

**Exploring How Spirituality Shapes Conceptualizations of
and Feelings About Disability**

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THESIS

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SUMMARY

Disability is a common theme among many religious texts. The Christian Bible in particular displays disability in a negative way. In spite of this, Christian people with disabilities often use their spirituality as a tool to deal positively with issues and feelings related to their disability. Additionally, little is known about atheist people with disabilities regarding their conceptualizations and feelings about disability. The current study explores two research questions: 1) How do people with disabilities' spiritual beliefs affect their conceptualizations of disability?; and 2) How do people with disabilities' spiritual beliefs affect how they feel about disability? Data for this study were gathered from email interviews of five individuals with disabilities who identified as Christian and five individuals with disabilities who identified as atheist/agnostic. Email interviews were used to explore the research questions. The results of the study indicated that there are more intra-group differences than there are inter-group differences in the ways that Christians and atheists/agnostics think and feel about disability. In terms of conceptualizations of disability, both groups saw disability as inherently negative. Atheist/agnostics reported that their spiritual beliefs did not interact with their conceptualizations of disability and used medical model-like ways of thinking about disability. Christian participants used the medical model, moral model, and the charity model in their conceptualizations of disability. In terms of their feelings about disability, both Christians and atheists/agnostics used similar ways of dealing with problems related to their disabilities. Overall, people from both spiritual groups relied on developing a sense of connection with others to deal with problems related to disability.

I. INTRODUCTION

Disability appears as a common theme among religious texts. The Islamic Qur'an, Jewish Talmud, and Christian Bible all include references to various disabilities. According to Bazna and Hatab (2005), the Qur'an refers to disability as a socially-driven disadvantage which results from a physical deformity. Merrick, Gabbay, and Lifshitz (2001) claim that the Talmud gives people with disabilities limited rights and responsibilities. Hersh and Hughes (2005) state that the Bible presents disability as a form of suffering that can be alleviated by performing acts of good will toward the "afflicted" person. The Qur'an, the Talmud, and the Bible are all religious texts that guide the beliefs of many spiritual people throughout the world. Eighty percent of the world's population adheres to some sort of religious or spiritual beliefs (Selway & Ashman, 1998). Furthermore, according to the World Health Organization (WHO), people with disabilities make up approximately 15% of the world's population (WHO, 2011). Their spiritual beliefs and views, especially those surrounding their disabilities, are important to document. Modern religious congregations are beginning to understand the importance of universal design and inclusion of people with disabilities. Therefore, disability is a relevant topic in religious organizations today.

Christianity is the main spiritual perspective of interest in this paper for two reasons: 1) It is the most popular religious viewpoint of people in the United States and embraced by diverse groups of Americans (Kosman & Keysar, 2009); and 2) It is the only religion that currently has a formal theology of disability (Deland, 1999). Groups of people with atheist/agnostic (non-theistic) spiritual belief systems are also a focus in this paper due to a paucity of research that includes this population (Hwang, 2008). Finally, the views of people with disabilities have been underrepresented historically in discussions of how spirituality and disability might be related to

each other. This paper is an attempt to foreground the voices of people with disabilities within the academic study of spirituality.

For this study, the word “spirituality” will refer to the umbrella term that is inclusive of religious beliefs as well as other references to the supernatural. The term “religion” will be used exclusively where it is applicable to only practices or beliefs associated with a major religion. Spirituality is the focus of the study because it includes practices and beliefs associated with religion but is not limited to just these practices and beliefs; spirituality also includes non-organized thoughts about the supernatural, which are important to capture.

A. **Literature Review**

There are many references to various types of disabilities in the ancient texts of various religions. Religious texts often depict disability, and these conceptualizations of disabilities in religious texts vary from negative to neutral to positive. This literature review will focus on themes of disability in the Christian religion and in this religion’s text, the Bible.

1. **Biblical references to disability**

This section will focus on language used to describe disability and related themes. Language referring to disability in Christian texts is inconsistent. Overall, Greek and Latin words used to refer to disability, healing, and wholeness all have the same root words; therefore, it is difficult to determine if Biblical stories or preaching related to disability are literal or metaphorical (Deland, 1999). Furthermore, language used in the Bible to refer to the physical and language used to refer to the metaphorical are not separated, so it is difficult to determine when someone is speaking metaphorically or literally about disability (Miles, 2002a).

a. **Metaphorical references to disability in the Bible**

Some common Biblical metaphors use disability imagery to refer to spiritual impairment: Israel as a “deaf” nation that does not listen to God, someone with a “blind eye” having no knowledge of God (Abrams, 2007). Because of the ambiguity of language within the Bible and other religions’ texts, Miles (2002a) urges readers of these texts to view disability as a linguistic device rather than as a literal account of disability. This is generally how Biblical scholars view interpretations of disability: as metaphors (Deland, 1999; Hull, 2003). These metaphors generally associate disability with something negative, indicating the stigma that disability carries.

i. **Disability prosthesis in the Bible**

Melcher (2012) argues that the Bible uses disability as “prosthesis,” a device to move along the book’s plot and lessons, a sheer tool for teaching rather than an independent theme. This is a common occurrence in many pieces of literature, not just religious ones. Disability as a narrative prosthesis is based on the metaphor that disability is a problem solved by curing it, and rarely takes up the sociopolitical implications of disability. Language used to refer to disability is very powerful, perhaps even more so than the themes themselves, which reflects disability’s societal stigma in Biblical times.

ii. **Metaphors for healing and suffering in the Bible**

Disability-related themes are ever-present in the Bible, and are used to tell stories and illustrate lessons. Many stories in the Bible involve Jesus healing a person’s impairments. People with disabilities either are healed miraculously of their disabilities or live suffering from their disability’s symptoms. Often, disability is the punishment for sin and is seen as a form of justice. There are other examples in which people complain about disease or

disability that they believe to have received unfairly. The holiness codes in Leviticus seem to equate bodily perfection with spiritual wholeness: anyone with a “blemish” is not worthy of God. “Suffering” through a disability is seen as virtuous and brave; it was what God’s patient followers should do (Deland, 1999).

Examples of storylines using disability are found throughout the Old and the New Testaments. Hersh and Hughes (2005) illustrate four separate examples of stories about suffering and disability in the Bible, but there are more. One such example is the story of Paul’s blindness. This story illustrates that trusting in God will bring meaning to one’s experience of suffering through disability. God blinded Paul because he persecuted Christians. Paul suffered because of his blindness, and he eventually asked God to heal him. Instead of healing him, God gave Paul the strength to endure his hardships. Paul continued to endure suffering (such as being beaten to death by his enemies) and instead of being depressed and sad, he delighted in the fact that God gave him the strength to get through the suffering of his blindness. This example of a disability-related story falls in line with the moral or charity models of disability (Goodley, 2010a). The moral model defines disability as a defect caused by sin, while the charity model views disability as a condition to be pitied and views people with disabilities as needing to be helped through the welfare of others (Shakespeare & Watson, 2002). Hersh and Hughes (2005) conclude that because of stories about disability in the Bible, the Bible can help people with disabilities find purpose within their impairments or suffering. On the other hand, other scholars find this moral model interpretation of the Bible ableist, or discriminatory against disabled people (Deland, 1999; Eiesland, 1994).

b. **Literal references to disability in the Bible**

While a metaphoric interpretation of disability is common, more literal references to disability also appear in religious texts. The Bible has several interpretations of how people with disabilities should be viewed and treated within society. Since disability is synonymous with being spiritually impure in Christian, Islamic, and Jewish writings, everything that is holy must fall in line with a certain purity code (Deland, 1999; Melcher, 2012; Miles, 2002b, 2002c). Even animals held for Christian sacrifice were held to strict physical standards (Melcher, 2012). Generally in Biblical stories about disability, God is the mediator of disability and can grant or heal impairment.

On a positive note, most organized religions believe that people with disabilities are worthy of being treated with love. Christians preach that everyone, including persons with disabilities, was created in the “image of God” (Deland, 1999). In Christian texts, love toward people with disabilities is most often displayed in the form of pity, which can be a negative experience for people with disabilities (Eiesland, 1999). In the Bible, people with disabilities are perpetually viewed as in need and dependent on others instead of as people who can lead independent lives (Smalley, 2001). The Christian rule “love thy neighbor as thyself” is a troubling way to address disability issues because while it shows equality and compassion, it ignores the specific needs of people with disabilities (Blair, 2003), and it ignores the need for the disability community to actively participate in spiritual practices (Eiesland, 1999). Research on disability and Christianity has worked to create a focus on the appropriate way to treat members of religious congregations with disabilities in order to better include them in worship and practice (Eiesland, 1994; Herzong, 2006).

c. **Ableism in the Bible**

Ableism is another theme related to disability that dominates religious writing. Ableism refers to discrimination in favor of the able-bodied (Linton, 2006), with disability being unwanted and abled-bodiedness being preferred (Blair, 2003; Hull, 2003). Blair (2003) illustrates examples from the Bible that reflect the implicit belief that disability is unwanted. First, Blair (2003) illustrates that the nomenclature used to refer to disability is inherently negative. “Crazy,” “retarded,” and “impaired” are all words in the English translation of the Bible that are used to refer to various disabilities. These negatively-connoted names imply that something is inherently wrong with the person with the disability and creates a sense of outsidership rather than community for people with disabilities.

In Christianity, ableism is inherent in the “image of God” because God is assumed to be a non-disabled being (Hull, 2003). Furthermore, people with disabilities are encouraged to accept the non-disabled spirit of God into their disabled and therefore broken bodies in order to make them whole and heal them (Blair, 2003). Spiritual ableism is often implied through the goal of God’s intervention to “heal” or “cure” the individual instead of focusing on more socially-based interventions (Deland, 1999).

Christianity has often failed to shed a positive light on disability in general (Hull, 2003). Despite this noted absence of positivity, Creamer (2003) encourages followers to read disability metaphors in religious texts from a non-ableist point of view. It is difficult to determine whether or not ableism is inherent to Christianity and its texts or if it is indeed possible to practice by the Bible and also support a pro-disability perspective.

2. **Disability and spirituality**

Religion and spirituality are distinct concepts and must be addressed as such in literature and research. Religion involves a set of formalized practices, while spirituality refers to someone's internalized beliefs (George, Larsons, Koeing, & McCullough, 2000; Kaye & Raghavan, 2002). Spirituality is often referred to as a broader and more inclusive term that includes any general supernatural or divine beliefs (Kaye & Raghavan, 2002).

The preceding section focused on the text of the Bible and did not address how it is practiced by followers of Christianity. It must be noted that modern interpretations of religious texts and contemporary religious practices often differ from the religion's texts and formal preaching. People's spiritual practices do not always coincide with how religious texts say followers of a particular religion should act. Creamer (2003) differentiates the human spiritual experience of disability from the more formal textual references to disability. Creamer (2003) claims that people with disabilities generally believe that they practice unique spiritualities compared to non-disabled persons. Their relationship to their own spirituality is distinct because of their life experiences as a person with a disability. These experiences likely cause them to have a different relationship with their religious texts and interpret them in a unique, "disabled" way. Therefore, according to this conceptualization, life experience appears to have more of an influence on the lives of people with disabilities than do religious teachings in terms of shaping one's own spirituality. Eiesland (1999) echoes this sentiment and states that disability adds a dynamic aspect to one's faith that can affect one's own spirituality and can thus be empowering.

Spiritual identity refers to one's self-given relationship with the divine or with the supernatural (Kaye & Raghavan, 2002). For many, a spiritual identity requires interaction with and a relationship to the divine. One's own self-awareness and personal identity often affect how

he or she interacts with the community, including the supernatural aspects of his or her spiritual community. Internalizing one's own relationship with the spiritual is often important for people with and without disabilities. It is a very personal and individualized experience that is not easily generalized, and usually only empirically studied through case studies on individuals or small groups (Black, 2012).

One's disability along with one's spirituality affects his or her overall personal identity. Disability identity refers to an individual's personal identification as a person with a disability. Self-identification as a person with a disability depends not only on medical or physical traits, but also shared social experiences and embodied identifications. Using an ideology known as the minority model of disability, disability is seen as a group or a class of people that has been historically oppressed in similar ways (Goodley, 2010a). In many cases, the identity of disabled persons can be likened to that of people of color or the lesbian, gay, bisexual and transgender community: it is a shared membership in an oppressed minority group (Gill, 1997). "Internal," "personal," and "unique" are words all coined in relation to a disabled identity by researchers (Gill, 2000).

Black (2012) performed a case study with qualitative methods where she interviewed a Catholic woman with a disability to understand how the woman's different identities— gender, spirituality, and disability— intersected with one another. She asked the woman about her experience of suffering. Her many identities merged as she told stories about her difficult childhood, being born with a disability, and experiencing sexual abuse by Church clergy. She experienced many forms of suffering, but not all of them were related to her disability. She viewed her Catholic religion both as a source of suffering and as a haven from the suffering and a way of coping with it. The open-ended approach and emphasis on personal identity provided

in-depth and rich responses. The study took a narrative approach and homed in on the participant's personal experiences with suffering throughout her lifespan. "Suffering" was the focus of this study and not necessarily disability. Focusing on "suffering" frames disability in a certain (likely negative) light and may bias the participant's responses about her experiences with disability. This study was a case study. Research on case studies shows that there are many limitations in generalizability and diversity that are coupled with single-participant research (Taber, 2000). Lastly, like other studies on spirituality and disability, it ironically did not address spirituality directly. It assumed religion and spirituality were a singular concept.

According to research on disability and spirituality, someone's disability identity can be influenced by his or her spiritual beliefs (Chen, Grover-Glaf, & Marini, 2011; George et al., 2000; Selway & Ashman, 1998). Although spirituality does not necessarily depend on physical features, one's physical experiences influence the way they internalize spiritual experiences. In a relevant study, George et al. (2000) found that religious beliefs mediate life experiences and attitudes and cognitions about them, creating religiously-inspired perceptions of one's self and the world that can influence one's sense of self; however the link between spirituality and disability is less obvious. Spirituality, being a more fluid and less-defined concept, has not been linked as clearly to health-related self-image, but in research the link has been implied through the relationship between religion and disability. Despite these connections between disability identity and religion, there is currently no known theory regarding the relationship between spiritual and disability identity. It is unclear from the research which factors of spirituality influence one's disability identity.

Culture also appears to play a role in how disability identity and spiritual identity relate. Selway and Ashman (1998) note the importance of culture as a mediator between spirituality and

perceptions of disability. Some cultures view disability as a burden or a curse and others see it as a blessing, power, or a cause of care and pity. It is unclear exactly how spirituality and culture intertwine to affect one's perception of disability, but it can be inferred from the literature that the culture surrounding one's spiritual beliefs may indeed affect views on disability.

3. **Spirituality and conceptualizations of disability**

Current research provides little clarity on how religion and/or spirituality influence one's conceptualization of his or her own disability. Conceptualizations of disability of Christian people generally do not follow what is taught by the religion's texts (George et al., 2000). Overall, people with disabilities who also practice a particular spiritual faith present a conceptualization of disability that is a hybrid of religious teaching and personal experience. Many factors, including spirituality, can affect how exactly disability is perceived (Creamer, 2003).

a. **Personal conceptualizations of disability**

Analyzing religious texts by themselves does not give us a good idea of how religion is internalized into a sense of disabled self. A clear example of this from Muslim spirituality is Jinn-possession, the idea that Satan can cause one to "go mad." Jinn-possession is a popular belief about disability that Muslims hold but that is not found within the Muslim religious book, the Qur'an (Islam & Campbell, 2012). Several studies have explored the discrepancies between religious texts and the interpretations of such texts by followers of other religions: Christianity and Judaism (Abrams, 2007; Deland, 1999; Herzong Jr., 2006). Most of these studies have shown that people find positive interpretations of the negatively-themed texts, and this is particularly true with Christianity and the Bible (Deland, 1999; Herzong Jr., 2006).

This contradiction is certainly applicable to views regarding disability. The first section of this paper focused on the emphasis on ableism in the Bible (Deland, 1999). Most stories in the Bible portray disability as a negative thing; however, not all people with disabilities view their disabilities in a negative way (Abrams, 2007). In fact, many people with disabilities view their disabilities as a positive aspect of their lives and even choose to identify only with the positive portrayals of disability found in the Bible (Eiesland, 1994). This apparent contradiction within one's spirituality has sparked the creation of new forms of spirituality focused around disability identity and cultures. It aims to reduce cognitive dissonance among spiritual people with disabilities.

A study by Deland (1999) examined how people with disabilities view and conceptualize the image of God. In this qualitative study Deland interviewed nine experts in the field of Christian theology who also had physical or sensory disabilities. She asked them questions about the image of God, traditional moral and charity model conceptualizations of disability according to Christian theology, and ableism in the Bible. Based on responses in this study, themes arose in the participants responses regarding Christian conceptualizations of disability. Wholeness, vulnerability, equality, God's love, and uniqueness were themes that emerged regarding Christian ways of conceptualizing disability. Many of the participants' conceptualizations of disability fell in line with the charity model of disability. This study provided expert, scholarly thoughts on how the image of God relates to people with disabilities. It did not provide information about how non-scholarly people with disabilities view God. The study focused heavily on the concept of "images" of God and conceptualizations and did not explore emotional components of Christianity and disability. Furthermore, this study limited its participants to Christian persons, and it did not distinguish between spirituality and religion.

b. **Formalized theologies of disability**

Christianity appears to be the only religion that has engendered formal theologies of disability that embraces disability as a valued part of life and society (Blair, 2003; Eiesland, 1994; Hull, 2003). These theologies are important, though sparsely known about outside of the field of disability studies. The “Limitness Model” is one such theology that has developed out of the cognitive dissonance of Christians with disabilities between their life experiences and their religious teachings (Creamer, 2003). It is called the limitness model because it emphasizes the experiences of all people who encounter limitations in their daily lives. Theologically, the limitness model relates to original sin; just as all people are born with the sin of Adam and Eve, all people are born with limitations. Instead of discouraging talk of suffering due to disability, the limitness model encourages all people to talk about suffering in their own lives and realize that suffering is a shared experience that makes us human. There are no such concepts as “normal” or “disabled” suffering.

A theology of disability developed by Nancy Eiesland (1994) takes the Christian symbols of Christ’s crucifixion and the Eucharist and turns them into poignant and respectable evidence that God is indeed disabled, shedding a positive and inclusive light on disability. Some themes are already important in the church and can be further incorporated into a theology of disability. The first of these themes is embodiment. Embodiment refers to a person (in this case God) who represents an abstract quality (in this case wholeness and connection). Embodiment is a key topic within Christianity and it is of particular importance to people with disabilities. God must embody disability in a way that promotes wholeness and connection instead of shame and taboo. The second theme is reclaiming religious symbolism. Religious symbols can be reclaimed and used to promote rather than denounce disability. Symbols that are harmful must not just be

ignored, but rather replaced and reconceived. The symbol of the Eucharist in particular is central to a theology of disability. It is a reminder that Christ's body, which was broken with his crucifixion, is a real connection with wholeness and God. The pinnacle of the Christian religion is in Christ's resurrection with his broken body. Emphasizing embodiment and replacing Christian symbols in a way that embraces disability means that disability is no longer a consequence of individual sin, but rather a natural and universal human experience. Disability is then human wholeness.

Eiesland's theology of disability educates followers about the image of God as a disabled being and therefore eases the cognitive dissonance of Christians with disabilities by using Bible-based curricula. While the theology appears to effectively combine tenants of Christianity and of the social model of disability, it is not well-known or well-practiced. This theology may prove to be helpful in creating a positive perspective of disability within Christianity if adopted by mainstream Christians with disabilities. As of now its obscurity and lack of popularity rule it moot. A unified conceptualization of disability from a Christian spirituality standpoint has yet to be identified.

4. **Spirituality and feelings about disability**

Grossoehme, Ragsdale, Snow, and Seid (2012) suggest that spiritual beliefs and feelings about disability evolve together and impact each other, as evidenced in their study on coping and spirituality in parents with children who have a disability. Their longitudinal, grounded theory study interviewed parents of children recently diagnosed with cystic fibrosis (CF) about their feelings toward this disability diagnosis and how their feelings were affected by their religious beliefs. Twelve Christian families were asked about how they use their religious beliefs to help them deal with their child's disability. Themes found in the responses of

participants were as follows: parents viewed parenting a child with CF as a calling by God, they felt as if having a child with CF was part of God's plan, and they also used their religious beliefs and congregation as a social support system. The way they dealt with their child's disability using their religious beliefs evolved over time. In summary, parents found religious meaning behind their child's disability to help them positively cope with the disability. This study used a family context rather than a first-person account of disability coping. Furthermore, the study was very disability-specific and not cross-disability. Grosseohme et al. (2012) discuss religion, not spirituality, and limit their sample to only Christian participants. Similar results to this study were found by Treloar (2002). Participants in her study were also Christian parents of children with disabilities (this time various physical and intellectual disabilities) and used their spirituality to find positive meaning behind the challenges related to their child's disability.

Just as conceptualizations of disability within Christianity can be viewed as both positive and negative, Christian spirituality can encompass both negative and positive feelings about disability. The literature contains conflicting evidence about whether there is a positive or negative correlation between spirituality and feelings about disability. First of all, there is no clear connection between spirituality and overall quality of health. A study by George et al. (2000) found that general spirituality was mostly positively correlated with overall health in previous studies, but the authors also acknowledge that there is a subgroup of spiritual people whose health is negatively affected by their spirituality. Just because someone practices spirituality does not mean that he or she is necessarily more healthy than someone who practices no form of spirituality.

One mechanism through which spirituality may affect health that will be looked at in this section is coping. Coping with a disability refers to dealing with any problems that are related to

one's disability, reducing stressors caused by these problems, and gaining control over one's disability (Martz & Livneh, 2007). Coping is important to look at when studying feelings about disability because coping often mediates experiences and emotional reactions to experiences. Coping with disability is a key part of many people's experiences with their disabilities.

a. **Positive impact of spirituality on feelings about disability**

George et al. (2000) identifies three mechanisms through which spiritual practices positively affect health. One is through encouraging an individual to engage in more positive health behaviors, another is by providing an additional source of social support, and the final is through the "coherence hypothesis": helping one understand his or her role in the universe and bring meaning to life events. These can all help one positively cope with problems related to his or her disability. Spirituality, therefore, is seen here as having a positive relationship with one's perception of his or her own health or disability.

Park and Dornelas (2012) found in a study of religious coping after heart attacks that finding spiritual meaning behind a negative health event helped people deal with their medical conditions. Finding meaning behind disability is one facet of the charity model of disability, a way of conceptualizing disability using spirituality (Longmore, 1987). Through the charity model of disability, people can create positive feelings about their disability by using their spiritual beliefs.

A study by Flannelly, Ellison, Galek, and Sifton (2012) found that people who believe in life after death (one facet of some spiritualities) show lower negative psychological outcomes compared with those who do not believe in life after death. The researchers in this study broke apart the group of people who believe in life after death and found that there are two different types of people who believe in life after death: those who believe in a cynical world in which

negative events will happen regardless of one's actions, and those who believe in an equitable world in which one's outcomes depend on his or her actions. Those who believe in a cynical world had lower psychological outcomes related to their health. While this study produced interesting findings, it must be noted that the authors used the belief in life after death as an indicator of spirituality. Not all spiritual people believe in life after death, so the findings are not completely generalizable. Nevertheless, this study is evidence that the link between spirituality and health needs to be parsed further than preliminary studies suggest. While some studies may show a positive link between spirituality and health perceptions, it appears that the relationship between these two variables is more complex than is described in the majority of the literature.

b. **Negative impact of spirituality on feelings about disability**

To add to the complexity of this topic, several studies illustrate that there may be a negative relationship between spirituality and health. There are a few large-scale studies that show that coping skills influenced by spiritual practices are connected to negative psychological outcomes. Chen et al. (2011) found that people with multiple sclerosis had both positive and negative connections between spirituality and disability. Those who had a negative relationship between spirituality and disability reported three types of reactions to their disability: anger toward God for making them disabled, difficulty practicing their spirituality due to their disability, and feeling shame about having a disability because they viewed disability as a punishment for sin or wrongdoing.

Selway and Ashman (1998) performed a textual overview of literature in the field of religion, disability, and health. According to their findings, the majority of large-scale, quantitative research shows that spirituality and religion have a positive impact on spiritual coping, but smaller-scale qualitative research and case studies show that spirituality and religion

can influence negative coping with one's disability. Overall, they call the link between disability coping and spirituality "contradictory"; however, the research is sparse and filled with gaps. Furthermore, the authors did not make a clear distinction between religion and spirituality in a meaningful way while exploring the literature.

c. **Types of spiritual coping and disability**

It is unclear how Christianity, with its mixed connotations surrounding disability, can help people with disabilities deal with the everyday struggles associated with disability. Kaye and Raghavan (2002) positively correlate spirituality with acceptance of negative life events, such as acquiring a disability. Selway and Ashman (1998) have found that families that adhere to a set of religious or spiritual beliefs promote positive coping strategies within the family. Other studies show that spiritual beliefs have negative effects on coping with one's disability, especially when one adheres to rigid religious beliefs (George et al., 2000). Because of its powerful emotional sway, it is important to understand spirituality's role in the coping strategies of people with disabilities.

One theory about spirituality and coping is that one's spiritual coping style can affect how persons view their own body and disability. According to this theory, there are two forms of spiritual coping: positive spiritual coping and negative spiritual coping (Chen et al., 2011; George et al., 2000; Park & Dornelas, 2012). Positive spiritual coping involves using religion to effectively deal with problems, such as "trusting God's plan" to decrease anxiety over the unknown or seeking support from worship members. Negative spiritual coping involves feeling negative emotions spurred by one's religious identity, such as feeling that God is punishing people with a disability or getting angry at God for putting them through a disability (Park &

Dornelas, 2012). Spiritual coping appears to be used complexly and extant research is insufficient to understand these spiritual coping styles and why they are used.

While spirituality and religion are important factors in determining how someone copes with disability, other factors may also play a role. Johnstone et al. (2012) found that personality was a greater predictor of coping than was spirituality. They did a study of 160 people from six different religious groups. They gave the participants quantitative measures on spirituality and personality. They did group comparisons using ANOVA's and predicted relationships between variables using hierarchical regression. They found that people of different religious beliefs reported having different personality characteristics. They also found that positive coping strategies among participants were related to both increased spirituality and increased positive personality traits. Hierarchical regression showed that personality was a greater predictor of coping than was spirituality. They concluded that spiritual variables, after controlling for personality traits, predicted little variance in overall health-related coping. This adds the additional dimension of personality to the link between spirituality and coping with disability, but the mechanism through which religious beliefs translate into views on disability is unknown.

d. **Impact of disability on spirituality**

Conversely, there is no solid evidence on whether coping with a disability strengthens or weakens spiritual fervor. Kaye and Raghavan's (2002) research shows that one's self-reported spirituality often strengthens after a new health diagnosis, such as AIDS. But contradictory evidence exists. Thune-Boyle, Stygall, Keshtgar, Davidson, and Newman (2011) found that the relationship between spirituality and health diagnoses, including disability, are complicated. Most of the individuals in the study were Christian, and they showed no change in the fervor of their religious or spiritual beliefs following a breast cancer diagnosis. The impact of

disability on spirituality remains unclear and does not appear to follow the same patterns as the impact of spirituality on disability.

e. **Disability accommodations for spiritual congregations**

Lastly, while many forms of religion and spirituality preach acceptance of all people, including people with disabilities, their texts usually portray disability negatively, thereby encouraging no real inclusion of people with disabilities into a congregation as they preach should be done. Because of this, a program on disability inclusion in religious congregations was created called the Religion and Disability Program, established in 1989 as an interfaith, committee-run effort (Herzong Jr., 2006). Despite its projected interfaith approach and universality, the program reached only Christian religious groups. A handbook developed in the program addressed physical accessibility issues in places of worship and appropriate language to address the disability community. There appeared to be positive feedback about these efforts, but no outcomes have been empirically measured.

5. **Atheism and disability**

While Christianity represents an important spiritual group because of its worldwide popularity and intra-faith diversity, atheism is an important spiritual group because it represents a growing subset of the world's population and is sparsely researched (Hwang, Hammer, & Cramer, 2011). Atheism, by definition, is the disbelief in gods, deities, or theologies (Caldwell-Harris, Murphy, Velázquez, & McNamara, 2011). Many researchers also use the term "secular" which means non-religious (Pasquale, 2012) and "agnostic" which means uncertain about the existence of gods or deities (Hwang, 2008). Because of the ambiguity surrounding these terms and their interchangeable use by scholars, the term "atheism" will be used in this

literature review (Pasquale, 2012) and the umbrella term “atheists/agnostics” will be used in this paper to refer to people who identify as secular and non-religious.

Around 10% of Americans identify as “atheists” (Hwang, 2008). Despite this seemingly large minority, atheism remains a socially-stigmatized label (Pasquale, 2012). Researchers in the field of social science interested in atheism had very little literature to work with until about ten years ago. Current research by these scholars aims to describe the lives of atheist and agnostic persons, mostly through self-report data. The primary goal of contemporary research on atheism is to represent the atheistic minority. The secondary goal of atheism research in the social sciences is to dispel the stereotypes and discrimination against non-religious people. Research on atheism in the United States is especially important due to cultural differences between the U.S. and other countries. It appears that the U.S. has a unique culture in which atheism is not as common as in European cultures, for example, and it is stigmatized in a unique, systematic way.

a. **Atheism and historical discrimination**

Historically, atheism has been socially linked with psychiatric abnormality. Not believing in a God was once considered “abnormal,” “punishing,” and viewed negatively by society (Hwang, 2008). Even today, many people assume that atheists/agnostics are less accepting toward people with disabilities than are religious people (Hwang et al., 2011; Lifshitz & Glaubman, 2000). Stereotypes linking atheism to negative characteristics have given the general public the impression that atheists are immoral and abnormal (Hwang, 2008; Hwang et al., 2011). This bias continues into all types of research, including social science research (Pasquale, 2012). Finally, most researchers, when they include atheists and agnostics in research studies, treat them as a control group rather than a distinct social group, which does not give full representation of non-religious people in research studies (Hwang et al., 2011).

i. **Atheism and health**

Evidence of a link between theism, or belief in a god, and positive health outcomes is mixed. Theism is a difficult construct to conceptualize and to operationalize; it is not inherently separate from spirituality. As discussed previously, religion and spirituality are separate constructs. People can be non-religious (atheist) but also be spiritual (Kaye & Raghavan, 2002). Many studies work off the false assumption that atheist people are also not spiritual (Hwang, 2008). Thus, many religion and health studies may have inadequate construct validity. Furthermore, there is a social bias to report evidence of a positive link between religion and positive outcomes and not vice versa, known as the “pro-spirituality bias,” which will be discussed in-depth in the following section (Hwang et al., 2011).

ii. **The pro-spirituality bias**

The pro-spirituality bias is a social bias for researchers to report evidence of a positive link between religion/spirituality and positive social and health outcomes instead of vice versa (Hwang et al., 2011). This bias creates the false sense that positive outcomes are linked to pro-spirituality and negative outcomes are linked to lack of spirituality. Evidence of this pro-spirituality bias is found in a study by Lifshitz and Glaubman (2000). They found that Jewish students were more inclusive toward people with disabilities compared with secular students; however, the authors also mentioned that this correlation was not as strong as the correlation between the students’ major in school and inclusion toward people with disabilities. It appeared that there were characteristics that affected acceptance more than spiritual beliefs or lack thereof, but the researchers chose to report the link between spiritual beliefs and acceptance. Longstanding negative stereotypes of atheism have led people, including researchers, to attribute negative characteristics to atheism rather than other variables.

There is a pervasive type of pro-spiritual bias in health research wherein many social science theorists assume spirituality and/or religion to be an important part of every person's life or as a vital part of one's quality of life (Allison, Locker, & Feine, 1997). This automatically suggests that people who are not spiritual or religious will have lower quality of life, even when they have positive experiences in other areas of life. Elkonin, Brown, and Naicker (2012) preach the importance of including a spiritual component in clinical practice by implementing the biopsychosocial-spiritual model into clinical training. While spiritual sensitivity is important, it is important to respect that not everyone practices spirituality (Hwang, 2008).

Hwang, Hammer, and Cragun (2011) encourage researchers to look for positive outcomes in atheist/agnostic populations. Their call reflects a concern that non-theistic people are subjected to a type of hegemony of spirituality in social science research that demands greater awareness of and protection from this form of potential discrimination in research.

b. **Atheism research within the field of disability**

People with disabilities who identify as atheist/agnostic are an under-researched group. Interestingly, atheism is disproportionately common among people with Autism Spectrum Disorders (Caldwell-Harris et al., 2011). This makes the inclusion of atheists and agnostics even more important in disability research. Furthermore, current research documents that people with disabilities are less likely than people without disabilities to see religion as an important facet of their lives (Hendershot, 2006). This may be related to the fact that religious buildings and institutions are not always fully accessible, physically and attitudinally, to people with disabilities. Because a connection to religion is not as common among people with disabilities as it is within the general population, they are a good group to target for research across the spectrum of spiritual affiliation.

Hwang et al. (2011) and Hwang (2008) offer suggestions on how to incorporate atheist/agnostic groups into research. First of all, they suggest that the word “spiritual” needs to be defined in research so that it may include atheists and agnostics. In that vein, religion and spirituality must be treated as separate constructs in research. Second, there needs to be a greater recognition of atheism as a social identity. Atheists/agnostics are not merely a homogenous control group but rather a heterogeneous minority cultural group. Third, questionnaires in the social sciences should be designed with non-theists in mind. This includes quality of life questionnaires that include spirituality subscales. These measures should try to avoid discrimination and biases against people with no spirituality. Fourth, the positive aspects of being secular rather than spiritual must be represented in current research. Researchers must actively work to avoid the pro-spirituality bias. Finally, Hwang (2008) suggests that clinicians and researchers examine their own spiritual biases to ensure that they are not unjustly stigmatizing people of certain spiritual identities or against people who do not identify spiritually.

B. **Summary of Past Research and Gaps**

Overall, from the extant literature, we can draw some conclusions about the relationship between disability and spirituality. Many religions, including Christianity, reference disability in their texts (Bazna & Hatab, 2005; Hersh & Hughes, 2005; Merrick et al., 2001). In Christianity, textual references to disability encompass two main types: as a metaphor for spiritual impurity (Deland, 1999), and as a medical condition to be pitied (Blair, 2003). Although Christian texts reference disability in mostly ableist ways, Christian people themselves interpret disability in both negative and positive ways (George et al., 2000). Theologies of disability that promote

disability in a positive light in conjunction with spiritual texts have been created, but have not yet gained popularity in spiritual practice (Eiesland, 1994).

Spirituality and religion are distinct concepts in which spirituality refers to general belief in a higher power or relationship with the divine and religion refers to formalized practices of beliefs and relationships (Kaye & Raghavan, 2002). Spiritual coping refers to the way in which people use spirituality to deal with negative events, including dealing with disability (George et al., 2000). People can use spirituality to cope with problems related to their disability in both positive and negative ways (Park & Dornelas, 2012).

Atheists/agnostics are a distinct spiritual group that are often stigmatized and excluded from social science research, especially disability research (Hwang, 2008; Pasquale, 2012). The underrepresentation of atheists in spirituality research and the operation of pro-spirituality biases may help account for the lack of positive correlations between atheism and positive psychological outcomes (Hwang et al., 2011).

Past research on disability and spirituality reveals gaps in our knowledge in several areas. Researchers know that there is a discrepancy between the representation of disability in the Bible and how Christians view their own disabilities. This study sought to determine how Christians with disabilities reconcile the Bible's disability narratives with their own conceptualizations of disability.

Similarly, researchers know that people use spirituality to cope with disability in both negative and positive ways, but little is known about how and why each type of coping occurs. This study examined and described how people use spirituality to deal with problems related to their disability in positive, negative, and neutral ways.

Finally, we know that atheists/agnostics are an understudied population in the social sciences; therefore, we know very little about their spiritual experiences (or lack thereof) and how they might relate to someone's experiences with a disability. More research needs to be done with populations of atheists with disabilities in order to determine what their thoughts and feelings about disability are. This study has a group of atheist/agnostic participants who answered questions about how their spirituality or lack thereof impacts the way that they think and feel about disability and how they deal with problems related to disability.

II. CURRENT STUDY

A. **Research Questions**

The research questions for this study were: 1) How do people with disabilities' spiritual beliefs affect their conceptualizations of disability?; and 2) How do people with disabilities' spiritual beliefs affect how they feel about disability?

B. **Theoretical Framework**

Several theories and concepts guide the current research in its design, approach, and academic perspective.

1. **Contemporary theologies of disability**

A contemporary theology of disability called a liberatory theology of disability pioneered by Nancy Eiesland is a theoretical framework for the current study. Eiesland (1994) writes about this theology as a Christian perspective that embraces disability and increases participation and acceptance of disabled persons of faith. According to Eiesland, the premise of this theology is that the Christian God is not able-bodied but rather bodily broken, and this broken body is at the heart of the Christian church's practice and ideology. This theology has roots in the minority and social models of disability (see next section), like the current study. Because disability denotes a unique relationship with God, Eiesland (1994) states that because disability denotes a unique relationship with God, researchers must explore spirituality in a disability-guided way.

2. **Models of disability**

The moral and charity models of disability are often viewed in relation to religion and spirituality. Because these models have been the predominant way of thinking for so long, they have profoundly influenced how disabled people view themselves and how society views

persons with disabilities. The moral model of disability in particular was the reigning way of thinking about disability before the advent of modern medicine, and still shapes thinking about disability today (Longmore, 1987). The moral model defines disability as a defect caused by sin (Goodley, 2010a). It could be caused by one's own sin or the sin of one's ancestors, but it is conceptualized as inflicted onto someone by a deity (God or otherwise). Historically, the moral model encourages people with disabilities to feel shameful of their physical conditions because they are a mark of moral lapse.

The charity model of disability is the modern evolution of the moral model. There still are moral undertones to this model, but in a seemingly positive way. The charity model views disability as a condition to be pitied and views people with disabilities as needing to be helped through the welfare of others (Shakespeare & Watson, 2002). This model is consistent with many themes expressed in the Christian Bible about disability: that people with disabilities should be pitied (Blair, 2003) and that people without disabilities should help people who have disabilities (Eiesland, 1999). This model of disability also encourages one to seek purpose and meaning from his/her disability, especially in a positive way (Shakespeare & Watson, 2002). While this perspective arguably promotes a more compassionate and positive view of disability over a harshly negative one, treating disability as a condition that needs love and care from people without disabilities can promote a disguised stigma toward people with disabilities (Eielsand, 1999).

Although awareness of the historical significance and staying power of the moral and charity models of disability informs the current study, it is theoretically guided by the contemporary minority and social models of disability. While not inherently linked to spirituality, the minority and social models are modern conceptualizations of disability for

people of varying faiths. The minority model of disability's premise is that people with disabilities are a minority social group, analogous in some ways to communities defined by race, gender, or sexual identity (Goodley, 2010a; Hahn, 1985). Many people with disabilities claim a unique disability culture that shapes other aspects of their lives. One's identity as a person with a disability can intersect with other identities, including one's religious or spiritual identity, and the two identities interact with one another (Goodley, 2010b; Turmusani, 2001).

The social model defines disability as the negative social treatment directed toward people living with a bodily or mental impairment (Goodley, 2010a; Oliver, 1996). Disability itself is a social, not a medical, construct (Goodley, 2010a; Hahn, 1985); however an impairment is a medical condition that may or may not result in any kind of social consequences. These social consequences are what are viewed, by the social model, as a disability. According to this model, people with disabilities do not have anything inherently wrong with them; instead it is society that has failed to adapt to people with disabilities' differing ways of being (Hahn, 1985). For example, a person who has had a spinal cord injury uses a wheelchair to get around. Her impairment is the spinal cord injury. Her disability is that she cannot get into buildings that do not have ramps, elevators or are not otherwise accessible. The social model is most widely-accepted in disability studies research (Oliver, 1996). There is some evidence of incorporation of the social model into both traditional and contemporary religious descriptions of disability, (Schumm & Stoltzfus, 2007; Eiesland, 1994) but for the most part, the field of spirituality and disability is guided by the moral and charity models.

3. **Personal interest in the research**

Qualitative, constructivist research in general requires the researcher to be open about her personal background, initial biases, and opinions regarding the research; only then can

the research be evaluated for validity (Mertens, 2009). Grounded theory approaches in particular encourage the researcher to be reflexive regarding personal experiences, biases, and predispositions while conducting research (Glaser, 1992).

I will take the next paragraph to speak transparently about my personal interest in the research topic. Spirituality has played a significant role throughout my life. I grew up in a number of different Christian-denominated churches. Throughout my life, I often noticed the lack of positive representation of minority populations (women, people with disabilities) in the teachings of these churches. Later in life, I began to self-identify as an agnostic atheist. Today, I believe that my lack of belief in deities and my self-identification as an atheist has had a large impact on my identity and values. Disability is another interest in my research due to both personal experience with a disability and a general inclination toward minority studies. I sometimes self-identify as a person with a psychiatric disability. Since childhood, I have struggled with depression and anxiety. When I need medication, therapy services, or health care, I must identify as a person with these disabilities. Most times I do not identify this way and can pass as non-disabled. Regardless of my own personal experience with a disability, I strive to accurately represent people with disabilities in my work; I am currently a graduate student in disability studies at the University of Illinois at Chicago.

III. METHOD

A. Design

1. Grounded theory

Grounded theory was the approach to research used in this study. Glaser and Strauss (1967) illustrated many reasons why grounded research might be a preferred approach in qualitative research. It is especially useful in qualitative research that is exploratory, when little is known about a research topic, in order to create depth of knowledge of a particular topic. Grounded theory involves a systematic qualitative coding of information into an inductive theory that describes the information to answer the research questions (Glaser, 1992). Grounded theory approach avoids forming any prior conclusions on the topic of interest and lets the data, rather than the literature, dictate interpretations. Some observers might argue that the current study was not pure grounded theory research, because I have conducted a literature review prior to beginning data collection and have discussed theoretical frameworks that sensitize my search for meaningful information. Nonetheless, the current study did adhere to essential elements of grounded research, including avoiding a priori hypothesizing about the data, finding primary and secondary themes, ongoing analysis throughout the research process, and the goal of formulating an overarching theoretical statement or conclusion to address the research questions. A grounded theory researcher should not be committed to any preconceived theories surrounding the research topic before entering the data collection stage. The literature review alerted me to previous findings and remaining questions relevant to the topic, but I did not use it to develop any hypotheses surrounding the data. Information from conducting a literature review provided direction for articulating the primary research questions. These elements from the literature indicated gaps in the knowledge base and serve as “sensitizing concepts” (Patton, 2001) that

orient the researcher to potentially interesting areas to examine but are not hypotheses to be tested. In this kind of research, the researcher can be “sensitive to,” and check the data for, findings related to the literature without imposing those findings on the data. An example of a sensitizing concept in the existing literature on spirituality and disability may be the use of spirituality as a coping mechanism. This concept was the basis for several questions in the study questionnaire.

2. **Qualitative methods**

Because there are no developed theories to guide this investigation, qualitative methods are important as a means to explore the research questions. Qualitative methods allow for examination of important constructs and relationships that emerge in the data and will allow for a comprehensive examination of facets of the research topics in order to pave the way for future research in this field (Mertens, 2009). Patton (2001) encouraged researchers to use qualitative research methods when they coincide with a study’s human-focused values. Taking into consideration the wholeness of a person instead of separate quantified aspects of an individual allows the results to be more reflective of and guided by the population being studied.

3. **Methodological examples for research on disability and spirituality**

Studies by Black (2012), Deland (1999), and Grossoehme et al. (2012) provided models for qualitative research on how spirituality influences one’s view of disability. These studies provided inspiration for the current study’s measure and interview questions, grounded theory approach, and first-person narrative design. Extending their approaches further, the current study used a sample of multiple participants (in contrast to Black’s study [2012]) with disabilities (in contrast to the study by Grossoehme et al. [2012]) who are not experts on the

topic (in contrast to Deland's study [1999]) and used the geographically and temporally flexible method of semi-structured online interviews.

The study was conducted with people with disabilities who self-identify spiritually as either Christian or atheist/agnostic. The goal of the study was to find out more about how the thoughts and feelings about disability of people with disabilities relate to their spiritual beliefs.

The study's research questions were investigated via an email interview study using e-mail interviews. Participants could answer in their own words in an open-ended manner. Email was the chosen method because it was convenient for participants to use and enhanced accessibility for people with disabilities who might have difficulties traveling to a research site or who have speech difficulties. Qualitative methods permitted exploration of a little-known area of research and the identification of themes and topics to guide further research on spirituality and disability. Qualitative methods are often used when the research is exploring a topic for which there is little empirical evidence (Patton, 2001).

This research study was approved by the Internal Review Board at the University of Illinois at Chicago (protocol #2013-0352) (see Appendix A for IRB approval letter).

B. **Participants**

1. **Recruitment procedures**

Recruitment announcements were posted on social network sites catering to various groups of people with disabilities (see next section for the sites used). The social network sites used for recruitment were chosen because they welcome research recruitment and because they deal with spirituality issues periodically within the network.

Interested volunteers were asked to contact me, the primary researcher, via the study's email address. My faculty adviser's contact information was also listed on the recruitment

announcement. Nineteen volunteers contacted me with interest in participating. One of the volunteers called me via phone because he was not able to use a computer due to his disability. I informed him that, because of IRB and consent procedures, the interview was email only. This volunteer declined to participate. Another volunteer contacted my faculty adviser, who forwarded the information for me to follow up. All volunteers were sent the study's modified consent form and interview via email. Of the 18 volunteers who received materials, ten completed the interview and emailed it back to me. These ten participants composed the final sample. In the course of the interview, I followed up with a total of seven of the participants to ask for clarification of their answers and received responses to the follow-up questions from four of the participants. Interviews that were completed and sent back to me were used to compile the data for this study even if the participant did not respond to the follow-up questions. I felt that enough information was available from the participant's initial responses to use in the final research data.

2. **Recruitment sites**

The following social network sites were targeted for posting recruitment announcements: 3E Love's Wheelchair Heart Facebook page, Reddit's disability topic page, and forums at Youreable.com.

a. **3E love's wheelchair heart facebook page**

The 3E love wheelchair heart facebook page is a product page on the popular, worldwide social network site facebook.com. It engages individual facebook users who are involved in the disability community and allows them to socialize, share knowledge, and also markets branded products. This page was chosen because it engages persons with a variety of

disabilities in many different topics of discussion, including, but not limited to, spirituality. I was given permission in advance to post research requests on this page.

b. **Disability topic page on reddit**

Reddit's disability topic page is a message board community for discussion surrounding disability on the popular, worldwide social network site reddit. Users on this site can post and discuss a variety of websites, videos, and discussion topics relating to disability. This site was chosen because of its expansive user network and the large amount of general users who are non-religious. The site frequently discusses spirituality and related topics. I was given permission in advance to post research requests on this page.

c. **Forums at youreable.com**

Youreable.com is an online community for people with disabilities based in the UK but frequented by users worldwide. Forums on this site discuss a variety of topics dealing with everyday life with a disability and specifically spirituality and religion. There is a thread on the forum specifically for posting research requests, which is where I posted the recruitment announcement for this study. The recruitment announcement was posted on the social network site's main page for the Facebook sites, the sub forum for disability on Reddit, and the section specified for research requests on the Youreable.com Forum.

3. **Inclusion criteria**

Inclusion criteria for this study were delineated in the study's recruitment announcement as follows:

- Participants must be age 18 or over.
- Participants must be residents of the United States.

- Participants must self-identify as a person with a disability.
- Participants must identify spiritually as either Christian or atheist/agnostic.

Participants had to be over the age of 18 so that they were legal adults in the U.S., where the study was conducted and could give consent to participate. There are many cultural issues that affect one's spiritual or disability identity. For example, identifying as an atheist in the U.S. has different social and cultural consequences compared to identifying as an atheist in Sweden. Comparably, persons with disabilities who live in the U.S. have different social and cultural standards than persons with disabilities who live in Ghana. The research focused on cultural issues just within the U.S. to create a more homogenous group of participants.

Participants had to identify as a person with a disability because first-person accounts of what it is like to live with a disability currently were required for this study. The group of atheist/agnostic was chosen because there is very little extant research on atheists and agnostics as a cultural minority. Christians were chosen because they are the largest spiritual group in the U.S. and the identity of Christianity encompasses a large variety of denominations and beliefs.

4. **Participant demographics**

Ten participants were used for the final sample for this study. Due to its small sample size, the current study was conducted as a pilot study to inform future, larger-scale research. Of the ten participants in the final sample, nine provided demographic information during the interview. Except for race, the participant sample is diverse, particularly in terms of age, gender, spirituality, and disability type. All nine of the participants who completed the demographics portion of the interview identified as White or Caucasian. Three participants listed their gender as female; six listed their gender as male. The participants ranged in age from 22 to 64 and half of the participants (five) were in their 40's. Five participants said that their

spirituality was some form of Christianity (e.g., Catholic or Christian). Five participants said that their spirituality was one that would categorize them as atheist/agnostic (e.g., atheist, Unitarian, Buddhist, agnostic atheist). The following disability types were represented by participants in the study: psychiatric disabilities, cognitive disabilities, spinal cord injury, seizure disorders, and other physical disabilities. Some disabilities were visible and some were less apparent. Seven participants listed more than one disability. Six participants said that they acquired their disabilities in childhood and four said that they acquired their disabilities in adulthood. One participant who had more than one disability acquired one disability in adulthood and others in childhood.

To protect participants' confidentiality, I assigned gender-appropriate pseudonyms to each participant and made sure not to use the participants' real names or anything similar to their real names as the pseudonym.

C. **Measure**

An email interview was developed specifically for the purpose of this study (see Appendix B for the interview questions). Email was the chosen format for this study because it is geographically- and temporally-flexible, allows participants to self-pace, and allows for people of varying disabilities to complete it. The email interview was composed of five clusters of open-ended questions querying the participants' spiritual beliefs, disability, and any connection between the two. Specifically, the measure's questions focused on one's spirituality and one's disability. The questions were designed to be answered via email. The participants were informed that the researcher might want to follow up with them about their responses if needed. These follow-up questions were individually determined by the participants' initial responses. An example of a follow-up question was: "You described your feelings toward your disability as

‘love/hate.’ Can you tell me more about what this means to you?” After participants responded to the follow-up questions, final responses were collected and labeled with pseudonyms for analysis.

Questions used for the email interview were created based on a review of the current disability and spirituality literature. Similar questions have been asked in other qualitative research studies. Specifically, the content of this written interview was adapted from Black (2012), Deland (1999), and Grossoehme et al. (2012) who also had conducted qualitative research for people with disabilities on the topic of spirituality or religion. These studies, while having elements in common with the current research, were not designed to answer the current research questions.

A set of optional demographic questions was included at the end of the interview. These questions allowed me to investigate intra- and inter-group differences between participants based on their race/ethnicity, gender, age, and age at which they acquired their disability.

D. Analysis

After all participants completed the email interviews, I compiled responses by individual participant. I separated each participant’s interview response record in its entirety from the next participant’s interview record. Responses to each set of questions were color-coded. For example, all of John’s responses to all questions appeared together under the heading “John” and his responses to question one were in red-colored text. Laura’s responses to all questions appeared together after a page break. These responses were labeled under the heading “Laura.” Her responses to question one were also highlighted red-colored text, like John’s responses to the same question. The responses from the five atheist/agnostic-identifying participants came first,

followed by the responses from the five Christian-identifying participants. This created one long text document in different colors that could be referred to as I needed.

The qualitative analysis was consistent with a grounded theory approach. Throughout analysis, I did not rely on pre-conceived ideas from existing literature or past theory. This approach ensured that coding and theme-finding was done with as little bias as possible. I attempted not to take past theory or research findings into consideration while coding the participants' responses. I did not search for data to support current hypotheses or current theories from extant literature. I did not organize the themes in the results based on gaps in the current literature, but rather let the data produce themes and subthemes of its own, even if lingering research questions did not get fully answered. I attempted to keep my interpretation only to the participants' own words and remained faithful to the words that the participants produced. In other words, the participants' words guided the themes rather than having the literature in the field guide the themes.

In coding the participants' responses, I looked line-by-line for data in the responses that were relevant to the research questions. Responses that were coded in this step were short phrases that I thought were relevant to the research questions. Examples of phrases coded in this part of the analysis were references to: God, love, healing, and sacrifice.

I then coded the participants' responses in order to see how different coded sections related to each other. I looked at the context surrounding each of the coded words and formed general ideas, or themes, that the words expressed. For example, a participant may have made a connection between the idea of healing from a disability and the idea of God's love being present in his/her life. Another participant may have also made a connection between God's love and

healing in a different way in his/her response. These connections were noted. Direct quotes from the text of the interviews were selected as evidence for the themes that I proposed.

I then went through another level of analysis determining the key themes within each response as it related to the study's research objectives. These were recurring interrelations between ideas that were expressed throughout responses. They may have been ideas that help answer the study's research questions or any other interesting findings that did not relate to the research questions. Direct quotes from the text of the interviews were again selected as evidence for the themes that I proposed.

Finally, I looked across all participant responses to see commonalities in how themes interrelated to answer the research questions for all participants. I also looked at participants' responses in groups based on spirituality to see how themes differed based on spirituality as a critical demographic characteristic. Spirituality was defined as whether the participants identified as either Christian or atheist/agnostic. Based on this information, I compared the two distinct spirituality groups. I explored spirituality as the primary characteristic for comparison because I did not find any other demographic variables (age, gender, disability type) to have any kind of remarkable pattern except spirituality.

Major themes and subthemes were included in the results of the study. The goal of analysis was to explore the relationship between spirituality and disability in the participants' responses.

In order to scrutinize the data rigorously, themes and subthemes were verified by my advisor to ensure that supportable, evidence-based conclusions were made. My advisor audited a section of my coded transcript to ensure that the coding and derivation of themes was done in a

manner that was trustworthy and faithful to the data. After this confirmability audit, she did not see evidence of bias in interpretations of the data.

IV. RESULTS

Results from this study are described below in the form of major themes and subthemes. Evidence for the development of such themes and subthemes is also provided. See Table I for a summary of the organization of all the themes and subthemes identified in this study.

TABLE I
THEMES AND SUBTHEMES

| Themes | Subthemes | Secondary Subthemes |
|---|---|---|
| Feelings about disability were generally negative | | |
| Dealing with problems related to disability | Perseverance | |
| | Sense of connection | With spiritual congregation With friends and family With the human race With God |
| | Differences between Christians and atheist/agnostics | Christians prayed Atheists/agnostics meditated |
| | Secular ways of managing disability | |
| Conceptualizations of disability | Disability conceptualizations are impairment-centered | Disability was negative Identifying with positive aspects of disability |
| | Atheist/agnostic conceptualizations of disability | Atheists/agnostics had no conceptualization of disability beyond science Medical model Social model |
| | Christian conceptualizations of disability | Christians had conceptualizations of disability Medical model Moral/charity models |
| The complexity of spirituality vis-à-vis religion | Spirituality and religion were distinct Concepts | |
| | Finding one's Spirituality | |

A. **Feelings about Disability were Generally Negative**

Most participants had negative feelings toward their disability. Andy, a 49-year-old agnostic atheist with Traumatic Brain Injury and Post-Traumatic Stress Disorder, described having a “profound dislike” toward his disability and Samantha, a 24-year-old Christian with Generalized Anxiety Disorder, said she “wish(ed) deeply that this problem didn’t affect [her] life.” Maria, a 40 year old Christian with Chronic Fatigue Syndrome and fibromyalgia, described more complicated feelings toward her disabilities. She described the progression of her feelings toward her disability. At first she thought the conditions were “awful,” but that she eventually came to accept them. Even now that she has grown into her disability identity, she still gets “discouraged or depressed” because of problems related to her disability: “severe fatigue, muscle and joint pain, dizziness, and unusual sensitivity to light [and] sound...”

B. **Dealing with Problems Related to Disability**

1. **Perseverance**

Persevering or “getting through” problems related to disability was a distinct theme from multiple participants. Dan, a 64-year-old Unitarian with T5-6 paraplegia, described that he deals with problems related to his disability by encountering his “inner spirit... that keeps [him] going.” He also stated, “I live life to the fullest as best I can.” Zack, a 40-year-old with autism spectrum disorder, epilepsy, stuttering, and learning disabilities, described his method of dealing with his disability quite simply: “I creatively persevere.”

2. **Sense of connection**

a. **With spiritual congregations**

Most participants used a sense of connection with others to help them deal with problems related to their disability. To some Christians who participated in this study, the

group to which they felt connected was their spiritual congregation. Maria talked about the social support that she received from her church's Bible study group. "I... have a Bible study group at my church. They are my primary social community. They have been supportive from the beginning. They've seen me go through different stages of dealing with the illness... The people in the class have fixed meals for me, done errands, helped me with my garden, and supported me in many meaningful ways." Zack also talked about the ways that his church community supported him:

[My spirituality] provides structure for me to socialize. I have difficulty with maintaining appropriate social relationships. I want to, but I can't. The Church enables me to have regular structured contact and conversations with people, albeit short, but regular nonetheless... If you are involved with the Catholic Church, you get some social time as you work with people.

These are practical ways that feeling a sense of connection with others in a spiritual group has helped these Christians with disabilities persevere through problems related to disability.

b. **With friends and family**

To other participants, both atheist/agnostic and Christian, the larger group that they felt connected with was their friends and family. Dan, a Unitarian, and Maria, a Christian, both credited their friends and family as their support groups that have helped them deal with their disabilities. Dan talked about when he first acquired his disability. He said that dealing with disability at first was hard, but he persevered because he was "lucky to have loving friends and family."

Maria said, "I have lots of time with my parents, who took us in when we lost our house. I have some really good friends I met through an online support group for people with my kind

of disability.” Social support from her parents and her friends with the same impairment as her provide her with additional connections to others that help her in unique ways. Maria also mentioned “support groups for people with (her) type of disability” as a sense of stability and positivity in her life. Maria also used the word “interdependence” when talking about how she feels connected to other people. “Because I believe in the interdependence of all people, I know that my life is still important, even though my capacity to do things is diminished.” These connections to others appeared to help regulate the negative emotions that co-occur with problems related to one’s disability and help create a positive sense of belonging with others around them.

c. **With the human race**

Some participants had an even larger picture when talking about belonging to a group. They expressed the importance of feeling interconnected with all human beings. “Humanism” could be a universal theme found in these participants’ responses. Humanism, for the purposes of this study, was described as a connection that humans feel toward each other and a sense of belonging in the human race. This theme was only expressed by atheist/agnostic participants, not Christian participants.

Dan mentioned that his spiritual beliefs related to his belief in “the human spirit.” While this idea of connection was not chemical or biological, it indicated that there was a social responsibility between humans. John, a 22-year-old atheist who has a seizure disorder and migraine headaches, described a similar sentiment about his own atheistic spirituality. “. . . I believe that all human beings are connected chemically and therefore have a responsibility to take care of one another.” He elaborated on this, “I believe that all humans have a responsibility to take care of one another and respect one another’s rights and liberties just simply by being

born a fellow human.” John described his belief in “karma... ‘what goes around comes around.’” According to these participants, human beings are connected to each other because of their desire to take care of other humans.

d. **With God**

God’s love toward all people, especially toward people with disabilities, was a theme that was emphasized in many Christian responses to the interview questions. Christian participants expressed God’s love as a vital part of their identity as a Christian. The theme of God’s love relates to the way in which Christians use a sense of connection with God to deal with problems related to disability. Using God’s love as a way of dealing with disability involves feeling a sense of connection with God.

When asked about her spiritual beliefs, Maria described her identity as a Christian being connected to God, who is “an agent of healing and reconciling love.” God’s love toward particularly people with disabilities was emphasized by several Christian participants. Samantha described the Christian belief in Jesus, who she explains is God in human form, and how he interacted with people with disabilities according to the Christian Bible. “In the Bible, when Jesus interacts with people with a disability, it is clear that he loves them very much.”

God’s love was mentioned by Christian participants when they talked about how they use their spirituality to deal with their disabilities. Jacob, a 48-year-old Christian with quadriplegia, said, “I am one to believe that health is an important issue for God and that he loves me enough to make sure I have scripture references on miracles and healing. Jesus is our Healer... I believe that God cares for everyone, provides all our needs and wants everyone to be in divine health and prosper in all ways.” Samantha concisely talked about how she uses God’s love to make her feel

better when she deals with problems related to her disability. “Because I know that my God loves me and cares for me, I try to remember Jesus when I feel out-of-control.”

3. **Differences between Christians and atheists/agnostics**

a. **Christians prayed**

Christian participants described the important role of prayer as a connection to God when they were dealing with problems related to their disabilities. Maria described her use of prayer in dealing with her disability:

...I do pray about [my disability]. I ask God to take care of me and bring me through the sadness. And I know that other people are praying for me when I can't. I trust God to be with me no matter what... Prayers often include asking God to guide the hands of a surgeon and nurses, take away fear, give peace, and soothe the suffering of the sick person. Sometimes prayer is just lifting up the person and trusting God to take care of him or her in ways we can't even ask.

When Samantha felt like her anxiety was heightening, she dealt with it through prayer. “Often, I will send up a short prayer such as ‘Jesus, be with me.’” She did this to ease her lack of understanding about why her anxiety was happening. “I may not understand why disability and pain are in this world right now, but I do know that while I'm here on Earth, pain will happen.” It appeared that many Christians in the sample used prayer to comfort them, to ease their minds, and to point their attitudes in a more positive direction.

b. **Atheists/agnostics meditated**

For atheist/agnostic participants, prayer was not seen as a method of dealing with disability. Instead mental techniques like meditation and concentration were used. Laura, a 47-year-old atheistic Buddhist with depression, anxiety, and panic attacks, believed that

meditating on her spirituality “has a positive effect and releases [positive] energy.” She narrated, “I have learned to slow down my thinking and breathing... to make my mind stop racing.” Michael, an atheist with “mental bipolarity, ADHD, and ADD,” said he used concentration techniques to deal with his attention problems related to his disability. “[W]hen I miss [taking a dose of] my meds, I have to concentrate and persuade myself to work and behave and such... there is no controlling these kinds of things; they just happen ‘as they please.’” These meditation and concentration techniques can also be viewed as a sense of connection between one’s mind and body. Finding a sense of oneself through meditating appeared to help atheist/agnostic participants deal with disability in much the same way that prayer helped Christian participants.

4. **Secular ways of dealing with disability**

Other ways that participants, both Christian and atheist/agnostic, dealt with problems related to their disability were medication and avoiding triggers to their disability symptoms. Several participants mentioned using medication to deal with symptoms related to their disabilities. Kevin, a 24 year old Catholic with Attention Deficit-Hyperactivity Disorder mentioned his medication regimen in many of his responses. He described how he feels when he takes his medication and how he feels when he does not take his medication. Medication was a common way that participants dealt with disability.

Maria described how she has to be mindful of her environment in order to avoid worsening the negative symptoms related to her disability. “I avoid situations that trigger symptoms. I do what I can to stay home and limit my activities... I also make an effort to stay hydrated and avoid foods that make me feel worse.” Avoiding triggers was also mentioned by other participants as a way of dealing with disability. These methods of dealing with disability (medication and avoiding triggers) were not directly related to the participants’ desire for a sense

of connection with others, but they were used in conjunction with different methods that did involve discovering a sense of connection.

Atheists/agnostics believed that they have unique ways of coping with problems related to disability, but they really used the same techniques as Christians in the study. They believed that Christians did not use proactive measures to deal with disability like their spiritual group did. John made this statement clearly. "...I can't just 'pray it away' and hope the migraine stops. People who have religion probably don't see any other way of dealing with things other than praying, but I see a whole spectrum of options." Evidence from this study showed that atheists/agnostics were wrong in assuming that people who pray were not also proactive in dealing with their disabilities. Maria, a Christian, made it clear that she did not rely on "miraculous healings" from God. She stated, "The way I deal with these issues now is to manage my lifestyle." She made no mention of spiritual techniques to heal her disability; only practical, secular approaches. Other Christian participants presented similar statements: they dispelled the thought that most Christians relied only on prayer in place of proactive treatments during times of suffering. Furthermore, unlike atheists/agnostics, Christians did not make bold statements regarding the coping mechanisms of other spiritual groups.

C. **Conceptualizations of Disability**

1. **Conceptualizations of disability were impairment-centered**

a. **Disability was negative**

Throughout the interviews with participants, there was a pervasive sense that disability was an inherently negative trait. Participants often used the words "suffering" and "struggle" to refer to their disability. For example, John said that he "suffer(ed) from severe migraines that can be debilitating for an entire day." This description of one's disability put

disability in a negative light. The use of the words “suffering” and “debilitating” indicated that the disability had an unwanted impact in his life.

Some participants indicated that they wanted to alleviate problems related to their disability, or eliminate their disabilities altogether. Jacob made it clear that his disability was unwanted. “I don’t want to remain with a disability...” he said. Most participants indicated that they did not like experiencing their disabilities or symptoms related to their disabilities. Based on these data, disability was generally something unwanted, unappreciated, and desired to be fixed by the participants.

b. **Identifying with positive aspects of disability**

While most participants tended to treat disability in a negative fashion, some did think of it positively, at least some of the time. Kevin had interesting, positive things to say about his disability. “I have ADHD,” he said, “but I do not necessarily consider it to be a disability. Well, I mean it could be a disability for some, but I’ve learned a lot of coping methods that help me actually take advantage of it. I find that, for example, I’m more creative off the [ADHD] medication.” He told a story about how, as a teacher, when he was not taking medication for his ADHD, he often came up with creative lesson plans because he could make connections between ideas that were obscure. His students benefited from this. When asked about his feelings about his disability he said, poignantly, “I really enjoy having ADHD. [I]f it were gone, I’d miss it.” He obviously developed a strong positive disability identity. “It’s part of who I am and part of how I think.”

Other participants described positivity in their disability experiences as well, although without Kevin’s enthusiasm. Maria described an evolving sense of disability identity as she grew up. “My feelings [toward my disability] changed over time.” She said, “Now I am grateful for a

lot of what happened. Not grateful that I got sick, but now I have some things in my life that never would have been if I had gotten well right away. I have my dog. I have a lot of free time. I have rediscovered drawing... And I have some really good friends I met through an online support group for people with my kind of disability.”

At the very least, the notion was expressed that people who were experiencing problems related to disability could always use a positive attitude to get through the negative problems. “I wish I was not disabled,” summarized Dan, “but c’est la vie.”

2. **Atheist/agnostic conceptualizations of disability**

a. **Atheists/agnostics had no conceptualization of disability beyond science**

A theme that emerged regarding the conceptualization of disability when just looking at the responses of solely atheist/agnostic participants in this study was the lack of a universal, formalized conceptualization of disability among atheists/agnostics. Many atheist/agnostic participants reported that their spiritual beliefs had “nothing to say” about disability. Most of the Christian participants did not say this; instead, they said that their spiritual beliefs did indeed have things to say about disability.

Some atheist/agnostic participants, after stating that atheism/agnosticism had no universal perspective on disability, offered their personal beliefs on what disability is or what science says about their particular disability. John asserted, “My spiritual beliefs have nothing to say about disability. My personal beliefs say that people with disabilities are just like any other people... My personal beliefs also say that all people need to take care of one another, regardless of whether they have a disability.” Laura said, “I understand that what I have is medical. It is a neurological and chemical disease.” Michael summarized what he viewed as atheist thought on

disability: “[Disabilities] are dealt with in a manner as dictated by psychology and psychotherapy experts, which are all based in science (of course). In atheism, there is one and only one “vision” that everyone “follows”... [O]ur beliefs are based in facts and logic.”

b. **Medical model**

It appeared that atheists/agnostics in this sample took a “medical model” approach to disability, but they attributed these beliefs to personal or scientific rather than spiritual preferences. Many responses alluded to physical or biological impairments defining disability, which is in line with an ideology of disability based on the medical model. Furthermore, most participants (both atheist/agnostic and Christian) appeared to treat disability as a fixable ailment, also consistent with the medical model.

c. **Social model**

While most atheists/agnostics in this study used a medical model approach to disability, John operated on what could be considered a bi-level model that included elements of both the medical model and the social model when conceptualizing disability. John asserted in his interview “My personal beliefs say that people with disabilities are just like any other people. People are all different from each other regardless of any kind of medical diagnosis... A lot of people who have medical conditions need to be fixed, but no one is perfect and everyone could use some fixing if you think about it.” John suggested that disability was not an inherent defect in an individual but rather a personal difference, which is not consistent with the medical model, but rather the social model. John also said, in regards to problems related to his disability, “Sometimes I get some bruises when I fall, but more than anything the embarrassment of having a seizure is more painful than any physical injuries.” This was evidence that he viewed his disability in a social way (feeling embarrassed about what others will think of him) along with a

physical way (pain from bruises). John's conceptualization of disability as both a social disadvantage and a physical impairment compared to others' purely medical definition of disability showed that there were many different ways that participants defined and thought about disability.

3. **Christian conceptualizations of disability**

a. **Christians had conceptualizations of disability**

Unlike the atheist/agnostic perspective which denied any formal thoughts on disability aside from science, Christians in the sample recognized many different Christian perspectives on what disability is, where disability comes from, and why disability happens. Jacob described the differing beliefs among different denominations of Christianity. "Outside my church though many denominations (particularly) differ on theological views [of disability]... Churches often don't believe in having faith for healing or they don't place any emphasis on the scripture about it." Maria echoed these beliefs. She said, "There is a wide range of beliefs about illness among different Christian churches... [The churches I have attended] have not emphasized miraculous healings, although some churches do."

Most of the Christian participants in the study said that their Christian spiritual beliefs had things to say about disability. From this information, some of the Christian participants formed a conceptualization of disability that incorporated their Christian beliefs and practices.

b. **Medical model**

The medical model was the most common way in which Christians described their conceptualizations of disability. As discussed previously, atheist/agnostic participants also viewed disability this way, so it was not a uniquely Christian way of thinking about disability. Like most atheist/agnostic participants, most Christian participants generally

believed that therapy and medication would alleviate problems related to their disability and they equated disability with a medical diagnosis or a physical impairment.

c. **Moral/charity models**

The moral model and the charity model were ways of conceptualizing disability that only Christian participants utilized. The moral model of disability defines disability as a physical consequence of moral lapse or sin. Samantha conceptualized disability this way. She referenced a Biblical story when describing her beliefs on the origin of disability: “I believe that disability exists because sin entered the world with the fall of mankind... Therefore, today we have disease, pain, disabilities, and sadness in our world.”

Jacob contradicted Samantha’s moral model conceptualization:

[P]eople in other churches believe (through false teaching) that [God] inflicts people with sickness and disease (because of what we’ve done) to teach us a lesson, but it is not true because God has blessed us not cursed us and he cannot do anything contrary to his word and his nature. So sorry to say but yes there are plentiful churches in error of scripture and providing false information about health/disability.

Jacob instead supported a charity model of disability. The charity model places emphasis on finding purpose and meaning within one’s disability and seeking out positive outcomes from one’s impairment. Jacob said, in response to how his spirituality affects the way he deals with disability, “I think it is fair to say that I get encouraged by God in times of struggle and it seems He knows well enough for the conditions I am in and he let me know how much he cares because he’s always been there comforting me. I am able to know through the comfort and presence that healing exists when I decide to receive it.” Jacob puts a positive spin on his disability and believes that God wants him to live purposefully.

Samantha, although she made some statements that were in line with the moral model of disability, also made a statement that coincided with a charity model view of disability “God works through all things for the good of those who love him, who are called according to his purpose... I believe that God works so that painful circumstances can lead to positive outcomes.” As discussed previously in this paper, the belief that God works through people with disabilities in positive ways corresponds with the charity model of disability.

Zack epitomized the charity model of disability and finding purpose in one’s impairment by referencing the Bible. “I look at Paul and his thorn in the side, or at a couple of the Old Testament Prophets, and see how my gifts as a person with a disability can be used in mighty ways.” Some Christian participants believed that God can “use” disability to send a positive message.

D. **The Complexity of Spirituality Vis-à-vis Religion**

1. **Spirituality and religion were different concepts**

Some participants in the study distinguished between the concepts of ‘spirituality’ and ‘religion’ during their interviews. Laura described herself spiritually as a Buddhist. When she explained what this was, she made very clear that Buddhism was separate from theism or religion. “Buddhism is a way of life for me, a philosophy and a spirituality... not a religion, the way most people see it. You don’t go to church on Sunday, or celebrate holidays.”

John made a distinction between his idea of religion and his idea of spirituality. When describing his atheist spirituality, he said, “I don’t believe in anything supernatural, like life-after-death or angels or any of that.” When asked to elaborate on his statement, John said, “I guess I mentioned those things because I wanted to distinguish my spirituality from my religious beliefs (or lack thereof). Atheism is my religion. I don’t believe in a god. That’s lacking a lot.

My spirituality is filling. It's the beliefs that I do have." He described these beliefs as "karma" and "the interconnectedness of all humans." John distinguished these spiritual beliefs from any theology or religion. There was certainly evidence of a separation between theism and spirituality made by many atheist/agnostic participants, which makes atheist/agnostic spirituality quite complex. In this study, atheists/agnostics were not a homogeneous group. Instead, they composed a multi-faceted group made up of different spiritualities and some people who do not have any spiritual beliefs at all.

2. **Finding one's spirituality**

An interesting observation arose with two atheist participants in the survey when they discovered that they developed a sense of spirituality while responding to the interview questions. Initially, Dan mentioned, when telling me about his spiritual beliefs, "I am a Unitarian who does not believe in God... I really do not think I am spiritual." However, when asked how his spirituality affected the way that he deals with disability, he responded, "... I have an inner spirit (maybe I am spiritual!) that keeps me going." He then clarified, "It has zero to do with theology, however." Dan declined to elaborate on this statement, but it is clear that he discovered a sense of spirituality that was separate from his lack of belief in a deity.

V. DISCUSSION

The findings of this study suggest that, overall, there were more similarities than differences between atheists/agnostics and Christians regarding the ways in which they thought and felt about disability. Most participants regardless of spirituality thought that disability was generally negative and they incorporated the medical model into their conceptualizations of disability. In terms of the ways they felt about disability, most participants regardless of spirituality felt that they could deal with problems related to disability in various ways, such as medication, therapy, and through social support or through feeling a sense of connection with others. When there were differences between the two groups, Christians in the sample tended to incorporate God and God's love into their thoughts and feelings about disability. They prayed and felt a connection to God and conceptualized disability according to the moral or charity models of disability. Atheists/agnostics in the sample incorporated spirituality into conceptualizations of disability and into ways of dealing with disability in more complex, humanist-driven ways, but still used their sense of connection with other humans to deal with problems related to disability. Overall, there are more intra-group differences than inter-group differences when it comes to spirituality and disability.

It should be noted that in this study, I used a definition of "disability" that was given by the study's participants. The participants of this study defined disability as their physical impairments and medical diagnoses, thus taking a medical approach to disability. While a few participants took a more social or cultural approach to disability, all participants, when asked to talk about their disabilities, defined disability as a medical condition or impairment. This is the way that "disability" was viewed in this study: as one's physical, emotional, or cognitive impairment.

A. **Research Question #1**

The first research question explored in this study was: how do people with disabilities' spiritual beliefs affect their conceptualizations of disability? It was apparent the way in which many participants thought about disability was somewhat influenced by their spiritual beliefs, but more heavily influenced by secular, medical thinking.

Participants, both atheist/agnostic and Christian, tended to think about disability in terms of scientific explanations consistent with the medical model. Disability and impairment were seen as the same concept; there was generally no distinction between social and individual barriers (except for one participant). It was surprising that Christian spirituality did not have more to say about disability in this regard.

To atheist/agnostic participants in particular, disability's etiology appeared to be biological in nature and called for correction or alleviation. While this theme was found within the conceptualization of disability among atheists/agnostics in this study, there was no cohesive, formalized idea of disability that differed from the prevailing medical model.

Christians in the sample incorporated perspectives on disability from the Bible into conceptualizations about disability that were in line with the moral and charity models of disability. Many Christians in this sample viewed disability according to one of the models of disability, but each Christian participant uniquely incorporated spiritual and theological aspects into this conceptualization as she/he deemed appropriate. Christians who participated in the study used both science and theology to support their thoughts on disability in individual ways. They recognized that there were many denominations of Christianity who viewed disability in different ways, and that there is disagreement in the Christian community as a whole about how

to define disability, where it comes from, and how to treat it, if at all. Arguably, the Christian perspective of disability was just as unique as any individual's perspective of it.

Information given by participants in this study was consistent with literature in the field that suggests that many people with disabilities think about disability in ways that incorporate spirituality into their conceptualizations. In particular, what people practice or believe regarding disability may not necessary be endorsed by their religious texts (George et al., 2000). Many atheist/agnostic participants said that there was no atheist/agnostic conceptualization of disability and that everyone had their own individual opinion guided by scientific evidence and the medical model. Many Christian participants alluded to the idea that there were many varying Christian views of disability, but only one that they themselves held. It appeared that participants had individual rather than group views on what they thought about disability.

Furthermore, past studies have shown that people find positive interpretations of negatively-themed religious texts, particularly the Bible (Deland, 1999; Herzong Jr., 2006). The data from the current study support this trend. It appeared in the current study that the default conceptualization of disability was the medical model. Both atheist/agnostic participants and Christian participants showed evidence of using it to frame the definition of disability, its etiology, and how to deal with it. Christian participants recognized that other Christians may have different views of what disability is, but they chose conceptualizations that valued God's love toward people with disabilities over those that did not.

B. Research Question #2

The second research question explored in this study was: how do people with disabilities' spiritual beliefs affect how they feel about disability? This question was answered by asking participants how they felt about disability and how they deal with problems related to

their disabilities. Dealing with one's disability, for people of both spiritual groups, came down to persevering through the negative issues associated with it by using a number of techniques: "secular" proactive measures such as taking medication and avoiding triggers to symptoms, meditation or prayer, and seeking a connection with others. While feelings about disability did not appear to differ based on spiritual affiliation, the way in which participants dealt with disability was indeed influenced by their spiritualities.

According to this study, several different proactive, secular measures were used by both Christians and atheists/agnostics to practically deal with problems related to their disability. Medication and avoiding triggers to symptoms are examples of techniques that people used so that the negative problems related to one's disability might be easier to deal with. Atheists/agnostics in the study believed that this is a trait unique to their group; they did not believe that Christians use many proactive "secular" measures, but both atheists/agnostics and Christians put the same kind of importance on using proactive measures like medication.

Meditation or prayer was another technique used by participants to help them deal with problems related to disability. The use of meditation was reported only by atheist/agnostic participants who considered themselves to be "spiritual," and the use of prayer was reported only by Christian participants. Both prayer and meditation appeared to be intrapersonal ways in which people with disabilities dealt with disability. Whether they identified as Christian or atheist/agnostic, meditation and prayer performed similar emotional and attitudinal functions for the individual; it helped create a positive attitude within the individual.

Many participants talked about how they valued a sense of connection with others in order to help them deal with problems related to their disabilities. Connection with friends and

family, or social support, was an important way that participants of all spiritual identities maintained a positive attitude while experiencing problems related to their disability.

Additionally, Christian participants reported the importance of feeling connected to their spiritual congregations and to God, and atheist/agnostic participants reported that feeling connected to the human race was important to them. All of these connections helped participants in the study deal with problems related to disability. The ways in which a sense of connection influences how people from spiritual groups other than Christianity deal with disability should be explored in future studies.

Finally, an interesting finding arose when atheist/agnostic participants claimed having preconceptions about the ways in which Christians dealt with problems related to disability and (inaccurately) assumed that Christians use prayer and other religious methods rather than secular methods in order to deal. This was a notable finding unique to atheist/agnostic participants; Christian participants did not make assumptions regarding the ways in which atheists/agnostics dealt with problems related to disability.

Current literature suggests that people with disabilities use spirituality in positive and negative ways to deal with their disability. A few studies indicate that there is a phenomenon known as negative spiritual coping which occurs when an individual frames his/her disability negatively using her/his spiritual beliefs (Chen et al., 2011; Park & Dornelas, 2012). An example of this is when people feel guilty for having a disability because their spiritual beliefs say that people have disabilities because they have sinned (Park & Dornelas, 2012). Negative spiritual coping was not observed in the current study. There was also no evidence that people who are spiritual are any better or worse off than people who are not spiritual when it comes to dealing

with disability. Most of the participants dealt with disability in similar ways, regardless of whether or not they were spiritual.

Park and Dornelas (2012) described several ways in which people with disabilities use positive spiritual coping to deal with their disability: trusting in “God’s plan,” decreasing negative attitude related to disability, and providing social support through spiritual congregations. Many of these positive spiritual coping mechanisms were evident in the Christian participants’ responses. More than any other “positive” method of spiritual coping, participants used a sense of connection to others to deal with problems related to disability. A sense of connection was a theme among participant responses from both spiritual groups (Christian and atheist/agnostic).

Johnstone et al. (2012) found that personality was a greater predictor of coping than was spirituality and that not all spiritual people dealt with disability in a universal way. This idea was supported in the current study. There were more intra-group differences than inter-group differences when it comes to spirituality and dealing with a disability. Participants from both spiritual groups acknowledged many different points of view on dealing with a disability, but claimed their own personal way of thinking about and dealing with disability. With this information at hand, it should not be surprising that one coherent Christian and one coherent atheist conceptualization of disability were not found in this study; intra-group differences dominate both thoughts and feelings about disability.

C. **Findings on Atheism/Agnosticism and Disability**

The results of this study provide a glimpse into the disability-related views and feelings of a sample of atheists/agnostics with disabilities. Overall, the findings from atheists/agnostics who participated in the interviews uncovered two main conclusions: atheists/agnostics and

Christians revealed few differences in the ways that they think and feel about disability; and some atheists/agnostics reported humanistic practices of spirituality, despite being non-theistic.

1. **Comparisons to Christianity**

When comparing how atheists/agnostics and Christians in this study conceptualized disability, it was clear that there are very few differences. Both Christians and atheists/agnostics used the medical model to conceptualize disability. Atheist/agnostic participants' thinking about disability did not align with the moral or charity models of disability like Christians' did, but instead some atheist/agnostic participants showed conceptualizations of disability that aligned with the social model.

When comparing the results of this study to existing literature in the field, there was no evidence to support the idea in literature that people who are not spiritual have more negative outcomes or less positive outcomes with their disabilities compared to Christians (Pasquale, 2012). Evidence from this study shows that spirituality and atheism/agnosticism are not mutually-exclusive categories; someone can identify as an atheist and also be spiritual. Therefore, the pro-spirituality bias is likely a pro-religion bias that puts non-religious people, including atheists/agnostics, at a risk for more negative outcomes. Hwang et al. (2011) challenged the claim that atheist/agnostic people have less positive outcomes as simply a "pro-spirituality bias" that researchers should strive to overcome. Hwang et al. (2011) suggested trying to find positive links between non-spirituality and psychological outcomes in research, which could be called a non-spirituality bias. The current study did not appear to have a non-spirituality bias even though the research was being done by an agnostic atheist individual. This research did not begin with any expectations, positive or negative, regarding atheism and disability; therefore, it did not seek to support or counter a pro-spirituality bias. In this context, there was no

detectable evidence that atheists/agnostics in the sample had better or worse ways of dealing with disability compared to Christians. Atheism and agnosticism are complex social and personal identities whose relationships to disability must be researched further.

One important distinction to be made when talking about spiritual biases is that a label of atheist/agnostic does not necessarily mean that the person was non-spiritual. Several atheist/agnostic participants identified as spiritual and described ways in which they felt connected to others and engaged in practices that made them feel more in touch with their inner selves. These were all informal and personal ideas that did not correlate with belief in a higher power. The existing literature should be read in a way that distinguishes the concepts of spirituality and religion, but not in a simplistic manner. The findings of this study support the importance of distinguishing spirituality from religion but suggests that spirituality is complex and cannot be determined by one's beliefs about a deity.

2. **Humanism**

A prominent theme in the atheist/agnostic's conceptualizations of disability was the desire to be connected to others in a human community, also known as humanism. Humanist spirituality emphasizes connection between all human beings, a sense of what it is to be human, and prioritizing human values over supernatural ones (Fowler, 1999). Humanism was an important concept found in this study because it was associated with atheism/agnosticism in this study, but was a philosophy that could theoretically be implemented into many spiritual beliefs. No participant in the study identified specifically as a "humanist," but the tenants of humanism were present in the participants' responses. Even participants who identified as Christian demonstrated tenants of humanism in their responses: connection to other people and valuing interdependence. Humanism, in this study, could be considered a universal philosophy for people

with disabilities. This idea of humanism was a huge finding and sets this research apart from other studies done on the topic of atheism and disability. Future research should investigate humanism as both a spiritual group and as a method of dealing with disability.

D. **Limitations**

A limitation of the current study is that the sample was not sufficiently large or racially diverse enough to examine the intersectionality of identities. The participant sample, while diverse in gender, spirituality, disability type, age, and age of acquisition of disability, predominantly identified as white or Caucasian. A more racially, ethnically, and culturally diverse sample could allow for an investigation of how ethnic and racial identities intersect with spiritual and disability identities. In addition, while the final study sample represented many different disability types and can be considered a cross-disability sample, several disability types were not represented. Individuals who are Deaf or blind were absent from the final sample. The method of sampling used did not purposefully recruit a variety of disability types. Including these neglected disability types would be important in future research to ensure that the results of this study hold true in other disability populations.

The group of Christian participants in this study was markedly heterogeneous. Varying Christian identities through identifying with different Christian denominations gave a large breadth of Christian perspectives in this study. It must be noted that this variety of differing Christian identities may have accounted for more intra-group differences among Christians than inter-group differences between Christians and atheists/agnostics. Future research could look at only one Christian denomination or compare Christian perspectives from different denominations of Christianity.

Some potential participants in this study were not able to complete the email interview because of accessibility issues of the interview's format. Disability-related access issues such as inability to respond to written, computer-based questions may have isolated certain populations of individuals that may have added to the diversity of the study sample. Furthermore, there are limitations to research performed over the internet with any type of participant sample, even people without disabilities. Although email interviews have advantages (e.g., it is efficient in reaching large and diverse audiences, it allows for increased anonymity, and it is low-cost (Wright, 2005)), researchers must be aware of some concerns. For instance, concerns over privacy and confidentiality may have influenced participants to respond less honestly than they would have if the research was not online (Berry, 2004). Concerns about trustworthiness and validity of data can also arise from the researcher's perspective about participant responses and inclusion criteria. Self-reported data, especially via the internet, cannot be checked for authenticity (Wright, 2005).

E. **Future Directions**

Future research could recruit participants from non-Christian populations. Each spiritual group shares its own culture. Non-Christian spiritual groups' perceptions of disability are likely to differ in many ways from Christians'. These perceptions, experiences, and attitudes need to be documented and studied in order to derive a fuller understanding about which views are unique to Christianity as opposed to merely religious/spiritual people and to gain knowledge about non-dominant groups in the U.S. and the world.

Similarly, future research should focus on non-U.S. populations. This study was performed in the U.S. and with only American participants. Results could differ if done with

non-U.S. participants. Recruiting from other countries would also allow for comparative research.

More qualitative research should be conducted in this field, as so little is known about the dynamics between spirituality and disability. Qualitative research will continue to help uncover new information and draw unique connections between ideas related to spirituality and/or disability. This information will prove valuable to future quantitative research in the field. The current qualitative study uncovered interesting questions and domains that can now be addressed in larger-scale quantitative research.

Judaism and Islam are two important spiritual groups to include in future research because of their popularity. Based on results from this study, Buddhism could also be introduced into disability research as it is an under-studied spiritual group in the social sciences.

Overall, it appeared that spirituality did not greatly impact the way in which people felt about or dealt with disability. This may indicate an untapped potential for religion and spirituality to reach. Future practical work could focus on ways in which spirituality and religion can speak to methods of dealing with problems related to disability. This field could merge with the field of coping in order to do this.

Information derived from this study can be used in a variety of practical ways to help spiritual groups build their knowledge of and support for people with disabilities. Herzong Jr. (2006) conducted an analysis on an interfaith handbook on disability that was found to be successful in increasing disability awareness and inclusion among spiritual communities. The study shows that an interfaith disability handbook, while helpful, might not address faith-specific beliefs about disability. A disability handbook can be created for each congregation that describes the group's perspective on disability and inclusion. Creating something like this may

clear up any misconceptions about disability, make people with disabilities feel welcome, and provide a cohesive conceptualization of disability for group member reference. Because different spiritual groups have different conceptualizations of disability, a handbook could be created for each denomination of a spirituality; based on the varying ideas of disability between people of different spiritual groups, it does not seem appropriate to create an all-encompassing disability handbook for people of all spiritualities. The study by Herzong Jr. (2006) indicates that this might be successful in increasing a sense of community among people with and without disabilities in a spiritual congregation.

Furthermore, theologies of disability (Eiesland, 1994; Creamer, 2003) should be further developed as they are informed by the voices of people with disabilities, through studies such as the current one. These theologies of disability are not widely-used and can be reformed in theory and practice in order to better represent the disability community and the various Christian communities. A new theology of disability could be informed by members of the disability community via focus groups or networking events.

Secular handbooks (e.g., medical texts, scientific literature) of disability already exist in many forms in academia. It appears that secular information about disability is used by people with disabilities who are spiritual and it does not diminish someone's spirituality in any way. People with disabilities who are spiritual use secular information about disability and incorporate faith-based information into it.

People who counsel people with disabilities - pastors, ministers, therapists, mental health workers- should all be informed of the ways in which people use their spirituality to deal with disability. Doing so will enable counselors to give better guidance regarding the role of spirituality in coping. Likewise, counselors should also be sure not to practice with a pro-

spiritual bias. This study has shown that spirituality is not a universal human trait and that many people, even ones who are religious, are not spiritual.

F. **Conclusion**

In conclusion, several notable findings emerged from this study. Spirituality and religion were distinct concepts and neither was strictly associated with one set of conceptualizations or feelings about disability. Many participants across spiritual groups- Christian and atheist/agnostic- conceptualized disability within a medical model framework. Some evidence of the moral model and the charity model were found among some Christian participants. Many participants said that they used a sense of connection in order to deal with problems related to disability. Of interest within this topic of connection is the theme of humanism, or connection with the human race, that emerged in the responses of atheist/agnostic participants. Overall, there were few differences in the thoughts and feelings about disability of Christians with disabilities compared to atheists/agnostics with disabilities. This suggests that spirituality was not dominant in shaping responses to disability compared to other factors yet to be identified.

APPENDICES

APPENDIX A

IRB Approval

UNIVERSITY OF ILLINOIS
AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Approval Notice**Initial Review (Response To Modifications)**

April 15, 2013

Kristen Salkas

Disability and Human Development

3414 N Seeley Ave apt 2

Chicago, IL 60618

Phone: (708) 870-4787

RE: **Protocol # 2013-0352****“Exploring how Spirituality Shapes Conceptualizations of and Feelings about Disability”**

Dear Ms. Salkas:

APPENDIX A (continued)

Your Initial Review (Response To Modifications) was reviewed and approved by the Expedited review process on April 12, 2013. You may now begin your research

Please note the following information about your approved research protocol:

Protocol Approval Period: April 12, 2013 - April 12, 2014

Approved Subject Enrollment #: 30

Additional Determinations for Research Involving Minors: These determinations have not been made for this study since it has not been approved for enrollment of minors.

Performance Sites: UIC

Sponsor: None

PAF#: - Not Applicable

Research Protocol(s):

- a) Spirituality and Disability, Research Protocol; Version 1; 03/19/2013

Recruitment Material(s):

- a) Recruitment Announcement; Version 1; 03/19/2013

Informed Consent(s):

Consent Form; Version 2; 04/08/2013

A waiver of documentation of informed consent has been granted under 45 CFR 46.117 and an alteration of consent has been granted under 45 CFR 46.116(d) for the online survey; minimal risk; an electronic information sheet providing the elements of consent will be provided.

Your research meets the criteria for expedited review as defined in 45 CFR 46.110(b)(1) under the following specific category(ies):

- (7) Research on individual or group characteristics or behavior (including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Please note the Review History of this submission:

APPENDIX A (continued)

| Receipt Date | Submission Type | Review Process | Review Date | Review Action |
|--------------|---------------------------|----------------|-------------|------------------------|
| 04/02/2013 | Initial Review | Expedited | 04/03/2013 | Modifications Required |
| 04/09/2013 | Response To Modifications | Expedited | 04/12/2013 | Approved |

Please remember to:

→ Use your **research protocol number** (2013-0352) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure,

"UIC Investigator Responsibilities, Protection of Human Research Subjects"

(<http://tiger.uic.edu/depts/ovcr/research/protocolreview/irb/policies/0924.pdf>)

Please note that the UIC IRB has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact OPRS at (312) 996-1711 or me at (312) 355-0816. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Alison Santiago, MSW, MJ

IRB Coordinator, IRB # 2

Office for the Protection of Research Subjects

APPENDIX A (continued)

Enclosure(s):

- 1. UIC Investigator Responsibilities, Protection of Human Research Subjects**
- 2. Informed Consent Document(s):**
 - a) Consent Form; Version 2; 04/08/2013
 - a) Recruitment Announcement; Version 1; 03/19/2013

APPENDIX B

Recruitment Announcement

Come share your views about disability, religion, and spirituality! Your voice and experience will inform research on spirituality and disability.

What is the research study about?

The research study is about how people's feelings and thoughts about disability are related to their spiritual beliefs. This study is being conducted through the University of Illinois at Chicago (UIC) (protocol # 2013-0352).

Who is eligible for the study?

Participants must be:

- Age 18 or over
- Live in the United States
- Self-identify as a person with a disability
- Identify spiritually as either Christians (Catholic, Protestant, Mormon, etc.) or atheist/agnostic

What will participants have to do?

Participants will be given five clusters of open-ended questions and an optional demographics survey via email. They will email back their responses to those questions. The email interview will take approximately 30 minutes to an hour to answer. Participation is completely voluntary.

Contact Kristen Salkas, BS, primary researcher, for more information:

Phone: 708-870-4787

Email: uicspiritualitydisability@gmail.com

Or contact Carol Gill, PhD, faculty adviser:

Phone: 312-355-0550

Email: cg16@uic.edu

APPENDIX B (continued)

Mail: UIC

Department of Disability and Human Development (MC 626)

1640 W Roosevelt Suite 236

Chicago, IL 60608

APPENDIX C

Spirituality and Disability Email Interview

My first question is going to be about your spirituality.

1. Tell me about your spiritual beliefs.

The next question is going to be about your own disability.

2. The announcement for this study requests participation from adults who have a disability. Please describe your disability.

Now I want to learn more about how people from your spiritual group view disability.

3. What do your religious or spiritual beliefs have to say about disability, if anything? Do your beliefs differ from those of your larger spiritual group? If so, how?

These questions will address issues related to disability such as views, experiences, and ways that you deal with it.

4. What are some of the problems related to disability that you deal with?
Tell me about the way that you personally deal with issues related to disability.
What feelings do you have toward your disability?
How does your spirituality affect the way you deal with disability?

This research focuses on how spirituality impacts ideas and feelings about disability.

5. In this question, tell me about how your spirituality impacts the way you *think* and *feel* about disability, if at all.

These final questions are optional and for demographic purposes.

APPENDIX C (continued)

- What is your gender?
- What is your race/ethnicity?

- What is your age?
- At what age did you acquire your disability?

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VITA

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EDUCATION

2011-Present: University of Illinois at Chicago

Master of Science in Disability and Human Development (expected fall 2013)

Thesis: *Exploring how Spirituality Shapes Conceptualizations of and Feelings about Disability* Adviser: Carol J. Gill, PhD

4.0 cumulative GPA

2006-2009: Loyola University Chicago

Bachelor of Science in Psychology- Natural Sciences

Departmental Honors

Thesis: *Head Start Preschoolers' Behavior Problems, Family Demographics, and Classroom Contexts: A Comparison of CSRP and FACES* Adviser: Christine Li-Grining, PhD

Bachelor of Arts in Spanish Literature

3.81 cumulative GPA, *magna cum laude*

RESEARCH EXPERIENCE

2013- Present: Parents Taking Action Study

Graduate Research Assistant, University of Illinois at Chicago, Chicago, IL

Primary Investigator: Sandy Magaña

2010-2011: Family and Peers Study

Graduate Research Assistant, Georgia State University, Atlanta, GA

Primary Investigator: Frank Floyd

2008-2010: Chicago Healthy Adolescent Transition Study

Undergraduate Research Assistant, Loyola University, Chicago, IL

Primary Investigator: Grayson Holmbeck

APPLIED EXPERIENCE

2012-Present: Regional Transportation Authority of Northeast Illinois, Chicago, IL Mobility Services Outreach Specialist

Supervisor: Michael VanDekreke, LCSW

**2011-Present: Regional Transportation Authority of Northeast Illinois, Chicago, IL
Travel Trainer**

Supervisor: Michael VanDekreke, LCSW

TEACHING EXPERIENCE

2010-2011: Graduate Teaching Assistant and Guest Lecturer

Georgia State University, Atlanta, GA

Instructors: Frank Floyd, PhD., Vivian Piazza, M.A., Johanna Wendell, M.A.

2010: Grade School Spanish Teacher

St. Joseph School, Wilmette, IL

Principal: Laura Clark

PROFESSIONAL PRESENTATIONS

Salkas, K. (2013). Ideology of disability in travel training practice. Presented at the Annual Conference of the Association of Travel Instruction, Chicago, IL, August 2013.

Salkas, K. M., Floyd, F. J. (2011). Challenges in assessing quality of life for adolescents and young adults with intellectual disability. Presented with the Symposium “Transition into Adulthood: Diverse Family Perspectives” at the Gatlinburg Symposium, San Antonio, TX, March 2011.

CONFERENCE POSTERS

Salkas, K., Devine, K., Holmbeck, G. N., McLone, D. G., Zebracki, K. (2010). Functional math, quality of life, and independent living skills in young adults with spina bifida. Poster presented at the 2010 Annual Conference for the Midwest Psychological Association through Psi Chi, Chicago, IL, April 2010.

Salkas, K., Li-Grining, C. P., Raver, C. C. (2010). Head Start preschoolers’ individual characteristics, family demographics and child care contexts: A comparison of CSRP and FACES. Poster presented at the 2010 Annual Conference for the Midwest Psychological Association, Chicago, IL, April 2010.

Wasserman, R., Devine, K., Holmbeck, G., Gershenson, L., **Salkas, K.,** Bienz, L. (2009). Timeline for transfer of responsibility: A comparison study of families of children with and without spina bifida. Poster presented at the Midwest Conference on Pediatric Psychology, Kansas City, MO, April 2009.

AWARDS AND SCHOLARSHIPS

2013: Graduate Research Assistantship, University of Illinois at Chicago

2011-2012: Board of Trustees Tuition Waiver, University of Illinois at Chicago
2011: Graduate Learning and Research Assistantship, Georgia State University
2010: Graduate Learning and Research Assistantship, Georgia State University
2009: Women's Board Scholarship, Rush University Medical Center
2006: Damen Scholarship, Loyola University Chicago
2006: Kiwanis Club Scholarship, Orland Park, IL Kiwanis Club

PROFESSIONAL SOCIETY MEMBERSHIPS

2013- Present: Association for Travel Instruction
2013- Present: UIC Disability Studies Student Council (Student Life Chair)
2010-2011: GSU Graduate Association of Student Psychologists
2010: Phi Beta Kappa
2009-2011: The Midwestern Psychological Association
2008-2011: The American Psychological Association
2008-2010: Psi Chi