

Who is Preaching to the Choir?
Disability Content in Mainline Protestant
Master of Divinity Curriculum

BY

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DISSERTATION

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This dissertation is dedicated to Dorothy “Drama” Glass, my grandmother, whose unwavering support of me throughout my life helped make me who I am and, thus, made this work possible. Look, Drama, I finished my “book”!

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LIST OF ABBREVIATIONS

ADA	Americans with Disabilities Act
ATS	Association of Theological Schools
IDD	Intellectual and Developmental Disabilities
LEND	Leadership Education in Neurodevelopmental and related Disabilities
LGBT	Lesbian, Gay, Bisexual, and Transgender
LRE	Least Restrictive Environment
M.Div.	Master of Divinity
PI	Primary Investigator
PTSD	Post Traumatic Stress Disorder
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

SUMMARY

People with disabilities frequently face barriers, which have been well documented both in research and in personal accounts by disabled people, when participating in religious communities. While many have called for better inclusion in faith communities, there has been a slow response. As such, it is the goal of this work to illuminate how leaders of faith communities might participate in this work, beginning with their theological education. Due to the unique position of leaders in Christian communities, which are the religious majority in the United States, providing specific, disability-related training during their formal education period may help reduce the barriers faced by disabled people.

Little was known about the presence and integration of disability-related content in these training programs outside of administrator reported data. As such, this work addressed the broad question: how do the curricula at accredited Master of Divinity (M.Div.) programs in the United States, at Mainline Protestant institutions, prepare religious leaders to work with individuals with disabilities and their families? To answer this question, the curricula of accredited Mainline Protestant M.Div. programs in the U.S. (n=92) were systematically analyzed for the presence and integration of disability-related content. Publicly available data was collected and analyzed both quantitatively (e.g., comparisons across programs, number of keywords present in course descriptions) and through content analysis (e.g., syllabi analysis to determine the depth and breadth of content) to enhance what is known about how students pursuing M.Div. degrees are introduced to and trained in disability-related content.

SUMMARY (continued)

This work found that disability-related content was primarily within courses dedicated to pastoral care and counseling, and rarely in those dedicated to history or theology. Additionally, the majority of course syllabi analyzed fell into medical or religious model perspectives, rather than social model perspectives. This illustrates a continued understanding of disability as a problem to be solved by the individual and/or through cures, or as a result of sin or otherwise being chosen by God to demonstrate His purposes. Rather, a focus on the societal construction of disability is preferred by disabled advocates and was found in a small number of courses, the majority of which were in one theological program.

Extrapolating from these findings reveals ways in which theological education can become more familiar with disability-positive perspectives and incorporate that into their work. Specific examples of course objectives, action steps, and reading resources are provided in order to further move theological education toward a social model perspective. Recognition of this as intentional work, with the need for systemic change is integral to making faith communities more welcoming places to belong for every member of the metaphorical body of Christ.

I. INTRODUCTION

A. Embracing Difference and Disability

My very first memory is of sitting on a hard pew, legs dangling, listening to a man in a suit tell me about Jesus. I was only six and a half at the time, but I remember the pastor saying that Jesus loves me and will forgive me no matter what I do, as long as I believe in Him¹. In the midst of the chaos in my life, I knew I wanted someone like that in my corner. So, I committed to love Him and learn to love like Him. I thought that was what Christians did.

As time passed and I got to know others who also said they loved Jesus and wanted to love like Him, I found their actions often contradicted their words. In my experience growing up, I found that people in the Protestant church loved themselves and made little or no attempt to love like Jesus. When I was fourteen, this became most evident in the church's response to my family during a period surrounding a family member's mental health crisis.

Like my family, many with disabilities find the church to be an unwelcoming place. Sometimes they even are asked to leave or told they do not belong there. Rejection from a community that preaches acceptance and inclusion can be devastating to one's faith. Especially when disability is associated with behaviors that are deemed unacceptable in church, individuals with disabilities and their families may find themselves feeling unsupported, unloved, and unsure if they can or should continue attending. In this introduction, I will use my own experience to investigate the areas of

¹ This paper will use masculine pronouns when referring to God, as male is the historically preferred gender for the Christian God. Masculine pronouns referring to God will be capitalized to avoid confusion when in conversation with others.

support, love, and belonging within the church, in relation to individuals with disabilities and their families.

1. **Background**

Like many public places, faith communities often have unwritten codes of behavior. When these codes are violated, individuals may find themselves ostracized, reprimanded, or shamed. Knowing and following these codes may be quite difficult for some individuals with disabilities and their families. So, it is not surprising that national surveys have found that while 65% of people in the United States report attending services at a faith community at least monthly, only 47% of families with disabilities do so (LaRocque & Eigenbrood, 2005).

While some of this gap in participation might be due to the fact that churches are exempt from many of the statutes in the Americans with Disabilities Act (LaRocque & Eigenbrood, 2005; White, 2014), it is also possible that this gap is affected by the church's difficulty embracing people who do not fit neatly into "normal," and especially those who behave in ways that are considered unacceptable within their congregations. In a survey of 155 individuals about their experiences with disability in the church, 7.7% of respondents cited that a primary barrier to inclusion was that people with disabilities were considered disruptive. Sometimes these disruptions even resulted in them being asked to leave or told to find another church (White, 2014).

Disruptive behaviors might manifest in a variety of forms and by people with many different kinds of disabilities (physical, cognitive, and developmental disabilities, as well as those with mental health needs). One survey of 416 parents of children with intellectual and developmental disabilities found that some disruptive behaviors in the

church setting include: making too much noise, not sitting still, unsolicited touching, and being aggressive (Ault, Collins, & Carter, 2013). Similarly, books on disability ministry and inclusion in faith communities list other challenging behaviors such as hyperactivity, short attention spans, impulsiveness, unexpected changes in mood or reasoning, repetitive behaviors, difficulties with social interactions, inconsistent and unexpected behavior (Tada, Bundy, Verbal, & McReynolds, 2011), wandering, meltdowns, hand flapping, and talking to oneself (Carter, 2007). While it is understandable that congregants would be concerned with behaviors that are more violent or destructive in nature, there are many milder behaviors that are also considered uncouth.

In an article about supporting inclusion in the church, Carter (2013) asserts that any kind of nonstandard behavior may leave congregations unsure of how to respond and may result in spiritual expression being rejected as aberrant behavior. For instance, I know a young man with Down Syndrome who loves music. During the worship portion of the church service, he frequently will play the air guitar, often in the aisles or down in front of the raised stage. Some congregants complained about the level of distraction caused by him leaving his seat and standing where others could see him while he played the air guitar. Although clearly his personal expression of worship, it was outside of the norms of the congregation and was therefore considered disruptive behavior.

While some Protestant churches welcome hand clapping and the raising of hands during worship music, playing the air guitar or dancing in the aisles might be thought of as unacceptable. Similarly, encouraging the preacher through shouting out “Amen” or “Preach” might be acceptable in some congregations, while other noises, echolalia, and verbal tics might be considered disruptions. Since the decision over what is acceptable or

not often is unwritten, people who do not conform to these norms may feel embarrassed or stared at, which may result in them not participating or even removing themselves from services (Ault et al., 2013).

For those with behaviors that are considered dangerous by the congregation, this withdrawal is even more prevalent. While, at times, it may be necessary for someone to be separated from the congregation for safety reasons, even then it is not acceptable to remove the love and support of a congregation from that individual or family. Ault et al. (2013) expand upon familial withdrawal by saying, “For parents who experienced unwelcoming attitudes... the result was one of deep pain and emotional reactions such as pulling away from or leaving their congregation (or faith) altogether” (p. 207). Such moving away from congregations and their faith makes families more isolated and removes a potential source of great comfort and support from their lives. Without feeling supported, loved, or like they belong, these families may continue to be removed from faith communities and from faith in general.

2. **Support**

Although my family had been regular attenders at a suburban Evangelical Protestant church for around a decade, when we entered a period of crisis, we received little to no support from our congregation, or the congregation’s leadership. As my family member’s defiant and unpredictable behaviors became problematic at the church’s youth group, my parents were contacted and told their teen was no longer welcome to attend. My parents, and my family as a whole, were offered neither prayer nor resources to help as we struggled. The situation was handled ungraciously and, as a result, my family left the church.

Like my family, more than half of families of individuals with disabilities report an absence of supports in the church environment (Ault et al., 2013), even though these families freely assert that they value supports such as encouragement, prayer, connection, and intentional involvement (Carter, 2011). However, research on supporting caregivers indicates that many families do not fight for these supports at church because they are too exhausted from constant battles for supports and inclusion in other environments, such as schools. This constant need to fight, at church and elsewhere, may strip faith of its power (Gaventa, 2012) and leave families feeling like they do not deserve or warrant the support they so value. For families like mine, they might not know how to ask the church for the supports they need, or may feel too disconnected from the congregation to feel they could receive help.

A review of literature regarding theology and disability found that when families are included in church activities without supports, they are really excluded from full participation (Schultz, 2012). Although there are reports of explicit exclusion (Ault et al., 2013), much is subtler. Price (2011), a professor who specializes in disability studies, writes of the “violence of exclusion” (p. 7). She postulates that the means of exclusion typically are not easily seen or overly dramatic. They are “quiet, insidious,” (Price, 2011, p. 6) and can be incredibly painful.

So it was with my family before being explicitly banned from attending youth group. There were quiet meetings held by church leadership, secret discussions among congregants, and parents who decided their children should not spend time with me because of what was happening. Although these events went largely unspoken, they were evidence of violent, intentional, exclusion.

Many of these acts were based on fear of unpredictable behavior. This is not surprising as individuals often associate mental health with danger (Price, 2011).

Reynolds (2012), a professor of theology, aptly expresses the situation thus, “unable to reside in the ambiguity created by encountering the different and strange ... communities judge according to basic fears” (p. 216). He postulates that this resistance to the abnormal is so frightening because it reminds communities of their own weaknesses and vulnerabilities. By considering someone with a disability, who is outside of their definition of normal, people are forced to become uncomfortable and vulnerable, which often is perceived as threatening.

While fear, exclusion, and lack of supports are serious problems within the Protestant church, there are simple solutions that may be offered. First and foremost, the church must stop fearing people who do not match their perceptions of normal. This requires a shift from seeing individuals as problematic to looking for problems with the system and the attitudes of those who are fearful (Price, 2011). Each individual, regardless of ability level, must be seen for the value held, inherently, as a person.

This need for change in attitudes is supported by White’s (2014) survey of 162 individuals involved with church congregations. Of the respondents to the survey, 60% reported that the primary barrier for people with disabilities in their congregations was the attitudes of congregants and church leaders. Additionally, 46% of respondents felt it would be beneficial for the church to provide and/or receive training to help break down these barriers.

Thus, it is imperative that individuals with disabilities are seen for who they are and what they have to contribute. When individual value is recognized, inclusion

becomes the norm. People with disabilities and their families are looking for the same things that others look for in a church body — acceptance, welcome, and support. This begins when congregations, and especially church leaders, accept and support whole families (Schultz, 2012).

As mentioned previously, true inclusion cannot occur outside of a supported environment. In order to experience full acceptance in a community, it is critical that faith is supported across the lifespan. This support occurs through shared belief, prayer, counseling, community, and advocacy (Gaventa, 2012). By developing friendships, learning about individual interests, asking how someone is doing, and praying with individuals, intentional community is grown (Carter, 2011). It is within this community that natural supports are provided.

While there may be disability-specific supports needed, often the supports that individuals with disabilities and their families seek are the same supports that are offered to every other member of the congregation. There is no secret, magic solution to the problems of needed support, exclusion, or fear. The solution lies in providing these individuals with the same benefits that congregations should afford to every person who enters the church. Had my family been the recipient of these values, much pain could have been avoided and, perhaps, a mistrust of church authority would not have developed within my family.

3. **Love**

Before we left the church, I was heavily involved in our congregation, even during our family's period of crisis. However, aside from one or two individuals, no one in the congregation and none of the church leadership displayed any clear love or care

toward my family or me. We were not asked how we were doing and no one seemed to notice that we had left. The relationships we thought we had simply ended when things became too difficult.

The rejection of people with disabilities from congregations is often experienced as dismissal of entire families, as was the case with my family. Individuals with disabilities and their families may perceive this as rejection by the entire church and by God (Gaventa, 2012). According to a qualitative study by Poston and Turnbull (2004), approximately half of teens and adults with disabilities reported that they felt or experienced rejection, rather than unconditional love, from their churches. This exclusion from community may manifest in refusal to baptize, unwillingness to include individuals in church events, and contradictions between what the Bible teaches and the actions of the church leaders and/or the congregation (Schultz, 2012).

This experience of rejection is especially prominent for teens with disabilities. When 20 teenagers with autism or intellectual disabilities were interviewed about their involvement in youth activities, like youth group or Sunday school, many cited limited involvement (Liu, Carter, Boehm, Annandale, & Taylor, 2014). Further, it has been discovered that teens with disabilities often feel “ignored and overlooked” at church (Schultz, 2012, p. 193). Certainly my own family member experienced this rejection when we were no longer welcome in the youth group. As a teenager during that time, I also felt overlooked, and the lack of concern expressed toward my family after we left indicated to me that this was indeed the case.

In addition to the experience of rejection, it is not uncommon for families to feel a burden of responsibility is placed upon them because of the behaviors of their family

member with a disability. Sometimes families are told that they must be responsible for their loved one's religious education (Schultz, 2012) or are expected to accompany their family member to any activity in which they wish to participate (Ault et al., 2013).

Whatever the case, it is not uncommon for congregations to believe that any difference or behavior challenge is best handled by family members.

These practices of exclusion, rejection, and care shifting often result in families feeling unloved and unwelcome in congregations. Sadly, the church has a long history of excluding those who do not fit their definition of "normal." According to Chapman (2014), Christian charity (in Latin, *caritas*) was a value of the historic church that conveyed the idea of unconditional love and compassion, which was available to all. However, the view of the church toward disability as a result of evil or sin gave the church a reason to exclude people with disabilities from *caritas*. Unfortunately, this view of disabilities as results of sin and/or evil has persisted and colored the perspectives of many within the church.

Eiesland (1994), who herself was disabled, recognized this viewpoint as a fundamental theological problem. She theorized that the idea of disability as sin, a mode of suffering, or an object of charity pose a great obstacle to full participation in the church. These beliefs separate people from community and from God. According to Eiesland, "real unity can come only by difficult truth-telling and open discussion of the discrimination experienced by so many people with disabilities" (1994, p. 81). She believed we need a change in theology that recognizes that disability is a normal human experience and that God Himself experienced disability through Jesus' death on the cross. As a result, we would no longer be able to see disability as a sin (since God is without sin)

and we would need to reconsider what it means to be whole and to wholly participate in the metaphoric body of Christ. This requires a change in theology that provides for a vision of a God who is for people with disabilities.

In order to achieve that theological shift, another shift must occur in the beliefs of the people and leaders of each congregation. According to Siebers (2008), a disability theorist, we are operating from an “ideology of ability” (p. 7). By this he means that we all work under the assumption that it is socially preferable for us to have “able” bodies and that disabilities are always perceived as negative. We then use this ideology to establish who is considered human and what we should fear. By embracing this ideology of ability, we have ignored the fact that disability can be a positive identity for people and have perpetuated the belief that disability is always and only a negative experience.

It is my opinion that until we can see that people with disabilities have value and are not entrenched in sin and suffering, we will not be able to love how we should. Rejecting the preference for able-bodiedness and accepting that all people have contributions to make will aid in shifting our perspectives. By considering that Jesus Himself experienced pain, disability, and mental anguish, we must vanquish the thought of disability as a result of sin. When we consider the time that Jesus spent with people who were poor, marginalized, oppressed, disabled, and misunderstood, we should see that we are failing to live like Him when we are unwilling to do so ourselves. I believe we cannot ignore Jesus’ lived experience, as it is vital to our shift toward loving each other better.

Reinders (2011), a professor of ethics and a theologian, notes that the most valuable and important thing in life is being loved. He emphasizes the fact that love is not something that can be done on ones own. By its very nature, love requires that someone

offer it and another person receives it. Therefore, it is impossible to experience love without having someone love you. While God readily offers His steadfast love to all, the church needs to embrace His mindset and offer that love to others, including individuals with disabilities and their families.

In order to offer this love more freely and naturally, the church should consider the need to intentionally engage disabled individuals and their families. White's (2014) survey of parents in churches found that they wanted to be approached by the church leadership about what supports they needed. They longed for the leaders of the church to notice and take the initiative. Thus, one way to easily love others is to see them and to be with them. The church needs to take responsibility for loving all of the members of its congregation.

4. **Belonging**

Church had been the place where I connected with others. I had some “friends” there, but never felt like I truly belonged. When my family began to show evidence of struggle with my family member's behaviors, how people responded confirmed my feelings of alienation. No matter how much I served in the church and how many people I tried to connect with, the relationships rarely left the doors of the church. Although Jesus was willing to go with me everywhere, it appeared to me that the people of the church did not want me, or my family, once we left the building. This created in me a sense of insecurity around whether or not continued participation and attendance were worthwhile.

Like my family member and me, many teens with disabilities report that they only have acquaintances, not friendships, in their religious communities (Liu et al., 2014).

Since it is not an uncommon experience to have relationships at church that stop at the doors of the building (Swinton, 2012), something deeper than simply being able to enter a building or being present is needed (Reynolds, 2012). Surface relationships are not enough. As Connor's (2010) study on friendship and spirituality found, we require friendships in order to combat loneliness and rejection.

In order to truly belong, we need to develop deep, interdependent relationships with people. Swinton (2012), professor and founder of the Centre for the Study of Spirituality, Health, and Disability, says, "Autonomy is a cultural illusion; personhood emerges from gift and relationship; creation and friendship ..." (p. 184). In order to develop these friendships, we need to truly see the other person's personality, longings, and desires. I believe that by continuing to maintain our distance from others and having "church friends," we are inhibiting our ability to develop deep relationships and causing individuals to question whether or not they belong.

The awkward place of wanting to develop relationships, but being rejected because of disability may leave an individual feeling like he or she is pulled between two realities. In speaking about her experiences working with individuals who are Deaf, Brueggemann (2009) developed the concept of "betweenity." While Brueggemann finds value in the concept, arriving at this conclusion may be a difficult journey because, in this place of betweenity, one never feels fully connected in either world he or she is between. One may be able to shift perspectives between the two places, but never truly feel like one completely belongs in either.

I believe this is what often happens in churches. While people with disabilities and their families truly want to be a part of the church and believe similarly to others in the

congregation, their experience of disability often separates them out into their own category of being. Therefore, they live in a constant state of uncertainty as to which parts of themselves are valid and worthwhile. When I came into my own disability identity, this was patently true for me –figuring out how to be a disabled person in the church was complicated by negotiating which identities I felt would be valued and which would be rejected. As a result, I became more open about some of my disability identities, which were commonly accepted, and closed about others, which were frequently discussed as states of sinning. Often, this state of betweenity results in choosing to abandon the part that is at odds with the greater sense of self. Thus, it is no surprise that so many people choose not to stay in a place where they are forced to choose which part of them is more valid.

In order to combat this feeling of betweenity, we need to intentionally choose community and use our common spirituality as a place from which to build bonds (Royce-Davis, 2000). This would require us to embrace the gifts, strengths, and contributions of every member of the congregation and stop focusing on needs and perceived deficits (Carter, 2013). We need to recognize that we are a part of a “symbiotic relationship” (White, 2014, p. 15) in which people with disabilities need the church and the church needs people with disabilities. We are not complete without the whole body of Christ present and active in our midst.

Kathy Black expounds on this in her theory of the Interdependent God. She believes that our interdependence means we affect the lives of others and that by using phrases like “the family of God” and “Body of Christ,” we are indicating how essential it

is to be interdependent upon one another (Creamer, 2006). This interdependence is true and necessary at all times, not just when individuals are in crisis.

If we truly believe this, then we can see how spirituality can connect us and be demonstrated through deep friendships (Conner, 2010). Friendship, by definition, is interdependent. Reinders (2011) makes clear that it is also “other-dependent” (p. 433). It requires reciprocity — I chose you and you chose me. This changes how we interact with one another.

For teens who responded to Liu et al.’s (2014) survey, those who were involved in their churches reported that the church was a source of belonging, kindness, help, friendship, love, healing, and protection (p. 396). When asked what belonging meant to them, the teens defined it as: welcome, understanding, acceptance, trust, and the ability to grow. By enabling people to belong in the community, positive outcomes may occur for both the individual and the congregation.

In his theology of belonging, Swinton (2012) expounds on what it means to belong. He says, “only when your absence stimulates feelings of emptiness will you know that you truly belong” (Swinton, 2012, p. 183). One cannot truly belong unless one is missed in his or her absence. Therefore, when people seen as weak and vulnerable are excluded from community, community cannot truly exist. In other words, “no one can belong unless we all belong” (Swinton, 2012, p. 187).

Until our church communities can embrace their need for people, all people, to be a part of their congregations, they will perpetuate the feeling that there are people who do not belong. By embracing what each individual has to offer, developing true friendship and connections, and noticing the absence of individuals, the church will become a place

that is recognized for creating an atmosphere of belonging. This cultural shift would revolutionize how churches interact with disabled people and their families².

5. **Conclusion**

My family's experiences in the areas of support, love, and belonging colored future interactions with the church for all of us. While some, but not most, members of my family continued to attend Protestant congregations, permanent damage was done to our perceptions of Christians and how church leadership operates. For me, personally, it has taken many years, and many churches, to find a place where I do feel supported and loved. Though I still struggle with belonging at times, my current church is the best I have seen at building intentional community and helping everyone feel that he or she belongs. Even so, I find it difficult to be completely open about my own disabilities, even while I advocate for others. Thus, I find myself lingering in betweenity and working to chip away at the historical beliefs in faith communities that continue to divide "us" from "them."

B. **Current Work**

1. **Statement of positionality**

Given that this research focuses on disability in relation to Christian faith communities, I believe it is important to situate myself regarding the current work. As a disabled Christian woman, I may assume certain Christian perspectives or concepts within the literature originating from this faith tradition. The research questions and, by extension, methods for this study were influenced by my personal experiences, especially those surrounding interactions with Christian church leadership and individuals with disabilities in my own life, as well as that of family and friends. Additionally, as the

² Belonging will be further discussed in Chapter II.

researcher is an instrument in qualitative research (Patton, 2015; Swinton & Mowat, 2016), including content analysis, I recognize that my own experiences and perspectives will be the context through which the qualitative data is filtered. This necessitates an aspect of reflexivity, or critical self-reflection (Swinton & Mowat, 2016), as my worldview and lived-experience interact with the research.

2. **Overview**

This dissertation consists of six chapters. In this first chapter, I have worked to lay a foundation regarding my own positionality, as well as introducing some of the challenges faced by people with disabilities in faith communities. The second chapter explores the connection of disability to personally held perceptions, rights, health, historic Christian understandings of disability, more current literature around disability and Christian beliefs, and the training provided for religious leaders. A conceptual framework that relies on the social model of disability will be explored in chapter three. Chapter IV will explain the methodology of the current study. Within Chapter V, quantitative results and findings of three themes discovered through content analysis will be presented. The sixth and final chapter will present practical steps that theological programs can take to become more disability-inclusive and draw together the findings of this study with the research presented in earlier chapters.

II. LITERATURE REVIEW

A. Models of Disability

Conversations about disability are colored by the perspectives held by the discussants. While many models have been developed to help explain the perspectives people take on disability, the medical and social models are the most discussed. Given the focus on religious training in this work, it also is important to discuss the religious model. Understanding these models lays a foundation for understanding the different perspectives that might be held about disability in today's society and, specifically, within religious training.

1. Medical model

The medical model continues to be the most prevalent model of disability and is dominant in laws like the Americans with Disabilities Act (Donoghue, 2003). This model is sometimes called the individual model, which typically has a focus on medicalization (Oliver, 1995), or the process of seeing people as their diagnoses. It asserts that individuals with impairments are responsible for remediating any difficulties they experience because of their impairments. People with disabilities are seen as the problem and the entity that needs to change, not the world around them. As a result, disabled people often are considered defective or broken, perpetuating discrimination and shame (Siebers, 2008).

This perspective is not always directly related to medicine or medical practice. Many disabled people value the professional services offered by those in medical careers. The medical model can be said to be at work anytime a person takes the perspective that a disabled person holds the onus for their own access; that the disabled person needs to

change or be cured in order to fit in with the normative standards of society (Kafer, 2013). Like all models of disability, this perspective can be held by anyone, including disabled people themselves.

2. **Religious model**

Along with the medical model, the religious (or moral) model is one of the oldest models of disability (Retief & Letšosa, 2018). This model sees disability as an act of God, typically to punish (Henderson & Bryan, 2011) or grow the disabled individual, or to teach valuable lessons to others (Black, 1996), which may result in charity, rather than inclusion. People who ascribe to this model may see disability as the result of karma or as a justified consequence to an immoral act, such as someone who is disabled from an accident in which they were driving drunk. This may result in the view that, since disability is a result of moral failing (sin), it is repentance that is called for on the part of the disabled person and that their faith can then restore their bodyminds (Black, 1996) to what is considered “normal.” At other times, disability is viewed as a special gift that provides God-given abilities or blessings on a person with a disability (Niemann, 2005). This model typically creates an “othering” that results in disabled people being excluded from full participation in society because of the beliefs held by the observers.

3. **Social model**

Within the social model of disability, impairment and moral failings are not the problem. Instead, it is society -the built environment, attitudes, and oppressive structures- that are the problem and need to change. While this model has some shortcomings, it is currently the preferred model by disabled advocates, as it empowers the creation of change outside of the individual and values disabled lives as they are, without

the need for cure or repentance. It focuses on civil rights, over charity, pushing for systemic changes that will make a larger impact on the ability of disabled people to participate in the community. As such, within the social model the responsibility for change lies within the community, not the disabled person themselves. It is the barriers in the environment that are deemed necessary for change and the onus for creating an inclusive world lies in society itself (Oliver, 2013).

Kafer (2013) expands on this model, addressing some of its challenges, with a political/relational model. This model emphasizes the political nature of medicalization, as in the medical model, and the importance of recognizing that both impairment and disability are socially constructed. To further this point, Kafer chose to include “relational” in the model name to highlight the fact that disability is never experienced in isolation, but always through relationships. This might be through societal expectations and norms being experienced by a disabled person, or someone perceived as disabled, in negative ways, such as ableism and discrimination. The political/relational model, with its additions to the social model lends itself to social justice and other activist work, as it asks that people re-imagine disability and place it into context.

B. Re-Imagining Inclusion

While the general concept of inclusion has been around for many years, the term itself is still nebulous, with numerous meanings, understandings, and alternates being used across various fields. Given the frequent use of the term in relation to disabled people, in Disability Studies as a field, and across my own work, investigation into concepts that are embedded in the meaning of inclusion and a re-defining of the concept would prove valuable. The term inclusion has lost its functionality, through linguistic confusion, and

would benefit from a re-imagining that supports the disability community's goals. This will be evidenced by exploring the current terms associated with inclusion in their various contexts, thinking through the importance of naming, considering how these terms interact with Disability Studies and my own work, and reflecting on how re-imagining inclusion can impact the disability community.

1. **Importance of naming**

Despite the frequent use of the term inclusion over the past fifty years, researchers have not come to a single, unified definition (Dudley-Marlings & Burns, 2013; Neely-Barnes & Elswick, 2016). This is especially problematic when one considers that this unclear term is used frequently in relation to schools, communities, and organizations, all with varying explicit and underlying meanings. Even within these specific areas, use of adjectives such as robust (Burt, 2007) and full (American Foundation for the Blind, 2000; Davy, 2015; Hall, 2002; Hammel et al., 2008; Mahar, Cobigo, & Stuart, 2013; National Association for the Deaf, n.d.; Winter, 2003) before the word connote a need for more clarification, since inclusion alone is, seemingly, not adequate.

To further complicate the matter, inclusion is not the only term used. It is often used interchangeably with or in connection to mainstreaming (Cooper, 2004; Davy, 2015; Renzaglia, Karvonen, Drasgow, & Stoxen, 2003; Stinson & Kluwin, 2003), integration (Neely-Barnes & Elswick, 2016; Renzaglia, Karvonen, Drasgow, & Stoxen, 2003; Snow, 2008; Woll & Ladd, 2003), participation (Ellemers & Jetten, 2013; Hammel et al., 2008; Neely-Barnes & Elswick, 2016), social inclusion (Cobigo & Stuart, 2010; Mahar, Cobigo, & Stuart, 2013), community (Cushing, 2015), and belonging (Jansen, Otten, Van der Zee, & Jans, 2014; Neely-Barnes & Elswick, 2016; Spencer-Cavaliere & Watkinson, 2010).

Exploration into these terms based on the environments in which they occur may help to illuminate what is meant by inclusion in these contexts.

a. **Mainstreaming**

In school settings, individuals often assume that inclusion means placement in a mainstream, regular education classroom (Cooper, 2004). Because inclusion has not specifically been defined in educational laws, many educators believe that it fits best under the concept of least restrictive environment (LRE), or the requirement to place students into the most independent educational setting they can handle, along with typically developing peers (Hall, 2002). This is typically referred to as mainstreaming. Yet this understanding of inclusion often operates from a deficit model and takes the perspective that students should be placed in the mainstream when they can assimilate, or perform and fit in, with few, if any, accommodations (Dudley-Marlings & Burns, 2013; Renzaglia et al., 2003).

This definition is problematic when one considers the position statements on inclusion written by the American Foundation for the Blind (2000) and the National Association for the Deaf (n.d.). Both organizations believe that LRE should be considered, but that accommodations are required to provide students with equal access. This means that multiple options might be necessary in order for students to have access to the LRE and that some students, particularly those who are Deaf, may need placements other than their neighborhood schools in order to provide them with direct communication access to teachers and peers. Similarly, those who are blind or have visual impairments require access to educators who are familiar with their unique needs and understand how to provide access that does not require sight. Both groups contend that mainstreaming

may be an appropriate option with adequate accommodations, but that other options should be available as well and presented as valid options to students and families.

A different definition of inclusion is posed by Stinson and Kluwin (2003) who indicate that in deaf education, specifically, inclusion is being instructed in general education classrooms with accommodations and services, whereas mainstreaming is being instructed in general education classrooms with no accommodations and services, but it may be accompanied by segregated special education classes that occur in the same building in which general education students are located. Many culturally Deaf individuals have fought for the maintenance of segregated settings, which are cultural bastions for the Deaf, in order to have the linguistic models and exposure necessary to thoroughly develop American Sign Language and Deaf culture. They maintain that such schools are necessary to forming Deaf culture and that mainstreaming, while no opportunities for community with other Deaf students and role models is detrimental to the cultural identity of Deaf students (Woll & Ladd, 2003).

Other disability advocates mention that mainstreaming, as a concept that includes no accommodations, specifically leaves out many individuals with intellectual and developmental disabilities (IDD) who would need accommodations to be successful in such an environment (Davy, 2015). This is contrary to the statement on inclusion that was issued by The Arc (2009), an advocacy organization for people with IDD. The Arc's statement expounds upon the benefits of inclusion for all parties, not just those with IDD, and stresses that equal treatment and access to inclusive, as opposed to separate, programs is necessary for individuals with IDD to participate fully and have access to relationships and meaningful work in their communities. This position requires that the definition of

mainstreaming, as an inclusive paradigm, is broad enough to include accommodations. Thus, within the school system, as well as across and within disability types, mainstreaming may be defined and experienced differently, but it is typically considered a part of or connected to inclusion.

b. **Community inclusion**

While other terms are occasionally used in the school setting, they are more frequently used in conversations about inclusion related to the larger community. This was evident in searching for academic articles for this paper. When the key word “inclusion” was used to search in major databases, the majority of articles that appeared were related to education, but when other related terms (e.g., participation, integration, social/community inclusion, belonging) were searched, more articles related to inclusion in the larger community appeared. Often, but not always, these community-based discussions were specific to individuals with intellectual and developmental disabilities or those living in congregant settings, with the terms integration and participation being used most frequently.

Specific to individuals with IDD, much research has been conducted over the last fifty years about their inclusion in society as a whole, though this research is, again, covered under a variety of different terms and understandings (Neely-Barnes & Elswick, 2016). Davy (2015) points out that this may be because typical thoughts on inclusion in society are based on a model of autonomy and the need to reason independently in order to function as a person in society. While this conception is troubling on several levels, it poses a specific difficulty for individuals with IDD to meet the requirements set out for inclusion, especially when one considers the deep history of institutionalization and lack

of opportunity for autonomy. This narrow focus on autonomy and reason, combined with beliefs that integration (often defined as physical presence) is the same as inclusion, have resulted in a system-wide problem where individuals with intellectual and developmental disabilities are ignored, left out, bullied, and rejected (Cushing, 2015).

The Autistic Self Advocacy Network (n.d.) agrees that individuals with IDD, including autism spectrum disorders, experience segregation, discrimination, and bullying all too frequently. In their policy statement, they note that, “every person is worthy of inclusion and respect” and that meaningful involvement in society is crucial. Though Autistic individuals have the right to access and opportunity, as well as a voice in matters that concern them, they often are labeled and then downplayed for their uniqueness. This lack of inclusion of neurodiversity denies individuals the opportunities to live up to their potential and to contribute meaningfully to society. Inclusion that results in division and, ultimately, exclusion is not effective.

Individuals with other disabilities, as well as those with IDD, face additional issues in the community in terms of inclusion. For example, in her consideration of inclusion as a civic virtue, Burt (2007) defines inclusion this way: “Robust inclusion of the disabled names a way of life in which individuals without the capacity for normal social functioning (intellectual, physical, or both) are welcomed and accommodated, cared for and socially integrated in a manner that seeks as much as possible to transcend the hierarchy of value that privileges people with normal capacities over those with a range of disabilities” (p. 558). While she, ironically, is attempting to expand inclusion to contemplate more domains than typically are considered and to move past hierarchies, she operates under the assumption that life with a disability is mediated by lack of capacity on

the part of the disabled person. Like in the school system, disabled people are considered lacking in some needed substance and are required to meet the expectations of the rest of society in order to be included. This constant push to perform up to standards, which are sometimes higher standards than are set for those without disabilities, can be punishing (Hammel et al., 2008).

Likewise, current conceptualizations of inclusion portray access as a systemic issue, but other aspects (e.g., building relationships) as the onus of the person with a disability, with no responsibility on the larger community. On the other hand, Jansen et al. (2014) clearly states that the responsibility for inclusion falls on the community and their willingness to accept individuals and appreciate diversity. This fits well into the theory purposed by Ellemers and Jetten (2013), that there are many ways to be marginalized and to participate, but it is all a negotiation of the desires of the larger group and of the individual in interaction with one another. Indeed, participation is a negotiation, but it is also a way of expressing ones values and desires, it needs to be actively chosen, and it cannot occur without the support of society (Hammel et al., 2008). As such, the great push for integration and participation for individuals with disabilities in society neglects to take into consideration the participation needed on the part of society to make negotiation possible and inclusion happen.

Similarly, workplaces require a great deal of negotiation and participation, and inclusion is beginning to be discussed, though current conversations, seemingly, have little to do with disability. Conversations about inclusion in businesses and organizations are often around diversity efforts, especially in the area of race. While these discussions do not overtly include disability at this time, the concept of diversifying the workplace to

include those who are considered different aligns with inclusion of disabled people. These workplace conversations tend to center around inclusion as being accepted and valued members of the organization (Geiger & Jordan, 2014; Storey, 2014) and the need to recognize privilege and mediate bias (Geiger & Jordan, 2014). So for many businesses and organizations, inclusion is a concept that moves them closer to diversity and, ultimately, is an area where they could easily begin considering the inclusion of disabled individuals. The treatment of inclusion in organizations and businesses, community as a whole, and the school system exemplify the large number of meanings that hide beneath inclusion and the various terms used in conjunction with inclusion.

c. **Belonging**

While inclusion as a concept is prevalent across numerous settings, a new set of terms is beginning to gain ground. More discussions are starting to center around community and belonging as integral components of inclusion. To further expand upon my discussion of belonging in the introduction, Mahar, Cobigo, and Stuart (2013) completed a literature review about belonging for people with disabilities and determined that it is essential to inclusion. They defined belonging as “a subjective feeling of value and respect derived from a reciprocal relationship to an external referent that is built on a foundation of shared experiences, beliefs, or personal characteristics. These feeling of external connectedness are grounded to the context or referent group, to whom one choses, wants and feels permission to belong” (Mahar, Cobigo, & Stuart, 2013, p. 1031).

The subjectivity of belonging may make it difficult to measure and creates problems in generalization, but the construct is beginning to emerge in more and more literature and for good reason. Without feeling like one belongs and contributes toward

the group, it is difficult to be truly included (Jansen et al., 2014). In the case of Spencer-Cavaliere and Watkinson's (2010) study on perspectives of inclusion of disabled school children, inclusion itself was defined as a "sense of belonging, acceptance, and value" (p. 276). Indeed, Cushing (2015) described community in much the same way, as "a feeling of belonging towards a group that has something in common" (p. 84). These definitions of belonging and community as essential to inclusion contribute deeper meaning to the term inclusion than words like integration, participation, and mainstreaming. The connotation of belonging is that individual people and their feelings are involved, while other terms tend to invoke pictures of policy and requirements, with little reminder that humans are involved. Thus, the words that are chosen in naming inclusion can be and are powerful.

2. **Naming and Disability Studies**

The power of naming is not a foreign concept to the field of Disability Studies. Brueggemann (2009) reminds us that things often do not fit neatly into categories, yet power is derived from naming and labeling them. As such, Disability Studies has heralded and chronicled the reclaiming of language that was originally meant to oppress or "other" (Linton, 2006) and activists have called for a re-naming to occur in order to take into account experiences and context (Price, 2011). As words that are used grow tired or lose their intended focus from overuse (Cooper, 2004), it is important that they are re-imagined in order to create understanding and embody the essence of what was intended to undergird the word.

When we fail to revitalize or re-imagine a dying or powerless word, people may find themselves unsure whether or not the concept applies to them at all, or if it only

applies to them in particular settings or with certain individuals. The word experiences the push and pull of being between here and there; likewise, people may find themselves in a place between meanings and, potentially, become lost in the tension that has been created. In her work, Brueggemann (2009) has named this concept “betweenity;” she says that it is an anxious space between identity, desire, belonging, and limits. When one experiences betweenity, one finds oneself in an uncertain space characterized by boundaries and cracks in those boundaries. However, she also provides hope and a future in those boundaries by clarifying that “tough, opportunistic, interesting, and sometimes even beautiful things grow in the cracks of structures seemingly well established and impenetrable” (Brueggemann, 2009, p. 16).

Here we see the possibility of new and interesting things emerging from the uncertainty and lack of clarity. One such interesting thing has come to be known as third culture, transcultural, or global nomads (Fail, Thompson, & Walker, 2004). Primarily used to discuss children who grow up in a foreign country, often as a result of parents who are in the military, overseas business-people, or missionaries, these theories pose that since these children grow up in households of one culture, but experience everyday life in another culture, they often are unsure where they belong. Thus, they may have a third culture created from the bits and pieces of the two cultures to which they most often are exposed, but never feel fully integrated into any of the cultures in which they live. Therefore, the idea of experiencing third culture as a state of betweenity is an interesting one.

I would contend that many individuals with disabilities experience a similar betweenity as they go through life and struggle for belonging. Since the majority of

disabled people do not grow up in families who share their disability and spend significant amounts of time in environments with others who are “able-bodied” and “able-minded,” they may not experience disability culture except in certain, specific, enclaves. With the expectation to meet nondisabled norms in their culture of origin and the experience of disability community in separate spaces, disabled individuals may constantly feel the tension of being between the two cultures. One participant, Miriam, from Fail, Thompson, and Walker’s (2004) study expressed her betweenity this way, “they pigeon hole you and they put a whole lot of values and assumptions and culture into you which doesn’t exist, and it’s not the truth, and really my truth is very, very unusual, and different and particular and I think that’s important” (p. 330). Indeed, Miriam’s truth is important and consideration should be given to the truth that others experience as a result of being between cultures.

The intercultural betweenity that results from attempts to include over multiple cultures and environments is something about which Disability Studies should be keenly aware. Disability Studies itself is not unfamiliar with striving to define its place in academia, where it does not fit neatly into a particular category. Likewise, struggles to move out from between may be embedded into struggles to define inclusion and in the struggle to experience belonging. This begs the question: if one truly belongs, will one still experience betweenity?

This question leads me to believe that in both Disability Studies and my own work, the term belonging may have more power than the term inclusion. Ultimately, the goal of Disability Studies, and my work on disability and religion, is to create a society in which people with disabilities truly experience belonging. It is about personal connections,

contributing to the group, developing relationships, and striving toward equality, not just being physically present. Yet, so many of the definitions for inclusion neglect to move beyond physical presence and place the onus of responsibility upon disabled people themselves.

Belonging requires a two-way relationship, thereby equally dividing the responsibility amongst all involved. This vision is more in line with how relationships, equality, and respect develop among individuals of all kinds. The negotiation that is embedded in relationship cannot occur if people are being told they need to include others because the law or some other entity says so. This is like a parent saying someone must let an annoying little sibling come along to everything; the sibling is there, but the attitude toward the individual is reluctant and may become resentful (theSeed, 2013). Belonging circumvents obligation and embraces welcome. It is through belonging that individuals can truly be included in society as equals.

3. **The impact of re-imagining**

Therefore, inclusion, with its many meanings and iterations, should be laid to rest and replaced by belonging, which better embodies the desires of the community. By re-imagining inclusion as belonging, the field of Disability Studies will be able to unite around a term that expresses the desire to be equal citizens who value relationships and have skills to contribute. For my own work, belonging creates an image that goes beyond that of mere presence within religious institutions to a position of worth, value, and contribution that is needed. It is a reminder that we are called to be one united body in which each part contributes in a meaningful way, rather than a body that tolerates parts it finds less appealing.

By re-imagining inclusion this way, there is also no longer a division between school and community, or between different types of disabilities. It removes the hierarchy of disability and emphasizes that all individuals, as human beings, deserve the right to truly feel like they belong. It moves us beyond an us/them approach to different types of disabilities and creates a coalition of individuals who all desire the same thing, relationship. This shift also may reduce some of the negative experiences that are had when individuals express the desire for intentional community with others who are disabled (Holland, 2016) and promote a culture that celebrates the uniqueness of each individual (Lance, 2014) as a contributing member.

Truly, it has the potential to move beyond disability to express a more global human need to belong. The global nature of such a term may help those who do not view themselves as disabled, such as many Deaf individuals (Woll & Ladd, 2003) and some individuals with mental health needs (DuBrul, 2014), to raise their proverbial voices in unison for basic human rights that transcend disability. It presents a new way of thinking about inclusion that may help to humanize those who are seeking to belong, rather than relegating the concept to policy and practice as has happened to inclusion in many cases.

In opposition, is the continuation of the term inclusion. To continue using inclusion, as it has been used, may further divide disability groups, such as those who have IDD from those who have primarily physical disabilities and those with mental health needs. The current use of inclusion carries with it a connotation of expense, structural changes, and sacrifice on the part of the nondisabled. It also perpetuates a hierarchy of disability and sacrifices the voices of individuals with disabilities for those of their parents, caregivers, and service providers. Inclusion continues to ignore the desires

for relationship above physical presence and solidifies an us/them approach to participation. If inclusion continues to be the term that is used to signify the full and equal access and opportunities that disabled individuals have a right to, it will continue to miss the mark and push toward division in order to accomplish needs specific to certain subgroups.

The perpetuation of inclusion as it is currently practiced may also have the unintentional consequence of placing continued pressure on individuals to “pass,” or present themselves as nondisabled by adhering to the able-bodied/minded norms of society, in order to avoid the stigma and discrimination that accompanies disability (Linton, 2006; Price, 2011) and to avoid the “violence of exclusion” (Price, 2011, p. 7). The energy required for passing could otherwise be utilized in creating relationships and contributing the skills that one possesses, if belonging were the goal. However, if inclusion continues to encourage discrimination and stigma, people with disabilities will continue to feel shamed for who they are and will, therefore, likely continue to put energy into passing.

On the contrary, if belonging is the goal, individuals may see a reduced need for passing as their uniqueness and abilities are appreciated and accepted as a part of the value they bring to a relationship. This shift from inclusion to belonging would not be quick and may not occur in every setting, but if it did, it would help all people, disabled and nondisabled alike, be more accepting of each other and reduce the stigma and discrimination that so pervades the current culture. This may sound like an idealization that is unrealistic, and perhaps it is, but a re-imagining of inclusion as belonging creates in me a sense of hope and possibility.

Thus, it is my contention that, given the multiple terms used for inclusion, the importance and power in word choice, and the presence of a term that more accurately describes the goals of the disability community, inclusion needs to be re-imagined as belonging. This shift in focus has the potential to move the disability community out of a place of perpetual betweenity and into the possibility of community, relationship, and respect that each and every person has a right to. If belonging becomes the cry of a united community, the power of a word with strong connotations of accord and the power of a strong alliance of like-minded individuals could spark the change that the disability community and its allies have been hoping for. This call for belonging intersects well with the goals of many religious faiths.

C. **Disability, Policy, and Religious Organizations**

In the United States, all individuals have a constitutional right to freedom of religion and may decide for themselves whether or not to participate in faith traditions (U.S. Constitution). However, disabled people face a lack of access resulting in barriers which deny them the very right to religious freedom they have been guaranteed in the constitution. In the United States, there has been decades of legal/political advocacy for laws, like the Rehabilitation Act of 1973 and the Americans with Disability Act (ADA) of 1990, to address these barriers. These laws have significantly improved the lives of disabled people in the United States, but have not been as successful in removing the social barriers (e.g., attitudes, stigma) that continue to be problematic for individuals with disabilities. Additionally, these laws do not cover all aspects of life, including religion (ADA, P.L. 101-336; The Rehabilitation Act, P.L. 93-112).

Notably, religious organizations are exempt from the accessibility standards laid out in the ADA and its amendments (Betenbaugh, 1996; Pridemore, 2006), resulting in barriers to participation for individuals with disabilities who wish to be involved in communal religious practice. Likewise, many religious organizations do not recognize the need to make their buildings and practices accessible, creating a double barrier (barriers to participation are legally allowed to exist and religious organizations exclude, explicitly and implicitly, disabled people) for individuals with disabilities who desire to be a part of a faith community.

Even the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD; United Nations, 2006), which is a global document designed to ensure disabled people are granted the same rights as other human beings, neglects to take into account spiritual and religious needs. An investigation into the development of the UNCRPD by Whiting and Gurbai (2015) revealed that spirituality was discussed during the development of the convention, but countries involved in its development objected on three parts: (a) spiritual and religious rights were included in other conventions established by the United Nations and did not need to be repeated; (b) religion is a personal and private matter that does not need to be regulated; and (c) discussing religion as a right could create confusion about the roles that states hold in comparison to those of the individual (p. 115). In the end, religion and spiritual practice were left out of the UNCRPD.

By not explicitly including people with disabilities in the right to spiritual and religious practice, disabled people have been implicitly excluded. Therefore, this research seeks both to advance the conversation around the right to religious practice for people

with disabilities and to shift the discourse within religious organizations to consider the rights of disabled people, as citizens and part of the community, to practice the religion of their choosing. In order to do this, religious participation and access to faith communities must be explored further.

D. **Disability, Health, and Religious Participation**

The topic of religion and health has been discussed for hundreds of years, with much of the focus on the impact of religion on personal health and wellbeing over the last thirty years (Levin, 2017). Studies have found that religion reduces the chances of physical health difficulties, increases longevity, and aids in recovery from illness (George, Larson, Koenig, & McCullough, 2000) and promotes “peace of mind and psychological well-being” (Levin, 2017, p. 39). In fact, religion has been directly linked to the prevention of mental illness and substance abuse; these connections are stronger than those for physical health outcomes (George et al., 2000).

Studies that have been conducted span multiple religious backgrounds, ethnicities, locations, and ages, providing a wide variety of studies supporting the relationship between religion and health (Levin, 2017). While there may be some instances where specific religious beliefs harm health, they tend to surround beliefs that avoid standard health care practices; the majority of studies find that religion either is beneficial to health or has no impact (George et al., 2000).

The health benefits that are derived from religious participation may be related to promoted health behaviors within the religious structure, the social support provided by regular attendance in faith communities, and the meaning around life and suffering that people draw from religious beliefs (George et al., 2000). A stronger predictor of physical

health outcomes was attendance at religious services (George et al., 2000). Regardless of which faith community an individual belongs to, having a community to be a part of may be life affirming and can be a source of comfort, care, understanding, and support (Treloar, 2002). These positive benefits of religion lay a strong foundation for the right of all people to access a religious tradition, if they so choose.

In addition to health correlates, Poston and Turnbull (2004) found that religion serves three functions for people who are experiencing illness or disability. It provides: (a) a framework from which to develop a construct of meaning; (b) resources to assist during a difficult time; and (c) hope. They state that religion can be further broken down into spiritual beliefs (having faith, prayer, and finding meaning) and religious participation (ability to attend faith gatherings, making connections with others). Given the breadth and depth of these areas, it is no surprise that spirituality and religious beliefs fall into the category of emotional well-being in quality of life inventories (Gaventa, 2012; Poston & Turnbull, 2004). Indeed, the opportunity for meaningful participation in religious community helps to develop individual faith and provides opportunities for expression that might otherwise not be acquired (Ault, Collins, & Carter, 2013).

E. **Access to Faith Communities**

Despite documentation supporting the beneficial nature of participation in religious activities, people with disabilities are 18% less likely to regularly attend services than their non-disabled peers (Ault, Collins, & Carter, 2013; Carter, 2011; LaRocque & Eigenbrood, 2005). People with disabilities have a particularly difficult time participating in religious life and experiencing the positive outcomes that come from it (Carter, 2007). To bridge

this gap, researchers have explored barriers to participation and analyzed how some congregations have responded to these barriers.

Barriers may fall into the following categories: (a) architectural, which would include lack of accessible restrooms, stairs, no elevator, inaccessible seating, and no ramps; (b) attitudinal, such as unwelcoming congregants, lack of invitation for participation, condescension, and poor language choices; (c) communication, as in no large print or Braille texts, lack of sign language interpretation, and inappropriate linguistic level; (d) programmatic, including need for adapted materials or presentations, and no assistance to facilitate attendance or participation; and (e) liturgical, such as inaccessibility of religious rites and exclusion from programs or rites (Carter, 2007).

These barriers significantly hinder participation for many families who wish to attend faith communities, yet little is being done to make faith communities more accessible. Indeed, according to a study of 91 congregations across several different faith communities, 71% indicated they were aware of barriers within their faith communities, yet 69% (of the 71%) of those congregations indicated that they had not acted or had only recently begun to remove the known barriers (LaRocque & Eigenbrood, 2005).

Additionally, a focus group with families of children with intellectual and developmental disabilities indicated that even when some families felt their faith community was accepting, approximately half felt their children did not have the support or acceptance of the community (Poston & Turnbull, 2004) and one-third of parents reported changing places of worship because their children with disabilities were not included (Ault, Collins, & Carter, 2013). Likewise, parents of disabled children in another study indicated that their children are connected to God, but that their faith communities did not see or value

the connection their disabled children had with God. Moreover, many of these parents ended up teaching their children themselves, rather than having them included in religious education courses, and were negatively impacted by their faith communities' responses to their family (Goldstein & Ault, 2015). How faith communities respond to barriers such as these is as varied as the barriers themselves.

For some congregations, rather than asking people what they need, their response to making their community accessible is to develop “special” programs, seating, and/or even transportation (Larocque & Eigenbrood, 2005). While congregations label these programs “special” with the intent for them to be set apart in some way, they unintentionally segregate individuals with disabilities from the rest of the faith community. Though the euphemism, “special” is used with all good intention, recent research has shown that labels such as “special needs” are othering and ineffective (Gernsbacher, Raimond, Balinghasay, & Boston, 2016), in addition to being disliked by the disability community (Linton, 1998; Perkins, 2016).

However, this segregated structure is not unique to faith communities. It echoes well-established structures in society, where people without disabilities often do not encounter people with disabilities in their daily lives (Carter, 2011). This normalcy of segregation reinforces the idea that segregated settings are needed, and some individuals with disabilities and their families may value separate programs. Yet, all too often, these programs separate people with disabilities from the congregation to the extent that they do not have the ability to contribute their gifts. Individuals who are forced into separate programs may feel they are not valued or able to contribute in the ways in which they would desire (Ault, Collins, & Carter, 2013). These separate programs may also set low

expectations for individuals who have the potential to participate at a higher level, if given the appropriate accommodations and opportunities (Byzek, 2001). So, while separate programs may be appreciated by some parents (Ault, Collins, & Carter, 2013) or desired for community building among individuals with similar disability types, the current trend is moving away from completely separate programs and toward more inclusive settings, much like the inclusion movement in schools (Gaventa, 2012), which set higher expectations, but also require accommodation.

F. **Disability in Christian Thought and Practice**

Approximately three-quarters of the more than 35,000 adults surveyed by the Pew Research Center (2015), the largest comprehensive study of religion in the United States, reported belonging to specific faith communities, with seven out of ten of these people identifying as Christians. While the barriers to access and difficulties in participating in faith communities transcend religion, the prevalence of people practicing the Christian faith in the United States make it a religious group with a pressing need for analysis.

For the purposes of this study, Christianity is defined as the set of beliefs and practices of Christians, including the core beliefs that: (a) there is one God who created the earth and everything on it as an expression of love; and (b) Jesus Christ is the divine Son of God who came to earth, died, and rose again to be a substitutionary sacrifice for humanity's wrongdoing (Pollock, 2008). Given the dominance, demographically and culturally, of Christianity in the United States, there is a need to analyze the presence of disability in Christian doctrine and explore the "place" of disabled people in Christian faith communities in order to establish the context from which this study operates.

1. Historic interactions of disability and Christianity

There often is an uneasy tension between Christianity and people with disabilities. While the tenets of the religion require love and acceptance of the marginalized and oppressed, the practice of many Christians, throughout time, has not honored this belief well, especially in the context of disability. As a result, a current of ableism underlies much Christian thought. The foundational thoughts of Christianity, as laid by investigation of the Bible and interpretations by Christian thinkers, which interact with the modern concept of disability, need to be re-formed to consider the place and worth of individuals with disabilities in the larger body of Christ. Investigation into Biblical texts, historic Christian thinkers, and current disability theologians will help to clarify the perspectives that have shaped Christian thought and provide new directions for more inclusive faith communities.

Since the concept, “disabled,” is a modern construct (Brock & Swinton, 2013), determining where Biblical texts and historic Christian thinkers are addressing disability may be difficult; texts that refer specifically to disability do not begin to appear until the Reformation in the 16th century (Beates, 2012). Often, pre-Reformation, texts that describe specific impairments or differences (e.g., blindness, deafness, paralysis), marginalization, and/or weakness are what are available and analyzed. As such, these texts are often interpreted variously based on different times, contexts, and Christian denominational traditions and experiences (e.g., Roman Catholic, Protestant, disabled, nondisabled) and it is not unusual to find conflicting interpretations. Giving attention to key passages and Christian thinkers, including possible contradictions, will be a goal of this work.

a. **The Bible**

1). **Old Testament**

The Bible opens in Genesis with an account of creation and a clear acknowledgement that humans were created by God and in the image of God (Genesis 1:26-27). The conception of human beings as reflections of God's image is an underlying theme throughout much of the work done by historic Christian thinkers and modern disability theologians. While this belief is foundational for many Christians, historic thinkers have defined humans differently throughout time, thus changing who Christians of the period believed were made in God's image, and this has sparked great debates over what it means to be human and who is deserving of worth. The book of Genesis does not speak directly to issues of personhood that are implied in these discussions, but does state that humans are intentionally made in God's image and that He found His creation to be good.

Later in Genesis and throughout the Pentateuch (the first five books of the Christian Bible), there are several key passages that relate to disability. Several of these passages imply that God may cause disability. In Genesis 32, Jacob wrestles with an angel of God, who displaces Jacob's hip, resulting in a lifelong limp. When called by God to save His people from slavery in Egypt, Moses makes excuses to God about his difficulty being eloquent and God tells him that He created the deaf and the blind (Exodus 4:10-12). Similarly, Deuteronomy 32:39 records that God both wounds and heals His people.

Passages such as these often are variously interpreted. To some, these examples imply that God is powerful and both the source and solution of disability (Beates, 2012). To others, they create a reason to feel sorry for people who are afflicted with impairments.

These interpretations often determine that disability is a punishment for some sin (anything contrary to God's ways) of the disabled person or their ancestors, and that the best response on the part of the church is pity or charity (Rose, 1997). The discourse of disability and bodily impairment as a result of sin is one that has pervaded conversations throughout time and some of the most well known passages appear to support this claim.

One such passage is that of Leviticus 21:17-23, where the law, from God, seems clear. No one who has any physical imperfection ("any blemish") may approach the holy of holies, thus effectively barring those with disabilities and physical imperfections, due to illnesses or other causes, from approaching God. While this did not exclude these individuals from priesthood entirely, they were forbidden to enter the one place where priests did the holiest of work (Beates, 2012). From this passage, assumptions often are made that individuals cannot enter the holy of holies, or serve God as a priest, because their disability is inherently sinful (Hiatt, 2004; Lowe, 2012; Schuelka, 2013; Selvey & Ashman, 1998; Yong, 2011) and, thus, they are unworthy of entering God's presence and cannot serve as representatives of Him amongst His people. Alternative understandings remind readers that the book of Leviticus points to the unworthy nature of all human beings, in comparison to God's perfect holiness (Beates, 2012), as opposed to singling out people with disabilities as more unholy than others.

There are many more references to impairments and experiences of suffering in the Old Testament, but the passage from Leviticus 21 may be the most cited and most controversial for individuals with disabilities. Other applicable Old Testament accounts include the suffering of Job (Beates, 2012; Yong, 2011) and the afflictions he received as a result of God's granting permission to Satan to afflict him, the calamity experienced by

Ruth's family (Beates, 2012), Psalms of lament, and the story of Mephibosheth (2 Samuel 4), who had a mobility impairment (Yong, 2011). Thus, throughout the Old Testament, there are numerous examples of God's laws and interactions with people, some of which refer to individuals whom today's society would label as disabled. Traditional readings of these accounts of individual stories set a precedent for what might be considered a theology of able-bodiedness.

2). New Testament

The New Testament begins with four separate, but overlapping, accounts of the life of Jesus Christ. In these four books, there are 727 verses (Hiatt, 2004) in 75 passages that are about Jesus interacting with individuals who were sick or disabled. Of those, 26 passages are about individuals whom today's society would consider disabled. In 22 of those accounts are the stories of thirteen, possibly fourteen, separate individuals with disabilities whom Jesus healed physically (Block, 2002). With so little focus on people with disabilities outside of these healings, and with so many other passages about Jesus healing those who are ill, it is no wonder that many consider Jesus' ministry as one that saw people with disabilities as in need of healing, charity, and forgiveness of sins. The healing ministry of Christ has perpetuated a theology of able-bodiedness that continues to separate those with disabilities from the rest of the church.

Yet looking more closely at some of the passages in which Jesus healed provides an alternative perspective. One such passage is found in Luke 5:17-26 (also Matthew 9:2-7 and Mark 2:3-5), where four men carry their friend, who has paralysis, to Jesus, believing that He will heal him. Because they cannot gain easy access to Jesus, they remove part of the roof and lower their friend down to Jesus, where He tells the man that

his sins are forgiven. While many take this to be another connection between sin and disability, Jesus goes on to clarify that spiritual healing is what this man needs more than physical healing (Beates, 2012). However, given the faith of the men who brought their friend there and the opportunity to show that He is God's son, Jesus also restores the man's ability to walk. Too often readings of this text do not place emphasis on the man's need for spiritual healing, but instead only point to Jesus' divinity being demonstrated through the man's healing because of his friends' faith.

An example of Jesus refuting sin as the cause of disability is found in John 9 where the disciples (Jesus' followers) ask Jesus why a man was born blind. They want to know if it was the man's sin or that of his parents that caused the blindness. Jesus clarifies that the man is not blind due to sin but so that He can show God's power through the man's healing. This passage refutes the historic picture of disability or impairment as sin, or disabled people as inferior or morally wrong. Later in the passage, the man who is healed demonstrates that he is a clever man with great boldness in declaring what Jesus did for him (Block, 2002). This account does not invoke pity or substantiate a narrative of sin as the cause for disability, but stands as an example of Jesus directly refuting that disability is a punishment for doing wrong and expressly stating that God can and does use people with disabilities for His glory.

In a similar fashion, one of the most prolific writers of the New Testament also explains how people of all abilities and gifts have a place in the church and should not be marginalized as hopeless sinners. In his letters to the Corinthians, Paul has much to say about his own afflictions (2 Corinthians 12:7-10) as well as the importance of those whom people deem weaker or less important within the body of Christ (1 Corinthians 12:12-27).

Paul uses a metaphor of the body and the need for all parts to function well and together in order to be whole, emphasizing that weakness is normal and helps us understand the Gospel (Beates, 2012).

Additionally, the body is ordered and arranged in a specific way which creates balance and allows for each individual parts' gifts and talents to be developed and used (Webb-Mitchell in Eiesland & Saliers, 1998) for the glory of God and the good of the church. While there is irony in the use of a body metaphor in one of the most inclusive passages in the New Testament (as well as in Romans 12 and Ephesians 4), Paul makes it clear that what the world considers weak or lesser is not so. On the contrary, people of all abilities are inherently valuable as bearers of the image of God and are vital, contributing members of the metaphoric body of Christ, the church, which cannot function well without them.

b. **Historic Christian thinkers**

Though the Bible has much to say about disability, the majority of people receive their understandings and interpretations of the Bible from Christian thinkers throughout time, many of whom wrote on themes and issues that connect with the concept of disability, although they do not explicitly use that word. This early Christian thought has shaped many Christian's perspectives on the body and what it means to be made in the image of God. Thus, it is worthwhile to investigate their interpretations, which have contributed to modern theology.

One influential early Christian thinker was Augustine, Bishop of Hippo, who lived from 354-430 CE (Stainton, 2008). Much of what Augustine wrote about impairment implies that it is a punishment for sins (Brock in Brock & Swinton, 2013; Rose, 1997) or

otherwise caused expressly by God and not evil spirits (Brock in Brock & Swinton, 2013). He saw his own illness, as well as deafness and intellectual disabilities as “lamentable state[s]” (Brock in Brock & Swinton, 2013, p. 67) and wrote despairingly about his mother’s battle with alcoholism (Augustine & Pine-Coffin, 1983). Contrarily, he wrote about the downsides of impairments while stating that things would be made right upon the resurrection of the dead and that impairments do not impact a person’s ability to be good or live a happy life.

Interestingly, Augustine’s doctrines were based on reason and theories of grace, which divided the rational and irrational worlds (Stainton, 2008). While he believed that rationality was key to having a soul, he declared that people have rational souls even if they cannot express them (Brock in Brock & Swinton, 2013). Others say he followed in Plato’s line of thought, connecting rationality with value or worth, but took it further to make clear that all humans have value as descendants of Adam, created in the image of God, thereby laying a foundation for celebrations of diversity and equality for all within the church (Stainton, 2008).

Intentional Christian communities, like monasteries, were places where conformity and equality were ensured through the enforcement of specific rules. *The Rule of Saint Benedict* (Benedict & Verheyen, 1949) does not speak directly to disability, but it does demonstrate some of the thoughts on able-bodiedness from shortly after Augustine’s time. In the Rule, St. Benedict outlines the day-to-day schedule for those living in Benedictine monastic communities. Though it varied based on seasons, monks in these communities were to toil the land daily, working between three and seven hours a day in manual labor in order to avoid idleness. For those who were “faint hearted” (Chapter XLVIII) or weak,

they were to work in moderation, focus on reading, or dole out tasks to those who were laboring. St. Benedict's rule also explicitly stated that accommodations were to be made by the Abbot for those who were weak. So while the healthier brothers were more ideal workers, the weaker brothers also had a valued and needed place in their community. The rule, then, both celebrated able-bodiedness, but also accepted that the weaker members of the community were a necessity and to be equally honored.

Nearly three quarters of a century later, Thomas Aquinas, who lived in the 13th century, harkened back to Augustine's thoughts on rationality and the value of bodies. Aquinas, however, clarified and further complicated Augustine's thoughts on rationality by separating the soul from reason and stating that there should be no criteria for humanness apart from being created in God's image, and thus capable of knowing and loving God. His thoughts can be interpreted in such a way that impairments, though still thought to be the result of evil, were part of human reality. Brock (Brock & Swinton, 2013) puts it this way, "Aquinas understands the bodily suffering of human beings to be the concomitant consequence of existing as composite creatures ... in a good world disordered by sin" (p. 108). Thus, while Aquinas continues to link disability with sin, he clarifies that it is not something that eternally separates people from God's grace, even as he frames it as a result of the first sin.

While Augustine, Benedict, and Aquinas clearly set forth ideas about rationality and the ability to work, one highly regarded individual sent very mixed messages about impairment. Martin Luther, who began the Protestant Reformation and lived in the 16th century, both advocated for the killing of a young boy with an intellectual disability (Beates, 2012; Heuser in Brock & Swinton, 2013; Rose, 1997) and believed that disabled

infants were changelings (human babies swapped out for the devil's offspring), while also saying that the kingdom of Heaven belonged to the child, the weak, the sick, and the poor (Heuser in Brock & Swinton, 2013). Though he stated that both the devil and God could cause disability, he also stated the people still had full value as human beings in spite of their infirmities and that deafness and blindness do not create barriers to God (Schuelka, 2013). Some of this contradiction may be the result of medieval superstitions mixed with having no category for individuals with significant impairments (Heuser in Brock & Swinton, 2013). Whatever the case, Luther's mixed beliefs supported the superstition that disability is evil or from the devil, thus perpetuated an able-bodied theology that continues to influence people today.

At nearly the same time as Martin Luther was writing, John Calvin was also contributing to thoughts on the faith. While Calvin rarely wrote specifically about disability, he did have a great interest in charity for and inclusion of marginalized people. He strongly believed that the church body was called to go and provide care and charity for those in need and, in doing so, to tell people about God. Though Calvin believed all people were equal in the sight of God, he still did support the need for rationality and normality in order to be distinguished from animals. Evidence of this is his belief that individuals should be able to recite the entire catechism before participating in communion (Creamer in Brock & Swinton, 2013). So while Calvin supported and believed God was with the marginalized and outcast, his own practices fostered marginalization for some people, further separating disabled bodies and minds from the metaphoric body of Christ.

In the 1700s, John Wesley's preaching drew attention to disabled bodies. Wesley was well known for using medical concepts in speaking of spiritual healing. He wrote extensively on physical healing and believed that it comes from direct requests to God. By using a combination of medicine and prayer to heal the sick and help the poor, Wesley drew the consternation of the medical system (Hiatt, 2004). He believed strongly that all people should have access to affordable medical care, but that people's souls were in equal need of healing. According to Hiatt (2004), Wesley believed "the sick and infirmed not only need their bodies reformed, but also need their spirits renewed (See Mark 16:15-20)" (p. 102).

Thus, Wesley urged that whole people (body and soul) were treated, and trusted that God would be glorified through whatever outcome: healing, continued sickness, or death. While Wesley's beliefs focused primarily on healing, he did not focus on why individuals had impairments so much as on the need for equal care for people of all means, and the deeper need for spiritual healing. This separates him from previous Christian thinkers who spent much time focusing on the reasons why bodies might be different, rather than on the worth inherent in each human as a bearer of the image of God.

Following Wesley chronologically, and with a similar focus on bodies, Georg Hegel expressed beliefs that physical disabilities were irrelevant to faith and did not separate one from God. In fact, he believed physical disabilities gave one greater spiritual development because of the effort required to live life in such a state. Sadly, Hegel thought those with mental disabilities were inferior (Wendte in Brock & Swinton, 2013), most likely due to their lack of perceived rationality. This, then, harkens back to

Augustine, Aquinas, and Greek and Roman thinkers who saw rationality as important to humanity.

One final historic Christian thinker, who did take the time to speak and write specifically about disability, was Dietrich Bonhoeffer. He believed that all life was created by God and imbued with worth. Bonhoeffer preached the necessity of seeing the world through the perspective of the marginalized and othered, and suggested that humans stop worshipping power and begin embracing weakness (Wannenwetsch in Brock & Swinton, 2013). His experiences visiting Bethel near Bielefeld in 1933 led him to believe that madness was not presence in an asylum, but the desire to destroy disabled lives, in which people saw no worth. Bonhoeffer's theology demands that Christians take action and recognize that exclusion of the weak, oppressed, and disabled from the body of Christ is equivalent to excluding Christ Himself (Wannenwetsch in Brock & Swinton, 2013). While Bonhoeffer is not known as a disability theologian, his thoughts on human worth in all people, including those with disabilities, aligns well with the disability theologians of today.

c. **Current disability theologians**

Disability theology is a new and emerging area of research, characterized by varying perspectives from liberal to more conservative (Beates, 2012). While, their perspectives vary, disability theology has an underlying theme of God's compatibility with disability and His love and support of people with disabilities (Creamer, 2006). Swinton (2011), a practical theologian, defines it this way: "Disability theology is the attempt by disabled and non-disabled Christians to understand and interpret the gospel of Jesus Christ, God, and humanity against the backdrop of historical

and contemporary experiences of people with disabilities. It has come to refer to a variety of perspectives and methods designed to give voice to the rich and diverse theological meanings of the human experience of disability” (p. 274). He also notes that there are few theologians participating in this research, with individuals from such varying backgrounds as sociology, ethics, and education being the primary authors (Swinton, 2011). It is also interesting to note that the majority of the earliest disability theologians were women, in contrast with the large number of male theologians from the past. While many more are beginning to contribute to disability theology, this work will focus on some of the disability theologians who most often are cited.

The first name of disability theology is Nancy Eiesland. Her work, *The Disabled God* (1994), is the most recognized work in the field. As a sociologist and a woman with a physical disability, she constructed a theology in which God is re-imaged as disabled, through the consideration of Jesus’ experience on the cross and scarred body after His resurrection (Luke 24:36-39). Because of this, she expounds upon the idea that disability cannot be due to sin or evil, because God Himself is without sin and is not in need of healing. According to Eiesland, “our bodies participate in the *imago Dei* [image of God], not in spite of our impairments and contingencies, but through them” (p. 101) and that “as long as disability is addressed in terms of themes of the sin-disability conflation, virtuous suffering, or charitable action, it will be seen as a fate to be avoided ... rather than an ordinary life to be lived” (p. 75). Her theology requires that Christians move past seeing disability as a sin issue or a reason for charity.

Eiesland develops a compelling case for re-constructing the image of the body of Christ into one that sees wholeness differently and which enables people with disabilities

to take their rightful places in the church body. However, she has constructed a theology specific to individuals with physical disabilities and people with other disabilities may be excluded from her model or alienated because of their exclusion from her thoughts (Swinton, 2011). Even if her construction of a disabled God does not fully encompass the lives of everyone with a disability, it is a starting point for disability theologians to reconstruct able-bodied and able-minded narratives in ways that highlight inclusion in the body of Christ for people of all abilities.

Another disability theologian is Jennie Weiss Block, whose book, *Copious Hosting* (2002), poses that God is an accessible God. Because humans were created in God's image, society needs to redefine normal to include the diversity within His creation, without which, people with disabilities will continue to be an oppressed minority. Like Eiesland, she states that Jesus' experience with disability on the cross and the continued presence of His scars after the resurrection indicate that disability is not sinful or a punishment for sin. Therefore, the body of Christ (both the metaphoric and Christ's actual body) demonstrates a need for inclusivity of all kinds, for people with all types of disabilities. Block expresses a need for the church to acknowledge their current inaccessibility and take action in order to create inclusive communities that live up to Biblical mandates.

While Eiesland and Block have theologies that challenge the standard theological interpretations of disability, Deborah Creamer's theology does so as well, but also may challenge one of the foundational concepts of Christianity itself. Creamer's theology imagines a God who is limited, as Jesus complied with human limitations while in His incarnated form. She posits that limits are not surprising things, though humans often do

not appreciate them. According to Creamer, limits are a good, but neutral, force in the universe that turns into suffering due to human choice (Swinton, 2011). While constructing an image of limits as normal within the human sphere may be helpful to bring together those with disabilities and those who are nondisabled, it does stir up mixed feelings in many who believe the traditional perspective that God is all powerful and limitless.

Although there are several other disability theologians, the final theologian this work will include is Tom Reynolds, a systematic theologian. Reynolds' theology is one in which vulnerability is key. He believes that the hallmark of normality is dependence and vulnerability, and that binaries (such as able/disabled) should be banished in favor of an acknowledgement of universal vulnerability. Through Christ's experience of vulnerability in His death on the cross, God understands disability and suffering and is in solidarity with people with disabilities. Reynolds theorizes that vulnerability has the power to dissolve boundaries between dichotomies, but that society often gets bogged down by the values of modernity and refuses to change and accept vulnerability as the normal construct that it is (Swinton, 2011).

The differences between disability theologies are apparent, yet they all work toward breaking down the able-bodied norms that have pervaded society and theology for centuries. Considering these theologies and those put forth by other disability theology scholars (such as Kathy Black, Hans Reinders, and Stanley Hauerwas), one can conclude that people with disabilities have a place in the body of Christ, but that the process of making that place clear may be difficult. When disability theology is considered along with the idea that all individuals are made in the image of God, a powerful case can be

made for the inclusion of all people in the body of Christ and a rejection of able-bodied norms that have pervaded Christianity.

Unlike theologies proposed by disability theologians, literal readings of the Bible as well as traditionally accepted thoughts from historic Christian thinkers have perpetuated a theology of ableism that has oppressed people with disabilities. Throughout time, Christian theologians have absorbed and influenced the thoughts of society to perpetuate beliefs that disabilities are the result of sin, punishment, or devilry, as seen in the religious model of disability. Narratives that counter these arguments are starting to emerge in recent work by disability theologians. This new work, in concert with the belief that all humans are created in God's image (Genesis 1) and consideration of Paul's words (1 Corinthians 12) regarding the importance of each part of the metaphoric body of Christ, could lead to more inclusive practices within Christian theology and community congregations.

2. **The metaphoric body**

A powerful illustration can be found in Paul's description of the metaphoric body of Christ in 1 Corinthians 12:12-27, which recognizes the need for every member to be present and participating in order for the body to function as God intended. Indeed, Paul points out there, as well as in Galatians 3:28 that all people (Jew or Greek, slave or free, male and female) have a place in the one body of Christ (Reynolds, 2012). Jesus Christ Himself declares this in His sharing of the illustration of the Great Banquet (Luke 14:16-24), in which Christians are told to go out and compel the outcasts, the marginalized, and the disabled to come to the table and fellowship (Schultz, 2012; Tada, Bundy, Verbal, & McReynolds, 2011; White, 2014). Both Jesus' account of the Great

Banquet and Paul's letter to the Corinthians point out that it is necessary to seek out those who are struggling, for if one part of the body is struggling, the whole struggles (Schultz, 2012; Swinton, 2001). In the Christian tradition, then, if you remove parts from the communal body, including those who appear weaker, the whole no longer receives the gifts and benefits of those parts, and the excised parts are not able to exercise all of which they are capable (McNair, 2014).

Indeed, Paul's description of the body of Christ in 1 Corinthians 12 does not allow for exclusion; his words propose that all are capable of performing a role in the body (Webb-Mitchell, 2008). As each person was created in God's image, which He declared "good," each body has inherent value and a place in God's creation, including those bodies that society deems imperfect or dangerous (Patterson in Eiesland & Saliers, 1998). As Yong (2011) says, "If people with disabilities are oppressed, more often than not it is because able-bodied people with normative values and social biases treat them dismissively and contemptuously, and produce social, political, and economic structures and a majority worldview that devalue people with disabilities, a worldview that they in turn internalize" (p. 63). Therefore, it is imperative that new readings and interpretations of the Bible, especially the Biblical passages related to disability, and of the 1 Corinthians 12 passage in particular, move away from the ableist interpretations of the past and toward more inclusive mindsets.

Deep readings of Paul's words on the body of Christ demonstrate that Paul leaves no room for exclusion or elitist patterns in his words (Yong, 2011). While the body itself might be arranged in hierarchy, with Christ as head, the other parts are all equal and God gifts people equally, as well (Webb-Mitchell in Eiesland & Saliers, 1998). As such, the

metaphoric body cannot be considered healthy without all its parts present (Yong, 2011) and working to their full capacity. Because of this, Christians must remember that each person was created in God's image, is inherently valuable, and is called to use the gifts God has given them. To do so requires rethinking traditional sin and healing narratives that have revolved around disability, as well as requirements for personhood, and focusing on the unique contributions that each part makes to the whole.

As such, traditional readings of texts would benefit from interactions with the thoughts of the various disability theologians in order to move toward a more inclusive theology. In celebrating the value of diversity within the body of Christ, Christians open the possibility for new and valuable gifts to be contributed to the body and for all members of the body to experience the love of God in their faith communities, as God intended when He created people in His image.

3. **Role of disability in the body of Christ**

While the passage in 1 Corinthians 12 about the metaphoric body of Christ is frequently preached in churches around the world, the message rarely specifically discusses the place of people with disabilities within the body. This is an unfortunate truth when one considers that what is expressed directly from the pulpit reflects the importance placed on issues (Johnson, 1998) and supports the continued presence of an able-bodied norm within Christian congregations. This ableism, or treating individuals with disabilities as second-class citizens (Webb-Mitchell, 2008), is a consistent problem for the inclusion of people with disabilities in congregations. Thus, we need to reframe our thinking and re-read this pivotal text in an empowering way (Block, 2002). In doing so, we can circumvent the seemingly acceptable sin of keeping people with disabilities

invisible (Lowe, 2012) and perpetuating the process of devaluing people who do not conform to the “cult of normalcy” (Reynolds as quoted in Lowe, 2012).

Since Biblical interpretations are continually evolving (Schuelka, 2013), “challenging outmoded language and discriminatory practices toward persons with a disability as presented in religious texts may be one way of bringing the rights of people with disability to the attention of religious communities and the community at large” (Selway & Ashman, 1998, p. 437). With this truth in mind, theologians have the ability to reinterpret Paul’s metaphor of the body of Christ in such a way that moves theology away from an able-bodied norm and toward an interpretation where “God is assumed to be the paradigm of normality” (Swinton, 2011, p. 301). As Swinton (2011) notes, God had no definitive image and is the embodiment of “other;” this frees Christians to see no significance in variation itself apart from the knowledge that all are valued and loved by God, and to embrace all people equally.

In line with the perspective from which ministry to, with, and by people with disabilities (Carter, 2007) emanates, church congregations approach the practice of inclusivity differently than those in secular society. To be fully accessible, these congregations must value people with disabilities as individuals created in God’s image, strive to remove barriers to participation and belonging, and encourage each person to use the gifts God has given them (Byzek, 2001).

As a part of the body, people can find belonging, value, and worth, as well as have the opportunity to contribute based on who they are, not what they could or might be (Swinton, 2001). The diversity of the parts within the whole is one way God uses to reach out to the world; thus, the unity of the body (and, by extension, community) is not

dependent on rigid conformity to structures (Wilke, 1980), but on utilization of each unique difference. As such, the church body needs to recognize difference and diversity (or as Paul says, weakness) within the body of Christ as strengths and opportunities for God's grace to be displayed through His people (McNair, 2014).

By accepting the members of the body that often are deemed weaker as indispensable parts of the church, we honor the body of Christ and demonstrate faithfulness to Christ, who spent much of His time on earth with the marginalized, outcasts, and those labeled as weaker (Swinton, 2001). In doing so, churches can flip the power dynamic that exists in current society. It emphasizes the indispensable nature of those who the powerful construct as weaker and empowers those weaker members by including, as well as valuing, their ability to contribute to the whole (McNair, 2014). Addressing power dynamics involves challenges to existing power structures, tolerance for the discomfort that may accompany change, and a willingness to sit with vulnerability.

To embrace the body of Christ, as Paul explained it, requires "radical vulnerability" (Nouwen, 2000, p. 79). The church must set aside preconceived opinions and comfortable rituals and look to determine what it truly considers necessary for the body to be whole. These important things, as Reinders (2011) point out, are what make us the most vulnerable. Yet, in this vulnerability and weakness the church is best able to experience God's power (Wilke, 1980) and recognize that all people are in need of God and other. Reynolds (2012) puts it well when he states:

Vulnerability is more than a way of noting human bodily limits. It also does not simply mean susceptibility to injury or harm, as something negative, but even more susceptibility to good, to joy and fulfillment through others. (p. 220)

Places of vulnerability make obvious our dependence on God and our need for others, revealing to us our weakness and creating a place to redefine that weakness as strength. It is in this place that people can truly look inside of themselves and recognize sorrow and joy, confusion and contentment, and a deep need for relationship.

While in Christianity the deepest human need for relationship is a relationship with God, the fellowship with others in the body of Christ also plays a pivotal role in Christian life. Since spirituality requires connection to thrive, Christians should remember that friendship is an important means of connection that begins with God (Connor, 2010). Connections through friendship are unique in that they require mutuality and cannot exist without a reciprocal relationship (Reinders, 2011). People learn to be friends and embrace mutuality, but the origination of friendship with God should serve as the basis of all friendships, for “people do not make friends with God; by an act of self-revelation God makes friends with people, offers them an affirming presence, and invites them to participate in divine life” (Connor, 2010, p. 332). God originating friendships in an affirming and inviting way paints a picture of how individuals in the church body may reach out to include all members in such a way that they feel they belong to the greater whole.

Without belonging, people are not truly a part of the church. It is through friendships that people experience value and belonging (Swinton, 2001). Belonging, much like love, is received without need to earn it or work for it (Reinders, 2011). It is most notably experienced when one’s presence is missed when it is absent from the whole (Swinton, 2012). While society values independent people and neglects the opportunities for interdependent relationship (Carter, 2011) that is precisely what the body of Christ

needs. “It is as we share and receive the gifts that we bring to one another that we become one body: a place where we know that we belong” (Swinton, 2012, p. 183). We throw off images of perfection and power and embrace the vulnerability of humanity to see that we were created, in the image of God, as people who need other people, who strongly desire relationship, and who yearn to belong to something. When considering the body of Christ, in all of its weak, gifted glory, Christian communities can see a better image of the vulnerable community in which God has placed us in order to experience friendship and belonging.

4. **“Place” in Christian communities**

In order for disabled people and their families to experience friendship and belonging in faith communities, they need to be included. Inclusion may require extensive supports for some individuals (Carter, 2011), while others may primarily need church leadership to be supportive and open to doing things differently (Goldstein & Ault, 2015). In fact, some surveys of families with disabilities in the church indicate that they would attend more frequently if they had emotional and spiritual support from leadership in the church, as well as acceptance and accommodations in the congregation (Poston & Turnbull, 2004). These things require that congregations notice *the absence* of these members from the church body and desire to bring the body together in unity, with every part contributing to their full ability.

When congregations relegate individuals (and families) with disabilities to only recipients of service, everyone misses out. This is especially devastating when individuals are made to feel like they are burdening the congregation, as demonstrated in practices such as making family members be the main support person for their child or sibling with

a disability, or telling individuals they would be better served in other churches with existing programs and structures in place for people with such unique needs. This may result in “deep pain and emotional reactions such as pulling away from or leaving their congregation (or faith) altogether” (Ault, Collins, & Carter, 2013, p. 207). Likewise, Gaventa (2012) reported that parents often felt rejection when their child with a disability was rejected and that the response of congregational leaders was equated to the response of God. Thus, disabled individuals and their families may find themselves trying to reconcile a loving, supportive, inclusive God with the actions of, what appears to be, an exclusive church body.

When churches include people with disabilities in their congregations only as recipients of services, rather than as contributing members (Gaventa, 2011), this results in all members of the congregation missing the opportunity to benefit from the variety of different skills within the church body (Carter, 2011). Recognizing the different gifts that people have creates opportunities to notice strengths and skills, rather than attending to deficits (Carter, 2013), and moves people from distant objects of charity to unique individuals whose gifts are to be celebrated (Reynolds, 2012). While it is important to recognize and accommodate for things that are challenging for individuals with disabilities, allowing all people to exercise their gifts creates richly rewarding, reciprocal relationships (Nouwen, 2000).

This requires allowing individuals to use the gifts they have been given in their own unique ways, without requiring conformity to the standards set by systems in the church (Reynolds, 2012). Individual members of congregations may benefit from asking themselves what makes specific traits in an individual valuable and where those traits

might best be used or might be needed most within the church (Reinders, 2011). This type of thinking sets up a space where unexpected gifts are valued and each member of the body of Christ is able to contribute.

When congregations and church leaders remember that the relationship of the body of Christ is a reciprocal one, they honor each part of the body of Christ, as well as experience opportunities to learn and grow by being in relation with the other (Swinton, 2001). It is the responsibility of Church leaders to question their rigid conformity to traditional practice and consider where opportunities might come to break down dividing wall of hostility (Ephesians 2:14) that so often is built around individuals and families who are hurt by their experiences with the church (Wilke, 1980). In doing so, church leaders can find ways to honor and appreciate the gifts, needs, and interests of all members in the congregation equally.

G. **Role of Religious Leadership in Christianity**

Faith communities often are sources of information and example for individuals who attend; therefore, the leaders of these communities, regardless of religion, shape how their congregants view many areas of life, including perceptions of and attitudes toward disability (Masood, Turner, & Baxter, 2007). Leaders of faith communities are called to protect, teach, and lead those under their care (Malphurs, 2003); they serve as examples in belief and behavior, and are responsible for ensuring that practices and policies are implemented (Maton et al., 2005). This places the leaders of faith communities in an especially influential position and necessitates that they have the information and training needed in order to lead and fully include all who might wish to join their faith communities.

This need for training is evidenced in several studies. When individuals with disabilities and their parents were interviewed, they indicated the importance of hearing from church leadership that their contributions are valued and that the church will be with them as a source of support (Treloar, 2002). However, few churches seem to have moved past basic recognition of need and into ministry with people with disabilities (LaRocque & Eigenbrood, 2005). When churches minister with people with disabilities, individuals with disabilities are not merely the passive recipients of ministry (as in ministry “to” or “for” people), but become workers alongside (“with”) all other members of the congregation (Carter, 2007). This method of ministry recognizes that each individual in the congregation has something valuable to contribute and promotes participation and equality among members.

In research on families of individuals with disabilities, 50% of parents said that congregational leaders were not available for them if they wanted to talk through their thoughts or find resources (Carter, 2011). Similarly, while parents assigned various meaning to their child’s disability (gifts, blessing, test of faith, punishment for sin), the messages from congregational leaders were also mixed (in need of healing or fixing, to be avoided, gift from God), leaving parents confused (Liu, Carter, Boehm, Annandale, & Taylor, 2014). Therefore, it would be beneficial for church leaders to reach out to families and express support (Schultz, 2012), as well as to hear their stories of rejection and welcome (Gaventa, 2011), and learn how they can best support and include the individual with a disability in all aspects of congregational life (Ault, Collins, & Carter, 2013).

Individuals with disabilities and their families are looking for the same things that others look for in a faith community —acceptance, welcome, and support. This begins

when faith communities, and especially religious leaders, accept and support whole families (Schultz, 2012), which helps foster a sense of belonging. A survey of 162 individuals by White (2014) supports this. Of the respondents to the survey, 60% reported that attitudes of congregants and church leaders were the primary barrier for people with disabilities in their faith communities. Additionally, 46% of respondents felt it would be beneficial for the faith community to provide and/or receive training to help break down these barriers. Likewise, research shows that church leaders lack awareness and may create more difficulties through trying to be helpful (Anderson, 2003a). Therefore, many of the attitudinal, communication, programmatic, and liturgical barriers people with disabilities face might be addressed through improved training for the leaders of faith communities.

H. **Training for Christian Religious Leaders**

For entry into church leadership in many Christian denominations, a seminary degree, specifically the Master of Divinity (M.Div.) degree, is the preferred qualification (Anderson, 2003a; Birch, 2003; Gilbert, 2001; Lincoln, 2010). As of 2016, the Association of Theological Schools (ATS) fully accredits 205 M.Div. programs within the United States (The Association of Theological Schools, 2017, p. 4), with programs affiliated with the following denominational groupings: Protestant, Non/Inter/Multidenominational, Roman Catholic, Orthodox, and Catholic/Eastern Rite Traditions (p. 13). Graduates from these programs typically use their training as they begin careers in various roles within the church and/or ministry programs; research shows that the best time to influence the beliefs and practices of future faith leaders is during their years of training (Perske, 2003).

While the classes required to obtain this degree are extensive, requiring 75 to 110 credits (Birch, 2003), previous analysis indicates that they rarely prepare future faith leaders through training or practice to work with or include individuals with disabilities and their families as a part of their faith communities (Anderson, 2003a; Annandale & Carter, 2014; Birch, 2003). Research also indicates that institutions that grant M.Div. degrees rarely include classes or information in their curriculum that directly addresses disability. When they discuss disability, administrators typically only consider issues of physical access (Gilbert, 2001), and not other barriers, as detailed above (Carter, 2007).

Future Christian leaders are poorly prepared to meet the needs of disabled people and their families due to limited curricular exposure and consequent opportunities to translate theory into practice. This was most recently confirmed by Annandale and Carter's (2014) survey of all ATS accredited programs in North America. The survey was completed by 118 institutional leaders and demonstrated that lack of disability-related content and preparation is still problematic. According to the school leaders who completed the study, few schools offered extensive material related to people with disabilities. When material was offered occasionally or extensively, it was typically in pastoral care courses (91.3% of reporting schools) or religious education (70.4%). School leaders indicated that having a crowded curriculum, not having professors qualified to teach the content, and lack of resources were all barriers to inclusion of disability-related content. When asked how prepared their students were to answer spiritual and theological questions about disabilities after they graduate, 74.1% of programs said their students were not at all prepared or only a little prepared. Yet, the theological school leaders surveyed overwhelmingly (nearly 90%) indicated that their students would likely

encounter disability in their careers. Collectively, these results highlight the need to include messages about disability in theological curriculum as well as provide opportunities for direct involvement outside of classrooms.

The lack of curriculum and exposure during religious training further perpetuates an unspoken belief that disability is not connected to theology and may not be important for students to learn. By containing the majority of disability content under pastoral care and religious education, Christian leaders might receive information on basic counseling techniques, or educational modification, but do not learn to interpret sacred texts through a disability perspective (Annandale & Carter, 2014), which disability theologians see as a necessary skill for culture change within the church (Block, 2002; Creamer, 2009; Eiesland, 1994). Nor do Christian leaders have the opportunity to consider how all aspects of congregational life can be accessible and how disabled people are valuable members of the church body.

1. **Curriculum**

The absence of curricular content related to disability in M.Div. programs indicates a lack of priority within individual programs and the Association of Theological Schools (ATS), an organization that accredits graduate theological degrees at institutions in the United States and Canada. In these countries, the ATS is the accrediting body for over 270 schools, including those that are working toward full accreditation (The Association of Theological Schools, 2017). These programs educate Christian faith leaders and the ATS sets specific standards programs must meet in order to confer degrees, including the M.Div. degree. Within the guidelines, the ATS allows each institution to pick its own mission and purpose to which its goals will align. For some

institutions, this means they will align those requirements with the specific constraints and expectations of their denominations; for others, they may have less strict constraints.

While it does not dictate course content, the ATS does establish specific requirements in each of the following areas: (a) religious heritage; (b) cultural context; (c) personal and spiritual formation; and (d) capacity for ministerial and public leadership (The Association of Theological Schools, 2015a). Within the area of cultural context, ATS expresses an expectation that “the program shall provide instruction in contemporary cultural and social issues and their significance for diverse linguistic and cultural contexts of ministry” (2015a, p. 4). Disability could be encompassed in this expectation for diversity, but is not explicitly included.

The only other mention of diversity, which also does not explicitly include disability, is in regards to faculty: “Faculty shall... possess sufficient diversity of perspective to achieve the degree-program goals” (p. 5). There is no mention of any specific minority groups or perspectives in the ATS guidelines, leaving it up to each seminary program to decide what content best matches their goals and perspectives. As such, disability, along with other specific cultural minorities, is not mentioned specifically in a minority context, or in any other areas within ATS’s specific requirements.

Disability is, however, mentioned in the ATS Policy Guideline on Disability and Theological Education, which was adopted in 2008 and approved in 2010. It is unique among the Policy Guidelines set out by ATS as it is the only one that specifically addresses a group of people. While there is a guideline for Striving for Culturally Competent School Communities, it does not specifically mention any cultures accredited programs should consider and provides generic instructions about the value of

experiencing a wide range of perspectives. The rest of the guidelines are about issues such as: (a) Academic Freedom and Tenure; (b) Faculty Reductions During Financial Crisis; and (c) Student Financial Aid (The Association of Theological Schools, 2015b).

In contrast, the disability-related guideline specifically encourages seminaries to choose to include all individuals in theological education. This includes welcoming people with disabilities both in community life and in seminary life. It urges programs to re-examine their mission statements to ensure people with disabilities may be included, suggests intentionally seeking out qualified individuals with disabilities as seminary students, calls campuses to be accessible and barrier free (unless it would cause undue hardship), encourages raised community awareness and removal of attitudinal barriers, and expresses the need for curricular content that specifically addresses disability.

According to ATS (2015b), “curricular attention to issues of disability and interaction with persons living with disabilities cultivate the capacity of leaders to respond in ministry, teaching, and congregational settings” (p. 14). Yet, the Policy Guidelines are “aspirational in nature” (p. 14) and optional for accredited programs. Though void of any real power over the choices accredited programs make, these guidelines support the need for intentional inclusion of disability in curriculum and a re-assessment of the “null curriculum.”

2. **Null curriculum**

The concept of the null curriculum, or that which is absent from a curriculum, was first described by Elliot Eisner in 1985 (Flinders, Noddings, & Thornston, 1986). It draws attention to the fact that no curriculum contains every concept possible, but that what is not taught may be of educational significance and has the potential to

silence feelings that are unwanted in a program or classroom. Flinders, Noddings, and Thornston (1986) identified the null curriculum as a useful concept when assessing curriculum. They believe it is best used to: (a) provide a historical perspective on content that has not been present, but is now included in curricula; (b) speculate on the consequences of not being trained on particular content; (c) offer alternative perspectives during curriculum planning; (d) create a dialogue between provided content and program goals; and (e) define limits in the implementation of a curriculum. Thus, the null curriculum is a useful construct from which to consider the inclusion of disability-related content in M.Div. programs.

As Anderson (2003b) reifies, the null curriculum is significant and shows whose voices are valued in Christian leadership training. Therefore, the lack of curriculum and lack of presence of people with disabilities in M.Div. programs may be indicative of a lack of consideration of the spirituality of disabled people, as well as an active exclusion of disabled people from the body of Christ. This is especially problematic as church leaders often are called to interact with individuals with disabilities and their families (Annandale & Carter, 2014; Anderson, 2003b). The Policy Guideline on disability by ATS (2015b) is a first step in addressing this disparity in theological programs, but its lack of enforceability or requirement leaves programs with an implicit understanding that their curriculum may not need to change.

Before curriculum in M.Div. programs can be changed, the current state of content about individuals with disabilities and their families needs to be further assessed. The fact that the ATS does not require coursework or content regarding disability does not mean that schools are not offering such classes. However, there is currently no accounting of

which programs integrate disability, or how it is integrated when they do include disability. Therefore, it is necessary to ascertain what, if any, courses about disability are being offered in M.Div. programs. Secondly, understanding what information is being conveyed in any courses that might be offered would be useful in understanding how students in M.Div. programs come to understand disability in the context of the Christian church. Finally, given the differing histories, values, and practices of various denominations and faith traditions within the church (Wolff, 2010), it is beneficial to focus the scope of the current work to one group of denominations.

3. **Mainline Protestantism**

Nearly half of the M.Div. programs (n=92; 45%) in the United States are affiliated with Mainline Protestant denominations. These denominations include: United Methodist Church, Presbyterian Church USA, Episcopal Church, Evangelical Lutheran Church in America, American Baptist Churches USA, United Church of Christ, Reformed Church in America, Friends, Disciples of Christ, Anglican Church, Anabaptist Church, and Nondenominational and Interdenominational Churches (Pew Research Center, 2015). These denominations often are associated with more liberal or progressive policies than churches categorized as Evangelical Protestant or Roman Catholic. For example, the majority of attenders of Mainline Protestant denominations are more likely to vote Democrat or Independent when compared to their Evangelical Protestant peers (Lipka, 2016). They are also more likely to ordain women as church leaders (Masci, 2014).

Likewise, in 2007, the Pew Research Center found that Mainline Protestants were more likely (56%) than historically black Protestant churches (39%) and Evangelical Protestants (26%) to support Lesbian, Gay, Bisexual, and Transgender (LGBT) rights

(Pew Research Center, 2009), including marriage (Masci & Lipka, 2015). When a survey was conducted in 2013 asking LGBT Americans how certain religious organizations responded to them, the results show that they saw the Catholic Church as most unfriendly (79%), followed by Evangelical Protestants (73%), with a significant drop in unfriendliness in Mainline Protestantism (44%). Additionally, Mainline Protestant denominations were found to be more likely to have a statement of inclusion or inclusionary practices regarding people who are transgendered (Sandstrom, 2015).

Given these trends toward more social justice and progressive viewpoints, Mainline Protestant denominations were determined to be the most likely to have begun discussions around disability within their curriculum. As such, this work focuses on M.Div. programs that are associated with Mainline Protestant denominations in order to determine how disability is included in more progressive programs.

I. **Conclusions**

The ability to practice the religion of one's choosing is a Constitutional right in the United States; however, studies have shown that disabled people do not have equal access. While disability and impairment have been discussed in religious spaces, little has been done to incorporate disability-positive theology into faith communities, including through training of their leaders. It is clear from biblical texts that people with disabilities have a valued place within the metaphoric body of Christ, but that Christian faith communities have been slow to recognize and embrace ministry with disabled people. Therefore, an exploration of the current state of disability content in Master of Divinity programs hosted by Mainline Protestant institutions is beneficial for helping to ascertain what progress has been made and what next steps need to be taken.

III. CONCEPTUAL FRAMEWORK

Training future religious leaders on, and providing them with information and tools about, disability as part of their formal graduate-level education is one way to ameliorate barriers to access and promote inclusion in faith communities. Having foundational experiences during training may impact practice for religious leaders after they finish their training. Integrating disability into Master of Divinity curriculum has the potential to influence how future religious leaders create communities of belonging for individuals with disabilities and their families, approach accommodations, and develop a welcoming and inclusive culture in their congregations.

However, the inclusion of disability-related content alone is not sufficient for bringing about the change in training that is needed. Content that is included indiscriminately might include medical or religious model perspectives that do not promote positive understandings of and interactions with disabled people. It is the focus of this work to explore how disability-related content might be included in a way that best reflects the social model of disability – acknowledging the barriers that exist to full belonging within a faith community and working to ameliorate those barriers.

Consequently, the research question that follows aims to assess the degree to which disability-related content currently is integrated into existing, Mainline Protestant, accredited ATS programs in the United States. In order to better understand how current Christian leaders are trained, this research investigates how and to what extent disability currently is integrated within divinity program curricula and courses. The knowledge generated from this project illuminates areas in which M.Div. programs are addressing or

missing opportunities to train Christian leaders to better include disabled people and their families in faith communities.

IV. METHOD

A. **Research Questions**

This study endeavors to answer the following question: How do the curricula at accredited Master of Divinity (M.Div.) programs in the United States, at Mainline Protestant institutions, prepare Christian religious leaders to work with individuals with disabilities and their families?

To assess the integration of disability-related content in the curricula of these programs, the following sub-questions were investigated:

- How is disability-related content currently present and integrated in these programs? and
- How is the presence and/or integration of disability evidenced in these curricula and in specific courses?

To answer these questions, the curricula and courses of Master of Divinity (M.Div.) programs in the United States at Mainline Protestant institutions were systematically analyzed for the presence and integration of disability-related content. Publicly available data was collected and analyzed both quantitatively (e.g., number of courses available, keyword counts) and through content analyses of syllabi, drawing on qualitative terms, to enhance what is known about how students pursuing M.Div. degrees are introduced to and trained in disability-related content as part of their schooling.

B. **Previous Research**

The current research project builds on a pilot study assessing the integration of disability content in the fourteen accredited M.Div. programs in the state of Illinois, a project supported by the Illinois Leadership Education in Neurodevelopmental and related

Disabilities (LEND) program. Results indicated that twelve of the fourteen programs in Illinois had at least one course with disability-related content and there were 37 courses across those programs that had at least some disability-related content. Disappointingly, the majority (n=30) of these courses were related to health, illness, and suffering. Only one course was solely dedicated to disability content (Webb, 2015).

Lessons learned from the pilot study informed the research questions and methodological design for the current project. To begin, the present study expands the sample from just M.Div. programs in Illinois to all accredited Mainline Protestant M.Div. programs in the United States. The research design reflects previous research assessing M.Div. curriculum (Wolff, 2010) and examining how and to what extent disability is integrated in divinity program curricula (Anderson, 2003a; Annandale & Carter, 2014). Other forms of data collection used to assess curriculum are potentially unwieldy (Armstrong, Stahl, & Kantner, 2015; Lennox & Diggins, 1999), sensitive to response bias (Annandale & Carter, 2014; Kalish & Dunn, 1976; Knapp & Elder, 2002; Smeltzer, Blunt, Marozsan, & Wetzel-Effinger, 2015), and would not necessarily address what curriculum is available to, and being implemented for, students currently completing their M.Div. training. Additionally, the current method - document reviews of current course catalogs, and syllabi - will provide a level of analysis that has been missing from previous research on the topic, which has focused on administrative reports of disability-related content (Annandale & Carter, 2014). Findings from this study offer a more accurate picture of what disability-related content currently is found in Mainline Protestant M.Div. curricula, a necessary starting point in planning for future change.

C. Sample

The sample was generated from the publicly available list of programs accredited by the Commission of Accrediting (“Commission”) of the Association of Theological Schools (ATS). As of 2016, the Commission has fully accredited 247 Christian graduate-level programs at institutions, across denominations, in the United States and Canada.

Almost all of these programs (239 of 247) offer a Master of Divinity degree (The Association of Theological Schools, 2017). Collectively, they offer more than 285 additional unique degrees (The Association of Theological Schools, n.d.) also accredited by the Commission including: Master of Arts in Church Music, Master of Theology (Th.M.), and Doctor of Ministry (D.Min.). The diverse range of programs accredited by ATS is designed to prepare graduates for Christian ministerial practice, congregational work, and theologically related teaching and research (The Association of Theological Schools, 2015a). Given the prevalence of M.Div. degrees offered in Commission accredited programs, these are an important site for analysis. This project only focuses on those accredited, Mainline Protestant M.Div. degree programs in the continental United States, Hawaii, and Alaska (excluding other ATS accredited programs in Canada and United States territories, like Puerto Rico), reducing the study sample from 239 to 92. Included degree programs were determined to be Mainline Protestant by using the categories of denominations established by the Pew Research Center’s Religious Landscape Study denominational breakdowns (2015) and ATS’s denominational chart for programs (The Association of Theological Schools, n.d.).

D. **Internal Review Board Approval**

This study focused on institutional/organizational characteristics, curricular materials, and course offerings for the schools in which M.Div. programs are housed. This research did not involve human subjects. Consequently, the principal investigator applied for and received an exemption from the Office for the Protection of Research Subjects at the University of Illinois at Chicago (Appendix A).

E. **Data**

1. **Data sources**

This study encompassed four main sources of data: (a) organizational characteristics; (b) program descriptions and degree templates; (c) course descriptions; and (d) syllabi.

Organizational characteristics included information that is descriptive about the programs in which the M.Div. programs reside. This included things such as: institution type, enrollment, denominational affiliation, and degrees offered.

Program descriptions provided information on the goals of the M.Div. program and the educational foci of each. Examining how M.Div. programs describe what they do provided an opportunity to assess if and to what extent disability was even identified as within the program's scope of work, as they have (publicly) defined it.

Degree templates offered information on the requirements for an M.Div. degree for a specific program. This information was especially useful in determining which courses were required (and which were elective or selective) for the degree. This also provided a checklist against which to determine what courses might or should be offered.

For each course offered, an official course description was sought. Sometimes these are called the catalog description. Course descriptions are standard tools used by most universities to help students make decisions about which courses they would like to attend and, therefore, make a useful data source for analysis and cross-program/institutional comparison. They provide basic information about courses and allow students to identify the main goal or objective of the course.

Finally, syllabi provided more in-depth information about specific courses, typically including course goals and objectives, weekly topics, required readings, and assessments/assignments. Exploring syllabi provides information about how disability is present and/or integrated into the course that cannot be gleaned from the more truncated course description and allowed a greater depth of analysis through providing specifics about the course. For the purpose of this study, the learning outcomes of each course, as provided on the syllabi, were analyzed, as they are indicative of the focus and goals of the course. Weekly schedules were also explored as they provide more data on how course topics were focused on.

2. **Data collection**

The principal investigator used protocols (developed with input from her committee) to gather similar information across all programs that remained in the sample. As described above, the initial sample for this study included 92 Mainline Protestant M.Div. training programs located in the continental United States, Hawaii, and Alaska that were in good standing as an accredited program by ATS as of November 2017.

Systematic searches of publicly available documents posted on program websites were conducted to identify data about each M.Div. program. As detailed in Appendix B,

these searches followed a protocol for exclusion. For each program to remain in the sample, the Principle Investigator (PI) had to be able to find the program's website and identify data for at least 10 of the 14 items in the protocol by searching publicly available information. Additionally, programs needed to have available degree descriptions, program templates, and course catalogs, which were complete and searchable to remain in the sample. Twelve programs did not meet the requirements, resulting in a final sample of 80.

A step-wise search of program websites was conducted to assess the presence and integration of disability at the level of the curriculum (program description and degree program template), and within individual courses (via course descriptions and, where appropriate, in the most recently available version of the syllabus).

The PI used keywords and phrases to search websites and identify the documents (e.g., course descriptions, syllabi) that needed deeper analysis. Specific keywords and phrases (disability, margin, elderly, aging, suffering, dementia, inclusion, services and supports, and specific disability labels [e.g., deaf]) were derived from a set of course descriptions designed as part of a Graduate Certificate in Disability and Ministry offered at Western Theological Seminary in Michigan (Western Theological Seminary, n.d.) and offered a baseline for terms that might be present in other seminary programs. Additional words were added after the PI explored ten course catalogs (identifying new words as she worked) and consulted with two more senior researchers with expertise in the area of disability and faith. The final list of keywords included: disability, margin, elderly, aging, suffer, dementia, inclusion, services and supports, "other," developmental, psychological, heal, health, sick, illness, HIV, AIDS, body, ability, deaf, blind, autistic, disorder,

syndrome, impairment, injury, retardation, cognitive, “special needs,” and 504. To be identified as needing further analysis, course descriptions only needed to have one key word or phrase present. A Boolean search modifier (an asterisk; e.g., disab* or psych*) was used to account for grammatical variations (e.g., disability, disabilities, disabled) that should be included. Syllabi were sought from programs that had four or more courses including keywords (n=50). Figure 1 illustrates this process.

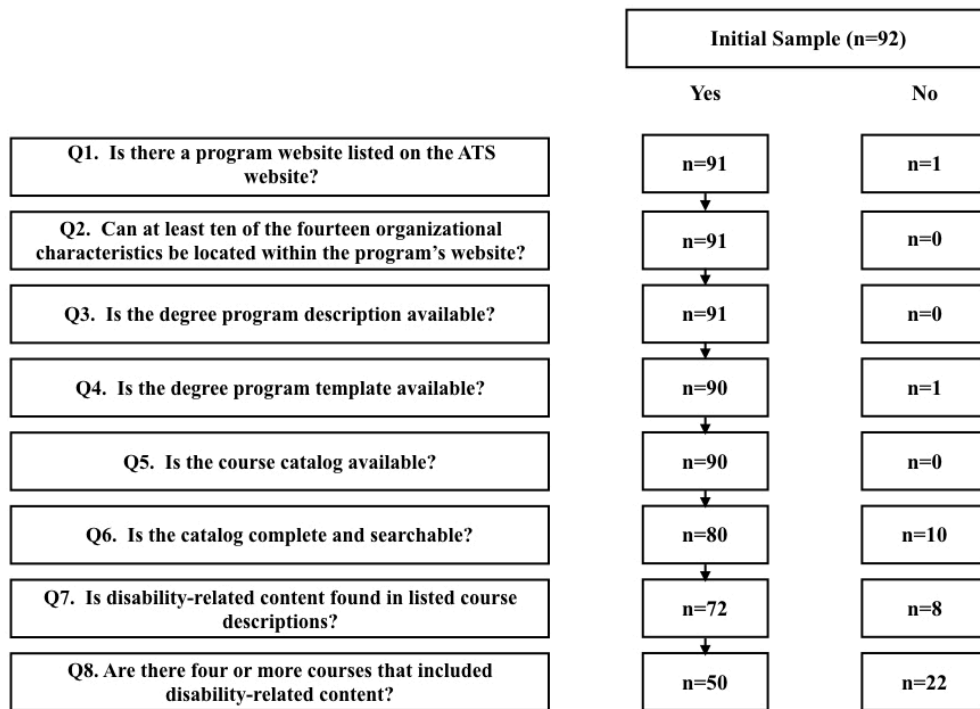


Figure 1: Process for determining the number of programs with four or more courses for syllabi analysis

When courses with disability-related content were identified from course catalogs, but syllabi could not be located online, then course instructors, heads of department, or admissions counselors were contacted and asked to provide the most recent electronic copy of the course syllabi. If syllabi were unavailable to be shared, providing learning outcomes was presented as an alternative. Programs were contacted up to four times requesting syllabi. If no syllabi were gathered by the fourth attempt, the program was removed from the content analysis sample. A total of 23 programs provided 126 syllabi for the analysis, either by providing them open-access online or by emailing them to the PI upon request. Regardless of syllabi availability, organizational data were collected for all programs in the sample and used as a way to aggregate programs for analysis and comparison.

3. **Data management**

To ensure consistency of analysis, the PI developed two protocols for assessing the presence and integration of disability in the M.Div. programs in the sample. Both protocols supported data entry and management via Qualtrics (2017), a cloud-based software program that allows for data output and analysis. The protocols were flexible enough to leave space for both quantitative analysis and qualitative information to use for content analysis of the integration of disability content in particular courses and the curriculum overall, and the use of Qualtrics allowed for centralized data management.

The first protocol, Organizational-Level Characteristics (Appendix C), was used to record organizational-level characteristics of each program. This data fell into two categories, categorical information (e.g., type and size of institution, denominational affiliation, degrees offered) and textual information (e.g., mission statement, M.Div.

degree description). The second, Course Information (Appendix D), was used to record specific courses found in the course catalogs that include disability-related content. This included: (a) the context for the course, such as whether the course was required for completing the M.Div. degree or offered as electives (as decided by the institution); (b) the disability type included (e.g., physical, intellectual and developmental, psychiatric); and (c) keywords that indicated the presence of disability-related content. When courses were identified as having disability-related content, syllabi were requested for courses to aid in deeper analysis, as noted above.

F. **Data Analysis**

Data gathered in Appendices B and C were analyzed separately. Categorical and numerical information were analyzed quantitatively, while textual data were analyzed using frequency counts (a form of content analysis) and thematic analysis.

1. **Quantitative analysis**

A basic description of the sample was generated based on the organizational characteristics data collected and documented in the Organizational-Level Characteristics protocol (Appendix C). Descriptive statistics summarized the distribution of these characteristics within the sample. Qualtrics data was exported and analyzed using Microsoft Excel.

2. **Content analysis**

For each program, course catalogs and syllabi were analyzed for the presence and integration of disability-related content. Presence of information was defined as the explicit occurrence or absence of information related to disabilities and

determined through the use of frequency counts of keywords, as well as considering keywords within the context in which they were found (Stemler, 2001), this is sometimes known as manifest content analysis (Hsieh & Shannon, 2005). Integration of disability-related content was operationalized as the implicit occurrence or absence of disability-related themes and content. Levels of integration were determined in an inductive process based on the data from thematic analysis, described below. The results of each types of analysis were compiled to determine the presence and integration of disability related content within the sample of M.Div. programs.

Further, analysis of themes, using a thematic analysis approach (Braun & Clarke, 2006), from course objectives, course goals, and weekly schedules found in syllabi, across programs, allowed for deeper analysis of the context in which disability-related courses and course material were situated, as well as an understanding of the dominant messages being conveyed across programs. According to Braun and Clarke (2006), using an inductive approach to thematic analysis, which is similar to grounded theory, allowed for data to be coded without it needing to fit into a predetermined coding frame. Additionally, by looking for latent themes, including underlying suppositions, this analysis strove to determine what was shaping or informing the data, as opposed to simply describing what was observed. The PI used the following steps during the analysis: (a) became familiar with the data - reading and re-reading data, noting initial thoughts; (b) developed initial codes - coding interesting features systematically across the data; (c) looked for themes - collating and gathering data relevant to specific themes; (d) reviewed themes - developing thematic maps; (e) defined and named themes –ongoing process of refining specific

themes and clarifying their focus; and (f) created a final report –selecting examples and relating back to research questions (p. 87).

In addition to generating themes through thematic analysis, the data was analyzed iteratively to see what larger themes and implications were present. For example, during the pilot study (Webb, 2015), it was determined that, in M.Div. programs in Illinois, 30 of 37 courses (80%) around disability fell into the themes of health, illness, and suffering. While these are valid topics, they may frame disability in such a way that myths are created or perpetuated about disabled people needing cures and only living lives of suffering. Myths such as these could influence the perceptions of Christian faith leaders and further perpetuate stereotypes that the disability community is working hard to eradicate. Thus, the use of thematic analysis and the process of determining latent themes provided a basis from which the PI drew conclusions about the presence and integration of disability in M.Div. programs and the potential impact this framing may have on people with disabilities and their families.

3. **Outliers**

Given the nature of courses in M.Div. programs, there were particular courses that were more difficult to analyze given the previously discussed means. In an attempt to control for outliers, the following precautions were taken. Any classes about a specific Biblical person's suffering (e.g., Jesus, Job, Paul), were considered separately from other courses, as they are more likely to be focused on a single individual's personal experience than on the inclusion of individuals with disabilities in the modern church. Likewise, as counseling and pastoral care classes are required in all M.Div. programs, these classes were only included in the content analysis if they addressed specific mental

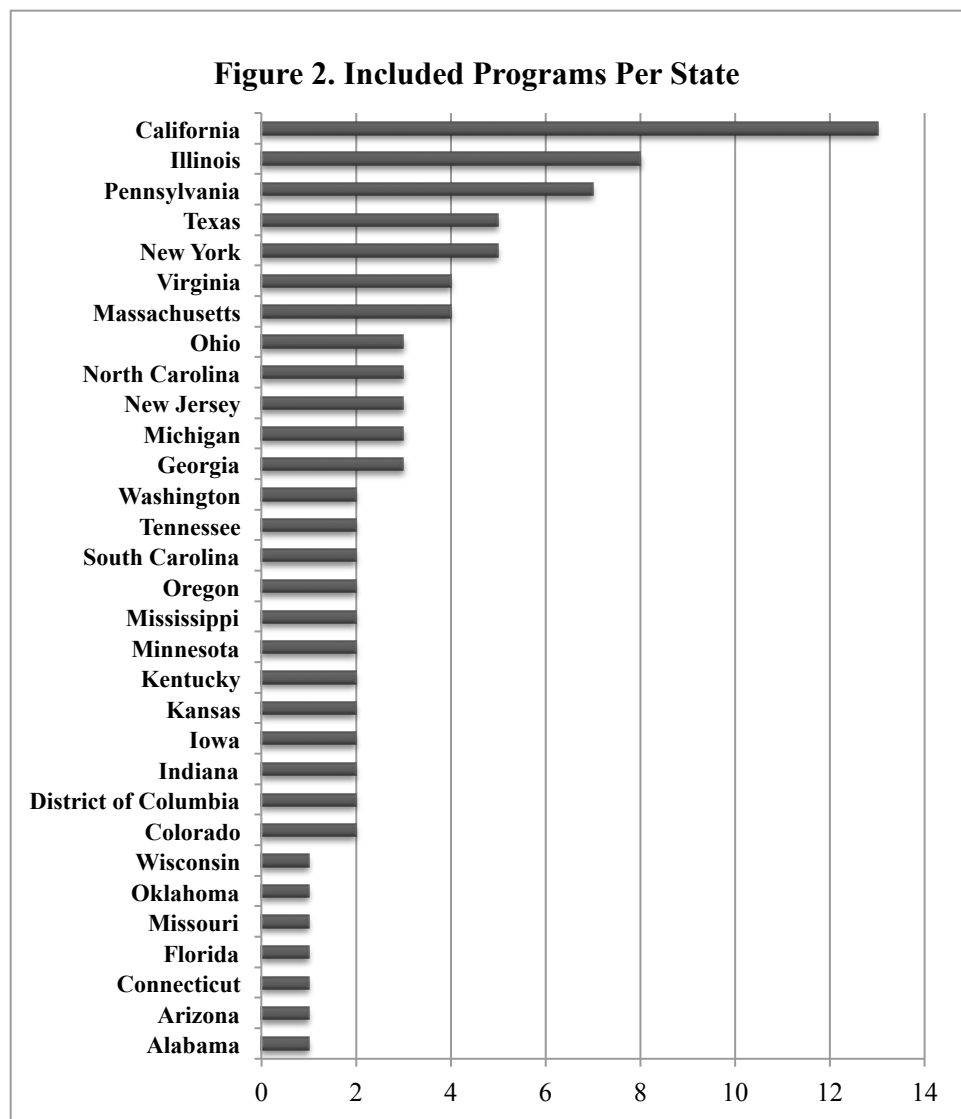
health issues, rather than general counseling techniques or diagnostics. Courses about HIV and AIDS also were considered separately, as this content could be complicated by the lack of awareness of HIV/AIDS as a disability category and may be explicitly connected with courses on ministering to individuals in the LGBT community.

Courses in each of these categories are important and required deeper analysis than other courses to determine their relevance to and interaction with the current research. Acquiring syllabi to analyze the content of these specific types of courses allowed the investigator to better determine if these courses fit with the goals of this study. Therefore, they were included in the quantitative analysis regarding the number of courses with disability-related content, in addition to the content analysis portion, if they fit the goals of the study, with the number of courses that are excluded due to their outlier status also being recorded.

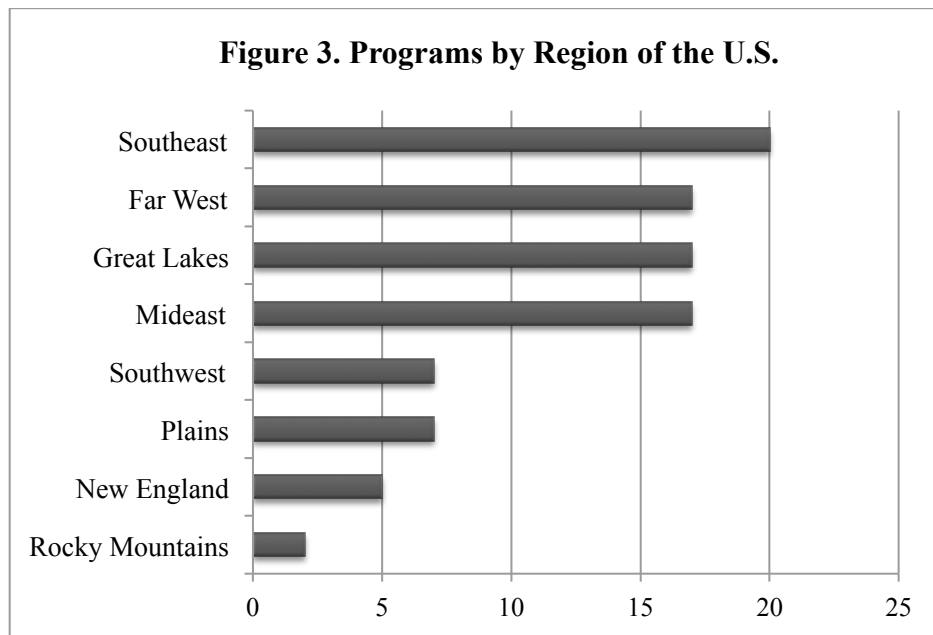
V. RESULTS AND FINDINGS

A. Organizational Characteristics

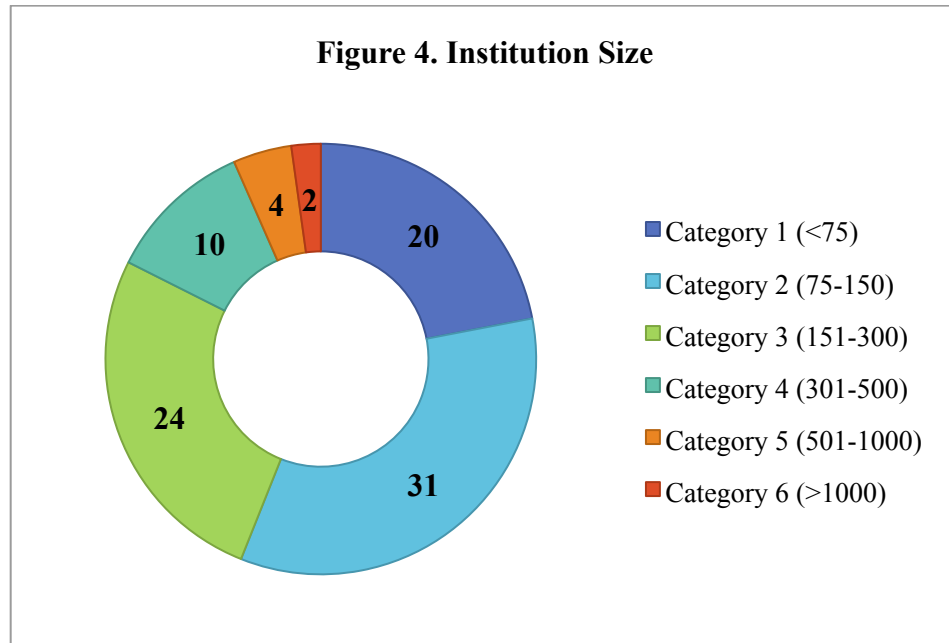
A total of 92 Master of Divinity programs were included in the initial sample of accredited, Mainline Protestant institutions. Programs crossed 30 states and the District of Columbia, with the largest number of programs in California (n=13), Illinois (n=8), and Pennsylvania (n=7). All other states and D.C. had five or fewer programs.



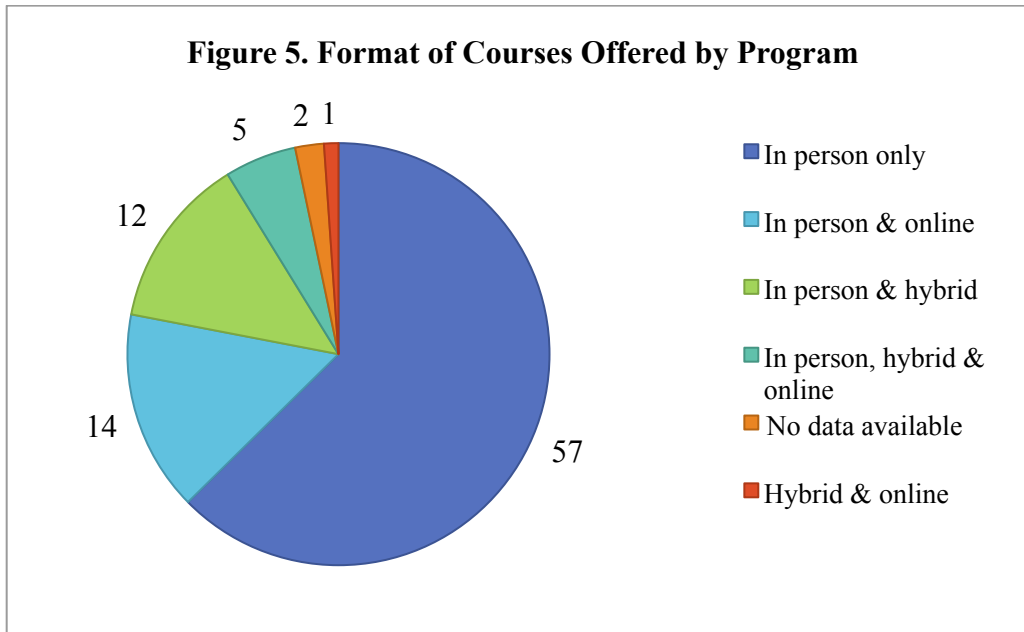
When programs were broken down by region, as established by the Bureau of Economic Analysis (n.d.), the majority of programs were found to be in the Southeast (n=20) and Far West, Great Lakes, and Mideast (n=17 each), with fewer programs in the Southwest (n=7), Plains (n=7), New England (n=5), and Rocky Mountains (n=2).



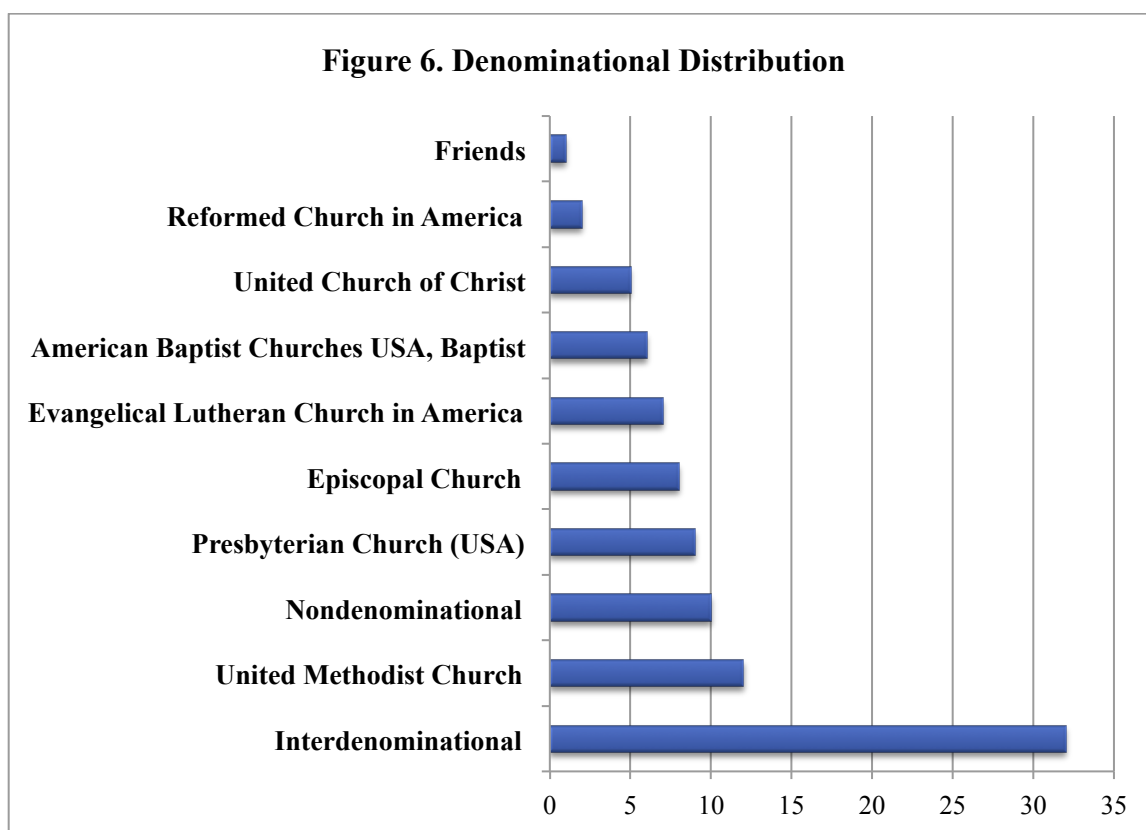
The number of full time enrolled students varied across programs. Programs were broken down into six categories with the most programs fitting category two, with 75-150 full time students (n=31). Other categories were: less than 75 (n=20); 151-300 (n=24); 301-500 (n=10); 501-1000 (n=4); and more than 1000 (n=2).



Courses offered across programs varied in format. The majority (n=57) of programs only offered in-person courses. Others offered in-person and hybrid (n=12), in-person and online (n=14), in-person, hybrid, and online (n=5), or hybrid and online (n=1). Two programs had no data available regarding course format.



Within Mainline Protestantism, programs spanned several denominations. The majority of programs identified as Interdenominational (n=32). Other included denominations were: United Methodist Church (n=12); Nondenominational (n=10); Presbyterian Church USA (n=9); Episcopal (n=8); Evangelical Lutheran Church in America (n=7); American Baptist Churches USA (n=6); United Church of Christ (n=5); Reformed Church in America (n=2); and Friends (n=1). While Disciples of Christ, Anglican Church, and Anabaptist also were considered Mainline Protestant denominations, no programs accredited by ATS for M.Div. degrees identified those as their primary denomination.



Of the 92 programs initially included in the study, twelve (13%) were excluded based on the criteria presented in Appendix B. Included programs (n=80) had a total of 17,881 courses that were analyzed for the 27 keywords identified in this study. The total number of courses offered per program ranged from 34-985, with a median of 166. The total number of required credits for an M.Div. degree ranged from 72-144, with an average of 86 credits.

Upon completion of the initial keyword analysis for course catalog descriptions, 50 programs (63%) were determined to be eligible for syllabi analysis based on the requirement of having four or more courses that appeared relevant based on keywords. One program had all of their syllabi available online to access, while 49 were contacted

and asked to provide syllabi for the selected courses. One program that was contacted for syllabi had one syllabus publically available through the Collaborative on Faith and Disabilities website (n.d.), but all other syllabi required a request.

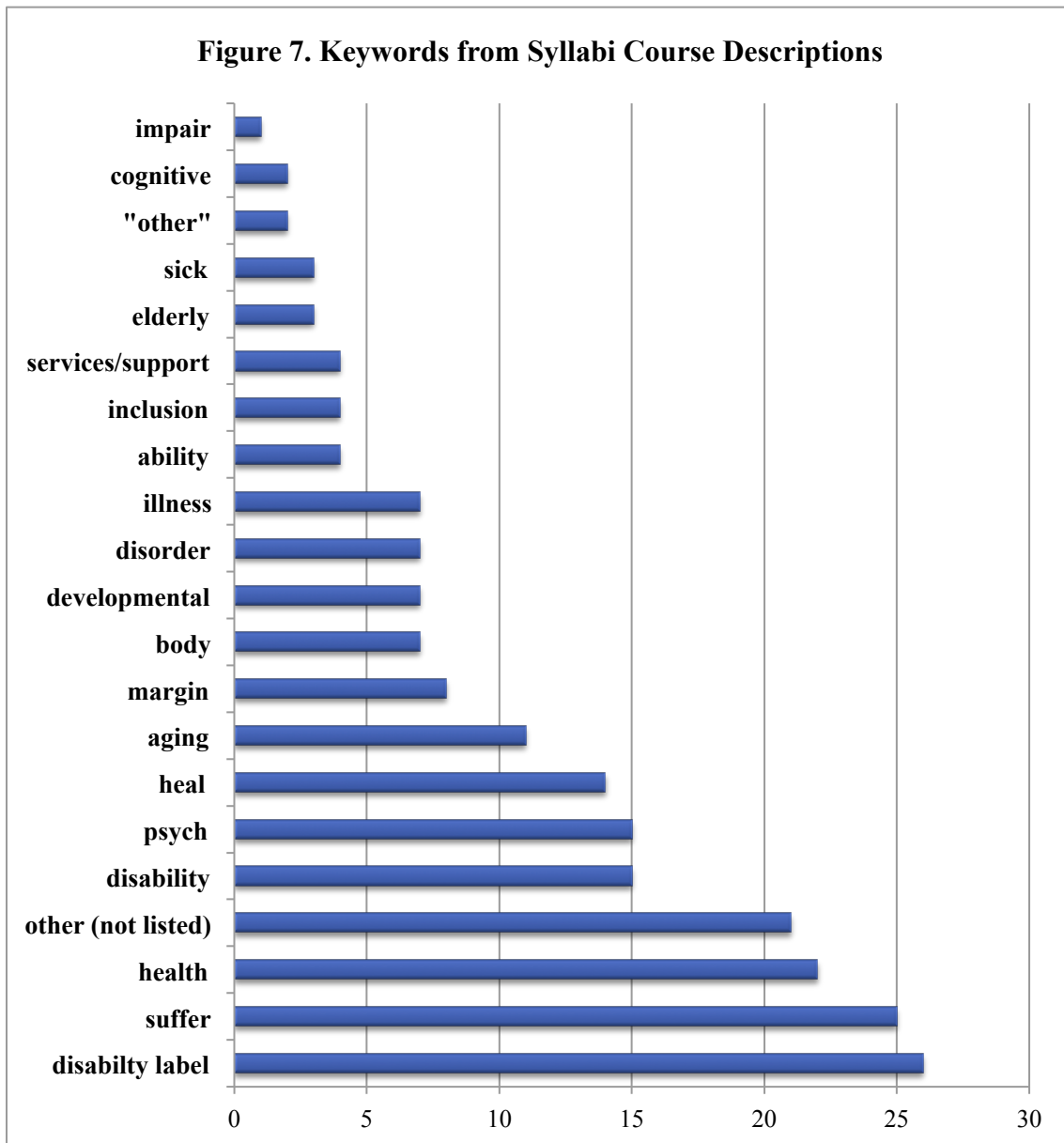
Requests for syllabi were made through email with up to four requests per program. Nine programs (18%) either did not respond to requests or did not provide syllabi within the given time frame. Another nine (18%) replied that syllabi could be requested from individual faculty members. Researching and contacting individual faculty members was considered in the case that not enough syllabi were acquired for analysis. However, these syllabi were not needed given the return rate from other programs. Other programs that did not provide syllabi frequently explained that their program chooses not to share full syllabi, their instructors did not give permission, or they do not maintain archives of traditional syllabi, among others. A total of 23 programs (46%) contributed 126 syllabi for analysis. In addition to the requested syllabi, three programs provided additional syllabi. Programs that included these syllabi typically included messages indicating the course was not yet in the course catalog, or was in a newer catalog than was analyzed for this work, but they felt the course was relevant to the current study.

B. **Keyword Summaries**

Utilizing the course descriptions provided in the 126 syllabi collected from 23 Master of Divinity programs, a total of 208 occurrences of keywords were found. Seventeen course descriptions from syllabi (13.6%) were found to have no keywords, contrary to their course catalog descriptions. Of the 109 remaining syllabi course descriptions that contained keywords, 51 of those descriptions (47%) were found to have

one keyword within the description, while the remaining 57 (52%) had two or more keywords present within the description.

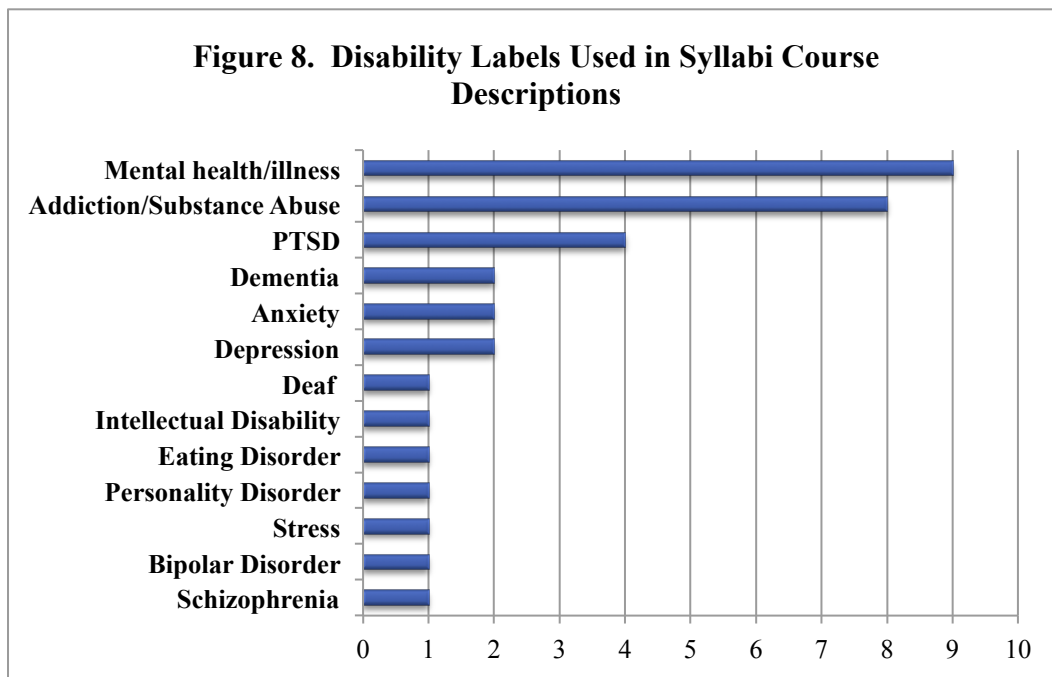
Six of the 27 keywords (22%) did not appear in any syllabi course descriptions (HIV/AIDS, injury, retard, section 504, special needs, syndrome). Thirteen keywords (48%) appeared between one and eight times (margin, body, developmental, disorder, illness, ability, inclusion, services and supports, elderly, sick, “other,” cognitive, impairment). Eight keywords (30%) appeared in syllabi course descriptions ten or more times and will be summarized and analyzed for this work, along with information from their course objectives and weekly schedule.



1. Disability labels

A total of 26 syllabi course descriptions included 34 labels for specific disabilities. These labels included: mental health or mental illness (n=9); addiction or substance abuse (n=8); post-traumatic stress disorder (n=4); dementia (n=2); depression

(n=2); anxiety (n=2); and one each for Deaf, intellectual disability, eating disorder, personality disorder, stress, bipolar disorder, and schizophrenia.



Four courses (15%) contained a disability label as their only keyword, with no other keywords present in the syllabi course description. These courses included the following labels: Deaf, addiction (n=2), and depression. A majority of the courses (n=15, 58%) were focused on mental health or mental health related issues (e.g., trauma, addiction). This included courses utilizing disability labels, which included the word “counseling” in their titles (n=7, 27%). The focus on mental health across these courses is most evident in one course, which contained the following labels: schizophrenia, depression, bipolar disorder, anxiety, stress, personality disorder, and substance abuse,

accounting for seven of the 34 labels (20%) in this category. This course, while not including “counseling” in the title, indicated it is designed to assist pastors in recognizing signs and symptoms of both mental illness and substance abuse through the utilization of films, memoirs, and academic texts.

A thorough reading of the course objectives and weekly schedules for each course resulted in the determination that one course was irrelevant to the current study. This course included the label “mental illness” and focused on identifying mental illnesses and their associated traits.

2. **Suffering**

A total of 25 syllabi course descriptions included the word suffering. For 17 of those courses (68%), suffering was the only keyword found in the description. Twelve courses (48%) were deemed irrelevant to the current study based on their course objectives and weekly schedules, with ten of those (83%) having suffering as the only keyword.

Of those courses deemed relevant (n=13), seven (54%) had suffering as their only keyword, one course (8%) was focused on the suffering of an individual biblical character (Job), three (23%) were focused on suffering and evil, and three (23%) utilized a pastoral care and counseling perspective to approach suffering. Two courses (15%) used “suffer from” with specific diagnostic labels (Post Traumatic Stress Disorder [PTSD], dementia), while the other courses looked at suffering as a broader category.

3. **Health and healthcare**

Twenty-two syllabi course descriptions were found to include either health or healthcare. Upon deeper examination, six of these courses (27%) were determined to

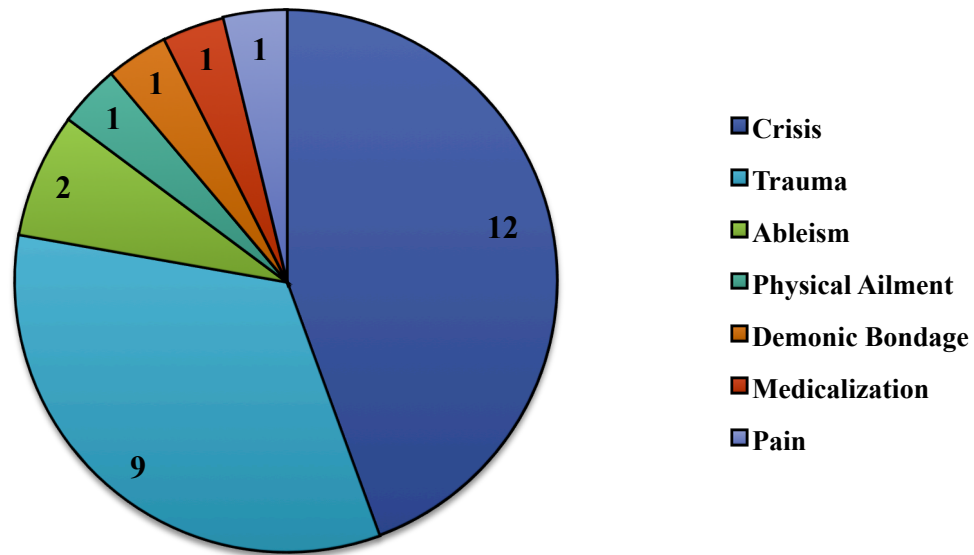
be irrelevant to the current study. Of those included (n=16), one course (6%) had “healthcare” as its only keyword. Among other keywords, eight courses (50%) included only “health,” two (13%) included only “healthcare,” two courses (13%) included both health and healthcare. Four courses (25%) referenced “mental health,” three of them in conjunction with health or healthcare.

A majority of courses that focused on health/healthcare fell into several categories. They focused on aging and death (n=5, 31%), ethics (n=3, 19%), pastoral care (n=2, 13%), counseling (n=2, 13%), and justice or public advocacy (n=2, 13%).

4. **Other (not listed)**

While using the established keywords to search course descriptions, other words that were not listed, but were relevant, did appear. A total of 21 occurrences were noted for seven words that were relevant to the study. These were: crisis (n=12, 57%), trauma (n=9, 43%), ableism (n=2, 10%), and one each for physical ailment, demonic bondage, medicalization, and pain. All but one (5%) occurred in conjunction with other keywords.

Figure 9. Other (not listed) Keywords in Syllabi Course Descriptions



Three courses (including these words: crisis, trauma, pain and crisis) were deemed irrelevant to the current study, bringing the total count down to 18. Of the courses deemed relevant, seven courses (39%) focused on trauma and crisis, as indicated by their course titles. Seven courses (39%) were targeted at pastoral care and counseling skills. Both mentions of ableism occurred in courses dedicated to discussing disability. Medicalization appeared in the context of medical ethics and end of life care. Physical ailment and demonic bondage both appeared in the same course description, along with healing, health, and sickness.

5. **Disability**

Disability appeared in 15 syllabi course descriptions. Two occurrences of the word (13%) did not include any other keywords. In addition to disability, the following keywords were prevalent: disability label (n=4, 27%), inclusion (n=4, 27%), other not listed (n=3, 20%), and margin, ability, aging/elderly, and services and supports (n=2, 13%). Nine of the courses were from one M.Div. program, while the other six were from six different programs. Ten (67%) of the courses with disability in their description also had disability in their course titles.

6. **Psychology related**

The keyword psych* appeared in 15 course descriptions, four of which were deemed not relevant to the current study. Out of the eleven remaining courses, psych* was the only keyword present for one course (9%), while it occurred with other keywords for all others. Variations of psych* that appeared included: psychological (n=6, 55%); psychosocial (n=2, 18%); psychotherapy (n=1, 9%); psychology (n=1, 9%); and psychiatric (n=1, 9%). Courses focused on the following areas: pastoral care and counseling (n=4, 36%); aging (n=3, 27%); crisis and trauma (n=2, 18%); and diversity issues (n=2, 18%).

7. **Healing**

Heal or healing occurred 14 times throughout the syllabi course descriptions collected, with one course being deemed not relevant to the current study. Of the remaining 13 courses, healing was the sole keyword present for six courses (46%). Of these courses, seven (54%) focus on physical or divine healing, three (23%) on pastoral

care and counseling issues, two (15%) on the church's role in health care, and one (8%) on death and dying.

8. **Aging**

Eleven courses utilized the keyword aging. Aging appeared as the sole keyword for only one syllabi course description. Other keywords paired with aging included: health/healthcare (n=5, 45%), disability labels (n=4, 36%), developmental (n=3, 27%), two each (18%) for services and supports, psych*, elderly, suffer, and one each (9%) for disability, and healing. Ten of the eleven courses (91%) were focused specifically on aging and issues faced by aging congregations.

C. **Keyword Analysis**

The 21 keywords found across the syllabi course descriptions lend themselves to thematic analysis, especially given the overlap of keywords in just over half of the courses. During the process of reviewing the qualitative information from the syllabi collected, themes began to emerge inductively. It was determined that syllabi could be broken down into three main themes, courses that illustrate: the medical model, the religious model, or the social model. Examples of how these models appeared in course syllabi are provided in Table I.

TABLE I

EXAMPLES OF LANGUAGE INDICATING MODEL TYPE

Theme	Examples from Syllabi
Medical Model	<ul style="list-style-type: none"> • Achieve psychological wholeness • Counseling as context • Uses DSM or other diagnostic criteria/labels • Focus on professional, medical, and/or bio- ethics • Referrals emphasized • Skills for interventions • Instructors often have medical background
Religious/Moral Model	<ul style="list-style-type: none"> • Focus on God's power to heal bodies and minds • Explores disability through the lens of sin or demonic bondage • God's kingdom shown through healing and prayer • Good vs evil used as context • Ethical considerations, especially around reproduction and end of life • Biblical approaches to "disorders"
Social Model	<ul style="list-style-type: none"> • Explores similarities, differences, adversities/obstacles, oppression • Assessment of personal beliefs and values of the learner • Uses the word "disability" • Disability as diversity category • Engages ableism, disability rights, disability justice • Promotes the inclusion of lived experience • Intersectionality and complexity acknowledged • Person-in-context, holistic

1. **Medical model**

The medical model is evident in courses that illustrated through their descriptions, goals, and weekly topics that the person with a disability needs to change in order to fit in with society. Keywords that were most strongly associated with this theme included: health/healthcare, psych*, elderly/aging, specific disability labels and disorders (mental health/illness, PTSD, addictive disorders), and other (crisis/trauma).

a. **Medical diagnoses**

While the word “disability” was not used in any of these syllabi, frequent mentions were made regarding symptoms and specific diagnoses, as well as broad categories of disability, like mental illness. In these contexts, symptoms and diagnoses were often discussed in terms of identification, referral, and treatment. Courses that focused exclusively on these things were excluded from the study; however, their presence was infused throughout many courses focused on pastoral care and counseling, which are required in all M.Div. degree programs.

b. **Experience “near”**

Additionally, many courses used case studies, memoirs, and film to help students understand those experiencing disability. Syllabi stated a desire to build empathy in future religious leaders through these experiences that bring students “near” to those they will serve. These experiences were often paired with current research and theories, scientific advancements, and a specific attention to ethics, in order to help students gain a fuller picture of those they might work with in the future. This also was explored as a means of developing empathy for those who are different.

c. **Dichotomies**

A focus on dichotomies, such as normal and abnormal, pervaded these courses. Comparisons were utilized in order to help students fully see different needs of their future congregants and to point to deeper, spiritual needs that underlie the physical and emotional symptoms that were evident. As such, some course syllabi could be assumed to fall into both the medical and religious models, as there was both a focus on the individual as the problem that needs to change and a thread that implied a spiritual wounding that resulted from the impairment.

d. **Conclusions**

Courses that took a medical model approach to disability and impairment focused on how disability separates people and places them in a category that is beyond the intervention of church leaders. By focusing on medical diagnoses, treatment, and referral, these courses imply that disability is the realm of medical professionals and best referred to specialists. While it is clear that diagnosis and treatment are the realm of medical professionals and that many disabled people value those services, this approach to courses within M.Div. programs contains within its null curriculum the idea that disability has no part in faith communities and that those who lead them have little to no responsibility outside of providing referrals.

Additionally, by relying on film, memoir, and clinical observations and case studies to explore disability, these courses are neglecting to provide faces and lived experience to their students' perspectives. The experience "near" approach depends on the accuracy and generalizability of Hollywood productions and the constructed narratives

that are read within the course. It also allows case studies to be constructed, which may or may not reflect the lived experience of a typical congregant.

Finally, by utilizing dichotomies, these courses establish “othering” as a typical process, setting apart “us” and “them.” By doing so, disability is both further stigmatized and encased in mystery. It relies on social constructions of normal and abnormal without giving thought to how those terms are constructed or what they might mean for a church body. Propagating these dichotomies further removes disabled people from the everyday life of the church and focuses on deficits or exceptionalities, rather than gifts and contributions that individual could make.

2. **Religious model**

The religious model is evident in courses that illustrated through their descriptions, goals, and weekly topics that disability and impairment are an act of God, whether to punish, grow, or edify. Keywords that were associated with this theme included: suffer, heal, health, disorder, labels, body, and other (demonic bondage, crisis), with suffering and healing being the most strongly associated.

a. **Suffering**

Throughout the syllabi collected, it was clear that “why we suffer” is one of the big questions in life; a topic that is considered both complex and mysterious. As such, suffering was a frequent topic in courses, with historical accounts from the Bible (e.g., Job) and the thoughts of historic Christian thinkers being emphasized.

In many cases, thoughts on suffering were compiled with those about evil and death, especially those that dealt with ideas around theodicy (why God allows evil). In others, it was viewed as a theological problem, looking at the suffering of Christ on the

cross specifically, or considering how suffering entered the world during the biblical event known as “the Fall,” where Adam and Eve disobeyed God and suffering first entered the world.

A pervasive theme throughout these courses was the idea that God has a will and a purpose for one’s suffering. That suffering is transformative or redemptive in nature. While it was noted that experiences and interpretations of suffering vary by community, there was little question that the outcome of suffering was a closer relationship with God.

b. **Healing**

Discussions of healing centered around the need for healing as an issue in the heart and/or soul. Because wholeness was achieved through the death and resurrection of Jesus, healing is viewed as the work of the Holy Spirit and best accessed through prayer. Historic narratives, especially from the Bible, were often highlighted to show how signs, wonders, and miracles were performed for healing, and how those continue today.

Healing prayers and ministries, while not encouraged by all denominations within Mainline Protestantism, are prominent within Charismatic movements and were discussed by some as historical, while others discussed a need for worldwide revival of such healing. These arguments were grounded in historic and biblical values and case studies.

According to the syllabi that encouraged charismatic healing services, every follower of Jesus is able to call upon Him to bring healing. They recognized that healing prayer is seldom used these days, which they see as a failing and lamented. They believe that these services, ministries, and prayers can bring about emotional, physical, spiritual, and demonic deliverance, freeing hearts and souls from bondage.

c. **Mental and physical health**

Discussions of mental and physical health also intersected with discussions of suffering, healing, and evil. Several courses warned students about the idolatry inherent in valuing health and one's body above God, and noted there may be unjust distributions of resources based on these false views. The belief in humans made in the image or likeness of God (*imago Dei*) was seen as important, while, at the same time, challenges were made to scientific and social developments in favor of moral development over the lifespan.

Consideration of mental health, in particular, drew on similar ideas as those seen in suffering and healing. The soul needing to be healed, and the presence of suffering and evil were particularly prevalent. As were the ideas that spiritual habits can help ease the distress caused by mental illness and that there is a direct relationship between one's personal faith and their mental health. This was most evident in courses that utilized Biblical Counseling philosophies (also known as Nouthetic counseling), which often take a, literal, biblical perspective on human nature, including an emphasis on our sin nature and the Bible as central to counseling (Association of Certified Biblical Counselors, 2018; Kinghorn, 2016), with some even calling for public processing of mental health issues through ritual. This perspective was also seen in discussions of crises, where there was concern over medical processes overtaking religious ones and removing the need for considering good and evil, as well as situational ethics.

d. **Conclusions**

Syllabi that focused on disability from a religious model perspective overwhelmingly focused on suffering and healing. While only one of these courses

directly used the word “disability,” context indicated that disability and impairment would be included in the conversations being held, especially around healing. The focus on the need for healing in the soul or heart is especially problematic for disabled people.

These beliefs, coupled with those viewing suffering and impairment as indicators of sin, are particularly insidious for disabled congregants. They imply an inherent lack within those who are different, as well as a foundational separation from God, which cannot be bridged without repentance. For those with disabilities, this undermines their very presence by indicating that they are not created in the image of God, as others are, and by insinuating that their very existence is a result of the Fall and sin being a part of the world.

By establishing disabled people as fundamentally separate from God, people are automatically characterized as outsiders and, when their faith fails to heal them, they often find themselves in a spiritual crisis. While there may be people who value the idea and practice of faith healings and healing prayer, for disabled people, the assumption that they need to be healed and want to be healed invalidates identities and lived experiences in a way that causes a rift with faith communities.

Additionally, the focus on disability or impairment as something that is borne out of sin indicates that it is something that can be remediated by repentance and a stronger faith in God. This ignores biological differences and the benefits of therapeutic intervention in favor of deep scriptural analysis. While disabled people of faith do benefit from reading and analyzing biblical texts, the presence of disability does not, in and of itself, indicate a failure to follow the guidelines set forth in these texts, nor does it indicate a lack of faith. By promoting and encouraging Biblical Counseling and similar ideas

around degree of faith, people with disabilities are established as moral failures or cautionary tales used to teach lessons to others.

People with disabilities also challenge the idea that disability is equivalent to suffering. The assumption that all people with disabilities suffer and that they all want to be healed is patently untrue. While suffering is a part of all human life, many people do not experience suffering because of their disabilities. Indeed, many do not want to be healed, as this would result in a fundamental change to who they are as a person. Narratives that indicate that disability exists to teach lessons, inspire, or serve God's larger purpose miss out on the complex lives lead by disabled people and the contributions that could be made to the faith community by individual people.

3. **Social model**

The social model is evident in courses that illustrated through their descriptions, goals, and weekly topics that society holds the onus for change, not disabled people. Keywords that were most strongly associated with this theme included: disability, ability, margin, inclusion, aging/elderly, body, "other," other-not listed, disability labels, and psych*. While many of these keywords also appeared in courses that included medical and religious model perspectives, several (disability, ability, margin, inclusion, "other") were almost exclusively present in courses that took a social model perspective. Additionally, a large number of these courses were from one program at Western Theological Seminary, which has a certificate in Disability Ministry. Finally, while these courses were fewer in number, they touched on a broader number of novel topics and issues than those that fell into the medical and religious models.

a. **Disabled bodyminds**

Courses that included the keyword “disability” were overwhelmingly within the social model of disability. These courses focused on disability as an essential part of humanity and of religious communities and often discussed how the community’s presence was enriched by presence of diversity. These courses framed disabled people not as inspirations or as objects to learn from, but as contributors who are missed when they are absent.

Some of these courses acknowledged the exclusion or oppression disabled people have experienced from religious institutions in the past and called for awareness, inclusion, and the recognition and removal of barriers. Discussions of disability studies, disability rights, disability justice, and disability theology also were present across courses, whether or not those terms were used explicitly. This was seen most clearly in several courses that included a goal that reflected the students’ need to assess their religious congregation for barriers and create an actionable plan to remove barriers. One course’s description illustrates this well: “...moving beyond proclamations of inclusiveness and toward practices of invitation, hospitality, and belonging” (Carter, 2017, p. 1).

Importantly, courses discussing disability focused not on case studies, but on the lived experiences of disabled people. One course included the following as a student outcome that matches this focus: “Bring theoretical understandings of disability, disability studies, and theology of disability into conversation with the lived experience of people with disabilities in the Church” (Raffety, 2020, p. 3). Courses often did so by encouraging participation in spaces that regularly focus on disability, including narratives

written by disabled people that explored disabled perspectives on biblical texts, and by having guest speakers who live with disability come to class.

Further, these courses explored how to “embrace and partner” (Fruehling & deFreese, 2019) with disabled people, often exploring the problematic nature of “us/them” dichotomies. Partnerships were considered with disabled people, advocacy organizations, and services and supports provided in the local community. One course included specific discussions around how to partner with secular disability service providers to help serve disabled congregants. These activities and foci were means by which to understand the systems and structures that create barriers faced by disabled people in an attempt to seek out systemic deficits for improvement.

b. **Aging**

All ATS accredited programs are required to include classes on aging; however, not all of these courses fell into a social model perspective. Those that did tended to focus on systems and structures that are important as one ages. Considerations of Medicare, Medicaid, and Social Security, as well as discussions of how need changes as aging occurs (e.g., acquiring support, mental health needs, elder abuse) were frequent. Much like with the use of the keyword “disability,” these courses also discussed how the church can serve as a provider and the need to perform assessments of church facilities in order to determine access needs.

Courses about aging adults were focused on holistic viewpoints and on seeing value in the whole person, with discussions of personhood, especially in the case of those with dementia, being common. Additionally, cultural and attitudinal barriers, including ageism, were discussed and strengths were focused on. Many courses saw the need to

learn firsthand from older adults and required intentional interactions in congregations, nursing homes, and hospice settings.

c. **Lived experience**

In exploring disability from a social model perspective, course syllabi indicated that considering disability as diversity and human difference was key. By considering embodied experiences and the way that spaces are transformed based on how they value diversity, these courses were able to explore power dynamics, ableism, personally held attitudes and beliefs in a way that was intended to be transformative to students within the courses. Intersectionality and its impact on faith communities was a frequent topic. This was reflected within a course goal for a class focused on trauma: Students will “demonstrate increased appreciation for the complex lived realities of trauma and disability, as they both separately and together influence communities and individuals, specifically in Christian ministry settings” (Barton, 2019, p. 2).

While many of these courses also focused on systems and structures, they were most focused on resources, support, and self-care in ways that were considered holistic and relationship centered. Whether the course was focused on trauma, addiction, or mental health, students were encouraged to hear from people whose lived experience could inform their understanding in order to develop multicultural and social justice based practices. As such, when specific diagnoses were identified within these courses (e.g., intellectual disability, dementia), the goal was not medicalization, but to focus on issues specific to that people group. For example, a course on intellectual disability included the goal that students would “present a defensible argument on the mandate for and practicalities of embracing ministry by, for, and with persons with intellectual disabilities

and those who care for them” (Harshaw, 2019, p. 2). Likewise, in one course dedicated to Deaf ministry, there was a focus on respecting Deaf culture and studying relevant areas like Deaf Liberation Theology and the concept of Deaf Gain.

d. **Conclusions**

The utilization of a social model approach to M.Div. courses allowed programs to create opportunities for a deeper understanding of the lived experience of disability by making connections with people for whom disability is a daily reality. It focused on practical ways that faith communities can support and work alongside disabled people in such a way that relationships can be built that are not unidirectional.

The course syllabi that were analyzed that exhibited this perspective had several things in common which distinguish them from courses that take a medical or religious model perspective. These courses: a) emphasized the lived experience by hearing from disabled people themselves on a variety of topics; b) focused on barriers to access and making actionable plans for change; c) explored power dynamics and personally held beliefs to expose ableism and power differentials; and d) reiterated that disabled people are an essential part of the church.

Additionally, these ideas were not purely located within pastoral care and counseling courses, but covered over a broad range of topics. While many were elective courses focused on disability and disability issues, others were courses infused within the curriculum through the use of a single course objective, assignment, or week dedicated to disability issues. For example, a large number of the courses that were focused on aging took a social model perspective. Though many might not recognize aging as a disability topic, the perspective taken in these courses – that we have much to learn from our elders,

that we need to assess their needs within the church and in their homes - would be beneficial to conversations across intersectional identities.

D. **Limitations**

The focus on Mainline Protestant M.Div. programs for this study allowed for analysis of programs that connected with more progressive denominations. As such, it does not give a full picture of what training might be received in more conservative denominations (e.g., Roman Catholic, evangelical Protestants). Future research could explore these denominations and compare them to this work.

Keywords were chosen with care and through consultation with experts, however, not all words that were found were established as keywords, as evidenced by the Other (not listed) category. In addition to those that showed up because of other keywords, there were likely words that were missed. For example, handicapped, ableism, and trauma could have been included while 504 could have been excluded. Keyword choices might also be different depending on denominational history and focus. Streamlining focus or otherwise determining keywords that have greater frequency might be useful for future studies.

Additionally, since the majority of programs that qualified for syllabi analysis (98%) did not have syllabi available online, the programs that were willing to provide syllabi could have been self-selecting or may have felt more comfortable about the way that disability was portrayed in their curriculum. The provision by several programs of select syllabi that were not specifically requested begs the question as to what syllabi would have been provided if programs had been asked to provide related syllabi without requests for specific courses.

Finally, the use of syllabi alone leaves room for interpretations without full context. While syllabi are a good indicator of the goals and foci of coursework, they do not include the human element that comes from looking at instruction and holding discussions with those who build and facilitate the courses explored. Future research could utilize a case study approach to explore a single program more deeply, thus ameliorating this limitation.

E. **Conclusion**

The quantitative findings of this research highlight the prevalence of specific keywords across Mainline Protestant M.Div. programs in the United States and their utilization throughout curriculum as thematic agents. These results inform the content analysis findings of this research which focus on the prevalence of medical and religious model perspectives across programs and the possibilities that shifting to a social model perspective holds. Together, the findings of this research suggest that Master of Divinity curricula in Mainline Protestant programs often includes discussions of disability within courses that focus on pastoral care and counseling and from a medical or religious model framework. While not as prevalent, some courses have found ways to incorporate more social model perspectives, including the presence of material that emphasizes disability theology and the lived experience.

VI. DISCUSSION AND CONCLUSION

A. Disability as Diversity

The findings of this study reify the lived experiences of many disabled people in faith communities, including myself. The pervasiveness of medical and religious model perspectives is likely no surprise given their prevalence in the world at large. The presence, albeit small, of more social model perspectives is encouraging and provides an example of how more disability-positive perspectives might be included in theological curriculum, and, thereby, in faith communities. Yet, while many theological programs focused on diversity and emphasized cultural competence, they typically did so without explicitly including disability.

1. Null curriculum

In the past, administrators have cited a lack of resources and knowledge as a reason for not including disability in their curriculum (Annandale & Carter, 2014). While they may not have disability scholars on their faculty, it is now easy to access books and articles on disability theology and the inclusion of disabled people in faith communities (suggested resources are offered in Appendix E). It is imperative that theologians begin incorporating these works into their curriculum, especially in courses around theology, history, and practice, not just in pastoral care and counseling. Disability must be moved from the null curriculum to content that is explicitly taught to emerging faith leaders.

The current lack of intentional inclusion of disability in diversity initiatives and discussions places it squarely within the null curriculum. By not discussing disability in their diversity curriculum, theological institutions are implying that disability is not

worthy of discussion, attention, or inclusion. This perpetuates ableism amongst those leading faith communities, not through willful omission, but through systemic exclusion of content that would place disability as a priority and disabled lives as worthy. Loving people on the margins of society, including disabled people, and doing justice are part of the very fabric of Christianity, woven into Scripture and evidenced by Jesus Christ Himself. As such, the inclusion of disabled people in theological education can be considered a theological issue and one that must be explicitly evidenced in curriculum moving forward.

2. **Other marginalized people**

Great strides have been made in including other marginalized groups into theological education. Courses on Black, Asian, Latinx, and LGBT perspectives are offered at many theological institutions. There is a focus in the guidelines from the Association of Theological Schools on providing culturally competent education and increasing racial and ethnic diversity. Yet, disability has been left behind in these discussions of culture and diversity. The ATS itself has taken a strong position on the inclusion of disabled people and content around disability, but they left it as an option, rather than a mandate (The Association of Theological Schools, 2015b). This places disability as less important to discuss than other cultural groups even though it is the one group that crosses all other groups and that anyone could join at any time (Garland-Thomson, 2016).

Shifting to a focus on intersectionality, how individuals hold multiple identities that influence them at the same time, could be a way to include disability in these discussions. By not discussing disability in connection to other marginalized communities,

a vital part of the bigger picture is being left out. For example, racial injustice and police brutality disproportionately impact people of color who are also disabled (Sins Invalid, 2020). When faith leaders are unaware of the larger context, it makes it more difficult for them to speak into the systemic injustices that much social justice work, including courses focused on social justice, aims to do.

3. **Disability justice**

Issues of intersectionality and the desire to work for social justice lend themselves naturally to the inclusion of discussions of disability justice. Sins Invalid, a disability justice performance-based organization led by disabled people of color that centers disabled, queer, artists of color, has established ten principles for disability justice, which would be beneficial for theological institutions to consider in their discussions of justice. The ten principles are: intersectionality; leadership of those most impacted; anti-capitalist politic; cross-movement solidarity; recognizing wholeness; sustainability; commitment to cross-disability solidarity; interdependence; collective access; and collective liberation (Berne, Morales, Langstaff, & Sins Invalid, 2018). Many of these principles, upon investigation, will easily integrate themselves into discussions already being had by faith leaders. For example, recognizing wholeness emphasizes that people are full and complete as they are, which echoes discussions of *imago Dei*. Likewise, interdependence refers to the interconnectedness between people and necessity people have for one another, much like discussions of the importance of the many different parts in the metaphorical body of Christ. At the same time, Sins Invalid's very name, purpose, and structure stretch Christian institutions to consider identities that are marginalized in

many denominations, especially in the inclusion of queer people and in recognizing the need to emphasize marginalized people's leadership.

Discussions of disability justice and its intersectional framework could easily be worked into courses that discuss race, class, and gender, thus inserting disability into discussions where it fits naturally. By including another facet of life into these discussions, instructors are not shoe-horning disability into conversations in order to touch on a target demographic. Instead, they are including another aspect of intersectionality into their work, considering the whole person – mind, body, and spirit, and opening up the worldview of their students to consider what formally has been hidden.

4. **Disability studies**

Likewise, the inclusion of work from a Disability Studies perspective would be illuminating in theological education. This could be accomplished by including work from a Disability Studies and/or social model perspective, especially on topics that overlap between the fields. Areas of overlap might include: activism; aging; cultural competence; diversity; eugenics and medical ethics; family; gender; health care; mental health; personhood; poverty; race; rights; trauma; and vulnerability, among others.

Intentionally including content about disability in these areas would help theological programs to demonstrate that disability is part of many aspects of life and move toward normalizing discussions of disability, especially disability that is not considered a deficit. Including the perspectives of disabled people themselves and/or literature written from a disability perspective might help seminarians to understand how they can infuse disability into their own work in ways that positively affirm disabled lives. Exposure to disabled people and how disabled lives intersect with many areas of study

would be valuable in changing perspectives and making a shift away from medical and religious perspectives of disability. These discussions are invaluable for creating transformative learning environments and sparking systemic change.

B. Transforming Theological Education

Given the current state of disability-related content in Mainline Protestant theological education, as discovered by this study, it is evident that theological education needs to undergo a transformation. In order for congregations to become places of belonging for disabled people and their families, more inclusiveness of disability-positive content must become a regular part of theological education. The example of courses from Western Theological Seminary's certificate in Disability Ministry provides a template for how seminaries might develop courses that operate from a social model perspective and include the lives of disabled people within their curriculum. While the inclusion of disability-specific courses, like those at Western, would help to affirm the worthiness of disability-related content in the curriculum, much work can be done to infuse disability into the existing curriculum in ways that affirm disabled lives and transform the perspectives of future faith leaders. Given the intersectional nature of disability, incorporating disability into existing courses has the potential to create a large impact on the null curriculum and help move new faith leaders to create communities of belonging after they graduate.

1. Pastoral care and counseling courses

All accredited theological programs have required courses in pastoral care and counseling. Caring for one's congregation is a vital part of the ministry completed by leaders of local congregations as well as those who serve as chaplains in medical and

educational settings. However, these courses currently largely focus on the medical aspects of mental illness, biblical counseling, or “heart” issues. While these areas are important for faith leaders to understand, focusing on them without the inclusion of disability-positive perspectives is detrimental to the inclusion of disabled people in congregations. Moreover, it fails to move the discussion outside of medical or religious models of disability, which are prevalent across these courses.

Given that the largest number of courses evaluated for this study fell into the category of pastoral care and counseling, these courses are a natural entry into changing discussions and beliefs about disability. It is certainly true that disabled people sin and need spiritual guidance, as all human beings do. Yet, disabled people are more likely to be seen as products of sin and treated with pity or as a problem to solve. Changing the mindset within pastoral care and counseling courses can have a large impact on the relationship between disabled people and faith leaders, as well as the perspectives faith leaders bring to their congregations. Courses in pastoral care and counseling should separate disabled people from their sin, recognize the systems of oppression faced by disabled people, and consider how the church body might partner with disabled people in ways that take into account the person’s preferences.

Integrating information about disability culture and identity into courses could help faith leaders to see disability as the social construct that it is, rather than an issue of sin or lack of faith. Starting with this perspective allows faith leaders to assist disabled people as they would any other person in their flock. Seeing disability as separate from a person’s sin enables conversations that dig into true soul healing and assistance. It is important that faith leaders recognize and see the disability the person has, but not jump to conclusions

about its impact on their mental, spiritual, or physical health. Referrals are always appropriate when the need is outside the scope of the individual doing the counseling, but referrals should not be given solely because someone is disabled. When faith leaders recognize the intersectional impact disability has on a person's life, it allows them to be better listeners, counselors, and leaders.

Likewise, understanding the systems of oppression faced by disabled people (e.g., difficulties achieving access and accommodation at school and work, consistent battles for human rights, difficulty accessing medical systems and having their medical issues recognized and treated) would allow faith leaders to take a position of allyship and better support people who are facing systemic issues. This would provide faith leaders with a new perspective that would illuminate how disabled people and their families interact within their faith community. For example, knowing that disabled people and their family members are consistently fighting for access and rights would help faith leaders to understand why it is important not to require family members to care for disabled children during Sunday School or why disabled people might choose not to attend church rather than fight for access in another setting.

Understanding the various barriers disabled people face would then allow faith leaders to consult with disabled people to see what would benefit them in the faith setting and consider how they might best give back to the faith community in way that does not require additional labor in an inaccessible environment. Having a knowledge of the systemic issues that impact disabled people and their families allows for a more open dialogue that considers history, experience, and giftedness without judgement or fear. As with other marginalized groups, learning another's history and experiences with

oppression creates sites for understanding and deeper connectiveness that would be beneficial to all parties involved, including disabled people.

2. **History and theology courses**

The paucity of courses in historical and theological areas that included disability is noteworthy. As was noted in Annandale and Carter's (2014) study, these courses continue to neglect the inclusion of disability-related information, to the detriment of disabled congregants and their families. It is understandably complicated to discuss disability when it wasn't explicitly labeled as "disability" in many theological contexts. However, there is sufficient research and publications to fill the knowledge gaps that might exist regarding where disability is located within Scriptures.

Historic Christian thinkers did discuss disability, in various forms, and while these thinkers are often read in theological education, there is little evidence that their ableism is checked by disability-positive work. The failure to critique Christian figures perpetuates ableism within theological education and, thus, out into congregations. By explicitly including disability-related content in courses about biblical history and theology, these courses have the potential to transform understandings regarding how God views disabled people and the roles that have been played by disabled people throughout time.

It would not be difficult to add extra readings to curriculum in order to discuss disability related to prominent biblical figures, particularly given the abundance of scholarship that has been flourishing in this area. Jacob (displaced hip), Moses (speech impairment), Mephibosheth (mobility impairment), David (mental health), Zaccheaus (of short stature), and Jesus Himself (still baring the scars from His crucifixion after He rose again) are just a few of the disabled characters that are well known in the Bible. Curating

discussions that specifically recognize these (and other) cases as disability would add depth and nuance to familiar stories, as well as add an intersectionality focus to the discussion. By calling attention to disability, people may discover positive disability representations of people doing God's work.

Likewise, there is much written about the interactions of historic Christian thinkers and disability. Using these readings in discussions about Augustine, Aquinas, Luther, Calvin, Wesley, Hegel, and Bonhoeffer, among others, would lend new perspective to their work and their interactions with the world. Considering these theologians' varied opinions about disability, and how some of their work has been oppressive to disabled people, might help to illuminate some of the hurt felt by disabled people in regards to organized religion. Additionally, it would place their work in a greater context and allow for some of their thinking to be re-examined from a new perspective. This process of seeing the world with disability in mind should help to transform the understanding of faith leaders and improve their interactions with disabled people within their faith communities.

Disability is prevalent in the Scriptures and in the world around us, but often is hidden, forgotten, or dismissed. Drawing attention to the disabilities of biblical characters and the teachings of historic thinkers opens doors for the creation of communities of belonging within faith communities. It demonstrates an understanding of disabled lives as valued and worthy of discussion. Stories may take on new meaning or connect differently with people when they can see their disabled selves in the stories, or find a connection with a disabled person in a way they had not thought of before.

Bringing focus onto disability within historical and theological contexts does not distract from the important work being done in these areas, rather, it adds to it. History takes on more depth and new connections are built to the world around us today. Valuing the stories of biblical characters as those of disabled people opens up new avenues of understanding and adds a layer to cultural context. Much has been written about the relationship between biblical characters and their disabilities, and historic Christian thinkers and their relationship to disability. Now it needs to be included in theological education.

3. **Intentionality**

To better reflect on and integrate disability into coursework, theological programs and educators need to be intentional about the inclusion of disability in their programs. Being intentional is an effective way to work against the power of the null curriculum. To create culture change, it is imperative that theological programs make the inclusion of disability-related content a priority, as they have with other marginalized groups in the past, so that disability becomes a regular topic of conversation.

Understandably, some faculty may feel uncomfortable discussing disability, especially if it is a new topic to them. It is important to acknowledge that discomfort and lean on others who do have expertise. Utilizing disabled guest speakers, first-person narratives, and sources that look at disability theology, disability studies, and disability justice should assist in this endeavor. This provides instructors with an opportunity to model sitting in their own discomfort and learn about positions that are different and new. As a result, both students and faculty might find their perspectives transformed through intentional focus on disabled experiences.

One way to ensure that this occurs is to intentionally write learning objectives that include disability. This requires that both faculty and students interact with and think about disability. It also places disability outside of the null curriculum, making its worth apparent. Syllabi that include disability-specific objectives demonstrate a clear intentionality around including disability and take a step toward recognizing the value of disabled people within congregations and the world. It demonstrates to students where priorities lie and provides an opportunity for focus and growth in understanding disabled lives.

Syllabi collected during this study had their course objectives evaluated. While most included learning objectives, few included disability explicitly. Those that did tended to take a social model perspective throughout their courses. Several of the syllabi that presented disability from a social model perspective include strong examples of objectives:

- “Adopt postures and practices that contribute to a sense of belonging and full membership within the faith community” (Carter, 2017, p. 2).
- “Articulate your understanding of disability within a practical theological framework” (Raffety, 2020, p. 3).
- “Communicate a compelling rationale for why churches should be fully inclusive of people with disabilities and their families” (Carter, 2017, p. 2).
- “Demonstrate increased appreciation for the complex lived realities of trauma and disability, as they both separately and together influence communities and individuals, specifically in Christian ministry settings” (Barton, 2019, p. 2).

- “Engage critically with [disability-related] relevant theological questions in relation to the nature of revelation, faith, ecclesiology and the gospel” (Harshaw, 2019, p. 2).
- “Experience a shift in your worldview and your theology (I’m really prayerful about this), by considering and critiquing the ableist biases of our world and our churches and encountering a God whose ways [are] different and good” (Raffety, 2020, p. 3).
- “To begin to accumulate tools and resources that enable leaders to serve the particular concerns of people with disabilities and their families, as well as influence societal responses” (Fruehling & deFreese, 2019, p. 1).
- “To examine Western attitudes toward people with intellectual and other disabilities, as attitudes have changed over the centuries (from Aristotle on)” (Fruehling & deFreese, 2019, p. 1).

Using course objectives such as these would be a good first start to infusing disability into course material without necessarily creating full courses dedicated to disability. However, there also are other ways to demonstrate intentional inclusion of disability into courses.

4. **Practical suggestions**

Many strategies for the inclusion of disability-related material in theological programs are simple and do not cost additional time and effort. The following practical suggestions were developed using ideas found across social model courses from this study, as well as personal experience with creating more inclusive congregations. These suggestions could be integrated into the majority of courses presented in theological institutions with some creativity from the instructor. Even better, discussions could be

held about integrating these ideas across multiple required courses to create a systemic change that demonstrates an intentional inclusion of disability across a majority of courses in a theological program.

In order to transform their courses, theological programs should consider the following:

- Include disability in lists of diversity (e.g., race, class, gender, disability).
- Intentionally include disability in course descriptions and/or objectives.
- Arrange for and compensate guest speakers who live with mental illness and other disabilities to present in courses. (Remote presentations are an option for those in more rural settings and as a disability accommodation.)
- Notice and draw attention to the presence of disabled people in biblical and other narratives.
- Promote the exploration of organizations that are dedicated to and/or run by people with disabilities. Examples might include: Autistic Self Advocacy Network, National Association of the Deaf, Sins Invalid, National Federation of the Blind, Not Dead Yet, Little People of America, Disability Rights International, National Council of Self-Advocates, and National Alliance on Mental Illness.
- Always include lived experience when medical professionals are included.
- Include first-person narratives by people with disabilities in course readings.
- Include readings on disability studies, disability theology, and disability justice in course required readings. (Appendix E)

- Do not use Hollywood/film portrayals to help students understand disability. Even in documentary form, these do not portray the true lived experience of people with disabilities and can promote harmful stereotypes.
- Encourage seminarians and faculty to spend time with disabled people. Consider visiting disabled congregants, volunteering, attending cultural events, developing a relationship with individuals at local group homes, or offering to provide respite care.
- Remind people that disability impacts whole families, including parents, siblings, extended family, and the disabled person themselves.
- Encourage opportunities for community engagement with disabled people (e.g., volunteer at the Special Olympics, attend a Disability Pride Parade, seek out disability arts and culture events).

By implementing these practical suggestions, theological programs can make great strides toward a more disability-positive curriculum and away from medical and religious model perspectives that are harmful to disabled people. Even when not done perfectly, the effort toward creating a culture shift around disability will make a difference. The primary way to help theological education move to more disability inclusivity is for theological programs to make a decision to intentionally implement suggestions such as those above and include disability-related content and disabled people in their communities.

C. **Conclusion**

True change in theological education will take time, as all systemic change does. Theological programs will need to make an intentional decision to include disability-

related content in their programs in ways that affirm disabled people. Faculty members will need to make intentional changes to their courses and stretch themselves to explore their own beliefs around disability. Students in theological programs will need to be engaged and encouraged to explore their relationship to disability and how to be good allies. And those students will need to enact systemic change within their future jobs in order for disabled people to truly feel they belong. It will take time, but it can be done. It is my sincere hope that theological programs will take to heart the need to become inclusive of disability, as they have of other marginalized groups.

This culture change has real implications for disabled people. In a world that continues to perpetuate the medical and religious models of disability, moving theology toward a more social model perspective could be revolutionary, demonstrating the Church's commitment to the value and worth of disabled lives. Having disability-positive beliefs pervade faith communities might help people re-think how they see the metaphorical body of Christ and consider who has been missing and what has been lost by not creating a greater sense of belonging for disabled people.

Additionally, intentionally improving access of all kinds for disabled people would make faith communities more welcoming places and demonstrate that disabled people are valued members of the community. Using examples from the pulpit that recognize disabled lives in the Scriptures (beyond examples of miracles and healing) will help disabled people to see themselves in the stories of the Bible and show non-disabled people that God values those with disabilities. Together, these implications show the power that small changes can make for the disability community and demonstrate how faith communities might move from ableism to belonging.

A shift such as this would have been monumental for my family. Had our faith community created a sense of belonging and recognized the worth of my family member in the midst of a mental health crisis, things might have gone differently for us. While there's no saying how things would have unfolded, I believe that much of the bitterness and distrust for the church that my family developed would not have unfolded. Had we been supported, prayed for, and included in the faith community in a meaningful way, my family might not have moved away from the church.

Today, when I think about what I want in a faith community, one of the top things on my list is to explore how they discuss disability. When ableist attitudes are expressed by church leadership, I know that they are not creating a community in which I feel belonging. I do not want to have to choose which parts of myself to value, or live in the place of betweenness that so many of us disabled people have come to reside in. I continue to talk with faith leaders and work toward change in my local congregations, but what is needed is a bigger, systemic, change - one I believe comes down to theological education training. Theological education can create the next generation of faith leaders who are better able to love and build relationships with disabled people, thereby creating communities of belonging for all.

APPENDICES

APPENDIX A
Notice of Determination of Human Subject Research

February 2, 2018

20180121-110102-1

Catherine Webb
Disability and Human Development

RE: **Protocol # 2018-0121**
Integration of Disability Content in Master of Divinity Programs in the
United States

Sponsor: None

Dear Catherine Webb:

The UIC Office for the Protection of Research Subjects received your “Determination of Whether an Activity Represents Human Subjects Research” application, and has determined that this activity **DOES NOT meet the definition of human subject research** as defined by 45 CFR 46.102(f).

Specifically

- 1.) As indicated in the application you will be employing a systematic approach involving predetermined methods to answer specific questions.
- 2.) This activity is part of a dissertation and will be used to produce or contribute to generalized knowledge.
- 3.) Data collection will be in the form of publicly available data.

You may conduct your activity without further submission to the IRB.

If this activity is used in conjunction with any other research involving human subjects or if it is modified in any way, it must be re-reviewed by OPRS staff.

APPENDIX B
Protocol for Internet Searching

1. Is there a program website listed on the ATS website?
YES... record then go to Q2
NO... use Google to find a website; then go to Q2
If no website exists, exclude the program from the sample.
2. Can at least ten of the fourteen organizational characteristics (Appendix C) be located within the program's website?
YES... record on Appendix C then go to Q3
NO... record data from ATS reports then go to Q3
If no data exists, exclude the program from the sample
3. Is the degree program description available online?
YES... record (website link or full description) on Appendix C then go to Q4
NO... record lack of description on Appendix C and exclude from sample
4. Is the degree program template available online?
YES... record (website link or information for locating) on Appendix C then go to Q5
NO... record lack of description on Appendix C and exclude from sample
5. Is the course catalog available online?
YES... download (or record associated web address) then go to Q6
NO... document, and contact an admissions counselor requesting a digital or print copy; go to Q6 after receiving catalog
If no course catalog can be acquired, exclude the program from the sample
6. Is the catalog complete and searchable?
YES... continue to Q7
NO... document and exclude from sample
7. Is disability-related content found in listed courses?
YES... record each course via Appendix D and continue to Q8
NO... record the absence of these courses
8. Are there four or more courses that included disability-related content?
YES... acquire syllabi from online or contact program for syllabi
NO... document and exclude from sample
9. Repeat for each Mainline Protestant accredited program.

APPENDIX C

Qualtrics Protocol: Organizational-Level Characteristics

Q1

School Name: _____

Q2

City: _____

Q3

State: _____

Q4

Institution Type

- ☐ Public
- ☐ Private
- ☐ Theological only
- ☐ Shared campus

Q5

Theological School Size (Student population FTE)

- ☐ Category 1 (<75)
- ☐ Category 2 (75-150)
- ☐ Category 3 (151-300)
- ☐ Category 4 (301-500)
- ☐ Category 5 (501-1000)
- ☐ Category 6 (>1000)
- ☐ Not Reporting

Q6

Denomination Affiliation (check all that apply)

- ☐ Adventist Bodies
- ☐ Anglican
- ☐ Baptist
- ☐ Brethren
- ☐ Catholic
- ☐ Christian and Missionary Alliance

APPENDIX C (continued)

- ☐ Church of God (Anderson, Indiana)
- ☐ Church of the Nazarene
- ☐ Churches of Christ -Christian Churches
- ☐ Churches of God, General Conference
- ☐ Evangelical Congregational Church
- ☐ Evangelical Covenant Church
- ☐ Evangelical Formosan Church
- ☐ Evangelical Free Church of America
- ☐ Interdenominational/Multidenominational
- ☐ Lutheran
- ☐ Mennonite
- ☐ Methodist
- ☐ Moravian Church in North American
- ☐ National Association of Congregational Christian Churches
- ☐ Nondenominational
- ☐ Orthodox
- ☐ Pentecostal
- ☐ Presbyterian
- ☐ Reformed
- ☐ Religious Society of Friends
- ☐ Salvation Army
- ☐ Swedenborgian Church
- ☐ Unitarian Universalist
- ☐ United Church of Christ
- ☐ Other: _____

Q7

Graduate Degrees/Specialties Offered (check all that apply)

- ☐ Master of Divinity (M.Div., BTh, MMin)
- ☐ Master's in religious education (MRE, MA in Religious Ed, Ed Ministry, Christian Ed)
- ☐ Master's in church music (MCM, MSM, MA in church music, Master of music in Church Music, Music)

APPENDIX C (continued)

- ☐ Master's in pastoral studies (MA in [specialized ministry]) :

- ☐ Master's in general theological studies (MA)
- ☐ Advanced Ministerial Leadership Doctorate (DMin, DMiss, DEdMIn, EdD, DMA)
- ☐ Advanced Theological/Research Master's (ThM/MTh, STM, ThD)
- ☐ Advanced Theological/Research Doctorate (Ph.D.)
- ☐ Certificate program: _____

Q8

Courses Offered for M.Div.

- ☐ In person
- ☐ Online
- ☐ Hybrid

Q9

Total Number of Courses offered in the M.Div. degree:

Q10

Mission Statement/Vision of the M.Div. Program:

Q11

Degree description: _____

Q12

Degree template: _____

Q13

Website link: _____

Q14

Link to course catalog: _____

Q15

Comments: _____

APPENDIX D
Qualtrics Protocol: Course Information

Q1

Program name: _____

Q2

Course Code and Title: _____

Q3

Course Description from Catalog: _____

Q4

Course status within program (check all that apply):

- ☐ Required for M.Div.
- ☐ Elective
- ☐ Part of Certificate: _____

Q5

Keywords (check all that apply):

- ☐ Disability
- ☐ Margin
- ☐ Elderly
- ☐ Aging
- ☐ Suffer
- ☐ Dementia
- ☐ Inclusion
- ☐ Services and supports
- ☐ "Other"
- ☐ Developmental
- ☐ Psych
- ☐ Heal
- ☐ Health
- ☐ Sick
- ☐ Illness
- ☐ HIV/AIDS
- ☐ Body
- ☐ Ability

APPENDIX D (continued)

- ☐ Disorder
 - ☐ Impairment
 - ☐ Injury
 - ☐ Retardation
 - ☐ Cognitive
 - ☐ “Special Needs”
 - ☐ 504
 - ☐ Disability label (e.g deaf, IDD, blind, autistic, mental illness):
-
- ☐ Other: _____

Q6

Course Targets (check all that apply):

- ☐ Physical Disability
- ☐ Intellectual Disability
- ☐ Psychiatric Disability
- ☐ Developmental Disability
- ☐ Acquired Disability
- ☐ Aging
- ☐ HIV/AIDS
- ☐ Other: _____

Q7

Notes: _____

APPENDIX E

Disability and Theology Education Resources

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Webb, C. E. (2015, May). *Disability information and accessibility at Master's of Divinity programs in Illinois*. Poster presented at the Illinois Leadership and Education in Neurodevelopmental and related Disabilities (LEND) Open House and Poster Session. University of Illinois at Chicago, Department of Disability and Human Development, Chicago, IL.

Webb-Mitchell, B. (2008). Confession: A journey toward reconciliation between the church and people with disabilities. *Liturgy*, 23(2), 47-55.
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Whiting, R., & Gurbai, S. (2015). Moving from the implicit to the explicit: 'Spiritual rights' and the United Nations convention on the rights of persons with disabilities. *Canadian Journal of Disability Studies*, 4(3), 103-126.
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Winter, J. A. (2003). The development of the disability rights movement as a social problem solver. *Disability Studies Quarterly*, 23(1). Retrieved from <http://dsq-sds.org/article/view/399/545>

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- Yong, A. (2011). *The Bible, disability, and the church: A new vision of the people of God*. Grand Rapids, MI: WB Eerdmans Publishing Company.

VITA
Catherine E. Webb, M.S. CCC-SLP

EDUCATION

- Ph.D., Disability Studies* Summer 2020
 University of Illinois at Chicago (UIC), Chicago, Illinois
 Dissertation: Who is Preaching to the Choir? Disability Content
 in Mainline Protestant Master of Divinity Curriculum
 Advisor: Carrie Sandahl, Ph.D.
- M.S., Speech-Language Pathology* 2007
 Nazareth College, Rochester, New York
 Thesis: The Effects of Text Complexity on Predictive Inferencing in
 Deaf and Hard-of-Hearing Individuals
 Advisor: Paula Brown, Ph.D.
- B.A., Communication Sciences and Disorders; Psychology minor* 2005
 Augustana College, Rock Island, Illinois
 Thesis: Efficacy of Integral Stimulation Intervention in Two Children
 with Childhood Apraxia of Speech
 Advisor: Kathy Jakielski, Ph.D.

PROFESSIONAL LICENSES

- Illinois Department of Financial and Professional Regulation -License 2009-present
 Illinois Professional Educator License (PEL), Speech Language Pathology 2009-present
 (Non-Teaching)
 Certificate of Clinical Competence in Speech-Language Pathology 2008-present
 (American Speech-Language-Hearing Association)

CERTIFICATES AND TRAININGS

- Mental Health First Aid Training- Adult 2018
 Foundations of College Instruction (UIC) 2017
 Leadership Education in Neurodevelopmental and related Disabilities 2016
 (LEND; UIC)
 Crisis Prevention and Intervention (CPI) Training 2007-2014
 Disability Ministry (Joni and Friends International Disability Center) 2010
 Specialty Preparation for Working with Deaf and Hard-of-Hearing 2007
 Children and Youth (Nazareth College)
 American Sign Language -college level coursework; conversationally fluent

HONORS AND AWARDS

- President's Diversity in Research Travel Award (University of Illinois) 2017
 Omicron Delta Kappa -Honors society 2005
 Augustana College Academic Dean's List 2001-2005

TEACHING

College Instruction Coursework

Graduate College (GC) Certificate courses:

- GC 592 - Seminar in College Teaching
- GC 593 - Foundations of College Teaching
- GC 594 - Practicum in College Teaching

Additional Coursework:

- Disability and Human Development 594/Occupational Therapy 568
- Teaching, Learning & Curriculum Design, Delivery and Evaluation

Instructor

Department of Disability and Human Development (DHD; UIC)

DHD 102: Disability in American Film (online) February 2017-May 2017

- Took over instruction for a faculty member on leave; managed a team of four teaching assistants; handled issues of academic integrity; monitored the course and entered midterm and final grades

Mentorship

Department of Disability and Human Development

Graduate Teaching Assistant Mentor August 2017-May 2020

- Provided mentorship for seven graduate students during their first semesters as teaching assistants. Activities included: training on the electronic course management system (BlackBoard), giving feedback on grading assignments, demonstrating how to assist students during course activities and office hours, and providing assistance in responding to student correspondence and grading quandaries

Teaching Assistantships

Department of Disability and Human Development

DHD 102: Disability in American Film (Sandahl) Fall 2015#, 2016&, 2017&, Spring 2017*, 2019*

DHD 201: Disability, Rights, and Culture (Gould) Spring 2020

DHD 202: Disability, Health, and Society (Grossman) Spring 2018, 2019

DHD 203: Disability in World Cultures (Justesen & Gould; Gould) Fall 2017, 2018, 2019

DHD 204: Disability in the Humanities (Patsavas) Fall 2018

DHD 205: Disability, Race, Class, and Gender (Nishida & Patsavas) Spring 2018

-hybrid course; & -TA led discussion section; * -online course

Guest Lectures

University of Illinois at Chicago,
Department of Disability and Human Development (DHD)

2020

*Disability arts and culture. (DHD 201: Disability, Rights, and Culture)

*Disability justice. (DHD 201: Disability, Rights, and Culture)

- *Charity and fundraising. (DHD 201: Disability, Rights, and Culture) 2019
- *Frameworks, attitudes, and perceptions. (DHD 203: Disability and World Cultures)
- *Augmentative and alternative communication. (DHD 202: Disability, Health, and Society) 2018
- *Disability timeline: From President's Panel to present. (DHD 505: LEND)
- *Helen Keller: Meaning and myth. (DHD 204: Disability in the Humanities)
- *Augmentative and alternative communication. (DHD 202: Disability, Health, and Society) 2017
- *Case Study in Human Rights: Hungary. (DHD 203: Disability in World Cultures)
- *Disability timeline: From President's Panel to present. (DHD 505: LEND)
- *Assessing and studying disability discourse on campus. Co-presented with L. Thomson (DHD 592: Interdisciplinary Seminar in Disability Studies)
- *Communication. (DHD 506: LEND)
- *Disability arts and culture. (DHD 506: LEND)
- *Audiology. (DHD 506: LEND) 2016
- *Disability timeline: From President's Panel to present. (DHD 505: LEND)
- *Augmentative and alternative communication. (DHD 506: LEND) 2015
- *Disability timeline: From President's Panel to present. (DHD 505: LEND)
- Other Universities
- 2017
- *Disability studies. [Remote] (NSCI 400: Neurodevelopment in society; utility and applications, Oberlin College, Oberlin, OH.) 2012
- *Deaf/hard-of-hearing students in the public schools. (CSD-376: Aural Rehabilitation, Augustana College, Rock Island, IL.)

RESEARCH

Research Assistantships

Grant and manuscript preparation (Dr. Brian R. Grossman, PI)	Summer 2018
Illinois LEND (UIC, DHD 505, 506; Dr. Kruti Acharya, PI)	Fall 2014-Fall 2017
Alumni Departmental Assistantship (Dr. Kathy Jakielski, PI)	Academic year 2004-05

Ad Hoc Peer Reviewer

Journal of Disability and Religion
The Volta Review

Peer-reviewed Manuscripts & Abstracts

Grossman, B. R., & Webb, C.E. (2016). Family support in late life: A review of the literature on aging, disability, and family caregiving. *Journal of Family Social Work, 19*(4), 348-395. doi: 10.1080/10522158.2016.1233924

Jakielski, K.J., Kostner, T.L., & **Webb, C.E.** (2006, June). Results of integral stimulation intervention in three children with CAS. *Published abstracts from the 5th International Speech Motor Control Conference*, (p. 92). Nijmegen, the Netherlands.

Other Invited Publications

- Webb, C.** (2019). Personal narrative. In McKinney Fox, B. *Disability and the way of Jesus: Holistic healing in the Gospels and the church*. IVP Academic.
- Webb, C.E.** (2018). Speech-language pathology. In Heller, T., Parker Harris, S., Gill, C., & Gould, R.P. (Eds.). *Disability in American life: An encyclopedia of concepts, policies, and controversies [2 volumes]*. Santa Barbara, CA: ABC-CLIO, 630-634.
- Webb, C.** (2017, August 23). Five books that flip the script on disability and faith. [Web blog post]. In Books we love, Part 4. *Political Theology Today*. Retrieved from <http://www.politicaltheology.com/blog/books-we-love-part-4-roberto-sirvent/>

Invited Engagements

- Kemp, K., Weiner, D., & **Webb, C.** (2019, September). *Disability Culture Panel*. Disability at Union, Union Theological Seminary, New York City, NY.
- Webb, C.** Thoughtful interlocutor (one of 25 invited to participate). (2019, February). *"Disability and Human Nature" Day of Study*, Saint Benedict Institute, Holland, MI
- Webb, C.** (2017, September). *Bridging the gap*. Guest sermon, Prairie Circle Unitarian Universalist Congregation, Grayslake, IL.

Trainings

- Webb, C.E.** (2015). *PUNS fact sheet for parents*. [Policy Brief]. Illinois LEND. UIC, DHD: Chicago, IL.
- Webb, C.E.** (2014, January). *The common core and speech-language goals*. Presentation at the Deaf and Hard-of-Hearing Speech-Language Pathologist Network Meeting, Crestwood, IL.
- Cassin, M., Pagano, J., **Webb, C.**, & Simek-Hart, S. (2013, September). *Speech-language-listening: Needs and interventions for students with hearing loss*. Break-out session for speech-language pathologists. Northwest Suburban Special Education Organization, Arlington Heights, IL.
- Cassin, M., Pagano, J., **Webb, C.**, & Simek-Hart, S. (2013, February). *Speech-language-listening: Needs and interventions for students with hearing loss*. Continuing education presentation for area speech-language pathologists. Northwest Suburban Special Education Organization, Arlington Heights, IL.
- Webb, C.E.** (2011, August). *No-tech augmentative and alternative communication in the classroom*. Half-day workshop at the Kampala School for the Physically Handicapped, Kampala, Uganda.
- Webb, C.E.** (2011, March). *iTechnology: A new world of augmentative and alternative communication*. Presentation at the Illinois Supervisors of Programs for Hard of Hearing/Deaf Individuals annual meeting, Lisle, IL.

Conference Presentations

- Webb, C.** (2020, May). *Who is preaching to the choir? An exploration of disability content in Master of Divinity programs.* Workshop session facilitated at the meeting of the Institute on Theology and Disability, Holland, MI. (Conference Canceled).
- Webb, C.** (2020, April). We Don't Talk About That Here: Engaging Disability Studies and Theological Studies. Cultural Approaches Panel at the Chicagoland Disability Studies Conference, Chicago, IL. (Online).
- Webb, C.** (2019, May). *Holding space: Disability culture and identity in faith communities.* Workshop session facilitated at the meeting of the Summer Institute on Theology and Disability, Holland, MI.
- Barton, S., Stahl, D. & **Webb, C.** (2019, March). "Ask me about my Uterus:" *Theological responses to women's pain in contemporary western medicine.* Panel presentation at the meeting of the Conference on Medicine and Religion, Durham, NC.
- Webb, C.E.** (2018, June). *Creating culture change: The role of leadership in creating hospitable or hostile faith communities.* Workshop session facilitated at the meeting of the Summer Institute on Theology and Disability, Raleigh, NC.
- Webb, C.** & Brady, A. (2017, June). *Supporting siblings and families of people with disabilities in faith communities.* Workshop session facilitated at the meeting of the Summer Institute on Theology and Disability, Azusa, CA.
- Webb, C.E.** (2016, May). *Using film as a catalyst for meaningful discussions about disability in faith communities.* Workshop session facilitated at the meeting of the Summer Institute on Theology and Disability, Holland, MI.
- Webb, C.E.** (2015, May). *Disability information and accessibility at Master's of Divinity programs in Illinois.* Poster presented at the Illinois LEND Open House and Poster Session. UIC, DHD: Chicago, IL.
- Jakielski, K.J., **Webb, C.E.**, & Gilbraith, M. (2006, November). *Efficacy of integral stimulation intervention in three siblings with CAS.* Poster presented at the Annual Meeting of the American Speech-Language-Hearing Association, Miami, FL.
- Jakielski, K.J., Kostner, T.L., & **Webb, C.E.** (2006, June). *Results of integral stimulation intervention in three children with CAS.* Poster presented at the 5th International Speech Motor Conference, Nijmegen, the Netherlands.
- Webb, C.E.** (2005, May). *Efficacy of integral stimulation intervention in two children with childhood apraxia of speech.* Poster presented at Celebration of Learning, Augustana College, Rock Island, IL.
- Jakielski, K.J., & **Webb, C.E.** (2005, April). *Efficacy of integral stimulation intervention in two children with childhood apraxia of speech.* Poster presentation at the Annual Meeting of the Missouri Speech-Language-Hearing Association, Lake of the Ozarks, MO.

EMPLOYMENT

Direct Support Worker	August 2019-present
IRIS (state of Wisconsin's Medicaid Waiver program)	

Research and Teaching Assistant	August 2014-May 2020
University of Illinois at Chicago, Department of Disability and Human Development, Chicago, IL	
Speech-Language Pathologist	August 2007-June 2014
Northwest Suburban Special Education Organization, Mount Prospect, Illinois (formerly known as the North Suburban Special Education District/Low Incidence Cooperative Agreement)	
Program Specialist/Leadership Team Member	Summers 2003-2005, 2007-2008
Inspiration Center, Inspiration Ministries, Walworth, Wisconsin	
Resident Counselor	May 2006-May 2007
Heritage Christian Services, East Rochester, New York	
Lab Monitor (Graduate Assistantship)	August 2005-May 2006
Spoken Language Learning and Practice Lab, National Technical Institute for the Deaf at the Rochester Institute of Technology, Rochester, New York	
Library Circulation Staff	School years 2001-2005
Thomas Tredway Library, Augustana College, Rock Island, Illinois	
Cabin Counselor (3rd-12th grade)	Summers 2001-2002
Timber-lee Christian Center, East Troy Wisconsin	

SERVICE

Professional Associations

Society for Disability Studies	2015-present
American Association on Intellectual and Developmental Disabilities	2015-present
Special Interest Group: Religion and Spirituality Division	
American Speech-Language Hearing Association	2007-present
Special Interest Group: Issues in Higher Education	
Global Access Association	2015-2017
National Student Speech-Language Hearing Association	2001-2007

Committees

Young Life Capernaum Regional Advisory Committee, Northwest Illinois	2018-present
Leadership Team, Institute on Theology and Disability (formerly known as the Summer Institute on Theology and Disability)	2018-2019

Volunteer Positions and Internships

Captioning Coordinator, Institute on Theology and Disability	2017-present
Production Team Member, Redemption Bible Church, Mount Prospect, Illinois	2012-present
Parade day volunteer, Chicago Disability Pride Parade	2015-2019
Access Volunteer, Summer Institute on Theology and Disability	2016-2018
Team Leader, Northwest Cook Young Life Capernaum -Illinois	2012-2015
Volunteer, Special Olympics	2005, 2012-15
Sign Language Club, co-leader, John Hersey High School, Arlington Heights, Illinois	2012-2014
Short term missionary, Joni and Friends Family Retreat -Michigan	2014

Intern, Joni and Friends Cause 4 Life Internship -China	2012
Intern, Joni and Friends Cause 4 Life Internship -Uganda	2011
Inclusion Facilitator, Volunteer Sign Language Interpreter Grace Community Church/The Chapel-Palatine, Palatine, Illinois	2008-2011
Intern, Joni and Friends Cause 4 Life Internship -California	2010