Personhood, Embodiment, and Disability
Bioethics in the Healing Narratives of Jesus

By Cory Andrew Labrecque, PhD

Many of our patients identify with a particular faith tradition that is, for them, a source of guidance, hope, and comfort, especially when serious illness or disability sharply bring to the fore the precariousness and fragility of one’s existence. Health and illness—like so many other fundamental dimensions of the human condition—have always been of primary interest to the world’s religions. Indeed, for much of human history, healers in most societies were also religious specialists of some kind.¹

An important mandate of the rehabilitation professional is to foster constructive dialogue among patients, families, and caregivers as to create a space where understanding and healing are promoted synchronously. In support of this, my aim here, as a Catholic bioethicist, is to underscore the centrality and relevance of healing in the ministry of Jesus as a rich resource for Christian patients and their caregivers, who accompany one another in the pursuit of meaning-making and the preservation of personhood when experiences of illness or disability become life-changing.

SIDEBAR: LITERATURE ON THEOLOGIES OF DISABILITY

There is a growing literature on theologies of disability. See, for instance:

Evidently, this exercise is an important one for all communities of faith. However, in this article, I focus on the Christian tradition writ large, which gives prominence to the divine mandate to heal. As the late historian Shirley Jackson Case makes plain: “In the ancient world it was almost universally believed that the function of religion was to heal disease, and it was in just this world that Christianity took its rise. It need not surprise us, therefore, to find that Christianity is from the start a healing religion.”

Additionally, I want to underline a number of important points regarding how disability, in particular, is characterized in the healing narratives of Jesus, with the hope that my brief account invites readers to engage in a much more elaborate, nuanced, and needed discussion dedicated to the development of theologies of disabilities. (See Sidebar.)

**HEALING NARRATIVES OF JESUS**

No definition of disability is spelled out in the Gospels. However, the healing narratives offer a glimpse into a time, not unlike ours, when those who were different—specifically, those who individually (or as a collection of individuals) ceased to demonstrate those capacities and comportments that were thought to be constituent of personhood—were excommunicated. That is, they were excluded or removed from the community of living persons because of their ostensibly blatant association with sin, impurity, uncleanness, demons, or some combination of these. In a culture heavily defined by category, those who did not fit had to be cast out or, at least, distanced in such a way that whatever threat they posed appeared to be adequately mitigated. Of course, biblical representations of disability—including “otherness” and non-conforming bodies in general—often reveal more about the value orientation of the one(s) doing the stigmatizing than of those who are on the receiving end.

In order to properly understand the actions and teachings of Jesus in the context of the healing narratives, it is important, as the late biblical scholar John J. Pilch aptly reminds us, to appreciate the socio-cultural milieu of the first-century Mediterranean world. According to Pilch, the idea of health in the New Testament gives precedence to “being and/or becoming (that is, states), not doing (activity); collateral and linear relationships, not individualism; present-and-past time orientation, not the future; the uncontrollable factor of nature, not its manipulation or mastery; human nature as both good and bad, not neutral or correctable.” He calls attention to how emphasis in these narratives is predominantly placed on the disabled person’s disvalued state of being (lamelessness, blindness) rather than on his or her inability to function.

To speak of the “afflicted”—such as those suffering...
from leprosy, (Mark 1.40-45; Luke 17.11-19)—as unclean, impure (i.e., “out of place”),4(pp158-159) and, therefore, polluting, suggests that it is the state of the person that is problematic and not simply what actions they can no longer accomplish due to their condition. In this way, disability is determined by whether or not one is perceived to exist in a disvalued state, which, in turn, is based on a comparison of bodies. To be sure, those who are healed in the Gospel narratives are rarely named, but are, for the most part, introduced to the reader by a description of their bodies, accentuating what it is about the body that falls short of the ideal. This is what we learn, for example, about the “man with the withered hand” (Matt. 12.9-14), the “bent-over woman” (Luke 13.10-17), the “bleeding woman” (Mark 5.25-34), the “leper” (Mark 1.40-45; Luke 17.11-19), and the “paralyzed man” (Mark 2.1-12). It would be remiss, however, not to recognize that one’s ability or inability to function—which is sometimes connected to the nature of the disability in question—is tightly bound to the value accorded to one’s state of being. For this reason, disability seems to be interpreted in the biblical texts as a category akin to illness in its reference to “the social and personal perception of socially disvalued states”4(p156) that are recognized in the “shortcomings” of the body.

I think here, in particular, of the account of the man who “had been ill for thirty-eight years” in the Gospel of John whose condition made it impossible for him to physically get up and bathe in the healing waters of the Pool of Beth-zatha (John 5.1-18). When Jesus asks him if he wants to be made well (the fact that Jesus asks this question and does not simply assume the answer is telling in and of itself), the man responds: “Sir, I have no one to put me into the pool when the water is stirred up; and while I am making my way, someone else steps down ahead of me” (John 5.7). Pilch speaks of this as the man’s “admission to colossal cultural failure.”4(p13) Presumably alone and without help, his is a disvalued state, and it is one that is linked primarily to the fact that he has been rendered unable, not only by his condition, but, more poignantly, by those around him, to do what the other “invalids—blind, lame, paralyzed” (John 5.3)—were able to do. As an aside, it is also evident here that dependency is denounced as evidence of disability rather than as a general characteristic of the human condition. Jesus turns this reasoning on its head. So, too, does Jesus challenge conceptions of the ideal/standard body; the Suffering Servant, as Jesus is called, is resurrected in the flesh with the wounds of his crucifixion intact. It is by these wounds, we are told, that the Apostle Thomas (often called “the Doubter”) comes to identify Christ and confess him as Lord (John 20.24-29).

**MORAL STATUS OF PERSONHOOD**

This pairing of function and value has important parallels in contemporary Western culture, especially regarding the moral status of personhood. Distinguishing “human being” from “person,” the ethicist James W. Walters underlines two fundamentally different traditions in personhood theory: physicalism and personalism.5 A physicalist, he explains, finds the essence of a person in his or her biological make-up: “all humans are persons, ipso facto.”5 The personalist, on the other hand, “sees the essence of a person as being located in one’s mental capacities and ability to use these in satisfying ways; whether one is a human is not important.”5 This latter approach to the category of person—one who is afforded protection by moral norms—is mainstream in spite of the fact that the debate over what, specifically, these cognitive properties are (self-consciousness, rationality, communication, etc.) continues to ensue. In this view, a human being, therefore, can be depersonalized if he or she experiences a sudden or
gradual loss of said functions (or from the get-go if he or she was not able to perform these functions in the first place). In other words, in this case, one’s moral status (a valued state) is primarily contingent on one’s abilities.

Neither Jesus nor his earliest followers were personalist in their approach to others. In fact, it is not infrequent that Jesus openly calls out the problems involved in making respect for persons reliant on function (John 8.1-11; John 9.1-41). In this vein, Paul makes clear, in his first letter to the Corinthians, that the Church is one body with many members having varying roles and abilities; moreover, the diversity existent in this unity has divine intention (1 Cor. 12.12-26). Furthermore, to counter any assumption that said diversity would undoubtedly give rise to conflict or suppression, Paul writes:

The members of the body that seem to be weaker are indispensable, and those members of the body that we think less honourable we clothe with greater honour, and our less respectable members are treated with greater respect; whereas our more respectable members do not need this. But God has so arranged the body, giving the greater honour to the inferior member, that there may be no dissension within the body, but the members may have the same care for one another. If one member suffers, all suffer together with it; if one member is honoured, all rejoice together with it. (1 Cor. 12.22-26)

That is, the most vulnerable of persons are just as vital to the Christian community as those who are not.

Interdependence is—or, better, is meant to be—a defining characteristic of the body of Christ. As some scholars have noted, this understanding of the Christian community as a group of different persons who share in one another’s sufferings and joys is a significant break from “the ancient Greek and Roman ideal of dispassionate self-sufficiency.”

**HEALING TO RESTORE MEANING**

In the healing narratives, Jesus is much less interested in the nature of the physical condition and in curing than he is in granting the seeker’s request for healing as a means to restore social and personal meaning. Jesus’ involvement and, specifically, his touching of the one seeking out his power to heal “reduces and removes the experiential oppressiveness associated with such afflictions. In all instances of healing, meaning is restored to life and the sufferer is returned to purposeful living.” That is, in these encounters, healing is the return to a re-valued state—a state judged to be so by the one who is healed and by those looking on. Interestingly, healing of this sort is not simply relegated to those who have a certain physical condition. The story of Zacchaeus, the tax-collector (Luke 19.1-10), the woman caught in adultery (John 8.1-11), Peter after his triple denial of Jesus (John 21.15-19), and others are strong examples of Jesus’ mandate to heal beyond those who were sick as a way to restore (often publicly) meaning-making relationships. A community that is “one body with many members” requires a strong dedication to this effort to remain intact.

It is important to pause for a moment to underline the physicality of Jesus’ healing ministry, which often defied social convention. Touch can be “a parental gesture of caressing, a sympathetic gesture of caring, a professional gesture of healing, a spiritual gesture of
An emphasis on these last two connotations—touch as an act of radical inclusion that is also a spiritual and political gesture of solidarity—is key here. Otherwise, it could be implied that Jesus’ intention was to simply “fix” the body in order to liberate the person from “the shackles of limiting disability” so that he or she could reclaim those necessary functional pre-requisites of personhood and rejoin the community that denounced him or her in the first place. Although there is no denying the many negative interpretations of disability in the Scripture (as an impediment, as an object of charity, as the result of sin, as something to be freed from, as a means to other ends, as unclean, as polluting, as something that excludes), the reaffirmation of personhood is a crucial—although not always glaring—underlying theme. I say reaffirmation and not restoration here because even though the return to function (or to a certain corporeal standard) that indicates healing has indeed occurred seems to suggest a personalist worldview, Jesus intimates that personhood was never lost despite the judgment of observers to the contrary. The dignity of persons is rooted in the principal tenet of theological anthropology that understands all human beings to be made, unconditionally, in the image and likeness of God (Gen. 1.26-27).

WHO IS ACTUALLY IMPAIRED?

If the picture of disability in the Gospels often reveals more about the value orientation of the one(s) doing the stigmatizing than of those who are on the receiving end, the act of—and the intention behind—healing compels a value re-orientation of those bearing witness to it and of the one who is healed (as he or she may very well have been convinced by others as being valueless). This can be seen, for example, in the story of the man born blind in John’s Gospel (9.1-41); it is this unnamed man who alone sees Jesus as more than just an ordinary healer. The observers, who had physical sight all along, are perplexed by the healing of the blind man. Some wonder whose sin (the blind man’s or his parents’) was to blame for his condition. Others interrogate the blind man, but, dissatisfied by the answers they receive, end up bypassing him completely—a clear affront to his autonomy—and probe his parents for clarity. The struggle to categorize the blind man by attributing to him some corporeal deviance that is defined by “cultural rules about what bodies should be or do”8 (in this story, by way of confirming that sin corrupts the flesh) fails time and again, as the thought-to-be characteristic elements of the category crumble. Alas, Jesus’ desire for value re-orientation does not come to pass here. “I came into this world for judgement so that those who do not see may see,” he says, but, in the end, those with physical sight seemingly learn nothing in their witness of this particular healing. It becomes obvious to the reader, however, who in this scenario is actually impaired (John 9.39); perhaps this is the more urgent intention after all.

“Constructed as the embodiment of corporeal insufficiency and deviance,” Disability Studies scholar Rosemarie Garland-Thomson says, “the physically disabled body becomes a repository for social anxieties about such troubling concerns as vulnerability, control, and identity.”8 While the healing narratives show Jesus working within the framework of a culture that is quick to excommunicate the non-conforming body (indeed, most healings involve re-conforming the bodies in question), he draws out these social anxieties and transcends them by touching, relating to, and reaffirming the personhood of those cast out. In the drama of the Passion at the end of his life, the construction of Jesus as an embodiment of deviance comes to a point. He himself becomes a physically
disabled and dependent body, a repository for social anxieties, and a vision of vulnerability destined for an obliteration that would require—and still to this day commands—beholding. This is the one whom Christians—patients and caregivers alike—are called to embrace.

References


About the Author

Cory Andrew Labrecque, PhD, is Associate Professor of Theological Ethics and Bioethics, and the inaugural Chair of Educational Leadership in the Ethics of Life in the Faculty of Theology and Religious Studies at the University of Laval in Quebec City, Canada. Previously, Cory served as the Raymond F. Schinazi Scholar in Bioethics and Religious Thought, and the Director of the Master of Arts in Bioethics Program at the Center for Ethics at Emory University. He was also Co-Director of Catholic Studies in Emory’s College of Arts and Sciences. He earned a B.Sc. in Anatomy and Cell Biology, an M.A. in Religious Studies with specialization in Bioethics, and a Ph.D. in Religious Ethics at McGill University in Montreal, Canada, where he was a course lecturer in the Faculty of Religious Studies, the Institute of Parasitology, and the Department of Physiology for several years. Cory's research lies at the intersection of religion, medicine, biotechnology, environment, and ethics; he is interested in the impact of emerging transformative technologies (especially those related to regenerative and anti-ageing medicine) on philosophical and theological perspectives on human nature and the human-God-nature relationship.

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