

Disability, Doctrine, and Development:
A Church Response to Suffering Caused by Disability

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April 2020

Presented in Partial Fulfillment of the Requirements for the Degree Master of Arts in
International Community Development to the College of Social and Behavioral Sciences of
Northwest University

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Some material included in this thesis was previously submitted to meet the requirements for
the ICD courses: Community Development; Fieldwork; Leadership; Peacemaking and
Reconciliation; Research for Social Change; Spirituality, Culture, and Social Justice;

Thesis Project I

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I. INTRODUCTION

I walked down the cold, dark hallway to Francisco's room, compulsively using hand sanitizer as I heard the coughs and moans of the patients in hospital beds and saw the stains on the floor. A few days prior, my organization received a call from a local medical clinic requesting assistance regarding a teenage burn survivor with mental health challenges who had been abandoned by his family. I have a lot of experience working with individuals with disabilities and mental illness, but I was not prepared for what I was about to see. I found the nurses' station and was led to Francisco's room. As I entered, my heart sank. In front of me was a completely broken teenage boy. I was shocked by his apparent state of neglect. The burns on his chest and legs were open and infected, his legs were contracted and fixed in the fetal position, his hips and tailbone were ulcerated, and he was completely emaciated. I learned from the nurse that Francisco had been in a gasoline fire six months prior and had been slowly dying alone in this dark hospital room. Six months? In this valley, there is a church on every corner and a missionary on every block. How has this boy been here for six months without a visitor? How has he even survived this long without an advocate? It is not clear whether his mental illness predated the accident, but with the trauma of being burned, the amount of pain he was in, and the extreme isolation and abandonment, his mental illness made sense. I left feeling helpless.

That week, I visited every night after work. Much of our early conversations revolved around me asking him questions and him ignoring my questions and asking me for food or soda. I assumed that his cognition was so impaired that he was incapable of conversing beyond that. One night, I stayed a little longer than normal. I cannot remember why I stayed or what I was sharing with Francisco. I just remember his demeanor suddenly changing, his face taking on

a look of sheer fright and desperation. Out of nowhere, he began sobbing to me, begging for help, asking where he was and how he got there. In a moment of lucidity, Francisco revealed the humanity that was being masked by his mental health symptoms. He was a frightened teenager, desperate for help and comfort. I promised that my team and I would do whatever we could to get him out of there and get him the help he needed to survive and recuperate. After about five minutes, he slipped back into a dazed state, covering his head with a blanket. I left the hospital, got in my car, and cried. For days, Francisco had been another name on my client list; someone I should visit out of moral and professional obligation. I failed to see his humanity until that night, having succumbed to my implicit biases regarding mental illness. Driving home, I was haunted by his cry for help. I began to pray and ask God how this could happen. How could this traumatized boy be suffering alone with nobody by his side? Why was nobody advocating for him? Were people excusing their inaction and indifference to his suffering because of his mental illness? How many more people like Francisco are suffering alone? What can be done to alleviate such an extreme suffering?

Reflexivity

Nine years ago, I moved from my home in the United States to live and volunteer in Baja California, Mexico. I accepted a position at a special education school teaching literacy to children with learning disabilities. Since then, I have had the opportunity to work in a variety of contexts in the realm of disability services, including special education, social work, foster care, and international advocacy. For the last five years, I have been working as one of the onsite directors of Eternal Anchor, a non-governmental organization (NGO) offering holistic disability services in the San Quintin Valley. I am also a foster parent to five beautiful boys with special

needs. The following paper stretches beyond the scope of the interviews and research conducted for this project. It is the culmination of nine years of ethnographic experiences. The San Quintin Valley is my home; the people I interviewed are my friends and clients. The following critiques and criticisms of the Church are those of a Christian hoping and craving for a more sincere manifestation of Jesus' love towards people with disabilities, both locally and globally.

In the San Quintin Valley, a rural agricultural region in Baja California, Mexico, individuals with disabilities are isolated and oppressed by systemic brokenness, discrimination, and ignorance. The majority of the community is unaware of the often-silent struggles this marginalized population lives with each day. They are unaware of the daily pain and suffering people with disabilities and their families wrestle with. As is the case in so many developing world contexts, there is a large social chasm that divides individuals with disabilities and their families from their typically-functioning neighbors. In order for churches in these settings to address the suffering caused by disability, they must address their implicit biases, facilitate inclusive worship services and activities, and collaborate with NGOs to address issues of healthcare, mobility, and physical accessibility. Drawing on lessons from a case study of families raising children with disabilities in the San Quintin Valley, this thesis will identify some of the shared experiences of suffering related to disability, explain how church inaccessibility and implicit biases perpetuate this suffering, and propose a low-cost inclusion plan that fosters belonging and holistic support to individuals with disabilities and their families.

II. DISABILITY

Defining Disability

For generations, disability has been understood through a medical perspective (disease, illness) or a spiritual perspective (curses, divine retribution). Recently, disability scholars and activists have adopted a social model for understanding disability. This view considers disability in terms of social repression. The Union of the Physically Impaired Against Segregation (UPIAS) argues that it is society that disables people: “Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from participation in society. Disabled people are therefore an oppressed group in society” (qtd. in Cobley 11). Mirrain, for example, is a 10-year-old boy who is blind. According to the social model of disability, blindness is Mirrain’s impairment; his “disability” is the lack of braille signage in public areas, the unpaved roads that make mobility and orientation difficult, and the unavailability of public special education programs that prevent Mirrain from learning with his peers.

While the social model of disability has been criticized for underemphasizing the disabling (and often painful) effects of physical and intellectual impairment, it is a huge leap forward from the medical and spiritual models that attribute disability solely to personal factors and fail to address oppressive societal practices. Peter Beresford writes:

For disabled people, it has been a groundbreaking idea, shifting blame and responsibility for disability from the individual to society and exploring the complex inter-relationship between the two. The social model of disability highlights the oppressive nature of the dominant social response to impairment, which excludes, segregates and stigmatizes

disabled people, creates barriers to their equality and participation and discriminates against them, restricting their human and civil rights. (157)

The social model is the most universally accepted understanding of disability among disability rights advocates and scholars and the frame through which disability is understood and discussed in this paper.

Disability and Poverty

The effects of disability are exacerbated in rural, high-poverty communities. Quality medical services are rare, preventing those with chronic medical conditions from receiving the medication and care they need to thrive. Buildings are rarely wheelchair-accessible, streets are unpaved, and accessible public transportation is nonexistent. Typically, education systems are non-inclusive, so typically-functioning children grow up unaware of how to interact with their peers that have disabilities. These realities create barriers that isolate individuals with disabilities. It limits socialization and access to community activities.

This inaccessibility and oppression are symptoms of an even larger problem. These issues demonstrate an indifference to acknowledge and celebrate the dignity and humanity of individuals with disabilities; they reveal attitudinal biases (conscious and implicit) against people with disabilities that perpetuate their isolation and intensify their suffering. While these biases exist globally, regardless of socioeconomic status, the impact is more severe in high-poverty communities. In places where people do not have the luxury to choose independence and individualism, survival depends on community interdependence. When that is taken away, when people with disabilities in high-poverty zones are left in the periphery and excluded from their own communities, their social, emotional, and medical prognosis is grim at best.

The social model for understanding disability is similar to current theories of poverty and community development. Past poverty-alleviation strategies focused exclusively on a lack of material goods and finances. However, current scholars and development practitioners are now understanding the complexity of poverty and recognizing societal systems that keep people in poverty. Amartya Sen, a development economist from India, describes poverty as a “deprivation of human freedom” (Myers 29). As such, he advocates for the support of the materially poor by removing barriers that prevent them from making choices and being participants in their own community development (Myers 30). In doing so, the focus of poverty alleviation broadens from finances and material goods to a perspective that incorporates factors such as: the ability to live in harmony within one’s community, the chance to have friends, and the opportunity to help others. It also includes promoting personal well-being by prioritizing peace of mind, self-satisfaction, a lack of anxiety, and the opportunity to practice religion freely (Myers 32). Both disability and poverty models represent social oppression; both represent the lack of freedom to pursue personal well-being; and both represent physical and social barriers that prevent people from thriving in community. It is important to acknowledge this intersectionality of disability and poverty and to recognize that people with disabilities living in high-poverty communities face even more struggles than their nondisabled neighbors. In addition to the challenges of living in a high-poverty region, they also face discrimination, isolation, and inaccessibility that come with having a disability. They are the marginalized of the marginalized—the oppressed of the oppressed.

Disability and Suffering

Last summer, I conducted a research project that focused on the realities of raising a child with a disability or having a disability in rural Baja California. I interviewed parents and individuals with disabilities to compare their perspectives and broaden my understanding of their daily challenges. Young women with spina bifida shared how difficult it is to access public buildings, stores, and restaurants. These women told me how they feel when people stare at them or treat them differently because they are in a wheelchair. Mothers of children with autism shared how challenging it is to bring their children to the store or to church. One mother said that at one church, a pastor told her that her autistic son's behavior needed to be fixed with a spanking. A single father explained how his world collapsed on him when his wife died, leaving him alone to raise his deaf son with extreme physical deformities.

All of the interviewees shared stories of trauma, of pain, and of extreme isolation. They not only felt unsupported by their communities, but some felt outright rejected. This makes them feel like they are in conflict with their own neighbors, which in turn prolongs the suffering they already have to face. Explaining how conflict impacts a person, Paul Lederach writes, "Our very physiology changes as our feelings translate from uneasiness to anxiety to even outright pain" (*Little Book of Conflict Resolution* Ch. 2). That was the underlying theme of all of the interviews I conducted: suffering.

Suffering is something that unites all humans. Everyone experiences pain, loss, and hardship at some point in their life. However, the extent in which individuals with disabilities and their families experience suffering is far more arduous; it is a holistic suffering that permeates every aspect of life. As I conducted my interviews and compared them to my own

experiences, I discovered patterns in the hardships and oppression. Whether the interviewee has a disability or is raising a child with a disability, they all expressed their struggles with cultural stigmas, accessibility, medical care, and religion.

Social Suffering

Rosa, born with spina bifida, is a college student who is studying to become a teacher. When I asked her about how her community treats people with disabilities, she shared, “Sometimes when I go down the street, a lot of people stare at me. It makes me feel uncomfortable, but I have had to get used to it.” Maria, another young woman with spina bifida, shared, “It is difficult living here because the people bother you, make offensive comments, and sometimes they even try to hurt you. One time they threw rocks at me when I was crossing the street. With time, I have gotten used to it, but it is difficult.” Both women also mentioned their struggles with inaccessible buildings. Rosa explained, “Many times I want to go to the store or get ice cream or go out to eat and there are too many stairs, no ramps, the eating space is too small for my wheelchair, or people just are not willing to move things around to help me get in.” Essentially the message these young ladies are receiving from their community on a daily basis is that they are not important enough to make accommodations, that they are not worth the money it would take to build a ramp, and that they are not valued members of their community.

Many parents raising children with intellectual disabilities shared similar stories of isolation, inaccessibility, and discrimination. Blanca and Antonio are raising their two adult sons with intellectual disabilities. When I asked Blanca about the realities of raising her sons in this community, she explained, “Many parents raising a child with a disability lock their children up.

They do not want people seeing them because they stare and act like their child is a strange insect” (Antonio and Blanca). Another mother, Erika, told me a story of when her toddler with autism tried to touch a woman in the store: “My son was just trying to be nice and the woman pushed him away and was revolted by him” (Encarnación and Erika). Many of the mothers also expressed how challenging it is to make friends. Maura, a 66-year-old single mother of a young man who is blind and has cerebral palsy, shared, “I do not have friends. It is difficult because nobody wants to be around my son and I cannot leave him alone.” While most families agreed that things are better now than they were twenty years ago, there is still discrimination, isolation, and inaccessibility that individuals with disabilities and their families encounter daily.

Medical Suffering

The second common form of hardship and suffering related to disability is the lack of affordable, quality medical options available for individuals with disabilities. Throughout the interview process and the archival research, I was bombarded by accounts of medical incompetence. From malpractice during birth to frequent misdiagnoses, it was shocking to encounter how horrible the medical services are in the region. I found that medical professionals fresh out of medical school and doing their year of residency with almost no supervision were in charge of the diagnostics and treatment of rare and severe epilepsy disorders. I discovered nursing students running emergency rooms without qualified support or supervision. I read medical records that were, at best, vague and, at worst, incorrect. Karen, a teenage girl who dropped out of school to take care of her little brother who is blind and epileptic, told me how much her family struggles financially. Expensive medication and neurologist consults (including the bus fare to get to the city four hours away) are a constant

strain on the family (Karen). When I asked families what they wanted to see changed in their community, almost all of them said that they wanted more accessible, affordable healthcare options. Families should not have to drive up to 10 hours roundtrip to visit a neurologist; they should not have to pay a week's wage to bring their child to a psychiatrist; they should not have to choose between rent and medication for their child. Yet, this is their reality. The lack of quality medical care is exacerbating the extreme suffering these individuals and their families face each day.

Spiritual Suffering

“I thought that I was strong, but my strength betrayed me” (Arhemi and Jorge). These words of a single father raising a medically fragile child with extreme physical disabilities shook me. There is no way to prepare for the realities of raising a child with extreme physical and/or cognitive disabilities. Even the strongest person is broken as they watch their child struggle through pain and social isolation. The strength that most parents rely on each day to love and provide for their child is no match for the systemic failures that prevent children with disabilities from accessing the medical care, education, and social development opportunities they need. When strength betrays and isolation and helplessness take over, most people turn to God for answers. They cry out, “God! Why me?” They seek comfort and answers. Tragically, their cries are met with silence as the Church—the group of people charged with being the hands, feet, and voice of God on earth—fails to provide the accessible, supportive community this population desperately needs. They are left feeling abandoned by their faith communities, and by extension, abandoned by God. Many are left wondering if God is punishing or cursing them for something they have done or for a lack of faith.

III. DOCTRINE

Christianity and Disability

In spite of the Biblical mandate to care for people who are suffering and who are marginalized by society, churches are no exception when it comes to the discrimination and exclusion of people with disabilities. While the Bible gives voice to the cry of people who have historically been oppressed, many “people who claim to follow the Scriptures . . . do not act as if they have heard those cries” (DeYoung 12). While churches should be havens for individuals with disabilities, they are typically characterized by discrimination and ableism that is augmented by bad theology. Some preachers tell parents that God inflicted the disability on their child in order to teach them something about God. Some churches practice faith healings, encouraging parents to bring their child in front of the congregation in order to heal them of their disability. There are even churches that consider disability to be a form of demon possession or a curse from God. This is all dangerous theology. It tarnishes Christianity by marginalizing the already marginalized. It implies that people with disabilities are less than human and need God’s supernatural intervention to “fix” them and make them “normal.”

One of the most unfortunate consequences of raising children with special needs is the estrangement from local churches. Before, I was active in my church. I led worship, I helped teach Sunday school, I translated for visiting teams. After becoming a foster parent for children with disabilities, I stopped going. This separation from the Church did not happen overnight. It was a slow, painful process marked by unfortunate situations. On one occasion, the children and I were asked to move from the front row—the most wheelchair accessible and ideal location for children with visual impairments—because it was reserved for VIP guests. Soon

after, I was asked to not leave one of my children in Sunday school because the teacher did not feel comfortable working with him. These kinds of unwelcoming, irresponsible, hurtful actions are sadly characteristic of most churches I have come in contact with. As I talk to other parents and caregivers raising children with special needs, it is evident that this is a shared experience. I know many parents who have been criticized, ostracized, or simply kicked out of church. Kevin Timpe writes, “Unfortunately, the Church often isn’t the source of Good News that it claims to proclaim. . . . They all too often reflect the same structural patterns of exclusion that we see in the larger culture” (105). He goes on to explain that churches are guilty of not finding the financial resources for inclusion, of not taking time to slow down and develop relationships with people that require more of our time and energy to be with, and of not seeking out the voices of individuals with disabilities to do things with them rather than for them (105).

Architecture and Inaccessibility

Physical inaccessibility is another huge problem. Many churches do not have transportation assistance, accessible parking spaces, ramps, accessible bathroom stalls, wide hallways, or seating options for people in wheelchairs. I have entered churches that claim to comply with wheelchair accessibility standards for accessible design, and while the hallways are the correct width and the doors are wider, the only access to the pulpit is by a small staircase. What does this communicate to congregants in wheelchairs? Does it not send a message that their voices are unimportant? Deborah Creamer writes, “This unwillingness to think all the way through accessibility issues may betray implicit assumptions: for example, that there would be no reason for a person in a wheelchair to need access to the lectern” (*Disability and Christian*

Theology 36). In other words, physical inaccessibility implies that people with physical disabilities have nothing to teach or say to their church.

A common excuse for inaccessibility is the money required to make adaptations. However, most churches spend exorbitant amounts of money each year on decorations and adornments for their buildings. John Chrysostom recognized this issue almost two thousand years ago and challenged the Church: “Do not, therefore, adorn the church and ignore your afflicted brother, for he is the most precious temple of all” (qtd. In Groody Ch. 3). Sadly, not much has changed and churches around the globe prioritize buildings over people.

Harmful Theology

Divine Causation

A very common Christian belief promulgated from Christian pulpits is disability as divine providence. Prominent Christian leaders and pastors assert that God is the author of disability to demonstrate God’s own glory, to remind humanity of their weaknesses and brokenness, and to give humanity the opportunity to serve people who are less fortunate. Each of these doctrinal points reveals a history of theological ableism that is both hurtful and discouraging to people with disabilities and their families.

Michael Beates is an evangelical author affiliated with Joni and Friends, a prominent Christian disability services agency that facilitates international mobility campaigns and disability awareness events. In his book, *Disability and the Gospel*, Beates summarizes normative Christian teachings on disability. Three passages from his book in particular stand out as summaries of the traditional Christian understanding of disability and divine causation:

1. “We have discovered that God is not only creator of man and we are made imago Dei, but we have seen that God is declared to be the creator of disabilities. He is also, in some profound sense, the source of brokenness and the one who has ordained to use such brokenness for his purposes, and ultimately, for his glory” (77).
2. “People with disabilities are essential in the church since their presence reminds us that we are all weak and broken before a holy and compassionate God” (151).
3. “God creates some people with genetic anomalies not only for his own glory and to show us our own brokenness, but also because such disabled people present the church with the gift of allowing followers of Christ to serve them unconditionally” (163-164).

First, the notion of God orchestrating the creation of disability reflects an image of God that is inconsistent with Biblical references regarding God’s attributes. If God is indeed a loving, nurturing Father figure, why would God intentionally inflict immense physical and emotional pain on innocent children? Almost everyone would classify a parent who intentionally harms their child for pleasure—or “glory”—as abusive and even sadistic. Consequently, a theology that portrays God as the creator of disability, receiving glory and delight amidst the pain of people with disabilities, is a theology that suggests God is abusive. It is not an inclusive theology of God’s love, but rather a discriminatory theology with undertones of apathy towards individuals with disabilities. It is incompatible with the Biblical teaching that God “does not willingly bring affliction or grief to anyone” (*The Holy Bible*, Lam. 3:33). It is the antithesis of St. John’s words: “God is love” (*The Holy Bible*, 1 John 4:8).

Second, the idea that people with disabilities are created to manifest human weakness and brokenness reflects the common ableist misconception that all people with disabilities are

helpless and fragile. It fails to affirm their individuality, their strengths, and their talents. The Bible teaches that all of humanity was created in the image of God and that each person reflects God's likeness (*The Holy Bible*, Gen. 1:26-27). If certain people are deliberately made broken and weak, does that not suggest that God is then intrinsically broken and weak? It also raises some important questions. Why would God make certain people 'weak' and 'broken' to demonstrate a collective weakness and brokenness? Is it appropriate to spread teachings that the all-loving God teaches lessons to some at the expense of another's health, well-being, and happiness?

Third, teaching that God creates disability to give typically-functioning church members an opportunity for charitable giving is problematic, relegating all people with disabilities to the status of needy recipient. Bethany Fox writes, "These too-common perspectives of people with disabilities as passive, lacking agency, and recipients of charity without gifts of their own to offer, have created obstacles for people with disabilities in both church communities and the broader culture" (99). This mindset perpetuates a dangerous stigma that people with disabilities are helpless and have nothing to offer society or church communities. It denies people with disabilities the opportunity of friendship, for true friendship requires mutuality and is unattainable amidst superiority and pity. St. Peter encourages Christians to make every effort to strive for mutual affection and love (*The Holy Bible*, 1 Pet. 1:5-7). It is thus contrary to Biblical teaching to patronize people by characterizing them as a mere philanthropic opportunity.

It is understandable that certain people find comfort in God's sovereignty amidst the chaos of life. However, the unqualified application of the doctrine of divine providence to the experiences of having or raising someone with a disability is quite dangerous. Instead of

comforting in a time of confusion and suffering, it may alienate and sow doubt as to whether God truly loves people with disabilities. As a result, it is vital for Christian pastors and leaders to heed the words of theologian Amos Yong:

From the standpoint of pastoral care, this means that we should never tell a person with a disability that his or her disability is ordained by God. . . . At the same time, people with disabilities may certainly adopt such a self-understanding. There is a huge difference between ‘confessing’ such a view for someone and this person embracing such a self-understanding. (168)

In other words, if a family or individual with special needs wants to believe that God creates disability, that is their prerogative. Yong goes on to write, “We should avoid speculating about how God causes all things providentially. . . . [We must] move from the idea of divine omnipotence causing all events to the idea of divine omn compassion redeeming all events” (169). As a rule, Christians should avoid proclaiming divine causation of disability, and instead emphasize God’s deep, parental love and compassion for all of humanity.

Faith Healings

A few years ago, an international Christian child evangelism organization decided to host a Bible camp at a church in rural Baja California, Mexico. A group of teenagers and young adults from the United States drove down and hosted the weeklong event. Hundreds of children and teenagers from the community arrived each day for games, activities, Christian music, and Bible lessons. Among the local children was a group of students from a nearby special education school.

During the week, the staff of the Bible camp wanted to emphasize the importance of prayer and the power of God to answer prayer. So, one afternoon the students from the special education school were invited to the front of the church. The American team leader proceeded to explain that these children were “sick” and needed healing. He told the children that if they have enough faith, their disabilities would be no more. He then invited all of the children and teenagers in the room to extend their hands out and pray out loud for healing of the students with cerebral palsy, spina bifida, Down syndrome, and hydrocephalus. After a few embarrassing minutes in front of their peers, the group of students left, one boy crying because he still needed a walker; others left confused as to what had happened. Among those students was Angel, my foster son with Down syndrome.

The practice of faith healing in response to disability is regrettably commonplace in churches around the world. A practice that is meant to address ailments and reconcile people to God, faith healings typically have the adverse effect when applied to disability. They erroneously depict difference and diversity as brokenness and sickness, while failing to see the distinction between genetics (Down syndrome) and illness (the flu). Many people with disabilities who seek out or are invited to participate in healing sessions “leave disillusioned if not crushed that God has not healed them” (Yong 242). Yong argues, “It is not people with disabilities who need healing, but people without disabilities who need to be transformed” (243). Angel and his schoolmates did not need to be healed of their disabilities that day; the church and the Christian leaders facilitating the Bible camp needed transformation and to be healed of their ignorance and biases. They needed to understand how their actions hurt and stigmatized the children they were wanting to help. They needed to understand that what

these children want most is reconciliation with their communities and to demolish the social and physical barriers that prevent them from thriving. Instead of focusing on medical healing, Christians need to take a more relational approach and address the detrimental lack of inclusion and solidarity that exists in most churches.

Calling

It does not take a special calling to have a relationship with someone with schizophrenia who feels alone and rejected by society. It does not take a special calling to walk alongside parents as they grieve the loss of their child who died too soon. These are not special callings; these are Christian responsibilities. If the Gospel is taken seriously, Christians must find where suffering is most prevalent and establish themselves there. It is an unfortunate excuse to say that something is not your calling just because you do not want to do it. When people tell me that their lack of involvement with individuals with disabilities is because of their lack of calling, it minimizes the sacrifices and hard work many disability services providers and friends of individuals with disabilities take on each day. It is not a calling; it is a choice. It is a response to the Christian calling to love and live in solidarity with the oppressed and suffering.

When someone does not know anyone or has never spent time with anyone with a disability, the thought can be intimidating. It is easier to let the “experts” handle it and not get involved. This attitude perpetuates the oppressive social divides between typically-functioning individuals and individuals with disabilities. A common belief in many churches is that disability is a “specialist issue,” which leads to a hesitation to “include people in their programs” (Heinicke-Motsch and Sygall Ch. 7.9). The truth is, many people with disabilities do not need another specialist or organization to support them; they need a friend. It does not take a

specialist to welcome and befriend someone with a disability. It takes a person willing to take the time to develop relationships with this marginalized, misunderstood population. It is about being open to learning from somebody that you consider different. Anyone, regardless of background or personality, can do it. It simply takes a willingness to step out of one's comfort zone, to learn, and to be changed by friendship.

Better Theology and Practices

Positive Contamination

A driving force of the separation between churches and individuals with disabilities is the common Christian understanding of cleanliness and purity. Psychologist Richard Beck explains that many Christians, in an attempt to preserve the purity and sanctity of the Church, adopt attitudes of disgust to the things that, in their perception, tarnish the Church's holiness. He explains, "Consequently, to protect this illusion—that death and decay are not at work in our lives—we hide our eyes from the old, sick, deformed, ugly, and needy" (Beck 10). When there is a subconscious labeling of "dirtiness" given to someone with a disability, people will be far less likely to step out of their comfort zones (or "clean" zones) and interact with them (Beck 54). There is an implicit bias at work in most people that causes them to label people with disabilities as dirty and, by extension, unholy. Disability is often associated with disease, excrement, and uncleanness. In order to protect themselves from contamination, physical or spiritual, people quarantine themselves from this perceived filth by limiting their contact with what they believe to be the contagion (Beck 54). As a result, congregations are often void of individuals with disabilities, particularly those with profound or multiple disabilities.

This phenomenon, also known as disgust psychology, has been prevalent in faith communities for thousands of years. It reflects the universal understanding of negativity dominance. Beck explains, “When the pure and the polluted come into contact the pollutant is the more powerful force. The negative dominates over the positive” (30). Thus, contact between the holy Church and those deemed impure would logically pollute the church. Unfortunately, churches fail to recognize Jesus’ tireless efforts to reverse this mentality. A foundational aspect of Jesus’ ministry on earth was reconciling those considered unclean with their communities. By seeking out people with physical and mental disabilities and people with chronic medical conditions, he not only demonstrated the inclusive love of God to a marginalized, suffering population; he also showed his community how to heal social barriers through positive contamination. Beck writes, “Jesus is, to coin the term, positivity dominant. Contact with Jesus purifies” (30). When Jesus touches the leper, he does not become unclean; he purifies the leper. When Jesus touches the woman suffering from a bleeding disorder, he is not contaminated; she is healed. More important than the physical healing in these stories is the spiritual and social healing. Jewish law deemed these people impure and restricted contact between them and their neighbors (The Holy Bible, Lev. 15:19, Lev 21:16-23). By healing them, Jesus broke down the social and religious barriers that led to their isolation and stigmatization. As a result of Jesus’ positivity dominance, he was able to restore these ostracized people back to their families and friends.

Today, individuals with disabilities and their families are living in the same isolation as the lepers and the diseased during Jesus’ time. Instead of keeping these people out of the church to protect its sanctity, they need to be welcomed in. Imagine if instead of banishing the

child with autism who makes loud noises and runs up and down the aisles of the church during the service, Christians learned how to cope with the extra stimulus? What if instead of hiding the people in wheelchairs, they were given preferential seating? If Christians change their attitudes about disability and begin to accept and welcome those who may (in their opinion) compromise the image of a perfect church, social and physical barriers will break down and Christian communities will become loving, accessible places of radical hospitality and acceptance. When disgust and fear motivate Christians to push away people that remind them of filth, decay, and death, they compromise the credibility of the Gospel message. Instead, churches need to be havens where need, brokenness, and vulnerability are embraced and Jesus' teachings are manifest.

Timefullness

Something that can transform churches into places of belonging is changing people's understanding of time. A person's value is often intertwined with their ability to be a "productive" member of their community. Many people maximize the hours of their day to be as busy and productive as they can possibly be. In his book, *Sabbath*, Wayne Muller explains, "[It is] as if our exhaustion were a trophy, our ability to withstand stress a mark of real character" (qtd. in Friedman 5). He goes on to argue that unavailability for family and friends and a lack of intentional pausing to appreciate life has become the model for a successful life. With productivity being the established norm for success and value, those unable to produce at a normative pace (if at all), are deemed "ab-normal" and worthless, and are thus excluded or ejected from their communities (Volf 62). Those with physical and/or intellectual disabilities are often victims of this exclusion.

How does this impact the Church's ability to welcome people with disabilities? Sadly, churches are not innocent of exclusionary practices. Most churches operate in this context where productivity is linked to value, leaving people with disabilities rejected and considered useless. People that require more time and patience to communicate, to eat, or to simply visit are often isolated and ignored. They are not considered worthy of time in one's busy schedule. In his book, *Becoming Friends of Time*, John Swinton discusses the concept—originally coined by theologian Kosuke Koyama—of the “three mile-per-hour God.” He argues that God, manifest as Jesus, chose a slower pace of life, walking as he ministered to the people. The average person walks at three miles-per-hour, so he argues that God's speed is three miles-per-hour. Swinton explains the relevance of this concept for the Church when he writes:

We may choose to stigmatize, alienate, downgrade, and exclude people for taking up too much of our time—of being slow in pace, speech, wit, or intellect—but in the face of the three-mile-an-hour God, such ways of being in the world become revelatory of what it means to love and to be fully human. The reality is that, when time is love, speed equals less of it. The love of God is inexorably slow. Jesus walked slowly: love takes time.

(69)

Swinton calls this shift in mindset “timefullness,” combining the understanding and use of time with intentionality and mindfulness. Understanding this, the Church must then become a place where time is not valued as a tool of productivity; time must be understood as a tool to deeply love those around us. Marjorie Thompson writes, “The most important things in life take time, especially the cultivation of relationships. And what is more central to our spirit than

relationships” (74). Church members must learn how to slow down, to make time to invest in others, and to prioritize activities that reflect God’s heart to embrace and include.

If churches are to become places of radical hospitality, where all are welcome and everyone can experience belonging, then there needs to be a drastic culture shift. Instead of believing that “time is money,” the Church needs to preach that “time is love.” Kevin Timpe explains, “Valuing people means taking the time to be truly present with them. Just as inclusion requires more than just being in a particular space, being present requires more than just being near someone for a short time. It requires slowing down and investing in the lives of those around us” (74). By slowing down—by taking precious time to invest in relationships and to value people not for what they can produce, but for being image-bearers of God—the Church will become a place of true inclusivity and belonging.

Friendship

Like all people, individuals with disabilities crave friendship and solidarity, but far too often, they are only granted pity. In many interactions between typically functioning adults and adults with disabilities, there is almost always an underlying sentiment of pity. Most typically functioning adults, myself included, grow up unexposed to people with disabilities, so there is a lack of understanding and even a discomfort in the initial interactions with them. Pity is a barrier to friendship and belonging as it denotes a sense of superiority over the ones being pitied. Friedrich Nietzsche once argued that “nothing in our unhealthy modernity is more unhealthy than Christian pity” (qtd. in Hughes 71). It is important to be intentional at seeing people with disabilities as people first—to not pity them for their hardships, but to stand with them as they struggle as an ally, a friend, and a fellow image-bearer of God.

Each year, Eternal Anchor hosts a pool day for all of its clients and their families. This year, while taking some of the children for a swim, I noticed two teenagers swimming together. I recognized one of them immediately; José Alberto receives weekly therapeutic horse-riding sessions at Eternal Anchor's therapeutic riding center. Not long ago, he was in a car accident and suffered a traumatic brain injury that led to permanent physical and cognitive impairments. The other young man was about the same age and was helping José Alberto swim and was spending quality time with him. They were joking, laughing and having a great time together. What stood out about their interaction was their genuine friendship. Even though they were at different cognitive levels, there was no patronizing or pitying. It was evident that they cared for each other and enjoyed each other's company. I thought they were brothers. I later found out that the other young man, Oswaldo, was Eternal Anchor's newest staff member. I was stunned; somebody so young with such a natural gift for working with people with intellectual disabilities. Right away I went to find his supervisor to share what I witnessed and applaud his newest hire. His supervisor filled me in on the rest of the story. José Alberto and Oswaldo were high school friends before the accident. Right after the car crash, Oswaldo dropped out of school, moved to the U.S., and got a job so he could send money to José Alberto's family to cover medical expenses and diapers. After a year of financially supporting his friend, Oswaldo decided to come back home. He is now Eternal Anchor's newest horse therapy instructor, helping children and adults like his friend, José Alberto, receive quality care and therapy services.

The relationship of these two young men exemplifies the kind of friendship a community requires to thrive. It is a friendship not characterized by pity or obligation, but

rather solidarity, compassion, and love. Pity is by nature incompatible with friendship, as it denotes inequality. Bill Hughes writes, “Pity is a hierarchizing emotion in which superiority is at work in those who feel it and inferiority the projected status of those who are its target” (71).

Instead, what Oswaldo demonstrates is a love and compassion as defined by Henri Nouwen:

Compassion is not a bending toward the underprivileged from a privileged position; it is not a reaching out from on high to those who are less fortunate below; it is not a gesture of sympathy or pity for those who fail to make it in the upward pull. On the contrary, compassion means going directly to those people and places where suffering is most acute and building a home there. (qtd. in Purves 35)

Oswaldo and José Alberto’s friendship echoes the mutuality and vulnerability Nouwen shared with Adam, one of the residents he cared for at L’Arche Daybreak Community, a group home for adults with intellectual and physical disabilities. Nouwen found that Adam was the perfect embodiment of vulnerability and thus an incredible mentor in helping him accept and embrace his own vulnerability. In describing this process, Nouwen writes:

As I lived through this emotional ordeal I realized that I was becoming like Adam. He had nothing to be proud of. Neither had I. He was completely empty. So was I. He needed full-time attention. So did I. I found myself resisting this “becoming like Adam.” I did not want to be dependent and weak. I did not want to be so needy. Somewhere though I recognized that Adam’s way, the way of radical vulnerability, as also the way of Jesus.

(Adam 79)

The act of embracing vulnerability involves the recognition that life is best lived in mutuality.

Humans are meant to love and be loved, to serve and be served. As Nouwen puts it, “ministry is

a communal and mutual experience,” but this is not possible if people cannot be open and honest about their weaknesses (*In the Name of Jesus* 57). After Adam passed away, Nouwen realized that one of the most significant lessons that Adam taught was the radical call to “choose to give our love when we are strong and to receive the love of others when we are weak, always with tranquility and generosity” (*Adam* 91). This is the kind of friendship the Church must be characterized by.

Shared Suffering

Nobody wants their family or friends to suffer. One mother told me, “The only thing that matters is my child’s happiness, that he does not suffer” (Gonzalo and Josefina). Any parent will tell you that they would prefer to take their child’s place in suffering, but that is usually not an option. Suffering can rarely be eliminated. So how does one respond? What can one do to show love to those who are hurting the most? The answer is solidarity and friendship. While it is impossible to take away someone else’s pain, people can willingly enter into their sorrow and be present when they feel most alone. They can sacrifice their comfort, time, and sense of strength to be vulnerable co-sufferers. It is critical to understand that “what really counts is that in moments of pain and suffering someone stays with us. More important than any particular action or word of advice is the simple presence of someone who cares” (McNeill et al. 11). When this happens—the mere presence of a loving, unpatronizing friend amidst unthinkable grief and pain—suffering is alleviated.

Estefania was only 2-years-old when she died. She had Down syndrome and feeding issues that prevented her from gaining weight. In the city, she would have received adequate care, but the rural doctors did not know how to help her. Her physical fragility led to multiple

bouts of pneumonia. Her body could not take the constant infections and eventually gave up. Her death came as a shock to her young parents. As migrant workers from Oaxaca, they could not count on the support of their family who lives on the other side of the country, so they turned to the Church. Neither of them are Christians, but they know that funerals are traditionally held in a church. Having never actually entered a Catholic church in my community and knowing the animosity between Protestants and Catholics in Baja California, I did not know what to expect when I arrived at the funeral. The priest's message was a pretty standard funeral message, but he said something that really stood out to me. He said that nobody in the room can possibly understand the pain and suffering of Estefania's parents unless they have experienced something similar. What he was speaking about was solidarity. Behind the priest was a large crucifix, the ultimate icon of suffering and solidarity. In that moment I realized why the message of Christianity is unique in its ability to alleviate suffering. As Henri Nouwen and his associates share in their book, *Compassion*:

[God] came to share our lives in solidarity. It does not mean that God solves our problems, shows us the way out of our confusion, or offers answers for our many questions. God might do all of that, but the solidarity of God consists in the fact that God is willing to enter with us into our problems, confusions, and questions. (McNeill et al. 12)

What people seek most in their grief is accompaniment. They want to know that they are not alone, that other people share in their sorrow and pain. This is the essence of Jesus' ministry. It is about God willingly entering into human pain and suffering in order to fully understand and love the people God created. Lederach writes, "God chose aloneness, shared suffering, and

the fullness of the vulnerability in the human condition” (55). Maybe nobody in the church on the day of Estefania’s funeral could understand the depth of her parents’ grief. However, the image of the broken Jesus was a symbol of comfort, a reminder of the unconditional, sacrificial love of God. Jesus’ life and death model how Christians must live. If Christians are to live with integrity and authenticity, they must follow Jesus to the depths of human suffering, intentionally standing in solidarity with others in their pain. This is not a masochistic act, but rather a loving choice to share in the inevitable burdens of the people hurting around us. It is an action that can move church communities from inaccessibility to welcome, from ignorance to understanding, from exclusion to friendship, and from pity to solidarity. By standing at the borders of another’s suffering and solitude, Christians can effectively “mediate the love of God to a person who needs something deeper than any human being can give” (Palmer 64). Theologian Roberto Goizueta writes, “It is the corporate, shared character of suffering, undertaken in mutual solidarity, that distinguishes suffering from mere debilitating sadness and makes possible our common struggle *against* suffering. . . . Suffering shared is suffering already in retreat” (183). We may never be able to rid ourselves of pain and suffering on this earth, but through genuine community and friendship, we can experience hope, companionship, and love amidst the tears.

IV. DEVELOPMENT

The Church and Community Development

The Church can have a powerful role in changing the stigmas toward people with disabilities as an agent of community development. It is time that the global Church recognize

this incredibly vulnerable population and no longer leave them to be “spiritual nomads”

(Conner, *Amplifying Our Witness* 32). Benjamin Conner explains that:

Faith communities offer places for people with disabilities to experience social roles, a way to understand themselves beyond pathological self-definitions or medical understandings, and a place to develop social relationships and a sense of belonging and connectedness. This sense of validation and belonging mitigates the hopelessness of loneliness. (*Amplifying Our Witness* 32)

Churches in high-poverty regions have a unique advantage in understanding the struggles of people with disabilities. Their shared struggles allow church members in these regions to relate to and sympathize with problems like inadequate and inaccessible healthcare, unreliable public transportation, and systemic oppression that disproportionately impacts the poor. This insight and these shared experiences make solidarity much easier. Theresa Lorenzo and Peter Coleridge write, “There is a need to build mutually beneficial, reciprocal alliances between groups of people who experience discrimination and who struggle for access to proper care, services, and opportunities for development” (238). Christians experiencing extreme poverty and individuals suffering the negative consequences of disability are natural allies, and should thus work together to address their shared suffering.

For many churches, especially in regions where financial resources are scarce, it is easy to justify sitting back and waiting for government and non-profit agencies to come and fix the systemic issues. It is easy to disregard issues like the discrimination and exclusion of people with disabilities as someone else’s fight. However, the Bible calls Christians to lead their

communities in positive cultural change; to challenge normative actions and behaviors that oppress and marginalize others. Erik Carter writes:

It is not enough for congregations to simply mirror the rest of society when it comes to including people with disabilities. Rather, they are called to be leaders in transforming the culture—to graciously, lovingly, and actively influence their communities. When congregations push toward a higher standard than the rest of society . . . it sends a powerful message. (17)

Churches can no longer stand idly by while their neighbors suffer; they must become allies and advocates, resisting practices and systems that exacerbate the suffering caused by disability.

A Church Response to the Suffering Caused by Disability

Acknowledge the Problem

The World Health Organization (WHO) estimates that there are over a billion people worldwide that have some form of disability (Conner, *Disabling Mission, Enabling Witness* 18). Approximately one in five people living in poverty have a disability, and 82% of those with disabilities live on less than \$1 a day (Lamble). People with disabilities are arguably the most vulnerable, marginalized population on earth, and the majority of their struggles are rooted in society's treatment of them. The church has a spiritual and social responsibility to address this societal oppression and "make changes that lead to full access and inclusion for people with disabilities (Creamer, "Theological Accessibility"). Church practices and movements have often "been on the side of the strong and the powerful and against the weak and oppressed—this, despite the gospel" (Thurman 20). To change this narrative and to ally themselves with individuals with disabilities who have historically been oppressed and marginalized, Christians

must first recognize how their actions, their attitudes, and their architecture impact their ability to invite people with disabilities into community. Carter writes: “Whether excluded or overlooked, people with developmental disabilities frequently are missing from the pews. . . . The first step for many congregations is recognizing that an important part of their community is not actually part of their community” (34). Churches need to realize that their communities are incomplete when people with disabilities are unable or forbidden to participate.

Moving forward without acknowledging the history of oppression is what Emmanuel Katangole and Chris Rice call “reconciliation without memory.” They explain that by doing this, people “ignore the wounds of the world and proclaim peace where there is no peace” (28). Kevin Timpe adds to this assertion by explaining, “We need to be honest about our collective past failures in order to better face our present challenges” (35). All too often, people with disabilities are pitied and become objects of Christian charity. David Copley explains, “In some countries, a long history of missionary and charity-based service delivery has led to a culture of dependency among disabled people themselves, thus reinforcing their reliance on welfare-based approaches” (61). Instead of recognizing people with disabilities as people with intrinsic value and the ability to contribute to society, they are treated as objects of community service. Again, the point can be made that pity, condescension, and paternalism hinder the possibility of meaningful relationship and mutual development. Church members need to recognize their implicit biases toward disability; the Church’s historic ignorance, complacency, and exclusion of individuals with disabilities; and the broken system that prevents people with disabilities from getting the care and opportunities they need and deserve.

Facilitate Accessibility

A universal struggle most people with disabilities face daily is inaccessibility. For some it is the unavailability of accessible transportation; for others, it is the lack of ramps, wheelchair-accessible bathrooms, and wide doors that prevents them from going somewhere or participating in a community event. Inaccessibility can be a lack of adaptive communication, like interpreters for people who are deaf, signs with braille translations, and pictorial signs for people who cannot read. It may even be a lack of space or equipment to help individuals with sensory sensitivities and challenges to regulate their senses.

There are a number of low-cost interventions that can drastically improve physical and sensorial accessibility in a community. First, it is vital when constructing or renovating a building or restructuring a service or social activity, to consider universal design. The purpose of universal design is to “simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost” (Heinicke-Motsch and Sygall Ch. 4.6). Before implementing a new project or change, it is helpful to consider the Seven Principles of Universal Design proposed by Mobility International USA:

(1) **Equitable Use:** The design does not disadvantage or stigmatize any group of users.

(2) **Flexibility in Use:** The design accommodates a wide range of individual preferences and abilities.

(3) **Simple, Intuitive Use:** Use of the design is easy to understand, regardless of the user’s experience, knowledge, language skills, or current concentration level.

(4) **Perceptible Information:** The design communicates necessary information effectively to the user, regardless of ambient conditions of the user’s sensory abilities.

(5) **Tolerance for Error:** The design minimizes hazards and the adverse consequences of accidental or unintended action.

(6) **Low Physical Effort:** The design can be used efficiently and comfortably, and with a minimum of fatigue.

(7) **Size and Space for Approach and Use:** Appropriate size and space are provided for approach, reach, manipulation, and use, regardless of the user's body size, posture, or mobility. (Heinicke-Motsch and Sygall Ch. 4.6)

With this concept and these principles in mind, churches can begin promoting accessibility in their communities by modeling universal design in their own buildings and worship services. A helpful tool to identify areas of inaccessibility is an accessibility audit (see Appendix 1). With the results, churches can formulate a plan and establish a budget to make necessary changes to their facilities and activities. These changes do not have to strain church budgets; there are many inexpensive adaptations that can be made. Visuals can be incorporated into sermons and printed material to facilitate comprehension for individuals with intellectual disabilities.

Handmade sensory toys and activities can be available to congregants to help with sensory and behavior regulation. A transportation committee can be established to recruit volunteers who are able to pick up and drop off individuals who struggle with public transportation. While cement paths and ramps are ideal, they can also be made using wood, gravel, or packed, smoothed clay and cow manure (Werner 485). Handrails using wood, metal, or plastic tubes can be installed around stairs, paths, and in bathrooms to help individuals with mobility impairments to walk and balance independently. Light switches, sinks, and surfaces can be repositioned lower to ensure individuals in wheelchairs can access them (Werner 487). For

ideas and guidance before and during the construction phase, it is important to seek guidance and insight from local people with disabilities (see Appendix 2).

After church buildings are adapted, church leaders can use their acquired knowledge and experience to facilitate community work parties and adapt community spaces such as parks, local businesses, government offices, and schools. Utilizing recycled tires and wood posts, playgrounds can be made accessible to encourage inclusive play (see Appendix 3). Public spaces can be equipped with visual aids to accompany signs and flyers in order to reduce the amount of reading required. These practical, low-cost adaptations have a tremendous impact on the lives of people with disabilities while creating a community culture of welcome and belonging for all community members, regardless of physical impairment.

Facilitate Friendship

Facilitating physical accessibility is important, but it cannot stop there. Churches must go beyond facilitating attendance. The quality of the presence is key. I can be present in a room and have nobody speak to me. I can be present with people who exclude me from activities. I can be present with people and remain unknown and unnoticed. Carter writes, "Efforts that begin and end with ramps, pew cuts, automatic doors, and designated parking spots will fall short of what is needed to communicate welcome" (10). The next step after facilitating accessibility is ensuring each person is being valued and actively participating in community activities. It requires friendship, belonging, and the mutual affirmation of one another's dignity and humanity. It is about sharing life together, both the celebrations and the sufferings.

For there to be understanding and any level of acceptance, people need to spend time with the ones they consider to be outsiders. In psychology, this is referred to as "contact

theory.” Brenda Salter McNeil writes, “[Contact theory] suggests that relationships between conflicting groups will improve if they have meaningful contact with one another over an extended period of time” (33). Intentionality with relationships can help build bridges that do not eliminate diversity, but rather help individuals appreciate others in spite of and because of their differences.

For most individuals with disabilities, it is difficult to form relationships and friendship outside of their family or social service spheres. In light of this, Ben Conner challenges the Church to live up to the Biblical mandate to love the isolated and oppressed. He writes: “This conclusion is not acceptable for a church that is called to befriend those on the margins of society. As the body of Christ, we need to be guided by a more complete vision of the imago Dei and challenged in response to reevaluate our relationships” (*Amplifying Our Witness* 42). He goes on to explain that the establishment of buddy or peer programs can be a practical way to facilitate friendship in Church communities. He writes, “It could be argued that the most important aspect of a ministry to [individuals] with developmental disabilities is the development of a cadre of peer buddies who will share life with them” (*Amplifying Our Witness* 76-77). Activities and events to facilitate peer interaction include: inclusive religious education programs, sports and summer camps, community service projects, and music groups.

In the same way children and adolescents need a support group of peers, parents and caregivers also need support circles. Church members should be encouraged to reach out and get to know these families who often feel ostracized and excluded. This could mean an invitation to go for a walk, get coffee or doughnuts, or go out for lunch at a local restaurant. It could also mean initiating a formal support group or joining a family’s existing support group

(Carter 125). These simple measures of facilitating contact demonstrate a congregation's desire to truly get to know and share life with one another.

In addition, church leaders should be intentional about including people with disabilities in their worship services by allowing them to serve in some capacity. Carter writes, "many congregations fail to recognize the deep reservoir of gifts, talents, and assets that reside among its members. When one's focus remains only on what a person cannot do—as is often the case with regard to people with developmental disabilities—it becomes easy to overlook all that a person might have to offer" (82). Some ways that people with intellectual disabilities can exercise their talents and contribute in worship services include: greeting people, passing out bulletins, preparing food, reciting a prayer or Bible passage in the service, collecting the offering, preparing communion, volunteering with congregational community outreach events, and assisting with children's activities and education programs (Carter 83). By facilitating this kind of participation, individuals with intellectual disabilities will feel a deeper sense of belonging and congregations will benefit from a higher level of mutual love and respect for all of their church members.

Facilitate Collaboration

As churches expand their welcome and work with more families raising children with disabilities, they will undoubtedly encounter a variety of complex needs related to their newly-welcomed community members. Understanding that the physical, emotional, medical, and spiritual needs of people impacted by disability are often compounded in high-poverty contexts, it is important for churches to find the resources to facilitate help. All families want their children to experience happiness, good health, quality education, and authentic

belonging. However, families raising children with disabilities frequently struggle to provide these basic human needs to their children. Far too often, these families face overwhelming challenges that they have not been equipped to deal with. Navigating complex health, education, and social service agencies is no easy task, especially for those with little to no experience. David Morstad sees this reality as an opportunity for Church communities to play the vital role of networker and collaborator. He writes, “The future calls for a collaborative framework that pulls together the human services system, natural family support, active self-advocacy, but most of all, community. Faith communities are unique and indispensable players in the new landscape” (39). For some larger churches, networking amongst congregants can be beneficial. Doctors, nurses, special education teachers, paraeducators, physical therapists, occupational therapists, speech therapists, and psychologists can be great contacts when families have medical, educational, or emotional questions or concerns. Creating a network of volunteers who are willing to offer free insight and guidance can be a massive relief. This network can also include individuals willing to help with babysitting, transportation to church services and doctor appointments, or peer buddy programs.

While inner-church networking is important, collaboration with other organizations and agencies is critical. Churches cannot expect to be a “one-stop-shop” to meet the holistic needs of people with disabilities and their families. They must research what other governmental and non-governmental assistance is available to be able to channel families to the appropriate support. Church leaders should research what disability services are offered in their region and compile resource packets to share with families. This should include educational pamphlets about specific disabilities, lists of local special education programs and extracurricular activities,

information about family support groups, directories of governmental and non-governmental agencies that help with medical and social services, and information about parenting workshops and skill building. Much of the information needed for these packets can be found in multiple languages on the websites of prominent national and international disability services organizations (See Appendix 4). Templates for local resources can also be found on these websites to give ideas and guidance for the kind of information that should be added to a family packet.

By leveraging networks and collaborating with multiple organizations, churches can “harness the power of mutual support across institutions, territorial boundaries, sectors, and limiting mindsets” to better support community members with disabilities (Kuenkel Ch. 2). This collaboration, which often takes place across religious, racial, class, cultural, and national borders, has the power to break legacies of oppression and injustice while creating a vision of hope for those impacted by disability (Pellow Ch. 7).

Advocate

An overlooked but important intervention strategy is advocacy. Societal ignorance regarding discrimination and inaccessibility is a huge problem that can only be addressed through advocacy. Disseminating important information through social media channels and awareness campaigns are ways individuals and institutions can help. This includes, but is not limited to: sharing stories of how congregations have been transformed by welcoming people with disabilities, highlighting national and international disability awareness days and months (see Appendix 5), hosting view parties of films and documentaries that highlight disability themes, and featuring local and international volunteer and giving opportunities with

organizations that offer disability services (Carter 67). Church leaders can also leverage their influence from the pulpit by emphasizing messages of inclusion and hospitality. Carter writes, “A natural place to create awareness is through sermons, homilies, and other special messages from the pulpit. Use this opportunity to articulate a strong theological foundation for hospitality, community, and inclusion. Intentionally, but thoughtfully, include people with disabilities in stories, illustrations, and prayers” (65). Each of these strategies is about leveraging voice, influence, and privilege to spread important information to make communities more sensitive, knowledgeable, and inclusive.

Another essential tool to advocate for people with disabilities is political action. Christians should not ignore the power of their collective voice in political spheres. Legislators often keep track of recurring issues brought up in phone calls, letters, and emails to their office. The more people raising concerns or proposing change, the more likely lawmakers will pay attention and respond. Citizens have a responsibility to hold government leaders accountable for existing laws that protect the rights of people with disabilities and propose changes that improve the quality of life of people impacted by disability. Examples of this include: advocating for more resources for public school special education programs, requesting ramp construction in public spaces, petitioning for equitable access to quality health care, and exposing community practices that perpetuate the suffering and exclusion of people with disabilities. Letters, phone calls, and in-person meetings should be succinct and to the point. The tone of the writing or conversation should be hopeful, urging (not demanding) political leaders to get involved and make positive changes. The content of these letters will vary depending on context, but the message of inclusion will be universal (see Appendix 6).

V. CONCLUSION

Accessibility, welcome, belonging, and hope are not special needs; they are human needs that each person deserves and craves. Today, churches have an incredible opportunity to become friends and allies of people marginalized by disability, leading a global movement that honors and celebrates all life. Julie Clawson challenges churches to become more authentic manifestations of God's love on earth. She writes, "Choosing to follow Jesus is more than just adhering to a set of beliefs; it is an invitation into an entirely new way of living in the world. We're not called to merely sit around and wait for heaven after we die. Rather we are called to help God's kingdom come and his will be done 'on earth as it is in heaven'" (19). Manifesting God's love to those impacted by disability requires action. It does not have to be economically strenuous; it does not require expert intervention or guidance. It is simply a commitment to make daily choices to facilitate accessibility, to prioritize friendship, to seek collaboration, and to advocate. These are choices that can be made by ordinary people who desire inclusion and belonging for all of their community. Cynthia Moe-Lobeda writes, "Without ordinary people taking action, the societal changes will not happen; our actions are the seeds of societal change" (242). The collective actions of many ordinary individuals will bring about positive change and reverse cycles of discrimination and exclusion.

I end this paper with a message of hope. Francisco, the young man left to die alone in a rural hospital, is now alive and recuperating because of Church intervention. It was not easy; it has been a journey filled with hard work, tears, failures, successes, and celebrations. The relentless pursuit of justice by a community of Christians has given Francisco the hope of a future. When Francisco was dying alone in a public clinic, Eternal Anchor's plea for help was

broadcasted across social media, and Christians from across Canada, the United States, and Mexico responded with generous donations to transfer him to a private clinic in a nearby city. While he was being treated at the private clinic, Francisco was visited by local pastors, nuns, and missionaries who heard about his story and wanted to make sure he did not feel alone. When his application to receive care at a burn center in the United States was rejected and when funds were depleted to keep him in the private clinic, Eternal Anchor staff received him in the children's home. When his health began to decline, a local nurse and doctor—both Christians—donated their time, medical supplies, and medication to keep him alive. When Francisco needed a notarized letter to confirm his mental health status and state of abandonment, the local head of Child Protective Services in Mexico, who was once the youth pastor at a local church, leveraged his position to procure an official letter from the Mayor's office. When hope of transferring him to a hospital seemed lost, a local missionary facilitated contact with an American border patrol officer to apply for a humanitarian visa. When his visa was approved, a local Christian ambulance service agency donated their services to get Francisco to the American burn center. While in the United States, members of three different American churches coordinated visitation to show Francisco love and support. After his skin graft surgeries and his discharge back to Mexico, a volunteer Christian doctor spent two weeks tending to his wound care to keep him free of infection. Two American psychiatrists, contacts acquired from Eternal Anchor partner churches in the United States, are now overseeing his mental health treatment to ensure the best prognosis possible. Francisco's journey to recovery is far from over, but he is alive because of the Church.

Francisco's life is testament to the power of the Church when congregants reject complacency in the midst of systemic brokenness, when they choose love and friendship over pity and exclusion, when they advocate for the oppressed and marginalized, and when they collaborate to bring about positive change. I witnessed the power of collective action as dozens of Christians across international boundaries leveraged their resources and fought to keep Francisco alive. Francisco represents millions of people who are abandoned and left to die in the periphery of their communities. Yet, hope can prevail for the marginalized if churches rise to their calling to manifest God's inclusive love to the oppressed.

Appendices

Appendix 1: Accessibility Audit

ANNUAL ACCESSIBILITY AUDIT FOR UNITED METHODIST CHURCHES (¶12533)



Church

District

Date Form Completed

Charge Conf. Date

			<i>GETTING INTO THE CHURCH</i>	<i>COMMENTS</i>
YES	NO	N/A	Description / Guidelines	Explain "NO" Answers
			Clearly visible signs direct people to accessible entrances	
			Designated parking spaces on level ground are close to entrance and do not require crossing traffic or moving behind parked cars	
			At least 1 per 25 spaces is clearly marked with access symbol on vertical signs and on pavement (# of accessible spaces:____)	
			Accessible spaces are 8' wide with adjacent 5' access aisle. At least one 11' space is van accessible with adjacent 5' access aisle	
			36" wide curb cuts (curb ramps) are provided	
			Sidewalks are smooth, flat, and at least 36" wide providing an access route to an accessible entrance into the church	
			Ramp has maximum incline of 1:12, preferably 1:20 (length:____ rise:____ ratio:____) with no more than 30' between landings	
			Ramp has minimum width of 36" between handrails (width:____) and has non-slip surface	
			Handrails are 34-38" high on both sides of ramp/ stairs and extend 12" beyond; lower railing is no higher than 4 above deck	
			There is a 60" x 60" level platform at entry door and at least 18" on pull side of door	
			Entrance door is 36" wide; threshold no more than ½" high	

GETTING AROUND THE CHURCH			
YES	NO	N/A	Description / Guidelines
			Corridors are at least 36" wide with 60" passing spaces every 200' and non-glare floor surface
			No objects protrude more than 4", and lowest part of protruding object is no more than 27" above floor height to allow a person who is blind to detect the object with a cane and avoid injuries
			Multi-level building has interior elevator, lift and/ or ramp to allow access to all common/ program areas
			Doorways have a minimum of 32" clearance and thresholds are level or no more than ½" high and beveled
			Door handles are easy to grasp and operate with one hand/single effort, using no more than 5 lbs. force
			Carpet pile is level and no more than ½" thick, with no or firm padding; all floor mats have rubberized backing and are stable
			Fire alarm controls and extinguishers are no more than 48" from floor; visual and auditory fire alarms are in place
			At least one accessible marked unisex restroom (or both male and female restrooms) per floor has 60" turning space
			Sink has 29" clearance from floor, controls easy to operate (lever style, automatic, etc.), drain pipes insulated, soap and paper towels no higher than 48", bottom edge of mirror 40" or lower
			At least one stall is 66"x 60" with 33" – 36" high wall-mounted grab bars next to and at back of toilet; toilet height 17" – 19"
			Drinking fountain is no higher than 36" with easy hand controls and wheelchair clearance or paper cup dispenser
			Stairs have handrails on both sides; surface is non-slip; leading edges are marked with a contrasting color

SANCTUARY, CLASSROOMS, FELLOWSHIP AREA			
YES	NO	N/A	Description / Guidelines
			Level pew cuts/ wheelchair spaces are next to aisles and distributed throughout the room for choice in seating. Spaces are 33"x48" forward approach, and/or 33"x60" side approach, with view of screen/ pulpit when others stand
			Chancel area and choir loft are accessible (via ramp, or platform lift if needed)
			If there are steps to the chancel, handrails are provided
			Aisleways are at least 36" in common areas
			Fellowship area and one work area in kitchen are accessible
			In fellowship area and classrooms at least one table has minimum of 29-30" clearance on underside; some chairs have armrests and height of chair seat from floor of these chairs is 18" or more
COMMUNICATIONS AND ENVIRONMENT			
YES	NO	N/A	Description / Guidelines
			Members sensitized about need to minimize use of fragrances
			All soaps, cleaning products and other chemicals fragrance free; candles are unscented and non-petroleum-based
			Lighting adequate for reading in meeting areas, for safety in halls
			Large/bold print bulletin, songbook, and Bible available or large print words are projected on the screen; Braille bulletin or alternative media available upon request
			Microphone used by all speakers or comments repeated; assisted listening devices provided; ASL interpreter provided upon request
			Printed copies of sermon are available if requested
			Videos and other media are clearly captioned

			ATTITUDES	
YES	NO	N/A	Description / Guidelines	
			Access described in church phone message, website, signage, etc.	
			Pastor(s)/ ushers/ greeters/ leaders/ members have had training in disability awareness and etiquette	
			Disruptions are accepted and incorporated into worship	
			Service animals or guide dogs are permitted within the church building including the sanctuary	
			Worship leader invites people to “rise in body or in spirit” and to “be in an attitude of prayer” or uses similar inclusive language	
			Educational programs are adapted as needed for inclusion of children and adults with disabilities	
			Disability Awareness Sunday was celebrated during past year	
			Persons with disabilities serve in worship and leadership roles and help plan ways to improve access	
			Needs of those on special diets considered when food is offered, including gluten free communion elements	
			Transportation; valet parking assistance; Buddy System (for those needing 1:1 assistance) offered if needed	

GOALS FOR ACCESSIBILITY IMPROVEMENT FOR THE UPCOMING YEAR		Target Date
1.		
2.		
3.		
4.		
5.		

Source: Commission on Disability Concerns of the Baltimore-Washington Conference. *Disability Ministries Manual*. 2017.

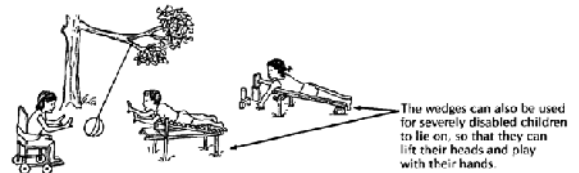
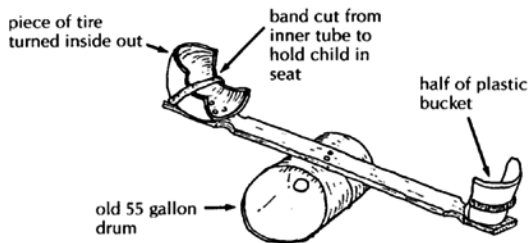
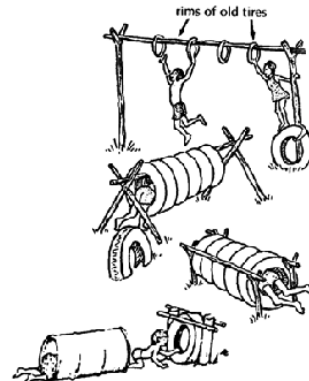
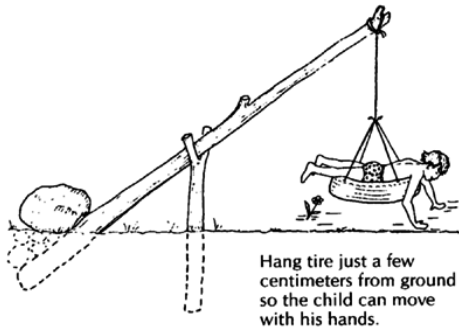
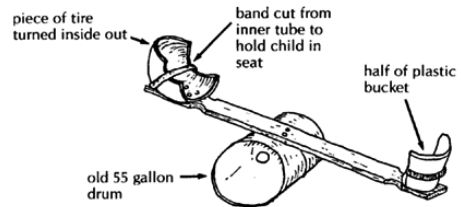
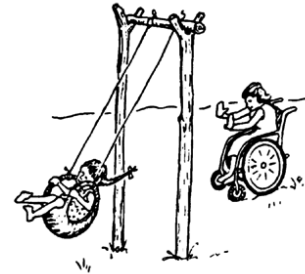
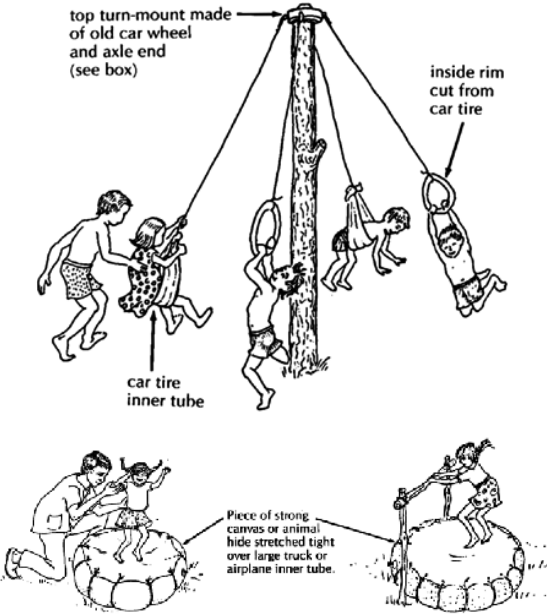
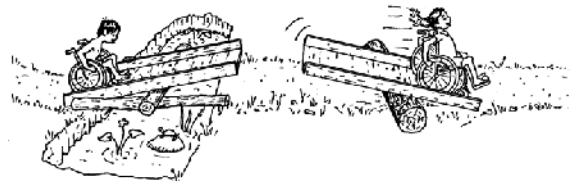
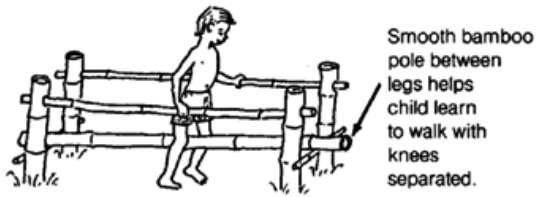
Appendix 2: 10 Strategies for Implementing Universal Design

10 Strategies for Implementing Universal Design

1. Use local resource materials
2. Speak with local people with disabilities so they can come up with their own ideas on universal design for use in the village.
3. Consult people with disabilities, and make sure to get a diverse group of people that represent different needs in the community (e.g. women, children, hearing impaired, visually impaired, wheelchair user, crutch user, a person with a mental disability, delayed person, etc.).
4. Hire a person with a disability to lead the implementation, monitoring and evaluation processes of the universal design programs that are run by the development organization. Preferably hire a local person from the community.
5. Encourage the people with disabilities in the community to manufacture the resources used for universal design. Remember, universal design works in favor of all, whether people are pushing a barrel, carrying a large load, or are elderly with arthritis—a universally designed ramp entrance to a building helps everyone. When people with disabilities fabricate the resources used for universal design, community members see people with disabilities as assets in the community.
6. Organize to advocate within the community, encouraging local businesses to modify existing establishments using universal design principles.
7. Once adaptations are made in the community, encourage local businesses to hire people with disabilities.
8. Create a line item in the annual development budget to pay for any additional changes in the community that will make it more accessible and aesthetically pleasing for community members.
9. Ask local persons with disabilities to do routine maintenance of the adaptations that are universally designed, be it a playground or a ramp going into the local store, etc.
10. Disseminate information about these strategies (remember to produce information in alternative forms as well. Make local development agencies, businesses, government, and community members aware of the benefits of universal design. Evaluate progress towards your goal.

Source: Heinicke-Motsch, Karen and Susan Sygall. *Building an Inclusive Development Community: A Manual for Including People with Disabilities in International Development Programs*. Mobility International USA, 2004.

Appendix 3: Adaptive Playground Ideas



Source: Werner, David. *Disabled Village Children: A Guide for Community Health Workers, Rehabilitation Workers, and Families*. 1st ed., Hesperian Foundation, 1987.

Appendix 4: List of Disability Resource Packets and Templates

- Parent Network of Western New York: <https://parentnetworkwny.org/resource-library/printable-materials/>
 - This webpage includes multilingual PDFs that give information about disability diagnoses, special education, adult disability services, advocacy, mental health, and parent support and networking.
- New York City Early Intervention Program: <https://www1.nyc.gov/assets/doh/downloads/pdf/earlyint/family-resource-guide.pdf>
 - This English PDF provides directories for health and mental health service agencies, social service information, children's resources, parent support services, and parent education programs.
- Bright Futures: <https://www.brightfutures.org/tools/>
 - This webpage includes English and Spanish packets to guide parents through the different developmental stages of their child with a disability and prepare them for what to expect and how to seek help.
- Support for Families of Children with Disabilities: <https://www.supportforfamilies.org/down-syndrome-info-packet>
 - This multilingual PDF includes information about Down syndrome for parents.
- The Arch: <https://thearc.org/find-resources/>
 - This webpage includes English and Spanish blogs and articles that equip family members of people with disabilities to provide better care and to advocate for their relative.
- U.S. National Council on Disability: https://ncd.gov/sites/default/files/Documents/Final%20508_Parenting%20Toolkit_Standard_0.pdf
 - This English PDF informs parents with disabilities of the laws in place to protect them and empower them to provide for their children.
- Center for Parent Information and Resources: <https://www.parentcenterhub.org/resource-library/>
 - This webpage includes a directory of English and Spanish articles, blogs, and resources to help families who are raising a child with a disability.
- Source America: <https://www.sourceamerica.org/employment-resources-people-disabilities>
 - This webpage offers information to help adults with disabilities create a resume and find employment.

Appendix 5: Special Needs Awareness Calendar

January

Birth Defects Awareness Month
 (4) World Braille Day
 (24) Moebius Syndrome Day

February

AMD/Low Vision Awareness Month
 Marfan Awareness Month
 (6) Feeding Tube Awareness Week
 (7) Congenital Heart Defect Awareness Week
 (13) Duchenne Muscular Dystrophy Awareness Week

March

Brain Injury Awareness Month
 Developmental Disabilities Awareness Month
 Multiple Sclerosis Awareness Month
 Trisomy Awareness Month
 (21) World Down Syndrome Day
 (26) Purple Day for Epilepsy Awareness

April

Autism Awareness Month
 Limb Loss Awareness Month
 Occupational Therapy Month
 (2) World Autism Awareness Day
 (7) World Health Day
 (17) World Hemophilia Day

May

Mental Health Month
 Neurofibromatosis Awareness Month
 Cystic Fibrosis Month
 Prader-Willi Syndrome Awareness Month
 Williams Syndrome Awareness Month
 (4) Children's Mental Health Awareness Day
 (13) Cornelia de Lange Syndrome Awareness Day
 (15) Tuberous Sclerosis Complex Global Day

June

Aphasia Awareness Month
 (4) Cancer Survivors Day
 (24) Helen Keller Deaf-Blind Awareness Week

July

Cleft and Craniofacial Awareness Month
 (22) Fragile X Awareness Day

August

Children's Eye Health and Safety Month
 Immunization Awareness Month
 Spinal Muscular Atrophy Awareness Month
 (7) World PVNH Disorder Awareness Day

September

Childhood Cancer Awareness Month
 Hydrocephalus Awareness Month
 Newborn Screening Awareness Month
 Reye's Syndrome Awareness Month
 Traumatic Brain Injury Awareness Month
 (9) Fetal Alcohol Syndrome Awareness Day

October

ADHD Awareness Month
 Blindness Awareness Month
 Disability Employment Awareness Month
 Physical Therapy Month
 Sensory Awareness Month
 Spina Bifida Awareness Month
 (2) Child Health Day
 (5) World Cerebral Palsy Day
 (6) Depression Screening Day
 (10) World Mental Health Day
 (22) International Stuttering Awareness Day
 (30) World Bipolar Day

November

Epilepsy Awareness Month
 Family Caregivers Month
 Hospice and Palliative Care Month
 Prematurity Awareness Month
 (7) World Prematurity Day
 (14) World Diabetes Day

December

(1) World Aids Day
 (2) Special Education Day
 (3) International Day of Persons with Disabilities

Source: "Special Needs Calendar: A Year of Awareness." *Friendship Circle*,
www.friendshipcircle.org/blog/wp-content/uploads/2017/01/Special-Needs-Awareness-Calendar.pdf. Accessed 1 Apr. 2020

Appendix 6: Template Letter to Contact Elected Official

<Date>

The Honorable <Elected official's full name>

<Elected official's address>

Dear Representative/Senator <Last Name>

I am writing to urge you to <support, not support or amend> <law or policy name or bill number>. This is important to me because I am a <describe your role>. The issue directly impacts me because <explain how you or your loved ones are impacted>.

<Write more about how this law or policy will affect other constituents. Include supporting points to back up your position. If possible, include a story that shows how local people are impacted.>

Thank you for your time and consideration of my viewpoint. Please make <name of the problem> a higher priority for our nation by <amending, passing or failing> <law or policy name or bill number>.

I look forward to hearing your stance on the issue.

Sincerely,

<Your full name>

<Address>

<Phone Number>

<Email Address>

Source: "Advocacy 101: How You Can Ignite Change by Contacting Your Elected Official." *MyCIL*, 22 Feb. 2019, www.mycil.org/advocacy-101-how-you-can-ignite-change-by-contacting-your-elected-official/. Accessed 1 Apr. 2020.

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