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The Communication of Limits

THE COMMUNICATION OF LIMITS: CHRIST, THE *COMMUNICATIO
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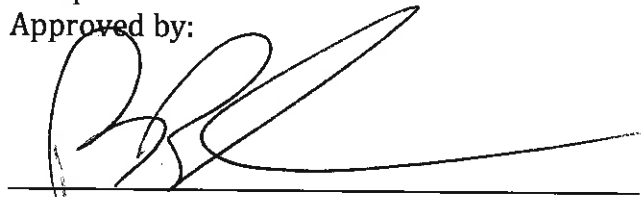
The Communication of Limits: Christ, the *Communicatio Idiomatum*, and the Identity of
People with Disabilities

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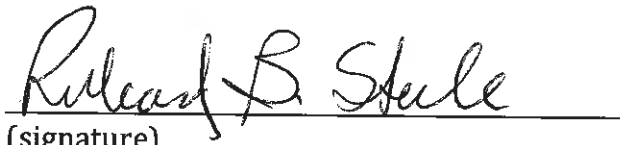
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Introduction

“As long as disability is addressed in terms of the themes of sin-disability conflation, virtuous suffering, or charitable action, it will be seen primarily as a fate to be avoided... rather than an ordinary life to be lived.”¹

The above quote from Disability Theologian Nancy Eiesland is exemplary of a theme that runs through the literature of Disability Theology: that people with disabilities are often treated as heroes, survivors, symbols of virtuous suffering, objects of repulsion, and/or any number of other caricatures, especially within the church. I use the term “caricatures” because a common experience for people with disabilities is to find a few of their attributes are exaggerated, in the eyes of others, and the rest of their identity is lost to these exaggerated features. This experience leaves a lopsided and ultimately diminished view of the person; in short, a caricature. While people with disabilities may indeed be heroic, may be suffering, or may find themselves the object of others’ repulsion, the *person* and their *identity* is almost always lost in whatever ill formed idea the person is presumed to symbolize. Furthermore, people with disabilities who are treated as such symbols may not identify themselves under these categories at all and such inappropriate symbolizations do an inherent violence to their identity by imposing a role which the individual may not, and in many cases absolutely wont, want to assume.

¹ Nancy Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability* (Nashville: Abingdon Press, 1994), 75.

In this thesis, I draw on the work of Disability Theologians, Disability Scholars, and the Christological notion of the *communicatio idiomatum* to suggest that those of us in the church ought to transform our conceptualization of people with disabilities. This transformation should take us from thinking of people with disabilities as dependent, unfortunate, and deserving of our pity to conceiving of them as autonomous², made in the *Imago Dei*, and deserving of our respect. The initial sections give a detailed presentation of the varying views of disability, followed by a very particular view of Christology. I will then move into some of the practices that have been suggested for the church in its interactions with people with disabilities and on their behalf. The ultimate goal is that readers transform their approach to people with disabilities both conceptually and practically. This transformation should lead us to interact with individuals with disabilities in ways that allow these people to define and express their own identities and limitations, in their own time, with their own language. Likewise, I hope that those who interact with these same people might have some grasp on how they can cease to impose their own ideas about disabled identities and limits onto people with disabilities.

² I do not mean to suggest that all people with disabilities can live alone or care for themselves independently. This is not the case. Rather, the non-disabled owe people with disabilities the basic respect of assuming 1) they are capable of some independent decision making and 2) they have some level of self-awareness.

An important, guiding question for our consideration is: how might people with disabilities be conceived of differently in light of how we conceive of the nature of our savior, the particularities of his incarnation, death and resurrection, and the limits that all people possess? I suspect that some of the ideas presented here will be applicable and practical for people outside the church as well, especially for any person who sees an intrinsic value in human life and the diversity of human expression.

Terms for Disability

I should state from the start that I am disabled. Though the particular defect that causes me to be disabled is congenital, and as such has been with me for my whole life, it was not until late in my undergraduate years that I ever considered identifying myself as a person with a disability. I had always considered having Brachydactyly (the genetic disorder I possess that causes my fingers and toes to be significantly shorter than average) to be merely a fact of my life, not a qualifier for inclusion in any specific group. It was part of my identity the same way that being the youngest child was: only incidentally. Though I have always been keenly aware of the limitations inherent in my condition, I had never thought of myself primarily as a person who was any “less able” than most people in most regards, though I certainly possess limitations

that the average person does not. As an example, I cannot easily hold most beverage cans so I crush them part way to make them easier to hang onto, the chords on the banjo are not easily formed for me so I use an alternate tuning, and when change falls to the back of the coin return on a vending machine I know that *I* will not be the one retrieving my coinage. Yet despite these limitations, for a long time I primarily thought of myself as having an atypical body, not a disability. I realize now that at that time I was conflating disability with less ability, a problematic perspective that I was not alone in holding.

Though I often prefer to think of myself as having an atypical body, rather than being disabled, throughout the course of this thesis I primarily use the terms “people with disabilities”³ and “people with nonconventional bodies,”⁴ (the latter being a category I have always been much more comfortable putting myself in) to talk about those whom most would call “the disabled” or “disabled people.” The first term is the one that seems to be most widely used in both disability theology and disability studies. While its phrasing may seem cumbersome to many, the point of the term is to emphasize that the people about

³ Elziabeth DePoy and Stephen French Gilson present a convincing argument against the use of this term based in the fact that disability is generally considered to be socially constructed, but do not present a suitable alternative. Elizabeth DePoy and Stephen French Gilson, *Studying Disability: Multiple Theories and Responses* (Los Angeles: Sage Publications, 2011), 39.

⁴ In this paper, I have attempted to think holistically about the body and include the brain and its various functions as part of the body. As such, my intention is that the use of the term “nonconventional bodies” does not exclude those with emotional or cognitive disabilities. As well I will use terms like body, corporeality and the like with the whole person being the intended subject.

whom we are speaking are, first and foremost, people, which is crucial to our understanding of identity. However, many people, the author included, who are often lumped into the category of “people with disabilities” do not wish to have themselves thought of in terms that focus on a disability/ability binary. This is also why I personally find the term “differently abled” quite off-putting. While it breaks the binary, the term still focuses its categorization on arbitrary measures of capacity or “ability;” different, dis-, or otherwise, it should not be the focus of our categories. Rather than placing themselves somewhere on an ability scale, some people with disabilities prefer to think of their bodies as nonconventional or atypical. Given that “nonconventional bodies” is more widely used than “atypical bodies” in the literature, I will continue with that trend here.

A final, important point to be made about how one talks about people with disabilities is in the distinction between an impairment, a handicap, and a disability. While these words may seem to convey the same notion, their meanings are different, different enough that a brief overview is worthwhile for the sake of understanding what follows. First, an impairment lies within the individual. This is typically a feature that is abnormal or a function of some sort that is lost to this person. Missing arms, an under-functioning portion of the brain, or short fingers would fit this category. A disability is what follows from the impairment and is based on the interaction between the person and the

person's physical world. A person may not be able to safely drive a car with certain types of brain damage, or be able to easily grip some cups with small fingers and this would constitute a disability. Finally, a handicap follows from the disability as an expectation that society imposes upon individuals, which the individual cannot live up to. The person with brain damage may want to live in a very rural area but without the ability to drive, the person must rely on public transportation or the good will of their neighbors, both of which may be severely lacking. Take note here that the *sources* of the limitations described include the individual's body, the incidental nature of the world around them, and/or broader human society and its intentional and unintentional constructs. This will be part and parcel of what drives the discussion of how we understand disability.⁵

Historic Understandings of Disability

While we are here thinking of disability as a social force, as per the previous definitions, disability has been conceptualized in a myriad of ways throughout history. Even in the few centuries since the colonization of America,

⁵ Nancy Eiesland and Deborah Beth Creamer both break these concepts down in helpful ways and I have largely drawn on the two of them for my understandings of these terms. Eiesland, *Disabled God*, 27; Deborah Beth Creamer, *Disability and Christian Theology: Embodied Limits and Constructive Possibilities* (New York: Oxford University Press 2009), 13-14.

Americans have thought of “disability”⁶ in drastically different terms in different centuries. Consider that before European settlers arrived, Indigenous American people thought of “disability” primarily in terms of a disharmony between mind, body, and spirit.⁷ This is a conceptualization that I find quite appealing and that I imagine many theologians could make good use of. Disability historian Kim Nielsen explains that for Indigenous Americans, because many of their “worldviews rested on the core belief that all had gifts, aging and the bodily changes that accompanied it did not lead to an assumption of diminished capacity.”⁸ In essence, for Indigenous Americans, the body had not been so idealized that variations were viewed negatively.

Around the time many of the New England colonies were being established, most of the European settlers thought of “disability” as the lack of capacity to do meaningful work.⁹ As such, some people with readily apparent mental impediments were still entrusted to be teachers or given other significant working opportunities, keeping them from the category of “disabled” (i.e. unable

⁶ I use quotation marks here largely because of Nielsen’s point that “disability” was not the primary word used to talk about what we now consider disability for much of America’s history. Kim E. Nielsen, *A Disability History of the United States* (Boston: Beacon Press, 2012), xx.

⁷ *Ibid*, 5.

⁸ *Ibid*, 9.

⁹ *Ibid*, 26-27.

to work) even though they had a mental impairment.¹⁰ This same attitude continued through the antebellum period¹¹ and well into the early twentieth century as well. After the Civil War, and again after the First World War, disability became valorized for some individuals as society upheld disabled, male, mostly white, veterans for their service and conceived of their impairments and handicaps as the byproduct of meaningful sacrifices made for the nation.¹² Closely related to this mindset, shortly after the end of the First World War distinctions began to be made separating the “successful” from the “begging type” of cripples, the supposedly “successful” being those who could independently make a living.¹³ In the early twentieth century the eugenics movement had a prominent and problematic combination with societal assumptions about the handicaps of people with disabilities. The result was that by the early 1960’s, about 65,000 people with disabilities had been legally sterilized in forced sterilizations.¹⁴ Around this time disability activists were beginning to coalesce more and more with the disability equivalent of the Civil Rights Act finally being passed in 1990 in the form of the Americans with

¹⁰ *Ibid*, 34.

¹¹ *Ibid*, 74-75.

¹² *Ibid*, 87, 127.

¹³ *Ibid*, 128.

¹⁴ *Ibid*, 100.

Disabilities Act, more commonly known as the ADA. This created a myriad of protections and aids for people with disabilities. Unfortunately, many religious institutions also sought to exempt themselves from these rules.

These varied conceptualizations of disability across just a few centuries, in one country, certainly leads to more questions. When did we begin to idealize the body and the mind such that we no longer trusted people with disabilities to work? When did we decide that we needed to lock some people away in institutions? Further research into the history of disability could certainly yield interesting answers to these questions, but the transformation of the American conceptualization of disability from simple notions of psycho-spiritual-physical disharmony to “unsuccessful cripple” represents an unhealthy change. A change that distances the person with a disability from the physically or cognitively “typical” person. Some of our contemporary models open this gap further, while others attempt to close it.

Modern Models of Disability

Today, disability is still defined in a variety of ways and it would be hard to argue that any one model for conceptualization is “right” as each one has its own benefits and shortcomings. That said, there are certainly preferences amongst scholars and people with disabilities.

The Medical Model

Up until the mid 1990's and the passing of the ADA, what is commonly known as the Medical Model of disability was the preeminent model for understanding disability. Essentially, this model assumes that most people have "normal" bodies that function "normally" but some people have diagnosable variations which may or may not be "treatable" to varying degrees allowing them to come closer to some certain, abstract level of "normalcy." While this model has been largely rejected by people with disabilities, there is value in this model in that it takes care and treatments seriously. People with disabilities, being understood through this model, are often offered a variety of ways to overcome their impairments. The varying forms of treatment that exist because of this way of thinking can often drastically decrease the physical or cognitive limits of a person's disability. Such assistance might not exist if one were to focus primarily on other understandings of disability instead. Examples of such limits being reduced might include a person with MS being able to use a wheelchair for easier mobility in a highly mobile society or a person who is hard of hearing using hearing aids for the sake of being able to interact with individuals who may not know sign language. Nevertheless, this approach is often considered to be highly un hospitable to people with disabilities as it often assumes that the

way an individual body is in the world should be changed to conform to a more medically normal standard. One who is deaf may feel pressure from the non-deaf community to receive a cochlear implant or other form of hearing aid when in fact they have no desire to hear because they are already a welcome member of, and effective communicator in, the deaf community.

Social or Minority Group Model

Since the advent of the ADA, the more popular model for understanding disability has been the Social or Minority Group Model. Nielsen points to rhetoric used shortly after World War II by disability activists to state that society was what was causing disability for those who were mentally or physically impaired.¹⁵ The conceptual origins of the Minority Model itself come from the Independent Living Movement in Berkley in the late 1960's and early 1970's.¹⁶ Disability scholars Elizabeth DePoy and Stephen French Gilson state that the notion of "disability" being largely social was first put into legislation in the United Kingdom in the 1970's.¹⁷ By the 1990's, much of the political action that had led up to the passing of the Americans with Disabilities Act had shed light

¹⁵ Nielsen, *Disability History*, 152, 155.

¹⁶ Creamer, *Disability and Theology*, 26.

¹⁷ Depoy and Gilson, *Studying Disability*, 35.

on the fact that many people with disabilities felt that, though their disabilities often varied greatly, they generally considered themselves to have a common social experience of disability,¹⁸ what we might consider something of a common identity.

This is the basic essence of the Social or Minority Group Model of Disability: those with nonconventional bodies often find themselves impeded by societies views of and/or lack of accommodations for their physical or cognitive impairments. While there may still very well be variations in the social experience of people with disabilities based on such factors as the visibility of their disability, whether their disability is congenital, when the onset of their disability occurred and a host of other factors, a “common set of stigmatizing values and arrangements”¹⁹ has caused many people with disabilities to argue that they constitute a minority group. Rather than setting people with disabilities apart for their variations from the medical “norm,” they are set apart, in this model, by how society responds to them. This allows for a rallying point that does not coalesce around a sense of being aberrant, but a sense of comradery in identity and understanding one another’s experiences.

¹⁸ Nielsen, *Disability History*, 180.

¹⁹ Eiesland, *Disabled God*, 24.

My own sense of comradery with people with disabilities did not develop, unsurprisingly, until I began to think of myself as a person with a disability. Whether it was pride or simple ignorance, I had no sense of identification or comradery with other people with disabilities. This changed drastically when one of my undergraduate theology professors, and fellow individual with a disability, stated to me that, "the world was not made with people like us in mind." While his disability and my own are rather different, this statement instilled in me a sense of familiarity between our experiences, a certain shared identity. It also put words to something that I had known to be true for years, but had never realized that I needed to hear affirmed by someone else.

This moment caused a low-grade paradigm shift for me as "disability" ceased to be about what "people like that" cannot do, but how "people like us" have often experienced exclusion or stigmatization by virtue of our impairments. I think this model can be a productive starting point for transforming our conceptualization of people with disability. Perhaps a neurotypical person with a conventional body might be able to ask themselves, upon meeting a person with a disability, "how can this person be included?" instead of "what's wrong with them?" Or maybe the question could change to, "how has this person been received and how should I receive them?" and not "I wonder what their disorder is called?" Can we change our questions, internal or external, from centering

around ability to centering around identity? This happens in our other every day conversations as we lead with questions about employment, family, hobbies, etc. all of which can be major identity pieces. Why not work in these same terms as we approach people with disabilities? Finally, there is a level to which this transformation needs to happen for people with disabilities as well, as I know that some of us distance ourselves from other people with disabilities because we may call ourselves “disabled,” but we do not want to think of ourselves as *that* disabled, whether the distinction be qualitative or quantitative in our minds.

Problems with Existing Models

While the Minority Group model is seen by many as a large improvement over the Medical Model, both still have their flaws. One major flaw that resides in the Medical Model, and possibly in the Minority Group Model, is that this model creates categories of normal and disabled which can often become conflated with notions of what “should be.” DePoy and Gilson point out that this notion of what “should” be, which is quite societally ingrained, is one we should be suspicious of because “it prescribes what *should* be from observation of what is most typical... reifying *frequent* as most desirable.”²⁰ Our models of disability should instead be cognizant of context. Disability is fundamentally larger than an

²⁰ Emphasis original. Depoy and Gilson, *Studying Disability*, 69.

individual and their variations from the norm or from what “should” be. DePoy and Gilson state: “The judgment regarding typical and atypical appearance of bodies, body parts, and mannerisms and adornments is... context-bound.”²¹ Being deaf or hard of hearing (HOH) will always be normal in schools for the deaf and HOH. In that context, it would be hard to have the sense that the student should be able to hear. Having Brachydactyly will always be normal when I gather with my father, my sister Tara, my uncle Dave, and my cousin Rachelle (and other relatives) for holidays; it is simply an unsurprising fact when you gather enough Barneses together.

In Deborah Beth Creamer’s *Disability and Christian Theology*, she points out some of the flaws that she sees in the existing models of disability theory. The Medical Model, she states, “emphasizes body parts, ignoring the identity of the whole person.”²² She suggests that we often fail to see beyond the atypical body a person may possess and miss the social struggles (a major identity piece for many people with disabilities) of these same individuals. This failure to see beyond the person’s atypical body often puts outsiders and nondisabled people in the position to be the determiners of who is “disabled,” in turn leading to stigmatization and devaluation rather than the opportunity to select one’s own

²¹ *Ibid*, 52.

²² Creamer, *Disability and Theology*, 28.

identity. Likewise, “healing” or perhaps more commonly, though less appropriately, “fixing” is often the driver of this perspective, reinforcing the idea that the person is not acceptable, or is at least less acceptable, as is.

On the other hand, the Minority Group Model, Creamer states, stresses too much the disabled identity of people with disabilities to the neglect of other, often highly significant identity pieces a person possesses such as sexuality or ethnicity and can ignore the *negative* experiences of people with disabilities. The very particular challenges that people with varying disabilities may face are often disregarded by the Minority Group Model in pursuit of social solidarity between people with disabilities. I would add that these same challenges are often disregarded or emphasized by the broader public and as such the fellow individual with a disability plays into many of the same issues presented by “temporarily-abled”²³ people. Where the Medical Model promotes an over emphasis on change and “fixing,” the Minority Model has the capacity to emphasize acceptance to the point of frowning upon the notion that any sort of healing is needed.

A Third Model

²³ This is a term used across the literature which is intended to serve as a reminder that, if a person lives long enough, that person will become disabled simply by virtue of aging and become “less able.” As well, I thoroughly appreciate the term for its capacity to disrupt the disability/ability binary.

As a third way of thinking about disability to be considered in tandem with these two, Creamer proposes a “limits model” of disability which understands disability as the full collection of limits that a person possesses, many of which will be common to all people.²⁴ For example, without the aid of external devices, no person can fly, no person can breathe underwater, no person can withstand the pressure at the bottom of the ocean for an extended period, etc. Given that such limits are applicable to all people, she calls these limits, “unsurprising.”²⁵ Each person has experienced limits and as such no person should be surprised by them. It is a common experience for all of humanity to come up against some of life’s obstacles and say “my body, or mind, has too many limits to overcome this obstacle.” Where a temporarily-abled person might come up against a mountain or a wall and say “I cannot,” a person in a wheelchair might come up against a flight of stairs, or perhaps worse, a single step, and say, “I cannot.” The obstacles vary and the limits vary, but the *experience* of limits is common and indeed universal for all humanity.

While people with disabilities may experience more limits than other people, Creamer also points to an important question: what do limits produce?²⁶

²⁴ *Ibid*, 93.

²⁵ *Ibid*.

²⁶ *Ibid*, 94.

She points to the example of a person in a wheelchair. Rather than looking at the person and considering what the person is “not,” as one would be prone to do operating under the medical model, we may ask how this person’s limits compare to one’s own and may find that this person is not so different from one’s self. Creamer’s emphasis on what a given person’s limits “may enable or make difficult”²⁷ allows each person to ask what one’s limits allow him or her to do that is out of the ordinary (if anything²⁸) and what things the person’s limits make difficult. This assumption of similarity, that both people have limits, is essential and liberatory as it can have the capacity to bring the nondisabled individual into a position that involves some level of kinship with the person in the wheelchair, beginning the work of freeing that person from their social minority status.

The fundamental nature of my disorder is such that my limitations are rather unique. Some of these limitations have workarounds and others do not. My limitations are even different from my other family members who also have Brachydactyly. In other people’s attempts to understand my experience, I have often been assigned limits I do not actually possess, have been assumed to be

²⁷ *Ibid*, 31.

²⁸ It is essential to emphasize that often temporarily-abled people will try to start here, with what a disability makes possible, to try and down play their own discomfort through suggesting there are trade offs. It is hard to imagine a scenario in which this is productive, thus the importance of allowing people with atypical bodies to determine what, *if anything*, is enabled.

capable of things I am not actually capable of, or, worst of all, have been assumed to somehow possess benefits from my unconventionally shaped hands. Some even assume that such “benefits” “balance out” my limitations or somehow are the reason for my aptitude at some manual skills such as drumming or playing piano.

The disabled body, and I should also state, *my* disabled body, is often “read” or experienced by the culture with a strong sense of discomfort and/or uncertainty. With questions in mind such as, “Can that person lead a normal life? Is this person perpetually suffering because of the disability they possess? Does this person desire a different life, body, or brain?” the person is easily lost to the limits perceived. While I happen to be someone who will often readily volunteer information about my disability and make jokes about it casually, it is interesting to me the varying points in my relationships at which people have felt it will be ok to ask me about my disability. Will it be hours, weeks, years, or maybe even mere seconds? Each of these has occurred. At what point has this person determined that I will not be angry at or hurt by their curiosity? Has this person considered that at all? At what point has this person determined they have the right to know, or at least, ask about my hands? When is the appropriate time to ask “So what’s the deal with...”? Likewise, when is right for me to ask a fellow disabled person about their body? Am I allowed to know more because of our

shared identity? Am I in some way safer to share information with than a nondisabled person? Will I understand my fellow disabled person in ways that a nondisabled person never could? Just because society may or may not lump us together as disabled, does that make us social kin somehow? I believe all these questions are deserving of deliberation.

At the risk of running into some problematic universalizing, I would like to propose as well that limits can affect the yet unmentioned *spiritual* dimension of our lives. While it may not be fair to say that an envious person has a disability, certainly this envy creates certain limits for that person as they experience their struggle with envy. What challenges might the envious person face in having compassion for someone whom this person believes has a happier life? Or for a person whom the envious one perceives to be more intelligent, attractive, or wealthy? Likewise, what limits are created for an individual with a bent towards lust or slothfulness or telling lies? While one might well suggest, and I would agree, that there may be psychological limits associated with any such proclivity, I think it is important not to disregard the spiritual dimension of such a limit. This is a dimension western theologians are apt to neglect. Yet western theologians have also been quick to neglect the importance of the body by subtle appeals to Platonic dualisms. We are more than just our minds, we are

more than just our bodies; we are mind, body, and spirit and any or all of these three aspects of our lives may have limits.

Universality, Individuality and Autonomy

A major pitfall to avoid in this conversation about limits and their universality is an overemphasis on the limits, or disability, of all people. It is true that all people do indeed possess limits. As well, the disabled are quick to call those without disabilities “the nondisabled,” a subversive act against the binary into which we, the disabled, are so readily placed and because of which some of us may be dismissed. This same binary, if we embrace the limits model to some extent, really should be transformed into a spectrum, or perhaps some sort of multidimensional chart with physical, emotional, cognitive and spiritual limits on each axis, without any value placed on where one lands on the chart. Yet it is important to emphasize the differences in points of view and life style between people with disabilities and the so called “temporarily abled,” and the understandings involved therein. This is the same sort of issue that arises when people try to state “All Lives Matter” in response to the Black Lives Matter movement: it misses the social and contextual particularity of the group of people who are suffering. People with disabilities, or perhaps, people with more severe limits, here and now, are dealing with a variety of social and

environmental pressures that our nondisabled counterparts are not. It would be wrong for my close, childhood friend with dyslexia to assume that he understands the full extent of my day to day obstacles just because he has a hard time reading. By that same token, it would be wrong for me to presume to understand what he might deal with at work or in his social life because he is a much slower reader than I.

As the only person in the world who understands my limitations and capabilities as well as I do, I find myself sensing a deep need to be able to define my own limits and abilities. As a person who is, in many ways, unlike other people with Brachydactyly, and even unlike the family members I was raised with who have similarly nonconventional bodies, the sense of individuality that I experience is shared with many people who have many types of bodies that have many types of limits. Friends, family members, scientists, and other outsiders may attempt to understand the unique bodies and minds of people with disabilities at varying times through varying means. However, these same people can only come so far, even after a lifetime spent with a person who has a disability. Yet with Bonhoeffer, I may say of Christ: "The [person] whom I am,

Jesus has also been. Of him only is it valid to say that nothing human was alien to him.”²⁹

Here it is essential to state the importance of allowing the *individual* to determine what is enabled and what is rendered difficult or impossible, rather than any other disabled or nondisabled person. While a disability such as my own enables me to be more aware of the physical, literal shape of the world around me, the thickness and texture of the things I grab, and the ease, or lack thereof, with which someone like myself may grip said items, I have not felt physically enabled to do anything out of the ordinary. Yet other’s have attempted to state for me: “He is a gifted musician because of his small hands.” As though somehow the reduced grip that results from my short fingers has the secret, hidden advantage of allowing me to drum more rhythmically, strike a piano chord with more grace, or strum a mandolin with more precision while reaching some hidden chord structures. I can assure you none of the above are true. While I have learned to rapidly adapt to situations and objects that were not designed with hands like mine in mind, I have not yet found any “advantages” that I can derive from my disability. The issue lies in the assumption. Others read my body as skilled and disabled, they then assume there must be a secret trick stemming from my variation. These assumptions, while often and primarily

²⁹ Dietrich Bonhoeffer, *Christ the Center*, trans. Edwin H Roberston. (San Francisco: Harper Collins, 1960), 103.

seeming to come from well meaning people, are still laced with a subtext that suggests it is not dedication to my craft but a hidden advantage that has enabled my skill. As though this disability, which I have yelled at God for, which has kept me from doing many things, which has led to embarrassment any time I drop anything, somehow has a secret other side that “balances it all out” and that negates any ill will I may feel toward God for “knitting me together” in this way. This narrative is all too common and I am no anomaly for having this story to accompany my disability.

God’s Limits as Seen in Christ

If we put some stock in Creamer’s Limits Model, and in orthodox Christology, then when we turn to Christ, we should not be surprised that God incarnate, the fully human Christ, would also have experienced physical, emotional, cognitive and even spiritual limits in his earthly life. One sees Christ experiencing what Creamer might call the “unsurprising limits” of hunger (Matthew 4:2), thirst (John 19:28), tiredness (Mark 4:38), and other limits of corporeality throughout the four gospels. By nature of being fully God and fully human, we must say also the Christ both did and did not possess omnipotence and omniscience, so then what cognitive or emotional limits might he have possessed? This turn of events, the omnipotent assuming limits, an attribute

equally important as any other essential human attribute, would prove to be the source of our salvation. Limits, in this situation, enabled the salvation of human kind. It cannot be understated that Christ would not have been truly human without the assumption of these same limits. Since the New Testament exhorts us to be Christlike and because limits acted for our salvation in God through Christ, it is worth our while to ask what it might mean to take on what we could call a “Christlike limitedness.” This, discussion will be continued later, for now we will dwell further upon the nature of the incarnation and what it means that God took on all the limits one might expect to find in humanity.

Communicatio Idiomatum

This notion of Christ assuming human attributes, what is called in Latin the *Communicatio Idiomatum*, meaning the communication (or “assumption”) of idioms or attributes for our salvation is well summarized by this statement from 4th century theologian Gregory of Nazianzus: “That which he has not assumed he has not healed; but that which is united to His Godhead is also saved.”³⁰ Gregory here is attempting to refute Apollinarianism, a theological view which heretically stated that Christ had a human body but a divine mind thus suggesting that God did not actually experience the fullness of humanity. Gregory, by contrast, insists

³⁰ Gregory of Nazianzus, *Epistle 101 to Cledonius the Priest against Apollinarius*, par. 5 (CCEL).

that for our redemption to be total, Christ must have taken on a body, a mind, and all that it means to be human, including the limits contained therein. If Christ had not taken on this fullness, Gregory states that it would be as if: “a man's eye had been injured and his foot had been injured in consequence, [and] you were to attend to the foot and leave the eye uncared for.”³¹ Quite in contrast, Gregory would say that *everything* that was “communicated” to Christ, all the “idioms” or attributes that are essential to humanity, has been saved and transformed by the divine taking them on. As Dietrich Bonhoeffer puts it: “Of [Christ] only is it valid to say that nothing human was alien to him.”³² This is the essence of the *communicatio idiomatum*. This incarnational model was further developed and expanded upon by Saint Athanasius.

Athanasius and the Incarnation

In its simplest form, orthodox Christology states that Jesus Christ was both fully God and fully human. The *communicatio idiomatum*, especially Saint Athanasius’ rendering of it, extends this notion to say that the fullness of God and fullness of humanity were pressed inextricably close together by their coexistence in one person. Athanasius was a fourth century Saint and defender of

³¹ Gregory, “Epistle 101,” Paragraph 7.

³² Bonhoeffer, *Christ the Center*, 103.

Nicene theology who explained the *communicatio idiomatum* as such: "... the Savior rightly put on a body, in order that the body, being interwoven with life, might no longer remain as mortal in death, but, as having put on immortality, henceforth it might, when arising, remain immortal"³³ As such, what it means to be human is forever changed because divinity and humanity have been comingled; that which has been assumed, the fullness of humanity, everything that it means to be fully human, has been saved.

Athanasius made most of his arguments in defense of Nicene theology, the goal of which was primarily to determine the nature of the incarnation and to refute Nestorianism which suggested that the two natures of Christ were not *fully* united. Athanasius thoroughly emphasizes the fullness of God being present in, yet untainted by, the human body of Jesus of Nazareth and the power of Christ the incorruptible taking on a human body. This emphasis shows the value he places on the very notion of the incarnation and the importance to him of the fully human nature of Christ: Christ lacked *nothing* that it meant to be human. Athanasius and the rest of the Nicene theologians' goal was realized in what became the orthodox affirmation of Nicaea that Christ was fully human and fully divine, one being of two natures.

³³ Saint Athanasius, *On the Incarnation*, trans. John Behr (New York: St. Vladimir's Seminary Press, 2011), 97.

One of the major points of Athanasius' Christology that is germane to disability and theology is the corruptible/incorruptible paradox contained in the fact that Christ, who was incorruptible by nature of being God, took on a body which was corruptible, by nature of being human. Athanasius states in his "Refutation of the Gentiles" that "while using the body as an instrument, [Christ] partook of none of the body's properties, but rather himself sanctified even the body."³⁴ It is important for us to note here that "properties," in Athanasius' language, are elements which are *common* but not *intrinsic* to a human being. These are things like femininity, African heritage, or balding. One is likely to see people with any or all of these "properties" on any given day, but no one would say that a person is not human simply because they lack one or all of them. As such, we may say that Christ was fully human while still saying that he did not take on all the "properties" of humanity, such as sinfulness.³⁵

Within this Christological framework, a subtle but key point to Athanasius' view of the body, Christ, and the work Christ rendered unto the human body, is that Christ was raised from the dead still incorruptible, but possessing scars and unhealed wounds. As Athanasius puts it: "the Lord erected the trophy over death and preserved incorruptible the body which he took,

³⁴ Athanasius, *On the Incarnation*, 96.

³⁵ John Behr, "Introduction," in Athanasius, *On the Incarnation*, 33.

raising it from the dead..."³⁶ In response to this, one might ask how Athanasius can rightly call a scarred, hole-ridden body "holy" and "incorruptible." In the simplest sense, and rather by contrast to some of the Old Testament's teachings, one can see in the resurrected Christ that wounds and scars no longer corrupt a body. Rather, one may rise from the grave, to eternal life, still bearing the marks of the earthly life that preceded the eternal life. In Athanasius' view these marks on the body do not equate to corruption of the body. Christ's work of interweaving life itself into the formerly, merely mortal body is not undone by limits and scars but rather may include them.

Additionally, just as all things were made through Christ at the outset of creation, Athanasius affirms that humanity is re-created through Christ, which would be the only fitting way to re-create God's creation since Christ was the vehicle of the initial creative act.³⁷ For a time, before the re-creation wrought by Christ, salvation was a matter of the aforementioned "properties." One needed to be born Jewish or become Jewish, or if one lived before the Jews, then one needed sacrifices for one's atonement. In the re-creation, these properties became moot relative to salvation which has been worked into the very nature of our

³⁶ Athanasius, *On the Incarnation*, 99.

³⁷ *Ibid*, 50.

humanity. God has now woven eternal life into the existence of the “rational”³⁸ creatures. However, “rationality” in Athanasius’ work is used rather differently than in contemporary English.

In Athanasius’ writings, the term “rational” is the word *logikos* (λογικος). Athanasius is using a play on words from the root *logos* (λογος), or “word,” or in this case, divine “Word.”³⁹ Rationality, for Athanasius, is not a function of the mind but of the soul and has to do with the welcoming of the presence of the Word rather than with one’s capacity for logical thought, what most of us today would call “rationality.” This is important to emphasize as it demonstrates for the reader that Athanasius does not make any assumptions about the capacity of one’s mind relative to one’s capacity to experience salvation. The Word has been just as thoroughly woven into the bodies and minds of the already disabled as to the bodies of the not-yet-disabled. The troubled or limited mind is still *logikos*, rational, capable of perceiving and receiving the *logos*, the Savior.

Bonhoeffer’s Christology of Who

20th century, Lutheran theologian Dietrich Bonhoeffer also put significant stock in the notion of the *communicatio idiomatum*. In his work *Christ the Center*, a

³⁸ *Ibid*, 60.

³⁹ Behr, “Introduction,” 21-22.

book posthumously compiled from his lectures on Christology, he states that the *communicatio idiomatum* represents the “mutual participation and exchange of the individual properties⁴⁰ of the natures.”⁴¹ He goes on to state as well that because of this “mutual participation and exchange,” we can now say of the human Christ anything that we would say of God. As such, Bonhoeffer suggests that even God’s more profound attributes, like omnipresence, have now been conveyed to the human Christ. As Bonhoeffer quotes from the *Formula of Concord*, “here is the highest communion which God truly has with man assumed...”⁴² Bonhoeffer also emphasizes two further ideas about what the *communicatio idiomatum* makes possible, which can be summed up as: we can say nothing of Jesus’ humanity that we would not also say of his deity and everything God accomplished in Christ was through the human flesh of Jesus of Nazareth.

Because of the very dramatic change that has occurred in humans via the incarnation, Bonhoeffer states that, “God’s Word carries the destroying lightning and the life-giving rain. As Word, it destroys and creates the truth.”⁴³ The old truth of Leviticus that one who was bleeding or was blemished could not come

⁴⁰ Bonhoeffer clearly uses this term quite differently than Athanasius.

⁴¹ Bonhoeffer, *Christ the Center*, 90.

⁴² “Article VIII” in *Formula of Concord* in *Ibid*, 91.

⁴³ *Ibid*, 49.

near the Lord's offering⁴⁴ has been destroyed as the new truth was revealed by the holy of holies, the divine presence being one of the natures which dwelt in Christ as he bled out and was blemished on the cross. Bleeding was assumed and healed. Blemishes were assumed and healed. The question becomes what does it mean that the suffering of humankind has been assumed, and as such, has been healed on the cross and through the incarnation? We will return to this question.

A final piece of Dietrich Bonhoeffer's Christology that is germane to our discussion is the idea that we must ask "Who" rather than "How" as we approach the Christ. As he puts it: "'Who?', is simply *the* religious question. It is the question about the other person and [that person's]⁴⁵ claim... Questions of transcendence and of existence become questions concerning the person."⁴⁶ Bonhoeffer goes on to state that our entire approach to Christology should be to learn about Christ from the Christ himself. As the Word and direct revelation of God, we have no better way to approach God than through Christ. We must, Bonhoeffer says, go to the "place where the Person [of Christ] reveals himself in his own being... Only by the Word freely revealing himself is the Person of

⁴⁴ Lev 15:19; 21:17.

⁴⁵ I have intentionally avoided the use of gender binary pronouns throughout the course of my writing here and have instead attempted to be as inclusive as possible with my writing. Though Bonhoeffer uses "his" here, I have no reason to think that he intends to limit this statement to men only and as such I have made this substitution.

⁴⁶ Bonhoeffer, *Christ the Center*, 31.

Christ available..."⁴⁷ Since Christ's body is no longer present to us, we are now left to approach the Christ through his "humiliation" via the "Word," the "Sacrament" and the "Congregation."⁴⁸ However, this humiliation is only a humiliation because of Christ's glory relative to our own sinful flesh. Word, Sacrament, and Congregation are only humiliating loci for Christ's presence by virtue of relativity, not in and of themselves.

Interweaving, Healing, and Suffering

In the understanding of the incarnation that comes with the *communicatio idiomatum*, people with disabilities have a friend and sibling who understands them perfectly. While we have no reason to think that Christ had Brachydactyly, dyslexia, autism, or any other disability for that matter, we know that he experienced all that it means to be human. As we will see, we can confidently state, that Christ suffers with us even now. Christ experiences the embarrassment I feel when I drop a glass because I cannot hold onto it, the shame I feel when I cannot open a jar with a large lid, and the fear I feel when I consider what opportunities my children might miss out on if they inherit this genetic defect from me. Just as Christ suffered *for* us on the cross, he suffers *with* us now when

⁴⁷ *Ibid*, 39.

⁴⁸ *Ibid*, 46.

we feel the deep sense of inadequacy that sometimes comes with “living, moving, and having our being” in a limited or disabled body.

This interweaving of life eternal into the formerly mortal body is at the crux of the earlier statement from Gregory of Nazianzus: “That which he has not assumed, he has not healed.”⁴⁹ What then has Christ healed? One can see that Christ assumed hunger, thirst, emotional pain, love of his fellow humans, loss of relationship, the trauma and abuse that preceded the cross, and finally his death upon the cross itself. One could extend this list with a close reading of any of the gospels but one might infer, as proponents of the *communicatio idiomatum* have, that Christ has healed every essential human experience; he has redeemed every part of the human nature that is common to all of humanity. As mentioned before, this does not necessarily include what Athanasius called the properties.

One of the things that has been assumed into the Godhead, through the person of Christ, is human suffering. One can also say, if abiding in this line of thinking, that Christ healed suffering, and if one counts death among the forms of suffering, then the experience of suffering must be counted as essential to the human condition; is it is a fate experienced by all. Christ experienced severe physical suffering on Good Friday, underwent some level of emotional suffering when he wept for Lazarus in John chapter 11 and when he was betrayed by

⁴⁹ Nazianzus, “Epistle 101,” Paragraph 5.

Judas, and almost certainly experienced other forms of human suffering as well. One even sees Jesus continuing to bear the marks of his suffering after he is resurrected in the form of scars on his hands, feet, and sides. If one reads Isaiah 53 in a Messianic fashion, one can state that Christ was indeed “a man of suffering and acquainted with infirmity” (Isa 53:3 NRSV) and that this aspect of Christ’s humanity, no less than any other, followed him beyond the resurrection.

What then should one make of this bold notion that Christ has “healed” suffering? If the Word, by whom life was created, has been intertwined with suffering, perhaps we may say that one can still find “life” in the depths of their deepest pain. Or maybe this pain may now be found to be meaningful rather than merely being a senseless aspect of our mortal condition.⁵⁰ How, too, is our suffering different now than it was before the arrival of Christ? Athanasius suggests “one who heals and teaches does not simply sojourn, but is of service to those in need, and appears as those who need him can bear, lest by exceeding the need of those who suffer he trouble [them].”⁵¹ Athanasius insists that the healing and teaching work of Christ in the world was for the benefit of humankind; he suffered for our sake. That humanity might see suffering that redeems, that humanity might understand what it truly means to turn the other cheek, that

⁵⁰ I have some considerable hesitations with this statement as the pat answer to suffering is so often “well, God must have a plan.” I do not hope to promote such cheap language and theology here.

⁵¹ Athanasius, *On the Incarnation*, 95.

humanity might see God's own self (i.e. Christ) be forsaken by God without turning his back on God and learn what it means to endure God's silence. With the very source of life interwoven into our suffering, perhaps we might learn how to suffer rightly. And perhaps those who suffer less, or perhaps even impose suffering, wittingly or unwittingly, might see what it means to be an effective co-sufferer, as Christ was unto all of humanity as well as unto his contemporary followers.

While I have relatively little suffering to speak about here as a white man from an upper-middle class family in a first world nation, I do feel the need to try to address this question of how suffering can possibly have been healed in Christ, at very least in relation to my own suffering. My only answer to this question comes from the knowledge that God suffered as a human. God taking on full humanity, when under no obligation to do so, can be thought of as the greatest empathetic act of all time. I know that God has experienced frustration at the human body and embarrassment at its shortcomings. While the omniscient God surely "knew" what these things were like before the advent of Christ, God "knows" now in a categorically different, deeper, experiential way. In the sort of way that creates mutual understanding and a desire for shared identity amongst people with disabilities. In the sort of way that allows God to say, "I understand" like my own father, from whom I inherited my physical condition, has said "I

understand” in those few moments when we have discussed our physical limitations together.

With this understanding of the incarnation and the remarkable conclusions we can draw from it, we may say, with Athanasius, that Christ truly and experientially knows all that it means to suffer humanly. When we suffer, we are not alone in either our pain or in what our pain might mean. Now, we can turn to the idea of the co-suffering Christ, and the co-suffering community that his body, the Church, one of the humiliating media we have for accessing Christ, is called to be. While his body, the church, certainly fails often in this mission of co-suffering, we may also ask how we may grow in our practices of co-suffering in a truly Christlike manner.

As we consider the profundity of this ultimate empathic act, perhaps the Church can ask itself how it might model a truly Christlike empathy. Perhaps for a person with more severe needs, a day spent helping a person with a disability as they need it could lead a nondisabled person into understanding and co-suffering in a Christlike way. Or for someone more willing and able to discuss their struggles, a time spent in “holy listening,” a way of listening that does not question but simply accepts a person’s story, could open their eyes to the lived reality of a person with a disability. Likewise, many disability theologians have

offered up their own models and ideas for how this kind of empathic co-suffering can occur.

Frameworks and Practices for Co-suffering

The Communion of Struggle

One framework for considering our practices of how we may co-suffer with people with disabilities comes from Nancy Eiesland. In her pioneering book *The Disabled God*, Nancy Eiesland suggests that just as people with disabilities or nonconventional bodies may find that they have a body in which they struggle, or a “body of struggle,” the Church may view itself as a “communion of struggle.”⁵² We, the church, are often a broken and dysfunctional body trying to make our way in a world that may or may not have been made, as my professor said, “With people like us in mind.” If one wants to use Saint Paul’s analogy of the church as a body in tandem with Eiesland’s, we might say that the eyes of our body are often short-sighted, the hands are often too tightly clenched, and the muscles are rarely able to work together, leading to all manner of struggles just to coordinate our ecumenical and ecclesial efforts. We, the church catholic, are a limited body, a communion of struggle.

⁵² Eiesland, *Disabled God* 109.

Yet, as Eiesland says, we are also a “communion of conversion,”⁵³ a communion that is meant to grow spiritually and emotionally, to learn from one another through our differences, and to experience the renewal that comes from the presence of the most high in our midst via the Holy Spirit, the person of Christ, and the humiliating media. This second aspect we may say with even more conviction as we consider that God is not only present in the invisible, omnipotent sense, but he is present now as a resurrected human. Jesus of Nazareth, who has walked the earth in a body like ours and who understands humanity from within, via direct experience is present with us. Likewise, Jesus lived in the communion of struggle with his disciples as they followed him and attempted to learn what Christ’s church on earth would look like. Our communion of struggle ought to be a communion undergoing conversion towards empathic co-suffering.

Another important aspect of Eiesland’s idea of the “communion of struggle” is her insistence that the biblical image of the resurrection is in no way about the negation of the experience of disability or limits in exchange for a perfect body. Christ rises from the grave scarred, with a hole still in his side. Rather, nonconforming bodies can, and do, participate in the *imago Dei*. Despite the imperfections of our individual bodies, we are a part of the corporate, and

⁵³ *Ibid.*

corporeal, body of Christ in our churches. Thus, any efforts to remove or limit the participation of people with disabilities in our churches is tantamount to shooting ourselves in the foot. As Christians, we need to be aware of our own attempts to hide or negate people with disabilities among us. They too are part of the body and reflect the *Imago Dei*.

Suffering, Co-Suffering, and Remembering

John Swinton, one of the most prolific disability theologians currently writing, points out that, just as most Christians believe that Christ suffers with the broad sweep of humanity during the course of our lives because of his closeness to us, we may also assert that he suffers quite specifically with the disabled; we are not left out of the equation. As well, Christ is not merely empathetic, he is a co-sufferer.⁵⁴ Swinton goes on to drive home the point that if the church wishes to do this very Christ-ian work of co-suffering with the people with disabilities our best vehicle for doing so is through friendship.⁵⁵ This cannot be merely “missionary” friendship, however, there must be genuine valuing of the other person and desiring to build friendship with the person, even if it seems there are some initial hurdles to friendship.

⁵⁴ John Swinton, *Resurrecting the Person: Friendship and the Care of People with Mental Health Problems* (Nashville: Abingdon Press 2000), 201.

⁵⁵ *Ibid*, 51.

An important starting point for building these friendships is to work towards overcoming attitudes that treat people with disabilities as being somehow “other.” Some people with cognitive or emotional disabilities suffer or endure symptoms that make social connection very difficult. Swinton specifically focuses on schizophrenia as an example. He states: “...particular symptoms and experiences that the [schizophrenic] person encounters makes normal communication and relational interaction extremely difficult... Consequently the other person is experienced as somehow ‘other’ and lines of communication and relationship collapse.”⁵⁶ These failed connections lead to attitudes that often turn people into an “other” and that is how we create “the schizophrenic.”⁵⁷ While some people will have limitations that make even basic conversation and relating impossible, such as extreme dementia or Alzheimer’s, we may still connect with these people as we acknowledge that they can still feel and relate in some capacity. This remembrance is essential to retaining the personhood and humanity of these same people.

Within the church this means making an intentional process of “remembering” those whose humanity we so easily forget and turn into objects. Swinton calls these dangerous memories, memories which remind us of our roles

⁵⁶ *Ibid*, 98.

⁵⁷ *Ibid*, 99.

as oppressors, memories that make us uncomfortable and call us back into critical solidarity with the oppressed.⁵⁸ Swinton even goes so far as to say that this sort of practice “forms the essence of the kingdom.”⁵⁹ He goes on to say, “In remembering someone, we acknowledge the person as worthy of memory, and acceptable as a full person.”⁶⁰

I cannot help but think here of a strong contrast to this concept of remembering as seen in the life of the fictional character Charlie Gordon from the book *Flowers for Algernon*. In *Flowers for Algernon*, the protagonist Charlie is a severely mentally handicapped individual who undergoes scientific testing to see if his condition can be changed to the point that he can become at all “cured” from his condition. The operation is a “success,” and as his IQ grows and he becomes increasingly intelligent, he begins to have memories of his life before the operation. One such memory is from his childhood when he was taken to a doctor to see if he could be “fixed.” Charlie’s parents were frustrated by the fact that he was mentally disabled and found a doctor who claimed he could “cure” Charlie. Although the doctor turned out to be a con-artist who charged Charlie’s parents without actually offering any form of meaningful cure, Charlie liked the

⁵⁸ *Ibid*, 126-127.

⁵⁹ *Ibid*, 127.

⁶⁰ *Ibid*.

doctor. He liked the doctor because he was one of the only people who had ever treated him like a person.⁶¹ Never mind the fact that Charlie's parents said they loved him and provided for him, they did not treat him like he was human and so they failed him. I hope that we in the church are struck by the importance of this simple act of remembering one another's humanity.

The Virtue of Attentiveness

Very much in agreement with Swinton's suggestion that the church engage the practice of friendship with the disabled, Richard B. Steele suggests that we develop four virtues for use in caring for people who cannot care for themselves. He defines the term virtue here as "a praiseworthy character trait, a kind of moral or spiritual strength, which a person must deliberately cultivate..."⁶² While all four of his suggested virtues are of value in the practice of ministry to and with people with disabilities, I want to focus here specifically on what Steele calls the virtue of attentiveness. This virtue of attentiveness he describes as: "the habitual practice of connecting with people... simply because they are people... it is a rare virtue because it takes such self-restraint for one to

⁶¹ Daniel Keyes. *Flowers for Algernon*. (Orlando: Harcourt Inc. 2004), 145.

⁶² Richard B. Steele, "Christian Virtue and Ministry to Persons with Disabilities" in *Journal of Religion, Disability, and Health* 14 (2010): 30, doi:10.1080/15228960903517307.

show love to those who problems one may not be able to solve..."⁶³ This is a love based on allowing the other person to be what they are, to allow that person to define their own limits, and to decide what help they want rather than forcing them to accept whatever help may be given. We might even call this the virtue of unimposing service, allowing people with disabilities to determine what limits they want help with and which they would rather deal with on their own.

This way of attentive interacting deconstructs the problematic aspects of the Medical Model while simultaneously reinforcing the fact that people with disabilities have just as much right to self-definition as the non-disabled do. It also forces the one who would desire to help to be sure that they actually are helping, not just imposing their "service," and that they are coming to know the person they desire to help. Attentiveness as a virtue has the capacity to be transformative because, when applied properly, it forces the one who would try to help to change their actions from being generically "Christian service" oriented to "Christlike friendship" oriented. This is a change that takes the actions from being about what the non-disabled person is supposed to do, to what builds relationship between the people, and what serves the person with a disability as a person in need in the Church community.

⁶³ Steele, "Christian Virtue," 33.

Speaking "I-Thou"

As a compliment to Steele's concept of the virtue of attentiveness, I also want to draw on Martin Buber's concept, found in his seminal text "I and Thou," of the two primal words "I-Thou" and "I-It." In Buber's concept, one speaks "I-It" and treats a person⁶⁴ as "It" when one presumes to know something about the person that has not been received in authenticity. That is, whatever the person presumes to know, is not something that they have received from the person, but is rather something that they have conjured up about who they deem that person to be, or what they deem them to be like. However, and this is the higher though not always possible ideal, we may also speak "I-Thou" and so treat a person as "Thou:"

The primary word I-Thou can be spoken only with the whole being. Concentration and fusion into the whole being can never take place through my agency, nor can it ever take place without me. I become through my relation to the Thou; as I become I, I say Thou. All real living is meeting.⁶⁵

In essence, Buber is stating that two people have to meet one another with the fullness of themselves while imposing no presupposed ideas onto the person

⁶⁴ Buber also includes other living things such as trees and animals in his conception of who or what a given "Thou" might be. For the purposes of this discussion, I have limited "Thou" to human kind, hopefully without any misrepresentation of Buber's work.

⁶⁵ Martin Buber, *I and Thou*, trans. Smith, Ronald Gregor. (New York: Scribner Classics, 1958), loc 240.

whom they are attempting to connect with: one must present their attentive, authentic self and receive the same from the other in order to speak “I-Thou.”

Both words are necessary and both are powerful for humankind. Early in his text Buber summarizes the words by saying, “As experience, the world belongs to the primary word I-It. The primary word I-Thou establishes the world of relation.”⁶⁶ Here Buber is stating that most of our time is spent *experiencing* the world and the many “Its”, or things, that we encounter with our senses and our interpersonal interactions. However, sometimes humanity can also move beyond this into what Buber calls the “spirit”⁶⁷ where we relate to some “Thou” whom we treat with full, receptive, dignity:

“Spirit is not in the I, but between I and Thou... like the air in which you breathe. [A person] lives in the spirit, if [they are] able to respond to [their] Thou. [This person] is able to, if [they enter] into relation with [their] whole being. Only in virtue of [their] power to enter into relation is [the person] able to live in the spirit.”^{68,69}

The connection between Buber’s concept of I-Thou and self-definition, and its capacity for transforming our conception of people with disabilities is probably quite clear. If we meet people with disabilities and impose our

⁶⁶ Buber, *I and Thou*, loc 166.

⁶⁷ *Ibid*, loc 565.

⁶⁸ *Ibid*, loc 565.

⁶⁹ Buber here uses words for men, though it does not seem throughout his text that he has any intention of excluding other people, he merely wrote in a time when this was common parlance for “humanity.” I have exchanged his masculine terms for the term “person” to express this sentiment.

assumptions onto them, presume to know their struggles, presume to know what they are capable of, then in any of those processes, and many others, we speak the I-It word. When we allow the person to speak for oneself, present ourselves as willing to listen, and proactively avoid imposing our ideas, we speak the I-Thou word. This is the life-giving word that allows for full humanity on the part of both the speaker and the receiver. As Buber states, it is not always possible to speak the I-Thou Word because of the effort required on the part of the speaker and the hearer to say it. However, when it comes to people with disabilities and other disenfranchised groups, I would suggest that it is our duty as Christians to go out of our way to extend the I-Thou word. Where our churches, governments or institutions may disenfranchise, it is our task to help rehumanize these people who have been made into caricatures and attempt to aid in restoring them to their fully human status. Attentiveness will help with this process. Likewise, recognizing that even if we do not self identify as disabled, we too can identify as having our own limits. This may be the first step towards speaking the I-Thou word. Just as Christ emptied himself to become human, we also must empty ourselves to become human, at least in Buber's conception of humanity. Just as this act was profound and salvific coming from Christ, this act coming from his bride the Church may act to build up and encourage his body.

Theology *Via* the Body

Returning to Nancy Eiesland, an important part of her work, which Creamer also speaks to heavily, is the importance of understanding that all people interact with the world and do theology through and with their bodies. Where feminists and liberationists have emphasized the feminine, colored or impoverished body, writers in the world of disability and theology emphasize the “medically” unconventional body as it reads and is read by the world that surrounds it. Theology is impossible without a body with which to do it and it is modernity’s arrogance that leads us to believe we should, or even that we can, disregard our physical context as we consider God. A recognition of the world and its make up is impossible without a body. For people with disabilities, the awareness of the embodiment of their theology is often very present already.

Eiesland states this most poignantly as such:

The corporeal is for people with disabilities the most real... we become keenly aware that our physical selves determine our perceptions of the social and physical world. These perceptions, like our bodies, are often nonconforming and disclose new categories and models of thinking and being.⁷⁰

⁷⁰ Eiesland, *Disabled God*, 31.

Eiesland points out that those of us with disabled bodies are even more aware of our embodiment because we are aware of the many ways in which the world was made for people very unlike ourselves.

John Swinton takes this notion a step further as he states, "The full revelation of love requires bodies and not just words."⁷¹ The body in which we move about has the capacity to be a vehicle for the love of God, or for nefarious or neglectful forces. For the non-disabled, Swinton says, this remembrance is essential as for many people, especially those with more severe mental limits, the Christian community maybe the closest thing to a concept of God that they ever encounter. One could, and I might, argue that the role of the Holy Spirit can be diminished in this proclamation. However, assuming that the work of the Holy Spirit somehow gets any Christians off the hook in representing the love of Christ to people with disabilities, is to assume that Christians have no role to play in shining the light of Christ in the world, which would be a most troubling claim.

In talking about the struggle of writing her memoir about her life with multiple sclerosis, Catholic author Nancy Mairs states: "... no matter what I'm doing I can no longer forget that I have multiple sclerosis..."⁷² Mairs thoroughly

⁷¹John Swinton "Who is the God We Worship? Theologies of Disability; Challenges and New Possibilities" in *International Journal of Practical Theology* 14 (2011); 306 doi: 10.1515/IJPT.2011.020.

⁷² Nancy Mairs, *Waist-High in the World* (Boston: Beacon Press, 1996), 4.

opposes the Western idea of mind body dualism proposed by Western culture and instead insists that all people, disabled or not, must come to terms with “ourselves as bodies.”⁷³ Likewise, I am keenly aware of the size and texture of the everyday things I use with my hands and the ways in which these things are or are not easily used by hands like mine. Similarly, the blind may be aware of a lack of literature available in braille or audiobook formats at their local library. The wheelchair bound may be more aware of the lack of ramps in public places, and so it goes for many people with disabilities. The possibilities for what disabilities cause us to be aware of are endless.

In the face of situations where limits pose significant challenges for people with disabilities, adaptation or exclusion are often our only options and every time that we weigh our options we feel the impact of what our bodies are like: unconventional, and perhaps, the environment would suggest, unwelcome. In some situations, the request for help may be a possibility, but only at the risk of exposing our need in a way contrary to the cultural values of independence and self-sufficiency so prevalent in contemporary Western culture. Some of my friends have been surprised to hear that I think about the shape of my hands an average of about a once a day. While I cannot presume to speak for other

⁷³ *Ibid*, 41.

individuals with unconventional bodies or minds, I can imagine that there are plenty who think about their variances with far greater regularity. Hourly for some? Such physical variations may seem minute in comparison to being of a different gender, ethnic group, sexual orientation or any other of myriad identity pieces, but variations in physical ability are defining, and at times confining, both in how one perceives and in how one is perceived. Yet it is important to state as well, with Eiesland, that for many of us: “Embodying disability is not an extraordinary feat; rather it too is a process of symbolically and corporeally constructing wholeness and ordinary physicality.”⁷⁴

For the nondisabled, theological consideration of one’s own body has the capacity to be a transformative process. Asking one’s self how one’s body affects the way they receive others and how they are received by others can be a starting point for developing bodily awareness in ways that many people with disabilities are already aware of. As well, considering the way people with various disabilities interact with the world generally and the church specifically can be a helpful exercise in transforming our conception of people with disabilities. What is the experience of sacred music like for a deaf person? What is the experience of the homily like for a person with severe autism? How are

⁷⁴ Eiesland, *The Disabled God*, 48.

these experiences shaping their conception of who God is? Our bodies strongly affect our experience of both worship and theology.

Reflecting on and Defining One's Own Limits

Disabled memoirist Nancy Mairs reflects on her own uncertainty in how to talk about her own disability and others' in her book *Waist-High in the World*. In her introduction, she says, "How can I believe that my life is real when it feels so desperately provisional? Oddly I don't consider the lives of other people with disabilities to be similarly inauthentic. Only my own seems flimsy and inauthentic."⁷⁵ She was thirty before the onset of her MS and has become increasingly impaired ever since because of this degenerative disease. Yet she describes, with a certain amount of tongue in cheek, being thankful for the process because such loss allows one to "grow incrementally into each loss and so more easily retain a modicum of composure throughout the process."⁷⁶

Mairs' humor regarding her experience of disability is refreshing for me as person with an atypical body. Likewise, it is a tool I, and other people with disabilities I know, employ regularly to self-identify and to destigmatize or contextualize our experiences. Mairs' statement, "Here I am... hunched and

⁷⁵ Mairs, *Waist-High*, 9.

⁷⁶ *Ibid*, 29.

twisted and powerless but for two twelve-volt batteries beneath my ass. Woe is me!”⁷⁷ feels akin to jokes I have made about coming up “short-handed,” about having a hard time “gripping” a concept, or other such remarks. The way Mairs uses humor allows her to put her disability to her own advantage. This is obviously an opportunity not all disabled people have, but is a tactic put to good use in her writing as she skillfully and often poignantly calls out the ridiculous ideas society has about what it means to be “normal.”

Our society tries to keep people with disabilities from talking about our disabilities, but humor can be a subversive tool that allows us to speak about the aspects of our identity that so often make others uncomfortable. While it is rarely my goal to make people uncomfortable as I talk about my hands, it is a topic I rarely have the opportunity to discuss on my own terms. Often, I either express my frustrations about my limitations making others feel they need to be sorry for me, or someone asks me “What’s going on with your hands?” In response to this question my options hardly extend beyond either appearing overly self-conscious as I inform the person that I do not feel like talking about it, or indulging their curiosity regardless of whether or not I want to talk about my hands with this person. Humor allows me to offer up information in ways that I

⁷⁷ *Ibid*, 31.

can control and allows me to self define my limits and my identity in ways that I am comfortable with.

Mairs defines her own limits, identity, and terms for herself in profound ways throughout the course of her memoir. She often calls herself a cripple, knowing that few other people in her situation would want to call themselves that and never calling anyone else a cripple. She explains that she does so as a way of being forthright about her own perception of her condition. This title allows her to define her situation for herself, to explain her identity, and even to have a chance to laugh at her own condition a bit as she says it.

In total, Mairs demonstrates something of an ideal for people with disabilities, an ideal that is not always attainable. While I do not want to say that she has an ideal situation or somehow has an “easy” disability, she does present a few ways of living with a disabled body that the nondisabled would benefit from understanding and helping people with disabilities in their own lives to attain. Primarily she demonstrates the ability to define one’s own limits and terms for their life. She uses humor and writing to do this, but for those people with disabilities who are unable to do this, the church is called to advocate for them and aid them in this self definition.

Conclusion

To bring this all together, I want to draw on a critique from John Swinton, originally directed towards Nancy Eiesland's book *The Disabled God*:

If autonomy, liberation, civil rights, self-representation and equal access to the political and ecclesiological systems are the goals of such [liberationist] approaches, then how are we to understand and make sense of those people whose impairments prevent them from ever being able to achieve or participate in such goals.⁷⁸

Here Swinton importantly emphasizes that as much as we may advocate for autonomy and self-definition on behalf of people with disabilities, we must remember that there are those who, by and large, cannot self advocate because of their disability, or because of their membership in an overly stifling society. This is where Swinton's notion of co-suffering, Steele's virtue of attentiveness, Creamer's conceptualization of limits, and Eiesland's liberationism all meet: in the place where the members of God's church truly speak the I-Thou word to the person before them, suffering with that person, allowing that person to define their identity, and actively working on their behalf before political, ecclesial, and other authorities to proactively safeguard and advocate for the fullness of their humanity. I would even suggest that this is in keeping with the author of the book of James notion of pure religion:

²⁵But those who look into the perfect law, the law of liberty, and persevere, being not hearers who forget but doers who act—they will be blessed in their doing... ²⁷Religion that is pure and undefiled before God,

⁷⁸ Swinton, "Who is the God We Worship?" 286.

the Father, is this: to care for orphans and widows in their distress, and to keep oneself unstained by the world. (James 1:25, 27)

Where those who cannot self-advocate are marginalized, (orphans and widows in James context and some people with disabilities in our own) the rest of us must advocate on their behalf.

However, before this advocacy can occur, it is important to know, and to attempt to understand the people for whom one advocates. We must speak the I-Thou word unto these people to see their humanity and from there, we may act in advocacy for them. As Athanasius states: “the achievements of the Savior... are of such a kind and number that if anyone should wish to expound them he would be like those who gaze at the expanse of the sea and wish to count its waves.”⁷⁹ The disabled God, the Christ, is truly worth our never-ending contemplation, and the person with a disability admittedly is not, however a further statement must be made here. Namely, that it is worth our while to assume that we have not yet fully understood the stories of our brothers and sisters with disabilities. While no person is likely to fit into the identity boxes we have created for them, it is of particular importance that we break down the identity boxes of righteous suffering, victim of genetics or incident, blessed or cursed by God, etc. for the sake of understanding the individual, the child of God who is before us. Otherwise, we risk turning these people into missionary

⁷⁹ Athanasius, *On the Incarnation*, 107.

“projects,” people we believe need healing, or people who are somehow “incomplete” as they are.

As well, we should not consider any of this to be above or beyond the profound call God has placed on the lives of God’s people. Loving one another, and advocating for one another ought to be at the core of the identity of who God’s people consider themselves to be. The Christ took on limits, fully and deeply intertwined with humanity, and died so that we might see God incarnate acting out the will of God on the earth and modeling for us how we ought to live. The profundity of this act should not be lost on us. Rather by contrast, the incarnation should inspire us to do the work of God in small everyday actions, like acting with attentiveness and speaking the I-Thou word. Like allowing people with disabilities to define their capacities, their limits, and their identities in the ways that they want to.

Maximus the Confessor, a 7th century saint, proclaimed in his writings what I consider one of the best possible practices for interacting with fellow believers, regardless of how our beliefs, identities, or spiritual praxes may align.

Extrapolating on the words of Gregory of Nazianzus, Maximus states:

we are clothed in the body of humiliation, and likewise we are subject to the manifold evils that arise from it because of its inherent weakness; and rather than magnifying ourselves over others in view of the inequality all around us, we should by prudent consideration even out the disparity of

our nature, which in its own right is equal in honor, by filling other's deficiencies with our own abundances.⁸⁰

Each of us has "deficiencies" and "abundances" as Maximus states, or perhaps "limits" and "gifts" as Creamer might call them. It is our duty as believers and disciples of Christ to use our abundances to aid others where they experience limits. The practices of "filling in" one another's deficiencies should always be regulated by the one with more deficiencies, in as much as that is possible. For some identity groups, this is more easily accomplished than for others. For those who literally cannot speak, the challenges inherent in this effort are significant. Yet this is not a practice that we can neglect if we wish to faithfully fulfill the mission of Christ. Christ who, for love's sake, in a twofold mystery, took on all the limits that come with being human that he might fill out all of our deficiencies. May Christ's body the Church give from whatever abundances we need to, and take on whatever limitations are necessary, that we might, in some small way, do the same.

⁸⁰ St. Maximus the Confessor, *On the Cosmic Mystery of Jesus Christ*, trans Paul M. Blowers and Robert Louis Wilken (Crestwood: St. Vladimir's Seminary Press, 2003), 78.