

# Human Flourishing and Chronic Suffering in the Body of Christ: The Aching Beauty of Vulnerable Communion

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## ABSTRACT

In recent years, academics as well as popular writers have explored the concept of “flourishing” and encouraged individuals to pursue their own thriving. This essay argues that Christians cannot know what flourishing means apart from attention to those among them who are chronically ill and suffering. Juxtaposing stories of persons with debilitating illness with biblical texts offers a way to interpret flourishing from within the Christian tradition. Received as gifts, the chronically ill press Christians to temper concepts of flourishing, to hold temptations to cheap thriving in check, and to connect with one another in mutually vulnerable communion.

A friend of mine has a daughter with a neurological disorder that if untreated can cause victims to go mad or drive them to suicide. A medication that mitigates some of the severity of the condition must be administered at regular intervals, so that neither parents nor child ever sleep for more than three or four hours at time. This is just one of the many life-disrupting, often physically difficult and painful aspects of managing narcolepsy—for one who has it and for those who care for them. As with other families who daily deal with acute disorders or medical needs, the impact of this illness on a daughter, marriage, professions, friendships, and family members can hardly be overstated. At an Easter meal together, a psychology colleague lauded “thriving,” an area that she researches and lectures about as a psychologist. Shocking the table with her vehemence, my friend whose daughter has narcolepsy exclaimed, “I am so sick of ‘thriving’! And if I hear ‘flourishing’ again at my church, I am going to explode. Whatever does this mean for my life, for our family’s life?”<sup>1</sup> The uncomfortable silence that followed is a

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<sup>1</sup> For details about the unrelenting toll narcolepsy can take on caregivers, families, and those who have the condition, see Claire Crisp, *Waking Mathilda: A Memoir of Childhood Narcolepsy* *The Conrad Grebel Review* 37, no. 1 (Winter 2019): 4-27.

common response when those who suffer chronic conditions openly dare to challenge conceptions of well-being and the implicit imperative to pursue it as God's intention and our true or authentic end.

Mirroring its popularity in secular contexts and in academic fields such as positive psychology, many Christian institutions and churches utilize the language of "human flourishing" to describe their mission.<sup>2</sup> Most secular and Christian perspectives on flourishing and thriving acknowledge that a robust understanding of this concept must account for the role of, or simply the existence of, human suffering. Martin Seligman (the father of positive psychology who self-identifies as temperamentally prone to depression) defines flourishing as having the following elements, in ascending order of importance: positive emotion, engagement, relationships, meaning, and accomplishments.<sup>3</sup> Seligman is interested in interventions, shifting psychology to focus not on what is wrong but rather on what makes life worthwhile, including for those who lack what the Greeks called "moral luck."<sup>4</sup>

Many fail to experience such luck, including luck with their physical health. Approximately half of all adults in the United States have chronic health conditions, not to mention the many children who suffer from such conditions.<sup>5</sup> The mother in the anecdote above responded to summaries of thriving that, for example, depict it as the coalescing of "enjoyment and meaning in life's endeavors," because what this requires seems out of her reach. She expected other *Christians* in particular to be sensitive to this, to

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(Palace Gate Press, 2017).

<sup>2</sup> See Martin Seligman, *Flourish: A Visionary New Understanding of Happiness and Well-being* (New York: Atria, 2012). For an example of how prominent Christian institutions employ this construct, see Yale Center for Faith and Life, "God and Human Flourishing Project."

<sup>3</sup> Corey Keyes and Jonathan Haidt, eds. *Flourishing: Positive Psychology and the Well-lived Life* (Washington, DC: American Psychological Association, 2012), 6. Positive psychology and thriving literature often utilize the concept of authenticity and its relationship to achievement.

<sup>4</sup> The Greeks and many current philosophers believe that fate could make a good life unattainable. See for example Martha Nussbaum, *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy* (Cambridge, UK: Cambridge Univ. Press, 2001). The Greeks wrestled with what participation in the good meant for various persons when not everyone is dealt the same or equitable hands by fate.

<sup>5</sup> Centers for Disease Control and Prevention, "Chronic Disease and Health Promotion," <http://www.cdc.gov/chronicdisease/overview/>, accessed November 14, 2016.

speak and act about flourishing in ways that attend to the pain, loss, and exhaustion that marks much of daily life in her household and in many others like hers.<sup>6</sup>

Rather than enhancing and freeing people for a good life, the language of flourishing can silence truthfulness about the toll chronic illnesses can extract from those with these conditions and from their caregivers. However, it is not only those directly touched by illness who benefit from a critical evaluation of flourishing. In their eagerness to pursue thriving as an avenue for cultural relevance, Christians may forget that this concept must be tamed and trained by their particular tradition. Pursuing the self-care and authenticity that thriving may promote, some distance themselves from those whose presence covertly undermines (attainable, straightforward) flourishing from those whose embodied reality whispers the tenuousness of ability and health. Thus, absent a rich conception of thriving possible amid suffering, a Christian risks severing herself from the good that is the joining with others in Christ's broken, fragile body—regardless of her own capacity or health.

Others, including those writing disability theology, have offered descriptions of flourishing amid suffering.<sup>7</sup> This present essay addresses peculiarities faced by Christians who do not wish to be in pain or who find their impairment not merely a matter of bodily difference or distinction but (at least at times) a condition or pain which they themselves dislike and from which they seek relief. The concern here is not with thriving as someone with Down syndrome or other condition labeled “disability.”<sup>8</sup> I am not only

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<sup>6</sup> Keyes and Haidt, *Flourishing*, 94.

<sup>7</sup> See for example Andy Crouch, *Strong and Weak: Embracing a Life of Love, Risk, and True Flourishing* (Downers Grove, IL: IVP, 2016), chapters 2 and 3; Shane Clifton, *Crippled Grace: Disability, Virtue Ethics, and the Good Life* (Waco, TX: Baylor Univ. Press, 2018), “Introduction: A Disabled Account of Flourishing.”

<sup>8</sup> Much disability theology takes issue with such labeling and adopts the social model of disability, drawing attention to ways society blocks access to resources and relationship to entire categories of persons. Others note that “disability” masks all humans' interdependence. See for example Kathy Black, *A Healing Homiletic: Preaching and Disability* (Nashville, TN: Abingdon Press, 1996); Deborah Creamer, *Disability and Christian Theology: Embodied Limits and Constructive Possibilities* (Oxford, UK: Oxford Univ. Press, 2009); Thomas Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids, MI: Brazos Press, 2008), especially chapter 3.

naming the isolation noted in a social model of disability or claiming that chronic illness is primarily a problem of how people with certain bodies are treated.<sup>9</sup> Rather, I claim that Christians cannot know what flourishing means apart from attention to those who are chronically ill and suffering. Juxtaposing stories of persons with illness with biblical texts is one way to “re-mean” chronic suffering and flourishing from within the Christian tradition and explore its contours without lapsing into abstraction.<sup>10</sup> Through these narratives, I will explore how chronically ill persons and their experiences press all Christians to temper concepts of flourishing, hold temptations to cheap thriving in check, and determinedly connect with one another as a living testimony to a good life made possible in the vulnerable and mysterious communion of Christ’s wounded and risen body.<sup>11</sup>

I will begin by considering how prayer, a seemingly caring response to these conditions, can morph into a means by which the worries of the well end in shame for the suffering. Next I will consider how the crucifixion and resurrection of Christ inform alternative habits for genuine communion with one another amid suffering. Then I examine a double-healing in the Gospel of Mark, re-imagining our lives from its horizon. Finally, I consider the audaciousness of a God who obligates those enduring suffering to attend to others as a condition of their participation in the good life.

### **“Are you better?” Praying for the Chronically Ill**

Suzy was managing a multi-million dollar trust for a world-renowned

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<sup>9</sup> In the social model of disability, disability is not an issue of an impairment of an individual but rather an issue caused by the problematic ways society is organized to prevent certain persons from being fully included in communal life. For a description of the social model of disability as distinct from others, see Creamer, *Disability and Christian Theology*, 19. This sort of exclusion is examined below in the context of Christian practices aiming to “include” the chronically ill.

<sup>10</sup> In similar fashion, theologians such as John Swinton take on embodied conditions that seem to challenge theological claims and squeeze them for insights that clarify or revise them. See for example John Swinton, “Reflections on Autistic Love: What Does Love Look Like?” in *Practical Theology* 5:3 (2011): 259-78. As James McClendon claims, “*Biography at its best will be theology*” (emphasis in original). See James McClendon, *Biography as Theology: How Life Stories Can Remake Today’s Theology* (Eugene, OR: Wipf and Stock, 2002), 22.

<sup>11</sup> See Swinton, “Reflections on Autistic Love,” 259-78.

organization.<sup>12</sup> By age thirty, she had found incredible success and joy in her work. But through a series of events, her health—and life as she had known it—unraveled. An assault left her with long-term injuries and, while hospitalized, she contracted a virus that constantly plagued her with problems such as vertigo and nausea; occasionally these so affected her musculoskeletal system that she moved with noticeable pain and needed a walker. She left her high-powered position and began to reconsider her identity. But one aspect of her identity remained intact: She was a Christian, a daughter of God, and member of a local church. Whatever came her way, Suzy sought to respond as someone bound by these relationships. As they do for most of us, these ties occasionally proved problematic.

As a member of a mainline liturgical congregation, Suzy asked for prayer. Yet she soon realized that being on the prayer chain triggered anxiety that then motivated her to lie about her condition and eventually caused her to stop asking for intercession. She explained, “I valued people’s prayers for me. But then they would come up to me and ask, ‘Are you feeling better?’ with a hopeful look on their faces. After a while, I just couldn’t do it anymore. I started to simply say, ‘Yes,’ even though it wasn’t true. I simply couldn’t continue to disappoint them—or to *be* a disappointment. I even felt guilty about my illness—and I certainly didn’t need that on top of everything else.” If Suzy felt this pressure, surely the perpetually “unhealed” in Mennonite, evangelical, charismatic, or Pentecostal congregations likely sense this, too.

Scripture commands prayer for the suffering and sick. For example, the Apostle James does this and implies that such prayer can make someone better (James 5:13-17). However, a close reading reveals that the *primary* reason we pray for the suffering and sick is not to cure them.<sup>13</sup> Rather, we are commanded to do so because it acknowledges that our lives are linked together in God’s own life and that God is implicated in our struggles.<sup>14</sup>

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<sup>12</sup> Unless otherwise indicated, names and other identifying information have been removed.

<sup>13</sup> As Martin Dibelius notes, James begins with praying for healing but expands to “simply prayer in general.” Martin Dibelius, *A Commentary on the Epistle of James*, rev. Heinrich Greeven (Minneapolis: Fortress Press, 1976), 242.

<sup>14</sup> “More important [than ancient parallels with similarly abrupt endings] is the stress on healing and reconciliation: We have here the ideal of a united community.... Both the suffering and the cheerfulness to which this verse [verse 13] refers are left unaccounted for; but that is consistent with the imperatives in general: they hold in various circumstances.”

James requires us to take up one another's lives as lived before God together whatever our state—suffering, cheerful, or sick. While English translations commonly render the Greek ἀσθενεῖ in James 5:14 and κάμνοντα in verse 15 both as “sick,” James may use these different words to remind us that every sort of vulnerability must be received into the community's life in tangible, physical ways. He orders leaders to “anoint with oil in the name of the Lord,” and thus to draw near those who are ἀσθενεῖ or feeble. He then immediately follows up with the assurance that God works through these prayers for the good of the κάμνοντα, which can refer to a physical ailment but can also convey weariness of spirit or discouragement.<sup>15</sup> In drawing near pained bodies, we resist ordering existence around the seemingly powerful or ingratiating ourselves to the most attractive ally. The politics of Christ's body necessitate embodiment of dogged commitment to one another and to an insistence that God attend to his body, especially when that body is enduring hardship. In other words, prayer-in-pain sprints practitioners open, making them vulnerable to one another and to God.

Such vulnerability became evident when one of our close friends was diagnosed with cancer that had spread to his major organs. From a medical perspective, it was apparent that Scott would not be cured nor be declared cancer-free; we could hope against hope for years of life, although that seemed unlikely. This was especially hard to bear as he and his wife had four small children. As the cancer dragged on, I asked his wife how I could pray. She replied, “I want God to heal him. I know that is unlikely. But that is what I want.” She knew such a request was an awkward one for many; most of us get around this bold request by adding the ever-handy clause, “if it is your will.” Yet Scott's wife wasn't hedging her bets as she pleaded for Jesus to heal him; she was laid-out, prone, and begging for it. I felt reticent to do this out of a desire to protect myself from the exposure that such pleading required. I didn't want to have to deal with the devastation that seemed inevitable; why compound the sorrow of impending death by having it also reflect God's seeming ineptitude or silence? Other sorts of praying seemed relatively easy. But this sort of intercession fused my life to theirs; if God did not heal him, their distress would have to be, in a limited but real way, mine as well.

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Dale Allison, *James: A Critical Commentary* (New York: Bloomsbury, 2013), 750.

<sup>15</sup> *Ibid.*, 766.

Much “prayer” about illness and chronic conditions embodies the opposite of James’s desire that we love one another as ourselves (James 2:8). We manage to entreat God in such a way that we distance ourselves from the suffering person and from one another. We separate from a God we cannot control and from people whose own fragility painfully recalls our own. To counteract this resistance to vulnerability, James commands us to habitually engage in these practices. As we sing and pray in accordance with lives in community, we become a people who readily acknowledge God’s work among us, including the healing of our bodies by the power of the Spirit. We also become those whose prayer and praise trains our bodies and souls in the posture of vulnerability. As is true throughout the letter, James tells us to enact—not merely assert or mutter—our trust in Christ’s redemption of our lives, however feeble or weak they prove to be.<sup>16</sup> James’s charge to physically and emotionally touch the suffering awakens in us a faith that chases out our trepidation and fear that misery will triumph, severing us from God and one another.<sup>17</sup>

Finally, note that the sick or despairing are required to join with those who are cheerful (James 5:13). Placing such a mandate on people wrestling with all manner of illness may be the hardest joining of all. Nonetheless, James presumes on the suffering ones to bear with those who easily sing. Even those weak of heart are pressed to offer themselves to others, including by witnessing to the joy of others. In doing so, the despairing may become caught up in the others’ delight, able to forget or be taken out of pain—or they may not. Shared expression, shared life, cannot be instrumentalized in this fashion. Unlike many in our churches and society, God insists that the sick and “feeble” have meaningful work to do. That brings us back to the primary reason we worship together: these practices unite our bodies through song, speech, and touch with one another and with God. This sort of communion differs from a voluntary club with members joined by those with similar abilities and interests; it enacts and testifies to the good life as

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<sup>16</sup> James states that our commitment to one another includes seeking out the lost or wanderer from the truth (James 5:19-20). Throughout the letter, the steadfast love of the saints for each other remains a vehicle of God’s grace and mercy to save. This may seem dissonant to us, given the harsh judgments James makes on these same agents of grace.

<sup>17</sup> That James addresses the problem of evil and suffering is also clear in James 5:11.

Christians understand it.

Yet it is not only that such practices witness to what is possible by God's Spirit among us. Relentless companionship turns out to be the prescription for our deepest illness: We are alienated from one another and yet God created us for shared work; we are lonely yet created for relationship with others across divisions of every sort.<sup>18</sup> This, then, is the healing for which we can always pray with confidence; the solace and affections these attachments afford us become cause for song, even in a world (and in communities) not yet fully redeemed.

### **From Stigma to Stigmata: Storying Chronic Illness in Light of the Crucified and Risen Christ**

Suzy sometimes denied her illness and hid significant parts of herself from her community. Hiding from oneself and from others is a mark of the experience of shame, and as with Suzy chronic illnesses can foster this more than acute ones.<sup>19</sup> Arthur Kleinman notes this phenomenon in his much-cited study of illness narratives.<sup>20</sup> In a chapter entitled "The Stigma and Shame of Illness,"

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<sup>18</sup> This is one implication of Genesis 1:27-29; see Richard Hays, *The Moral Vision of the New Testament: Community, Cross, New Creation, A Contemporary Introduction to New Testament Ethics* (San Francisco: HarperOne, 1996), who asserts that NT is almost exclusively addressed to "you all," underscoring the importance of community for the context of faithfulness to Christ. Such a claim does not exclude persons whom we may consider to have limited relational capacity. See Hans Reinders, *Receiving the Gift of Friendship: Profound Disability, Theological Anthropology, and Ethics* (Grand Rapids, MI: Eerdmans, 2008).

<sup>19</sup> For reasons that both are explored in, and can be inferred from, this essay, this response to chronic conditions often differs from response to a severe accident or a diagnosis of cancer—especially if the cancer does not cause a long, lingering death. Because the medical model and its narrative often plot lives, most disability theologians critique the habit of defining people by their disease or condition (someone "is" a diabetic, schizophrenic, narcoleptic, etc.). For shame as related to the social gaze, see for example Thomas Scheff, "The Ubiquity of Hidden Shame in Modernity," in *Cultural Sociology* 8, no. 2 (2014): 129-41.

<sup>20</sup> Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988). Thomas Reynolds also reflects on the stigmatization of the "disabled" and Erving Goffman's definitive work on this as producing a "cult of normalcy." See Reynolds, *Vulnerable Communion*, 63. Reynolds unpacks how this dynamic "disrupts the fabric of an economy of exchange" similar to one described here, one that also rests on mutual vulnerability as crucial (65). Reynolds ends with a charge to hospitality that leaves largely unexplored the yoke of fellowship placed upon the previously stigmatized with those tempted to stigmatize. See especially chapter 7, "Being Together."



Kleinman notes the evolution of the idea of “stigma.” Originally meaning a branding or a mark (as of a slave, convicted thief, traitor, et al.), the term shifted to mean a person “marked by a deformity, blemish, or illness.”<sup>21</sup> But in the West, stigma often refers not merely or even primarily to a physical state but rather to an identity, a sense of who the person is or how they are perceived. The psychological dynamic for the stigmatized results in an internalized sense of being “inferior, deviant, or shamefully different.”<sup>22</sup>

As the Apostle Paul reminds Christians, churches tend to reproduce the values and habits of the surrounding culture within their gatherings. So, what are tempting responses to the stigma of chronic illness? As Kleinman notes about disability generally, the chronically ill often find other people react to their condition “with great ambivalence, ranging from gross inattention to embarrassing overconcern.”<sup>23</sup> The former might initially seem unlikely or be quickly denied in congregations. Surely Christians fall into the latter category, if indeed they are guilty of such ambivalence? But Kleinman identifies what may well be a particular difficulty of being chronically ill in the church, with those who display such “overconcern” ably hiding their own insecurities behind a patina of piety. This tendency needs to be intentionally opposed, directly addressing the potential shame or humiliation the chronically ill face in a culture enamored with youthful, beautiful bodies. Instead, churches need to proclaim in word and deed that all bear in their bodies particular gifts, including bodies in pain. In doing so, local bodies of Christ must genuinely honor the weak as necessary for the wholeness of those bodies, rather than (as some are prone to do) tokenize them either to bolster a sense of moral superiority or to prove a congregation’s inclusiveness.

If communities of Christians are to offer an alternative, they must acknowledge the mechanism of stigmatization, then move to the redemption of shame that characterizes the Christian story. This narrative places an intention to humiliate at its center: the crucifixion.<sup>24</sup> For those who

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<sup>21</sup> Kleinman, *The Illness Narratives*, 158.

<sup>22</sup> *Ibid.*, 159.

<sup>23</sup> *Ibid.*, 168.

<sup>24</sup> Christians often emphasize the pain of crucifixion as a means of death. Among evangelicals (and perhaps others), there is a common, seemingly obvious false assertion that in so dying Jesus experiences “the worst pain.” Surely human cruelty and a survey of torture in our own century in my own culture reveals the fallacy of this assertion. The cross is significant for

submit to the cross's peculiar logic, this vehicle meant to shame becomes a sign of God's power and, further, of the sufferers' confidence in God's care.<sup>25</sup> Far from denying its stigma, we Christians embrace it, voluntarily branding ourselves by hanging this means of execution around our necks or on our walls. At its best, the sign reminds us to resist the impulse to deny our liabilities, to emulate the vulnerability of our crucified God, and accept (not seek) suffering as redeemable. Christians must recover the paradoxical nature of this symbol: A shorthand for the life, death, and resurrection of Jesus, through whose tortured body the God of Israel extends an invitation into the deeply good life. But the cross also should recall for us that God's powerful response to the crucifixion refuses to erase the marks of attempted humiliation: The risen body of his son proclaims his scorn of the intended shame in the scars that remain.

Even those of us most versed in theology can press against the cross's implications. A few years ago, a group of theologians sat around a table after a lecture on the redemption of suffering and its relationship to memory.<sup>26</sup> Someone asked how the fact that Christ is raised with his wounds matters for our understanding of pain and evil. Before the lecturer could respond, another theologian quickly interjected, "That's only because he has not yet ascended. In my tradition, Christ does not have wounds once he returns to heaven." The impulse to cover over the wounds of the risen Christ reflects an anxiety about bodily vulnerability as something to be overcome rather than redeemed through Christ. Shame can be understood as a factor of another's gaze or willingness to look upon us; it is how someone perceives us. Many Protestants in the contemporary West remain scandalized by the cross more than they wish to admit: We cannot gaze too long on suffering; we do not wish to stare at a cross with Jesus's mangled body still hanging there. We

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many reasons, but in its cultural context it was an especially dishonorable execution, reserved for low-lives and criminals. That the Lord of heaven and earth submitted to such treatment is the scandal about which Paul writes. See 1 Cor. 1:21-25.

<sup>25</sup> This is at the heart of theodicy as usually conceived: that God cares and is powerful. The difference in approach is that the atonement refuses a path of insulation from evil and suffering, while most theodical articulations presume this as determinative of a good life with such a God.

<sup>26</sup> See Miroslav Volf, *The End of Memory: Remembering Rightly in a Violent World* (Grand Rapids, MI: Eerdmans, 2006).

cannot look upon another's suffering without needing either to look away or to assure ourselves that such suffering will be eventually be erased from memory. Why might this be the case? How does this erasure of Christ's wounds remind us of temptations to deny the power of the cross?<sup>27</sup>

In the West, we Christians have imbibed a presumption that our primary task is to be *effective agents* of God's reign rather than primarily *faithful witnesses* to its reality; that is, many of us presume that our call is to change the world. If I cannot alter someone's illness, it is a waste of my talents and time; better then to focus on areas to which one feels "called." As the elder in Dostoevsky's *The Brothers Karamazov* confesses, "The more I love humanity in general, the less I love man [sic] in particular"—perhaps especially when confronted with the uncomfortably intractable circumstances of that woman or man?

While bizarre to many Protestants now, the history of the church tells of those who have experienced stigmata, that is, of Christ's wounds appearing on their own bodies. Importantly, one could misunderstand this as seeking suffering for suffering's sake. That would be a misreading of most of these stories. Rather, the stigmata appear as an outward sign of these persons' identification with the world God "so loved that he gave his only son." As David Matzko McCarthy says regarding the case of Padre Pio, his piety was produced

not by a desire to suffer for the sake of suffering, but through a straightforward and steady desire for friendship. The beloved is the suffering God. . . . Padre Pio desires to share compassion *with* Christ, and his body becomes a site of this union. He is marked by stigmata in 1918, during the final months of World War I and amid the Spanish flu epidemic [that killed an estimated 50 million worldwide].<sup>28</sup>

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<sup>27</sup> While separated by thousands of years and proudly more advanced, my culture is not so unlike that of the Greeks and Jews of 1 Cor. 1:23-24, who find the cross foolishness or a stumbling block. This appears to be the case among highly educated Christians, too. On the importance of these wounds, see Nancy Eiseland, *The Disabled God: Toward a Liberative Theology of Disability* (Nashville, TN: Abingdon Press, 1994).

<sup>28</sup> David Matzko McCarthy, *Sharing God's Good Company: A Theology of the Communion of Saints* (Grand Rapids, MI: Eerdmans, 2012), 131.

Whatever one thinks about the history and experiences of stigmata in the church, it is a metaphor for both the endurer of chronic illness and those who come alongside him. Stigmata take the signs of Jesus's shameful death—not only healed scars but as gaping, still-bleeding lesions—and openly celebrate them as opportunities to draw near to others in compassion and to draw near to God in shared love for the world. In like fashion, the saints take up the shamefulness of chronic illness or other obvious bodily injury to re-story it. While tempted to draw a dark silence over such conditions or deny their power or pain, they shine light upon them as a reality taken up in the crucified Christ.

However, not only the sufferer feels shame and requires a new narrative to escape it. As Kleinman observes, the church can shame not merely by overconcern but also by “gross inattention.” Why do we avoid the chronically ill among us, pretending that we have not seen them or altering our path so we can dodge them? Why do we avoid conversations that might raise the specter of their condition? While there are surely many dynamics to this, those not in such situations may well be responding to shame. This shame could appear as a vague sense of guilt that we ourselves are not so burdened. It could belie a sense of inadequacy that we cannot fix another's problem or know the “right” thing to say (as if making others “better” were the main goal of communal life). Another major factor is that the chronically ill remind us of human fragility, of our susceptibility as creatures of earth. This may be a different sort of “nakedness” of our bodies than that of Genesis 3:7. But the unwillingness to acknowledge vulnerability is the same: People hide from one another, move apart, and work to cover over ineffectiveness and fears with fig leaves of avoidance or studied indifference.

A friend visited Rome near the end of Pope John Paul II's life. At mass he was shocked by the pope's condition as he was wheeled down the central aisle: Hunched in the chair, drooling, a seeming shell of the once vibrant and athletic man he was. Yet how remarkable that he—and his community—were so confident in the Spirit's work through him that he did not need to feel ashamed of his body. Instead, his condition reminded all in attendance that “extraordinary power belongs to God.” Christians offer their bodies in worship because doing so allows the Spirit to work.<sup>29</sup> While often citing this

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<sup>29</sup> 2 Cor. 4:7-10.

text, many Christians struggle to willingly proclaim through their body's vulnerability that Christ overcomes all affliction, despair, and confusion. John Paul II and his community testify that what the world often sees as stigmatizing incapacity can become a stigmata.

As the Apostle Paul puts it, our porousness—bodies like clay pots susceptible to all manner of social, emotional, physical woes—makes possible participation in the goodness and beauty that is a truthful witness to the good that is Christ. This is quite a different way of participating God's goodness than is often considered by Christians, perhaps by North American Protestants in particular. (Such a sensibility about our bodies could cause us to engage in the push for “death with dignity” from a different angle: What if the above image of John Paul II became the measure of dignity in the face of death's decay?)

By taking the scandal of chronic illness up into the body of the Risen Wounded, both the sufferer and those who accompany him actively reject shame and usurp it as Jesus did. He intentionally “despised the shame” of naked, public torture for the sake of what seems counterintuitive: joy.<sup>30</sup> Likewise, Christians take their stories up into the grand narrative of God, who turns experiences that can humiliate and separate into means of healing and unity. While our world commonly feeds us such pop-psychological pabulum as “Seek out happy people so you can be happy” or “Avoid people who are downers,” Christians insist that accompanying the suffering is a privilege to be embraced, sacred space in which to encounter the mystery of Easter's vision of a well-lived life.<sup>31</sup>

What habits or dispositions must we cultivate to break stigmatization? What stories guide the need to bring attention to the chronically ill in ways that do not mock or isolate, but rather plunder social or internalized shame

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<sup>30</sup> Hebrews 12:1-2.

<sup>31</sup> See the many articles on “positivity” on the popular website “lifehack.” While there is solid research in psychology about the importance of habits such as gratitude or a growth mindset, advice such as “14 Ways Positive People Separate Themselves from Negative Energy” includes prescriptions to “Believe in yourself” and “Avoid negativity”: <https://www.lifehack.org/284661/14-ways-positive-people-separate-themselves-from-negative-energy>. Absent a thick account of what counts as “negative” or “positive,” one wonders if this results in people becoming unable to face honestly a world fraught with injustice and pain as well as marked by beauty.

in order to fund loving connection?

### **A Tale of Two Daughters: An Imaginative Exercise**

In Mark 5:21-43, the otherwise terse Gospel writer draws a detailed picture of Jesus' encounter with two people, each of whom seeks him out for his healing power. This story helps us re-imagine how to conceive of chronic illness. It begins with Jairus bursting through a crowd to fall at Jesus' feet. Here is a man with every social advantage, religiously honored and thus probably a person of means; important for the contrast to come, he is male in a culture in which men had status over women. Yet he approaches the nomadic rabbi humbly and in undisguised desperation, throwing himself to the ground. In medical terms his beloved daughter's situation is acute; she is "on the point of death." After Jesus agrees to accompany the desperate father, another character mysteriously lurks on the edges who will only later come fully onto the scene.

Jairus's crisis likely excited the crowd, and everyone jostles Jesus as they all hurry to the dying girl. The disciples must be delighted, as they have had several skirmishes with the religious elites that have not gone well (cf. Mark 2:7; 2:16; 3:3); the most recent one has been frightening, with some scribes asserting that Jesus' capacity to heal the demonized is actually a sign of his fidelity to Beelzebul (3:22). Finally, they will have some powerful people on their side!

Inexplicably, Jesus abruptly halts this hurried procession; people slam against one another, toes are crushed and bodies jostle, readjusting as inertia necessitates. Turning this way and that, he asks, "Who touched my garment?" Imagine the woman, who has crept up behind Jesus, brushing against his cloak and feeling suddenly altered. Unlike Jairus, who had the confidence to speak directly, to confess to the rabbi his need, she silently slinks away, minimizing herself as best she can. She seeks invisibility, welcoming the shadow of the throng and its electric atmosphere. For the briefest moment she must have been elated, feeling the success of her scheme.

But suddenly she is called out. She freezes, aware that she has been caught.

In the meantime the typically clueless Markan disciples chide Jesus for the stupidity of his question. "Everyone is touching you—we're in a crowd!"

Their seemingly rude reply springs from their anxiety, although of a quite different sort than that of the woman: What if Jesus blows this, if he openly dishonors the leader who has come to him, if he cannot get to the daughter in time? And then there is Jairus, now even more worried, apprehensive, and puzzled by Jesus' response. As in so many places and spaces of contemporary life, the scene pulses with anxiety, and among all but Jesus a sense of urgency that sets them on edge.

When it is apparent the rabbi will not budge until she comes forward, the woman makes her way to Jesus' feet, shivering with fear. Now the figure glimpsed earlier comes to the center: a woman with a condition causing her to constantly bleed from her womb. This renders her ritually, religiously unclean, likely barren, and indicates she is possibly divorced or unmarried.<sup>32</sup> In an era with little medical knowledge of how to help her, she has been subjected to procedures one can only imagine. Like many today, health care expenses have bankrupted her.<sup>33</sup> Hers is a chronic medical condition that results in chronic social, religious, relational, and economic alienation. She is terrified that she has stolen something valuable and taken what she did not deserve. She has insulted Jesus. What does she then do? She tries to help him understand her desperation and "tells him the whole truth."

Jesus patiently listens as she tells her tale, line by agonizing line, doctor by doctor, relationship by relationship, symptom by escalating symptom, and last coin into poverty. If you have ever had a medical condition—let alone one lasting twelve years—you can envision how long such a whole truth might go on. Jesus waits, and by doing so forces the crowd to attend to this

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<sup>32</sup> It is not menstruation as a state of "uncleanness" per se that makes the woman's situation dire. Rather, as an ongoing state without relief it negatively impacts her familial relations as well as her social, religious, and economic well-being. Many Christians misunderstand the meaning of purity laws; see Amy-Jill Levine, "Bearing False Witness: Common Errors re: Judaism" in *The Jewish Annotated New Testament*, 501-504 and Jonathan Klawans, "Concepts of Purity" in *The Jewish Study Bible*, 2041-48, as well as his *Impurity and Sin in Ancient Judaism* (Oxford Univ. Press, 2000). Jesus uses purity language throughout the Gospels, speaking as a rabbi who interprets the tradition and adapts these concepts accordingly. See Matt. 23:25-28, where he utilizes this language as the prophets do, to challenge the "uncleanness" of the religious leaders.

<sup>33</sup> In 2017, the Motley Fool website cited a Kaiser Health Foundation study stating that medical bills remain the number one cause of personal bankruptcy in the United States: <https://www.fool.com/retirement/2017/05/01/this-is-the-no-1-reason-americans-file-for-bankrup.aspx>.

long story of heartache, loss, desperation as physical pain spirals downward into utter isolation. Finally, he responds to her: “Daughter, your faith has made you well. Go in peace.”

What is Jesus doing here? First, by his non-anxious presence to her story amid the urgency caused by a “realistic” view of things, he conveys that her unique experience of sorrow deserves attention. She approached him in the posture of shame, assuming that she had to steal a healing rather than ask for it, yet her action is not without courage and grit; she thinks he has something she needs. Jesus addresses her as “daughter,” making clear that she is kin, as beloved a member of the family as the girl lying in bed in Jairus’s house. He clarifies that her healing was no accident or moment of magic: her faith—however small—sought him out for help. He ends by sending her out in peace, blessing her for new and renewed relationship to herself as well as to others.<sup>34</sup>

By doing all this before the crowd, Jesus destigmatizes a humiliating illness, a condition likely to have been interpreted by at least some as a matter of her sin or of her family’s moral failure.<sup>35</sup> He does this by calling attention to the illness, but not through pointing to it in disdain. He does not tokenize her situation, proudly displaying her as an example of his magnanimity. Instead, he holds open a space to tell her story in her own words and for however long it takes. He makes the community witnesses to it, despite how they squirm because they do not intuitively value her (and her ailment) as much as Jairus’s daughter’s condition. Using his authority to defang her shame and hold up her previously stigmatizing condition, Jesus brings her fully back to the people from whom she had been separated.<sup>36</sup>

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<sup>34</sup> Kathleen Mills and Warren Carter argue that Mark always insists on the nexus of Christology and discipleship. This remaking of kinship also proves disruptive to Roman imperialism or other claims that might organize our lives. See Kathleen Mills and Warren Carter, *The Kinship of Jesus: Christology and Discipleship in the Gospel of Mark* (Eugene, OR: Wipf & Stock, 2016), especially 136-40.

<sup>35</sup> For Jesus’ response to the tendency to presume that the cause of ailments is ethical transgression, see John 9. For a reflection on this passage that influences this essay, see Reinders, *Receiving the Gift of Friendship*.

<sup>36</sup> This entire scene enacts Paul’s charge in 1 Cor. 12 to “honor the weaker member.” Unfortunately, we tend to use the weak to bolster our own position as stronger. This tendency Paul incites us to resist by receiving the gifts of those otherwise overlooked by the measures of a world enamored with certain sorts of power.



This is what healing looks like. Those severed from others, those ashamed of their sin or of their situations, come into a new relationship with Christ who heals. This is also why healing in the Christian tradition is never merely physical, nor is it ever equated cleanly with curing disease. Our restoration is finally only brought through bodily death, yet we hope to die as healed in spirit, soul, and heart as we can possibly be. Such an orientation toward healing affirms the church's ministry to those silenced or humiliated by their condition: Christians must make spaces to witness these stories, to hold them as sacred, and thereby to reverse the mechanism of shaming that places some on the margins of a crowded, fast-paced culture enamored with efficiency and peopled by shiny, happy humans.<sup>37</sup>

More important, perhaps, is the church's task to recall that all our stories are "re-meant" by being linked to Christ's own story and thus to one another's stories. By the end, Jairus and his family see a miracle no one could imagine. Only because of the woman does Jairus have the opportunity to confront his deepest fear, his most profound vulnerability as a parent. The disciples squirrel away this experience, pondering it as they begin to comprehend the upside-down kingdom into which they are drawn. How do they resist the magnetic pull of anxiety (e.g., the need to be significant to the significant, to matter to those who matter) and come to know that God cares for each of us but puts the weak, the suffering, at the head of the line?<sup>38</sup>

The story carries other implications too numerous to explore here, upending as it does the values and presumptions of our era as much—or even more—than it did in first-century Palestine. However, consider just two elements that also open paths for understanding analogous tendencies in other cultural contexts. First, Christians must resist the tendency to overlook or overrun the chronically ill amidst the seeming urgency of acute conditions. This can be enacted in seemingly innocent ways, such as when we value efficiency and productivity even in "Christian" events or contexts. In my context of Southern California, for example, people often walk and act quickly because the volume of work done, rather than the quality of care

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<sup>37</sup> On the need to assure the woman publicly as part of her healing, see Timothy J. Geddert, *Mark* (Scottsdale, PA: Herald Press, 2001), 120-21.

<sup>38</sup> Consider also Mark 9-10 in this light, in which discussions of greatness or those who are first are placed within charges to welcome children or to receive the kingdom as a child.

for those around us as we do it, is of utmost importance. Many churches focus prayer chains and meal trains around those who have a health crisis (as we should), yet become weary or simply forgetful of tending those who might benefit from consistent, small kindnesses as ways of honoring that their current story is one of pain and difficulty. In disability studies, people speak of “crip time” (derived from “cripple”), because everything takes so much longer when one is, for example, in a wheelchair directed by blowing in a tube and speaking by poking at a pad with a stylus in their mouth. As we see in the Markan story, Jesus moves in crip time, sure that time is a gift in which God’s power and presence will continue to appear.<sup>39</sup> The task is to ask ourselves how we are like the impatient disciples, how are we enacting the faithless, fearful tyranny of the urgent instead of the gentle patience of the reign of Christ.<sup>40</sup>

Second, congregations must realize that it is the strong who need the weak. Without having crip time thrust upon our procession of business-as-usual, Christians miss much of the power of God and, as above, the deepest miracle—that of resurrection, which reframes all our ventures and provides the ultimate horizon against which Christians read all lives. In a drive to be “authentic” as much of our culture perceives it, as people pursue individual happiness (or even familial, merely local goods), Christians push past those whom we need, those who prevent us from telling our life stories untruthfully and in shrunken, impoverished ways. Our lives derive their sensibility and produce good fruit as they are mediated through the life, death, and resurrection of the Human One. Only then do we become fully human. Like Jairus and the older daughter, our lives are “re-meant” as we let go

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<sup>39</sup> On crip time, see Alison Kafer, *Feminist, Queer, Crip* (Bloomington, IN: Indiana Univ. Press, 2013), 25.

<sup>40</sup> As a fruit of the Spirit, patience is never mere waiting or, worse, stoicism; rather, patience names our ability to be fully present to any moment, confident that God’s Spirit is working for a good usually not evident or easily named by us. As Henri Nouwen puts it, patience is “a willingness to stay where we are and live the situation out to the full in the belief that something hidden there will manifest itself to us. Impatient people are always expecting the real thing to happen somewhere else and therefore want to go elsewhere. The moment is empty. But patient people dare to stay where they are.” Nouwen, “A Spirituality of Waiting,” available at <https://www.google.com/search?q=nouwen+spirituality+of+waiting&oq=nouwen+spirituality+of+waiting&aqs=chrome..69i57j0.6310j0j4&sourceid=chrome&ie=UTF-8>.

of delusions of control and fears of death. We learn to trust God's healing (social, relational, spiritual, physical) only as we come to him acknowledging our need as well as our obligation to tend to one another. We can only do this because Jesus's power is boundless. If he were limited in power or in his scope of concern (i.e., *only* for those with status or *only* for those without it), the anxiety all these characters feel would be well-warranted and their desire to seek their own goods separately a wise choice. As it is, they begin to live truthfully as they come to rely in embodied ways on God's fidelity and authority over all that is.

### **Vomiting for Love: Why the Chronically Ill Are Also Obligated to Care**

Like the daughter in the Markan story, Suzy shared her story in a bioethics course. She described how, even at seminary, students seemed to willfully disregard her condition when it flared to obvious discomfort and pain. People forgot her unseen difficulties when planning events and often exuded impatience when she could not respond rapidly to their calls or texts. She spoke of friends frustrated by her need to cancel plans at the last minute because driving had become impossible. In particular, she recounted frustrations faced by those who, like her, usually present as "normal" people and whose persistent bodily challenges, pains, and seizures slip easily from the minds of the "actually" normal.<sup>41</sup> She was especially animated when discussing her interactions with health professions, which for most people with chronic illnesses are a constant aspect of life: waiting a long time in uncomfortable chairs, grumpy receptionists, and rude or mean negotiations about coverage, authorizations, and insurance. For those familiar with disability literature, this was somewhat expected.

What I did not expect was her discussion of how Christ commanded her to love—especially to love the myriad health care people who ironically sometimes overlooked her material and emotional well-being (e.g., her time, physical needs, or fears). As an Episcopalian, she worshiped through the Book of Common Prayer, which leads people to confess an obligation to others. Suzy followed Jesus, who commanded her to love her neighbor

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<sup>41</sup> This language is problematic: normal, able/disabled, etc. For an influential reframing of disability in light of the wounded and raised Christ, see Eiseland, *The Disabled God*. She points out that we are all at best "temporarily able."

as herself and, more annoyingly, to love her enemies. This latter group most often came to her in the form of an assistant demanding yet another signature, a nurse brushing off her urgency or pain, or a doctor unwilling to listen more than two minutes to her complicated history before deciding on a treatment. She realized that these were the people she had to love and for whom she was to pray; this was one of her communities of concern, her mission field—and not one to which she was happily commissioned. Suzy set out as best she could to consider her neighbor's pain: Why was the person at the desk so anxious? How could she convey mercy to the beleaguered insurance customer service representative, who may be on his tenth call with someone in dire circumstances?

It revealed my bias that I had thought about Suzy more as a victim of her illness than as a person called by Christ to care for others in a particular sort of body. That body meant she had a sometimes challenging set of persons to whom she embodied God's mercy. As she noted, the Good Samaritan didn't exactly get to choose, either; he happened upon the nearly-dead, so it was the nearly-dead to whom he was obligated to extend God's extravagant mercy.

In this way, Suzy recalls for us that because each one is taken up into the broken body of Christ, each has their own forms of dying to enact. She insisted that while some may be tempted to focus on their own struggles, many are victims of circumstances not easily named or acknowledged: sexual abuse survivors, children of neglectful parents, the brunt of others' cruelty, and so on. In some sense, Suzy and all who endure chronic pain and illness could justly claim they are victims—of others' actions toward them or perhaps of genetics interacting with a fractured world. While the cross never denies the genuine tragedy of Good Friday, Easter weekend proclaims that no one taken into Christ's body is ever *just* a victim. It does not deny elements of tragedy in the human experience, including the way chronic conditions and illnesses worry and weary caregivers like my friend cited at the beginning of this essay. The cross encourages us to weep in response to genuine loss and deep pain, to the ways that the world—and the small universes of our bodies—long for an end to them.

Suzy will not end the story there. Every year she moves through Lent and celebrates Easter. Part of Easter is that Christians are given a job to do:

They are sent into the world to testify to the hope that pain and suffering do not win. Perhaps paradoxically, Suzy and others with chronic conditions of pain and suffering powerfully witness to their defeat by setting their faces to love others through Christ. In so doing, they link their own suffering to Christ's, to a Christ who sees, who alone truly knows, the difficulty of such a task. People tend to pity the chronically ill, as if their condition somehow makes them disabled for love. Yet if Paul is correct, if we participate in Christ's suffering that was a suffering for the sake of love, then the chronically ill are those who "get" Jesus in ways others can as yet only imagine. Like Christ, Suzy refuses to turn aside from her enemies. As the arms and legs of the body of Christ, her body resists all divisions, including the world of health care that can erect barriers between her and those meant to provide for her healing. By resisting this systemic and personal fragmentation, she participates in the best possible sort of life, even as it continues to be marked by too much sorrow, too much pain, too much nausea. (Of course, she shares in Christ's life in many other ways, such as her writing, new work, search for a perfect cup of coffee, relishing of the arts, and tending of friends.)

In his long battle with cancer, Scott displayed what it looks like to resist identifying as a victim of tragedy. He should have died quickly. But surely enough, God answered prayers with the (complicated) response that he would unexpectedly live almost ten years with cancer. This meant an acute condition became a chronic one. Between chemotherapy treatments, Scott would be the first to arrive to move families from one home to another. At other times, he curled up in the family van, too exhausted to get out. When he spoke to my bioethics class, he admitted that by temperament and conviction he would have found it easier many times to simply let the cancer run its course. But he had small children, and he had been called to care for them, commanded to make them the center of his concern as a follower of Christ. Sometimes the chemo was brutal, and there were seasons when half the month was spent in the bathroom. He struggled with this situation, as it seemed pointless since he was happy to die as a Christian. But his life was not his own; it was tied to others. He struggled to figure out how to endure his chemotherapy. "So," he told the class, "sometimes I vomit two weeks a month as a way to love my kids." In this way, Scott mirrored the One who enabled him to be a good and long-suffering father.

In different ways, both Suzy and Scott remind us that all those wrestling with and enduring chronic conditions continue to be obligated to care. Sometimes this circle of concern is seemingly small or insignificant.<sup>42</sup> But if a good life is one connected to others and to God—and joined by steadfast (though not flawless) love—then they also flourish in the truest sense of that word. They actively resist the temptation that they are merely victims, that their lives are somehow merely tragic. They do so by sowing seeds of the only thing that lasts, Paul’s “greatest” virtue, by linking their lives with the saints and with all who offer themselves for the good of others as the thriving Body of Christ.

### **Conclusion: Beauty and the Unfairness of Life**

Attending to frustration, anxiety, weariness, and pain can lead some people with chronic illnesses to despair. My friend whose daughter has narcolepsy bears not only myriad disruptions to her own hopes and desires; sometimes she also aches, watching her child struggle to establish normalcy in a universe in which little of that can exist. She knows she cannot project or plan into the future, as every day has more than enough worry of its own. I feel myself at times wanting to push away from her or others like her; I need to be truthful about the strength of this unchristian yet palpable desire. At some level, I suspect I worry I will catch the trauma. Or, even worse, I fret that if I could actually grasp its depth as one truly moved by compassion, I could not even bear it second-hand. So is faithlessness laid bare, my living into a story that causes a heart to shrink from dishonesty rather than to expand in uncontrolled vulnerability.

We may wish it otherwise, but it is verifiable that life is not fair. It is not even close. A basic Christian assumption is that while this is clearly true, each of our lives is lived *coram deo*: before or in the presence of God. Importantly, it is not lived primarily before others. Søren Kierkegaard famously noted that he “played to an audience of one.” If this is so, considerations of a response to chronic illness must be considered without turning to the side, without comparing our life with another’s life. Thus, whether I think I could not bear

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<sup>42</sup> See for example Reinders, *Receiving the Gift of Friendship* or Jean Vanier, *Becoming Human* (Toronto, ON: House of Anansi Press, 1998) for revisions of personal significance and of what it means to become more fully human.

another's life is to a great extent neither here nor there. Nor does it matter that there are many other lives that I envy, for which I would be happy to exchange my existence. That, too, matters little. And not merely because "you don't really know someone else's story." Sure, but I do know some key elements and there are some for which I would willingly trade my own and vice versa.

As is true for all life, but especially in terms of pain, no one but God—one who knows us more than we know ourselves—can comprehend our sorrows and peculiar burdens.<sup>43</sup> Experiences of pain and chronic illness bring the existential reality of solitude and aloneness of everyone before God into sharp relief, while comparisons of fortune or misfortune turn people from being *for* one another to being resentful or fearful *of* one another. Given these conditions, and accepting the Christian story, humans flourish by embracing the peculiar embodied existence we have been given as the only possible vehicle for rendering our singularity into a means for vulnerable communion. The key witness of the church lies in each member's offering of their body to the body of Christ, a communion that necessitates joining with other unique bodies in an unlikely yet beautiful mess.

Paul describes this in 1 Cor. 12, where he emphasizes the gifting of each one of us while insisting that we are one organism joined across differences and divisions through Christ. He coaches Christians to actively resist the politics of power-as-usual in honor of the weakest. But his conclusion is rather astonishing, claiming that in this body, "If one member suffers, all suffer together; if one member is honored, all rejoice together with it."

Paul thus recognizes the unfair distribution of joys and sufferings among members. What these texts testify is that, against all odds, those who endure chronic illness or other difficult conditions remain attached to those who do not, to such a degree that they "have the same care for one another." Those with chronic conditions bring their gifts to the body of Christ; they too care for one another. 1 Cor. 12 names the omnipresent pressures against this sort of joining, pushing against this sort of unity-without-uniformity by self-

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<sup>43</sup> Some maintain that pain is unique in its capacity to isolate us, including from ourselves. See Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford Univ. Press, 1985) and David B. Morris, *The Culture of Pain* (Berkeley, CA: Univ. of Berkeley Press, 1993).

degradation (“I am not an eye”) or by severing oneself from the seemingly weak (“I have no need of you”). Both parties are deluded and their delusions would blow them apart. For Paul as for Jesus on the cross, only those willing to take up whatever suffering is theirs to endure—as a companion to the enduring, as one who endures, or as a combination of both—also enjoy the wonder and beauty of a deeply good life.<sup>44</sup>

Jazz great Louis Armstrong was described as “a sad soul with a cheerful disposition.” Saints display this same sensibility, because they live their lives before the crucified and risen Lord by whose power and grace they willingly, easily join in others’ lives—whatever suits. Like Armstrong’s jazz, each member takes up their unique body to join with others who must play their own part. Sweetness and beauty marks communities that embrace the strange inseparability of a capacity for deep happiness with a willingness engage with pain. Such is the multi-textured nature of flourishing from within the Christian narrative. Amidst cultural pressures to pursue myriad alterative visions of the good life, the unsettling presence and participation of the chronically ill press us to embrace the mystery of vulnerable communion made possible by the wounded, risen body of Christ.<sup>45</sup>

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<sup>44</sup> It is crucial to note that Paul does not treat both delusions the same way, as if both are equally destructive. Instead, he chides those in positions of power or with status that they *need* the weak. This is not a romantic insight. Rather, it is a reality that must be enacted in practices of honoring the weak, of embodying genuine appreciation of their gifts. Otherwise, the body of Christ merely mimics the politics of a world that fosters a self-pity which allows the hurting to wiggle out of their obligation to love. But the greater harm comes from those who think themselves independent, who may nod to the fragile or socially powerless from a distance, who may even mouth words of compassion. It is these “able” who, Paul warns, cannot survive without those they have overrun in their habits of effectiveness.

<sup>45</sup> Publication of this article benefited from a research fellowship at Biola University’s Center for Christian Thought made possible through a grant from the Templeton Religion Trust. Opinions expressed in it do not necessarily reflect the views of the Biola University Center for Christian Thought or the Templeton Religion Trust. I am thankful for the comments of anonymous CGR reviewers.