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We Do Not Know How to Love:
Observations on
Theology, Technology, and Disability

Jana M. Bennett

OES TECHNOLOGY ENABLE those who are disabled to be fuller members of society, or does it ultimately seek to eradicate disability and so promote a kind of eugenics against those who are disabled? In the late 1990s and early 2000s, literature and debate on this question ran rampant. A common example is that of cochlear implants, which endured much debate at the time within the Deaf community regarding whether they eradicate an impairment— or whether implants actually do away with entire communities of the Deaf and thus displace an important minority culture.[1] Yet, very little is written today on this question. Is it because the question is settled, or because we have become satisfied with the presumed answers? (Answers which, repeatedly, tend to be: decisions regarding cochlear implants should be left up to patients, focused on their autonomy, and almost entirely avoiding the more troublesome question of whether a culture is being eradicated.[2])

Similarly, in online contexts in the early 2000s, people extolled the internet as a place where those with disabilities would finally find themselves in equal position, authority, and accessibility related to those without disabilities. Relatively early in the development of the internet, scholars regarded digital technologies as ultimately promising and good for people of all disabilities, because of their nature as mitigating disabilities. For example, the internet is often credited with enabling access to texts for those who are visually impaired. Almost since the beginnings of web development, there has been impetus to make the web accessible to all, where "people can collaborate without

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[1] See, for example, Robert Sparrow, "Defending Deaf Culture: The Case of Cochlear Implants," *The Journal of Political Philosophy* 13, no. 2 (2005): 135-52.

[2] See John B. Christiansen and Irene W. Leigh, "Children with Cochlear Implants: Changing Parent and Deaf Community Perspectives," *Archives of Otolaryngology— Head and Neck Surgery* 130, no. 5 (May 2004): 673-7; Neil Levy, "Reconsidering Cochlear Implants: The Lessons of Martha's Vineyard," *Bioethics* 16, no. 2 (2002): 134-53.

barriers."[3] The rise of social media has seemed to fit into that kind of collaborative worldview. Yet today, very little is written on this point, even and especially in an age of social media, which has largely been presumed to be an equalizer. Those who do write about it are highly suspicious of whether new social media forms have actually engendered the hoped-for social changes relating to disability. One set of scholars observes that the most recent iterations of the internet, sometimes called "web 2.0,"[4] have meant a rejection of web standards that had been set for disability, through which disability is understood and recognized as a serious need in technological development from the very beginnings, rather than an add-on (and afterthought) for every new program that gets developed for the non-disabled. In other words, "web 2.0 has been developed in and by the same social world that routinely disables people with disability."[5]

Our narratives about disability and disease link to narratives about contemporary technology uses, but to my knowledge, few scholars have explored these connections. In this essay, I argue that predominant narratives about technology in combination with predominant descriptions about disability revolve around understanding technology as an asocial tool, which narratively proclaims a kind of neutrality. People using technologies, and the contexts of both the technological users and their technologies, make little or no difference to ways technologies are described or used. My concern and further argument is that this has the effect of making people themselves become defined by tools to the point that some people begin to treat other people as tools rather than as people to be loved.

My attempt at bringing together narratives about disability and technologies warrants a brief discussion about the inherent ambiguities in describing both disability and technology, though I will also articulate further ambiguities throughout this essay. Some disabilities may seem clear and self-evident: perhaps the use of a wheelchair, or a person who is unable to feed himself. Yet a person with a broken arm might also be considered to have a disability, and so might a person with a far less visible condition, like a congenital heart defect. There is, too, as I shall discuss further below, the serious question of whether the term "disability" ever really applies to an individual person, or whether it is a social condition. Likewise, some technologies may seem clear and self-evident: the internet, especially with its variety of social media platforms, comes across in scholarship and literature as

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[3] Katie Ellis and Mike Kent, *Disability and New Media* (New York: Routledge, 2011), 2.

[4] This term, often used in discussions of digital scholarship, refers primarily to a stage in internet development where the focus is less on content and more on user-generated and facilitated interaction, one example of which might be today's social media platforms.

[5] Ellis and Kent, *Disability and New Media*, 3.

a clear form of technology. Yet what is less evident and obvious is how distinctive the internet as technology is, with its vast array of mechanical, physical, chemical and even social systems that are required to make it function. A pencil is a form of technology too, though with less immediate evidence of the array of systems fostering its production and use, and if we think of it as technology at all, we think of it as an older technology with little thought to the fact that it too inculcates an array of mechanical, physical, chemical and even social systems.

My above discussion of these ambiguities obviously takes pains to note, in a beginning kind of way, how both disabilities and technologies are implicated in human sociality. Yet, in this essay, I shall attempt to display at least two main ways that the sociality of both technologies and disabilities is lost or hidden in our descriptions of them. The narratives I critique as too disconnected from our social world, I name as "asocial" or, sometimes, "disassociated." In particular, I worry that we understand our technologies primarily as tools to be used, picked up and put down at will, but with little sense of their sociality. One of our predominant narratives about technology is to describe it as an "asocial tool," which impacts how we envision and describe disability. In a technology-as-asocial-tool mode, people may be evaluated in terms of their usefulness for the overall culture, or worse still, in terms of their technological know-how. The fusion of narratives about technologies and disabilities negatively impacts people with disabilities, whose usefulness does not compute well in relation to a culture that thrives on efficiency.[6] I proceed in this essay by first discussing some of the prominent views of ethicists who describe technologies in dissociative ways, and I articulate how these views relate to two primary models of disability (a medical model and a social model) that exist in our contemporary discourse. I focus especially on their theological anthropologies and their implications for work in disability.

My concluding section provides some thoughts on what it might mean for theologians and others to narrate technological tools as socially formative rather than as asocial or disinterested. In particular, I turn to discussion of love as communication, technology as communication, and how we might then understand technology socially formative, especially in relation to the person of Jesus Christ. My primary theological interlocutor for this conversation on love and communication is Herbert McCabe, because the ways his work draws together these themes sheds important light on the present concerns about technology. I conclude with some thoughts on how a technological world can, indeed, be a world that shows us how to love.

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[6] See Hans Reinders, *Receiving the Gift of Friendship: Profound Disability, Theological Anthropology, and Ethics* (Grand Rapids: Eerdmans, 2008).

DISABILITIES AND DISASSOCIATING SOLUTIONS

It is important to begin by noting that when we are dealing with disability and technology together, we are bringing together several disciplines. Scholars often discuss disability in terms of bioethics questions (e.g., cochlear implants) or in terms of socio-political questions (e.g., the Americans with Disabilities Act and the ways that act is carried out). Technology, on the other hand, is often discussed in relation to communications faculties as well as a growing field of sociology of technology. Part of the difficulty in thinking through technology and disability in relation to theological anthropology resides in the fact that very distinctive views of technology and disability emerge from those fields, though as I argue below, both often think in terms of technology-as-disassociative-tool, with different facets of that idea present. Yet because technology is not often identified as being the crux of the question in bioethics, and because disability is often ignored in technology studies, these questions tend to go undiscovered and unanswered. Part of what I will do in this section is attempt to bring together views of disability with views of technology according to, first, bioethics discussions, and second, according to sociological and cultural discussions.

Technology as Tool, Disability as Medical Problem

Bioethicist Adam Briggle describes the current state of bioethics as a "thin," "formal rational," and "instrumentalist" view of a variety of bioethics questions, in which I would include considerations of people with disabilities, to the point that a person with a disability may be overlooked or done an injustice if they do not quite fit the views of personhood emphasized in contemporary discourse.[7] That is, in contrast to former strands of bioethics conversations in which "[s]ubstantive rationality [that] asks whether the means are consistent with ultimate ends or values," the contemporary debate suggests that "formal rationality asks whether the means employed are being maximized to achieve assumed ends," particularly in service of "autonomy, beneficence, and justice."[8] Maximization of autonomy, beneficence and justice in turn emphasizes the "contractual nature of society" in which people are "atomistic rights-bearers" who determine their own good via their own will.[9] Briggle's articulation of contemporary bioethics raises concerns for those with disabilities, especially in its insistence on autonomy, beneficence and justice, exactly because autonomy for a person with disabilities is likely to look very different, if not unautonomous, compared to a person who is not so disabled. One of the

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[7] Adam Briggle, *A Rich Bioethics: Public Policy, Biotechnology, and the Kass Council* (Notre Dame: University of Notre Dame Press, 2010), 33-4.

[8] Briggle, *A Rich Bioethics*, 33-4.

[9] Briggle, *A Rich Bioethics*, 62.

chief difficulties with this, as Adam Briggle notes, but also as scholars who think about the nature of human choices discuss, human desires and identities do not come before established human relationships or socio-political, economic, legal and other kinds of systems in which humans are engaged.[10]

Yet the predominant bioethics view of the person that Briggle identifies lends itself very well to visions of technology-as-asocial-tool. In bioethics, especially, we presume that our tools can be picked up and put down at will, especially at the patient's will. The principles of autonomy and rationality act together in such a way to reinforce that the chief person responsible for deciding whether a tool will be used is the patient, or those acting on her behalf, and the chief person wielding the tools is the doctor, or other medical personnel.

As diseases and disabilities are named and identified, so too the fixes are named and identified, precisely in relation to the kinds of technologies that can fix the problem. For example, problems associated with sudden-onset hearing loss include suggestions for how to identify sudden-onset hearing loss as early as possible, followed by specific descriptions of the range of devices that assist in fixing sudden-onset hearing loss.[11] This is a common place understanding of this type of hearing loss and its fix, so it comes as little or no surprise. Indeed, readers may wonder why I lift up such an obvious example (as opposed to, say, more hot button technologically-related questions like contraception or embryonic stem cell research, which perhaps more obviously raise technological questions).

It is important to see, however, the ways in which even so simple a description of condition and its fix intertwines with one predominant way of narrating disability. A medical model of disability emphasizes "disability as primary a medical or biological condition…. It claims that the disabled person's functional ability deviates from that of the normal human body."[12] Medical models of disability presume such a thing as a "normal body" against which disability is measured. From that vantage point, medicine identifies and uses a variety of tools to correct deficiencies. A medical model of disability hence readily fits with a narrative of technology as a tool, which has as its aim correcting the modes of autonomy and rationality so that those with disabilities can fully (as possible) participate in a society that thrives on autonomy

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[10] On the nature of choice, see, for example, Sheena Iyengar's very interesting set of studies on how people's choices do not either enhance their autonomies or lead to their betterment as people. *The Art of Choosing* (New York: Twelve, 2010).

[11] See, for example, N. Foden, et al., *Australian Family Physician* 42, no. 9 (2013): 641-4.

[12] Deborah Creamer*, Disability and Christian Theology: Embodied Limits and Constructive Possibilities*, Academy Series (New York: Oxford University Press, 2009), 23.

and rationality. At the same time, medical models of disability presume that identifying what counts as a disability is simple and obvious, and especially left to experts.

To see more especially how a tool-based view can operate, especially in relation to questions about medical diagnosis of disability, contemporary ethicist Julian Savulescu has argued, provocatively, that "we have a moral obligation or moral reason to enhance ourselves and our children. Indeed, we have the same kind of obligation as we have to treat and prevent disease."[13] Savulescu's argument presupposes a specific view of disease, which involves the use of technologies to prevent disease. He takes this view further, however, to suggest that we have an obligation to humanity in general to use enhancement technologies as a means of improving ourselves. The limit to such medical fixes and enhancements resides solely in the individuals concerned. Savulescu, who heavily makes use of a utilitarian framework, suggests that while he thinks that "like deafness, intellectual disability [he gives the example of Down's Syndrome] is bad. But my value judgment should not be imposed on couples who must bear and rear the child. Nor should the value judgment of doctors, politicians, or the state be imposed directly."[14] Savulescu's view directly draws upon the horrors of enforced perfection via eugenics programs and he therefore claims that "[as] rational people, we should all form our own ideas about what is the best life. But to know what is the good life and impose this on others is at best overconfidence."[15] Broadly understood, then, technologies exist in this view as tools to be taken up and set down at will, at the behest of people who individually and autonomously determine whether a disease or disability exists, what that disease or disability is, and how it ought to be fixed.

Yet Savulescu's view does not deal with the much trickier questions related to the fact that no person, no one family, acts within a bubble, and that his solution directed at autonomy still does not get around the eugenics problem. That is to say, leaving the question up to individuals or parents or other such tightly constructed tiny communities ignores the impact that these decisions make on others' work and responsibilities. In addition, as Jeffrey Bishop has shown in his work on end-of-life care, the very posing of questions about of quality

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[13] Julian Savulescu, "Genetic Interventions and the Ethics of Enhancement of Human Beings," in *Oxford Handbook of Bioethics*, ed. Bonnie Steinbock (New York: Oxford University Press, 2007), 516.

[14] Julian Savulescu, "Deaf Lesbians, 'Designer Disability,' and the Future of Medicine," *British Medical Journal* 325, no. 7367 (October 5, 2002): 771-773, at 772.

[15] Savulescu, "Deaf Lesbians, 'Designer Disability,' and the Future of Medicine," 773.

of life shapes the kinds of options people believe they have, in particular with respect to how we view our technologies and machines.[16] Another way to put this is to recognize that the very ways people presume narratives about Down's Syndrome shapes the kinds of choices parents believe they have regarding genetic testing, abortion and bringing a child to full term.[17]

The more minor medical diagnoses I discuss above, with sudden-onset hearing loss signifies the kind of narrative that Briggle describes however: a shift in bioethical thought that focuses on ends in relation to happiness as measured by autonomy and rationality, over against that of a substantive rationality. The "big issues," in other words, only mirror how conversations typically function. Consider the burgeoning issue of artificial contraception. A significant component of recent debates on artificial contraception use regards questions about whether human fertility is, properly speaking, a disease and whether, therefore, it needs to be fixed. When the Institute of Medicine released its recommendations for women's health care coverage under the Affordable Care Act, its rationale for contraceptives included:

> Unintended pregnancy is linked to a host of health problems. Women with unintended pregnancies are more likely to receive delayed or no prenatal care and to smoke, consume alcohol, be depressed, and experience domestic violence during pregnancy. Unintended pregnancy also increases the risk of babies being born preterm or at a low birth weight, both of which increase their chances of health and developmental problems. Family planning services are preventive services that enable women and couples to avoid an unwanted pregnancy and to space their pregnancies to promote optimal birth outcomes. Pregnancy spacing is a priority for women's health because of the increased risk of adverse pregnancy outcomes for pregnancies that are too closely spaced (within 18 months of a prior pregnancy).[18]

The IOM supported these concerns with a variety of studies demonstrating such adverse effects. Opponents of the contraceptives recommendation argued, in part, against the idea of contraception as fixing

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[16] See Jeffrey Bishop, *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying* (Notre Dame: University of Notre Dame Press, 2011).

[17] For example, Savulescu's knee-jerk reaction to Down's Syndrome babies in his "Deaf Lesbians" article is that Down's Syndrome ought, to rational people, count as a problem best to be done away with.

[18] Linda Rosenstock, "Clinical Preventative Services for Women: Closing the Gaps," Testimony provided by the Institute of Medicine Committee on Preventative Services for Women, www.iom.edu/~/media/Files/Report%20Files/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps/Written%20Testimony-House%20Judiciary%20Hearing.pdf. Accessed August 25, 2014.

a medical condition, since on their view, fertility cannot be classified as such.[19]

Disability in relation to digital media similarly looks like technology-as-disassociative-tool, oftentimes where technology appears as a fix for predicaments individuals with disabilities experience. For example, "[d]igital technology allows the manipulation of information in terms of appearance, text size, color, and mode of output including, for example, text-to-sound or Braille. In theory, digital information can be accessed by many users with different needs in different ways."[20] As the authors go on to note, however, in practice, this does not happen, precisely because technology is no longer satisfyingly described (if it ever quite was) as the tools that we use to assist in our daily lives, among other things. That is, "the web becomes more complex and a more ubiquitous part of life" to the point that descriptions of the web, or indeed of many other forms of technology, inadequately use tool imagery. Such descriptions and uses of technology, broadly speaking, inhibit our abilities to reflect on and imagine better possibilities and ways of understanding what it means to be a human that uses technologies. [21]

There are several difficulties with the kinds of descriptions I mention above about disability and technology. Some of these difficulties relate to what I mentioned in the introduction. How does the theological concept of love relate, or not, to the descriptions and visions we have of (disabled) humanity on one hand, and technology use on the other? One point that has arisen again and again in discussions of medical models of disabilities and the technologies that fix them is a focus on rationality and autonomy. This focus privileges only one of many possible aspects of what it means to be human. It is not clear that rationality and autonomy, especially in the Western senses in which these terms typically appear in discourse, are the best ways of thinking about what it means to be a human person. Stanley Hauerwas notes in a 1986 essay: "the very humanity that causes us to cry out against suffering, that motivates us to seek to eliminate retardation, is also the source of our potentially greatest inhumanity."[22] The presence of technology does not abrogate what has always been a difficult negotiation:

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[19] For two very different discussions of this point, but both raising strong questions about the idea of fertility as medical problem, see: Susan Windley-Daoust, *Theology of the Body, Extended: The Spiritual Signs of Birth, Impairment, and Dying* (Hobe Sound, FL: Lectio Publishing, 2014) and Jennifer Block*, Pushed: The Painful Truth about Childbirth and Modern Maternity Care* (Cambridge, MA: Da Capo Press, 2007).

[20] Ellis and Kent, *Disability and New Media*, 48.

[21] Ellis and Kent, *Disability and New Media*, 48.

[22] Stanley Hauerwas, *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church* (Notre Dame: University of Notre Dame Press, 1986), 160.

how to live with suffering— our own and others' and what it means to love in the midst of that suffering.

A further concern is the degree to which love and machines inter-mix. Theologian Deborah Creamer suggests that a medical model tends to identify the human body as "a biological machine that functions to a greater or lesser extent."[23] The "machine" notion of the body makes the body itself out to be a tool as well, a tool that— if it functions well— heightens a person's ability to participate in society, especially a consumer society that takes a dim view to people who are less than useful. If we Christians wish to speak of love of neighbor, one of the questions we need to confront with asocial or dissociative views of technologies is what it means to love a human being who is acted upon largely as a bodily machine. As MIT professor Sherry Turkle has discussed (convincingly on my view) in her book *Alone Together: Why We Expect More from Technology and Less from Each Other*, in our technocratic age, we are developing an inverse ability to relate to human beings and machines.[24] While studies on human behavior and robotics suggest that we develop and demonstrate many forms of sympathy for them, even after knowing the ins and outs of how the robots are programmed to respond to us in certain ways, studies on human treatment of each other, especially when we lurk behind our screens, suggests an increasing inability to respond with sympathy, empathy and compassion. These are changes that Turkle observes with some concern, especially as she observes how we place robotic and internet technologies as presumable appropriate substitutes for human interaction with the most vulnerable among us: the elderly, children, and those with disabilities. The ones who lose out the most from our love affairs with technologies, suggests Turkle, are those whose humanity is often described or viewed at the very marginal edges of human existence. Technologies become asocial, disassociating us from each other, in real and felt ways.

The key difficulty, I suggest, is in the ways this overarching asocial view of technologies limits our abilities to see other possible actions and ways of describing and living out human relationships. Such a view limits our creative thought and action and hence limits our ability to love and respond to love. As Herbert McCabe suggested in his book *Love, Law and Language*: love is a "growing word", a word that we learn to use over a lifetime of experience and encountering exemplary lovers. Yet as McCabe hastens to note in commenting on what it means that love is a "growing word", "this does not in the least imply that it is a vague word, one that might mean almost anything. It is just that a word like 'love' will always have uses that are not constricted

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[23] Creamer, *Disability and Christian Theology*, 24.

[24] See Sherry Turkle, *Alone Together: Why We Expect More from Technology and Less from Each Other* (New York: Basic Books, 2011).

by such rules for its use as you have managed to formulate any particular time."[25] That is, the word "love" is so spacious and mysterious that it needs great capacity for people learn how to use it, and live it, well. Our technologies, being part of the fabric of our social lives as they are, need to be narrated as capable of such spacious activity as well.

An additional concern with asocial views of technology hinge on how well we name and understand disease, disability and other commonly-thought medical conditions. Our ability, or lack thereof, in identifying diseases and conditions constricts our actions just as do our uses of technology in relation to fixing those conditions. That is, what if the very ways we name diseases is wrong, and what if the very technologies we use already inscribe certain, likely unhelpful, views of disability?

Bioethicist Carl Elliot has written several books calling into question positions like Savulescu's, and exposing the ways communities shape (in sometimes very questionable ways) diagnoses and presumptions about what counts as a medical disease. One of his most often cited examples is a chapter in which he discusses apotemnophiliacs, that is, people who desire to have limbs chopped off.[26] With all their limbs intact, they feel incomplete as themselves. Elliot observes that the number of people in any given human community who desire to have limbs cut off is vanishingly small; the advantages apotemnophiliacs have in an internet age is precisely that a community composed entirely of apotemnophiliacs is possible. Moreover, the existence of groups that now advocate for apotemnophilia means that now there are several people who might approach surgeons with the request to chop off an otherwise healthy limb, and the names of surgeons who acquiesce get traded within these communities.

Part of Elliot's point is to note that what apotemnophiliacs desire—to be more themselves— is the same kind of argument that others with more identifiable "diseases" make in advocating for treatment: for example, anxiety disorders across the spectrum, or a desire for breast enhancement surgery. Elliot seeks to blur lines between medical diagnosis and a person's identity, especially in relation to how communities shape and form both diagnoses and identities, and even the very notion that medical diagnosis is largely a cut-and-dried task that has very few grey areas or wiggle room (despite the fact that many physicians are quick to say that diagnosis is far more an art than a craft). A medical model of disability seeks the problem to be fixed, as compared with all the "normal" people in the crowd, and then seeks the tool to

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[25] Herbert McCabe, *Love, Law and Language* (London: Continuum, 2003), 18.
[26] See Carl Elliot, *Better than Well: American Medicine Meets the American Dream* (New York: Norton, 2003), especially chapter nine.

be used; it also depends on a universal norm against which disability gets measured.

Elliot develops the technology point far less well but it is important nonetheless. The question of communities and identities is surely part of the whole question, but the specific ways that technology enables creation of communities, indeed could even perhaps be considered the community (in a certain way) of apotemnophiliacs, is indispensable. Without the logic of technologies and their particular ways of fostering communication, there is no coming-into-being of apotemnophilia, and no community of apotemnophiliacs or sympathizers that presume its normalcy. Carl Elliot's point in this chapter is not that he necessarily thinks apotemnophilia or other such diagnoses are good or healthy or beneficial, but the interconnectedness between the diseases and problems we humans identify in each other, and the many facets of human life, including technologies, that form and shape our thinking about what counts as a problem as well as a solution to it.

Thus, focusing on a medical model enables almost complete focus on each individual person and directs the "problem" of disability and its technological fix toward the disabled person, rather than examining the communities of which they are part, and the ways even our tools act on us and shape us all. These concerns about medical models have led, however, to a different vision of disability, one that at the outset looks more promising in its understanding of both disability and technology.

Disability as Socially Embedded, Technology as Formative of the Social

Elliot's concerns about medical diagnosis, and the attendant critiques about technology use relates to what disability scholars increasingly name as the "social model" of disability. Social models of disability are often regarded in stark contrast to medical models, since social models tend to understand disability as a marker of societal prejudice and lack of accommodation to peoples' various impairments. As theologian Deborah Creamer notes, social models understand disability as "social constructed and results from society not being organized according to the needs of disabled people. The 'problem' is no longer identified as the physical, cognitive, or psychological characteristics of the individual, but rather is identified as prejudicial, exclusive, and oppressive attitudes and barriers."[27] Mitigating against socially constructed disability means becoming engaged in social activism against unjust barriers and exclusion of the disabled. Creamer further notes that examples of social models of disability include the passage of the

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[27] Creamer, *Disability and Christian Theology*, 25.

Americans with Disabilities Act and a focus on giving all people "equal opportunity and full participation."[28]

On a social model of disability, scholars make distinctions between impairment, which is the physical attribute a person has, over against disability, which is the social construct. Impairment, on this view, is analogous to whether a person is left-handed or right-handed, than it is a question of how well a particular person matches up with the concept of "normal." Left- and right-handedness provides a strong analogy here in the sense that many of the tools humans create have been with the right-handed person in mind, such that left-handedness becomes a problem and a "disability" in the face of a majority culture where door knobs and kitchen utensils (among many, many other things) are decisively right-handed. The social construction model of disability is the most-often used model in contemporary disability scholarship, though some theologians have begun to explore still other ways of articulating disability.[29]

Identifying that the problem is chiefly about society's response (or lack thereof) rather than with the person who has impairment affects peoples' engagement with and assumptions about technologies. Rather than thinking in terms of technologies as tools for individuals with individual problems, technologies instead become communally focused, known as universal accessible design. One of the benefits of thinking about technology in this way is that, while technologies developed particularly for disabilities end up seeming weak, technologies developed for broad use do not carry these negative connotations. For example, an architectural design of a ramp can be accessible to wheelchairs and walkers alike, seamlessly woven into building design in such a way that there need be no sign indicating "Wheelchair Ramp" any than there need be a sign indicating "Walker Stairs." Other examples include curb cuts that assist wheelchairs, but also strollers, skateboards, and walkers, and family restrooms that are large and spacious, and can be used across gender, age and ability. One example in current design is the SMS system, developed for those are hearing impaired and Deaf, but used by nearly everyone with a cell phone for texting.

The internet has often been seen as a special site for universal accessible design. It lacks many of the physical barriers, particularly with respect to building barriers, that may prevent those with disabilities from even entering through the doors to attend meetings, classes,

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[28] Creamer, *Disability and Christian Theology*, 26.

[29] Deborah Creamer's book, cited above, is a prime example of someone exploring other ways of articulating disability, as is the work of John Swinton, Brian Brock, and their collaborators, in *Disability in the Christian Tradition: A Reader* (Grand Rapids: Eerdmans, 2013).

movies and so forth. Additionally, internet avatars provide great flex-ibility in terms of peoples' representations of themselves, so that fe-males can present as males, those without legs can present as having legs, and so forth. Such an experience of an avatar can be liberating simply because the disabled aspects that often cause knee-jerk and prejudiced reactions to persons with disabilities can disappear.

Just as claims that the web is gender or race neutral are specious, so too arguments that the web is disability neutral are problematic. Digital documents may claim to be accessible for those with visual impairments, but the documents themselves do not interface well with screen readers. Those with hearing impairments frequently encounter barriers regarding sound and video, especially in relation to inaccurate or non-visible captioning, but also whether those who speak sign lan-guage can use that language to sign in to various online platforms. While the ability to surpass such barriers exists in many cases, the at-tention to details regarding technologies required to surpass those bar-riers is not present.

I suggest that part of the difficulty is that some of the prevailing presumptions about digital technology and impairment presume aso-cial views of technologies, even as they explicitly advocate social models of disability. Though there is a key and significant shift from individual to society in narratives about disability, there is no similar shift in narratives about technologies as embedded in social life as well. Technologies are often understood, broadly, as tools for elimi-nating social discrimination, with no special attention to the nature of the technological "tool" itself. Universal accessible design sounds so terrific, that it is easy to make very generalized statements about its benefits, especially online. Yet, as Katie Ellis and Mike Kent note, universal designs end up not being as universal as sometimes hoped, since some groups may be helped and others not.[30] Universal ramps, for example, could be exceedingly dangerous for walkers in inclement weather, and websites that are made accessible for visual impairments are not necessarily accessible for other kinds of impairments, or for use by people with no impairment. The social media site Facebook has become known as particularly inaccessible to those with disabilities, in contrast to the now defunct MySpace. Much of the reason is in the design of the sites themselves, and associated philosophies driving the designs. MySpace, with its fewer guidelines and greater options for individual collaboration with the program itself was recognized for its greater accessibility.[31]

Shifting the focus from individual to society, then, does not neces-sarily mitigate against an asocial view of technologies, and less still

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[30] Ellis and Kent, *Disability and New Media*, 93.
[31] Ellis and Kent, *Disability and New Media*, 111.

toward reflecting on technologies themselves in use relating to disabilities. Indeed, the Facebook versus MySpace example indicates how dissociative views of technology mitigate against accessibility. Facebook's emphasis on controlling its medium and interface has become the standard, perhaps most evidently relating to privacy controls, though I suggest that Facebook's control over all aspects of its design and functionality affects questions about accessibility as well.

What is especially interesting in the case of Facebook's privacy concerns is that, while certain descriptions of Facebook involve insistence about the new world or new era that Facebook ushers in, most of our conversations about Facebook do not reflect such change. A 2010 *Time Magazine* article notes: "Facebook has changed our social DNA, making us more accustomed to openness. But the site is premised on a contradiction: Facebook is rich in intimate opportunities — you can celebrate your niece's first steps there and mourn the death of a close friend — but the company is making money because you are, on some level, broadcasting those moments online."[32] Yet while we speak about Facebook doing something distinctive, changing our social DNA, our speech about Facebook and its privacy controls remains at the level of tool. How do we fix our concerns about Facebook privacy controls? There is a list: turn off certain Facebook functions, avoid posting baby pictures, go to these websites and click on these links. Yet if it is true that Facebook really does change our very way of relating to each other and to it, it cannot be the case that a simple tool view suffices as a fix.

I note here that Savulescu's argument for enhancement technologies articulated above relates equally well in a social disability model. For someone who thinks that society is to blame for holding back those with impairments, technologies, broadly defined, provide ways forward toward incorporating bodies into a fully-functioning society precisely by enhancing their bodies. What now count as "normal" impediments to human imaginings also become enhanced through technology so that in effect, each body no longer needs to exist according to "normal" versus "disabled" labels, but rather "enhanced" and "unenhanced." Such views of both technology and disability hint at both an idyllic present and future, one in which differences wrought by disability are made relative by the fact that all humans seek enhancements of one kind or other. We are all imperfect bodies seeking perfection, or as close as we can come, via technology use.

One of the primary difficulties in these descriptions of disability and the attendant technological concerns is that we humans still want to name ourselves as masters of our technologies, including and espe-

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[32] Dan Fletcher, "How Facebook is Redefining Privacy," *Time Magazine* (May 20, 2010), http://content.time.com/time/magazine/article/0,9171,1990798,00.html.

cially masters of the social media websites we use, without quite real-
izing the ways that technology masters us, and particularly masters,
and even hides, those who are disabled when we presume too much
about our technological tools. If we really can master technologies,
then we really can use them as tools to pick up and put down at will,
to fix individual and social affects wrought by disabilities, and more
besides. If we cannot master technologies, then… what about disabil-
ity and pain and suffering? In a world where *not* leaving people suf-
fering is one of the highest goods we presume we can achieve, perhaps
even equivalent to loving that person, asocial descriptions of technol-
ogy reinforces certain views about hope and love (or lack thereof).

It should be said, as well, that the presumption that technology
fixes things in a way that requires little or no imagination about tech-
nology's or disability's connections to our social world also tends to
neglect or silence the fact that for many people with impairments who
experience disabilities, technologies never thoroughly erase pain and
suffering or the sense that one is "not normal." Indeed, to return to the
question of cochlear implants that I raised at the beginning, lay people
often presume that cochlear implants will operate somewhat akin to
glasses in the sense that they will restore hearing to something like
20/20 vision, which we accept as normal eyesight. Yet, in fact, coch-
lear implants do not achieve this feat; for the user hearing still often
sounds mechanical. Add to this the surrounding questions of Deaf cul-
ture and the degree to which cochlear implants raise questions about
eugenicizing whole communities, then obtaining a cochlear implant
can potentially increase suffering on two fronts. Hearing is both not
"normalized" and a person may experience doubts and concerns about
the degree to which one belongs to a community should an implant be
attempted.

Thinking technologically about human beings and enhancements
can mean that disability becomes simply one among many things to
be eradicated, such that disability as a specific part of some human
beings disappears. As well, a focus on enhancements can make it look
like everyone is disabled, in a sense, everyone in need of technological
enhancement, but with all the technological enhancements directed to-
ward individuals rather than their social and cultural contexts.

Thus, while a social view is in some ways more positive with re-
spect to people with disabilities, in the sense that the "blame" for dis-
ability is not placed solely on the disabled themselves, such a view
also puts certain constraints on our abilities to learn to love. Love is
not boundless in the sense that just any activity, any use of technology,
counts as love, even when directed at the social problems we identify.
Nor is any sense of having "fixed" a problem the likely boundary of
what it means to love. To the contrary, learning to love people in our
uses of technologies and even with a sense that it is the social that

creates disability, removes none of the burden that a call to love places on our interactions with individuals.

All that said, I think a social model of disability has good potential, especially if we likewise can understand and articulate technologies in relation to social formation. Perhaps one of the benefits of disabilities is that they offer spaces where we can see some of our technologies' workings and also failures. While I do think that we humans generally take technologies both far too seriously than we ought (but in the wrong ways), and far less seriously than we ought (but in the wrong ways), I am not an advocate of technological rejection. Indeed, the insistence of those who are disabled pressing constantly against the inaccessibility that they encounter in a range of technologies affords some hope for thinking through what it means to need technologies but also how to grapple with the various problems technologies present, some of which I have represented above.

HOW DO WE LEARN TO LOVE IN A TECHNOLOGICAL ERA?

Thus far, I have broadly discussed what I see as two majority ways technologies, especially in relation to disabilities, get discussed and interpreted. Whether the focus is on the individual with a disability, or on society that creates a disability where only impairment existed beforehand, I suggest that a nearly automatic response is to consider what can fix the problem so described, and in primarily asocial ways. In this final section, I briefly and very broadly discuss a potential theological way forward, one that perhaps permits us judiciously to use some technologies as tools, but also helps us articulate a far more complex narrative that may not, on its own, solve questions about disability as such, but may at least allow us to think more proactively about what it means to use our technologies in the service of love. My brief exploration of themes about Christ, technology, communication and love here will not be wholly satisfying; this work will need further development. Yet as I suggested at the beginning of this essay, I do not wish simply to describe the problems I see regarding technology and disability without also suggesting possible different way forward.

A first step is to think about technology not merely as a tool, but as constituting a social world, naming ways that we relate to other humans, even and especially when people do not quite realize or articulate that relationship, particularly when the sociality of technologies has been disrupted. Brian Brock's work on technology and theology articulates such an assessment in his descriptions of historical developments of a range of technologies. He discusses how the development of the Psalter and practices of this "textually formed performance

of collective worship" in which peoples' very bodies and also relation-
ships to other bodies are shaped and formed.[33] By contrast, he finds
that the increasing use of books, as such, in the Scholastic period and
later, makes use of bookish technologies in such a way that the focus
becomes the individual reading that book, and memory becomes "a
carefully constructed archive of wisdom contained in the individual's
mind."[34] Brock then carries his discussion to a consideration of pre-
sent-day Christian worship online, where he suggests, "[when] the
consumption of people's everyday lives has become entertainment,
and surveillance an everyday fact of life, a new humanity is born…
the public and publicity become all-encompassing."[35] How, then, does
this social world born of internet relationships impinge on Christian
life in particular? Brock suspects that the mode of constant self-publi-
cation in internet life turns us away from other, more gospel ways of
relating to people.

My main point in bringing up Brock here is to attempt to show, in
brief, how examinations of technologies require a view toward the so-
cial. A utilitarian technological focus on "fixes" tends to focus on one
individual, or individual part of social fabric, assuming that once
fixed, that individual can then more fully participate in social fabric—
whether that "fix" involves a person with hearing loss, a privacy con-
trol setting, or as in Brock's examples, an individual church hoping to
fix declining membership simply by generating a web presence. Such
a view is asocial, not requiring attention to particularities.

For Christians, recognizing the kinds of social formation that tech-
nology engenders can have several possible responses, including the
well-known approach of Christian societies themselves rejecting var-
ious forms of technology. Many contemporary theologians writing
about technologies have been hesitant to make quite so drastic a move,
since in most cases rejection of certain technologies merely postpones
inevitable further conversations as technologies continue to develop.
In relation to particular questions about disability, moreover, rejection
of technologies in whole or in part stand, in whole or in part, to ignore
peoples' pain and suffering and the effects of their impairments/ disa-
bilities. That is, such a response to technology is as potentially eugen-
icizing as a medical model's overemphasis of cochlear implants may
be.

Attempting to discuss technologies in terms of social formation is
difficult, however. Even in this essay where I am attempting to narrate
the ways we often describe technologies as asocial, and turn toward

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[33] Brian Brock, *Christian Ethics in a Technological Age* (Grand Rapids: Eerdmans,
2010), 274.
[34] Brock, *Christian Ethics in a Technological Age*, 275.
[35] Brock, *Christian Ethics in a Technological Age*, 280.

social narratives in contrast, I have at times failed. I suspect that creating the kind of community that pays attention to technology for its sociability, or lack thereof, requires embodied practices that help shape peoples' responses to technology in ways different from our unreflective approaches.

My concern and proposed remedy takes a cue from problems in Christology. Too often, the meaning of the incarnation is reduced to asocial usefulness, too. Jesus's life is reduced to a set of teachings, a useful person on the sidelines who could be consulted for making difficult decisions, or again, a useful emblem to display at will. This problem is a main concern of Wittgensteinian Thomist Herbert McCabe, who articulates again and again how God Incarnate cannot be so easily used and discharged, in ways similar to the technological tools I have described above. In one of his later Christological essays called "He Was Crucified, Suffered Death, and Was Buried," McCabe writes, "[Jesus'] alternative was not a philosophy or a theology or a social theory or a political programme. It was simply himself. Believe in *me*, he says."[36] McCabe continues by maintaining the crucial point that what it means to believe in Jesus is to enter into a relationship with Jesus, and the only way to do so is to make a response to Jesus with one's whole life.

Elsewhere, McCabe observes: "Jesus is not offering a blueprint for a new kind of society, an ideal which men [*sic*] may or may not choose to realize, he is offering *himself* as the centre of this new society."[37] McCabe strongly rejects motifs that describe Jesus primarily in terms of useful tools that lead to a better society, as in the blueprint, but rather *as* the new society itself. What McCabe does here is place all focus, all emphasis, on the whole of who Jesus is, rather than making any hint whatsoever that Jesus might be a step on the road toward the solution or ideal we seek.

Technology is often defined in terms of mere usefulness because sociality, too often, is defined in utilitarian terms (i.e., social contract theory), where humans exist as apparent independent beings who come together at stated times for stated purposes, and especially to "fix" problems requiring, say, the use of an army, or taxation and so forth.[38] In the revelation to which McCabe refers, the incarnation constitutes a set of social relations, which are not a means to an end but a sacrament— a making present— of the end of reconciliation and love. Consider the praise Jesus gives to a woman who wastes an entire jar of expensive perfume by breaking the jar and pouring the contents on

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[36] Herbert McCabe, *God Still Matters* (New York: Continuum, 2002), 98 (emphasis original).

[37] McCabe, *God Still Matters*, 130 (emphasis original).

[38] This is certainly how I interpret Robert Nozick's account of justice and society. See *Anarchy, State and Utopia* (New York: Basic Books, 2013).

his feet. Both jar and perfume are ancient forms of technology that have an obvious use. But that "use" is spoiled. The jar is broken. Wasted in terms of use, the broken jar of perfume becomes a sign of the woman's self-giving love—which itself serves as a sign of God's self-giving love poured out, regardless of expense.

McCabe sees love embodied especially in the particular community of Christian church and its practices, and so do others whose work borrows from his ideas.[39] In these terms, technologies can be seen not merely as useful, but as "making present" sociability— sociability that conveys wholeness, reconciliation, and redemption in itself, in just the way that Jesus cannot be a mere blueprint, but is himself what we seek.

In relation to disability and technology, then, what it means to think of technology as sociable formation is for whole communities to put on the technologies that are so often used as fixes for disabilities. For Christians, this means particularly to think about, and allow formation from, technologies in relation to making present reconciliation and love, especially to those who suffer. At times, this kind of sociable technological formation may look similar to a social model of disability because I think it requires us all to be formed by the technologies that currently mostly disabled people use. The ramps mentioned above that are for the use of all, not only those in wheelchairs, are a key example. What might it mean, too, to allow hearing and vision technologies to form and shape communities, architecture, structure and all? This view also makes use of medical models of disability and technology, especially in helping articulate ways in which medical solutions can be sociable.

Yet, as I described my concerns with these various models of disability in the previous section, I do not think this kind of communal life focused on the ways technologies (including older forms of technologies that we no longer consider even as technologies) entirely enables this sacramental making present of reconciliation and love. Part of the reason is that the social model of disability, as with technology itself, often aims to fix something that cannot be fixed, and that is human suffering. An emphasis on technology and its sociality does not hold with a sense of utopia, at least not when understood in Christological view. Technology does not eradicate suffering and death, not even in the presumed halcyon fields of (relatively) disembodied life online.

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[39] Of course, the concern with this view is that we all know of Christian communities that operate precisely not in these ways, and which do not make present reconciliation and love. But I think McCabe here is not trying to presume, or recover, any sense of ideal "church" just in the same way that he rejects Jesus as a blueprint. We are given the gifts of Jesus, and other humans, to whom we can respond in love and reconciliation—or not. That our various responses to these gifts do not measure up is not, on Christian terms, a reason to reject Jesus as a way of life.

Such a view of technology linked to suffering and death accords with a new understanding of disability that has emerged as an alternative to the medical and social models. Deborah Creamer has advocated for a theology of disability that focuses on and embraces limits. "The limits model highlights the fact that human limits need not (and perhaps ought not) be seen as negative or as something that is not or that cannot be done, and instead claims that limits are an important part of being human—a fact that is overlooked when we reflect on the human body as generic."[40] For Creamer, one of the advantages of her argument is that it enables some of the best parts of both the medical and social models, but also allows for the fact that those models do not, in fact, "cure" disability. A medical model of disability has an important place, just as a social model does, with their attempts to enable those with disabilities/impairments as full access to social participation as possible. Still, both models leave a gap, which is that despite the diagnoses and the fixes, impairment and disability is still felt in various ways. To talk of eradicating impairments or disabilities, as in the cochlear implant debate, is indeed to speak of eradicating people, even a culture, because eradicating disability cannot be done via technology, except insofar as those tools enable death.

By contrast, Creamer's theology of embodiedness accepts that we have limits, despite, and sometimes because of, our technologies. Acknowledging those limits in relation to disability and technology enables people state and reflect on those limits in particular ways. This deep reflection on limits can and should be part of peoples' lives, irrespective of disability and impairment. For example, instead of envisioning the internet as a broadly open and accepting space for those with disabilities, a view to embodiedness acknowledges that humans access the internet bodily and in only limited ways; there is no other way to access it (not even Google Glass enables full disembodiment). The more we recognize our own limits when we use our technologies, the more able we are to understand others' limits in relation to technology and see that our technologies, however good, are not absolute fixes.

Thus, our best attempts to be formed by sociable technologies also requires us to walk with (and hear with, and see with, and think with, and so forth) people in the full ranges of their impairments, suffering, and disabilities. It means acknowledging the limits of both bodies and technologies, seeking ways, instead, to articulate clearly the times when technologies fail to form us well. Jesus' own life, suffering, and death offer a strong strand of Christian tradition in this regard, one that Christians have articulated and embodied in numerous ways, including the sacrament of the sick, the sacrament of reconciliation, healing

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[40] Creamer, *Disability and Christian Theology*, 116.

services, foot washing, the Eucharist, peace and reconciliation commissions, prayers and meditations on Jesus' suffering, and so forth. These, too, need reflectively to be a strong part of any Christian community's desire to be responsive in a technological and able-bodied way. The most technologically-savvy and apparently welcoming church misses the point if pain and death are not also routinely part of that community's social formation, especially with attention to the sufferings of particular people in those communities.

In conclusion, it is all too easy to slip into a dominant mode of technology-as-asocial, and from thence, to unhelpful and even harmful ways of thinking about people with disabilities. Solutions to the dominant thoughts about dissociative technologies cannot come from thinking about rules we might put in place for using our technologies, as we and our technologies are far too diverse for such simplicity. Rather, as McCabe has suggested, Christians have a whole way of life, a life that, if oriented and practiced (at least in part) toward our technologies and their use because of Jesus, we may have better hope of learning, ourselves, how to love. Ⓜ