HEBA Symposium March 2022 – Disability, Friendship and Inclusion

Session 2 – How are Disabled People excluded

In this second session we're going to explore some of the ways that disabled people, and in particular physically disabled people, are excluded from full participation in church communities. We've already talked briefly about how inappropriate language can exclude disabled people. Other factors arise from the sociological models we looked at earlier and some arise from theological understandings of disability, which shape issues of pastoral care and disabled people. We finish with discussion in breakout groups, before a brief Q&A and then a lunch break.

Some Implications of models of disability Medical/Individual Model

This approach is appropriate and effective when it is used correctly, largely within the sphere of medicine and related fields. For instance, there are a number of related issues arising from the medical condition that I was born with and treating these is important – if this had not happened I would probably have died before the age of 30! Problems occur when this model of disability is used in isolation from a disabled persons environment or is used outside the medical sphere.

The medical/individual model assumes that a disabled person's body is in some way faulty and therefore needs mending, or their medical condition needs curing even when this is unlikely. For instance, there is a lot of focus on trying to find ways of restoring functionality for those with neck and back injuries, rather than seeking ways for society to facilitate them living fulfilling lives as wheelchair users. The medical/individual model also tends to assume that everyone with the same medical condition is the same and needs to be treated in the same way. Furthermore, there is an underlying assumption that knowledge, power and agency lies with professionals rather than disabled people who are often seen as passive.

For churches there are several implications of the unconscious adoption of this understanding of disability.² There is a significant tendency to assume that disabled people are passive and need to be cared for by non-disabled people, echoing the approach taken by the caring professions. A more troubling

¹ (Creamer, 2009, pp. 53-56)

² (Reynolds, 2008, pp. 25-31)

implication is the assumption that disabled people's bodies are faulty and that physical healing is the most important outcome for disabled people's engagement with churches. Among some traditions there is a belief that disabled people need to be healed before God can use them. If prayer for healing doesn't appear to 'work' then there can be the assumption the problem is with lack of faith or unforgiven sin on the part of the disabled person.

Social Model

In contrast to the individual/medical model the social model focusses on the attitudes and actions of society, where non-disabled people are in the majority, towards disabled people. Rather than expecting disabled people to fit in, to be healed or cured, or made more 'normal', this approach seeks to change attitudes towards disabled people and bring about social and physical changes to enable disabled people to participate fully in society.

There are significant advantages to this model of disability. It shifts the focus from individual disabled people and places it on the way social attitudes and actions exclude or limit disabled people. It has been used successfully to bring in anti-discrimination legislation, although ironically the definition of who a disabled person is remains very close to the individual/medical model definition. The most significant disadvantage of the social model is that it ignores the very real impact of a disabled person's impairment (medical condition etc.).

Churches have been and still are not giving significant attention to the inclusion of disabled people. (*Evidenced by low number attending this session today!*) The social model encourages churches to look at their attitudes towards disabled people. This model has also given rise to a significant body of theology of disability (or disability theology), which I shall briefly outline in a few minutes. In the last twenty to thirty years there has been a steady improvement in physical access to church buildings and the provision of, for instance, hearing loops and accessible toilets, now much more common. However, there is still a need to focus on fostering inclusive relationships between disabled and non-disabled people. This will enable disabled people to participate fully in the life of church communities.

Minority Group Model

I want to say a very brief word about the Minority Group Model of disability. It is very good at empowering campaigns by disabled people for equal rights and

access in society. There are some significant problems, though. It requires disabled people to be able to campaign for themselves, therefore excluding many severely disabled people from participating. It requires society being seen as consisting of two distinct groups, the minority group of disabled people and the majority group of non-disabled people. This tends to assume that all members of these groups are the same, leading to the use of the homogenous term 'the disabled'. Since disabled people are defined as members of a group that experience discrimination it is unclear who disabled people are if there is no longer any discrimination. This uncertainty also applies to disabled people who experience little or no discrimination.

Theologies of Disability

There has been a long history of disability being considered theologically, although this has not been done in a coherent or structured way until the latter part of the twentieth century.³ Likewise, despite disability being a recurrent theme in the Bible this has only been addressed at the end of the twentieth and early in the twenty first centuries.⁴

Professor John Swinton suggests that

Disability theology is the attempt by disabled and non-disabled Christians to understand and interpret the gospel of Jesus Christ, God, and humanity against the backdrop of the historical and contemporary experiences of people with disabilities. It has come to refer to a variety of perspectives and methods designed to give voice to the rich and diverse theological meanings of the human experience of disability.⁵

The first coherent work on disability theology was done with regards to people with learning disabilities. The most widely known authors include Stanley Hauerwas, Jean Vanier, Henri Nouwen and more recently Hans Reinders and John Swinton. Theological reflection on the experiences of physically disabled people has developed into a significant strand of theology since the publication of Nancy Eiesland's *The Disabled God* in 1994.

John Hull, writing in slim volume *Disability: The Inclusive Church Resource*, ⁶ provides a helpful approach to understanding the relationships between

³ (Brock & Swinton, 2012)

⁴ (Melcher, Parsons, & Yong, 2017)

⁵ (Swinton, 2011, p. 274) quoting from Swinton, 'Disability Theology,' in: Ian McFarland, David Fergusson, Karen Kilby, and Iain Torrance (eds.), Cambridge Dictionary of Christian Theology, London (Cambridge University Press) 2010.

⁶ (Hull, 2014) Writing as an academic theologian who has become blind.

disability theology and the wider theological context. Hull's approach is vital for avoiding the risk of either pigeon-holing disability theology within one aspect of theological reflection and exploration, or dissecting disability theology into distinct sections which become isolated from each other and the whole.

I want to outline five approaches to understanding disability that are found within the ever-growing body of work within disability theology. Nancy Eiesland's *The Disabled God*, Kathy Black's *A Healing Homiletic*, Jennie Block's *Copious Hosting*, Tom Reynolds's *Vulnerable Communion*, and Deborah Beth Creamer's *Disability and Christian Theology*. To

The Disabled God – Nancy Eiesland focusses attention on the marks of crucifixion that Jesus' resurrection body retains. This leads to a radical inclusion of disabled people within church communities that enables their voice to be heard and their participation to be facilitated. She uses the minority group model of disability and takes a liberation theology approach. Eiesland identifies and addresses the following: associating disability with sin or virtuous suffering; assuming disabled people are in need of charity; problematic readings of healing miracles; the unintentional and intentional exclusion of disabled people, physically, socially and theologically; and the silencing and ignoring of the voices of disabled people.¹¹

A Healing Homiletic – Kathy Black addresses the interpretation of some of the healing miracle passages in the gospels. She seeks to show how this does not infer that disabled people require physical healing as a pre-requisite for inclusion in church communities. This approach is underpinned by the notion of interdependency. Black emphasises the importance of our interdependence, on God and one another. She does not, however, develop this idea as fully as she might. She rightly rejects any notion of an all-powerful God as the cause of disability but does not fully develop an alternative, more relational Trinitarian perspective. She helpfully calls for both disabled and non-disabled people to be

⁷ (Black, 1996)

⁸ (Block, 2002)

⁹ (Reynolds, 2008)

¹⁰ (Creamer, 2009) A later essay by Creamer identifies four models of disability (moral, medical, social and limits) and examines how they relate to understanding and practices regarding disabled people (Creamer, 2012a).

¹¹ (Eiesland, 1994, pp. 53-57, 75-87, 94-98; Swinton, 2011, p. 282)

agents of healing with one another. The nature of the relationship between disabled and non-disabled people, however, remains vague and generalised.

Copious Hosting – Jennie Block understands the church as a hospitable community which, however, has not been inclusive of disabled people. She notes three particular forms of oppression: by non-disabled people; by language; and by low expectations. Her approach is productive in a number of ways namely: the relational nature of humanity; the significance of the Trinity in fostering the idea of co-hosts; and each person in a community being in truly mutual relationships where all participants give and receive. She suggests the idea of being co-hosts with Jesus Christ, such that all people are included in church communities through mutual relationships with God and one another.

Vulnerable Communion – Tom Reynolds attempts to identify the complex nature of factors which shape contemporary theological perspectives on disability. He develops the idea of 'body capital', shaped by economic forces, which values non-disabled people but devalues disabled people. He suggests that it is important to shift from viewing disability as an inevitable tragedy to an acceptance of the transformative impact that social relationships can have on the inclusion of disabled people. In order to achieve this, it will be necessary to challenge the idea that 'normal' equates to 'able'. This idea, he suggests, gave rise to a 'cult of normalcy'. The complexity of understanding disability is reflected in his definition of disability as

... a range of physiologically rooted social performances, a series of moments defined by relationships between human beings ... the distinction between ability and disability is built into the fabric of communal life.¹⁵

In seeking to challenge the dominance of self-interest, usually benefitting non-disabled people, Reynolds examines the significance of weakness and vulnerability in seeking the positive value of community as a way to strengthen relationships with one another and God. Proper recognition of interdependency, Reynolds suggests, is a better reflection of how God enables us to participate in faith communities, as a matter of grace rather than

¹² (Block, 2002, pp. 46-49)

¹³ (Block, 2002, pp. 85-87, 129-156; Swinton, 2011, p. 287)

¹⁴ (Reynolds, 2012, p. 37)

¹⁵ (Hickman, 2018, pp. 211-215; Reynolds, 2008, p. 53)

ability.¹⁶ Reynolds advocates privileging disabled people, believing that this will enable both disabled and non-disabled people to recognise their shared experience as vulnerable human beings.

A Limits approach – In Disability and Christian Tradition Beth Creamer focusses attention on the limits that are common to all people created in God's image. She argues that 'limits' apply to all people rather than merely applying to disabled people who are often seen as being 'limited'.¹⁷ None of us is divine, and every human being has to respond to the limits they encounter.¹⁸ The problems arise with the negative perception of some limits, such as my use of a wheelchair, while others are seen as insignificant, such as my short-sightedness. This approach does however make clear that there are no well-defined boundaries between disabled and non-disabled people.¹⁹

Pastoral Care and Disabled People

Some recent research has identified that one outcome of churches adopting the individual/medical model of disability is the development of an impoverished pastoral care model of disability. Naomi Jacobs interviewed 30 disabled people from different Christian traditions, both lay and ordained, with a range of impairments. ²⁰ She identifies that asymmetric relationships, imbedded in the individual/medical model, lead to a pastoral care approach that sees disabled people as passive recipients within church communities. She uses the concept of 'misfitting'²¹ to explain some aspects of how disabled people are excluded from some roles in the church. This occurs partly because of the assumption that active members of congregations, and in particular the clergy, are non-disabled people. ²²

¹⁶ (Reynolds, 2008, pp. 124-135, 154-174) contrasts our resistance to participation with others and God, and our openness to participation with God in creation. The way God enables us to participate in God's covenant relationship with humanity and all of creation is explored in Chapter 6.

¹⁷ (Creamer, 2009, pp. 91-114; Greig, 2018, p. 36) Grieg notes that while social exclusion is dominant in Eiesland's approach, this is always restricted to those with impairments.

¹⁸ This challenges the naïve claim 'everyone is disabled', as Jacobs says: "... neoliberal society is dominated by a disability discourse that claims that we are all disabled, without examining the social structures that relegate disabled people to positions of peripheral embodiment." (Jacobs, 2019, p. 245)

¹⁹ (Creamer, 2012b) argues that disability is part of a continuum which includes all people, rather being a discrete category or categories. This suggests we draw arbitrary lines on this continuum when we refer to disabled or non-disabled people. Reynolds blurs the distinction between disabled and non-disabled people through a recognition of our shared vulnerability, see above.

²⁰ (Jacobs, 2019)

²¹ (Jacobs, 2019, p. 103) referring to the idea of 'misfitting' developed by Garland-Thomson in Garland-Thomson, R. 1997. *Extraordinary Bodies: Figuring Disability in American Culture and Literature*. New York, NY: Columbia University Press.

²² (Jacobs, 2019, p. 102f)

Jacobs is concerned about the idea of pastoral power.²³ She argues that pastoral power:

... has shaped the way in which society now manages those who are constructed as vulnerable, those who experience mental health problems and those in receipt of medical treatment.²⁴

She describes the use of pastoral power by non-disabled people over disabled people as:

... characterised by disempowering and unequal power relationships between disabled people and professionals who have definitional power over disability.²⁵

The use of pastoral power has been the key to churches' pastoral care of disabled people and has often been expressed in terms of charity. ²⁶ She argues, correctly I think, that such a skewed approach, in both pastoral care and theology, leads to the 'othering' of disabled people, and reinforces the 'doing for' relationship between disabled and non-disabled people, which denies them agency, silences their voices, and can lead to segregated patterns of ministry. ²⁷

In *The Nazareth Manifesto* Sam Wells argues that relationships with marginalised people need to move away from 'doing for' towards 'being with'.²⁸ Historically disabled people have experience well meaning non-disabled people doing many things for them, rather than doing things with them or simply being with them to develop meaningful and empowering relationships.

In order to enable physically disabled people to participate in the life of church communities, Jacobs offers two significant proposals.

The first is that the voices and theologies of disabled people need to be heard by non-disabled people.

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²³ (Jacobs, 2019, pp. 24-25) Jacobs is using Foucault's understanding of pastoral power in Foucault, M. 1982. The Subject and Power. Critical Inquiry, 8 (4), 777-795. She blurs the boundary between pastoral model and pastoral power at times.

²⁴ (Jacobs, 2019, p. 24)

²⁵ (Jacobs, 2019, p. 25)

²⁶ Jacobs cites Black, Eiesland and Lewis concerning a pastoral care relationship (Jacobs, 2019, p. 25).

²⁷ (Jacobs, 2019, pp. 85-88)

²⁸ (Wells, 2015)

The second is the need to transform relationships between disabled people and those non-disabled people who hold power within church organisations and structures. These proposals are designed to enable disabled people to be agents of both theology and ministry, rather than being objects and passive beneficiaries.²⁹ This necessitates an **intentional** change, both by those with power and by disabled people themselves, working **mutually** together, within their **particular** contexts.

In the final session we will look at a proposal for a relational approach to the inclusion of disabled people in Baptist church communities that is intentional, mutual and particular.

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Breakout Group Questions

- 1. Do you think that there is any place for the medical/individual model of disability in church communities?
- 2. How might churches overcome the lack of focus on the implications of impairment found in the social model?
- 3. How might we transform our approach to pastoral care so that it empowers both disabled and non-disabled people?
- 4. What might a relational model of disability look like? What sort of relationship might be at the centre of such an approach?

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²⁹ (Jacobs, 2019, p. 248)

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