



Ministry with the Handicapped: Slogan or Crucible?

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Last year's "International Year of Disabled Persons" was widely supported by United Nations activities in many parts of the world. Here in the United States, President Reagan signed a Proclamation certifying our nation's participation in the International Year and stated: "Today there are 35 million disabled Americans who represent one of our more underutilized national resources....All of us stand to gain when those who are disabled share in America's opportunities."¹ Later on in the year he welcomed a group of handicapped persons at the White House who, to dramatize their *abilities*, had managed to scale Mount Rainier in Washington state.

A commemorative stamp ("Disabled does not mean unable") was printed, and leading newspapers in our country joined in a call for opening doors of participation to all in society and for educating the public on the rights of the handicapped.² A Broadway play *The Elephant Man* based upon the life of the disfigured Englishman John Merrick drew critical acclaim. A successful movie followed the production.³ For most of us the "handicapped" logo on restrooms and in parking lots has become commonplace, and the sight of self-propelled wheelchairs no longer startles.

But what is the potential of it all for Christian ministry? This article seeks to explore an answer to the question by considering biblical and theological resources for congregational response to the UN initiative; it also makes practical suggestions along the way for those who may be persuaded to "do something" and want to get started. For persons with disabilities or handicapping conditions the words "access" and "participation" are especially important and these are considered first; for able-bodied persons the term "transformation" is intended to point the way toward a necessary revision of attitude and strategies for implementing change.

¹"Religious Community Pledges Accessibility," *The Caring Congregation* 2 (April-June, 1981) 1.

²*Christian Science Monitor* (February 12, 1981) 24; *New York Times* (February 12, 1981) Section IV, 1.

³By Bernard Pomerance. One critic, Janet Karsten Larson, characterized the drama as "poetry of religion" and wrote, "Something important indeed has happened in American theatre when an eloquent play with religious implications commands the attention of Broadway audiences and critics as *The Elephant Man* has done." Program reprint from *The Christian Century* 97 (January 2-9, 1980) 14-18.

I. ACCESS

In response to the 1981 UN International Year of the Disabled Person (IYDP) the American Lutheran Church organized a task force which attempted to formulate a religious response to the needs of disabled people. Included in the group were persons either with

handicapping conditions themselves or closely associated with such persons. Following its discussions and study the group formulated a “theology of access” for the ALC. One of its resolutions (adopted by the 1980 General Convention of The American Lutheran Church) was a call to address “the attitudinal, architectural and communication barriers which prevent full access by disabled persons to the full range of activities of the Church and life in society.”⁴

“Access” is closely related to the word “barrier.” Perhaps most of us are reminded of architectural barriers in church buildings when we consider ministry with the handicapped. While this is surely an important issue, one must be reminded that barriers preventing entrance into buildings or rooms symbolize something deeper: exclusion from community or fellowship. In some instances there may be valid traditional and ritual reasons for this exclusion. Israel’s ancient Tabernacle with its inner Sanctuary, and the Temple with its walls and gates are examples. Yet “access” has not only an architectural connotation but also a social one. The synagogue in Israel’s later history apparently discarded *both* barriers. It was a

friendly, democratic, bustling assembly where the scholars and the devout, rich, and poor, rubbed shoulders with beggars, paralytics, blind men and cripples, where a Jew could address his peers and receive a fair hearing.⁵

Even a cursory reading of the Synoptic Gospels reveals how much at ease our Lord apparently felt in this situation, and how often he would heal “the paralytics, blind, and cripples.” A typical assembly of Christians at worship today, however, could scarcely be described as having broken down architectural and social barriers to persons with disabilities!

Legislative acts, medical advances, and technological innovation are causing a third dimension for understanding “access” in relation to the handicapped. This involves not simply access *to* but also *from*: from *dependence* to *independence*. The reference to restroom and parking facilities above is a sign of the growing mobility of the disabled among us. Many will recognize that in public debate over political matters the issues of health insurance, social security, and retirement benefits are likely to cause more furor than any others. In the arts, the drama *The Elephant Man* proposes the triumph of a horribly disfigured man over the conventional stigma of social exclusion. The world of mass media informs us of technological advances to assist paraplegics and the sight and hearing impaired. These activities signal the emergence of what has been termed the

⁴*Disability Within the Family of God: A Theology of Access for The American Lutheran Church.* Joyce Peltzer served as chair, and a booklet containing the task force’s theological statement, resolutions, and a poetic litany by Edna Hong was published in 1980 under the auspices of the Division for Life and Mission in the Congregation and the Division for Service and Mission in America.

⁵Brian de Breffny, *The Synagogue* (New York: Macmillan, 1978) 8.

“health world,” a world which has become one of the major preoccupations of our contemporaries.⁶

It is becoming increasingly evident that the problems which disturb society and challenge Christian response are no longer limited as much to social inequality as in race and minority concerns. One of the new factors involves a person’s access to the remarkable health care

potential which is emerging from the health sciences; the use of head and body “scanners” which so enhance diagnostic accuracy are but one sample. And the “right to health” transcends social and economic limitations. It is actually an interest or preoccupation which is a vital part of our lives already regardless of the church’s response or attitude toward it.

“1981–The Acceptable/Accessible Year of the Lord” was the IYDP refrain of *The Caring Congregation*, a quarterly published by “The Healing Community.”⁷ From the inspiration of Jesus in the synagogue at Nazareth (Luke 4:19) this slogan invites the church to the challenges involved for encouraging access “to” and “from” in ministering with the handicapped.

II. PARTICIPATION

“Full participation and equality,” last year’s International Year theme, resulted in widespread recognition of the unequal and sometimes tragic circumstances under which the handicapped live. Continuing social neglect of such persons may, without intending, play a part in multiplying the already staggering statistic of the number of disabled persons in our world: 450 million, equivalent to the entire population of the African continent.⁸ Within a framework of regional and international cooperation (with such agencies as the World Health Organization, for example) and with the recent issue of infant breast-feeding in Third World countries, more of us have become aware of the need for appropriate response to the ideal of equality for the handicapped. Given the importance of international and regional activities related to legal rights and rehabilitation of disabled persons, our purpose here is to concentrate attention upon potential for “full participation” in Christian ministry and for the life of the congregation in particular.

In order to do this it is important to define “handicapped”; one soon discovers, however, that the effort becomes a complex task. The World Health Organization distinguishes between the terms impairment, disability, and handicap, and, furthermore, it identifies more than two hundred types of disabling conditions! The U. S. Department of Health and Human Services defines impairments as “chronic or permanent defects, usually static in nature, resulting from disease, injury or congenital malformation.” The word “disability” is a general term used to describe any “temporary or long-term reduction of a person’s activity as a result of an acute or chronic condition.” And the additional negative

⁶J. M. R. Tillard, “The Health World, a Place for the Following of Christ,” *Lumen Vitae* 36 (1981) 7-44.

⁷Edited by Harold H. Wilke, the publication of this resource center and advocate for the handicapped and alienated offers valuable suggestions for their integration “into the mainstream of religious and community life” (*Healing Community*, 30 E. 29th Street Suite 200, New York, NY 10016).

⁸Zula N’Kanza, “Full Participation and Equality,” *World Health* (January 1981) 3-5.

burden *placed by society* on an individual through barriers which include access, transportation, and attitude results in one becoming “handicapped.”⁹ Despite its widespread agency and institutional efforts the church cannot be expected to match government provisions for health and rehabilitative services to persons with impairments and disabilities. As far as the “handicapped” are concerned, however, much more can be done.

Access and independence are cherished goals of the disabled; yet the “independence” involved here does not entail mere individuality; participation in society is both implied and of the utmost importance. Several levels of relationships with others are involved. One participates

in employment opportunities, etc., but also enjoys the social, recreational, and entertainment opportunities of everyday “normal” living. Another form of engagement concerns the “health world.” O. Carl Simonton and his wife are well known for their holistic medicine innovations in a psychological approach to cancer treatment. They write,

We use the word *participate* to indicate the vital role you play in creating your own level of health....We all participate in our own health through our beliefs, our feelings, and our attitudes toward life, as well as in more direct ways, such as through exercise and diet.¹⁰

Beliefs and attitudes toward life, for the Christian at least, are formed in a daily response to the gospel, and the pattern of one’s response is important to the shape of ministry with the handicapped.

St. Paul sought the power to suffer like Christ as a preparation for rising with him (Phil 3:10-11). His theology has been characterized as a “theology of the cross” in that God chose the cross of his Son, what is lowly in the world, what is nothing, as the avenue to fellowship. Later on Luther would insist that the cross of Christ and the cross of the Christian belong together; it is here the relationship between God and humankind has become evident.¹¹ Obviously in terms of their own experience of affliction disabled and handicapped people are closer to this theology than the able-bodied. Physical impairments of sight, hearing, mobility, and so forth are a cross to bear; yet as Diogenes Allen writes,

Affliction is not primarily physical suffering. It is to be uprooted from the fabric of social relations, as, for example, a leper in Jesus’ day or a refugee in our own, so that a person no longer counts for any thing.¹²

But such was the experience of Christ himself—socially disgraced, mocked, tortured—and condemned to die with criminals. The paradox is that on the basis of this seemingly senseless suffering contact between God and ourselves becomes

⁹Ibid.; *Prevalence of Selected Impairments United States—1977* (Public Health Service, Series 10, No. 134) 46. See also Harold Wilke’s comments in *The Church and Persons with Disabilities/Handicaps* (United Church of Christ; 312 [June, 1981]) 1.

¹⁰O. Carl Simonton, Stephanie Matthew-Simonton, James L. Creighton, *Getting Well Again* (New York: Bantam, 1978) 3.

¹¹Walter von Loewenich, *Luther’s Theology of the Cross* (Minneapolis: Augsburg Publishing House, 1976) 12, 20.

¹²“Suffering at the Hands of Nature,” *Theology Today* 37 (1980) 188.

possible. By looking to Christ’s cross even the most “abandoned” suffering person can affirm that he or she has not been abandoned by God. Such a one can have a ministry of witness to the rest of us when we hope to measure the progress of our spiritual development. At the time we might suffer loss or a physical calamity which shows how vulnerable one really is at any given moment, we can join their fellowship. Alvin Rogness responded to an affliction this way:

When we lost our son at 24, we realized that for 25 years our family had suffered no major hurts. Suddenly we became aware of our many friends who were also burdened....It was as if we were no longer set apart as “special,” but had become a part of the human family where misfortunes and sorrows are built into life.¹³

The handicapped are involved in roughly three types of circumstances. First are the “overcomers.” These are the ones who with determination and health care services become independent members of our society. Second are those caught in a more ambiguous situation. They may or may not recover and must patiently wait for “getting on their feet again.” Third are those who, by present standards of medical practice, will not overcome; furthermore, in their crucible of suffering they may be faithful Christians who have earnestly prayed—but in vain—for a healing miracle. They are the ones for whom “the miracle” has not occurred; they must cope with a permanently disabling condition.

It is only too easy even for church members to ignore and avoid persons in the third group; to do so, however, is to deprive ourselves of a source of spiritual enrichment and an opportunity to participate more realistically in what belongs to the total human experience. For these, our neighbors, can have healing and ministry for the rest of us; some of them are the “Weller than Well”¹⁴ for they have learned to submit to God’s will. They perceive that God in Christ has participated in their affliction and that even in this circumstance he is worthy of their trust.

III. TRANSFORMATION

Harold Wilke, born without arms, is the executive director of The Healing Community in White Plains, New York and an internationally recognized spokesperson for issues related to individuals with disabilities. He has called for a change in the attitude that the church has a mission of ministry *to* or *for* the disabled; rather, the mission of the church calls for “ministry *with* the disabled.” This apt and striking phrase is readily adaptable for use in advertising promotional efforts. Yet what is involved in the *content* of this phrase? Since the experience of anyone must be limited by the scope of human disability and its effects, the following observations and suggestions must be tentative and experimental.

¹³*Book of Comfort* (Minneapolis: Augsburg, 1979) 38-39.

¹⁴Karl A. Menninger in the Foreword to Harold H. Wilke, *Creating the Caring Congregation* (Nashville: Abingdon, 1980).

“Ministry” is a word with a long history of use in several contexts. With the ancient Greeks it signified waiting on tables and was not considered to be a very dignified activity. Old Testament writers elevated ministry to include a person’s relationship to God; it was dignified when one “served the Lord” as was the case, for example, with the young Samuel (1 Sam 2:18). Jesus considered ministry as a criterion for discipleship (Luke 22:24-30) and deepened the concept to self-giving and sacrifice (Mark 10:45). St. Paul expands the definition to include the edification of Christ’s church; to him ministry consisted of acts of care and assistance on behalf of the community (1 Cor 12:26-31).¹⁵

Paul W. Pruyser describes two strategies for a “religious mode of pain control” which

suggest a ministry of today's church to and with the handicapped. One of these involves confrontation. When those in pain appear to want from their religious guides an affirmation of their felt sinfulness and badness or even some kind of pronouncement that they deserve to be rejected by God, priests, and pastors, they need a religious re-education which rejects such self-judgment. The other strategy involves the potential for consolation within the congregational community:

Alone though the patient may feel, the religious approach is nearly always bent on lifting patients out of their isolation and thus seeks, often with great success, to redress the pain-induced turn toward narcissistic preoccupation. Whether the specific religious act consists of worship, praying, meditation, confession, laying-on of hands, doing penance, footwashing, anointing, or whatever the faith community prescribes, the patient is in fact led out of a shell, given company, supported, consoled, and confronted with the idea that compassion is a two-way street. *One receives compassion to the extent that one gives it to others.*¹⁶

Education, which above all means attempting to understand more than pity a person with a disability, and the resultant encouragement of Christian community, which means caring, are the marks of this ministry. But "to care for another person," writes Milton Mayerhof, "I must be able to be with him in his world, 'going' into his world in order to sense from 'inside' what life is like for him." This means "I neither condescend...nor idolize him....Rather, I am no longer aware of levels; seeing things in terms of levels has been transcended."¹⁷

The ideal of transcending levels between "the" disabled and the so-called "able" may be easy to acknowledge, but is, in fact, a costly process. It involves risk, sacrifice, and, on occasion, the disturbance of comfortable church tradition. The writer recalls an instance where a youth suffering from a mental disorder attended a "contemporary" worship service. However, he could not control his emotions very well, and alternatively wept and shouted praise. Even in this free worship atmosphere many felt awkward and embarrassed until a woman simply

¹⁵H. W. Beyer, "Diakoneo," *Theological Dictionary of the New Testament*, ed. G. Kittel and G. Friedrich (10 vols.; Grand Rapids: Eerdmans, 1964-76) 2:82-87.

¹⁶"The Ambiguities of Religion and Pain Control," *Theology Today* 38 (1981) 5-15. Italics mine.

¹⁷*On Caring* (New York: Harper & Row, 1971) 42-43.

walked over and hugged the young man! While the rest of us stood around, she cared.

Education (re-education?) is basic to any transformation of ministry with the handicapped. Here are a number of specifics:

IV. EDUCATION

1. Church publications such as the ALC's "Disability Within the Family of God: A Theology of Access for The American Lutheran Church" and the National Council of Churches' "Toward Full Participation of All Disabled Persons in Church and Society" are designed for laity. For pastors and laity there are the books by Jan Cox-Gedmark, *Coping with Physical Disability* and Lowell G. Colston, *Pastoral Care with Handicapped Persons*. Harold Wilke's

Creating the Caring Congregation contains guidelines for ministering with the handicapped. Young people will be attracted to *A Step Further* by Joni Eareckson and Steve Estes. On the international scene *Partners in Life*, edited by Geiko Müller-Fahrenheit contains the outstanding statement, “The life and witness of the handicapped in Christian community” (pp. 177-184).¹⁸

2. Luther was disabled toward the close of his life. He is quoted to lament, “Some people are in such good health, go tripping about thinking to live a long time—you [God] come and take them suddenly away. Yet here lie I and others who want to die, and you will that we must live.”¹⁹ Luther’s way of coping with aging and disability and his theology of the cross might be studied more in relationship to our culture’s health-world emphasis upon youth, strength, and beauty.

3. As interpreters of the Bible in today’s health-world context, critical reflection upon old, familiar texts is called for. Consider John 5:14. Jesus, having found the cured invalid in the Temple, said to him, “See, you are well! Sin no more that nothing worse befall you.” Does medical prolongation of life and adaptation to physical calamity (spinal cord injuries, for instance) raise the question of sin—its cause, “punishment,” and effect—with a new urgency? The writer maintains that it does indeed. And there are other passages (Isa 45:9-12 and Rom 9:20-21) which might also be reflected upon in today’s new context for interpretation.

4. We have more to learn from each other in the family of God. Non-Lutheran models and resources are cited above. One example of admirable Lutheran effort is the “Horizons Unlimited for Growth” (H.U.G.) by New York City’s Holy Trinity Lutheran Church (3 W. 65th Street, New York, NY 10023). This program focuses on former mental patients who, having been released from state institutions, are living in single-room occupancy hotels on the Upper West Side of the metropolis. They are welcomed to the assembly room of the church each Saturday afternoon at a time when the social service agencies on which these people normally depend are closed.

¹⁸Gedmark (Philadelphia: Westminster, 1980); Colston (Philadelphia: Fortress, 1978); Wilke (Nashville: Abingdon, 1980); Eareckson (Grand Rapids: Zondervan, 1980); Fahrenheit (Geneva: WCC Faith and Order Paper No.89, 1979).

¹⁹H. G. Haile, *Luther: An Experiment in Biography* (Garden City: Doubleday, 1980) 220.

V. CARING

1. One needs to cultivate paying attention to the *person*, not the disability. Few cultivate being “different”; try to see the person and *then* whatever the handicapping condition might be. Learn to think “persons with disabilities” as preferable to “the” disabled. The writer has heard speakers with severe disabling conditions appear before church audiences. How quickly attention turns from the disability to the person! It reminds one of the TV ad which illustrates the galvanizing of attention: “My broker is E. F. Hutton. And E. F. Hutton says...”

2. Avoid the question “Why?” in communication. Rather, use questions such as, “What were the circumstances that led up to...?” or “How do you think...?” No general rule can hold for “breaking the ice” except that communication is better than avoidance! It is too easy to dehumanize a disability and the person along with “it.” On a television interview Itzhak Perlman, the violinist, described how when he used crutches to stand before an airline counter he was addressed in a normal fashion; when he *sat* in a wheelchair in the same place his *attendant* was asked, “Does he have a ticket?”

3. In his forecast of the “emerging civilization of tomorrow,” Alvin Toffler outlines a

needed “attack on the plague of loneliness” in the face of today’s crumbling institutions.²⁰ There are many persons with *invisible* disabilities, especially those with mental or emotional limitations and with pacemaker implants. Bible study, educational classes, or “Access Sunday” occasions may encourage them to break out of a shell of fear and loneliness and enrich the community with their contributions. It is important to be alert for the *modest* achievement as well as those super achievements like climbing Mount Rainier.

In sum, we have maintained that ministry with the handicapped is a mutually beneficial activity in the church. On the one hand, individuals with disabilities are witnesses not only to the call for justice and compassion but also to the whole of reality. And their access to fellowship will both enrich the life of a congregation and create more authentic Christian community. On the other hand, when persons with disabilities get down on themselves enough to feel like giving up, then Christian brothers and sisters can transcend differences and offer, not another self-help manual of sorts, but the gospel itself.

²⁰*The Third Wave* (New York: Bantam, 1980) 367.