

**Boston College**  
SCHOOL OF THEOLOGY AND MINISTRY  
**Continuing Education Encore Events**

**Transcript of**  
**“More than Elevators: Physical Disability and the Church”**  
**Part 1 of 2**

**presented on March 1, 2013**  
**by Dr. Debbie Creamer**

**Dr. Jane Regan:**

My name is Jane Regan. I'm on the faculty of the School of Theology and Ministry, and I have the pleasure of serving as director of Continuing Education for the School of Theology and Ministry. The STM, as we call it, offers graduate degrees on both a master's and doctoral level for people, both lay and ordained, preparing for ministry. With that, in addition to the degree programs, we also have a vibrant Continuing Ed, which includes both on-campus events, such as this one, as well as online programs, and there's some information on that on the back table.

So it's my pleasure to welcome you to Boston College. It's great to have all of you here—some people we know and some people who are new to us—and I'm happy to have you here for the workshop today, entitled, “More than Elevators: Physical Disability and the Church.” Our thanks really to Susan Kay and the Archdiocese of Boston Office of Education, as well as to Boston College's Church in the 21<sup>st</sup> Century for supporting us and publicizing this event.

And this is the 21<sup>st</sup> Annual Pyne Memorial Presentation, and we're grateful to the Pyne Foundation for the generosity and support which sustains this annual event.

Professor Margaret Pyne, in whose memory this lecture series was founded, was a lifelong advocate for persons with disabilities. A former associate dean of special education at Lesley College, Margaret Pyne had a particular vision of the need to educate theological students and people working in the Church, in the area of working with and for people with special needs. Anne Berry, who is a trustee of the Pyne Lecture, should be with us today. If she's not here yet, she will be here shortly to be here today.

And now, it's really my honor to introduce to you our presenter for today, Dr. Debbie Creamer. Debbie holds a Master's of Divinity from Vanderbilt Divinity School, a Master's of Library Science from the University of Denver, and a Ph.D. from the University of Denver Iliff School of Theology. Dr. Creamer currently serves Iliff School of Theology as—count how many hats she wears—as interim dean, as vice president for academic affairs, as associate professor, and as director of library and information services—so very busy person.

My two little jobs seem quite manageable in light of everything that she's doing. And on our drive in from the hotel, she was telling me that she's also working at directing and chairing the curriculum revision committee. So the fact that she's here I think is a break for

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her—just to get away and to spend time talking about a topic that is dear to her and one that she’s worked a good deal in.

So in addition to teaching courses on disability and religion, her interests include practical theology, feminist theory, leadership development, and pedagogy. She’s a founding member and past chair of the Religion and Disability Studies Group of the American Academy of Religion, which is a professional organization that college professors belong to. And she is a frequent speaker on the issue of disability and religion at both the national and local levels.

Debbie Creamer has written numerous articles and book chapters. She’s coeditor of *Women, Church and Leadership: New Paradigm, Essays in Honor of Jean Miller Schmidt*, published by Pickwick Papers just last year, in 2012.

In addition, she is author of *Disability and Christian Theology: Embodied Limits and Constructive Possibilities*, published in 2009 by Oxford University Press. In that work, she encourages us to think in new ways about categories like ability and disability. It became apparent to her that, despite how common the experience is, disability is something we don’t talk about, either in the Church, or much in theological schools. And in writing this book, she engages the question, why don’t we talk about it more? And how do we start talking about it? What would it mean to start talking about this in these contexts? The Boston College Bookstore is here today and has this title available as well as others that Debbie has suggested for us.

Debbie Creamer’s current research interests focus on theology and chronic pain. She’s a member of University Park United Methodist Church in Denver. And please join me in welcoming Debbie Creamer. Debbie? [applause]

### **Dr. Debbie Creamer:**

Thank you. Yeah, as Jane was saying, this is a break for me to get to come and have conversation with folks about disability. With all of the other administrative stuff that I’m doing right now, this is a rare pleasure for me. And I also have a sense, every time I do one of these presentations, that I’m not the expert in the room—or I’m one of 80 or 100 experts in this room. I’ve had some luxury of time and space away to study this stuff—time to have lots of conversations with lots of people—so I’ll share some of that sense of my own little window on this today. But I want to name up front that everybody in this room has got experiences about disability, wisdom about disability, ideas about what we can do to take disability into our congregations, how we can recognize the ways in which it’s already there, and the ways in which we can be more attentive and more helpful in ministry.

So my sense today is what I want to do is share with you some of what I’m thinking about, but do that in a way that also enables conversation with us together, so that you have two takeaways. One is having heard some of what I’m thinking and what I’m imagining here, and also some chance to articulate yourself or hear from your seat neighbors in this space what they are also thinking and working on. So it’s not going to be two and a half hours of

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just listening to me talk, because that would be boring for you and for me. But I do want to share with you some of the general things that I'm working with as part of this.

So just for folks who like getting a sense of what the day will be like, I'm going to talk for about 45 minutes, I think, about disability as kind of a general category. This would be a similar kind of a talk that I might do whether or not we were talking about religious settings or church community. After that, we're going to take a coffee break because it's early—for me at least, on Mountain Time zone—and we all are going to need a little coffee after listening for a while.

And then I'm going to come back and talk specifically about the church and Christianity's engagement with disability. And I do that, in part, because I think we need to take our ideas about disability and apply them to church contexts, or our ideas about accessibility and apply those to church contexts; but I also think the church and the Christian tradition more broadly have specific things to offer our conversations about disability. And part of that is what we've been offering has been mixed. Christianity has a mixed heritage with disability. In some ways, we manage it really well or engage it really thoughtfully. And in some ways we've done harm. So I want to address that. And then I also want to offer some possibilities.

And then kind of the third unit of the day, if you break them into three units, will be just really open conversation, and question and answer. I have a sense that I come into spaces like this for a day and then I leave, and you all stay and do the work. So I want to make sure that there is time to engage your ideas and your conversations as part of that. Okay?

And do feel free to move around a little bit if you need to during the conversation. I won't be offended. I know it's hard for some of us to sit for long periods of time, so whatever to make yourself present and comfortable—please do that.

The title of my talk today really gives you, in a nutshell, a lot of my commitments. And I'm going to go ahead and articulate those right up front because the title, for me, is something I think a whole lot about. For you, you saw it on a poster or a flyer and may not have had the chance to reflect a whole lot on it yet, so I want to break that apart a little bit.

So it starts off with "More than Elevators," and the word "more" is important to me there for two reasons. One is a pleasure for me of a room like this is I'm assuming I don't have to make the argument that people with disabilities ought to be included, or if we should include people with disabilities. Some places I go, I do have to do that, and so it's fun for me to be in this space and be like, okay, I'm guessing, if you're here, you believe that inclusion of people with disabilities is important.

I want to look at the more. And part of that more also is that I want to look at a more that's more than just a simple, can you get in the building? That again is the important first question. So if is the first, first question, how is the second, first question, or can you at all? And many old churches or congregations, that's an issue right off the bat. Can a person, particularly with a mobility difference, but also with sensory differences or cognitive difference, even get physically to the space or in the space?

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But I want to emphasize most of our conversation today on more. Assuming we value people with disabilities and assuming we have space that they can enter, then what? What's the more? After the semicolon, it's "Physical Disability and the Church." Physical is an important word there. As I'll talk about in a little bit, I think disability is a broad category that includes a wide range of experiences. And not all of those are things would describe as physical disability.

I'm going to focus most of my talk today on physical disability or physical difference. And for me, the default is kind of mobility difference, so I hope that both, you are able to see that what I'm talking about can sometimes apply to other kinds of disability or difference, and that you won't be offended if I don't spend a lot of time talking about cognitive difference or mental illness or other things that we might also cluster with disability.

Some of the things I'll talk about will relate to all of those, and some are very specific to physical, so I want to name that right up front so that folks aren't concerned if I do or don't include those other pieces.

And then the last part of that, "and the Church." As I said, I think that looking at disability and issues of congregations is different than looking at them in, say, the YMCA or Walmart or some other setting. And part of that is that Christianity does have, as I said, that mixed heritage. So we need to address that and we—and the we there, I'm mostly talking about Christian folks—we need to kind of be up front with the legacy that we've got. Other folks aren't going to do that for us, so we need to do some of that unpacking and we need to do some of that work. And we have a wealth of historic traditional resources that we can draw on, which again the folks at Walmart or the folks at YMCA aren't going to be drawing on, so we have particular legacies that are mixed and particular resources. So the conversation for the church, I think, is a very particular one.

And why elevators? If you're able, how many of you belong to a congregation or have been connected with a community that's had the elevator debate in your church or similar institution? Have been part of the conversation of moving from a space without an elevator to a space with an elevator—let me see hands again. So I'm seeing maybe a third of the hands in the room go up.

So some of you always had an elevator? That's fantastic; always being a generational thing, right, so either it's a congregation that's newer or, in your memory, there's always been one. A lot of the consulting that I do either with congregations and communities or with individual people is at that state where we've done the elevator.

Oh, actually let me see. How many in the room are in a congregation or community where you still, you don't have an elevator and an elevator would be helpful for access? Okay, so again I see about a third of the hands in the room. And so I'm guessing that other third either means you have an elevator or you're in a facility that doesn't need an elevator for access. Is that right? So that other third. . . Can you raise your hands if you're. . . Okay, so, and I think some of you are members of more than one community, because I'm seeing hands go up in more than one space too.

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So that's what I see in a lot of places. So maybe a third in a facility where an elevator is just not an issue, a third where you, in your memory, have been part of the transition from being without an elevator to being with, and a third being in that space where an elevator would still be a helpful thing. And for me at least, the congregation I belong to is one of those old buildings where we've tacked on first a Sunday school wing, and then we tacked on a fellowship space, and then we got a new worship space, so the old worship space—and there's got to be like 20 different sets of little staircases here and there. So the elevator thing is also more complicated than just, is there an elevator or not?

But a lot of where I want to direct my remarks is in that imaginative space or that concrete space of, so we've got an elevator, now what? And sometimes, with congregations, where I come in, there's been a lot of energy or a lot of money that's gone into getting the elevator, and it's hard to motivate folks to take that next step, or it's hard to make fundraising decisions that go that next step, or it's hard to get the committees and the people together to go that next step. Or, on the side from people with disabilities, to either recognize that the elevator is a wonderful symbol but doesn't mean full access, or again that, once you've got the elevator, there's still a lot of other stuff that needs to get addressed, and folks can be part of a congregation that has an elevator and still not feel welcome or still have places that are off-limits to them.

And I'll talk about that a little bit more as I go, but that's kind of my sense of where an elevator matters. It's symbolically important for a lot of places for having made a step, but I don't want us to stop at that step, if that makes sense.

My learning goals today—I'm a teacher, right, so, and you all are sort of my students for the morning—rest really on two commitments that I've got. And I'll just go ahead and say them up front because I don't think it's fair for folks to have to guess what my commitments are, if you haven't figured them out already. So I'm going to give you two commitments and two tools, and that's, then, kind of how I'm going to frame most of my work.

My first goal today in terms of my commitment is the idea that access is not enough—particularly access in terms of being able to get in a building is not enough—and that there's more to access than elevators. So those pieces go together. One is, there's more to access than just the elevator. In my Methodist tradition or some of our students at my school or at UCC, United Church of Christ, we talk about things like “accessible to all” or “open doors,” “all are welcome.” And the symbol for that is often the elevator. And what I want to push on today is the idea that the elevator isn't enough for access and physical access isn't enough in terms of having an inclusive congregation or meeting the needs of people with disabilities.

And then the second, as I've already said a couple times now, is that churches have particular strengths and challenges as we address these issues.

And then the two tools that I mean to offer us today as a way to start to address those two commitments. One is that our idea of disability makes a difference in how we can engage disability work or our definition of disability makes a difference in how we engage

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accessibility work. And the other is that I think our view of God or the stories we tell about God or the ways in which we highlight characteristics and qualities of God make a difference in terms of how we do disability work or accessibility work.

So I'm going to talk about views of disability and give a variety of alternatives, and I'm going to talk about views of God and give a variety of alternatives with the hope that those two tools then help with our issues of access and with Christian community more generally.

And as a side note, even though my language will stumble sometimes, my commitment here isn't for some group of us to do ministry to some group of them that's people with disabilities. That's often how it gets phrased and sometimes it gets phrased that way accidentally. Sometimes that betrays our assumptions or commitments. But my sense here is that I want to empower all of us to be doing ministry with people with disabilities and ministry by people with disabilities. So not as a ministry to, but a ministry with and by. And that'll become obvious in a second.

Let me start actually with an activity, a real quick little one. I'm an introvert, so I'm not going to be introvert averse as part of this too much, a little bit maybe. But I want to start. . . For those of you who are able and comfortable, please raise your hand if you yourself, either in your own experience or if someone in your very close circle of people—so your family of origin, your family of choice, the people that you live with or work with on an everyday basis. If you or the people close to you have or have had an experience with disability, please raise your hand if you're comfortable and able.

Okay. So I'm seeing easily 90% of the hands in the room, maybe even a little bit more than that. Some of that may be the talk of this title tends to attract people who have got some engagement with disability. But as I do that question, and I do that in almost every presentation I give, and whether it's a high school youth group, or an academic conference, or anything in between, almost always about 90% of the hands go up.

And this for me is a pretty impressive thing when we're not talking about disability that often. And maybe some of you are in settings where that conversation happens a lot. But for me, in the congregations that I'm a part of or when I visit my students who are doing internship sites, our churches and related communities aren't talking about disability that often, both at the institutional level and with each other.

So when I do that kind of hand-raising activity in a youth group, for example, the kids look at each other in shock, like I thought I was the only one who had an experience like that in my family or in my close circle of people. Or in academic settings, that's actually even worse. The hands all go up, and then they look at each other in shock and surprise. They're not talking about it. They're not engaging it. And many of us who have experiences with disability ourselves or in our close circles, keep that a little bit secret or keep that a little bit hidden or keep that in a way where it's not part of the everyday conversation, as part of how we're making conversation about stuff.

So that's one takeaway actually. If you would be interested in trying that back in your congregation or community and just see where that hand-raising activity and then some



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debriefing outside of a room that's got that title on it, right, see what that does in terms of people's engagement. In my experience, even just doing that little activity opens up all sorts of space for conversation that then makes possibilities for change.

If you're not convinced by the 90% hand-raise thing, here are a few statistics from the Census Bureau. And many of you may know these, but even the things you know, as you hear me saying them, you might also listen with a lens of how you can then tell this story to other people who aren't yet convinced. Okay?

According to the U.S. Census Bureau, 18% or 56 million Americans lived with a disability at the time of the 2010 census, so 18%, almost one in five or one in six. 12% or 38 million have what the Census Bureau describes as a severe disability. That's not necessarily the best name for it, but what they mean there is a disability that benefits from the assistance of a person or a device. So the 18% disability would include folks for whom, not all of them would need assistance by a person or a device.

So within that 12%, those are folks who use a cane or a wheelchair or a service dog, or have an assistant or aide who comes and helps them with things, or who need transportation assistance. 12% is still one in nine or one in 10. When you're sitting in a room like this, and again we're a little bit unusual because of the title of this talk, but think about that next time you are at Walmart or Starbucks or in your congregation or in any other large space. One in 10 of those folks, if everyone had access, would be a person with a disability who benefits from some sort of assistance from a person or a device.

And then again, from the Census Bureau, the estimate of the adult population only, 4% or 12 million require help with daily self-care. So 4% would be the percentage, so one in 20, one in 22, something like that, where, according to the Census Bureau in their little way of numbering things, these are folks who cannot fulfill the daily expectations of self-care and ordinary life without significant assistance. So these are folks who often live in institutions or who have a live-in assistant. And that's why that number is only for adults, because that's normal for kids, right? If you're five and under, we assume you can't do self-care at all. So actually all children are people with disabilities according to the Census Bureau.

So I start there with those numbers oftentimes when I'm a setting where I have to convince people, because those numbers alone ought to be enough to motivate folks. And particularly as I'm moving around the liberal Protestant communities where church growth is a big conversation issue right now, I say, if you're trying to grow your congregation, if 18% of the U.S. population has a disability, why not pay attention to disability as a way of growing congregations, right?

Beyond that, I'll point to the commonness of disability. And this is where I get interested. The statistics are helpful to convince people if you need to, but the commonness is where it really gets to for me. And one, is a sense that disability is something that functions on a continuum. I've started talking about it as if it's a yes/no checkbox. And in part that's because that's what the Census Bureau does and other statistics things do. But if you think about your own life, or again those folks who are close to you, disability is typically not a

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yes or a no kind of a category. It's a maybe and a sometimes and an according to who and a depending on what.

So one way of thinking of that is a person with a mobility impairment might have wonderful sensory engagement. So we're defining a person with a disability based on one quality and not based on all of their qualities. So a person might be a wheelchair user but have perfect vision or a person might be legally blind but a track star. Right? So already the category is fuzzy depending on what we look at, and more importantly what we're not looking at.

Beyond that, it's fuzzy even for many of us within our bodies. As I'm looking around this room, actually I'm kind of surprised, there's not a lot of folks using eyeglasses, but maybe a fifth of you or 20%, maybe. And maybe many of the rest of you still have contacts or glasses in your bag or whatever. Right? We don't tend to consider that a disability up until a certain point, although, if you can't see the alarm clock in the morning when it goes off, that can kind of feel like a disability and can have things in common with someone who's legally blind. Right?

So there's a continuum. And for many of us, there is a moment at which something feels like a disability or that we judge someone else as having a disability. But if we step away from that judgment, we realize it's really kind of fuzzy. Or for many of us, as we age and start to experience arthritis or other sorts of experiences that are somewhat normal with aging, there are things there that are similar to experiences of disability, right? Or it varies by time and location. So for example, if I'm talking in a retirement complex or in a nursing home, I'm not going to be at all surprised to see many folks using hearing aids. But if I go to a preschool and see folks using hearing aids, I'm going to make a very different judgment in terms of whether there's a disability present or not.

So we evaluate disability, in part, based on what we see or what other things we're imagining. So if we see a child with a hearing aid, we imagine this child has a disability. And that's different if it's a grandparent. Right? Or even over time, in recent times, we've been talking a whole lot more about learning differences, so ADD, ADHD, dyslexia. Those weren't conversations we were having in the same sort of way 100 years ago. And the conversations that were being had 100 years ago might not be so much our conversations today. So it's also a fluid category, both that experiences of impairment change over time or in location, and that our judgment about them changes. Okay?

And then two other pieces that again are more just in terms of breaking up the category, and one, for me, is that even if you don't yourself have an experience with disability, you have experiences that are like experiences with disability. So at my school, the university that we're connected to about three or four years ago had a big rich donor, and they decided to rip up all the concrete sidewalks and put in pavestones. They thought this was going to be gorgeous, really add to the sense of this being a beautiful old campus. Well, if you're in a wheelchair, what do you think that feels like? Kabunk, kabunk, kabunk, kabunk.

All right. See, I haven't gotten out about Boston yet, but so I hear that Boston, the whole city, yeah, good, I'll look forward to that. But even if you're not in a wheelchair, if you've got a luggage cart or you've got a stroller or you've got an equipment cart so you're



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bringing cameras and stuff around or books, you're going to have that same experience of kabunk, kabunk, kabunk, kabunk, kabunk. So even if you're not having an experience that we would call a disability experience, you've got other things that are similar. Or folks with hearing impairment sometimes have difficulty in movie theaters hearing the sound. Many of us these days have difficulties in movie theaters hearing the sound, or at a rock concert or other sorts of settings.

So I always ask people to imagine not what it's like to be a person with a disability, whatever that means, but to remember that, even if you don't identify that way, you've got other wisdom and experiences you can draw on. And as I talk more about disability in other nuanced ways, the experience of exclusion that some people with disabilities engage are experiences of exclusion that many of us have encountered for other reasons, or a sense of being not immediately welcome, or of being judged based on our appearances, or of having difficulty getting promoted at work, or any of those things are consonant experiences that we can at least develop empathy and a sense of our own tools and understanding around.

And then the last for me is the reminder that disability is an open minority. So when we talk about other kinds of difference, sometimes it is something that's stable over all of our lives. Gender is one of those that's often stable for people, or racial identity. Those are all a little bit fuzzy. But for the most part, they're somewhat set for people across their lifespan.

With disability, any of us who are not currently identified as being a person with a disability could tomorrow be a person with a disability. A person with a disability today could have a different disability tomorrow. Or a person with a disability today could have a sense tomorrow where they don't have that disability anymore. And so it's a fluid category. But the significant piece for me is to think that it's an open minority.

So if you're dealing with folks in your congregation or community who are like, "yeah, that's not us," first off, oftentimes the conversation in my experience in churches happens when it becomes one of us. So a member of the community experiences disability or has a child with a disability, and suddenly it becomes more relevant than it used to be, when it was just them outside. Or even if folks aren't committed right now, you can make the point that, yeah, but do you know in five years that you won't be in this category? The elevator that doesn't benefit you now might, particularly as you age, or the ramp or the assisted listening device or the large-print hymnal or any of that.

So the idea that it's an open minority, I think is yet another way to get traction and is yet another way to kind of engage the issue of disability in a way that breaks down or starts to break down a little bit of that sense of us versus them.

My sense, then, is I kind of portrayed with you that sense of hand-raising, but also more broadly is that everybody has a story about disability. Everybody's got some wisdom about disability. And all of us have got ability to imagine disability. So that's part of my sense here about us all being experts in the room. Many of you are genuine experts. I got to see that as we were gathering today. But even if you don't feel like you're an expert or don't feel like you have some expertise, you actually do. And I want to invite you to draw on that as you listen to the rest of my talk today and also more generally as you move forward.

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And then chronologically, this is how I got interested in this, and so this is really my engagement with this, is a sense that everybody has a story. Everybody's got wisdom and imagination. But we're just not talking about it. And I think talking about it is going to make a real big difference in terms of breaking down some of that us and them.

So I want to take just for a second, I want you first off, let's see. I'm not going to do sharing quite yet because I'm talking slowly, or I'm talking quickly but I'm talking a lot. And if I let you all talk a lot, I'll never get through the rest of my notes. So I'm just going to ask you to imagine for a second, silently, a concrete story about disability. So in your own life, if you identify as having an experience with disability, I want you to think about that concretely and with particularness. And if it's not you, I want you to think of someone else near you in your circle of family or friends, and think of that concretely.

So I want you to just take a moment. Imagine the person, even if that's you. Imagine or name for yourself what about that is disability. What does disability look or feel like in that instance? What does living with a disability feel or look like? Concretely, who is this person? What is this person? What is disability? And I want to invite you to hold that now as we go forward, because I don't want to be talking about disability just in the abstract, because that's not how we engage it in real life and that's not what it means in real life. I think the concrete really helps.

For me, the concrete really struck me when I was in seminary, so I was working on my Master of Divinity, and was in a class on feminist theology. And the assignment for our class was to write a term paper about a particular aspect of women's experience. So this was the early nineties. And those of you who are at all familiar with feminism might know that, in the academic study at least, right around the 1990s was when voices got really loud to say you can't talk about generic women, or you can but it only takes us just so far. Every woman or every person has got some different experiences. And if you talk about all women as if they're the same, you miss a whole lot.

So in this class, we were invited to look at very specific instances of women's experiences to remind us that women aren't all the same. So some of my friends were writing papers on women of color or women who are mothers or women who are older in life or other kinds of categories of identity difference within that. And I ended up writing about disability.

The reason I did this is I had—my roommate at the time, her younger sister, was a person with muscular dystrophy. She was about 12 then. And it was our spring quarter, so a couple weeks later than now, right around Palm Sunday. And this little girl, 12 years old, was talking to me. And she said, "You won't believe what my parish did this week." Like, well, okay, what? I'm in religious school, so I hear everybody's bad religion stories, right, and the good ones, of course.

But she said, yeah, it was Palm Sunday. And the director of religious ed didn't invite me to be part of the kids processing with palms. So in her parish, the kids march in on Palm Sunday waving their palms, and that's how they start off the Mass. She said, "They didn't invite me." I said, "Well, why do you think that is?" She said, "Well, I walk with a limp and they were embarrassed."

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That, for me, was the first moment of really naming this sense of churches as non-inclusive places around people with disabilities, and not as just kind of an idea of *do we have generic people with disabilities or not* but specifically this 12-year-old sitting next to me telling this story of how her congregation didn't welcome her.

It was interesting for me because then that gave me a way to name some of my own experiences. And I moved through life with a variety of physical impairments. And as a kid, I often would use a wheelchair or walking canes. And I didn't ever think of that as a problem because I had experienced my church as a fairly inclusive place, except that my nickname was Debbie the Crip, C-R-I-P, Debbie the Crip, which as a kid, was sort of okay. Everybody likes to have a nickname that's sort of cool, and it could have been way worse than that. Right?

And it was mostly told me by people who cared about me or valued me. But it took hearing that little girl's story to be like, okay, that is a little funny to be identified as the Crip and to have that be the way people engaged me first, rather than the brown-eyed one, or the one from a mile away, or the one who is pretty okay with a guitar but don't let her sing. Right? I hadn't named it as part of a story.

So that's part of why I do this kind of concrete activity, because I think it's helpful to actually name and to think of experiences. I also think it's helpful because it raises the blurriness of experience. So for me, the sense of being called Debbie the Crip is a mixed experience, so it's a naming, which is kind of good, but it's a naming that's kind of bad. And out of that, I can draw on specific stories that were both wonderful and horrible.

So when I would use a wheelchair, oftentimes folks wouldn't talk to me, but they'd talk to the standing-up person who was next to me. So we'd be at a fast-food stand—I remember this actually like at the state fair—and folks not looking at me, but looking at the other person, well, what does she want? And they'd be like, well, why don't you ask her what she wants? And experiencing that is dehumanizing, in a way; or I would feel like an object and not like a person.

On the other hand, I also remember going to Disney World and getting to go to the front of every single line because they didn't make people in wheelchairs wait in line. They just whisked us right in the front. I saw two parks, every ride, one day. It was pretty amazing. [laughter]. So my sense is that it's mixed. And that's again why I want us to draw on concrete experiences, because I don't like the idea of just telling disability as a victim story or as a horror story. And that's part of what I'm going to try to unpack a little today.

I now live with chronic pain, and so that has also that mixedness. So for me, it's a blurriness, some days are better than others, and also a mixedness in terms of how people engage me. If I walk into my school these days with walking canes, folks will all come over to me. "What's wrong with you?" Or, "what did you do to yourself?" And I'll be like, okay, this is part of life for me. Obviously I'm going to have to tell the whole story all over again. And there's a mixedness there, because there's both a sense of care and compassion that comes and also the sense of exclusion or othering.

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So I want us to hold those concrete stories as we move into talking about what disability is, and so this is the first teaching unit piece, as it were. And I want you to keep thinking about the concrete pieces of disability as I talk about that.

So what is disability? I think I've been using it so far as if we know what I mean and what you mean, right? And in many times in popular culture, or as we move into places that aren't exclusively looking at this, people tend to think they know what they mean by disability. And in many communities, if I'm talking about disability, nobody's going to raise their hand and ask me what I mean. They're either going to just go with it or they're going to assume that I know the same thing they know or I believe the same thing they believe.

But I want to remind us that, when we do that, we have a couple of danger things that happen. And one is we tend to only think in narrow and stereotyped sorts of ways. So if we just talk about disability as if we know what it means, many of us tend to then just think of wheelchair users and people who are blind and deaf. And then if we're nudged a little, we might include a little bit more than that, maybe somebody who uses walking canes or somebody who cognitively processes a little bit differently. But for the most part, unless we stop and pause, or unless we've got a very specific concrete thing that we're connecting, so I see someone who's a person with a disability but doesn't fall into that category, or I have that experience in my life that's a little different, we tend to only think those ways.

Not having a definition also makes it hard to have a conversation then about what counts or doesn't count as disability. Within disability studies, a part of my academic world, there's been a lot of debate lately about whether obesity counts. So if you're a person of large size, is that a disability or not? Flying five hours on the plane from Denver to Boston, I would imagine that to be somewhat of an impairment or a disability if you're a large person trying to fit into that really configured-for-one-size seat. Right? But it's different than being a wheelchair user or being completely legally blind.

It also means we then lose the complexity of people with disabilities, so people with disabilities become cartoon characters for us, and we only look at the person with disability with pity or with admiration instead of seeing them as a complex and messy person like all of us. It means we ignore other complexities, so we forget that people with disabilities also are people with a gender and a racial identity, and with an economic status, and with family history, and with other sorts of things. We only see the disability first in addition to only seeing that one part of physical embodiedness of the person. Right?

And then the last is that we don't have a space to address the different levels of comfort or complexity we have with people with disabilities. So right now, in the media, if you look at how people with disabilities are portrayed, you can get a sense that some disabilities are sort of cool right now. When I teach, I often use reality TV. I never watch it myself. But I bring it into the classroom and have my students look at it. And people on reality TV, you get a sense these days that certain disabilities are sort of cool.

So being an amputee right now, well, at least until some of the news media of a couple weeks ago, but being an amputee can be considered sort of cool. Right? Being someone who drools and doesn't have as coherent speech is often off-putting to many of us. Being

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blind and physically beautiful can be kind of cool. Having a physical disfigurement, particularly in the face, can be not cool. So there's kind of value judgment that even work within disability categories. And I think that, when we don't talk about disability, we miss all of that blurriness too.

So the piece I want to give you in terms of thinking of disabilities, I want to talk about four different models of disability or four different definitions or understandings of disability. And I want to do that as a way to say not that one is better than the other, but that we all already use all four at different moments. And if we can be attentive to which definition or understanding we're using, that's going to help us with our actions. It's going to help us with our understandings. It's going to help us with building community.

So the four, for those of you—I see people taking notes, I'm kind of impressed. The four that I'm going to give you. I'm going to call the first one the Moral Model, and it's going to be about values and beliefs. The second one I'm going to talk about is the Medical Model, and that's kind of what I've been using as a default. That's about bodies and how they function. The third one I'm going to talk about is the Minority or Social Model. And that has to do with how people with disabilities often experience prejudice or exclusion. And the last one I'm going to talk about is the Limits Model, and that's the piece that I offer in terms of this kind of blurriness and messiness.

My sense is that each of us, each of these, is a piece of the quilt, so again I'm not saying one is better than the other. I think there is a time and a place for each of them. But I think we tend to fall into one or another without thought. And if we can try on other models, it'll give us other possibilities.

Okay, so the moral model is the idea that disability is either good or bad. And I'll do this sometimes again with youth groups, is I'll ask, how many of you would like to be a person with a disability? And everybody chuckles uncomfortably, like nobody even raises their hand. But they don't even know how to process that question. That seems like an absurd question. Right?

Or I'll show some clips from TV or movies to people, and then ask them to describe the person with a disability. And they won't have even noticed that there was a person with a disability there. They'll just have seen that there was a villain, and oh, by the way, the villain walked with a limp and had a scar on his face. I show Batman movies as part of this. If you think about the villains in Batman movies, almost all the time it's a person who's also a person with a disability. And we don't notice that. We just make that link to good or bad.

Or *America's Next Top Model*—see, this is embarrassing, right? You all are smart, educated people, and here I am talking about reality TV all the time, but they'll show people that a person a number of years back who had degenerative vision and, when she came out, when she revealed this to her cast mates, the first reaction everybody had was, "Oh, you're so inspirational." And they'd never met her before. They didn't know anything about her. They didn't know anything about her life journey. Just the fact that her vision was deteriorating was enough for someone to say that she was inspirational.

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Or people will say, "You're my hero," or "I'm so sorry for you." All of those expressions of admiration and pity, of seeing disability as a curse or a blessing, those are all lenses that come from a moral understanding of disability. And we can tease it apart to be a little bit more nuanced. Many of us can assume that life with a disability might be a harder life. But as I talk with folks, everybody's got harder lives. Right? And all of us have got something that makes our life harder than what we think the next person might be going through in certain moments, as well as things that are easier. And it's a funny jump that we make that we assume that disability would always be that kind of harder experience and would only be that kind of harder experience. Okay?

For those of us within the Christian tradition or the Judeo-Christian tradition, the Moral Model is embedded in our traditional texts, and that's both in terms of Scripture and also in terms of Church Fathers and other kind of founding documents. As I'm working with students at my school and we'll have students with disabilities who are headed for ordained ministry or diaconal ministry, almost every one of them has got to face the text of the tradition.

So I'll read you a piece from Leviticus 21. I don't quote Leviticus all the time, but these are the texts that still linger. Here's one, Leviticus 21:

No one of your offspring throughout their generation who has a blemish may approach to offer the food of his God, for no one who has a blemish shall draw near, not one who is blind or lame, or one who has a mutilated face or a limb too long, or a broken foot, or a broken hand, or a hunchback, or a dwarf, or a man with a blemish. . .

And it goes on and on and on: "He shall not come near the curtain or approach the altar because he has a blemish that he would profane my sanctuaries."

So I'm not a biblical scholar. And if you were, you could unpack that in a lot of different ways. But you know the texts of our tradition linger and pop up in certain sorts of ways. And that's a moral understanding of disability, that a person with a physical difference would profane the altar of God.

We see that in the Gospels too. So in John 9, the question was asked, "Rabbi, who sinned, this man or his parents, that he was born blind?" That too, that idea that sin is connected with disability, betrays a moral understanding: that a person with a disability is being punished or it's a punishment for the community or for the parents or something like that.

As I move across the United States these days, I don't see a lot of people who believe that as explicitly as those texts would say, but it's still often an undercurrent, and it can either be an undercurrent in terms of *this is a gut reaction we have*, and then we know better, so we don't say it or we don't project it onto other people's lives. But if we ourselves experience disability or trauma as a sudden accidental thing, it flashes in our heads: "What did I do wrong? What did I do to deserve this? Is God testing me? Does God have a special plan for me?"



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When my students did pastoral counseling, those questions still come up all the time, and I think it's important to at least name those, and to name that sometimes they can be helpful in terms of trying to make sense of a difficult situation or give meaning to something that might feel meaningless. But sometimes those underlying sensations, under there are a sense of disgust or of judgment or of blame. And I think it's just helpful to name those, even if we don't do that super explicitly.

The second lens is the Medical lens. And as I said, this is our commonsense understanding, at least within semi-privileged U.S. Western culture. And I think it's a modern companion to the Moral Model, because it still has a sense of good and bad, or right and wrong. The Medical Model is built on the idea that the way we assess disability is by looking at what a body can and cannot functionally do. So it's a machine in a way. Our bodies are understood as machines that are defective, or that have parts missing, or that are broken. Language betrays this, so ideas like crippled or handicapped or retarded come from this sense of a normal, healthy body that then has something wrong with it.

And in many ways, this is a commonsense understanding that's embedded in our society, because we tend to look at our bodies in some ways as machines, and engage a medical culture that still sometimes looks at us like machines. Now if there are health care folks in the room, I know that not everyone does this, and there are lots of ways in which medicine looks at us more holistically. But one of the lenses is often what's wrong.

So if I go in for my checkup with my doctor, he'll spend a few minutes talking about me as a whole person, but then he's going to zero in on the inflammation in my knee or my headaches or other sorts of specific wrong experiences. And I'm kind of glad he does, because I want help with those specific things. But that idea of looking at our bodies first and foremost as machines that do and don't work, is somewhat both at odds with what our own gut sense of best practice is, and is at odds with the way the Christian tradition helps give us ways to think of ourselves and each other.

One of the problems with the Medical Model, too, is that it has this inherent sense that the best thing to do is to fix the problem. So first it has a sense that there is a problem, and then it has this idea of fixing. And again I don't think that's completely wrong. I'm someone who does like to get pain medication from time to time, and so I like that idea of fixing a problem. But I also don't want to just be seen as a problem to be fixed.

And the other problem with seeing people as problems to be fixed, in addition to the judging, is a lot of us have things that can't be fixed, and that's true whether you're a person with disability or not. But to have that constant struggle of, oh, the best thing would be to fix—but we can't—so then the next thing we try to do is normalize, so we're like, okay, you might not be exactly fixed but we'll try to get you to pass for fixed. And if we can't do that, we tend to hide. And we either tend to hide ourselves or we tend to hide each other. And all of us know how destructive to community and to self-understanding that can be.

I want to pause for a second and again, just in your mind, I want you to just take a second and think about yourself, your own self. I'm not going to ask for self-disclosure out of this,

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but to just think of yourself first in only the moral lens. So if you only think of yourself in terms of good and bad, blessed or cursed, punished or lifted up, how does that feel? And I know it's a little tricky, but just the imagination.

And then, the second one, which is maybe a little easier. I want you to think of yourself and your body as a machine that works and doesn't work, that has broken parts and well-running parts, that has things that maybe could get fixed and things that can't get fixed. And I want you to just hold for a second how that feels. And I want you to take that sense, if you don't identify as a person with a disability, and imagine what it is for a person, particularly a person who is not invisibly disabled but a person who is physically visibly different. And imagine what it might feel like for that person to go through life or to walk into your congregation or community and have one of those two reactions be the first reaction, or a kind of constant underlying reaction that happens as they're engaging.

My sense is, if those are the two models that get lifted up the most on television, if those are the two models that still eke into our hymns or into our sermons, it's going to be incredibly hard to build community. It's going to be incredibly hard for people even who can get in the building, to feel welcome and connected if those are the lenses that are working most of the time.

So I want to switch now to a third lens, which I think can be a nice, healthy companion to those. And this is the Minority and Social Models of disability. And this one is becoming more familiar, particularly over the past 20 years, and in the U.S., particularly since the Americans with Disability Act not only was enacted, but has made its way into architecture and space planning and employment law and things like that.

The idea here is that people with disabilities are a distinct minority group who are deserving of Civil Rights and protection. Again, 20 years ago, I would have said that one, and people would have been like, "Seriously?" Like, "That doesn't make sense." My sense, as I've done these kinds of conversations with folks over the past 20 years, is that's becoming more common for us.

We understand, I think, many of us, that people with disabilities are often a group (if we can call them even a group to start off with), but say, for example, people who use wheelchairs ought to have access to employment the same way someone who doesn't use a wheelchair should. And that we have an expectation that a business will do what it needs to in order to accommodate for that physical difference if it enables the person to do the same job that a person would have done who's not in a wheelchair. They're not going to be being some kind of heavy-lifting UPS driver, maybe, but they can be the same sort of office task, if all that's needed is a ramp and a different size desk. Right?

So that's a minority understanding, and we've developed an understanding not only that that's an okay way to think of things, but that it's important for businesses and for other settings to have that kind of sense. So many of us now develop a little bit of outrage if we go to a restaurant that not only doesn't have a ramp but doesn't have any way of accommodating folks who would need a ramp. Right? I'm seeing some nods of recognition, so that's a, it's a different lens on disability, though, then to see that specifically these are

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people who have rights and deserve access, as opposed to just seeing them as curses or blessings or as machines that work and don't work.

The second half of this model is a little bit harder to try on because it's a little bit against common sense for folks who don't engage this all the time. And this is the idea that disability is a social phenomenon. So I'm calling this both a Minority and a Social Model. The minority part's saying this is a group who experience exclusion and oppression. The social part takes that a step further and says the disability is not actually the person at all. It's not in the person at all. The disability comes from the environment that does not accommodate the person with a disability.

So for my students, the way I do this is I have a cartoon. And I didn't bring it here because I wanted to describe it instead, and I think you'll be able to imagine this as I go along. So in this cartoon, and it's a stick-figure cartoon, there's a person in a wheelchair sitting on the far right of this. And then you see a very large staircase going up to a place that looks like a pretty traditional church. And the door is up at the top of the staircase. and there's a big sign next to the door. And it says, "All are welcome." [laughter] And so you've got the person in the wheelchair. And you can have the sense, I think it's easy for many of us to imagine being in a wheelchair, looking at this flight of stairs, saying seriously, "All are welcome"?

The Social Model suggests the problem in that cartoon or the problem that that cartoon portrays, the problem is not the person. The problem is not the wheelchair. In fact, the wheelchair is this wonderful piece of technology that helps the person get around more easily, like a car, for example. The problem is the staircase or the lack of a ramp or the sign that suggests that the all in "all are welcome" is people who can walk up a flight of stairs.

So the Social Model is the one that's suggesting, if we're going to talk about disability, we don't need to be talking about people at all, at least not people who use wheelchairs. We need to be talking about our physical environment, and that, if the physical environment was inclusive, we wouldn't have disability in the first place.

This model, I think, is really helpful for advocacy work, so it's really helpful to stop talking about how we are going to take care of them, as I said at the beginning, and instead how are we going to make our space inclusive of everybody? It helps us address things like ableism, which is sort of a companion to sexism or racism, this idea that we are afraid of people who are different or we're not thinking of people who are functionally different. You can see how the models blur together there already, right? But it puts the focus in on our attitudes and our practices.

And it enables us to think of something that we've stolen from the idea of architecture, the phrase universal design. How many of you have heard of universal design? Looks like maybe, wow, a third of the room. That's fantastic. Universal design in architecture is the idea that it's easier to build a building in the first place that's accessible to everybody than it is to retrofit a building that's already been designed without everybody in mind.

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So from the start, if I'm going to build a new sanctuary or if I'm going to build a new space, let's imagine all the different kinds of people and bodies who might be there. And that's not just people with disabilities. That's people who are children, people who are aging, people who are large size and small size, people who see clearly and people who need to be closer—all different kinds of people. And then go ahead and think of all different kinds of activities that might be in this space, and think of all different kinds of feelings and emotions and music and sound and all of that, and design the space with everybody in mind, rather than building it the way we've always done it and then retrofit it.

We can take that idea beyond architecture, this model says, and into our engagement with folks. So when I'm giving a talk, I try, if I do do handouts, to plan that I'm also going to describe that with my voice. Or, if I'm using a PowerPoint, I'm going to still stay looking at you all and not looking at the PowerPoint with my back to you. And I'm going to be explaining what's going on. Or, if I'm asking everybody to raise their hands, I would think through that not everybody can or would be able to, at the moment, raise their hand, so what else am I going to do?

Or, if I'm in a congregation that says please rise all the time, which many of our congregations do, I'm going to at least think through maybe not everybody can or wants to rise. And some of that might be, it's a person in a wheelchair who physically can't. It can also be a young parent who's got a child who's just settled, and you don't really want to stand up in that moment because they've just settled, right? So it's thinking inclusively. It's not just thinking of the minority piece of it, although that's important, but it's thinking more broadly about accessible spaces and accessible communities.

The fourth model is the model that I call the Limits Model. And this is the model that I really started—when I did this work initially—to think about again (with that initial story of the Palm Sunday experience and this 12-year-old not being welcome), the first piece that that really triggered for me was this Minority or Social Model. The injustice that was done to her through the assumption that she wouldn't be part of this, the moral sense that it's somehow problematic in our proper and pretty congregation to have somebody who doesn't walk well. It destroys the ritual or it's profane in a way. That's the Moral Model.

The Medical Model, with the idea that, because she limps, there's no way for her to bring in palm branches or be part of the service at all, those of us again moving in to the Social Model could think creatively and say, okay, maybe it would kind of slow things down and maybe the other kids would bump into her, but are there other ways she could participate as a way of including her and as a way of making the space accessible to everybody?

The Limits Model goes that step further and says the experience that she had or the experiences that I have are not these wild foreign experiences that only happen to a couple of people that then we need to modify for, or again retrofit for, but that limits are an unsurprising human experience. So to go back to that first hand-raise activity, like I said, anywhere I go, easily 90% of the hands go up when I ask if there is an experience in your life or close to you that experiences disability. And if I take a little time to broaden that to include cognitive difference or mental illness or other experiences that overlap with physical

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disability, chances are that every hand will eventually go up if I keep nudging you long enough. And that's true anywhere I go.

Using that brings me to the idea of limits: that limits are an unsurprising aspect of being human. We all experience some limits, whether or not we're in the category of disability or not. And we're all going to experience more limits as we age. So within my academic work, the piece I do is to play with the idea that, rather than imagining that those of us who fit a medical understanding of health are normal and everybody else is a variation from that.

And as an aside, I've never met that normal person that's the prototype for the rest of us. Even fashion models, right, you look at them, and you're like, yeah, no, that's not the model that then everybody else is a variation of. We're all variations of each other and all those variations include limits. So maybe there is no normal in the first place, and maybe living with limits is what's normal. Maybe disability is what's normal.

If we're all moving towards disability as we age, maybe that's God's design for us is that we live with disability and we're all growing into that, freaks people out a little bit, but it's worth a freaking out a little to have that idea of, where did this idea of normal come from in the first place and what happens if we flip that a little bit? What if we say our limits and our differences is what defines us as human? It's not a variation from what we are.

It also gives me space to say that that entire category of disability is an artificial category. What is it that a person who's blind from birth and a wheelchair user because of a skin accident have in common? They may have some similar experiences of oppression, but even that, probably not so much. There's no club that's like the disability club or the disability community or something that we all automatically have in common just by virtue of having disability. And in fact, as I said, somebody who's legally blind may have more in common with someone who's nearsighted and can't see the clock in the morning than they do with somebody who uses a wheelchair or who processes cognitively different than other folks do.

So if we say that disability is kind of imaginary, then we can also try on, how is it that we make decisions right now about what counts as disability and what doesn't? So for example, if I tell you all that I can't fly, you're probably all okay with that. Right? Yeah. And in fact you'd probably be more concerned if I stood up here and told you that I could fly. Right? I can't. But that's understood to be a normal limit, that I can't fly. Or that if I'm going to travel a long distance, I'm going to take a car or public transportation, that's normal, right? But that I can't run, that's considered a problem, right, or that's considered not normal.

So I also want to point, in the Limits Model, the arbitrariness of what we're deciding is normal and not normal, and that there's a way in which that helps to think of what's normal and not. And as an educator, it helps me to have a sense of what I can expect from most of the room and where the variations might be. But at the same time, I think it's super helpful to name this as really specific value judgments that we, as a society, make about what's normal and not. And if they're value judgments, we can question them and we can offer

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alternatives to them and we can say, why do we react in certain ways to some limits and not to others? Right?

So to recap those four models, I think each has strengths and limits and each just gives us a piece. So I don't want to say that the Limits Model is the only way to make sense of disability or that the minority experience is the only way to make sense of disability, but that each of them offer good and bad, or helpful and unhelpful sorts of pieces with that.

So with the Moral Model, I think it's helpful to think about values and to think about meaning and significance amidst disability. Many of us who experience disability later in life. It's helpful to say, okay, there are ways in which this is a challenge and there are ways in which this is a bit of a blessing. And it's probably both all mixed together, like anything. But it becomes harmful when it feeds into our ideas of what sin is or what being an inspiration or being a hero means outside of one's fuller life story.

The Medical Model, I think, is helpful because it allows us to focus on actual living bodies. So it says that our embodied experiences matter, that we experience those in ways that change over time, and we experience those in ways in which it can be helpful to have a medical professional or someone else providing us with some support or some wisdom or some healing.

It becomes harmful when we only look at our body, and often our own body, as a machine that's broken in certain kinds of ways or that needs to be fixed or normalized. And it's also not a helpful model because it ignores the social implications, so it only looks at the person in the wheelchair and not at the flight of stairs or the building.

The Minority Model, I think, is helpful because it enables us to do social justice work and advocacy. And my sense is that's a commitment that many of you already bring. So this idea that here are people who are excluded, I might be a person who's excluded, what can we do to think about inclusion and access? And that's really important.

The Social Model is unhelpful in that it ignores the body, for one thing. To say that the disability is only the flight of stairs ignores whatever's going on in the body and life of that person in the wheelchair. And it also ignores the sense that people with disabilities have mixed experiences with their own bodies. So the Minority Model, which has had things like deaf pride or crip pride, ignores the fact that, for some people with a disability, they really would like a cure or they would like to be healed or fixed or they wish they didn't have the disability.

And then with the Limits Model, I think it's really helpful to let us question the judgments that we're making about disability, and to renormalize by thinking about limits as normal. But it can become harmful if it becomes this really mushy sense that we're all disabled. I don't ever want that to be the takeaway, because that ignores the real justice issues, and that ignores the real messiness of community, and ignores the fact that many of us can just walk up that flight of stairs if we want, even if we can't see the alarm clock in the morning. And those are different kinds of experiences.



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So as you take these into churches, and I'm just going to read just for a minute here and then we'll take a break, as you take these into churches and into other communities, I think the big piece of this or the big reason I named these four models is just the invitation to pay attention. So when you're engaging a person with a disability or you're thinking about your own experience and your body or your own categories of able and disabled, the main thing that I want as the takeaway here is to pay attention to what you mean by disability.

So if you think back to that concrete experience that I had you think about near the beginning of the section, what made you think of that experience as a disability in the first place? Or as you think about your own body or someone close to you, what frameworks are you using to decide what's a disability or not? And how might you change that, and not to change it forever but just to try on something else?

So if I look at someone who uses a wheelchair or has a service dog, is my first trigger the wheelchair and a service dog? Well, what if instead I tried on this sense of looking at them first as someone who's navigating an environment that includes things like stairs and signs that aren't in Braille? That's a different lens. Or what if I look at them first or engage them first as somebody whose body is different, and my body is different, and so we actually share the common humanity there? Or somebody who has certain limits and certain gifts, and I have certain limits and certain gifts, so we share a common humanity there? Or if I try on where those moral understandings come from, so if I look at someone and feel that they're inspirational or that I feel bad for them, where does that gut feeling come from and what would it mean to try on something else?

I think we can do this particularly within the church setting when we're looking at worship services or we're looking at activities. So if I'm planning hymns for my service and I'm going to pull out *Amazing Grace*, "I once was blind but now I see..." I could look at that or imagine that from these various models, and imagine what does it mean if we try on this sense that's embedded in it of a Moral Model? I once was in a bad experience and now I'm in a good, or I once was defined by sinfulness and now I've been freed from that.

What if I try on, instead, a medical understanding? What if it's talking about actual physical difference here. What does that mean? What if I do it in terms of liberation: I once was in a situation where I didn't have access and now I do? And part of the vision of church or God is someone who provides access. What if I do it as a sense of, yeah, I was blind and now I see, but I'm kind of blind and I still see, and I saw when I was blind, and I was blind now that I see. And it's all messy and blurry? Right?

Or even the more simple one, to say, okay, if I'm going to use *Amazing Grace*, that's got a moral understanding built into it. How else in my worship today can I bring in some other understandings as well? Or how can I empower folks in my community to use varieties of these lenses all at once? And to think of that as you're planning a youth trip or as you're engaging in pastoral care with somebody or as you're doing other work of the church?

I think my sense is that trying on those different lenses and offering people alternatives to them at least gives us space to ask questions, and asking questions and paying attention, I

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think, then are the things that enable us to act differently and can be really powerful in terms of making change.