

Divine Care: Care as Religious Practice

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This essay compares Christian and Buddhist narratives of care in conversation with anthropological work on relationships mediated through the divine. Within these traditions, care is a divine activity in which humans participate by engaging in care-giving practices. Gods care, receive care, and elevate care to a sacred action. I argue that the act of caring, as a religious practice, calls for an existential reflection upon the boundaries of the self, and includes not only the giver and receiver of care but also other humans and the divine. Studying care in religious contexts helps us better understand the social science of care, even in secular spaces. I conclude with lessons we can learn from religious institutions to better cultivate expanded networks of care in civil society, such as infrastructure to support relationships between strangers and across generations.

A Byzantine icon of Mary, the mother of Jesus, depicts her embracing baby Jesus cheek to cheek, as we might expect a mother to pose with her newborn. “The Virgin of Vladimir” (Figure 1), roughly dated to the twelfth century, is perhaps the most famous example, but depictions of Mary cradling Jesus continue to be venerated in Orthodox Christian homes and churches throughout the world. Jesus’s eyes follow his mother’s face, while Mary returns the gaze of the viewer with a solemn but tender expression. She is known in this tradition as the “Theotokos,” or God-bearer, and provides a model of what it means to be human and bear the divine: to care. I begin with this example to illustrate the fundamental importance of care and caregiving throughout religious traditions.

My argument is simple. According to many religious traditions, the divine cares and is cared for. Whether it’s Jesus caring for his mother or his mother – who takes on divine attributes – caring for him, and engaging the viewer in that embrace, care is a relationship grounded in the realm of the divine or absolute. Care is not just a relationship between the giver and receiver of care, nor is it simply an interaction between the carer, the cared-for, and the divine. It is often something more. Care demonstrates sacred qualities and allows the actors involved to participate in a larger network of relationships with human and nonhuman agents (seen and unseen, present and absent). The act of caring challenges the boundaries of the self and can be both intensively individualistic, even lonely, as well as intimately communal. In brief, care as a religious practice orients those

Figure 1
Virgin of Vladimir



Tempera on panel, 104 cm by 69 cm (41 in by 27 in). An unknown artist painted it around 1131, likely in Constantinople.

who give or receive it toward a broader world of others: human, nonhuman, and divine.

Most Americans continue to identify as religious or spiritual. A Pew Research study conducted in 2023 reports that a combined 80 percent of Americans surveyed think of themselves as spiritual, religious, or a combination of both, while about 21 percent think of themselves as neither.¹ Gallup polls over the six-year period of 2017 to 2022 find an average of 20 or 21 percent of Americans say they have no formal religious identity, a group often referred to as “nones.”² In many contexts outside the United States, the premise of the question – that “religion” is something you can gain, lack, or have none of – might come off as odd. Indeed, as many historians argue, the meaning of religion as a category is more culturally specific than cross-cultural.³ Regardless of the labels and language we use to describe religious practices or identity, humans are disposed to find meaning in their relationships, especially relationships of care.

For many faith-based counselors and hospital chaplains, for example, religious practice and principles inform the care they give others. Models of care are often based on models of the divine or absolute. Care also serves as a major source of meaning for individuals who do not identify with a particular religious tradition. These traditions, nonetheless, offer insight into how care is meaningful even when it is not explicitly associated with religious institutions.

Religious institutions also do a lot of caregiving. This includes the services provided by local and international religious bodies (such as churches, synagogues, mosques, and temples), charitable organizations affiliated with them (Catholic Relief Services, Jewish Family Services, and the Salvation Army, for instance), and other nonprofits informed by religious principles but whose function is largely perceived as secular (Habitat for Humanity, YMCA, and Good Will may be the most well-known examples in the United States). The United States relies upon these services of care not provided by the state or for-profit markets. Indeed, religious ideals are so embedded in the nonprofit sector, it can sometimes be difficult to determine whether an organization should be classified as “faith-based.”⁴ We should not exaggerate the successes and failures of religious institutions any more than we do for other types of organizations. But it’s not a coincidence that so much care is provided by religiously informed institutions. Religious ideas and practices that motivate care deserve our attention.

Cognitive science often approaches the phenomenology of religion by illustrating several human tendencies, tendencies that are also relevant for the role of care in our lives. First, we see human agency everywhere. My young daughters, for example, have many stuffed animals they talk to, cuddle, and sometimes cover with Band-Aids. We’re good at caring for what cognitive scientist Pascal Boyer calls “imagined or absent” partners.⁵ These can include stuffed animals, long-distance grandparents, deceased relatives, fictional heroes, AI chatbots, and imag-

inary friends. The divine is often put in this category. Second, children often think that what they know the world knows, projecting a degree of omniscience upon others. Stories told by children often assume their own internal knowledge is shared by all adults. The divine, some argue, is the personification of these cognitive tendencies to project ourselves and our knowledge outward.

This assumes, however, that gods are human-like and omniscient in the same way that humans understand being and knowledge. For many faith traditions, however, the realm of the divine is mysterious and not entirely anthropomorphic. Explaining divinity as a projection of humanity or a composite of social ideals misunderstands this complexity. This is particularly salient when accounting for the importance of relationships with and mediated through the divine.

Understandings of care and religious practice, of course, vary in time and place. The academic discipline of religious studies carefully avoids essentializing a particular tradition as homogenous and uncontested across history. In what follows, I highlight the role of care found in a selection of religious sources, primarily drawn from the Christian and Buddhist traditions. These religious discussions of care – which are influential but not universal – help us understand and study the social science of care, including in secular spaces.

In many religious traditions, care is a sacred and divine activity. Their narratives emphasize this point. In the Christian tradition, love (or *agape* in Greek) and relationships of care are embedded in the theological concepts of the incarnation and the trinity, ideas crystalized by the fourth century. As early Christians read the book of Genesis, many interpreted Cain's murder of his brother as introducing death into the world, severing humanity's connection to the divine and its enjoyment of eternal life in Eden.⁶ In response and out of love, God becomes human. We read in the Gospel of John: "For God so loved [*agape*] the world that he gave his only Son, so that everyone who believes in him may not perish but may have eternal life" (John 3:16).⁷ In a divine way that exists outside of time, God's love – or care we might say – for the world initiated the incarnation of Jesus born to a young mother named Mary. Once grown, Jesus, as the divine child of God, sacrifices himself out of care for the world: that is, he "came not to be served but to serve, and to give his life a ransom for many" (Matthew 20:28). Through his death on the cross and subsequent resurrection, Jesus defeats "death by death," as the hymn sung at Easter services in Orthodox churches declares, granting life to all.⁸ Jesus calls humans to love not just your mother or brother but also your enemies, and to love thy neighbor as thyself. We can read this simplified theological narrative as a story of care, punctuated by existential meditations on birth, death, and the boundaries of the self.

Love, or *agape*, is central to Christian ontology. The divine sets aside a part of itself to love, and care for, another through its incarnation into the world and Je-

Jesus's offering of himself on the cross – calling humanity to love the other as oneself and thus reengaging the divine in the process. In Paul's epistle to the Romans, often cited by St. Augustine and Martin Luther, the holy spirit is described as the medium of God's love: "God's love has been poured into our hearts through the Holy Spirit that has been given to us" (Romans 5:5). Christian theologians in the early centuries debated the meaning of these passages, but many arrived at the conclusion that God is three in one: a father, a son, and the holy spirit. For many Christians, the relation between the persons of the Holy Trinity defines their very being. Humans, as made in the image of the divine, are also relational in their ontology. Not all Christian denominations are trinitarian, but all see Jesus occupying a special role as a savior or redeemer of humankind: Jesus cares. Or, to quote the first epistle of John, "God is love" (1 John 4:8 and 16). We can philosophically parse the distinctions between acts of love, care, and redemption, but Jesus packages all of them in one person. Network theorists would summarize these roles as God being both the vertex or node and simultaneously the edge or link. God can be both an agent of love (the carer and cared-for) and the relationship itself, connecting other agents. The divine cares and *is* care.

In the Mahayana Buddhist tradition, care is intertwined with the notion of *Bodhi*, or awakening, which encompasses compassion for others and a recognition of our interdependence. In the accounts of the life of the historical Buddha, Siddhartha Gautama, contemplating the age, sickness, and death of others catalyzes Siddhartha's resolve to set forward on a path of awakening. Receiving care is what finally allows him to attain it. In one telling, he is born to a king and queen in India, and a seer arrives at the palace sensing "the birth of him who would put an end to birth."⁹ The king, suspicious of such prophecies, shelters Gautama from the suffering of the world. But once mature, Gautama ventures outside the palace walls and encounters an old man, a sick man, and a corpse. These events shake the foundations of Buddha's understanding of the physical world and its permanence. Finally, he sees an ascetic and leaves the palace to emulate him. But after practicing austere self-denial, he realizes asceticism must be balanced with moderation, which leads him to bathe in a river. A cowherd's daughter, Nandabala, notices him and offers him rice milk, which he accepts. Only after this act of care, and a recognition of his dependence upon it, does he have enough sustenance to be awakened.

While meditating under the shelter of a tree, he realizes existence is suffering, the source of suffering is craving, to stop suffering we must stop craving, and to attain this cessation we follow a particular path. We must act, speak, and live in accordance with compassion and wisdom. In this way, sentient beings can escape the cycle of birth, aging, sickness, and death. Especially in the Mahayana tradition, humans can entreat and aspire to become a bodhisattva, or awakened (*bodhi*) being (*sattva*), who vows to save all sentient beings before fully escaping them-

selves. In this simplistic rendering, much like the Christian narrative above, we see a story of sacred or divine care with meditations on mortality and the illusion of independence. Buddhas or bodhisattvas provide not just exemplars of how to *do* or receive care but elevate care to a sacred activity.

As the Mahayana tradition developed, some schools articulated the many aspects of the Buddha as falling into three categories or “bodies,” known as the “three-body” or *Trikāya* theory, systematized by the Yogacara school around the beginning of the fourth century.¹⁰ For example, the physical manifestation of a buddha’s body, such as Siddhartha Gautama or the historical Buddha, is one type: the *Nirmaṇakāya*. Once a bodhisattva attains their vows and reaches a celestial state, they occupy a second type: the *Sambhogakaya*, or enjoyment body. When mothers in Japan make an offering on behalf of their deceased children to the Bodhisattva *Kṣitigarbha*, or *Jizō* in Japanese, they are entreating a celestial body of a buddha or *Sambhogakaya*. The final or ultimate body of a buddha is the *Dharmakaya*, or the truth itself. Each of these bodies corresponds to stages of awakening, from the physical to the celestial to the ultimate. This framing is obviously very different from a Christian Triune God and comparable notions of the absolute. But the *Trikāya* approach allows Mahayana Buddhists to conceptualize the manifestations of a buddha as simultaneously an agent of care or compassion, be it the historical Buddha or a celestial bodhisattva, as well as a pervasive truth itself beyond notions of separate agents.

We find a similar notion of care in the text known as the “Monk with Dysentery” in the Pāli Canon, the standard collection of Pāli language scriptures in Theravada Buddhism.¹¹ While on a walk with his venerable attendant Ananda, the Buddha comes upon a monk lying amidst his own urine and excrement. They wash him and place him in a bed. Buddha then asks the sick monk why other monks have not yet cared for him and the monk responds: “I don’t do anything for the monks, lord, which is why they don’t attend to me.”¹² When the other monks are faced with this same question, they offer the same reasoning: he doesn’t do anything for them, so they don’t do anything for him. The Buddha responds: “Monks, you have no mother, you have no father, who might tend to you. If you don’t tend to one another, who then will tend to you? Whoever would tend to me, should tend to the sick.”¹³ The Buddha sets up the *sangha*, or community of monks, as a proxy for the family and the care responsibilities within it, but also makes the sick a proxy for himself – a gesture that could be read as applying to all humanity. He thus rejects a *quid pro quo* transaction for care. Care is of a different order.

What is also notable about this sutra is the ethic of care proposed in the commentary that follows. The Buddha outlines five qualities that make a carer or nurse suitable or unsuitable to care for the sick: competency in mixing medicine, knowing what is good or bad for the patient, tolerance for cleaning up bodily fluids, motivation by good will rather than personal gain, and the ability to encour-

age the patient with discussions of dharma. Additionally, the Buddha describes five qualities that make a sick person easy to care for: they do things that improve their condition, they know how much of a thing to do, they take their medicine consistently, they communicate their symptoms honestly, and they can endure pain and unpleasant sensations. The Buddha thus offers advice not only on how to be a good carer but also on how to receive that care. Care is not simply an action done *to* someone else but is inherently dynamic.

This aspect of the “Monk with Dysentery” is evocative of the parable in Matthew 25, when Jesus recounts a tale of judgment by a king upon an angel-flanked throne – read by Christians as a reference to himself when his glory is revealed. The king, like the Buddha, is not always who he seems. To those judged favorably, the king explains that they fed him when hungry, gave him drink when thirsty, welcomed him when a stranger, clothed him when naked, looked after him when sick, and visited him when in prison. Not recalling any of this, they are surprised. He explains, “just as you did to one of the least of these that are members of my family, you did it for me” (Matthew 25:40). Those judged harshly are equally caught off guard, asking themselves what opportunities they had to feed, drink, clothe, or care for the king. He explains, “just as you did not do it to one of the least of these, you did not do it to me” (Matthew 25:45). Those judged favorably and harshly did not act with an expectation of reward or punishment. There is still a transaction in the sense of a reward for the carers of the vulnerable, but it occurs in the age to come. For now, care collapses heaven and earth.

In both the absence of Jesus and the Buddha, the vulnerable serve as a substitute for the divine as a receiver of human care. If humans cannot tend to Jesus or the Buddha in their presence, they can care for the old and sick. We might describe this as a variation of what philosopher Eric Schwitzgebel calls “extending one’s concern from nearby others to more distant others,” a strategy articulated by the Chinese philosopher Mengzi.¹⁴ In this case, the divine is what is nearby or more easily relatable. These acts of care, however, are also transformed through the divine doing care itself. The Buddha, along with Ananda, tends to the sick monk, cleaning him and finding him shelter. Jesus, in the Gospel of John, washes the feet of his disciples (John 13:1–17). When understood from within these traditions, these stories are not merely examples to follow. Because the divine *do* care, care constitutes transcendent qualities beyond the giver and receiver.

Within many religious traditions, care is a relationship nested within other relationships. The work of Kimberley C. Patton, a historian of religions, helps illustrate the implications of care’s sacredness. Patton analyzes multiple examples in religious traditions in which the gods engage in religious acts themselves, such as vases in the classical Greek tradition depicting Olympian gods making sacrifices to gods.¹⁵ Why would gods need to make a sacri-

Does a sacrifice is a god-human transaction? Patton examines how these acts help reframe our typical understanding of religious devotion. Many social scientists assume that the divine realm reflects the human realm. In this model, devotion begins with humans and projects onto an alternative reality made in our image. Many religious traditions, however, understand religious practices, such as sacrifice or prayer, as divine activities. From this emic perspective, Patton explains, “religion has its source, not only its object, in the gods.”¹⁶ Humans do not simply engage in these activities *toward* the divine but engage the divine through doing the activities themselves. Humans not only make sacrifices *to* Gods but sacrifice because Gods sacrifice; humans not only pray *to* the divine but pray because the divine prays. Finally, I argue, according to many religious traditions, care is a divine activity or relationship in which humans participate by engaging in caregiving practices.

This may appear a minor difference by nature of adopting a perspective from within a tradition rather than from one grounded in the social sciences. Tanya Luhrmann’s anthropological approach, I think, helps illustrate why this is not the case. Luhrmann’s field work focuses primarily on the evangelical Christian community in the United States but also pulls from various traditions to explore how “people create relationships with gods and spirits.”¹⁷ In her words: “As people practice, as the invisible other becomes more real to them, people remake themselves in relationship with that other. These relationships can be intensely intimate and drenched in feeling – something not quite captured by the word ‘belief.’”¹⁸ Luhrmann calls this a “paracosm” or a “private-but-shared imaginative world,” a description that I believe also applies to the spaces cultivated through care as a religious practice.¹⁹

Ethnographic evidence supports this. Anthropologist Anna Corwin, in her ethnographies of Franciscan nuns in the United States, records accounts of many elderly nuns who experience the presence of Jesus or the Holy Trinity in moments of care and suffering.²⁰ This is often articulated in terms of support and/or merging of identities. But it’s often not just the two agents involved in giving or receiving care, in how we might think of Martin Buber’s notion “I and Thou.”²¹ “I and We” is often more accurate in the everyday experiences of caregiving as a religious practice and in many accounts of divine presence. For example, Corwin and her coauthor Cordelia Erickson-Davis cite an interview in which they ask a nun, Sister Rita, what it feels like to encounter God in the morning, as she claims, and she explains: “He is here in every part of us. He’s here with you as much as He’s here with me. That’s where I am.”²² Relationships with the divine imply relationships with others. Schwitzgebel might classify this approach as an “expanded self,” but ideally this expansion includes a larger notion of one’s in-group.²³ Particularly in the context of care, these experiences orient the self not just toward the divine as a singular object but toward an expanded notion of “we.”

In the Christian context, this is well articulated in the New Testament conception of God as love. The first epistle of John explains that “Whoever lives in love lives in God, and God in them” (1 John 4:16) and also that “Anyone who loves God must also love their brother and sister” (1 John 4:21). Whether it’s named the divine as a noun or love as a verb, each begets itself and the other. One relationship of love and care is necessarily linked to other relationships of love and care. In this sense, for many religious traditions, care is not only a relationship between the carer, the cared-for, and the divine, but extends into a wider network. This might include a pantheon of angels, saints, bodhisattvas, ancestors or friends, family members, pets, animals, and the natural world. When care is understood as a sacred activity or relationship, then all relationships of care can connect. Each engages a space shared between ourselves and the world around us. Whether we call it the divine itself or refer to it in a psychological sense as a “paracosm,” there’s connective tissue between our relationships of care that extends beyond the scope of one person’s imagination. My care for my child’s friend, a neighbor, or even a stranger implicates my care for my children and close relations. When I witness my neighbor’s daughter stopping by to check on her elderly mom who lives a few doors down, I can imagine that their network of care overlaps with my own. Religious traditions provide theological constructs to invoke this shared space, but this can be the case even for the nonreligious when care and the feelings surrounding it take on transcendent qualities.

Some communities, however, are better than others at advocating for how care should be applied to outsiders, especially those beyond the nuclear family. My care for my children, for instance, in some contexts, could make me indifferent to those who might not directly benefit us or make me hate others from whom I feel threatened. The religious sources reviewed in this essay clearly do not advocate that type of treatment. Indeed, the Gospel of Luke encourages humans to do more than simply “do good to those who do good to you” (Luke 6:33). And in Matthew, we are told to love our enemies and expect nothing in return (Luke 6:27; Matthew 5:43). This selfless type of care is superior to care for the sake of self-advancement at the expense of others or out of fear of retribution. Abrahamic traditions, especially, emphasize the value of hospitality for strangers. In Genesis 18, Abraham and Sarah host three mysterious guests who are revealed to be divine representatives.²⁴ Giving hospitality to strangers, giving them care, evokes a divine or larger presence. In the Mahayana tradition, humans, ultimately, are not to emulate a bodhisattva’s care for all sentient beings to get something out of it. Rather, humans should care to get out of the cycle of reward and punishment. The expectation of nonreciprocity often serves as a source of meaning.

However, these traditions also acknowledge that though we should work toward the ideal of expecting nothing in return, in the course of our everyday experiences, even the most pious can alternate their motivations. We might care for

our children or our elderly parents out of fear of being shamed, for the compliments of our friends, or simply for the sake of doing it – all in the same day. Even if the highest ideal is not achieved all the time, care as a practice, something we return to day-to-day, gives us a taste of what it’s like to act without selfish expectations. Care, in this sense, can give us purpose and connection beyond the relationships in front of us.

Finally, care is an existential challenge. Care often requires us to address our own desires and limitations. And it’s not always pleasant. Many religious traditions articulate the dynamic trajectories involved in care toward others, on the one hand, and toward notions of the self or absolute, on the other.

The Mahayana Buddhist tradition makes this point very explicit in the initial vow of a bodhisattva, for instance, as recorded in the Diamond Sutra. The vow appears in two parts. First, it begins: “As many beings as there are in the universe of beings, comprehended under the term ‘beings’ ... all these I must lead to Nirvana, into that realm of Nirvana that leaves nothing behind.”²⁵ “Any yet,” it continues, “if in a bodhisattva the notion of a ‘being’ should take place, he could not be called a ‘Bodhi-being.’” A bodhisattva vows to save all sentient beings and simultaneously recognizes that the notion of an independent self is ultimately an illusion. We see a push and pull toward others and toward the absolute.

We can map these orientations, but inverted, onto the two “greatest” commandments offered by Jesus in the Gospel of Matthew (22:37–39):

“You shall love the Lord your God with all your heart, and with all your soul, and with all your mind.” This is the greatest and first commandment. And a second is like it: “You shall love your neighbor as yourself [*hōs seauton*].”

They, too, are a couplet. Loving the Lord with your whole self, which we might describe as an emptying of selfish desire, is the greatest commandment, but loving your neighbor with that same self is like it.²⁶ In both, there is an offering of the self toward the Lord, or the absolute, as well as toward others – illustrating how these trajectories converge. These Christian and Buddhist passages remind us that a certain degree of self-sacrifice is inevitable in our care for others. Care is inherently self-reflexive by nature of being self-less. This is quite different from beginning with what I want and projecting that onto others, as Schwitzgebel characterizes some models of the Golden Rule.²⁷ In the context of religious practice, just as the gods offer sacrifices to themselves, humans participate in that cycle of self-offering through the sacrifice of care.²⁸ Care extends into the other or the absolute, redrawing the boundaries of where the self begins or ends. But this process is not always easy.

Care, for example, requires time. Time nurturing others shortly after birth or near death. Time helping others to develop into adults or live well as elders. Time

doing other people's laundry. Time thinking about time, contemplating the marvels of birth, aging, and death. Or time being too busy to think about oneself at all. These tropes pervade religious narratives, especially literature surrounding care. The ability of care to nudge us to meditate upon our existence forms one ingredient in its recipe of meaning, in addition to the element of self-sacrifice. Perhaps as a result, care can be extremely boring but can also make us want seconds to never end, while holding a child, a friend, or grandparent, recognizing we and those we care for will not always be present in the same way. In the Byzantine icon of Theotokos, for example, Mary's eyes convey joy and sadness, as she looks beyond her child to the viewer, who knows her child will leave earth before her.

Care can be both fulfilling and self-denying. It can be a very lonely experience but also orient the self to commune better with the world around it. Caring for your elderly spouse with Alzheimer's who doesn't recognize you; caring for your newborn child in the middle of the night; a hospital chaplain sitting with a stranger in silence: these are solitary, even reflective, experiences, but also communal. Many of us know from experience that care can be a challenging endeavor in which one does not always feel fulfillment, spiritual or otherwise. Surah 17:23 of the Qur'an tells the reader to "be kind to your parents. If either or both of them reach old age with you, say no word that shows impatience (*uff*) with them," using the Arabic onomatopoeic interjection "Uff!" – a sentiment many of us can relate to.²⁹

People often feel exhausted physically and psychologically and find themselves demonstrating their worst qualities, thinking "bad thoughts" about their elderly parents or young children for example. Anecdotally, a priest once told me that, during confession, many long-term caregivers will articulate the frustration they feel for themselves and those they care for. At the same time, in the ebbs and flows of these practices, care can provide a means through which these same individuals feel connected with a reality larger than these relationships. This connection, in many ways, depends upon care's existential qualities and what it demands of the self.

These qualities are important to consider, even for the nonreligious, and offer insights into how we might design policies that encourage meaningful care throughout society. The sacred aspects of care can be restated in non-religious terms. To say that care is rooted in the divine realm is to say that care is not reducible to self-interest. Care extends beyond the subjective experience of the self. Care is not simply projected from a place that begins in our minds. It is a dynamic and embodied relationship. Many would describe their relationship with their children, spouse, or grandparents as larger than themselves and even those involved.³⁰ Care, especially, helps illustrate the inherent and embodied connection between thinking and doing in regard to the sacred, whether it's named

“religious” or not. The meaning we attribute to care is often not rooted in the beliefs we have *about* care but in living out the relationships themselves. The emotional attachments associated with care are often byproducts of *doing* care. Alison Gopnik explains, “We don’t care for others because we love them: we love them because we care for them.”³¹

This reframing, based on theology or the social sciences, reminds us to recognize the feedback loop between process and outcome. Dōgen (1200–1253), the Japanese Zen Buddhist teacher, thought of practice and enlightenment, or cultivation and verification in an alternative translation, as two sides of the same thing.³² When the divine is understood not just as an object but as a link between agents, we arrive at a similar conclusion. The process of engaging your neighbor includes the outcome of engaging the divine. The process of engaging the divine includes the outcome of engaging your neighbor. The means becomes a goal. For policy, this would mean adopting relationships of care, in all their shapes and sizes, as a desired outcome. Indeed, the U.S. Surgeon General’s report on the loneliness epidemic prioritizes these types of connection.³³

We need more social programs that encourage care relationships between strangers. Places of worship do this very well. Even superficial or brief interactions with strangers can be very psychologically rewarding.³⁴ Psychologist Ashley Thomas and her team’s research on how infants and toddlers “use saliva sharing to infer close relationships” explains how the Christian custom of sharing a spoon or chalice during the sacrament of communion might help children see the stranger they encounter week-to-week in church as part of their larger in-group, despite limited interaction.³⁵ Many Christian communities paused or adapted these practices during the peaks of the COVID-19 pandemic. Nonetheless, we know sharing drinks and meals with others creates feelings of solidarity. Community meals, and other activities that engender connection beyond the context of economic transaction, are worth a city’s budget. As an additional metric of effectiveness, governments should begin measuring how often programs and policies place citizens in relation with one another, however briefly.³⁶

We also need more institutional infrastructure to support intergenerational relationship building. Religious communities, in part due to their aging populations, are great places to meet older individuals. AmeriCorps, for example, sponsors a foster grandparent program that partners senior citizens with children in under-resourced communities, in addition to their senior companion program that connects senior volunteers with other seniors.³⁷ We need more programs like these that connect aging populations not just with children but also with young adults, who might be craving these types of relationships. Since many families are neo-local, moving to new places from one generation to another, we need more programs connecting all ages of society rather than segregating ourselves by life stage. This might mean experimenting with providing college credits to students

who engage with local elderly communities or incentivizing built environments and housing projects that encourage interaction with residents of elder-care facilities. Germany, for example, has funded over five hundred multigenerational meeting places since 2012, providing a shared space where neighbors can gather for a meal, toddlers can crawl around, and retirees can play checkers.³⁸ They have also experimented with daycare centers coupled with retirement homes.³⁹ Policymakers can use these examples and the best practices of religious communities to imagine ways to bridge generations and integrate infant and elderly care. Places of religious practice have and will continue to offer shared space for the young and old in their respective communities, even as engagement in religious institutions appears to be waning in the United States. Civil programs can revitalize this function in accord, not competition, with the explicitly religious.

Finally, we need to recognize that care is an existential challenge and not always pleasant (both physically and psychologically). Because caregiving challenges the boundaries of the self, in its most ideal form, it opens the self up to relationships beyond what is in front of it: be it a pantheon of spirits, saints, and family members, or strangers, organic life forms, and the material of the universe itself. It can make someone particularly vulnerable for abuse but also orient them to find meaning in their connection to the world around them. Care has power. As a society, culturally and institutionally, we need to invest in healthy relationships of care, recognizing care's potential for exponential benefit and the value of the relationships themselves.

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ENDNOTES

- ¹ Pew Research Center, *Spirituality Among Americans* (Pew Research Center, 2023), <https://www.pewresearch.org/religion/2023/12/07/measuring-spirituality>.
- ² Frank Newport, “Slowdown in the Rise of Religious Nones,” Gallup, December 9, 2022, <https://news.gallup.com/opinion/polling-matters/406544/slowdown-rise-religious-nones.aspx>.
- ³ See, for example, Jonathan Z. Smith, “Religion, Religions, Religious,” in *Critical Terms for Religious Studies*, ed. Mark C. Taylor (University of Chicago Press, 1998).
- ⁴ A study based on U.S. tax filings in 2015 found that 15 percent or more of all nonprofits in the sectors of education, health, human services, international aid, and mutual benefit contained explicit religious language in their mission statement, excluding those organizations whose primary activity is religious. Brad R. Fulton, “Religious Organizations: Crosscutting the Nonprofit Sector,” in *The Nonprofit Sector: A Research Handbook, Third Edition*, ed. Walter W. Powell and Patricia Bromley (Stanford University Press, 2020), 579–598, <https://doi.org/10.1515/9781503611085-035>.
- ⁵ Pascal Boyer, “Religion: Bound to Believe?” *Nature* 455 (23) (2008): 1038–1039.
- ⁶ For a discussion of early Christian commentaries, informed by Genesis, on the death and mourning of children, see Maria E. Doerfler, “East of Eden,” in *Jephthah’s Daughter, Sarah’s Son: The Death of Children in Late Antiquity* (University of California Press, 2019).
- ⁷ All New Testament references cite the New Revised Standard Version.
- ⁸ For example, see the English and Greek versions of the Easter hymn, “Paschal Troparian: CHRIST IS RISEN,” circulated by the Greek Orthodox Archdiocese of America, https://www.churchmusic.goarch.org/assets/files/2013_Christ_is_Risen-Single_Page.pdf.pdf (accessed February 16, 2024).
- ⁹ “The Legend of the Buddha Shakyamuni,” in *Buddhist Scriptures*, selected and trans. Edward Conze (Penguin Books, 1959), 36.
- ¹⁰ Guang Xing, *The Concept of the Buddha: Its Evolution from Early Buddhism to the Trikaya Theory* (Routledge, 2004).
- ¹¹ “Kucchivikara-vatthu: The Monk with Dysentery” (Mahavagga 8.26.1–8), trans. Thanissaro Bhikkhu, Access to Insight, <http://www.accesstoinsight.org/tipitaka/vin/mv/mv.08.26.01-08.than.html> (accessed February 16, 2024). See also the retelling by Thich Nhat Hanh in chapter fifty-five of *Old Path White Clouds* (Parallax Press, 1987).
- ¹² *Ibid.*
- ¹³ *Ibid.*
- ¹⁴ Eric Schwitzgebel, “Imagining Yourself in Another’s Shoes versus Extending Your Concern: Empirical & Ethical Differences,” *Dædalus* 154 (1) (Winter 2025): 135, <https://www.amacad.org/daedalus/imagining-yourself-anothers-shoes-versus-extending-your-concern-empirical-ethical-differences>.
- ¹⁵ See, for example, figures 24 and 25 in Kimberley C. Patton, *Religion of the Gods: Ritual, Paradox, and Reflexivity* (Oxford University Press, 2009), 61.
- ¹⁶ *Ibid.*, 308.
- ¹⁷ T. M. Luhrmann, *How God Becomes Real: Kindling the Presence of Invisible Others* (Princeton University Press, 2020), xiv.

- ¹⁸ Ibid.
- ¹⁹ Ibid., 25.
- ²⁰ Anna I. Corwin and Cordelia Erickson-Davis, “Experiencing Presence: An Interactive Model of Perception,” *HAU: Journal of Ethnographic Theory* 10 (1) (2020), <https://doi.org/10.1086/708542>; and Anna I. Corwin, *Embracing Age: How Catholic Nuns Became Models of Aging Well* (Rutgers University Press, 2021).
- ²¹ Martin Buber, *I and Thou*, trans. Walter Kaufmann (Charles Scribner’s Sons, 1970).
- ²² Corwin and Erickson-Davis, “Experiencing Presence,” 178.
- ²³ Schwitzgebel, “Imagining Yourself in Another’s Shoes versus Extending Your Concern.”
- ²⁴ The biblical scene of the hospitality of Abraham and Sarah (Genesis 18: 1–15) is used in Orthodox Christian tradition as the setting for the icon representing the Holy Trinity.
- ²⁵ *Buddhist Scriptures*, selected and trans. Edward Conze (Penguin Books, 1959), 164–165.
- ²⁶ Love can be distinct from care. In my reading of these commandments as a couplet, however, I assume this type of all-consuming love and selflessness includes care.
- ²⁷ Schwitzgebel, “Imagining Yourself in Another’s Shoes versus Extending Your Concern.”
- ²⁸ Patton calls this reflexive aspect of religious devotion performed by gods “Divine Reflexivity.” Patton, *Religion of Gods*, 12. From the perspectives of these traditions, when humans perform similar acts of devotion, they participate in this divine energy and activity and share in a type of self-reflection.
- ²⁹ Translation cited from *The Qur’an: A New Translation by M.A.S. Abdel Haleem* (Oxford University Press, 2010). For the Arabic, see <https://quran.com/al-isra/23>.
- ³⁰ Care ethicists, philosophers, and theologians, among others, have critiqued models of ideal caregiving that are exclusive to the boundaries of a nuclear family or restricted gender roles. See, for example, Elissa Strauss, “The Branch of Philosophy All Parents Should Know,” *The Atlantic*, October 16, 2024, <https://www.theatlantic.com/family/archive/2024/10/parents-care-ethics-philosophy/680263>; Karen O’Donnell and Claire Williams, eds., *Pregnancy and Birth: Critical Theological Conceptions* (SCM Press, 2024); and Inge van Nistelrooij, Maureen Sander-Staudt, and Maurice Hamington, eds., *Care Ethics, Religion, and Spiritual Traditions* (Peeters Publishers, 2022).
- ³¹ Alison Gopnik, “Caregiving in Philosophy, Biology & Political Economy,” *Daedalus* 152 (1) (Winter 2023): 62, <https://www.amacad.org/publication/daedalus/caregiving-philosophy-biology-political-economy>.
- ³² See Carl Bielefeldt, *Dogen’s Manuals of Zen Meditation* (University of California Press, 1990), 137.
- ³³ Vivek H. Murthy, *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community* (Office of the U.S. Surgeon General, 2023), <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>.
- ³⁴ See Hanne K. Collins, Serena F. Hagerty, Jordi Quoidbach, et al., “Relational Diversity in Social Portfolios Predicts Well-Being,” *Proceedings of the National Academy of Sciences* 119 (43) (2022).

- ³⁵ Ashley J. Thomas, Brandon Woo, Daniel Nettle, et al., “Early Concepts of Intimacy: Young Humans Use Saliva Sharing to Infer Close Relationships,” *Science* 375 (6578) (2022): 311–315.
- ³⁶ For an introduction to how economies can focus on care and specific examples, see Elizabeth Garlow and Anne-Marie Slaughter, “A Worldview of Care and a New Economics,” *Dædalus* 154 (1) (Winter 2025): 206–223, <https://www.amacad.org/daedalus/worldview-care-new-economics>.
- ³⁷ For example, see AmeriCorps, “AmeriCorps Seniors Foster Grandparent Program,” <https://americorps.gov/serve/americorps-seniors/americorps-seniors-foster-grandparent-program> (accessed February 16, 2024).
- ³⁸ See, for example, Malteser, “Mehrgenerationenhaus: Miteinander über Generationen hinweg,” <https://www.malteser.de/dabei/familie-freundschaft/mehrgenerationenhaus-voneinander-lernen-fuereinander-da-sein.html> (accessed August 26, 2024).
- ³⁹ See, for example, Andreas Fasel, “Krankheiten und Tod sind für diese Kinder kein Tabu,” *WELT*, February 19, 2018, <https://www.welt.de/regionales/nrw/article173662645/In-Moers-gibt-es-eine-Kita-und-ein-Seniorenheim-unter-einem-Dach.html> (accessed August 26, 2024).