, the community that lives in the space created by this momentum is one characterized by care. It is nourished by a spirituality of attentiveness that disposes us to the divine Face radiating in all other faces, and holds out a vision of shalom—of wholeness together—that is responsible and responsive to where wellbeing and vitality are imperiled.<sup>33</sup> This is a community that risks struggle in solidarity with those most vulnerable, that resists distortions of care, and that care-fully is present to one another's pain as part of its sacred togetherness. To be a caring community is to be an emblem of God's loving presence in a world so often characterized by care-lessness, by indifference and violence. Here, the multidimensional energy of giving and receiving circulates vigorously, each member investing in each other as a gift of God. This is the task of being Church, the Body of Christ in the world. It gets to the core of care, divine and human, interwoven incarnationally. It is a theological thread woven deeply into human ways of being present to one another, which opens us toward encountering the face of others and responding with care. And it energizes movement for the creation of just social and economic conditions for mutuality, in which hospitality and neighborly love are held up as ideals, widening the circle of care beyond kin and country to everyone at large. The envelope of God's care embraces all, the destiny of each woven into the fabric of all.

While much more needs to be said to fill-in the contours of a theology of care, for now I hope it may suffice to emphasize four features: (1) its interdisciplinary nature, drawing critical insights on care from various fields, particularly feminist ethics of care, political economy of care, and disability studies; (2) its practical nature, borne out in social critique, fostering transformation in caring relations and systems and also informing the ecclesial life of Christian community; (3) its constructive nature, a theology that creatively builds on and 'reimagines'

<sup>32</sup>See Wendy Farley, *The Wounding and Healing of Desire: Weaving Heaven and Earth* (Louisville: Westminster/John Knox, 2005), 100-106.

<sup>33</sup>While not theologically framed, Akemi Nishada develops this in creative directions with the notion of "affective collectivity," a "way to create accessible and inclusive insurgence to all by centering people's dependencies and by practicing and embodying collectivity, not regardless of differences in one's capacities or needs" (*Just Care*, 125).

Christian theological traditions to speak to current contexts in ways that cultivate transformative care imaginaries; and (4) its hopeful nature, holding out a vision of shalom that opens to a future in God's care, but that, in the time we are given now, guides and nourishes practices of liberative and life-giving wholeness in caring relations. A theology of care is care-full ; it is itself an enactment of care, attending to embodied practice in its vision while at the same time offering imaginative content and substantive direction to embodied practice. Care is a theological performance reflecting God's presence in our midst.

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