

Disability and the Beloved Community

RICHARD B. STEELE
Seattle Pacific University

Abstract

This essay offers a sympathetic critique of the biomedical and social-constructivist models of disability. It then presents an alternative model, which argues that a Christian community intending to be fully inclusive of persons with disabilities must attend to two key distinctions, those between accidents and offenses and between problems and difficulties. Failure to do so impedes the development of the virtues and practices needed for the flourishing of all persons, particularly the most fragile and dependent. Josiah Royce's concept of the "beloved community" is applied to the question of how persons with disabilities might be fully included in a college or congregation.

Keywords: *accident, beloved community, difficulty, offense, problem*

Richard B. Steele, Ph.D. is Professor of Moral and Historical Theology at Seattle Pacific University and former Academic Dean of Seattle Pacific Seminary. He has spoken and published extensively on disability issues. Email: rsteale@spu.edu.

Prefatory Note

The following essay began life as a sermon, which I delivered at a chapel service on May 9, 2017, at Seattle Pacific University in Seattle, Washington. SPU is affiliated with the Free Methodist Church USA and is a member of the Council for Christian Colleges and Universities and the Christian College Consortium. During the spring term of academic year 2016-17, the university chaplain organized a series of chapel services devoted to the theme of “embodied faith.” Other sermons in the series dealt with sexuality, gender and ethnicity; my assignment was to address the issue of dis/ability. The Scripture texts on which my sermon was based were 2 Samuel 4:4 and 9:1-8, which tell the story of the Israelite prince Mephibosheth, who was accidentally injured and permanently disabled by a panicked nursemaid. The present version has been expanded and modified in many places but retains the rhetorical design of the original, as well as many specific references to the SPU community and campus. These elements seem to me indispensable to my argument—even if, as I hope, that argument is pertinent, *mutatis mutandis*, to other Christian colleges and to local Christian congregations. Accordingly, one might imagine the essay in its current form to be something like the text of a full-length lecture at a collegiate symposium on “disability issues” rather than that of a thirty-minute chapel sermon.

I. Introduction

I have been asked to speak with you today about the role of persons with disabilities on a Christian college campus. The position I shall stake out differs somewhat from the two positions that dominate much of today’s literature on disability, the “biomedical model” (e.g., World Health Organization 1980) and the “social-constructivist” model (e.g., Eiesland 1994; Wendell 1996), respectively.¹ But I want to stress from the outset that I see important elements of truth in both of these models, which I shall do my best to honor, appropriate and synthesize in developing my alternative model.

Let me begin by stating that in what follows “persons with disabilities” shall include all those with any serious physical, sensory, emotional or mental impairment, any noticeable facial or bodily disfigurement, or any chronic debilitating illness. But right away we can see why the very term “disability”

1. I hasten to add that neither Eiesland, writing from a theological perspective, nor Wendell, writing from a social-scientific perspective, holds the view of “human rights” in the superficial form that I am here associating with the social-constructivist model of disability generally.

is problematic. For it appears to assume—or at least those who hold the biomedical model of disability appear to presume when using it—that there are standards of health, beauty, physical functioning, mental stability and social skills to which all persons should aspire, which non-disabled persons more or less attain, but which persons with disabilities fall regrettably short of. But are such standards valid? The social constructivists deny their validity, or at least regard them as grossly overdetermined. Persons with disabilities are victimized not so much by the fact that their bodies or minds don't function in ways that are deemed "normal," as by the social stigma that attaches to them by virtue of whatever their "abnormality," vis-à-vis the pertinent standard, might be, and by the failure of our laws, building codes, institutional policies, social practices, and public attitudes to guarantee full inclusion to all persons, irrespective of their "biomedical" condition. According to the social constructivists, "persons with disabilities"—and the use of scare quotes here is deliberate, even if the term itself seems unavoidable—are subjected, in one way or another, to the violation of their human rights, or at least to social marginalization, by reason of their "otherness" from prevailing standards of proper conduct, normal functioning, and attractive appearance. Consider deafness, for example. The biomedical model would see it as a sensory "impairment" and, on that view, would advocate cochlear implants as one possible "correction" for it. But what if the real problem for deaf people is the very assumption that deafness is an impairment of a "normal" sensory function, a function that they "ought" to enjoy? In that case, the assumption that deaf persons will automatically "benefit" from cochlear implants represents, at the very least, a grievous insult to them, and perhaps an attack upon deaf culture itself. Or consider the case of a strawberry hemangioma. Is it a "facial disfigurement," as the biomedical model of disability presumes? Or is the real problem with that condition, as the social-constructivist model would hold, that society itself is afflicted with a stereotype of physical beauty that causes persons with benign hemangiomas to be deemed "disfigured" and shipped off to plastic surgery at the earliest opportunity?

As the father of someone who is mobilized by—not "confined to"—a wheelchair, and who is inconvenienced not so much by the fact that she relies on public transportation as by the fact that bus drivers occasionally fail to stop for her, I am deeply sympathetic with the social-constructivist model of "disability" and agree that it addresses very real psychosocial, cultural and political issues that the biomedical model often overlooks. But I also have misgivings about the social-constructivist model, or at least about the

assumption with which it is often associated: that disability is best understood as a “human rights issue.” I believe that this assumption overlooks matters that are of the utmost importance to the flourishing of persons with disabilities, their primary caregivers, and society as a whole. I fear that understanding human beings primarily as possessors of inalienable civil, social, political and economic “rights” can have the unintended consequence of dissolving familial, interpersonal and communal bonds on which the most fragile and vulnerable members of society depend. As Stanley Hauerwas, a contemporary Christian moral theologian, has written:

[We] need to remember the language of rights is of recent origin and presupposes an individualistic understanding of the person in society. Rights are necessary when it is assumed that citizens fundamentally relate to one another as strangers, if not outright enemies. From such a perspective society appears as a collection of individuals who of necessity must enter into a bargain to insure their individual survival through providing for the survival of society. This conception of society makes it appear that all social relations in one way or another take the form of a contract through which all human relations are commercialized (Hauerwas 1986, 127-128).

A similar concern, though from a very different perspective, is voiced by the American social philosopher Herbert Fingarette, whose lifelong interest in the problem of moral responsibility led him to the study of Confucianism and other Eastern philosophical traditions. He states:

[The] rights-orientation in Western, and especially American, thinking and attitudes, threatens by its bureaucratic and corrosive oppressiveness to undermine the very protections that it so centrally values. We are beset, at times paralyzed or oppressed, by the proliferating rules and regulations purportedly intended to protect our dignity and our rights.... [I acknowledge that] the [Western] doctrine of rights is a powerful and valuable one. [But] a *predominant preoccupation* with this approach to solving social problems increasingly generates social alienation and, through proliferation of procedural devices, becomes in the end self-defeating because of its oppressiveness and unworkable ponderousness. And it blinds us to the constructive potential of other orientations (Fingarette 1991, 193).

If Hauerwas and Fingarette are correct that the language of human rights reflects a social order that regards human society as a collection of self-interested individuals primarily connected by contractual arrangements into which they enter freely, and if, therefore, persons with disabilities are regarded, like everyone else, primarily as self-interested individuals, then the plight of persons with disabilities in our society would seem to be endangered by their inability, relative to the non-disabled, to defend their rights and to compete effectively in the general scramble for jobs, goods and services. The social-constructivist model assumes that the situation of persons with disabilities would improve if their rights were better protected, that is, if the social order were adjusted in ways that would increase their “access” to resources and opportunities. No doubt there is much truth to this, and nothing in this paper is meant to suggest otherwise. My contention, however, is that there are elements of human flourishing that the language of human rights is incapable of accounting for, due to its inherent minimalism (“the Good is that to which all persons are or ought to be legally entitled”) and its inveterate proceduralism (“the Good is to be established through legislation, regulation and litigation”). And many of the things most essential to the flourishing of persons with disabilities—things that pertain to their very specific personal needs and individual limitations—are precisely those that rights discourse typically overlooks. If so, then an account of human flourishing that is dominated by rights discourse is likely—if not certain—to overlook or downplay the very things that the most fragile and defenseless among us depend on most. I therefore believe that something more than attention to rights—not something *less*, to be sure, but something *more*—is needed. Today I want to talk about that “more,” and to get at this, I want to tell you the story of Mephibosheth, a prince of ancient Israel.

II. The Story of Mephibosheth

Around the year 1000 BC, the Israelites fought a great battle against their ancient enemies, the Philistines, at Mount Gilboa, about seventy miles north of Jerusalem. The Israelite army, commanded by King Saul, was crushed. Saul himself and three of his sons, including Jonathan, the crown prince, were slain. Word of the catastrophe reached the camp where Jonathan’s five-year-old son, Mephibosheth, was staying. Fearing that the Philistines would soon raid the camp, the boy’s nurse frantically tried to rush him to safety. But in her haste, she dropped him. His legs were broken and would never heal properly (2 Sam. 4:4).

In the wake of the battle, power in Israel eventually passed to David. David had once been Saul's champion and Jonathan's best friend. His friendship with Jonathan never wavered, but he had been estranged from Saul and had fled for refuge to the Philistines. After Gilboa, he returned to Israel and clawed his way to the top. Mephibosheth, as a descendent of Saul and Jonathan, had a good claim to the throne, but he was far too young to challenge the popular David, and his disability would probably have disqualified him, in the eyes of his people, from ruling. In any event, the boy was placed in the care of one of Saul's old retainers to live out his days in seclusion.

Many years went by. One day, in a moment of nostalgia, David asked his ministers if there were any living members of "the house of Saul," to whom he might "show the kindness of God for Jonathan's sake" (2 Sam. 9:1, 3 and 7, *NASB*). They told him about Mephibosheth, by now a young man, and David promptly summoned him to the palace. Mephibosheth might have wondered whether David was indeed planning to give him a royal welcome or, instead, was laying a trap for him as a potential security risk. But David was as good as his word, and for several years he treated Mephibosheth benevolently as the sole surviving son of his old friend. And Mephibosheth, for his part, always remained loyal to David, even when the king grew unreasonably suspicious of him and treated him unjustly and dismissively (2 Sam. 19:24-30).

The story of Mephibosheth's injury illustrates two distinctions which a community that intends to embrace persons with disabilities must bear in mind: the distinction between accidents and offenses, and the distinction between problems and difficulties. Let's look at each of these in turn.

III. Accidents and Offenses

The first distinction is between *accidents* and *offenses*, and the distinction lies in whether moral blame can rightly be attached. When an accident happens, nobody is at fault. No one did anything wrong to cause it or failed to fulfill some obligation that might have prevented it. In contrast, an offense is a morally blameworthy action, where some person or public institution or social structure is guilty of causing or failing to prevent injury to an individual or group. Mephibosheth's nurse tried to rescue him from danger, but in her haste disabled him for life. That was an accident. But what if a Philistine war party had arrived and had hamstringed the boy? That would have been an offense. A random mutation occurs in the best swimmer among fifty million sperm cells, and a child is born nine months later with a disease that

immobilizes her body. That's an accident. But risky behavior by the parents and industrial pollutants in the environment can also cause mutations, and when they do, a culpable offense has occurred. The temperature drops suddenly, and a harmless puddle in the road becomes a deadly patch of black ice. If a car skids and crashes into a guardrail, and a passenger gets injured, it's counted as an accident—unless the driver is “under the influence,” in which case it's also a criminal offense.

When an accident occurs, we are reminded of those areas in life over which we have little or no control. In contrast, when an offense occurs, we are faced with a situation in which somebody had some measure of control but exercised it improperly. This is a crucial point: One mark of human wisdom is a keen sense of where the boundary lies between what we can control and what we can't. Things go terribly wrong if we don't respect that boundary. If we overestimate the degree of control that we are able to exercise over our lives, we may begin to treat all accidents as offenses, all human tragedies as social injustices, all misfortunes as sins of commission or omission, and all life's troubles as causes for grievance and blame. This is self-deception parading as Pharisaical fault-finding.

Of course, there are plenty of wrongs and injustices in the world. Those that others have caused or benefit from *should* arouse our outrage and move us to efforts for reform. Those that we ourselves have caused or benefit from *should* arouse guilt and induce repentance. But where injury is accidental, guilt and outrage are misplaced. This is very evident in the case of impairments, disfigurements, debilitating illnesses, and sensory deficits. Such things are often caused by events quite beyond human control: random genetic mutations and congenital anomalies, no-fault collisions on the highway, inadvertent mishaps in the home or workplace. In other words, they are often the result of occurrences or situations for which no person or social structure is to blame. They remind us of the fragility of our bodies and minds. They mark out the limits of our control over the forces of nature and the course of events. They teach us not to overestimate our ability to “change the world.”² Yes, they *do* call for a moral response from us, but the response they call for isn't guilt or outrage. They invite us to expand our repertoire of moral responses to meet the complexity of life and the enormity of human suffering (Steele 2000; Steele 2010). They ask us to embody the “kindness

2. For over twenty years, the motto of Seattle Pacific University has been “Engaging the Culture and Changing the World,” and although this motto is generally embraced, it is also the subject of a certain amount of mirth and derision.

of God” in a world that is largely beyond our control. I shall address the question of what such “kindness” might look like here at Seattle Pacific University in a moment, but first I want to describe a second distinction to which the story of Mephibosheth calls our attention.

IV. Problems and Difficulties

This is the distinction, first suggested by psychologist Paul Watzlawick and his colleagues, between *problems* and *difficulties*. They write:

When... we speak about difficulties, we shall simply mean an undesirable state of affairs which either can be resolved through some common-sense action... for which no special problem solving skills are necessary, or, more frequently, we shall mean an undesirable but usually quite common life situation for which there exists no known solution and which—at least for the time being—must simply be lived with. We shall talk about problems when referring to impasses, deadlocks, knots, etc., which are created and maintained through the mishandling of difficulties (Watzlawick et al. 1974, 38-39).

Although I shall trade heavily on this distinction in what follows, I shall modify it in two ways.

First, while there may indeed be difficulties that “can be resolved through common-sense action,” none of the difficulties to which I shall be referring, namely, those associated with severe disability, fall into that rarer and milder category. When I speak of a difficulty, I shall mean an “undesirable life situation for which there exists no known solution.” Second, not all the problems to which I shall be referring are necessarily “created and maintained through the mishandling of difficulties.” Some may simply be the unforeseeable or unavoidable consequence of a difficulty. With those caveats, we may redraw Watzlawick’s distinction as follows: Problems (at least in theory) have solutions; difficulties don’t. Problems include things such as poverty, racial prejudice, and many diseases—things that can and should be changed. But difficulties are an inescapable part of human life, manifestations of our mortality. Suffering, evil, aging—and disability—are difficulties. Such things must simply be faced and endured. A difficulty may bring a host of problems in its train—severe disability certainly does—and if these problems *can* be solved, one’s misery can be reduced a bit. Yet the difficulty remains. Mephibosheth’s disability, for example, is repeatedly mentioned in

the biblical account (2 Sam. 4:4; 9:13; 19:26) and rendered him permanently dependent on the care of others. He led an honorable life but a difficult one.³

It should be noted that both accidents and offenses, of which I spoke a moment ago, can cause either problems or difficulties—but I am here concentrating on those caused by accidents. My own daughter Sarah has severe mobility restrictions and chronic hormone deficiencies, due to two different “accidents of birth,” and these render her life difficult. The difficulty is alleviated somewhat by her power wheelchair. But once, when she was playing Pokemon Go in a neighborhood park, she ran over a nail and got a flat tire: another accident—and a big problem for the family—until we could get the chair to the repair shop.

We saw earlier that disabilities can be caused either by accidents or by offenses and that blame is only assigned to those which are caused by offenses. Now we have seen that a disability is an insoluble difficulty which a person must somehow endure, even if its severity can be reduced and some of its ensuing problems can be fixed. If we put these two points together, we find that a community intending to include persons with disabilities as full members is morally obligated to find ways to fix whatever problems its terrain, its facilities, and its archaic social attitudes pose for them. But it must go beyond that to find ways to support them in their permanent and insoluble difficulties. That means, as I hope all of us know by now, avoiding the tendency to treat persons with disabilities as charity projects, objects of condescending pity. Perhaps less obvious to us, however, is that treating persons with disabilities merely as victims of human rights violations can be equally demeaning, for then they are reduced to the status of potential beneficiaries of a “good cause”—a cause that advocates may very well espouse, and even congratulate themselves for doing so, without ever befriending any of the actual persons they are supposedly trying to help. That is precisely the kind of social alienation that Hauerwas and Fingarette warn us against.

This gets tricky, I know. For depending on the nature and severity of a person’s disability, he or she may indeed need a great deal of help from others. And depending on circumstances, “disability rights” may indeed be a worthy cause. But a lot hinges on *how* the help is given, on *how* the cause is espoused, on the *spirit* in which service is performed and justice sought. We

3. It is highly significant that Mephibosheth’s disability did not prevent him from displaying such virtues as gratitude, courage, loyalty, generosity and humility. Some disabilities may impair or eliminate a person’s capacity for human agency and moral responsibility—but not all of them do. Indeed, it is profoundly offensive, in the sense described above, for a person whose agency is *not* impaired by his or her disability to be treated as if it were.

must learn to treat people with disabilities first and foremost as *people*, as *friends*, as *colleagues*. We must learn to celebrate their gifts and contributions, not merely to meet their needs and defend their rights. More is needed from us than patronizing sympathy, on the one hand, or righteous indignation, on the other, if we are to become a place where each person is dedicated to the flourishing of all and where people's difficulties and differences are not barriers to fellowship but rather are opportunities for generous hospitality and reciprocal blessing.

V. The Beloved Community

Here I would like to introduce a concept that has had a long and distinguished history in twentieth-century American social thought—the concept of “the beloved community,” which was first developed by the great Harvard idealist philosopher Josiah Royce (1968) and was subsequently applied to race relations by civil rights activists Howard Thurman and Martin Luther King, Jr. (Jenson 2016; Rasheed and Rasheed 2017). For Royce, the beloved community was a place that simultaneously deserved and evoked the loyalty of its members—deserving their loyalty by the thoroughgoing manner in which its laws and social arrangements were designed to maximize the flourishing of all, and evoking their loyalty by training them, precisely through the justice of its laws and the charitableness of its social arrangements, to be the kind of citizens who dedicated themselves unhesitatingly to their neighbors' well-being and who could rely without question on their neighbors' intention to do the same for them.

Royce had no illusions that any actual human community had ever put this ideal—which he associated with Jesus' idea of the kingdom of heaven, the “realm of grace”—into firmly established practice. But Royce did believe that that ideal had been adumbrated and evanescently illustrated in the Christian communities founded by the apostle Paul in the mid-first century. Nor did Royce assert that membership in any community which aspired to practice the principles that constitute belovedness had to be restricted to those individuals who publicly affirmed the literal truthfulness of the dogmas of historic Christian orthodoxy, although he did contend that the Christian faith came closer than any other world religion or philosophical system to enshrining those principles. What counted for Royce is that “community” would never degenerate into the kind of collectivism that suppresses or overlooks the particular needs, interests, aspirations and, yes, rights of its individual members, and conversely, that the freedom of individual

self-expression enjoyed by its members would never lead them to ignore the welfare of their neighbors close at hand and the common good that transcended them all. One quotation may suffice to summarize a concept to which Royce devoted an entire course of lectures:

The realm of grace is the realm of the powers and the gifts that save, by thus originating and sustaining and informing the loyal life. This realm contains, at the very least, three essentially constituent members: First, the ideally lovable community of many individuals in one spiritual bond; secondly, the spirit of this community, which is present both as the human individual whose power originated and whose example, whose life and death, have led and still guide the community [i.e., Jesus of Nazareth], and as the united spiritual activity of the whole community; thirdly, Charity itself, the love of the community by all its members, and of the members by the community (Royce 1968, 133).

What I should like to suggest is that Royce's concept of the beloved community, which, as noted, has long proved fruitful in helping American Christians think about race relations, may also be useful in helping us imagine what it would be like for our campus to dedicate itself to the full inclusion of persons with disabilities—in a way that escapes both the dehumanizing paternalism to which the conventional biomedical model of disability is prone, as well as the equally dehumanizing reductionism and moralism to which the more recent social-constructivist model is prone. And to illustrate how this might work, let me tell you a story.

I've already mentioned that my daughter Sarah is mobility-impaired. She was born with a rare genetic musculoskeletal disease (Steele 1993). But when she was eight, she was also found to have a congenital tumor of the pituitary gland (Steele 2000; Steele 2003). The two conditions, both "accidental," are completely unrelated, and the chances of anyone having both is about one in one hundred billion. Now, at that time, my family and I were living in a suburb of Milwaukee, Wisconsin. My wife, Marilyn, and I were co-pastors of a local United Methodist church, and I was teaching at Marquette University, where I had completed my doctorate. But the best care for Sarah's complicated situation was in Philadelphia, Pennsylvania, so we took her there for the brain surgery. The operation was successful, but her recovery was slow. Marilyn and Sarah stayed in Philly for a whole month, but I went home after a week to teach my classes, keep the church running, finish a scholarly article

whose due date was looming, and mind our other two kids. I was at my wits' end. But my church friends came to my rescue with a procedure I have come to call "casserole therapy."

Every night for three weeks running, someone would bring dinner over to the parsonage, usually a casserole. We had tuna-noodle casseroles, weenie-beanie casseroles, broccoli-cheese casseroles, enchilada casseroles, macaroni-and-cheese casseroles, and a dozen other kinds. Some were delivered in disposable aluminum pans. But others came in Pyrex baking dishes, which had clearly seen long use in their owners' kitchens, and which gave the home-cooked food they contained a special aroma of love. Often a little card was taped to the pan or dish, giving serving and storing instructions. But the Pyrex dishes always came with something else: a piece of masking tape with the owner's name printed on it. I found those name labels immensely comforting. For one thing, as I was heating up that night's casserole, I felt as if the person who had prepared it for us was really *with* us in our difficulties. And second, I knew that she wanted her dish back—all in good time, no rush about it—but eventually. And this meant that although she was helping me out with the immediate "problem" of feeding my kids, she fully expected me to be on top of things at home. My church friends simply *assumed* that I wasn't going to pieces, and by communicating that assumption, they *kept* me from going to pieces in the face of a staggering "difficulty." They never *said* that in so many words, and I'm glad they didn't or I might have thought they were worried about me after all. But with their very practical assistance, they gave me the courage to solve my short-term problem. More importantly, with their steadfast "presence" and their matter-of-fact confidence in my resilience and competency, they enabled me to accept the grim realities of Sarah's medical condition with the beginnings of hope.

VI. Seattle Pacific University as a "Beloved Community"

How might SPU look more like the church that stood by the Steele family in our time of crisis? There are "problems" here—problems that can and should be solved. Marston Hall was built long before the Americans with Disabilities Act (ADA)—and people with mobility challenges couldn't get up the stairs. That fact came to be regarded as exclusionary, and when Marston was converted from a residence hall to a faculty office building, an external elevator was erected, rendering the building accessible. Moyer Hall, too, was pre-ADA, and when the Office of Disability Support Services was established some years ago, it was located in Moyer's inaccessible lower level. Eventually an

exterior lift was built, though I have a harrowing memory of a hot summer day when my daughter Sarah, who graduated from SPU and later worked here, got stuck halfway down and nearly suffocated. Thankfully, that old rattletrap has been replaced with a safer and more functional indoor model. Things continue to improve—slowly—as moral indignation over exclusion and inequity is converted into political will, and one problem after another is solved. Someday, McKinley Theater will have an accessible costume lab. Someday, Tiffany Loop will have curb cuts or ramps (Seattle Pacific University 2017).⁴ Someday, all the campus signage will include Braille lettering. Someday, professors will learn to communicate effectively with people with hearing impairments in their classrooms. Someday, we will all learn not to stigmatize those on the autism spectrum, or avoid talking to people with speech impediments, or race past people with mobility challenges as if they weren't there. Someday, we will realize that the people who live with physical disfigurements, cognitive or emotional disabilities, or sensory deficits *are* often victims of bad luck or social injustice or both, and we will muster the courage to solve the problems that inaccessible facilities and inhospitable attitudes cause them. May that “someday” be soon!

So there is no question that we should try to solve the problems that persons with disabilities face and to right the wrongs from which they suffer. That will take self-examination, repentance, courage, determination, ingenuity, and (sometimes) lots of money. But we mustn't stop there. Indeed, we mustn't even *begin* there if our efforts demean the very people they are intended to benefit. For one who carries a disabling condition in her mind or body, that condition is a stubborn, tragic fact of life, a difficulty that she endures day in and day out, perhaps never getting better, perhaps gradually getting worse, constantly causing discomfort and inconvenience, sometimes arousing shame or embarrassment, frequently affecting her work schedule and social life, always influencing relationships in classroom, dormitory and

4. The SPU Campus map and details of each facility are obtainable by clicking the number of the facility in question at <http://spu.edu/info/maps/index.asp>. Marston Hall is No. 37: The website photograph shows the front stairs; the external elevator referenced in the text is directly to the left of the stairs but not shown on the photo. Moyer Hall is No 38: The website photograph shows the building's façade, which faces northeast; the entrance to the Learning Center and the Office of Disability Support Services is around to the right, on the side of the building that faces due north, and the new lift is just inside the north door. The old lift was at the back (south side) of the building. McKinley Hall is No. 16. Tiffany Loop is given as No. 11 on the alphabetical list of buildings, although for some reason the map itself shows the name, not the number. In summer 2017, several months after the sermon on which this essay is based was originally preached during an SPU chapel service, curb cuts were indeed installed in the Loop.

dining hall alike. For the person with an “obvious” disability, the truly worrisome questions are these: “What do people around here think of me? Do they understand me? Do they care about me?” For the person whose disability is less noticeable, though perhaps no less difficult to bear, the question might be: “What *would* people think of me if they really *knew*?” But whether one’s condition is obvious or not, one wonders whether the fact that one’s body or mind works differently from “normal” makes one an alien in other people’s eyes.

But if those are the questions that worry people with disabilities, a community that wishes to embrace them as full and equal members must go beyond the two kinds of responses I’ve been critiquing this morning. First, it must go beyond its tendency to reduce disability to a “human rights issue” that we can somehow address by ever-louder advocacy and ever-livelier agitation. Of course, it’s partly that—but it’s much more. Fighting for a good cause is fine, but the people in whose name we are fighting can easily be forgotten when we assume an attitude of perpetual grievance and righteous indignation on their behalf. To the extent that persons with disabilities *are* victims of offenses, they *do* need champions. But whether they are victims of offenses or victims of accidents, they need companions—and the companions they need should not be people who are seething with rage or stewing in guilt (Baier 1995). Second, a community that hopes to welcome persons with disabilities must go beyond its tendency to think of disabilities primarily as “problems to be solved,” whether biomedical or technical. Of course, persons with disabilities face many problems, and we must do our best to solve them. But it’s perilously easy, when we’re trying to solve people’s problems, to regard the people *with* the problems *as* the problems. We can easily come to resent or despise the very people we’re trying to help if we forget that their problems are manifestations of insoluble difficulties. We certainly need energy, ingenuity and ample financial resources to solve their problems, but beyond that, we need compassion for their underlying difficulties and respect for their bravery in enduring them.

So becoming a “beloved community” is more than mock-heroic advocacy and busy problem-solving. It requires a humbler, gentler, quieter and slower approach. It takes patience in the face of obstacles that no amount of ingenuity can remove. It takes persistence at precisely those moments when we are most tempted to give up in the face of wounds that can’t be healed, diseases that can’t be cured, disfigurements that can’t be surgically corrected, losses that can’t be compensated for, and brokenness that can’t

be fixed. It takes an unfailing sense of humor in the teeth of tragedy. For those with special needs, it takes humility to receive the care of others without shame. For the rest of us, it takes casserole therapy—a cheerful, practical, down-to-earth, matter-of-fact helpfulness to those whose “needs” seem endless. And it takes honesty to recognize, and graciousness to accept, the contributions of everyone. May all of us, whatever form of brokenness or neediness we bear in our bodies or minds, receive “the kindness of God” on this campus, as Mephibosheth did at the palace of King David.

References

- Baier, Annette C. 1995. “The Need for More than Justice.” In *Justice and Care: Essential Readings in Feminist Ethics*, edited by Virginia Held (47-58). Boulder, CO: Westview Press.
- Eiesland, Nancy L. 1994. *The Disabled God: Toward a Liberatory Theology of Disability*. Nashville, TN: Abingdon Press.
- Fingarette, Herbert. 1991. “Comment and Response.” In *Rules, Rituals and Responsibility: Essays Dedicated to Herbert Fingarette*, edited by Mary I. Bockover (169-220). La Salle, IL: Open Court.
- Hauerwas, Stanley. 1986. *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church*. Notre Dame, IN: University of Notre Dame Press.
- Jensen, Kipton. 2016. “The Growing Edges of Beloved Community: From Royce to Thurman to King.” *Transactions of the Charles S. Pierce Society* 52 (2): 239-258.
- Rasheed, Mikal N., and Janice M. Rasheed. 2011. “Reflection on King’s ‘Beloved Community’ and Tutu’s Ubuntu Theology, and Implications for Multicultural Social Work Practice,” presented at the convention of the North American Association of Christians in Social Work [PDF]. Available: <http://www.nacsw.org/Publications/Proceedings2011/RasheedMReflectionsE.pdf>.
- Royce, Josiah. 1968. *The Problem of Christianity* (originally published 1913). Edited and with an introduction by John E. Smith. Chicago, IL, and London, UK: University of Chicago Press.
- Seattle Pacific University. 2017. Campus Map (Web page), <http://spu.edu/info/maps/index.asp>.
- Steele, Richard B. 1993. “Accessibility or Hospitality?” *The University of Pennsylvania Orthopaedic Journal* 9: 45-51.

- Steele, Richard B. 2000. “Unremitting Compassion: The Moral Psychology of Parenting Children with Genetic Disorders.” *Theology Today* 57 (2): 161-174.
- Steele, Richard B. 2003. “The Wish Kite.” *Journal of Religion, Disability and Health* 7 (4): 55-63.
- Steele, Richard B. 2010. “Christian Virtue and Ministry to Persons with Disabilities.” *Journal of Religion, Disability and Health* 14 (1): 28-46.
- Watzlawick, Paul, John H. Weakland, and Richard Fisch. 1974. *Change: Principles of Problem Formation and Problem Resolution*. New York, NY: W. W. Norton.
- Wendell, Susan. 1996. *The Rejected Body: Feminist Philosophical Reflections on Disability*. New York, NY: Routledge.
- World Health Organization. 1980. *International Classification of Impairments, Disabilities, and Handicaps* [PDF]. Available: http://apps.who.int/iris/bitstream/10665/41003/1/9241541261_eng.pdf.

For more information about *The Journal of the Christian Institute on Disability*, visit www.joniandfriends.org/jcid.