

Chapter 4

Meaning of Life and Meaning of Care: A Christian Perspective

Theo A. Boer

1 Introduction

In this contribution, we will review the quest for meaning in the lives of people with mental retardation, and of the meaning of care, in light of what I conceive to be some key concepts of the Christian tradition. This tradition is complex and therefore not always unequivocal. As I will argue, however, the degree of unanimity and consensus is larger than the amount of dissensus.

I commence with some remarks about what we do when we ask questions about the meaning of life, and I will especially point to the action-guiding intention of such questions (section 2). Next, I explore some other theoretical questions, such as whether meaning is formulated “bottom-up,” “top-down,” or dialectically (section 3). The connection between meaning and experiences of meaning and the question to what degree issues about meaning are different for people with, and without mental retardation, is addressed in section 4. Although all sections are written on the backdrop of a Christian worldview, section 5 addresses the Biblical basis for such an approach more thematically. This chapter ends with some conclusions.

2 Interpretations of the Question about Meaning

Some may say that questions concerning the meaning of life are, by definition, misplaced: those who have grasped the meaning of life do not need to raise the question, whereas those who do ask, probably have not grasped the meaning of life. Let us, they might argue, imagine someone who asks for the meaning of nature, of beauty, of love, or of the city of Minneapolis. Who, to put it even more controversially, would ask for the meaning of life of Hispanics, or Caucasians? Is not the sheer fact of their existence proof enough that their lives and existence have meaning?

There are, however, two reasons why questions of this kind may be useful and, to a certain extent, even indispensable. First, many notions about meaning have an action-guiding function, i.e., they explore the possibilities for human response.¹ Let us imagine someone asking the question, “is the life of this child with a profound multiple handicap still meaningful?” In case we have no detailed knowledge of the situation, the question can mean a number of different things, such as:

- “What role does God play in the life of this child, and of those he lives with?”
- “Is it preferable to live without a handicap?”
- “Is this child much unhappier than people without such a handicap?”
- “If we had known the risks for this kind of handicap, would we have wanted the pregnancy?”
- “If we had had possibilities for prenatal screening, would there have been reason for selective abortion?”
- “Should we prevent the occurrence of mental retardation, e.g., through genetic counselling, birth-control, personal hygiene, or dietary supplements during pregnancy?”
- “Should we continue to take care of this child?”
- “Should we prevent fetuses with profound mental retardation to be born, if necessary by means of abortion?”
- “Would it under certain circumstances be better to let newborns with a severe handicap die as soon as there is an opportunity?”
- “If this child catches a pneumonia, should we treat it?”

- “Can we do anything to make this child happier?”
- etc.

This list of alternatives illustrates that the majority of interpretations of the question have direct or indirect consequences for human action. There is need for orientation, both in evaluating the past (“did we do right?”) and in deciding what to do in the future (“which alternatives for action do we have?”). Moreover, these questions tend to pertain not only to actions and attitudes concerning this particular person, but to actions and attitudes towards other people with a similar condition as well. The circle can be drawn even wider: to some, questions about the meaning of life of people with mental retardation may ultimately pertain to the meaning of their own lives, or of life in general. Questions about meaning have built-in elements of prescriptivity and intentionality.² This, in turn, means that the way in which questions of meaning are answered, will influence the way in which we treat ourselves and others.

Questions about meaning may serve a second purpose, which can be described as pastoral and/or psychological. When circumstances are difficult, and parents and health care professionals have a hard time coming to terms with the existence of handicaps and suffering, questions about meaning may provide some necessary relief. The opportunity to complain, to verbalize our doubts about the meaning of a situation, a life, or a caring responsibility, may in itself generate strength, motivation, and endurance, apart from any answers or opinions beforehand.

3 Meaning: the Whole and the Parts

It is not surprising that questions about the meaning of a handicap, and the meaning of care, are intertwined with questions about the meaning of *life*, i.e., of the person's entire existence, or even of human life in general. The term “meaning of life” can be compared to the multi-faceted concept of a mosaic: it refers both to the numerous different stones and to the mosaic as a whole. Small, perhaps trivial experiences of meaning, such as a kind remark, a successful working day, a beautiful concert, a prayer, or an experience of nature — or, seen over a longer period of time, health, a happy marriage, a fulfilling job, or a stable family-life — can have self-transcending, sometimes even metaphysical dimensions.

When we recognize that particular elements and experiences of meaning are related to a larger concept of meaning, what direction does this relation take? We can distinguish two alternatives. In a “*bottom-up*” *relation*, small elements of meaning together constitute larger concepts of meaning which, in turn, may establish an all-encompassing framework of meaning. In this construction, the meaning of a person's life is the sum of a range of down to earth experiences and events, just as a house can be described in terms of the different building materials that were used. In contrast to this, a “*top-down*” *approach* focuses on the whole. Small events and experiences receive meaning if, and only if, they are part of a larger whole. This can take place in two ways: functionally (“a small event is meaningful only to the extent to which it affirms the whole”) or forensically (“a small event is meaningful to the extent to which it is affirmed, or legitimated, by the whole”).

Whether functionally or forensically interpreted, a top-down relationship implies that experiences of meaning are not always indicative of reality. Health, prosperity, or a caring responsibility may be *experienced* as meaningful, but when they do not meaningfully and coherently relate to a larger whole (such as a *telos*, a final purpose), they lack real meaning. In this option, experiences of meaning may be deceptive, because they can divert our attention from real needs and perspectives towards trivial, short term goals. Theologically, the larger whole is often referred to as “God,” “The kingdom of God,” “worship of God,” and the like. Such overall ends can also be understood in non-theistic terms, such as communism, a society of autonomous individuals, or a continuing evolution of the human species.

As an alternative to these two approaches to meaning, some assume a more dialectic relationship between the whole and its parts. Smaller events, experiences, and activities add up to a meaningful whole; at the same time, this whole sets the standard of meaning for its parts. In this construction, there is a two-way

movement of induction and deduction.³ To make a reference to the famous ship of Theseus, the whole process of establishing meaning can be compared to building a ship on full sea: there is no safe wharf where engineers can design the ideal ship and subsequently build it. Rather, there is already a vessel of unknown origin, which has to be maintained and further developed in the full turmoils of the ocean.

Assuming a dialectic relationship certainly is attractive: many people find that experiences of meaning contain elements of both; on the one hand, they are rooted in daily life practice while, on the other hand, they are part of an all-embracing framework of meaning. Still, we cannot avoid the epistemological question about the source of meaning, i.e., the question concerning the primary direction of the link between parts and whole. Is the source of meaning in the details, in the actions, in the momentum, in specific events and occasions? Or are the details reflections of a source of meaning which is higher, greater, and more powerful? Who designed and built the ship? If it is a composition of rafts and bars, collected by a mix of experience and coincidence, there is no intended design, and its meaning will be the aggregate of the experiences of its users. If, however, it was built on a wharf from a carefully intended design, its meaning would be given at the onset and the normative basis for using and revising the ship would be found in the drawings.

The reason why all this is important for our reflection on the meaning of life of people with mental retardation is as follows: if life's meaning is the aggregate of the meaning of its parts, we may have to conclude that the lives of people with profound and multiple handicaps are less meaningful than the lives of those with full mental capacities. Compared to people without profound handicaps, some aspects of their lives are damaged or missing altogether. Perhaps there is suffering or pain. There may be serious limitations in development and functioning, the capacities for speech and reflection may be limited, social encounters can be problematic, and there may be less experiences of meaning. If we assume that meaning is composed bottom-up, the presence of profound multiple handicaps may lead to doubts concerning the lives of people with mental retardation, as well as concerning their care.

The alternative — a top-down approach —, however, may imply a risk as well. The assumption that life's meaning is linked to a higher, meaning-giving whole may lead some to conclude — and history has shown that this risk is not imaginary — that the life of people with profound multiple handicaps has less meaning, or no meaning at all. They might argue that the lives of certain people do not fulfill the parameters of what human life is meant to be. Those who do not reflect the Divine intentions for creation, the ends that are inherent to biological evolution, or the rationalistic ideal of the autonomous individual, are at risk to become disqualified. Combined with the fact that ideologies are among the strongest powers that can motivate human beings, a top-down approach may even be more repressive and dangerous than a bottom-up approach.

All depends therefore on the nature of this top-down approach. But there is an alternative which affirms the meaning of the lives of people with profound multiple handicaps just like the lives of anyone else. This alternative is based upon the assumption that meaning is not linked to certain characteristics or capacities, but that meaning is a gift given to every human being, no matter how seriously limited he or she may be.

4 Experiences of Meaning

Do we necessarily need to *experience* meaning? The question may be answered rather analytically: meaning must, by definition, in some way be experienced. It is logically impossible that something — a life, an event, a caring responsibility — is meaningful, while at the same time no one involved experiences this. The question is therefore not whether, but by whom, when, and with which intensity meaning should be experienced.

Two remarks should be made. First, people with mental retardation may have experiences of meaning which are less explicit and verbal than those of people with full capacities for verbal expression. Whereas the latter are able to express their experiences by means of statements such as “I like it,” “this is very important to me,” or “this is worth trying,” people with mental retardation will perhaps express their

experiences of meaning in a more implicit, non-verbal manner. The absence of explicit verbal expressions does not imply that experiences of meaning are absent. Problems in detecting experiences of meaning in the lives of people with mental retardation may partly go back to the fact that those who raise the question have a highly verbal mindset. To some, it is hard to imagine that experiences of meaning may be contained in other expressions than words and concepts.⁴

All this is not intended to say that people with mental retardation have the same, or nearly the same, experiences of meaning as people without retardation, but that they merely lack the means to communicate about them. It can be argued that some of those who have profound mental retardation have fewer experiences of meaning, that they have experiences of meaninglessness, or that the capacity to experience meaning may even be seriously inhibited.

There is a connection between experiences of meaning and meaning itself, but how tight is this connection? Every human being has moments or periods when experiences of meaning are absent. A person who is unconscious, or someone who is deeply asleep, may lack experiences of meaning. Still, it doesn't seem right to say that their lives *are* meaningless at such moments or periods. Likewise, people in a conscious state of mind may lack experiences of meaning for a shorter or longer period of time. Very few of them would conclude that their lives have become meaningless. Apparently, human beings are capable to bridge gaps of meaninglessness in hope and expectancy that things are going to be different. Such optimism is based on the assumption that there are prospects for future meaning and that sooner or later experiences of meaning will be back. Hope has a central function here. On the basis of hope, someone who does not experience meaning, may still find the strength to perform certain actions or pursue certain goals.

When a person is not in a position to experience or articulate experiences of meaning, others — parents, spouses, friends, health care professionals — sometimes do this on his or her behalf: hoping, praying, and encouraging. Again, we may take an unconscious state of mind as an example. When a beloved person is in coma, relatives will affirm his or her life's meaning on their behalf. But how long can one go on attributing meaning vicariously? In the end, there should be some expectation that the person himself or herself will (re)gain consciousness and will have experiences of meaning him- or herself again. When experiences of meaning are irreversibly absent, there seems to be no point in others articulating or experiencing on his or her behalf. Much depends on the longer term perspectives.

From a Christian perspective, there is an important contribution to make. No human person is irreversibly lost. At the center of the historic Christian creed is the conviction that those who are in Christ will be part of an eternal kingdom of peace and justice in a life hereafter. In that kingdom, "God shall wipe every tear from their eyes; and there shall no longer be any . . . mourning, or crying, or pain."⁵ This implies the hope that people with mental or physical handicaps, however severe these may be, not only will see a total recreation of all their human capacities, but will also be able to experience full meaning of life. Instead of sheer dysfunction, suffering, and the prospect of a final and total decay, the Christian believes that suffering will make room for fullness and perfection.⁶ However serious mental retardation may be, it is a transient, not a final element of a person's biography. This motivates an inspired and hopeful attitude from others.

Christian faith confesses that meaning is a gift. It is found, recognized and acknowledged rather than made. Life's meaning is inherent to its being-created and is reinforced in its being-redeemed. There may be dialectic elements of meaning as well (small events do contribute to the whole), but the basis for meaning is found in God, not in small events and in human actions. This forensic character of meaning may be critical towards some existing human conceptions about meaning and meaninglessness, according to which subjective human experiences of meaning are the only building stones for larger conceptions of meaning. Some of the other chapters of this volume make clear the lines along which such a critique may go. The polarities between the *humanum* and the *religiosum*, however, need not be exaggerated. Just like most other worldviews, Christian faith vindicates what is human,⁷ it tries to find the essence of humanity and it intends to look for what humanity was intended to be. The difference between a Christian approach and many bottom-up contemporary approaches lies in the former's assumption about the all-distorting effects of "sin." The absence of experiences of meaning is seen as a consequence of sin and tragedies which

need redemption, rather than as a given fact of life that we can do nothing about. The core of the Christian message is one of hope and reassurance: the lives of human beings have meaning, because their life is part of a larger whole; and insofar as meaning is absent, there are powerful reasons to hope that this is only temporary.

Questions about meaning in the lives, and the care of people with mental retardation may be more poignant and serious than similar questions for other humans, because the presence of suffering leads to doubts whether this life is worth living and whether the care is worth the effort. But the opposite may also be true. People with full human mental capacities sometimes develop doubts about the meaning of life, which might not occur in the lives of people with mental retardation. At the end of the day, it seems, that people with, and people without mental retardation are in the same boat. At certain points or to a certain degree, every human person faces his own imperfections, limitations, and losses. Some day, everyone will lose his independence. Most people fail to meet the criteria of the free, rational individual of the Enlightenment, just like most people do not fit into the description of the healthy, handsome, and happy commercial teenagers. Everyone bridges the gap between ideal and reality. If the life of a person with mental retardation were meaningless because he or she lacks certain attributes of mind or body, any person's life would, to a certain extent, and on certain moments, be without meaning. If caring for people with mental retardation were meaningless, any vocation would be meaningless. When we question the meaning of life of some members of the human community, we are in the process of cutting the branch on which we all sit.

5 Biblical Remarks

One of the most relevant factors in exploring the Christian tradition is its charter document, Scripture. Does the Bible say anything specific in regard to the meaning of life, and the care of people with a handicap? Of course, *the* Biblical view does not exist. Throughout the Old and the New Testament, different opinions are found. We can identify different lines: a line which sees handicaps as a result of sin and which would not allow people with a handicap to perform sacrificial duties, as well as a line which stresses God's special care for people with handicaps. In the interpretation history of Scriptural texts, both lines have become stressed. Rather than being contradictory, however, these perspectives can be seen as complementing views. Together, they establish the framework for a Biblical view which, as I shall argue, is a basis for compassionate and respectful care.

A Terminology

The terms “retardation,” “mental retardation,” and “mental handicap” are not part of the vocabulary of the Bible. Clearly, the distinction between mental illnesses and mental retardation was not made as distinctly as is done nowadays. We can assume that mental retardation resided under terms such as “illnesses from birth,” “iniquities,” “illnesses,” and “feebleness.” It is possible that people with profound multiple handicaps were referred to as the “poor,” “crippled,” “disfigured,” “blind,” “lame,” and the like. In the history of Biblical hermeneutics, the “poor in spirit” from the beatitudes in the Sermon on the Mount have often been interpreted as people with limited mental capacities.⁸

B Mental Retardation Part of Creation?

Nowhere in the Bible is evidence that diseases and retardation are seen as intended parts of human life. Just like scarcity, deprivations, natural catastrophes, and any other causes for human suffering, they run counter to God's good will for his creation. Unlike shadow and light, and cold and warmth (which need each other in order to exist), diseases and handicaps are not an even pair with happiness and health. The rejection of an ontological equilibrium between good and bad separates a Biblical view from religions such as Hinduism and Buddhism, as well as from some of their more westernized variances.⁹

The long history of God and his people as described in Scripture is preceded by the statement in Genesis (the first book of the Old Testament): “and behold, it was very good,” and concluded by God's promise in Revelation (the last book of the New Testament): “He shall wipe every tear from their eyes . . . behold, I am making all things new.”¹⁰ The history of suffering and failing is put between the brackets of God's benevolent intentions. No harm experienced on earth was intended to be lasting.

The fact that evil occurs does not mean that God has nothing to do with it, that He is indifferent, or forced to accept its existence out of a lack of power.¹¹ In the Bible we find examples of natural disasters, illnesses, and deaths, which God seems to use for his purposes. Evil deeds performed by humans, such as the repression of the people of Israel by the Pharaoh, are sometimes made part of God's plan. Despite the fact that God seems to use these events and actions, there are no indications that God wills tragedy and evil, let alone as ends in themselves. In Paul's letter to the Romans, we find the promise that, “to those who love God,” “God causes all things to work together for good.”¹²

On basis of biblical stories and experiences, it seems difficult to argue that mental retardation under no circumstance can have anything to do with God's will, i.e., that God is powerless in regard to these and similar tragedies. It is equally hazardous, however, to say anything more than this, because the exact relation of the existence of handicaps to God's will can not be described abstractly or generally. All we can do on the basis of Scripture and Tradition, is to live in the midst of two dialectically related convictions: handicaps are not part of creation as God intended it, but their existence was not prevented by God.

Because they are not intended as part of God's creation, no one has reason to take the existence of mental handicaps for granted and to demean their impact and severity. Mental retardation is one out of many reminders that something in God's creation went wrong. This fact is vigorously — and painfully — illustrated in the rules connected to worship rituals. According to the Old Testament, those with physical imperfections of whichever nature, were not admitted to perform sacrificial duties:

No one of your offspring throughout their generations who has a defect shall approach to offer the bread of his God. For no one who has a defect shall approach: a blind man, or a lame man, or he who has a disfigured *face*, or any deformed *limb*, (. . .) or a hunchback or a dwarf . . . No man . . . who has a defect, is to come near to offer the Lord's offerings by fire; *since* he has a defect, he shall not come near to offer the bread of his God.

Leviticus could not have made it more explicit that handicaps have nothing to do with God; the person who performed sacrificial duties had to reflect God's perfection. But a differentiation is made between the person and his imperfections — a difference which forms the basis for any humane way to treat people with mental retardation. Thus, the person having an imperfection is not rejected from Divine care and grace, for he may

eat the bread of his God, *both* of the most holy and of the holy, only he shall not go in to the veil because he has a defect, that he may not profane My sanctuaries.¹³

In other words, people with imperfections may not represent God in the Old Testament, but they may certainly share in God's bounties. Only those with contagious diseases, such as leprosy or people with a discharge which might cause infections, are declared unclean and should under certain circumstances be put in quarantine.¹⁴ The exclusion is not based on an evaluation of the value or dignity of these people, but on a medical assessment made by the priest, intended to prevent the spread of diseases and infections.¹⁵ Apart from these exceptions, people with a defect are full parts of the community.

On many occasions in Scripture, God shows a special concern for people with imperfections. In the Old Testament, when speaking about the return of the Jewish people to the land of Israel, God says to Jeremiah,

Behold, I am bringing them from the north country, and I will gather them from the remote parts of the earth, among them the blind and the lame (. . .). A great company, they shall

return here.¹⁶

In the New Testament, this concern is even more intensified in the mission of Jesus. In Matthew 9:12, Jesus is quoted, saying, “It is not those who are healthy who need a physician, but those who are sick.” This is, in a nutshell, what Christianity is all about: to forgive the sins, to restore what went wrong, and to strengthen the weak. One of the most poignant verses which potentially refer to people with mental retardation is found in the Sermon on the Mount:

Blessed are the poor in spirit, for theirs is the kingdom of heaven.¹⁷

There is hardly a more powerful way to indicate God's special concern for people with mental retardation than the promise that they will finally inherit the kingdom of heaven.

C *Prevention*

The assumption that mental retardation is not intended as part of the “good life,” is characteristic and highly relevant when compared to some other theistic worldviews. However, passivity — the view that humans can lean backwards because the Creator has meant it this way —, is equally unwarranted as the view that handicaps should be prevented by whatever means. The Biblical conviction that handicaps are a tragedy, provides a stimulus to prevent them just like all other tragedies. Just like there is no point in refusing to take sanitary measures against contamination because God could allegedly prevent diseases, there is no warrant for passivity regarding the prevention of handicaps. Some have argued that many of the Old Testament rules of hygiene, including those for circumcision, not only prevent infections, but also prevent the development of genetic defects. Prevention — yes, but to what price? Unlike the ethical theory of utilitarianism, which defines moral problems in terms of benefits and losses, a Christian ethics does not seek to solve moral problems through a cost-benefit calculus. According to utilitarianism, any sacrifice can be justified as long as the net utility exceeds the harm. A Biblical view precludes such rigorism, because it evaluates ends and means alike. What is at stake, is not whether handicaps should be prevented. The question is: are we justified in pursuing this goal by whatever means, to whatever cost, and to whichever side-effect? What about genetic counselling? Hygienic measures surrounding the process of procreation? Genetic modification? Selective implantation of *in vitro* conceived embryos? Selective abortion after prenatal screening? And termination of life of newborns with severe handicaps?¹⁸ Each and every of these options should be carefully assessed and weighed, without violating the basic value and dignity of people with mental retardation. The main question is not whether or not mental retardation is tragic and should be prevented; it is about the price we pay to achieve this. From a Biblical perspective, we should be cautious not to let tragedy tempt us to sin.

D *Sin and Tragedy*

In what sense can mental retardation be called “bad” or “evil?” Here, we should make a distinction between two sorts of evil.

Moral evil and its Biblical equivalent, “sin,” can be described as a wrong choice of the human will. It can take different forms, such as actions, words, thoughts, and attitudes. It is part and parcel of the Biblical message to try to prevent human beings from the pursuit of moral evil, with the most powerful examples being the Old Testament's Ten Commandments, and the Sermon on the Mount in the New Testament. In fact, most of the Bible is written as an attempt to cope with the reality that human beings can, and do, bring so much evil into the world.

The other form of evil is non-moral evil or tragedy. Non-moral evil can be anything which happens to us which is not the consequence of our own actions.¹⁹ Tragedy can also consist in the fact that we are sometimes confronted with moral dilemmas in which we are forced to choose between two evils.²⁰

The two forms of evil can be distinguished. There is, however, as the book of Genesis recounts in the story of the first sin, a link between sin and tragedy. The moral capacity of human beings to pursue good was among the best elements of creation. Adam and Eve were called to bring about happiness, well-being, and development, not only for themselves, but for the rest of creation as well. Their deliberate choice to become disobedient became the beginning of a chain of misery which not only hit themselves, but also the whole creation: pain, hatred, and mortality. Rather than being detectable in single acts and events, however, this causality is general, undetectable, opaque. Except in some circumstances, there is no causal sequence between a particular tragedy and a specific moral offence. At most, the Bible points to sequences of causality in isolated or individual settings.²¹

Why pay attention to this so extensively? Because we sometimes meet the misconception that the birth of a child with a handicap is caused by a sin of the parents, of other relatives, or even of the child itself. In the story about the man born blind, the Gospel of John indicates that the early church rejected such tendencies. When Jesus is confronted with a man who was born blind, his adversaries ask him: "Rabbi, who sinned, this man or his parents, that he should be born blind?" Jesus replies: "It was neither that this man sinned, nor his parents, but it was in order that the works of God might be displayed in him."²² After this, the man is healed by Jesus; the focus is not on human guilt, but on the Divine benevolence.

E Human Conduct and Attitude

Although handicaps and diseases are not part of the good creation, they are part of human existence. In the Bible, we find a number of rules (more in the Old Testament than in the New) which apply to human conduct in the face of handicaps and diseases. Why? For the answer, we can refer to the distinction made above: rules are given in order that the existence of tragedies, such as suffering and handicaps, will not tempt us to commit moral evil or sin. Tragedy can make us bitter, or cynical, or even ruthless. This would lead to a vicious circle in which evil would only cause more evil. The presence of a handicap provokes evil in a moral sense when the person with a handicap is treated without respect, benevolence, and justice. In the Old Testament, respect for the disabled is linked to the fear of God: "You shall not curse a deaf man, nor place a stumbling block before the blind, but you shall revere your God."²³ Likewise, "[c]ursed is he who misleads a blind person on the road."²⁴ In the New Testament, we see that Jesus commits a major part of his earthly ministry to the encounter with people who are sick, blind, or poor, and those who for other reasons have become excluded. He meets each one of them as bearers of full human value and dignity.

Diseases and handicaps may function positively, i.e., as a means of bringing people together, as a means of triggering moral concern, as a source for finding true compassion, and as a stimulus to finding what is really meaningful and valuable; in short, they may be a means of "displaying the works of God."²⁵ Handicaps can unite and separate, they can bring sensitivity and they can paralyse, they can reinforce moral concern and they can cause us to escape from our moral duties. Albeit this could be one answer to the question for meaning in the lives of people with mental retardation, it should be stressed that we never know the *purpose* of a handicap. Talking about the meaning of a handicap can only be done in terms of "making the best of it," so we can speak of meaning only in a secondary sense: in the best case, this tragedy can be a factor which stimulates people to become better people; in the worst case, the opposite will happen.

There might be another, secondary, effect: handicaps may give people without such a handicap a clearer view of the essentials of human value, dignity, and solidarity. The New Testament makes clear that God sometimes uses "the foolish things of the world to shame the wise, and . . . the weak things of the world to shame the things which are strong."²⁶ The meaning of life cannot exhaustively be described in terms of strength, independence, autonomy, physical and/ or mental potentials, or quality of life. The presence of handicaps may put questions about the meaning of life in its proper context, i.e., relieved from superfluous additions, and leads human beings to ask what it is that *really* matters in a human life. This brings us to a view of man.

F *View of Man*

A Christian view of man is characterized by the elements of rationality, self-determination (or autonomy), and responsibility. Humans are free to develop and use their capacities and are called to consent to their responsibilities. The quest for respect for human autonomy does have theological warrants. One of the merits of protestantism — in the form of Luther's "priesthood of all believers" — is its stress on the responsibility of every individual human being. Not without reason, humanism and protestantism grew up side by side. In later centuries, their ways parted and secular humanism disconnected the idea of autonomy from the notion of responsibility. Health care ethics enter the third millennium with a concept of autonomy which has become the foremost parameter for evaluating the quality and meaning of human life.

From a Christian perspective, autonomy has long-standing credentials. Humans are created in the image of God and one of its implications is the capacity to act as responsible stewards, to outline their own goals in accordance with the divine purposes, and to pursue these with all their capacities. This autonomy, however, is part of a larger conception of what it means to be human. In almost every respect, human beings are dependent upon conditions beyond their own power. These conditions make not only life and happiness possible, they also put limits to them. Just as life and individual human existence are a gift that no one has ever asked for, death will inevitably put an end to all human pursuing and boasting. Though the range of human action and influence has increased, human beings cannot alter their final fate. "In living and dying," as the Heidelberg Catechism says, "my only consolation is that I am . . . property of Jesus Christ." Man's freedom is therefore, in the words of Merleau Ponty, a "situated freedom." James M. Gustafson contends that ". . . [i]n most circumstances we are 'more acted upon than acting'."²⁷ This dependence pertains both to our factual possibilities to act, and to our volitional freedom to want, will, and intend. Gustafson therefore argues that "the radical transcendental freedom claimed for human beings in existentialist theologies does not pass the tests of well-established scientific views of 'human nature.'"²⁸

From a Christian perspective, thinking of humans exclusively as autonomous agents not only flies in the face of factual circumstances, i.e., it is not only deceptive, but it is also undesirable. Part of a Biblical view of man is the assumption that full humanity implies the capacity to trust others, to "let go," to comply to decisions made by others, to be moulded by the company of fellow human beings, in short: to accept the conditions of dependency.

The more serious a mental retardation is, the more someone has to rely on the care of others. We may say that people with mental retardation reflect the aspect of dependence more than people with full mental capacities. They remind us of aspects of human existence which are common to all, but which are forgotten, repressed, or trivialized by many.

6 **Conclusions**

From a Christian perspective, there is no reason to downplay the severity of mental retardation. It is a form of non-moral evil — or, in other words, a tragedy — in creation which, other things being equal, should be prevented. At the same time, there is no reason to question the meaning of life of people with mental retardation. When it comes to meaning and dignity, people with, and people without mental retardation are in the same position, namely a vulnerable position. The Bible bases respect for human beings not on any of their singular properties, but on their being-created, on their being-redeemed and on their membership of the human community. On top of this, the prospect of a final restoration of all things is of paramount importance. Handicaps do not have the last word. The last word is that suffering, diseases and handicaps will be removed empowers people to keep up hope in situations where experiences of meaning are missing.

"Meaning" is an action-guiding concept. This forms the link between meaning of life and meaning of care on the one hand, and quality of care on the other hand.

Notes

1. Cf. V. Brümmer, *Theology and Philosophical Inquiry: An Introduction*. London: MacMillan, 1981: "To ascribe meaning to something we might . . . use gerundive predicates that say more precisely what pro-attitude or con-attitude is appropriate to something," p. 122.
2. *Ibid.*, p. 121.
3. This can be compared to John Rawls' Hypothetical Deductive Method (HDM), which he uses for setting up a theory of political ethics. See J. Rawls, *A Theory of Justice*. Oxford: Oxford University Press, 1988.
4. For the same reason, it seems much harder to understand the "meaning of meaning" in cultures whose language we have not yet deciphered.
5. The Bible, Revelation 7:17, 21:4, New American Standard Bible.
6. Cf. Th.A. Boer, *Theological Ethics after Gustafson: A Critical Analysis of the Normative Structure of James M. Gustafson's Theocentric Ethics*. Kampen: Kok Publishers, 1997, pp. 287ff.
7. The British theologian Oliver O'Donovan describes the work of Christ, especially the resurrection from the dead, as vindication of creation. O. O'Donovan, *Resurrection and Moral Order: An Outline for Evangelical Ethics*. Grand Rapids: Eerdmans, 1986.
8. Matthew 5:3. Against this interpretation, it is argued, there is a parallel text in Luke 6:20, which only refers to "you who are poor." In order to harmonize the two texts, the "poor in spirit" in Matthew could be understood as "poor to the bone," "poor into their very existence." This last interpretation seems a bit far-fetched and it excludes the possibility that Jesus actually said both things.
9. In contrast to some voices within the New Age-movement, Christianity does not believe that mental retardation is the result of something equal to a deliberate choice of someone in a previous life.
10. Genesis 1:31 and Revelation 21:4-5, respectively.
11. The problem how to relate a good and powerful God to the presence of evil in creation, has traditionally been referred to as the theodicy. See, e.g., U. Görman, *A Good God? A Logical and Semantical Analysis of the Problem of Evil*. Lund, Sweden: Verbum, 1977.
12. Romans 8:28.
13. Leviticus 21:17-21, 22.
14. Leviticus 14 and 15:2ff., respectively. Cf. Leviticus 22:23.
15. In the service of sacrifice, it was not allowed to sacrifice animals with a defect, such as lameness or blindness (Deuteronomy 15:21). God's holiness and perfection cannot be represented by animals with defects. There is no reason, however, to assume a parallel here between animals and humans.
16. Jeremiah 31:8.
17. Matthew 5:3.
18. This discussion will be continued in other contributions in this book. See especially Chapters 6, 7, and 8.
19. Many non-moral forms of evil ("things happening to us") may be caused by moral negligence ("things done morally wrong"). For example, being exposed to nuclear radiation during early pregnancy may cause handicaps for the fetus. For the parents and the future child, this is a tragedy, caused by a moral wrongdoing by those who are responsible for the radio-active contamination.
20. When a person has to choose between two evils, this is a tragedy; only the decision to do the biggest of the two evils can be called moral evil, as R.M. Hare argues convincingly. See R.M. Hare, *Moral Thinking: Its Method, Levels, and Point*. Oxford: Clarendon Press, 1981. We meet the distinction between moral and non-moral evil in the well-known book of H. Kushner, *When Bad Things Happen to Good People*. London: Pan Books, 1982. "Bad" in the title refers to non-moral evil which may incur, whereas "good" refers to moral qualities in human actors.
21. In a prophetic context, for example, when prophets interpret certain historic events as a Divine judgment; and in a pastoral context, which is characterized by a full and unconditional trust and confidence between two or more people. The counsellor and the prophet who identify such a link, are close to the people who need help and will normally be in a position to offer practical or pastoral follow-up. Outside a pastoral or a prophetic context, identifying a link between a particular tragedy and a particular sin which might have caused the tragedy is not only difficult, but may also be utterly harmful.
22. John 9:2-3.
23. Leviticus 19:14.
24. Deuteronomy 27:18.

25. John 9:3.
26. The Apostle Paul in I Corinthians 1:27.
27. J.M. Gustafson, *Ethics from a Theocentric Perspective. Part One: Theology and Ethics*. Chicago: University of Chicago Press, 1981, p. 283.
28. *Ibid.*, p. 269.