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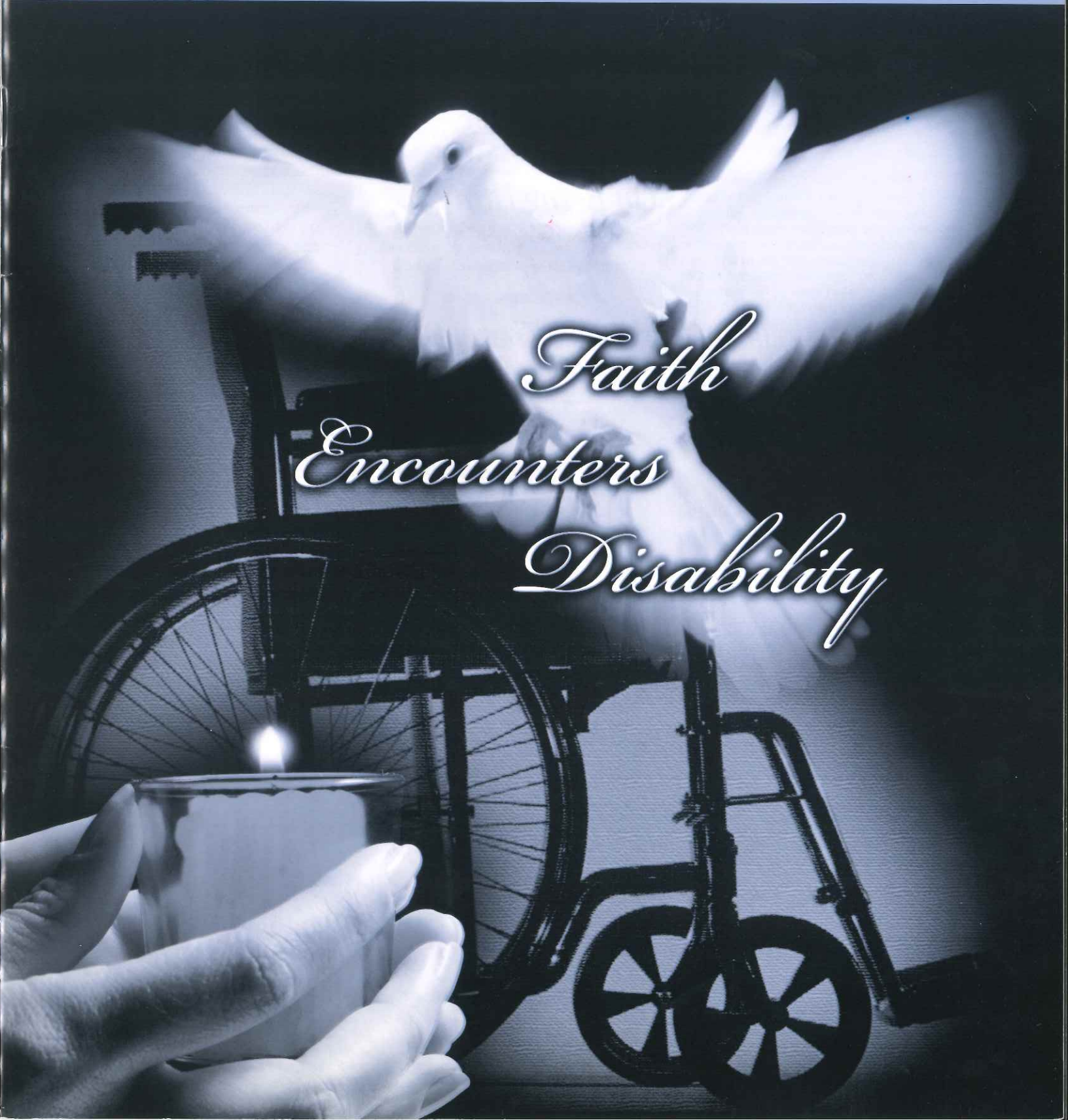
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THEOLOGY, NEWS AND NOTES

FULLER THEOLOGICAL SEMINARY

DECEMBER 1998

A black and white photograph of a white dove with its wings spread wide, perched on a wheelchair. In the foreground, a pair of hands holds a lit candle. The scene is set against a dark background, creating a dramatic and symbolic image.

*Faith
Encounters
Disability*

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ABOUT THIS ISSUE

Faith Encounters Disability

BY ROBERT P. MEYE

Disability. How shall we talk about "disability"? Some people object quite strongly to the very language of disability. The prefix *dis-*, they think, is all too strong. After all, it isn't as if the disabled person is devoid of ability. But rather than engage in a lengthy discussion regarding the language of disability, we will use that familiar language with this understanding: *Disability is that condition in which a person, for any one of many possible reasons, is more or less deficient in one or many abilities which one normally expects to possess and exercise at his or her age.*

I confess; I am "disabled." There are significant abilities which I once had that are no longer in my grasp. I judge that I do better to name my problem by simply giving it the offensive name that it deserves: *disability*.

A stock question for any and all items to be included in *Theology, News and Notes* is: Why this subject—in this journal? What's theological about disability? Much, as we shall see. Most of all, persons with disabilities are *also* created in the image of God (*theos*) and, when they are believers, know themselves to be

in the hands of God. And, as Christian persons, we want to think believingly—that is, *theologically*—about being disabled in a world of otherwise fully *abled* persons. And we want others, especially fellow believers who are joined to us in the church, to think Christianly and theologically along with us. Hence, this issue of *Theology, News and Notes*.

All of the contributors to this issue have been deeply enmeshed, in one way or another, in the world of disability—whether by

We want to think believingly—that is, theologically—about being disabled in a world of otherwise fully abled persons.

being disabled themselves, or by providing substantial support for a person or persons with disability. All have encountered the problem of disability as believers within the Body of Christ.

We especially hope that you, the reader, through this exposure to the experience of those who are disabled, will be challenged to live

among them more understandingly, to be more supportive of them, and to learn with them and from them—both individually and collectively.

You will encounter some heroes in this issue. I have already been blessed by their Christian witness. But as a disabled person who has been so lovingly and faithfully supported by my wife, Mary—not to mention a loving circle of family and friends—may I offer a grateful and loving salute all those who have provided vital support for disabled persons and the disabled community. May their tribe increase!

ROBERT P. MEYE, D.Theol., is the integrator of this issue of *Theology, News and Notes*. A Fuller faculty member since 1977, he is dean emeritus of the School of Theology and professor emeritus of New Testament interpretation. Since his retirement seven years ago, Dr. Meye has continued to serve Fuller as a member of the Editorial Board of *Theology, News and Notes*.



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The Strange New World of Disability

BY ROBERT P. MEYE

Karl Barth once used this provocative title: "The Strange New World Within the Bible." In adapting his words to serve the purposes of this article, would that I could command as much provocation and discussion today as did Barth in his time as I focus on "the strange new world of disability."

Disability is, in many ways, a strange new world, whether for those who are disabled and those close to them—or for those who live at a "safe" distance from them. Let me uncover just a few aspects of this strange new world.

REGARDING MY OWN CREDENTIALS

The first word about me is not that I think of myself as being disabled, but that the knowledge and experience of God's love and care for me has ever overshadowed my successive bouts with cancer and its subsequent disabilities. I have constantly leaned on and been carried by the everlasting arms of God. And I maintain my joy and my zest for life—even within this strange new world.

My disabilities pale in comparison to those of many others, but they *are* real. They have followed multiple surgeries for cancer, and radiation, and a few other complications. My most recent surgery for cancer, on Election Day in 1994, aimed to save my life—and my voice. It was successful! But my life and voice were significantly altered. Now I cannot swallow (not even my own saliva). Added to that indignity, the protective covering over the air column into my lungs has been compromised by surgery, so that I am ever in danger of taking anything from my oral cavity into my lungs. Any regurgitation of the contents of my stomach (which has received

"food" through an inserted G-tube for the past four years) may likewise endanger my lungs. Thus, I live under the constant threat—and the repeated experience—of pneumonia.

My whole bodily system has also been affected. Once the master of both arctic and tropical climates, my body no longer controls temperature variations

God is the God of the disabled as well as the God of the abled. God cares for and superintends the life of the disabled as well as the life of the abled.

according to its original design. Meanwhile, the doctor warns that I must *not* get a cold. In surgery, the nerve controlling my right shoulder was severed, so that I am unable to elevate my right arm. My shoulder and neck and face are numbed and sagging. My jaw, sawed in two to facilitate surgery in my oral pharyngeal cavity, is now somewhat stiff—so that opening my mouth is always work. These problems make it a perpetual struggle to be understood.

Somewhere on a Sierra trail (in Yosemite National Park, I think), there is a plaque with words by the great naturalist John Muir to the effect that when you reach out to touch something, you

find out that it is connected to everything else in the world. Life is like that. And my disability is like that. It's amazing how much we learn about how things work when something does *not* work. Muir's wisdom has been demonstrated to me day after day.

ASPECTS OF THIS STRANGE NEW WORLD

Following are some of the ways in which cancer and its subsequent therapies have altered my life:

- *Physical*—I am dependent upon the short lifeline of a specialized liquid nutrient, which I must feed myself on a rigorous schedule. My dysfunctional salivary system requires that I aspirate my throat by machine and consistently use Kleenex to clear my mouth.
- *Social*—Talking is a social event. (I find that people grow impatient in listening to my garbled speech and subconsciously tune me out.) Eating is also a social event, (so I discreetly pump my *food* into my stomach while others around me are dining).
- *Spiritual*—Singing hymns of praise in church has always been an important part of my spiritual life. But now I cannot sing, only enjoy the singing of others.
- *Academic*—Any concentrative scholarly pursuit can turn my mouth into a salivating monster—even a fight for life! So now that I have the time for research and writing, I cannot pursue it with any real vigor.
- *Ministerial*—I am no longer able to exercise my life's profession of teaching, preaching, and administration.
- *Psychological*—Although I live in the blessed condition of remission (48 months and counting!), death is out there on the road that I travel.

Even as I describe my condition to you, I am reminded of one aspect of this strange new world: The need to tell my story so that others

can understand *where I am* puts me in a double bind. While rehearsing the facts regarding my disabilities, I want to be known as a whole person, within whom disability happens to figure—sometimes prominently so. I am a person first, and only secondarily a *disabled* person.

I don't want always to be explaining myself and my disability. That's boring for everyone. I also want to know about others. At the same time that I recite facts about myself, I must struggle toward whatever degree of normalcy I can reach. Yet I need to respect the limits imposed upon me by my disabilities. Disregard can be further disabling—even life-threatening. Even so, I cannot let my disabilities master me, for I have vowed not to live as a victim. It's a complicated existence!

A GENERAL AND PARTICULAR CONDITION

Even if I told you my whole story, you would only know about *one* person's disabilities. Just as every person is unique, every experience of disability is unique. Two people suffering from what appears to be an identical affliction may have very different physical, social, psychological, spiritual, and economic resources to cope with their disability.

The origins of the disability may differ. The intensity may differ. The ways and means and therapies may differ. One person may be gradually gaining an ascendancy over some aspect of their disability—while another person may be experiencing, for whatever reason, a worsening of the disability. There are many stages—many ups and downs—that mark the journey of disability. Disability, then, is always both a general condition and also a particular, very personal condition.

There is a sad fact about living with disability: The disabled are often not only viewed as less

than normal, but sometimes thought to be or to act a bit strange. I recall a very trivial example: Following repeated surgery and radiation, my neck, shoulder, and jaw are now permanently somewhat stiff, a condition that is dramatically worsened in any draft—even by a light breeze on a warm day. As a result, I often wear a scarf or bandanna to ward off further stiffening. My warm-weather scarf

God's salvation ultimately embraces our bodies. . . . We are invited to put our case in God's hands and, having done that, encouraged to leave it there.

has evoked many comments. Once, a wonderful nurse, obviously surprised to see me wearing a scarf on a sunny California afternoon, questioned: "Dr. Meye, do we live in the same country?" Yes, we do. But we may have to live differently.

THE CLUTTER OF DISABILITY

The person who is disabled leads a more or less cluttered life. Generally, the greater the disability, the greater the clutter. Even the disabled person who does virtually everything that abled persons do may often be forced to do some things in an excruciatingly roundabout way. For instance, my dear uncle, who died recently at a ripe old age, suffered with an extreme case of arthritis for many years. Tasks requiring the work of his hands were often a monumental undertaking. But he *willed* to do these things, and he did them—*his* way!

In addition to the clutter of having to do things *our* way, there

is the endless clutter of many *additional* complications connected to one's disability. Imagine the clutter involved in

- living without sight
- having impaired mobility
- walking differently (if at all)
- having impaired hearing
- struggling to be understood
- living with acute discomfort or pain
- coping with an emotional or learning disability
- being wholly overwhelmed by life.

And, if one is mobile, there may be endless visits to doctors, clinics, hospitals, and drug stores. There may be endless therapies and exercises, dressing sometimes permanent wounds, packing around special equipment, cleaning materials, and so forth. (What I dislike most is having to be the center of all that clutter and special attention!) What sometimes saves the day for those of us with disabilities is the grateful recognition that we *are* alive, and that we are at least able to experience a cluttered existence!

There is another strange thing about the world of disability: Even though *physical* disability is acknowledged by an internationally recognized symbol (the wheelchair), hidden, invisible disabilities may be even more painful and, in their own way, more disabling than visible disabilities. An otherwise active person, with all bodily members and organs apparently in place and functioning well, may be completely disabled by chronic migraine headaches. And there are even more critical hidden disabilities, whose very names one is sometimes reluctant to speak in public. It is sad that people may view as strange those persons whose life functions are disabled by invisible wounds.

THE GOD OF THE DISABLED

Disability raises the important question regarding the hope of and prayer for healing. Disability
—Please turn to page 21.

On Being Human

BY JOHN GOLDINGAY

While studying to become a physician in London in 1966, John Goldingay's talented wife, Ann, was diagnosed as having multiple sclerosis. After she and John had two sons, she completed further training as a psychiatrist and became a member of England's Royal Society of Psychiatrists. At about the time she finished her medical training, her illness began to lead to increased disability. Ann had to retire from her profession in 1988. She is now wheelchair-bound.

When people meet the disabled, sometimes their instinctive way of relating suggests that they subconsciously regard the disabled as not quite the same sort of beings as the rest of us. Instead, let us assume that disabled people are indeed different in an important way, but are nonetheless genuinely human beings. They also are made in God's image. Their differentness contributes to our understanding of what it means to be human, and therefore also to our understanding of what it means to be God. So how do they help us to understand that?

THE TASK

If the idea of being in God's image is spelled out in Genesis 1 itself, this most likely comes in God's declaration of intent in so creating us: "Let us make humanity in our image, after our likeness; and let them have dominion . . ." Being like God here means being able to control the world on God's behalf. This is the task for which God created humanity.

On the usual view, Genesis 1 was composed among people transported as captives from Israel to Babylon. They were living as a refugee community whose world had collapsed and who had no control of their lives or their destinies. This creation story is told in such a way as to proclaim

a gospel to them. One aspect of that preaching is the declaration that, against all appearances, God intends them to share in the control of the world and of their own life, as God intended for all humanity. Their being deprived of control of their lives and being controlled by others is not the last word, because this deprivation belies the Creator's vision for humanity. That vision gives an

When a person becomes disabled, that takes him or her onto another journey which can look (and probably is) more painful, but which can also involve breathtaking transformation.

integral place to humanity's exercise of responsibility and stewardship, and thus of authority and power.

Now, presumably, this vision applies to disabled people, with at least two implications: First, the abled accept an obligation to seek to share with the disabled the task of looking after the world and the responsibility to exercise control and authority in it. One aspect of this obligation is our vocation to seek to free the disabled to be in control of their own lives just as we are, to help them to be free rather than to run their lives for them. In the context of modernity, the notion of sovereignty or control recalls that of self-transcendence, the idea

that humanity makes the world and even makes itself. The idea that humanity makes the world resonates naturally enough with Genesis 1, for if there is one evident characteristic of the God in whose image we are created, it is that this God is Creator. So it is natural for us to see creativity, world-making, as a characteristic of humanity, and a characteristic in which disabled people thus share.

Second, the presence of the disabled among those who are in God's image implies that the abled need to learn from the disabled how to go about creativity, world-making, control, and authority, just as the disabled need to learn from the abled. If humanity is commissioned to rule the world on God's behalf and can do that because humanity is Godlike, its ruling will reflect God's activity and nature. The story has already shown God's activity and nature to be generous and liberating rather than grasping and oppressive—so that is what all human beings are called to be like. Beyond that, the disabled have the capacity to reveal to humanity a facet of being human from which the abled can often hide—our weakness, vulnerability, and dependence. If the disabled are characterized by vulnerability and the capacity to call forth love, they embody aspects of humanity which reflect aspects of the being of God, aspects which are among those that humanity is called to image in its controlling of the earth. They embody the fact that there is sometimes a mysterious power in poverty, vulnerability, and weakness, a power to move and to transform.

The people who are called to rule, as people who are Godlike, are people who are insufficient for the demands that life places upon us and who need to own this insufficiency if we are to rule in a way that is not ruined by it. Being Christian depends upon trust—that is, we are justified by faith.

But being human itself depends upon trust. We live by faith, says Wolfhart Pannenberg, by depending on something outside ourselves—God or an idol. The disabled embody that fact about being human. We cannot be self-sufficient in relation to other human beings, or in relation to God.

The disabled also draw our attention to the fact that the attempt to exercise control, the activity of creation, occupies six days but not seven. Further, creative activity does not constitute the totality of creation's story. Its end lies in a rest from activity, such as the disabled are often constrained to accept. But in so doing, they invite us to prove that "only those who live slowly get more out of life," as Jürgen Moltmann explains. They invite us to a patient, listening attentiveness which replaces decisiveness and competitiveness and offers us transformation, notes Jean Vanier. They invite us to the play, spontaneity, and impulse which are part of being human.

On the sixth day, then, humanity is created in the image of God the Worker, the Creator. On the seventh day God rests, and suggests another aspect of deity which this image will reflect. If disabled people need to be freed to take a share in the stewardship of the world which is involved in creativity in the image of God the Worker, the converse is that they can already model for us the possibility of being human and Godlike by inactivity, not only by activity.

THE JOURNEY

What God is like (and, therefore, what it is like to be like God) is spelled out over many pages of scripture that follow Genesis 1. When we meet with God at the beginning of the Bible story, we meet with all of God—as we meet with all of a human being when we first meet him or her. Yet the more we hear a person's story, the more we understand that person. The initial impression gets filled

out—occasionally corrected, no doubt, but more predominantly deepened. So it is with the story of God.

A key point is God's appearing to Moses when Moses asks who God is. Moses is told "I am who I am" and is told that God's actual name is "Yahweh" (Exod. 3:14-15). With God as with human beings, a person's name encapsulates the mysterious treasured individuality of the person.

It is no coincidence that the statement *I am who I am* is as

Freedom and the reality of possibilities not yet actualized are thus other aspects of being in God's image into which the disabled may have spectacular opportunity to enter.

disputed and as enigmatic as the phrase *in God's image*. But one insight to which it points is the fact that *God is who God is* just as *I am who I am*, a unique individual who cannot be summed up by a list of characteristics. In later contexts God is prepared to provide such a list (classically, that God is merciful, gracious, patient, committed, faithful, and forgiving, though prepared to be tough, e.g., Exod. 34:6-7). But the list does not capture the person.

As a human being, I can be described by means of a list of characteristics. Yet such lists do not satisfactorily sum up the person. In a strange sense the fact that I am "John Goldingay" says more about me than a list of adjectives does. My name refers distinctively to that unique configuration of characteristics which comprises me. When someone who knows me addresses me as "John," it can be a reminder of all that, and thus it is a

precious experience to be addressed by name by someone who loves me. As a human being I am a person called by name—by God, and by another human being. In addressing disabled people by name, we affirm to them *that* they are and *who* they are. We affirm our love for them which operates despite or because neither we nor they may yet know much of who they are. Naming reflects knowing and loving, but it also expresses loving and thus facilitates knowing.

The lives of disabled people, like those of the abled, also illustrate how part of the mystery of human individuality is that it is not static and unchanging. Their lives are manifestly journeys. When a disabled person who has been neglected or institutionalized comes to be befriended and known, that person can change and grow. When a person becomes disabled, that takes him or her onto another journey which can look (and probably is) more painful, but which can also involve breathtaking transformation. The former may be led from bondage to freedom. The latter may look as if they are on the way from freedom to bondage, but may be able to take control of or to own their changing humanity in such a way as to make it a new form of freedom.

God's disclosure also hints at a key feature of the way in which this freedom is exercised. God's being "I am" is a promise to Moses. It is a promise about God's being one who will always be there, there when needed, there when a crisis comes. It is a statement about a consistent yet changing presence. Who God is emerges in contexts where God is needed, contexts where other persons are in need and God becomes something new, or gives expression to something new from the depths of that inexhaustibly resourced mystery and freedom in a way called forth by the context and by the other person. For God and for human beings, the realm

of freedom consists of possibilities not yet realized. Our humanity is actualized only contextually.

Freedom and the reality of possibilities not yet actualized are thus other aspects of being in God's image into which the disabled may have spectacular opportunity to enter. Paradoxically, one of the things which is then constitutive of being human now is the fact that we are on the way to a goal which is at the moment unachieved.

Our lives are journeys. This may not exactly mean that we are progressing toward some goal, as if ideally we could reach that goal and then be ready to die. We may be more like individual equivalents to history itself: History manifests no progress (except in the trivial technological sense) but it constitutes humanity's journey, in which achievements and insights come and go, sometimes becoming platforms for new insights and achievements, sometimes giving way to failures and blindnesses.

The story of Israel's ancestors on their journey is a parable of the fact that all humanity is on a journey. If this is so, our reflection on our lives will naturally take such narrative form. That is also true for disabled people. The difficulty is that they may have difficulty telling their story. There is no doubt that disabled people live narrative lives, that their lives are journeys, but the meaning of these lives may not become a reality for people themselves until they have the opportunity to articulate their story.

THE NEED FOR RELATIONSHIP

Disabled people draw our attention to the fact that human beings are designed to live in relationship. They may sometimes do that negatively, by their unhappiness and frustration at not being in relationship. They certainly do it positively, by their uninhibited joy in relationships, by their lack of self-sufficiency which makes them more evidently in need of relationship in order to

live at all, and by their capacity to draw others into relationship.

After describing human beings as put in charge of creation, Genesis draws attention to the fact that they are created male and female. At least three possible implications of this fact are worth noting:

First, in the context God goes on to commission them to procreate, to fill the world. This has been reckoned to be the point of their being male and female. But on the previous day other creatures were commissioned to procreate and fill the world without such reference to their

When the abled and disabled live, work, and worship together, humanity is represented in its fullness and God is imaged.

sexual differentiation, and this makes it unlikely that procreation is the main point of the reference to human sexual differentiation. In many cultures, having children is felt to be a mark of being fully human, both for men and women. For many disabled people, having children may be an impossibility. They help us to handle the question whether full humanness depends on that experience. Disabled people may be compelled to discover and to evidence for the rest of humanity that there are other forms of fecundity, of "capacity to touch hearts and to give life," says Vanier.

Second, sexual differentiation epitomizes the differentiation and diversity among human beings. It is the glory and the challenge of humanity that we are different from each other, and the sexual difference is the most elemental difference. When men

and women live, work, and worship together, humanity is represented in its fullness and God is imaged. Similarly, when the abled and disabled live, work, and worship together, humanity is represented in its fullness and God is imaged.

Third, in the context of that differentiation, we are indeed made to be in relationship. That is so for human beings made in God's image because it is true for God in the relationship between Father, Son, and Spirit. John Zizioulas notes that "It is communion which makes things be." I know I exist not because I think, but because I am loved and I love.

Our humanity and our freedom are then actualized contextually, not merely by means of individualistic acts of choice, suggests Pannenberg, but in encounter with other people in acts of love and trust set in the context of relationships of understanding and shared life.

Who God is emerges in relationships. This is hinted in God's "I will be with you." It is nearer to being explicit in God's chosen repeated self-description according to which, as well as being *I am* and *Yahweh*, God is "God of Abraham, Isaac, and Jacob" (Exod. 3:15). These are words Jesus later cast at some smart-aleck theologians who produced rationalist arguments for questioning the possibility of resurrection (Mark 12:26-27). He added the gloss "God is not God of the dead but of the living," with the implication that when God enters into relationship with someone, that infuses him or her with a life that cannot simply expire. If the relationship was real, it cannot have died. Jesus' gloss is in keeping with Exodus. God's being is one identified by relationships, involvements, and commitments to Abraham, Isaac, and Jacob. The being of those made in God's image is identified in relationships, involvements, and commitments. Disabled people and our relationships with

them draw our attention to this fact. They themselves enter into a fuller humanity in relationships, and they call us to the same destiny in our relationships with them. The disabled have that strange power to call forth love and thus both to call forth humanity and to reveal the nature of divine love.

It has naturally been customary to find differentiation in relationship expressed in marriage. But disabled people, who on average are less likely to marry, are among the groups of human beings who draw our attention to the fact that marriage is but one illustration of humanity's destiny to live in relationship. If the assumption that people will have children is one tyranny that hangs over humanity, another is the assumption that people will marry, and even more the assumption that the relationship between husband and wife will fulfill virtually all of a couple's need of, or capacity for, relationship. A couple has the capacity and the need for other forms of love and friendship, and the disabled remind us and illustrate for us the capacity and the need for such relationships of love and friendship. More specifically, if they are not involved in full sexual relationships, they help to revitalize the importance of sexual relationships for us, by showing us that there are other forms of loving friendship.

Some of the most fruitful relationships involve differentiation. It can seem easier for men to relate to other men, or at least for women to relate to other women, for like to relate to like, for abled to relate to abled and avoid disabled, and also for disabled to relate to disabled. At the day center for disabled people to which my wife once belonged, I was struck by the sense of community and relationship based in part on what people had in common. The political correctness which makes people talk in terms not of disability but in terms of being "differently abled" invites us to see that the abled and disabled are human beings who

need to be in relationship with each other in order to realize more of their full humanity in differentiation.

THE BODY

Being human is an intrinsically bodily matter. The physically disabled draw attention to this because they have to battle with being bodily in ways that others do not, and this continually reminds them and us of their bodiliness.

Discussion of the image of God has often focused on human characteristics such as rationality or morality or spirituality. When

The disabled have that strange power to call forth love and thus both to call forth humanity and to reveal the nature of divine love.

this discussion referred to bodiliness, it did so to affirm that of course likeness to God did not lie here, because God is spirit. Yet an image is usually a physical thing, and a natural way to understand humanity's being in God's image is to see it as signifying that we are the appropriate physical beings to represent God in the physical world. The commission to rule the world draws our attention to an ongoing feature of the story of humanity and of the people of God, that it is lived in the world in the way that bodiliness makes possible.

The statement that human beings are made in God's image stands at the beginning of the story told through the Old and New Testaments, and it both interprets this story and is interpreted by it. It is as if during the

Bible story we are invited to keep reflecting, "Now you need to remember that this is so because they are made in God's image." The incarnation is a key point at which this invitation is issued. God had no logical difficulty in becoming a human being because human beings were created in the beginning as just the kind of physical being that God would be if God were a physical being. Indeed, God's becoming a human being makes more plausible the idea that God's image lies precisely in humanity's embodiedness and not in a spiritual nature divorced from the body.

As well as providing something of the explanation of what happens as the Bible story unfolds, the fact that humanity is made in God's image is itself explained and given content by that story. At the end of the Bible story, we are thus invited to conclude, "So that is what it means to be made in God's image," and the incarnation will again illumine what that signifies.

According to Zizioulas, human freedom is not the ability to make a decision but the capacity to embrace incapacity, the capacity to turn weakness into strength by realizing power in weakness. Disabled people have forced upon them the opportunity to find the freedom which comes from embracing incapacity, and insofar as they do so, they embody for the rest of humanity that aspect of being human which we

—Please turn to page 22.

JOHN GOLDINGAY, Ph.D., is the David Allan Hubbard Professor of Old Testament in Fuller's School of Theology. An Oxford graduate and former parish minister in London, he is also a member of the prestigious Society of Biblical Literature. Among his popular books are *After Eating the Apricot* (Paternoster, 1996) and *To the Usual Suspects* (Paternoster, 1998).



Jesus Has 'Been There, Done That'

BY MARIE J. WIEBE

When you are doing the task for which you are created, it brings you so much joy! When I began my career as a pastor, I had no idea that my biggest battle was yet ahead of me. I was a church planter working in a very busy but rewarding ministry. My husband, Ken, was a busy surgeon. I loved being a pastor because I felt I was doing what God had created me to do. But a massive stroke brought my complex and demanding life to a screeching halt.

I had just returned from my church's annual conference, where I had been leading seminars on women in ministry. It was a very stressful time. I knew there were people at the conference who strongly disagreed with me. The first day back at my office, I picked up a heavy package and felt something snap. I immediately lost some of my vision. I went to an ophthalmologist but, after an examination, he said that my eyes were normal. Then my speech began to slur. As I had a background in nursing, I thought I might have had a stroke. The church secretary took me to the emergency room of a hospital. After tests, it turned out that I had indeed experienced a mild stroke.

Four days later I was hospitalized with a second, massive stroke. And, due to the swelling on my brain, I became unconscious. After three days of failing to respond to medication, the neurosurgeon gave my family two options: They could do nothing and allow death to proceed—or they could have the surgeon remove part of the bony

skull over the injured portion of the brain to relieve the pressure. This *could* prevent death and restore my consciousness. Or it *could* create a long-term vegetative state. After hours of prayer and discussion, they chose surgery.

Four hours after the surgery, I could respond to commands. Eventually, I was able to communicate with my family and friends with my functioning right hand and foot. My left arm and leg were completely paralyzed—and remain so.

I have learned that God values not what I do, but the time I spend with him.

My long and tiring road to recovery began in a hospital rehabilitation facility. I required maximum assistance, needing two attendants to roll me over in bed and help me to sit up. I also needed them to transfer me to my wheelchair and bedside commode. Initially, I was so weak that even keeping my eyes open for more than a few seconds required maximum effort. I was unable to swallow. Therefore, I was allowed no liquids, and was not able to brush my teeth for three months. My mouth felt like a cotton-lined cave. While I was in rehabilita-

tion, my physical therapy occupied six hours a day for six days a week. I was constantly exhausted. And I was unable to talk with my friends because I slept through their visits!

After those first six months of therapy in the hospital and another six months at home with a live-in caregiver, I developed the ability to swallow without choking, and I was able to move without assistance. I also began to talk clearly enough to be understood. But for a while I stuttered so badly that I couldn't say my own name. Now, when I pray each day, I pray out loud. This has turned out to be my best speech therapy!

Within a couple of years, I was able to preach again, but my speech, vision, and balance made it a challenge. To make it easier, I memorized my sermons. The wonderful support I got from Ken and my children made all the difference!

It has been very hard, though, to lose my independence. I still can't dress myself, so I have to get up according to Ken's schedule. When going out, I rate places in my mind by how handy their bathrooms are. It's been difficult for Ken to take me into the ladies' bathrooms. (Other women's reactions to seeing my husband in the ladies' room have made us laugh many times!) Ken also has to do my hair—he has learned to use a curling iron. When friends compliment my hairdo, I tell them that I go to "Mr. Ken"! During all of this, I couldn't have lived one hour without Jesus. Because of my handicap, I cannot live one moment, one hour, or one day on my own.

My stroke came on so suddenly—without any warning. I had never had high blood pressure or high cholesterol, nor a family history of stroke. So it took quite a bit of time for me to adjust. I felt that I had been mowed down in midstride. I had

lost my independence in my prime. I had lost my life as I knew it. I felt trapped inside a body that would no longer function.

Since then, my life has changed. I have learned that God values not what I do, but the time I spend with him. He let all the "doing" fall away. Now I spend a lot of time "being" with God. I read and pray and contemplate. I even sing to God! And I am able to read for pleasure without feeling guilty anymore.

While pondering my stroke one day, I told God that this time his word in Romans 8:28 would not be true, because no good thing could come from this stupid stroke! But right away God started to show me a list of good things.

For example, as a missionary child in China, I had to go away to a mission boarding school when I was six years old. I was very lonely for my family. Then, years later, after Ken and I were married and he was doing his internship and residency, he was gone more than he was at home. Then I was very lonely all over again. That new loneliness on top of the old loneliness opened a wound in my heart that nothing seemed to heal. But after my stroke, one day while I was talking to God, I realized that the old pain was gone. Since my stroke, Ken has always been with me. Since he takes care of me, I am no longer lonely!

God revealed another good thing to me. Now that I can no longer serve as a pastor, I feel that my ministry is to pray. This new ministry has helped me to accept my stroke. It also brings me much joy! The third good thing that has happened is that my memory has improved—especially with numbers and details.

Then, recently, getting my electric wheelchair has finally been my ticket to "freedom." Now

every day when I go out riding. I am able to choose when and where I want to go.

We often hear the phrase, "Been there, done that." That's what it says in Hebrews 4:14-16: Jesus has been there and done that! So he understands what we are going through. After reading this passage, I realized that although Jesus is the King of all creation, when he was born on earth as a baby, he had to learn how walk and talk. I, too, am in need of a full-time caregiver. I too have to learn how to walk and how to talk.

In the Gospels I find comfort in the fact that Jesus came to earth to die for us and our

When we struggle with our Father's will, we are in very good company! That doesn't change anything but it surely is comforting.

salvation. In the garden, he was struggling so hard with his father's will that he sweat drops of blood! When I reread this recently, I started to laugh, exclaiming, "Wow! When we struggle with our Father's will, we are in very good company!" That doesn't change anything, but it surely is comforting. Jesus has been there and done that!

In spite of thinking that I have lost everything, I am so grateful that I can still do some of my pastoral tasks. I now teach two Bible classes a week, one at my home and one at an extended care facility at our hospital. And a couple of people depend upon me

for spiritual direction, which works out well because they can come to me.

In the last ten years during my time spent with God, he has given me this image: I have taken Mary, the mother of Jesus, as my inspiration and mentor—since I have her name. Every Christmas we hear again the story of the Annunciation. Gabriel came to tell Mary that she was going to have a baby and that the plans for her life would be radically changed. I'm sorry that I did not say as quickly as she did: "I am the Lord's servant; may it happen to me as you say." But at long last, I am finally learning to say it! ■

MARIE J. WIEBE, M.Div., the daughter of missionary parents, was a nursing instructor for 22 years before becoming an ordained minister for the Evangelical Covenant Church in Camarillo, California. The mother of four children, she graduated from Fuller in 1982, the same year as her eldest son, Matthew.



Faith for the Journey

BY JANET BROWN

On July 23, 1995, Fuller professor Warren S. Brown and his wife, Janet, a hospital quality management consultant, were involved in a tragic automobile accident. Warren suffered only minor injuries, but Janet sustained a spinal cord injury, along with other significant injuries, and was paralyzed. Then, two years later, she was diagnosed with breast cancer. Here Janet relates what she is learning through her personal pain, family trauma, and her unending struggle as a still-wounded quadriplegic.

At this point in time, over three years after the accident, I remain wheelchair dependent. I have tried and exhausted many medical options for controlling the spasticity, tightness, and burning pain I experience as a result of my spinal cord injury. Spiritually, I am a "believer in training," asking the Lord to teach me as I go. What I really want to share—what is so important to understand—is what I am learning.

In suffering there are always two realities with which to deal: the reality of loss and the reality of hope in Jesus. I am learning that I cannot be emotionally healthy and deny my loss of function, health, and independence. And one does not "ignore," "recover," or "rehabilitate" from loss. It is constantly present and must be confronted head-on. I've gone through much denial, as well as "negotiation" with God, over my predicament. I find my emotions still very much on edge, even after three years. The reality is that people suffer in this world. Pain and loss are real for both Christians and non-Christians. Confronting the loss is a willful decision, a choice, an admission that the defining moment of life need not be our loss itself, but our response to the loss. It is not what happens to us that matters as much as what happens in us, states Sittser.

There can be a new life in the loss, as we also choose to deal with the reality of Jesus as God, to confront who he is to us personally. The reality is that God is—in our suffering world. I have had to focus on him differently this year: who he is, not what he does or does not do. We cannot know or control all of what life holds for us. God has said, though, that we can know him and trust that he is truly in control.

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God is sovereign. God works outside our full understanding and our sense of time, time frames, or space as Creator and Re-creator and Sustainer, far beyond our comprehension.

God is love and seeks our love. God himself commands, "Love the Lord your God with all your heart and with all your soul and with all your strength" (Deut. 6:5). He knows that is how we release him to do his work in our lives.

Because God is love, he cannot do evil. I have struggled much with the concept that God causes injury or illness to come upon his children in order to prune, mold, discipline, or chastise. In my understanding at this time, as I am knowing a loving God better, God is sovereign over the big picture that you and I cannot see. He knows everything that has

happened, is happening, and is going to happen to each of us. In his plan he agreed to let Satan operate in the world for a period of time. But he still rules the entire universe and the Kingdom of God that we enter once saved through Jesus Christ. Therefore, he causes "all things [to] work together for good to those who love God, who are called according to his purpose" (Romans 8:28).

The triune God—Father, Son, and Spirit—indwells us. He is sovereign over the universe and he lives in us. He wants to be as intimately a part of us as we do of him. In my business and busyness, I felt that I often did not have time for the nurturing he wanted to provide, to be quiet before him, to listen to his urgings. I filled the space with busy things to do, go, and be. I let my body—his temple—go too. Now, in prayer and praise, I reach in and often for God's presence, power, grace, and mercy to be released in me, rather than trying to reach out, searching for him when I need him.

"Let the weak say I am strong" (Joel 3:10). My muscles are weak, and often my spirit is weak. And, at least once a day, I'm not sure I can make it and am either in tears or close to tears. But God's Word says, "Be strong"—as a command. So I grab hold of "strength" scriptures and say them over and over: "The joy of the Lord is my strength" (Neh. 8:10).
—Please turn to page 23.

JANET BROWN's career as a hospital quality management consultant has focused on critical care nursing. An educator for healthcare quality professionals preparing for certification, she is the author of *The Healthcare Quality Handbook* and the coauthor of *Managing Managed Care* (Editions I and II) for mental health professionals. She is also past president of the National Association for Healthcare Quality.



A Crisis of Faith in Parenting

BY LOIS M. GILLILAND AND DEAN S. GILLILAND

A Mother's Story

Families who have someone with a disability have stories to tell that are uniquely their own. It is as if each disability has its own personality, shaped by an uncharted and often tortuous journey. After the initial shock, the journey is learning how to deal with the tragedy that has shattered the well-formed routine of living. By telling our story, my husband and I are joining a host of courageous families who have walked a similar road of pain. They have felt the intense darkness of no hope and, in finding a way through it, can identify with Henry Nouwen's redemptive picture of the "wounded healer."

Our family had been living in Nigeria for 21 years. It truly was home to us and our five children, who had spent so many of their growing years there. The major part of their schooling, elementary through high school, took place at a mission school in Jos, in Northern Nigeria. We had lived in the Jos area during our last six years as missionaries.

Before that, our home had been in a rural part of Nigeria where three of our five children had been born. We had embraced many aspects of the Nigerian culture as if they were our own, and our family seemed comfortable with that lifestyle.

The greatest family trauma in those years was dealing with separation. First, there were our children's years of boarding school, starting with first grade. Then, finally, sending our three oldest sons to the United States for college after their high school graduation.

Twenty-two years ago this past spring, our family dynamics experienced what felt like an

eight-point earthquake from which we are still recovering. In early June of 1976, we received a cable from the mission office in New York that our second son, David, was gravely ill—"emotionally." The cable stated that one of us should return immediately to the States to supervise the situation. Time has not erased the cold fear that swept through me that day. Three of our children, (then, ages 13, 17, and 19) were still living at home, so both Dean and I would not be able to leave. As a

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mother, I wanted to rush to my "injured" son, but after discussing the situation with a Nigerian colleague who had just received his Ph.D. in Pastoral Counseling, we decided that I should stay with the family. Dean left for New York within two days.

We must have expected that this setback would be brief and that we would soon be continuing our lives as before. How wrong we were! Little did we realize that our years in Nigeria were ending abruptly, and that

events were already in motion which would change forever the routine of our missionary life.

On his way home, Dean telephoned me from London, asking me to join him in the States as soon as possible. He had talked to our brother-in-law in Long Island and learned that David had experienced a psychotic breakdown and had been committed to a state hospital in New York. We knew this mental hospital well because it was near the college from which Dean and I had graduated and where David had been studying at the time.

I cannot describe the fear and disbelief I felt with the news that our son was in Gowanda State Hospital. I didn't have time to think—only that I needed to get to David so that Dean and I could face this awful time together. We were unprepared to deal with a child of ours having such an illness, and didn't know at the time what a lonely and painful journey it would be.

In those years the stigma surrounding mental illness was dark and pervasive. With no real choice, I made hasty preparations to depart the next day. I left our three children in the care of the seminary community. I didn't know when I boarded the plane that I was putting closure on my years in Africa, a land that held such a rich history for me physically and emotionally, both in my own childhood and in my years as a wife and mother living in a missionary context.

I remember going with Dean to visit David for the first time and experiencing the shock of finding our son in a locked facility. We hardly recognized David. By this time he was displaying the classic signs of paranoid schizophrenia, with delusional talk and showing very little affection. We didn't have the terminology or knowledge of any kind to help us understand what was happening. I can only remember being stunned, con-

fused, and frightened by this change in our usually quiet and sensitive son. His bursts of anger and irrational demands were so unlike him! Added to this was the way that the medication used in those years affected the physical behavior of schizophrenic patients. David's agile, wiry body had become stiff and awkward.

Twenty-two years ago, in cases of paranoid schizophrenia, the focus was on the patient's symptoms and maintenance, while the family in crisis was neglected. Most families of someone with this disorder became the main caregivers, but we were expected to do this without "tools" or support. While all of our attention was riveted on David, our whole family was suddenly in trouble—and we didn't know where to turn.

Dean was suddenly faced with the end of his missionary career in Africa. Each one of our children was dealing with the sudden changes in their lives while being caught in their own grief over their brother's illness. Painfully, I watched them each try unsuccessfully to find the magic to bring him back. It was incredibly saddening for me to see this. It is not surprising that I slipped into a deep clinical depression. I felt completely helpless to change anything or to comfort our children. Each morning I dreaded facing the arrival of another day. In those years, there was a lot of discussion about the "schizophrenic mother," and I was an ideal candidate to pick up on that guilt trip.

Actually, my depression was long overdue. I now see depression as a helpful friend. It is a part of us that is trying to get our attention, telling us to stop ignoring the important signals that point us toward an emotionally healthier direction for living. My depression brought me into

therapy (even though that was an unacceptable word in my strict Baptist upbringing). My pain would not be alleviated by the beliefs of a lifetime which I had absorbed through the teachings of my church and my now-aging missionary parents. Neither their words nor prayers would comfort me.

In the safe environment of therapy, I learned that this unending nightmare was only the

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top layer of many traumas in my life. As a child of missionaries, I had been put in boarding schools in Canada and United States while my parents served in Africa. I was separated from them for years. This parental "abandonment," with the resulting emotional damage, had been covered with a spiritualizing cloak of denial by both parents and caregivers and became the model for my own behavior.

Ultimately, because of our son's illness, I felt I had now become the mother who was guilty of repeating in my own children many of the same traumas I had to live through as a missionary child. Naming those traumas opened my eyes to my own early abandonment, so that long-repressed feelings began to emerge. In a new language of anger, I remember asking God bitterly if David's illness was a reward for my years of sacrifice as a missionary child and mission-

ary mother. My parents had "abandoned" me. Was God also going to abandon me by his refusal to intervene and save this precious boy of ours?

Initially, a Methodist pastor, who was also beginning his practice as a therapist, helped me get a different view of myself. Then, by the time our family had moved to Pasadena in 1977 so Dean could teach on the faculty at Fuller Seminary, I was able to share much of my story with Lee Travis, the founding dean of Fuller's School of Psychology. Always an encourager, he helped me to see my own gifts as a therapist and to find the courage to do graduate study—even though I was past 50 at the time.

Within a nonjudgmental environment of therapy and friends who accepted David as he was, I began to redefine my faith and to "own" the good mothering I had always given our children.

I also accepted the fact that I wasn't perfect! For years I had been deafened by an old message. I believed that negative feelings were wrong and synonymous with being unloved. To be accepted meant that I had to deny the reality of those feelings. It was good to finally be able to put that kind of thinking to rest as the window of healing opened for me through our son's handicap. I became an eager listener to the message of grace, love, and forgiveness with ears that finally could hear. The suffering of God in Jesus Christ and a God who never abandons us have become the foundation stones in the reworking of my own faith.

This has been the loveliest part of my healing, and it ties in with everything I am still learning about relationships. The success stories with my clients happen when abandonment issues are acknowledged and mutual

listening begins. Rather than being personally disabled by our son's illness, I am now strengthened in knowing that when catastrophes shatter our lives, they inevitably become an opportunity for growth.

That is what David's breakdown and subsequent healing has been for our family. There has been something vicarious about David's handicap. We have all changed, beginning with me. David is much better today, and his faith is strong. Yet it still saddens us that the high price for change in our family has been David's disability.

A Father's Story

Our son David has always been very sensitive about spiritual things. He knows precisely the day when he came into our bedroom one morning when he was nine years old to ask Jesus to come into his heart. From a very early age, he wanted to be a doctor and return to Africa as a missionary. He was struggling with a premed course in college in the United States when the first slow signs of a psychotic breakdown began, affecting both his academic work and his social life. Dave always majored on success stories because he didn't want to cause problems for us in Nigeria. So he shielded us from this "bad news." It was difficult for us in Africa to tell from what he wrote to us that he was having trouble, except that the letters became fewer—and finally stopped.

During the 17 years before finding the right medication for him, Dave was aggressive in talking to people about his faith. However, his disease led him into some bizarre thinking about God. Things he did and said about religion were often out of touch with reality. His religious activities were intense, but they also became mixed up. At one point

he was avidly reading occult materials and playing with tarot cards. At the same time he would attend Catholic mass on week-days, while on Sundays he went to the local Presbyterian church in the morning and the Nazarene church at night. A symptom of his illness was his fear of unforgiven sin and the condemning thoughts that seemed to come from nowhere, constantly and involuntarily. We found out how sinister the devil is, as he seized relentlessly on this defenseless child of God.

Some colleagues lovingly suggested that perhaps dark

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spirits from Africa could be troubling him. In talking to Dave about this possibility, he willingly submitted to prayers for discernment of demonic spirits because he desperately needed relief from his frequent panic attacks.

All of this was new to me, both the illness and the search for a theology to explain it. Until then, it had always been easy to talk about the sovereignty of God. My greatest pain was for David, but I confess that many days it was also very painful for me. How was I to teach with conviction about the all-knowing, all-loving God of grace on the morning after we had been through a very stressful night with David?

I will never forget how for three days I was lecturing in my

seminary classes on the God who can be found in any situation and who rewards any and all who seek him. At the same time, David was lost somewhere in Los Angeles. This was during a time when the disease had made David belligerent and noncommunicative. Our experiences day and night with him, laid against the material I had prepared to teach, often became an irony bordering on contradiction. I had to reconcile somehow what I was bringing to my classroom with what was happening to our son. This process forced me to ask a different set of questions and look for answers that I found I did not have. Sometimes I felt so stretched that it was almost impossible to stand in front of my classes. Thankfully, in addition to the understanding and love from my wife, Lois, I can assure my faculty colleagues in the School of World Mission that their patience in listening and their constant prayer for us helped me the most. Only those who have experienced this can know what sharing with one's peers can mean in situations such as ours.

Until the doctors found the right medication for him, David was hospitalized 13 times and had lived in eight board-and-care facilities. Often, he was literally "lost" from us for days at a time. But God watched over him and saved him from the dangers of criminal injury or death. And through all of this, David kept his faith, murky as it was.

God did bring him out of darkness into light with respect to the terror of schizophrenia. It was when he was at his lowest point and when there seemed to be no way back that he was turned toward health in a dramatic way. Five years ago, when Clozaril was prescribed for David, it brought

about a major breakthrough. Lois and I will never forget that afternoon when we went to see David. At the time, he was still living in a high-security facility. He met us with a smile and surprised us by saying, "Let's go to Zuma Beach for a swim!" That was the beginning of a greatly enriched life for David, which has continued to the present moment.

Besides the critical contributions of prayer and the proper medication, we must also honor our other children—Dave's three brothers and his sister—who stood by him with love and loyalty. They are as much a part of the environment of hope for Dave as are his parents. As "missionary kids," their lives have been in process alongside David's—with the twists and turns that are peculiar to each. When their stories are told, a very great and wonderful part will be the way they worked with us to hold things together in our family.

God has been faithful to David in other ways. For example, his faith was strengthened when he was able to quit smoking. Back in 1976, he was actually encouraged to smoke when he was at the state hospital in New York. Now David can tell you exactly how many months and days it has been since he smoked his last cigarette. This is extremely important for him because the habit had caused him to have a lot of negative feelings about himself.

He now lives independently with the freedom and the ability to manage his own affairs. Most important for David, he has found

close fellowship in the Victory Outreach Church of Pasadena. Nearly all the church members are people who have been saved from hopelessness and despair. Almost weekly, he is "working the streets," as they say, witnessing to the addicted and homeless. Of course, *the streets* are something Dave knows a lot about.

What a journey this is continuing to be! We have

I had to reconcile somehow what I was bringing to my classroom with what was happening to our son.

learned (and are still learning) the deeper lessons of being parents. This has kept us from living smugly with an easy theology, or thinking that we have all the answers. We do know this: What has happened was not something God wanted or planned. We also know that our story is not over, and that these 22 years have brought us closer together.

As a family, we have been able to prove the matchless words of Isaiah when he spoke about the faithfulness of this God who knows us and calls each one of us by name. "When you pass through the waters I will be with you; and through the rivers, they shall not overwhelm you; when you walk through fire you shall not be burned, and the flame shall not consume you. For I am the Lord your God, the Holy One of Israel, your Savior" (Isaiah 43:2-3). ■

LOIS M. GILLILAND, M.A., following 21 years on the mission field with her husband, Dean, where they served in Nigeria for the United Methodist Church, has been a marriage and family counselor in Pasadena, California, for the past 15 years.

DEAN S. GILLILAND, Ph.D., is senior professor of contextualized theology and African Studies in Fuller's School of World Mission. During his 21 years on the mission field in Nigeria, he served as a missionary pastor, professor, and principal of the Theological College of Northern Nigeria. He is the author of *The Word Among Us* (Word, 1989) and *The World Forever Our Parish* (Bristol Books, 1991).



Living with Invisible Disabilities

BY HENDRIKA VANDE KEMP

Ten years ago, the automobile Hendrika Vande Kemp was driving was struck by an 18-wheel truck with a 42-foot trailer. In a hospital emergency room, the doctor prepared her for the physical pain of her apparent injuries, but not for the cognitive deficits, posttraumatic headaches, and debilitating fatigue that soon characterized her daily life. Treatment with antidepressants seemed to worsen her condition and resulted in hospitalization. Brain scans and neuropsychological tests ordered by new physicians confirmed a closed-head injury. Hendrika recalls the "dark hole" from which she later ascended and the "profound sense of the presence of God."

The Americans with Disabilities Act of 1990 defines disability as "a physical or mental impairment that substantially limits one or more of the major life activities of [an] individual." Most members of the Fuller community are accustomed to the accommodations that make our campus accessible to the mobility impaired: elevators, handicapped parking spaces, electronic doors, curb ramps, "hi-lo" water fountains, wide bathroom stalls. But we remain largely unaware of other disabling conditions.

My own journey of increasing awareness is typical. When Samuel Southard and I first taught a seminar on Physical Disabilities in 1980, we focused on the "classic" sensory disabilities of hearing and vision loss, loss of limbs, and loss of mobility. In the 1990s version of the class with Ray Anderson, we've discussed intellectual and learning disabilities; psychiatric disabilities; debilitating chronic illnesses; neuromuscular diseases; spinal cord and head injuries; and chronic pain. Many of these disabilities are invisible. Invisibility can be an advantage, since one is not likely to suffer discrimination based on an unidentified invisible disability. But eventually, invisibility becomes a disadvantage, as a disability must

be acknowledged before it can be accommodated.

Many invisible disabilities involve physical or mental fatigue. Physical fatigue is a constant presence for persons with such conditions as fibromyalgia, chronic fatigue syndrome, neuromuscular disorders, chronic heart or lung disease, or the enervating side effects of chemotherapy or radiation. The post-concussion syndrome from which I suffer as a result of a mild traumatic brain injury leaves one completely

Eventually, invisibility becomes a disadvantage, as disability must be acknowledged before it can be accommodated.

exhausted mentally after four or five hours of sustained mental activity. This is the result of drastic changes in brainwave activity that can be reversed by deep sleep or neurofeedback training. I have worked out a schedule that permits me time to rest in the afternoon. But my hypersensitivity to sound makes it impossible to screen out the sounds of screeching brakes, ringing phones, and police and ambulance sirens. At home I sleep with a sound conditioner to camouflage background noise, and I have learned to value silence.

Invisible disabilities often involve pain—which is itself invisible. In my case, I endured round-the-clock headaches for four years after my brain injury. Like most posttraumatic headaches, mine included a

mélange of symptoms associated with migraine, cluster, vascular, and tension headaches. These were eliminated only with a complex regime of neuroleptic and anti-inflammatory drugs, physical therapy, and neurofeedback—but recur whenever I am unable to get enough rest.

Some invisible disabilities are primarily cognitive. For instance, as a result of my brain injury, I am easily fatigued by focused attention and concentration, and by tasks that require extensive visual scanning, such as reading a computer screen or watching a movie. I find myself overwhelmed when faced with a paper printed in a small, compressed font with "justified" margins. The scanning of unequal spaces, combined with the effects of keratoconus in one eye, turns a simple task into an obstacle course. I also now have great difficulty connecting names and faces, despite extensive cognitive retraining. In addition, I make many transposition errors when writing by hand (primarily a left-brained task) for which I compensate by using the computer (a task involving both sides of the brain).

My struggles with these common academic tasks has taught me to appreciate the difficulties faced by learning-disabled students, and to recognize that a final product may give few clues to the difficult process involved in its production.

I have also learned to appreciate the presence of God in my life.

HENDRIKA VANDE KEMP, Ph.D., professor of psychology in the School of Psychology, has been teaching at Fuller for 20 years. She was the first woman faculty member to achieve tenure at the seminary. She has written many articles for professional journals, dictionaries, and encyclopedias, and is the author of *Family Therapy: Christian Perspectives* (Baker Books, 1992).



Not Where We Want to Go

BY ROBERT M. PIETSCH

My son, Larry, who had developmental disabilities, was 25 years old. He had been in the hospital many times in his relatively short life (29 times before he was nine), but this time it was very serious. Hepatitis had invaded his system and had done serious damage to his liver.

His condition had grown so grave that the doctor had to insert a syringe into his stomach two to three times a week to draw off the fluid. More and more he began to look like pictures that I had seen on television of starving people in India or Africa. Finally, when he was placed in the hospital for tests, he remained for 90 days while they tried to bring him relief. Nothing worked, so they decided to put in a shunt which they hoped would help with the buildup of stomach fluids.

The day before his surgery, I came to visit Larry. The scene is still vivid in my mind though it was almost 20 years ago. Contamination notices were on the walls of his hospital room. The stench of diarrhea and vomit permeated the room. Larry was miserable and irritable—cursing and swearing. When I could take it no longer, I left, telling Larry I would see him the next morning before his surgery.

God had been dealing with me for years about my attitude toward my son. On the one hand, I loved him and tried my best to meet his needs. On the other hand, I was embarrassed and ashamed of him and struggled to relate to him.

It had been a long journey. Early in my own childhood, I had begun to doubt my ability to

learn. It came home to me in the second or third grade when my twin sister was getting 100s in her spelling tests and I was writing my misspelled words correctly 100 times. I also struggled with math and language. I believe I have some form of dyslexia, though I've never been tested.

As a boy, I began to think I was stupid. But I had other skills, one of them being the ability to appear smart. I liked to associate with people who were intelligent and attractive. But deep down

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inside, I had tremendous feelings of inadequacy and insecurity. I had developed means of coping and covering up those feelings but, of course, I knew I always had to be on my guard.

When my son Larry was born, at first my wife and I thought he was "normal." The only apparent problem was that he couldn't suck very well. But over the next five years, we discovered that he had eye problems, urinary problems, behavioral problems, psychomo-

tor seizures, mild cerebral palsy, and slowness in learning. His disabilities became more apparent as he grew older.

One doctor called it "PP," *poor protoplasm*. I wondered if it might be my poor protoplasm that was the cause of Larry's condition. My identification with Larry was so great that I could not separate my own feelings of stupidity from Larry's limitations.

For 25 years I had struggled to accept Larry. And, as I look back now, I realize that I did not really see him as a full human being. Subtle, minor questions and comments made by others made me wonder if his life was as valuable as that of a "normal" child. When I was a child, I can remember times that I shunned people with disabilities, or those who seemed "different." Yet I deeply loved my son, and so I continued to try to minister to his needs.

For some time before Larry's long hospital stay, I had been reading the writings of Jean Vanier, the founder of the *L'Arche Communities*. In his book, *Be Not Afraid* (Paulist Press, 1975), he states that often the reason we withdraw from and are often afraid of people with disabilities is that they put us in touch with our own disabilities—which we are trying to hide. That idea penetrated very deeply and made me uncomfortable. But it also made sense. Vanier, on the other hand, spoke frequently about his great respect and appreciation of the disabled, with whom he lived. He saw them as full human beings. Their insight and spiritual perception could be profound. Their ability to love and care and respond to love could be very deep.

This is not the same as viewing people as "holy innocents," an attitude that makes people super-holy and denies them their true humanity. It also

negates the fact that they are simply human beings created in the image of God. Vanier also discusses the life and the teachings of Jesus Christ as reflecting the correct perspective toward people with disabilities.

Before Larry's surgery, I struggled most of the night with my conflicting thoughts and prayers. The next morning, as I walked through the hospital doors, a new awareness broke through into my consciousness. The only way I can explain it is as a "conversion" of my mind and heart. I began to see Larry in a new light. I saw his courage through his pain and disappointment, his resiliency, his sense of humor, the uniqueness of his personality, his faith in the midst of his cursing and doubt.

It really was a conversion, not only in the way that I looked at Larry, but also in the way that I began to view myself. But the changes didn't come all at once; in fact, the process is still going on. But the last two years of Larry's life (he died on his twenty-seventh birthday) were markedly different. In the light of Matthew 25:31-45, Larry in many ways had become "Christ" to me. This started me on a new journey that opened me up to see not only myself and Larry, but also others, in a new light. People with developmental disabilities are created in the image of God and are loved by God as surely as we all are loved by him.

I had been serving as associate pastor at Trinity Presbyterian Church of Santa Ana, California, for ten years. After Larry's death I decided to go back to graduate school. I earned my D.Min. degree from San Francisco Theological Seminary. My dissertation was about the church's relationship with people who have developmental disabilities. No doubt I worked through some of my grief about Larry's death—and also had something to prove about not being stupid. But I

learned so much. I had no idea about the cruel treatment of people with disabilities throughout the ages—and often by the church. I learned how many ways we can stigmatize people with disabilities and treat them as less than full human beings. Often this treatment springs from our own discomfort and fear.

While writing my dissertation, I conducted a number of interviews to determine the major obstacles to the inclusion of

If Jesus was truly God in human form and reflected God's heart, people with disabilities should be at the heart of the church's life, for they were at the heart of his life and ministry.

persons with developmental disabilities in the life of the church. Here again, discomfort and fear ranked among the highest obstacles, along with a lack of understanding.

Some years earlier, Trinity had started a ministry with persons with developmental disabilities—in part to accommodate my son. With other churches in the community, we helped form an interdenominational organization called ADD (Advocates with Persons with Developmental Disabilities). We assisted

churches, mainly in Orange County, California, who were interested in including people with disabilities in the life of their congregations.

Several years later, I left Trinity to become the director of ADD and served in that capacity for eight years. I could never have planned such a journey. It was the very last thing I would have ever chosen to do! My deepest shame had now become my vocation. I began to read the Bible with new eyes. If Jesus was truly God in human form and reflected God's heart, people with disabilities should be at the heart of the church's life, for they were at the heart of his life and ministry. He continually noticed them, reached out to them, and touched them. He spoke of them as central to his focus and close to his heart. Christ's brokenness on the cross declared to all his welcome to those in brokenness and need. As Helmut Thielicke states: "It is only in the crucifixion of Jesus that all human ideas of God are totally shattered and all religious efforts become worthless. One does not invent such a God. In the story of His Son, God overturns all pretty, wishful images of God by showing total human weakness to be His strength" (*The Faith Letters*, Word Books, 1978).

The Apostle Paul provides a firm foundation in First Corinthians, chapter 1, in speaking of the cross as "foolishness" and God's call to the weak, the foolish, and the "nothings" of this world, to confound the strong, the wise, and the "somebodies."

In the Old Testament, where there are passages that might suggest the lack of inclusion, there is a continual emphasis on God's care for the stranger and the needy, both in the Psalms and the Prophets. God is called the "Father of orphans and the protector of widows. . . . God gives the desolate a home to live in" (Psalm 68:5-6). Including people with disabilities

in the life of the church, on the one hand, began to seem so obvious, so right—so Christian!

At that time, many churches seemed to be saying the same thing. In response to a groundswell of concern in the disability community and a growing understanding of the need for inclusion of persons with disabilities, almost every denomination had made a statement or statements concerning their commitment to the inclusion of persons with disabilities in the life of their church.

The first denominational statements came out in 1977, in preparation for the International Year of Disabled Persons in 1981. A number of other statements have come out since then, some in response to the important Americans with Disabilities Act of 1990. (These statements are available through the NCC Committee on Disabilities, P.O. Box 340693, Dayton, Ohio, 45434-0693.)

Many of these statements lay a more or less biblical and theological foundation for the inclusion of people with disabilities in the life of the church. A number of the statements touch upon a historical context with reflection on the bias, discrimination, and abuse which has often occurred in society, as well as in the church, toward persons with disabilities. Some of the church statements focus on different aspects of disability and ministry, with special emphasis on physical and architectural accessibility. Most of the statements also speak of the deeper issue of *attitudinal* barriers as the greatest obstacle to overcome.

There is much to commend in these statements. Each one is well stated and reflects an aware-

ness of the need for the inclusion of persons with disabilities in the life of the church. In fact, these are historical statements in that they reflect an understanding by the church of a need never before so clearly articulated.

Considerable progress was initially made, especially in the early eighties. Many denominations appointed full-time or part-time staff to focus on this area of ministry. But because of financial and programmatic considerations, and other more pressing issues, disability concerns got pushed to the back burner. As Nancy Eiesland states in *Human Disability and the Service of God*, "In 1981 most Christian denomina-

God's transforming touch can change the way we view people and help us see their grace and beauty and God's image revealed in them.

tions in the United States had nationally sponsored programs for people with disabilities; by October 1994 all but two major denominations had closed or consolidated their disabilities offices." Since then disability concerns have been low on the agendas of most churches, with a few glowing exceptions.

Soon after I became director of ADD, in an attempt to contact churches in our area, I sent out a questionnaire and made personal contact with ten denominations that had written national statements, to inquire how those statements had been implemented on the local level. It appeared

that many of these national statements never made it to the local congregation.

No doubt there is much more awareness today of the world of disability, both in the church and in the community. But much of this is as a result of the Americans with Disabilities Act. But even here, religious groups have been exempt from many of its requirements, based upon the separation of church and state. Many religious groups did support the passage of ADA, although few have voluntarily complied with some aspects of the law. Others strongly opposed it, and many were content not to comply. It is safe to say that most Christian churches in the United States have little awareness of the range and urgency of disability ministry and have no intentional plan for the inclusion of persons with disabilities in the life of their congregations. This situation exists 20 years after most churches at the national level had committed themselves to the inclusion of people with disabilities into church life.

I do not speak these words in judgment. I am fully aware of my own 25-year struggle with my son and my continued need for growth in this area. I also am aware of the long history of discrimination and the deep fears and discomfort many still feel. Being back in the pastorate again (ADD had to close its doors because of lack of funding), I am freshly aware of the tremendous demands of the pastorate. How does one address *all* the needs of the congregation? Children, youth, adults, seniors, singles, special interest groups, not to mention disabled persons, are all issues in our society today. How do we nurture our own souls and care for our families as well?

Something has to give—and the disabled have apparently had too few advocates.

Yet the Bible seems clear, especially as we see the example of our Lord. There is no doubt that the pastor's awareness, attitude, and support is essential for the inclusion of people with disabilities into the life of a congregation.

Governmental statistics speak of 45 million people with disabilities in the United States. The reality is that unless we have an untimely death, most of us will eventually face some form of severe disability. Someone has said that disability is the only minority we could join at any time. The challenge to the church is not just to tolerate others, but to accept them and value them and love them. As important as ADA is—and I think its regulations are essential also for the church—we can comply with all its regulations and still not really welcome people with disabilities. It is our *attitude* that makes the difference.

Last spring I attended a Faith and Sharing Retreat. It was a spiritual retreat founded by Jean Vanier. The disabled and abled came together to learn, pray, and celebrate. Sue Masteller, C.S.J., pastor of the Daybreak Community Church in Ontario, Canada (the position previously held by Fr. Henry Nouwen), was our speaker. When we sat across from each other at breakfast, I shared a little of my story with her. As I spoke of some of my struggles, she encouraged me to listen well to the next talk that morning from John 21, in which Jesus, after his resurrection, addressed Peter at the Sea of Galilee. After Jesus questioned Peter three times and instructed him to feed his sheep,

Jesus continued, "I tell you the truth, when you were younger you dressed yourself and went where you wanted; but when you are old, you will stretch out your hands and someone else will dress you and lead you where you do not want to go" (John 21:18). Sue

The challenge to the church is not just to tolerate others, but to accept them and value them and love them.

pointed out that moving toward people with disabilities is frequently *not where we want to go*. But God's transforming touch can change the way we view people and help us see their grace and beauty and God's image revealed in them.

It made me think how God had led me where I did not want to go—to do the very last thing I would have chosen to do. In fact, my deepest dread and shame became my call and close to my heart. But as I have watched the church in its staggering steps toward the inclusion of persons with disabilities, I have wondered if this is not deep down where God is leading all of us—but where many really may not want to go.

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The Strange New World of Disability

—From page 5

is not normal, in that it is kindred to illness. It is not the Creator's original design. But in the very nature of the case, disability seems to have a more permanent quality than illness. Must the disabled person, even a disabled believer, simply live with his or her disability as a matter of course? Or should the believer be in abiding prayer, asking God for deliverance from the disability, even as one would pray for deliverance from illness?

There are no simple answers, but there is an abiding truth beyond the complexity of any situation: God is the God of the disabled as well as the God of the abled. God cares for and superintends the life of the disabled as well as the life of the abled. Whether in pain, or simply living with the clutter of an otherwise painless disability, we are carried along, and lifted up by, and encouraged to hope in the God of our salvation. And we know that God's salvation ultimately embraces our bodies. Thus, in our disability, we are invited to put our case in God's hands and, having done that, encouraged to *leave it there*—trusting in God's grace in and for our disability, in and for all things.

Recognizing that what we have observed only scratches the surface of our experience of disability, we conclude with somber recognition that disability touches the life of virtually every human being in a lifetime. For at least four out of five people, it is *others* who are the disabled. But short of sudden, early death, most of us are moving toward a condition of disability in some way, whether for a shorter or a

longer period of time. Even as we strive to "grow old graciously" and to maintain our well-being in every way, the fact is that as we age, our bodily functions will weaken or break down, and illness or disease will bring disablement. There is a thin line between illness and disability.

Aging is the relentless agent of disablement toward the close of life's journey. If we plan to grow old, then for the most part, we can also anticipate some personal disability at some point. And even if we should remain free of disablement ourselves, it is almost certain that we will encounter disability all about us in a very personal way in our aging circle of family and friends—all people who depend upon us.

Disability is never simply a problem for other people. Thus wisdom calls all of us to reflect more deeply on the strange new world of disability into which we will almost certainly enter before coming to the end of our journey. ■

On Being Human

—From page 9

may not have forced upon us and may avoid. In denying our own capacity, we too may find freedom and capacity. We may again consider an insight from the moment when God appears to Moses and asserts a commitment to Israel in Exodus. They are a weak people, bound and frustrated, groaning and crying in bondage. Initially, God does nothing to alleviate their weakness, except to tell them to go and confront Pharaoh. Perhaps that is the way in which they find freedom and thus realize the image of God before they actually leave Egypt, embracing their weakness and thus turning it into

strength. In turn the incarnation leads to the cross and the disabling of God. That shows the way to a distinctive kind of perfection or maturity which is more explicitly related to vulnerability and weakness.

Disabled people draw our attention to our ambivalent human relationship to our bodies. Our bodies are neither merely the shell within which the true person is found, nor the precise embodi-

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ment of the person. There is something miraculous about the way in which, in every human being, freedom, transcendence, and rationality are conjoined with a material organism.

Disabled people help us to avoid the universal tendency to take too grand a view of humanity by so exaggerating spirituality and rationality that we forget the material substrate. It is through the body that we experience sensation, emotion, desire, and relationships explains J. Macquarrie. Our bodies teach us to laugh and to cry. When we laugh, cry, make love, or give birth, we have to surrender to our bodies, to surrender control of our "selves" to them, Pannenberg reminds us. Disabled people illustrate sharply this aspect of normal human experience which we may fear and avoid, thereby reducing ourselves to less than human. Our ambivalent relationship with our bodies as human beings means we need to let them

have their way if we are to be fully human.

The lack of spoken language is a terrible deprivation, one of the most terrible of deprivations, and one that may threaten the humanity of the disabled person more than any physical handicap. This is not only because it so inhibits communication, but also because it inhibits thought and reflection, for the possession of language plays a key role in making thought possible. The lack of language thus inhibits self-awareness and identity.

Disabled people also thus remind us again that being human, being in God's image, is a corporate affair. To the corporateness of humanity's being in God's image they bring some gifts, as intellectuals bring others, and none is to be despised. The points which Paul makes about the Church as the Body of Christ apply also to the body of humanity. The unity of humanity lies not in identity but in shared and complementary diversity. The disabled contribute their gifts to this body—even if we have no right to insist that they themselves view their disability as a "gift" to them. We and they nevertheless recall that whatever parts we are inclined to view as weak and foolish-looking, therefore, possess particular glory and dignity (1 Cor. 12:22-24). Jürgen Moltmann states that communities without disabled people are disabled communities, so that the world needs the awakening of the community of the abled and the disabled if it is to be human. Thus, when the church or the world marginalizes disabled people, it disables and dehumanizes itself. ■

A fuller version of this essay appears in Encounter with Mystery, edited by F. M. Young (London: Darton, Longman, and Todd, 1997).

Faith for the Journey

—From page 12

8:10). "Be strong in the Lord and in the power of his might" (Eph. 6:10). "I can do all things through Christ who strengthens me" (Phil. 4:13). "I will love you, O Lord, my strength" (Psalm 18:1). It is *his strength* we must take.

I am driven to hope in Jesus, in the reality of his life and death on earth, for healing. "He himself bore our sins in his body on the tree, so that we might die to sins and live for righteousness; by his wounds you have been healed" (1 Peter 2:24). I hope in what Jesus did. Dr. Lewis Smedes wrote to me that "Hope is the courage to wait." So I go on and I wait for him and in him. Patience seems to me to be the *willingness* to wait. "They that wait upon the Lord [hope in the Lord, NIV] shall renew their strength. They shall mount up with [soar on, NIV] wings as eagles. They shall run and not be weary. They shall walk and not faint" (Isaiah 40:31, KJV).

Faith is the active part of waiting in hope. Waiting for healing, to me, does not mean inactivity. "Now faith is the substance of things hoped for, the evidence of things not seen" (Heb. 11:1). "Substance" means both essential nature or essence and that which is solid and practical in matter, character, quality, or importance. It has content. "Evidence" means an indication, manifestation, or demonstration. To me, then, substance and evidence involve our active participation—our *obedience*. I exercise to keep my body as ready for healing as possible. I actively seek to know

God better. I try to stay connected to many of those with cancer in our church. I keep my healthcare quality business going as colleagues request help or consultation.

My situation is very unique. So is yours. Regardless of our circumstances, Jesus suffered more, I believe. He knows our pain. He has experienced great loss. Physically, he was beaten and murdered on the cross. Emotionally, he was utterly rejected by those he loved and came to save. Spiritually, he was separated from God the Father at

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the point of death. But because of his resurrection, he has redeemed us—including our sin, confusion, weakness, frustration, denial, doubt, worry, and anxiety. He is alive and lives within us. Our call to obedience is to come unto him, to believe and to receive his mercy and grace and love.

I am sustained by his very existence and his love. But I am daily nourished by the unrelenting love and caring of my husband, my children, and the friends who assist me. And, like daily bread, I feed and literally keep going on the strength of the many prayers of those at my church, at Fuller Seminary, and within my profession and professional association.* ■

**Excerpted from a presentation Janet Brown gave at the First Presbyterian Church of Hollywood last year.*

Upcoming Events

JANUARY

- 4-5 *Alpha Training Conference at Valley Cathedral, Phoenix, Arizona*
7-8 *Alpha Training Conference at Good Samaritan Church, San Diego, California*
12 *Professorial Inaugural Lecture, Nancey Murphy, Ph.D., Professor of Christian Philosophy*
20-22 *School of Psychology Integration Lectures, featuring David Myers, Ph.D., Professor of Psychology at Hope College*

MARCH

- 2 *Professorial Inaugural Lecture, Wilbert R. Shenk, Ph.D., Professor of Mission History and Contemporary Culture*
3 *Installation of James E. Bradley, Ph.D., in the Geoffrey W. Bromiley Chair of Church History*
15-16 *Alpha Training Conference at First Presbyterian Church, Colorado Springs, Colorado*
18-19 *Alpha Training Conference in Orlando, Florida*

APRIL

- 6-8 *New Testament Colloquium, featuring I. Howard Marshall, Ph.D., Professor of New Testament Exegesis at University of Aberdeen*
9-10 *Conference on "The Church After Welfare Reform," sponsored by Fuller's Urban Studies Task Force*
19-25 *Fuller Seminary's 1999 Spring Arts Festival*
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(Unless otherwise noted, events will be held at Fuller Seminary.)

