In healthcare these days we continually hear about and experience limits. Budgets, patient autonomy, Church teachings, reproductive technology, life-prolonging interventions—each of these involves limits. When dealing with such issues, we quickly come face to face with restrictions on what we can and cannot do.

As a result, we tend to think of limits in a negative manner. But when we go to the dictionary, we find the word defined rather interestingly. On one hand, a limit is “something that bounds, restrains, or confines.” On the other hand, a limit is “the utmost extent.” These two meanings are distinct but also inseparable. The first meaning seems to look in, the second to look out. There are several avenues one can take in moving toward a fuller understanding of what limits are and how they enhance—as well as constrict—human possibilities.

A Theology of Creation

In the second and third chapters of Genesis, God gives Adam and Eve the Garden of Eden. It is a gift with a purpose: They are to cultivate and care for the garden, which is not of their making. They are to be the garden’s stewards. But God’s gift has a catch. Adam and Eve are told to enjoy life (“You may freely eat of every tree of the garden . . .”), as long as they agree to observe a single restriction (“. . . except the tree of knowledge of good and evil”). Here, in the first book of Hebrew and Christian Scriptures, is an introduction to the limits inherent in the created order. We humans cannot “have it all.” We are not God.

On the other hand, Genesis says we are made in the image and likeness of God. And Eve was in fact satisfied with her limits until she was told, “You will be like God.” We humans are always tempted by things that correspond to our natural desires and capabilities. Deep within Eve was a relentless thirst for more, a yearning to go beyond her situation, a desire to push the limits of capacity and control.

When the desire to take life into our hands absolutely possesses us, we call this “original sin”—a violation of the First Commandment—because we forget that God is the creator and that we are God’s creatures. But there are also times when the urge to do more and be more does not violate human limits. We call the results of this urge “a breakthrough” and “progress.” Life is not either/or when it comes to limits. Humans are both situated and free, both “not God” and “godlike.” The enduring questions are: How far should we push the limits in responding to the call of stewardship? What is proper human activity? Which human projects

Summary

Many in healthcare bemoan the limits—on, for example, budgets, patient autonomy, and life-prolonging interventions—of the 1990s. But limits can enhance, as well as constrict, human possibilities.

Genesis reminds us that being limited is part of being human. Without limits, we would not need to become responsible. We would not need compassion, reconciliation, healing, prudence, risk, or trust. Hopes and dreams would be irrelevant. We would be paralyzed by indifference.

The Bible also tells us that God is self-limiting. The New Testament describes God’s self-limiting Incarnation as Jesus of Nazareth. The theology of Incarnation says that God works not in spite of human structures, experiences, and limits, but through them.

The doctrine of the Trinity shows that God’s own identity consists in relationship. It is from the perspective of community that one sees modern humanity’s greatest ethical challenges. If we of the Catholic ministry are to be at the healthcare table, we must be willing to compromise. And we must be at the table if our values of inherent human dignity, social justice, and care for society’s outcasts are to have a voice.
As beings "in the world," we are finite, contingent, and transient. But we are—unlike rocks, leaves, and squirrels—spirit in the world. We are finite beings with an infinite thirst that can only be quenched by the infinite God, self-transcending being who can only be satisfied by the transcendent God. As St. Augustine put it, "Our hearts are restless until they rest in Thee."  

David Tracy develops this double dimension of limits in *Blessed Rage for Order.* Tracy's concept of "limits-to" describes what you and I ordinarily mean by the term. We reach a boundary. We hit a wall. "Limits-of," on the other hand, signifies a dimension beyond the immediate and the daily. We fall in love. We hold a newborn child. We sit at the bedside of a dying friend. Ellen Uzelac describes a "limits-of" experience in her memoir of her husband's terminal illness: "Time developed a sharpness. Moments somehow loomed larger. We were weighted in the present in a landscape that, while unfamiliar and disquieting, had a depth that was extraordinarily vivid and illuminative. As we searched our hearts for understanding, we discovered a simple sweetness to life, a holiness almost."  

Some call such experiences "signals of transcendency" or "amazing grace." Whatever we call them, we usually realize that these are religious experiences and do not try to domesticate them. For the same reason, we might take care in using phrases such as "managing pain" or "strategies for healing." If we were to pay more attention to the "limits-of" concept, Tracy says, it might free us from modern society's tendency to deny the spiritual dimension of life. "The sometimes desperate thinness of much of our contemporary technological assistance," he writes, is in large part the result of "our seeming inability to allow that other dimension in our lives."

Wendy Farley has developed a theology of limits around the theme of tragedy. In her book *Tragic Vision and Divine Compassion,* she notes life's paradox: that every good contains a shadow side, that love must make a tacit agreement to lose what it most delights in. "Creation is ephemeral," she writes, "and its beauty arises in conjunction with the poignancy of its constant perishing."

Life's limits give meaning and value to each action. In a world without limits:

- We would have no context in which to develop responsibility. We would feel no need for compassion, reconciliation, or healing.
- We would, because we could see the future, make decisions without fear of failure. What would our vows, promises, and mission statements mean then? What value would there be to risk, trust, and enduring love?
- We would, living in a permanent present, find ourselves paralyzed by indifference. Hopes and dreams would be irrelevant. There would be no possibility of change or development. Why bother?

**A Theology from Crib to Cross**

So far, we have been discussing limits on human beings. However, Genesis also introduces a second theme: the self-limitation of God. In choosing to depend on human stewardship of the world, God gambles that all will be well. Early Jewish mystics sometimes described God's living relationship with creation in terms such as "concentration," "contraction," or "confinement." This self-limitation, according to one writer on the early rabbis, shows itself as "concentration or withdrawal of God's presence so that space is provided for creation, as constriction or shrinkage of the power of God's word and presence so that divine presence can be contained and received in human speech, and even as identification with a human partner in a covenant relationship." The very existence of the universe, in this view, is made possible by God's shrinkage of God's own power.

God's self-limitation can be also seen in Exodus. God parts the waters, yes, but the Israelites—a disorganized, defeated people—must get up and walk through them to safety. As the covenant relationship waxes and wanes, God's self-limitation parallels the limits of God's chosen people. To the extent that the Israelites are faith-
ful, God's revelation grows; to the extent they are unfaithful, revelation is thwarted. God refuses to overpower the people and act unilaterally. Instead, God lives with that choice and, in doing so, collaborates with this human partner in achieving the fullness of redemption.

This love affair between God and Israel means that creation is not the result of a cold, impersonal act. It is the act of a sensitive lover who "moves over" to make room for the beloved. God's covenant respects the freedom and the responsibility of both parties. The covenant limits even God.

For Christians, this theme finds its ultimate expression in the doctrine of the Incarnation—the movement of Jesus of Nazareth from crib to cross. "Even now," as the poet Ann Weems puts it, "we simply do not expect to find a deity in a stable." The doctrine of the Incarnation is greatly comforting. It says that the Holy One is to be found in the midst of ordinary life. In becoming one of us, God chose to live within our limits. The human experience of being born, growing, serving, suffering, and dying are all limit situations. All are touched by God's presence and grace.

In dying, Jesus made it clear that God suffers with us. We can have the courage to face death because God's own son has already been there. The message is clear: Do not look to the sky, to the stars, to some otherworldly realm for the presence of God. Look to the word made flesh and crucified. We need not deny or falsify the darkness, failure, and limits we find in life. Someone is already there in the dark with us. God does not remove life's limits; God engages them.

Two stories poignantly capture the human dynamics of wanting to go beyond limits. In Luke 24:13, two utterly dejected disciples on the road to Emmaus tell a mysterious stranger about the crucifixion of Jesus, saying, "We were hoping that it was he who should redeem Israel." They were hoping, but their leader had died. In Uzelac's memoir of her husband's last days, she writes: "Isn't it strange how we all start off thinking we can plan the way our lives will turn out? Four months earlier, I hadn't known what 'oncology' meant. I didn't even know how to spell it. I was looking forward to Christmas and, in the spring, planting a garden behind our Baltimore rowhouse. But here it was spring and I was alone in Room No. 4 of a cheap motel, drinking a beer and thinking about a husband dying."

The disciples in Luke's story experience only the limits of their expectations until, having been hospitable to the stranger, they are rewarded when they realize he is the risen Christ. Uzelac also has an experience of resurrection: "Everybody," she writes, "should have at least one element of their lives that pushes back the boundaries, that shows they can transcend what they thought were their limits. It's more than just thrill-seeking. It's proving there's more out there to see and do and feel... I'm learning that my talents are greater than I thought possible."

Resurrection is about God pushing back the ultimate boundary. Resurrection says that death is not the last word; that created life, with all its limits, has enduring value. In the resurrection, the limits of space and time are transcended. The person that each of us has become will not be lost.

The fact that God chose to have a bodily existence has profound implications for healthcare. Healthcare is, of course, about bodily experience. The theology of Incarnation tells us that God works not in spite of human structures, experiences, and limits, but through them. To hope for a bodily future for all humankind means placing ourselves under an obligation to serve that body well, here and now. The bodies we care for—young and old, recovering and declining—are destined to live, not just in chronological time, but forever.

A Theology of Community

Our theological reflections on creation, God, and Jesus flow naturally into the theme of "community." From a Christian perspective, the roots of community are in the doctrine of the Trinity. Here, God's own identity consists in relationship: a community of equals formed by the one who creates, the one who redeems,
and the one who makes holy.

In our Genesis story, God realized that it was not good for Adam to be alone. And so, "in the beginning" was relationship. God’s saving activity was directed not toward Abraham or Sarah, Moses or Miriam as individuals but rather toward the people of Israel. In the 1960s, the Second Vatican Council restored to Catholic consciousness this powerful image of a people of God on pilgrimage together. Wherever two or three gather, where bread is broken and the hungry are fed and people are healed—there the risen Christ lives.

Diversity enriches the human enterprise. At the same time, conflicts inevitably arise as one person’s gifts and limitations meet another’s. Both facts are evident in the pluralistic communities that make up today’s religions and healthcare systems. On those occasions when we are tempted to withdraw into sectarian cocoons, we must remember that our Catholic identity in the United States is rooted in public service. Although the women religious who created Catholic healthcare here directed their primary efforts at Catholic immigrants, they knew what John 3:16 reminds us: “For God so loved the world that he gave his only-begotten son” (emphasis added). God’s love is not confined to a church. God wants healing and wholeness for us all.

The pluralistic world of today’s U.S. healthcare system is the source of the Catholic health ministry’s limits—and its possibilities. If we of the Catholic ministry are going to be at the healthcare table, we must be willing to compromise. And, as Rev. J. Bryan Hehir argues so convincingly (see Health Progress, July-August 1998, p. 19), we must be at the table if our values of inherent human dignity, social justice, and care for society’s outcasts are to have a voice.

Rev. Kevin Wildes, SJ, has recently described how religious organizations can function in a public, pluralistic context without compromising their central moral commitments. The concept of a “hierarchy of values” plays a key role in his analysis. Such a hierarchy implies that some values have more “limited value” than others. Institutional integrity—based not simply on what the organization will not do but, also, on what it hopes to achieve—allows for the possibility of compromise and avoids the “Scylla and Charybdis of a loss of self identity or a withdrawal from the public context.”

“A Fragile Possibility”

So where, as we move toward a theology of limits, do we go from here? First, we can come to realize the truth embedded in the theologies of creation, crib to cross, and community—the truth of eschatology. Everything in this world—of which we are both a part and stewards—is partial, fragmentary, not yet fulfilled.

“For we know that all creation groans and travails in pain until now,” said St. Paul (Rom 8:22). The world is, to put it another way, “a sacrament of divine presence and activity, even if only as a fragile possibility.” Because all creation is “fragile possibility,” we must not treat as absolute any single place, time, or human achievement—including organizational structures, payer systems, or latest technological or strategic “fixes.” No one but God can claim our ultimate allegiance. The limits inherent in the human condition force us to set priorities and, in doing so, to clarify our real values.

“The incarnation of God in Christ, in the poor, in a community, symbolizes the efficacy of divine power in historical existence,” writes Edward Farley. From the perspective of Incarnation, we come face to face with God’s capacity for embodiment in a particular place, at a particular time. Some medical treatments are truly healing; some are not. Some negotiations are fruitful; some are not. In accepting some limits and transcending others, we encounter the partial, transient, tiny yet transforming births that enable history to go on. We look long, hard, and lovingly at our own organizations. Where in them are the signs of life? Of death? “By virtue of creation and, still more, of the incarnation, nothing here below is profane for those who know how to see,” wrote Teilhard de Chardin.

It is from the perspective of community that one may see modern humanity’s greatest ethical challenges. Raised in an atmosphere of unfettered individualism, we who espouse the importance of community in theory have a hard time living it out in practice. Considering the dubious benefits of unfettered individualism, the late historian Christopher Lasch once remarked:

It is only . . . when we find ourselves imprisoned in our private cars, marvelously mobile but unable to go anywhere because the highways are choked with traffic; when we find ourselves surrounded by modern conveniences but unable to breathe the air; provided with unprecedented leisure to fish in polluted rivers and swim at polluted beaches; provided with the means to prolong life beyond the point where it offers any pleasure; equipped with the power to create human life, which will simultaneously destroy the meaning of human life—it is only, in short, when we are confronted with the contradictions of individualism and private enterprise in their most immediate, unmistakable, and by now familiar

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form that we are forced to reconsider our exaltation of the individual over the life of the community, and to submit technological innovations to a question we have so far been careful not to ask: Is this what we want?"

This is why limits are good. Without them, we might never ask.

NOTES

3. Augustine, Confessions, Book I, Chapter 1, Section 1, E. B. Pusey, trans., Internet site: gopher://ccat.sas.upenn.edu.
6. Tracy, p. 233.

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