

# Even the Resurrection Bears Scars: Introduction to disability models

Saturday 29<sup>th</sup> July 2023

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I'm Charlotte Naylor Davis. I'm a biblical scholar by training, and at the moment I spend my days working for a couple of churches, doing bibley stuff, sermons. I'm officially a lay minister for one of them, but. That seems a little bit formal for what I do. We meet in my front room, so it always just seems like I can say something very fancy when people just come right to my house, and we chat about stuff.

I first came in contact with, Leeds Church Institute doing the bursary a couple of years ago, the arts and theology bursary, and I wrote a thing on questioning then. So, this is a kind of, for me, this is all about all the continuations of that stuff. I'm kind of happy with questions. But it is totally okay today if some of the questions we raise are hard for you to engage with and I'm really looking forward to learning from you. This is the first thing I've ever done, that's entirely by disabled people for disabled people, and I'm really excited about that. But I'm also aware that I'm still sat here with a microphone as the person doing the talking today, but I'm not at all, the expert in the room on you or your disability or how it's affected you and your faith.

So please, don't defer to me. Please do challenge me and teach me things because that's what I'm excited about today. I'm going to just introduce now the kind of main frameworks of disability thinking, the models of disability that people use, there are quite a lot of them, but they could fall into these three main categories.

So, content warning, the language in these models is not pleasant. So, I apologize for the words that you might find upsetting or triggering. But I've used the language of the model as much as possible because I think we do need to kind of engage with it and hear it, so that we can critique it.

I've tried to modify it as much as I can, however, but language is important, right? The words that we use for God and about God create the idea of God for us and the words that people use about disability create ideas of disability for them. So, we need to kind of engage with them and hear them and understand them.

In the disability kind of activism community, we have a saying that you may have heard in other settings. Nothing about us without us. That is people shouldn't be making decisions or declarations about disabled people without speaking to and listening to disabled people. What's interesting about the language that we all use for illness and disability is that it is based in underlying ideas of perfection from which other things tend to fail.

Impairment, for example, is a word I struggle to find an alternative for, and so you'll hear me use it once today, but it is generally based on the idea that there's something from which

other things are. Kind of lesser. So, these models all suffer from that, and I'm suffering from that today as I speak to you because that's the language that I've grown up with. I'm hoping it's fading in me. so, I'm going to use the term every so often if I remember and use the term body mind, you'll hear me just say Body mind together. And that's trying so that I can try and cover all types of disability. Most disability language in these models is based around just bodies. They just talk about bodies all the time. But we know that there are lots of different types of disability that include our mind and what is going on in our minds. So, I'm going to try my best to use Body Mind. I've had a really terrible week, so I have a knee, on a good day. I have four hours of energy. This has been a bad week. So, I've tried my best to go through what I wrote and edit it to say Body Mind. But I might have forgotten and so if at any point I just say, body, please know that my intention is to be inclusive of all different types of disability, but I may have just missed things.

So, the first is the medical model.

You've got some of these laid out in your handouts. First is the medical model. This is the one that is the most prevalent. It's the one that really rules the way we make decisions about illness and disability in our society. If you've had to deal with the D.W.P, you have come up against the medical model.

So, in this, someone is disabled if they have a medical impairment. This model assumes that there is a healthy or normal body against which all other kind of person's abilities can

be measured. The problem in this model that it needs to be solved is the person with the impairment or the illness, they essentially need to be fixed.

It seems straightforward enough. My body doesn't process energy well enough, therefore, I'm disabled. My diagnosis is the thing that gives me access to help or support, and this needs to be acknowledged by those external to me for it to be valid. Most people who work with disabled people or are campaigners, Disability theologians, reject this model and we reject it because the problem here is the body, and therefore, by extension, the person is at fault. Also, because it says something very specific about what a full human is and creates shame and ideas of deficiency when people do not conform to that normative way of living or behaving. In the medical model.

If my body could be fixed, then I would be included, and therefore all we need to do is fix me and everything will be well. If I can't come to church because my body doesn't go up the stairs, that's a me problem. Nothing has to actually change externally in the medical model. It also is a problem because it allows other people to decide how disabled I am and challenge my understanding of myself.

It sees the accommodating a disabled person as giving them things to get them to act essentially like a non-disabled person. That's the goal. Not asking us what we want or what we need. So, the non-disabled body mind is the default that we should all want to be like. The medical model also sees health as a virtue,

something that is good in itself, and therefore this kind of does collaborate with the religious model that we're going to see.

We see this a lot in our society right now, with say the monetization of wellness, or victimization of overweight people. This idea that somehow you are healthy because of something you did and if you're not healthy, it's because something that you aren't doing yourself. We saw it I think in the pandemic a lot with conversations that seem to make us deserving disabled people or undeserving disabled people.

There are people we view with pity. Maybe because the medical model considers that they were born that way and then there are people we view with scorn, they have somehow done something to end up the way they are. I have a chronic illness that is very misunderstood and so many doctors ask me what I did to cause it.

During the pandemic, we heard the shock that previously healthy people ended up with long covid, which implies somehow that those who weren't previously healthy deserved what they got. So, there is a kind of perfect, disabled person in the medical model as well. So just kind of like in in sort of patriarchy, the perfect woman is someone who battles all odds, still makes it to the top and never complains that the system is stacked against her.

In the medical model, the perfect disabled person is essentially a Paralympian, the overcomer, the disabled person who doesn't let anything stop them, who never complains, who never asks for

any change or society to adapt. Now, this isn't from me, just so you know, a judgment on those of us who are overcoming, who are pursuing, who do great things, but we need to challenge that kind of internalized ableism that we may all have that considers it just a virtue to just carry on getting on instead of asking for help or needing help. So, the medical model doesn't really care about removing barriers so much.

We then have the alternative framework, which is the social model. The social model of disability believes that disability is something someone experiences because the society they are in does not work for them and is exclusionary.

This model assumes that disability is essentially a construct that is imposed upon a person due to the normalization or prioritization of only certain types of bodily experience. It sees that ideas of what has been normal vary across cultures, and therefore the disability isn't static as it is in the medical model.

There isn't one normal, perfect body that everyone has to adhere to. So, it embraces the variations and different body mind experiences and seeks to kind of include the different ways that different body minds work. So here the body of the person isn't a problem. The problem is the social or physical environment that they are in.

More important distinction within the social model is seeing that there is a difference between condition or impairment. Somebody experiences in their body, mind, and a disability or level of disability. So, for example, I have ME cfs. This means I'm ill and I

feel ill every day. I feel sick every day. I'm in pain every day. That is a physiological phenomenon. I can't get rid of it. Because of its nature. I do for myself, use the language of suffering from my illness. I feel sickness and pain, et cetera all the time. However, I'm disabled because of the way society makes no inclusion for me and my limitations that are due to my illness.

The level of disability I encounter varies depending on my surroundings and the adaptations that have been made. In work I'm often severely disabled. As to be respected and valued and to have access to work, I need to have a lot of adaptations that are refused me. Primarily I need to make money by not working 40 hours a week, which is the main problem I have.

At home, however, a space that I've adapted to my needs, I'm far less disabled. I can operate as myself. I can be fully me. So, the social model embraces this variety of experiences of disabled people, and it asks why can't we adapt society so that all people can thrive? Rather than all people can act like non-disabled people, it also takes into account the idea that disability is socially constructed.

And this is not a new thing. So, in the disability and Bible commentary, there's a disability scholar called Candida Moss, and she talks about the ancient world. She says it's quite clear that various forms of bodies are essentially neutral and are only disabled in social contexts that restrict access or benefits, political power, social capital, and so forth.

It's important to remember that physiological phenomena are interpreted differently in different contexts, especially across time and space. Her example of this is the disease that we now know as epilepsy. So, epilepsy in the ancient Mediterranean was interpreted as the sacred disease. Far from being a problem. It was seen as something that conferred special prerogative powers, an association with the god Apollo. So, someone with epilepsy may well have been in a much more positive situation than someone without. It has no positive connotations in the modern hospital and the medical model of disability. But in the ancient world, it was something that was much more positive. So, it had a particular spiritual significance. Conversely, physiological conditions that we consider normal or even desirable may have been disabling in the ancient world. So, we might want to think about menstruation, particularly as something that was exclusionary that stopped people from being ritually clean, so therefore disabling, but we now think covers a perfectly normal part of life.

So a good example of the social model was, was an advert from the Paralympics a couple of years ago where they had various Paralympians doing their thing, being amazing, and then they had other shots of them trying to get into a shop that they couldn't get into because there was no ramp, trying to reach for something, one of them trying to converse with someone and not being able to do so. The advert showed it clearly, in one situation, they're amazing athletes able to do their thing, and in the other they were excluded and disabled. So, the model allows the athletes to define themselves, and that is key. I identify as disabled. That's up to me to do not you to define for me.



The social model is also more radical than this because it requires action. The social model requires changes in attitudes, but also physical environments in rules, in laws in procedures, and probably to how we give people money and how they get to make money. With the medical model, people don't really have to do much. Health is about productivity. Illness is the bad thing. We put a ramp into a building so you can get to work, but you still better not be off sick. I can punish you in the medical model because you are what is wrong. In the social model, we are required to change the way the world works. What do we think of a person? What makes them valuable? What brings them worth? And therefore, what do they deserve as a human who has value regardless of what they produce or what they can do, in heavily inverted commas?

So, then there is the hopefully old religious model. There isn't one single religious model, and this is the bit that kind of, it's quite difficult for us to think about maybe today. And that's why we're here really isn't it, to think about how we think about God and ourselves and in terms of our disability. But there are a few very prevalent layers of ideas which sneak into lots of conversations I've had in churches over disability.

As with the medical model, both of the religious models that I've given you, and I'm saying hopefully old, because I'm hoping we can construct new ones, right? Next time I do this I'll be like, there's a third one. We came up with it. It's amazing. So as with the medical model, both of these have a kind of ideal disabled person in mind. It can make it very hard for disabled people in

churches to be honest about their struggles, about what they need, about what support they need about who they really are because we don't necessarily match this ideal.

So, the first one is what I called the sin sickness conflation, or the Health Virtue Conflation. I talked about it a little bit already in the medical model. The idea that somehow health is something that good people have, and sickness is something that we get because we did something wrong. It actually has a bit more force of course, in religious terms. In this model, the illness and impairment are caused by the person suffering from them, or sometimes from an outside evil force. It builds on this medical model idea that there is a normal body and everything else is a detraction from that. The problem in this case is the person, as they either caused the illness or did not have enough faith to solve the illness.

I'm sure you've come across this idea, especially if you come into contact with some types of healing prayer, but also, as I said earlier, even when people aren't specifically saying that your illness or disability is caused by sin as such, there is an undertone, particularly in the kind of, "have you tried prayer or meditation?" people which are in the medical model, they are the "have, you tried yoga" people. You tried yoga. Yeah. It's not gonna fix it. So, there's that kind of like, oh, you've been ill for, you know, I've been ill 15 years. And people will still say to me, have you tried praying about it? No, never crossed my mind, 15 years, never prayed. So, the main issue here is that it's based in a theology. Which says that God cannot make anything and I'm

heavily kind of air quoting for people that can't see me, God cannot make anything imperfect and where perfection is defined as a very specific type of body mind, so the disabled person is a problem because they undermine this idea of God and perfection.

So, there must be a fault somewhere that we're trying to find, and people are trying to find this so they can fix it, and then they can maintain their own idea of God. This language of perfection is very rarely reflected on, people just throw out the word perfection and assume that everyone in the room agrees with what perfection is. But actually, my idea of perfect might be very different to yours. So, when people speak, and I do not think it is always maliciously or even deliberately, in terms of this conflation of health as a virtue or sin causing sickness, it often comes from a place of fear. What does it say about God that people like us exist?

It is a good question, but what happens is instead of considering God's power or God's person to include us they push us out of the sphere of God's perfection, and this then obviously involves a lot of guilt or shame being placed on the disabled person. The good disabled person can exist here as well by being only positive, or in overcoming their struggles without any help or in denying that there are issues in order to make sure that the faith of others is not disturbed by their presence. Disabled people, especially people with mental health issues, find themselves not asking for help so that they don't get accused of having not enough faith or letting people down. In this model, the church does not have to change, again, the person has to change, it's

the medical model, but with extra guilt. Then there this weird, religious model which I think has come from a compassionate place originally but hasn't listened to the voice of disabled people themselves and so it misses the mark.

This is, I'll talk about it a lot in the next section, but this is one of the main problems with theologies about disability up to kind of like the middle of the 20th century, is that people really didn't ask disabled people what they thought of themselves, but decided what disabled people should think.

So, this one is slightly more positive, but it doesn't really help us out that much. This is the sick or disabled person as a lesson. In this illness or impairment are a lesson from God to the person themselves or to the community in some way, to teach us faith or gratitude. Again, the person is an anomaly in God's creation, but an anomaly for a good reason.

In this, the person is not a problem. As such, there is acceptance of difference, but the disabled person is an example or an inspiration. Any suffering or problems they face associated with their impairments or body, mind experience have a purpose. Often, their illness is an object lesson for others. This is based in a theology, which assumes that all things are given by God in some way, that there's a reason for something.

This is not me denying any ideas that God can work through all sorts of experiences and teach us things from our bodies and our minds and our disabled experience. But it's a specific theology that says God caused this thing. So, there is still a normative

body against which the sick person or disabled person is compared, but their body mind is special.

It again requires no real change from the church community or society as the lesson is to be learned by the person and the obstacles are to be overcome. Adaptation, accessibility in this situation is down, kind of, to the graciousness of the community around them, or special intervention from God or the church rather than any structural change.

So, it's not asking for the sort of structural change that the social model does. It is a complex idea and we're getting into the nuanced understanding of disability, or at least one that requires nuance. I became disabled at 30 when I got sick, so my illness causes inability that often leaves me unable to function properly. So, for me, this sort of model where God gave me the illness is something I find particularly difficult and hard to swallow. It doesn't actually value me in this state, and it doesn't give me back value as a whole person, regardless of my illness. Instead, it still sets me as less valuable in general, but maybe with some specific usefulness, if we can crack the code together of what I'm meant to be teaching you or what I'm meant to be learning myself. However, it is a model that can give people hope. It does say that inside any disability, there's a purpose to be found. The problem for me in it is that no solution is really having to be offered by churches or communities.

The disabled person is still left to struggle rather than the community make a change. Only if the community decides that the person was sent to make them care about disabled people

does anybody benefit? So, both of these religious models use or kind of, and or maybe they were the basis for our modern kind of medical model. There's considered to be a normative body against which others are measured, and our value is kind of measured against these things, or in spite of our illness or bodily experiences, rather than our worth being equal in all things. The religious models wrestle with the kind of overarching theological concepts such as the goodness of God or the perfection of creation. They construct what perfection or goodness or power look like, mainly from a non-disabled point of view. So, in the religious model terms, the perfect disabled person is grateful for what they have and never asks God to take away or change things, which I always think is funny because St. Paul definitely doesn't follow that. So, our biblical kind of examples are not to not ask God to change or take things away.

But our challenge really, I guess, and mystery is how do we deal with the nuance of disabled experience and how do we find God inside it, rather than waiting to be told by other people how to find God inside our disability. So when the social model of disability meets theologies about God being powerful and great and able to create us, we can think about how radical shifts can take place because that model, plus thinking that God loves us, considers us to change the way we think of the value of a person, and whether that should change society or church or ourselves accordingly.