J. Alexander Sider
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Among the Pains: Christianity, Disability, Healing

1. Introduction.

Modern Israel's greatest poet, Yehuda Amichai, died in the year 2000. That same year, his translators, Chana Bloch and Chana Kronfeld, published *Open Closed Open*, a collection of Amichai's poetry, which won the 2001 PEN Award for Poetry in Translation. *Open Closed Open* included Amichai's poem, "The Precision of Pain," from which I take my title today. Here's the poem:

> The precision of pain and the blurriness of joy. I'm thinking
> how precise people are when they describe their pain in a doctor's office.
> Even those who haven't learned to read and write are precise:
> "This one's a throbbing pain, that one's a wrenching pain,
> this one gnaws, that one burns, this is a sharp pain
> and that—a dull one. Right here. Precisely here,
> yes, yes." Joy blurs everything. I've heard people say
> after nights of love and feasting, "It was great,"
> I was in seventh heaven." Even the spaceman who floated
> in outer space, tethered to a spaceship, could say only, "Great,
> wonderful, I have no words."
> The blurriness of joy and the precision of pain—
> I want to describe, with a sharp pain's precision, happiness
> and blurry joy. I learned to speak among the pains.[1]

A yellowed newsprint clipping of the poem hangs on my office door; I think about some aspect of it nearly every day, even if it's just repeating the last line, "I learned to speak among the pains." I especially like the tone of the poem—the exuberance that builds builds to the beginning of line six, as Amichai describes the experience of being in pain with increasing intensity and focus. Throbbing, wrenching, gnawing, burning. Here is something I can pinpoint; here is something I can locate; here is something I can communicate about myself, and I know because you can find the pain too: "Right here. Precisely here, yes, yes." The interplay between the

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[1] Yehuda Amichai, "The Precision of Pain," in *Open Closed Open*, trans. Chana Bloch and Chana Kronfeld (Orlando: Harcourt, 2000), 99.

intensity of pain experienced and the rising excitement at the prospect (and success) of communicating that pain strikes me as altogether an accurate evocation of what it is like to be in pain. There's a nearly imperceptible oscillation back and forth between suffering and relief. Then, the subtle emotional deflation that follows when Amichai turns his attention to joy. Blurred perception and bland description: "great," "seventh heaven," "wonderful," "I have no words." Third, the quick twist of the screw, bitter and ironic, describing the desire to voice joy with the same intense specificity he can conjure when he speaks of pain. And, lastly, the slightly rueful admission about when and where he learned to speak: of course it makes sense, Amichai says, that I am so good at speaking my pain, yet so inept at naming joy—"I learned to speak among the pains."

The poem structures most of my thinking about and experience regarding questions related to religion and health, and not least about the stressed three-way intersection among Christianity in its taught and lived dimensions, disability in its theoretical and experiential dimensions, and healing, as often dimensioned in disappointment as in hope. It structures, as well, the dynamic to which I'd like to attend in this talk, namely, the "in between" of disability and healing.

What do I mean by the "in between"? The Jewish social theorist and political philosopher, Gillian Rose, described it well in *Love's Work*, which she wrote while dying of metastatic ovarian cancer at the age of 48. Rose began *Love's Work* with an epigraph from St. Silouan of Athos. Silouan was an early twentieth century Orthodox monk, who received in ecstasy a vision of Christ and then, when it faded, lapsed into a 15-year-long major depressive episode, at the end of which God granted him assurance in the form of a saying: "Keep your mind in hell, and despair not."[2] *Love's Work* is part philosophy, part theology, part memoir, and its title is ambiguous—deliberately so, I suggest. It may be possessive: "the work of love," or it might be a contraction: "love is work." Anyone who attempts to write honestly about love or life

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[2] Gillian Rose, *Love's Work* (London: Chatto & Windus, 1995).

will know that it is no field for soupy platitudes or facile moralizing. It is also not a field accepting of predetermined outcomes.

If there was one thing Rose couldn't stand, it was the faith people put in predetermined outcomes. She recognized a persistent structure in human thinking that pits two justifiable but potentially incompatible claims against each other and then dictates how the ensuing controversy will work itself out. Within contemporary Christian thought, you might recognize that such an opposition is often proposed between faith and reason, or love and justice, faithfulness and effectiveness, or science and religion. Such enquiries are, without exception, boring. You know how they will work out before you ever engage them. Their purpose, moreover, is not to grapple with the question of how to speak truthfully about the world; it is, instead, usually to reinforce a perspective that you or others already hold on different grounds. And, I ask you to consider what it is like to have a perspective that you already hold reinforced by someone else. Words like "validating," "vindicating," and even "stabilizing," come to mind. But, as we can easily see in our polarized political climate, feeling validated in one's views because of your camaraderie with others is quite different than grappling truthfully with the perspectives of those who disagree with you. It is a way of repairing a relationship without having to engage it.

Against this ideology of repair, Rose argued for the integrity of the "in between." Human lives, she insisted, are often marked by difficulties that cannot be easily ameliorated. If we are to live and love truthfully, Rose claimed, it will only be by committing to the long and potentially unrewarding work of peacemaking mediation, which just as often as not, involves living into and with irreconcilable differences.[3] If I were going to reflect on Rose at more length, I would have a lot to say about the challenges her view of the "in between," or, as she calls it elsewhere, "the broken middle," poses to many contemporary Christian understandings of peace, conflict,

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[3] See Andrew Shanks, *Against Innocence: Gillian Rose's Reception and Gift of Faith* (London: SCM Press, 2008), 32-39.

forgiveness, and reconciliation.[4] But, here, I want to reflect on the commitment to the "in between" in terms of Christian responses to disability, particularly as they are filtered through stories of healing. Christian narratives about human illness and impairment often give persons with disabilities two options: miraculous healing or heroic suffering. These narratives create the impression that with great faith or effort persons with disabilities can overcome physical limitations and social barriers, but these same narratives often ignore discrimination and disabling social policies. I will explore resources within the Christian tradition for framing human illness, impairment and disability—and, by extension, healing—as fundamental matters of social justice.

2. Definitions.

Part and parcel of any exploration of subjects as fraught as "disability," "Christianity," and "healing," is work to create a shared understanding of ideas and concepts. We have to hold some conceptualizations in common in order to avoid simple misunderstanding, and, because the topics with which we are dealing are complex and sensitive, also to avoid giving offense. I do not propose to have the final word on any of these concepts, but I want you to understand how I'm using them, if for no other reason than to provide a basis for further consideration and conversation. In the next few minutes, we'll discuss a list of six terms that are essential for framing Christian theological engagement with experiences of disability. I have arranged the list in order of complexity—that is to say, I've begun with the concepts that are basic for this discourse and built toward the concepts that depend for their intelligibility on those basic concepts.

2.1 Impairment.

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[4] See J. Alexander Sider, *To See History Doxologically: History and Holiness in John Howard Yoder's Ecclesiology* (Grand Rapids: Eerdmans, 2011), 202-207.

We begin with the concept of impairment, which is sometimes used interchangeably with disability, but which most disability studies scholars say should be distinguished from it. In fact, when we use the term impairment as a synonym for disability, as in the phrase “mobility impaired,” we are actually engaging in the use of a euphemism that feels less stigmatizing than terms like “handicapped” or even “disabled.” But most disability theorists suggest that impairment signifies a diminishment in function or ability when measured against a typical benchmark, while disability involves the conversion of impairment to an obstacle, that is to say, disability names both the condition of impairment plus its negative social consequences. In 1980, for instance, the WHO document, “International Classification of Impairments, Disabilities and Handicaps” (or ICIDH for short), defined impairment as “any loss of abnormality of psychological, physiological, or anatomical structure or function,” while it defined disability as “any restriction or lack, resulting from an impairment, or ability to perform an activity in the manner or within the range considered normal for a human being.”[5] The emphasis on restriction is important: my broken leg might impair me, but it only becomes disabling when I need to climb a flight of stairs that someone has put in my way.

The concept of impairment, according to the social theorist Michael Ralph, did not originate in connection with modern medicine or disability activism. Instead, it began with changes in the US life insurance industry that followed upon the abolition of slavery in 1865. Ralph argued that “as a term, [impairment] served to condense several different classes of risk—including region, race, family medical history, and national origin—[in a way that] avoid[ed] language that suddenly conflicted with the imperative to forge an ostensibly free society.” By the 1890s, when states began to adopt anti-discrimination laws, insurance underwriters continued to charge African Americans higher rates for life insurance than they charged whites by

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[5] Quoted in William C. Gaventa, *Disability and Spirituality: Recovering Wholeness* (Waco, TX: Baylor University Press, 2018), 18.

reclassifying the risks associated with insuring them as due to mental impairment. So, Ralph continued:

> The concept of “impairment” thus emerged from the scientific assessments of medical experts, actuaries, and underwriters concerned to fix the monetary value of social difference and debility. Turning their attention to family medical history, blood and urine samples, and emerging physiological indices like blood pressure, scientists established medical impairment as the ground for differentiating between demographics. In the process, the hierarchical calculus of value that was explicit in the context of legalized enslavement now became the basis for private medical assessments. These scientific developments effectively privatized inequality.[6]

I quote Ralph at length because his analysis serves as a useful reminder that, like disability, the concept of impairment is a construction that depends on social arrangements and expectations—it is not a neutral description, but one forged in the fires of policy debate and the drive to monetize the value of human life. The struggle to define impairment has positive consequences for some people and negative, dehumanizing ones for others.

2.2 Disability.

I’ve already given one description of the term disability, “impairment plus its negative social consequences,” and that description expresses what Rachel Adams, Benjamin Reiss, and David Serlin call “a central tenet of disability studies: that disability is produced as much by environmental and social factors as it is by bodily conditions.”[7] Because many of you work in the healthcare professions, you will no doubt be used to encountering the myriad ways that bodies and their social environments interact. You will probably also be more accustomed than many audiences to considering the fact that such interactions are not stable across space and time. What is considered disabling in one social context may not be considered disabling in another—indeed, disability is situational. Some Down syndrome researchers and activists, for instance, have noted that Down syndrome as a disability depends on what aspects of a person’s life one

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[6] Michael Ralph, “Impairment” in *Keywords for Disability Studies*, ed. Rachel Adams, Benjamin Reiss, and David Serlin (New York: New York University Press, 2015), 108.

[7] Rachel Adams, Benjamin Reiss, and David Serlin, “Disability” in *Keywords for Disability Studies*, 5.

is considering. There may be social costs that often attach to a DS diagnosis in terms of access to employment, obtaining a driver's license, managing personal finances, and so on, but a person with a DS diagnosis will typically not experience that diagnosis as a defining feature of home or family life,[8] and may even enjoy social benefits in terms of higher-than-typical emotional intelligence quotients—although I admit the research here is controversial.[9] In other words, contrary to what might seem to be common sense, there is no specific set of conditions or impairments that "just are" disabling regardless of time, place, and social setting. Yet, despite the fact that disability is socially constructed, it tends to provoke a common set of reactions wherever and however it occurs. As Nancy Eiesland, author of *The Disabled God*, put it:

> Although people with disabilities span a broad spectrum of medical conditions with diverse effects on appearance and function … whatever the setting, whether in education, medicine, rehabilitation, social welfare policy, or society at large, a common set of stigmatizing values and arrangements has historically operated against us.[10]

2.3 Medical Model of Disability.

The concept of disability and its history of use are so multifaceted that it is useful to make some rough and ready distinctions whenever we discuss them. One of those distinctions has to do with comparing and contrasting "models" of disability. Generally, the claim is that, in disability studies and public policy, a social model of disability has replaced a medical model of disability and that this transition represents a more sophisticated use of the term disability that has positive social consequences for persons with disabilities. But, what is the medical model that has been replaced?

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[8] "Disability," 5.

[9] Much of the research is based on anecdotal evidence. Current controlled studies suggest that persons with Down syndrome show similar levels emotional intelligence to typically abled persons. See, e.g., R. Pochon and C. Declercq, "Emotion Recognition by Children with Down Syndrome: A Longitudinal Study," *Journal of Intellectual and Developmental Disability*, 38:4 (December 2013): 332-43. doi: 10.3109/13668250.2013.826346.

[10] Nancy L. Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability* (Nashville: Abingdon Press, 1994), 14.

In essence, the medical model of disability focuses on disability as a set of conditions that accrues to an individual and places him or her in proximity to the medical community as the primary gatekeeper for access to services and accommodations. In other words, on the medical model of disability a person with a disability is considered sick or diseased and in need of treatment. While it is the case that some persons with disabilities are unhealthy and that, on Likert-type scale questionnaires administered in the US, adults with disabilities are four times more likely to report their health to be "fair" or "poor" than people with no disabilities (40.3% v. 9.9%), it is not the case that disability and illness are synonymous.[11]

I say this with one important caveat, namely, that the line between chronic illness and disability is extraordinarily fuzzy, particularly when one considers acquired disabilities in aging populations as well as in relation to women's reproductive health. So, for instance, Women's Studies scholar Susan Wendell has argued that the displacement of the medical model of disability by the social model puts persons with both chronic illnesses and disabilities—most of whom are older and/or women—at a systematic disadvantage by silencing increased attention to advocacy for medical care in the disability community.[12] This, as a side note, is one of the reasons that it's important for Christians to pay attention to Old Testament texts about female infertility.

2.4 Social Model of Disability.

The model of disability that typically gets contrasted with the medical model is the social model, which began its ascendancy in the late 1960s as activist groups began to advocate for disability as a "positive identity category" and thus to shift public awareness of disability from

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[11] Tawara D. Goode, "Health Disparities at the Intersection of Race, Ethnicity, and Disability: The Role of Faith Communities," Lecture, Summer Institute of Theology and Disability (Raleigh, NC: June 12, 2018). Cf. G.L. Krahn, D.K. Walker, and R. Correa-De Araujo, "Persons with Disabilities as an Unrecognized Health Disparity Population," *American Journal of Public Health*, 105:Suppl 2 (April 2015): S198-S206. doi: 10.2105/AJPH.2014.302182. Epub February 2015.

[12] Susan Wendell, "Unhealthy Disabled: Treating Chronic Illnesses as Disabilities," in *The Disability Studies Reader*, 5 e, ed. Lennard J. Davis (New York: Routledge, 2017), 160-172.

medical concerns to social justice ones.[13] By the time of the passage of the ADA in 1990, the disability rights movement in the US had advanced sufficiently to put perceptions of and social attitudes toward disability in the spotlight, and, on the world stage, the 2008 UN Convention on the Rights of Persons with Disabilities defined disability as resulting "from the interactions between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."[14] This definition highlights the basic shift from the medical model: whereas the medical model treated a person with a disability as an isolated individual in need of treatment, the social model of disability focuses on reshaping society at large through legislation, accommodation, accessibility, and inclusion work, and efforts to address the stigma that has attached to disability and led to disparities in opportunity for persons with disabilities.

One additional feature of the social model of disability is its emphasis on perceptions of the world shared by persons with disabilities, which is sometimes called "disability subjectivity" or even a "biocultural model of disability." Adams, Reiss, and Serlin elaborate:

> While it may be true that to lose one's leg, or to be visually impaired, or to have a chronic illness in the twenty-first-century United States is incommensurate with what those impairments or conditions meant in eighteenth-century Europe or ancient Egypt, disability itself always begins and ends with the subjective impressions of the individual who experiences the world through her body.[15]

The point here is to note that a person's perceptions are neither a function of the body in isolation nor of the built social environment, but rather of the interplay between the person and her or his societies and environments.

2.5 Cure and Healing.

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[13] Adams, Reiss, and Serlin, "Disability," 8.

[14] "Disability," 8.

[15] "Disability," 9.

While summarizing the medical model of disability, I noted that in it persons with disabilities were treated as diseased (exhibiting the symptoms of a pathological entity) or ill (experiencing a diseased state), in any event as standing in need of medical intervention.[16] When we traverse the ground between medicine and religion, we find a distinction, arising from religious studies but finding its way into the medical humanities, social sciences, and progressive clinical practice, between "cure" and "healing."

If I were to try to give a full history of the origin of this distinction, I would point to the period between the end of the US Civil War and World War I and cite two themes that converged in Christian studies at that time. As the Catholic historian David Endres has noted, the first theme arose in response to the advent of the "new" medicine, including "the introduction of the x-ray; the first successful blood transfusion; the discovery of the pain-reliever, aspirin; the development of tests for tuberculosis and syphilis; the finding of an antitoxin for diphtheria and tetanus; and the widespread use of surgery to correct ailments including hernia, appendicitis, and tonsillitis."[17] Christians varied in how they viewed such medical advances. Some, like Mary Baker Eddy and the Christian Science movement rejected the claims of modern medicine and created the modern faith healing tradition, while U.S. Catholicism saw a sharp rise in the number of reported miraculous cures and a correspondingly sharp rise in pilgrimage to shrines associated with such cures. Still others embraced some version of compatibilism, arguing that medical intervention and Christian belief need not be pitted against each other. In any event, it was during this period that American Christians begin to distinguish the concept of "cure," which may be (though not always was) a function of medicine, from "healing," which is holistic and (always) depends fundamentally on God's grace.

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[16] See G. Thomas Crouser, "Illness" in *Keywords for Disability Studies*, 105.

[17] David J. Endres, "What Medicine Could Not Cure: Faith Healings at the Shrine of Our Lady of Consolation, Carey, Ohio," *U.S. Catholic Historian* 34:3 (September 2016): 28.

The second theme arose in biblical studies, and particularly in connection with critical reflection on the ministry of Jesus. Scholars representing Protestant Liberalism and the "quest for the historical Jesus" tended to view the healing ministry of Jesus as depicted in the canonical Gospels as a complex set of metaphors. The point of the stories, they argued, was not that Jesus cured blindness, say, but rather that the blind person's faith in Jesus healed him in a holistic, spiritual sense. Again, reactions among contemporary Christians varied. Many, buoyed by their newfound trust in the powers of modern medicine, accepted the interpretations of Protestant Liberal scholars, while others, in the midst of the Fundamentalist-Modernist controversy, rejected such claims as the height of impiety and modern unbelief. Interestingly, this distinction arose at a time when medical doctors were still broadly trained in the humanities; thus, there exists an entire literature devoted to explorations of biblical healings (and other miracles) by medical professionals beginning in the 1880s and continuing for a solid century. Not incidentally, many of those doctors also happened to be Christian missionaries in regions with vibrant indigenous healing traditions.

The distinction between cure and healing is important for us today because of the way it has been used to structure Christian narratives about disability. As I noted at the outset of this lecture, Christian narratives about human illness and impairment often leave persons with disabilities with two options: miraculous healing or heroic suffering. Far past the passage of the ADA, Christian congregations have principally encountered disability in ways dictated by the medical model, and this has everything to do with the distinction between cure and healing as it shapes contemporary Christian practice, particularly in North America and in regions of the world where modern Christianity was given its fundamental lineaments by the American Missionary Movement.

"'People react weird to people with disabilities like me,' said Rich, sitting comfortably in his modern electric wheelchair. 'They act like a disability is something they can catch, like it is infectious. At church, most people are unable to get past my disability. They stare not at me but at my disability.'"[18] This story, excerpted from minister and disability activist Brett Webb-Mitchell's book, *Beyond Accessibility: Toward the Full Inclusion of People with Disabilities in Faith Communities*, is notable principally for its commonness. If you are or know a person with a disability in a Christian congregation, the chances are excellent that you have or have heard a similar story. It may be the case that persons with visible disabilities experience this kind of reaction outside of church, but Christian ableist theologies exacerbate and in some sense license them. I won't go into the characteristics of ableist theology at length here, except to define it as any theology that "presume[s] able-bodiedness, and by so doing, construct[s] persons with disabilities as marginalized … and largely invisible 'others.'"[19]

For ableist Christian theologies, the main encounter with disability in the Christian tradition occurs in biblical narratives where, with a few exceptions, impairments and the disabilities that accompany them are overcome by being cured and/or healed through the active and miraculous intervention of God. A chief characteristic of ableism in church, then, is that it thinks of disability as needing a cure, and this association means that typically-abled Christians are often stuck encountering persons with disabilities along the lines dictated by the medical model. When that happens, an implicit question is always being asked: why won't she get better? And, as soon as that question gets asked, then you're off on all the usual rabbit trails about the power of prayer, the reality of miracles, the amount of faith people have, God's sovereignty, and the meaning of suffering, none of which, of course, is to see, or treat, or take the person with a disability as a person. Often, rather than engaging with people, practitioners of ableist theologies pose questions, questions that result in the sterile, stabilizing, and validating religious discourses that avoid the difficulty of actually encountering people in the in-between,

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[18] Brett Webb-Mitchell, *Beyond Accessibility: Toward the Full Inclusion of People with Disabilities in Faith Communities* (New York: Church Publishing, 2010), 5.

[19] Quoting Vera Chouinard, "Making Space for Disabling Difference: Challenging Ableist Geographies," *Environment and Planning D: Society and Space* 15:4 (August 1997): 379–387.

people whose lives are often marked by difficulties that cannot be easily ameliorated and should not be ignored.

3. Resources.

Against such ableist theologies, I want to sketch three resources that the Christian tradition provides for thinking about disability as fundamentally a matter of social justice: dependency, celebration, and friendship. Each of them could involve much further elaboration than I will give it here.

3.1 Dependency

The philosopher Eva Feder Kittay recently pointed to Mitt Romney's 2012 presidential campaign blunder of referring to 47% of the US population as "dependent," a gaffe that contributed to Romney losing the election, as evidence that Americans despise dependence. Kittay also commented on how strange this fact is, given that we are a "thoroughly social species" for whom "[d]ependence on others allows for needed care, knowledge, culture, technology, and political, social and economic goods."[20] Yet, it is no secret that stigma attaches to dependency as such in our culture. Where disability is concerned, American cultural disdain for dependency probably continues to contribute to the idea that disability constitutes a social problem.

Disdain for dependency even filters into Christian congregations, where human relations are often defined as interdependent. One the one hand, this move is meant to combat modern narratives of autonomy and independence; on the other, it combats inappropriate forms of dependency. Often, however, it comes at significant cost, namely, that of recasting relationships as significant to the degree that they are reciprocal. Of course, relationships of reciprocity stand a good chance of being more just than many nonreciprocal ones, but the idea of interdependence as reciprocity still participates in a vision of the common good as essentially

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[20] Kittay, "Dependency" in *Keywords for Disability Studies*, 54.

competitive, as involving the exchange of goods that are mine-rather-than-others' or others'-rather-than-mine. It has not graduated, one might say, to a vision of goods that are fundamentally noncompetitive in nature, mine-only-insofar-as-others' and others'-only-insofar-as-mine.[21] One major consequence of the emphasis on interdependency is alienation for persons with disabilities and their families, who often experience themselves and their loved ones as having little say over the degree to which their relationships are reciprocal.

I do not mean to demonize the ideals of independence, or even interdependence, because their proponents aspire to produce more nearly just societies than we currently enjoy, societies that dismantle systemic disprivilege wherever it occurs. However, I do think that the Christian tradition offers an alternative to such configurations of relationship, and one that speaks of justice for the most vulnerable among us, including persons with profound intellectual disability. In Christian teaching, after all, the question is never, "Am I dependent or not?"—I am—but rather, "In what ways do I depend on others?" The Christian tradition includes resources for reshaping our perception of dependency as such and therefore for contributing to more just structures of relationship that include persons with disabilities.

One such resource can be found in the writings of the fourth century theologian, Gregory of Nyssa. Gregory was convinced that the good end Christians are promised was not a life of reciprocity with God (or with others), but rather one of mutuality. Not give and take, or interdependency in the way that idea is often construed—Gregory, for instance thought that God was in no way interdependent with creation—but togetherness, or, we might say, varying intensities of dependency, most of which are asymmetrical, as paradigmatically, is human creaturely dependence upon God.

Acknowlege dependence—acknowledge it in its varying intensities, and learn to construe it as one of the good things about being human. More importantly, stop construing

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[21] See Alasdair MacIntyre, *Dependent Rational Animals: Why Humans Need the Virtues* (Chicago: Open Court, 1999), 119-128.

personal worth as a matter of what one gives for others to receive in relationship. Yes, reciprocity has its goods, but they are not fundamental to human personhood, which, in Christian teaching, is a matter of nothing other than being made in the image of the imageless God.

3.2 Celebration

At the center of Christian practice is celebration. There is, so far as I am aware, no other major religious tradition that construes its primary reason for the worship of God as celebration. Christians gather in worship to celebrate the mystery of faith, that Christ has died, Christ has risen, and Christ will come again. Yet, celebration is often missing in the lives of persons with disabilities, perhaps especially in the lives of adults with developmental and intellectual disabilities. Bill Gaventa, Chair of the National Collaborative on Faith and Disability, reflects on his own career:

> After I became the Protestant chaplain at the large Newark State School in 1975, I led a number of weekly religious services in different parts of the facility. I soon came to see the basic spiritual needs as celebration and belonging. Celebration meant a sense of identity that had meaning and value as well as the experience of being valued in a place where hundreds of people had been sent because they were devalued by the society into which they were born. One way to show value was celebrating the image of God in every person and God's love for every person. Besides trying to embody that in my personal relationships and in religious services that focused on God's love and celebrating the lives of my congregation, my first "objective" means of pastoral care was to structure my pastoral visiting around delivering birthday cards to my Protestant flock. Cards are simple, taken-for-granted expressions of worth and value to most of us, but they are conspicuous by their absence in large institutions: Who celebrates my birth and creation?[22]

Gaventa is, of course, reflecting on his experience of more than forty years ago; however, the question remains as a fundamental marker of Christian identity: Let me suggest that the single most appropriate way to gauge the justice that inheres in social relationships is to answer the question, "Who celebrates with … ?" And, just in case you think this emphasis on celebration as a matter of social justice is loosey goosey, let me point you to 1 Corinthians 11,

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[22] Gaventa, *Disability and Spirituality*, 51.

where Paul is adamant that not “celebrating with” is, first, to show contempt for those whom God has gathered together and, second, to humiliate those whom you ignore.

3.3 Friendship

Finally, friendship. The most commonly reported desire of parents of children with disabilities is for their child to have a friend. I should note, too, that this desire increases as parents and their children age. So, typically, the wish for a friend is more acute in parents of adult children with disabilities than in parents of young children. Rights, accessibility, and social inclusion, and even good person-centered planning do not guarantee that you’ve got a friend.

Since almost its inception, the Western philosophical tradition has recognized that friendship is hard. Aristotle thought that most of our friendships are matters of circumstance or convenience. He thought, furthermore, that really being friends with someone is like having a second self. That meant, according to Aristotle, that it is impossible to become friends with someone who is dissimilar to you. While Aristotle is hardly the final word on friendship, philosophically considered, his views are both strikingly forthright and descriptive of many people’s experience—you become friends with people with whom you are alike, who evoke in you a mimetic sense of affinity, of desire and delight. Your friends are the people in your life whom you would never consider instrumentalizing; whom you would never consider accounting for their presence and significance to you as a matter of “what you get out of it.” And, if you extrapolate just a little bit from your understanding of who your friends are, you can probably sense some of the challenges authentic friendships pose for persons with intellectual and developmental disabilities.

Apart from the obvious challenge of instrumentalization (I am a friend as an act of generosity to someone in need, which is significant mainly because it tells me that I am generous), one other challenge that persons with intellectual and developmental disabilities face with respect to friendship is that they are often infantilized, that is, treated as “eternal children” or “holy innocents.”[23] And this treatment impedes the growth friendship, not because it means that the person with a disability is never treated as a peer, though that often happens, but rather because it gets in the way of learning what it means to like someone without pretense.

Again, however, the Christian tradition provides resources for becoming friends with others that enlarge typical assumptions about what it means to be someone’s friend. The 13th century Dominican theologian Thomas Aquinas, for instance, suggested that we are created for nothing less than to be God’s friends. That is to say: that we are created means that we are people whom God likes. Given that God is not a thing of any kind, and that we most certainly are, it’s easy to see how Aquinas’s view revolutionizes the classical concept of friendship. According to Aquinas, our primal experience of friendship, of being liked, is one that depends on difference; it is one for which difference is not an obstacle but friendship’s generative source. To paraphrase a contemporary Catholic theologian, James Alison, being created as God’s friend means being “‘liked spaciously, delighted in, wanted to give extension, fulfillment, fruition to, to share in just being.’ We are missing out on something huge and powerful and serene and enjoyable and safe and meaningful by being caught up in [relationships] that are less than that,” that fail to mirror the “astonishing gentleness” of being liked.[24] If, as I said, “Who celebrates with me?” is a fundamental question of social justice, then it is so, in part, because it helps to answer the question, “Who likes me? Who is my friend?”

Please notice, again, that this account of friendship does not depend on reciprocity; it depends, instead, on the much stronger and more continuous recognition that we are all, from start to finish, without remainder, nothing other than embodiments of God’s grace, of God’s liking us. And this “extraordinarily unbothered, non-emergency”[25] sense of being liked, which, in Christian teaching, is both our being and our vocation, is profoundly a matter of social justice

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[23] Gaventa, 92.

[24] James Alison, *On Being Liked* (New York: Crossroad, 2003), 15.

[25] Alison, *On Being Liked*, 15.

because it extends to everyone all the time. Justice work, the kind of justice work demanded by learning to speak of friendship and being liked among the pains, is never justice work, unless it is justice-for-all work.

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