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RESEARCH ARTICLE



## The 'Reopen Churches' Conversation: Disabilities and the Margins

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### ABSTRACT

The continued presence of COVID-19 has significantly disrupted most church practices, including the ability to gather in person for worship. This has greatly altered church life, and with no clear timeline established yet on if-and-when churches will be able to operate in ways similar to before, the calls for reopening churches began well in advance of any evidence of decreasing infection rates. While within this conversation are discussions to be had concerning the relationship between Church and State, as well as an acknowledgement of the privileging of economic systems over relational systems, this article responds to the lack of disability awareness within the mainstream conversation as an act of pastoral justice. A history of how the church has engaged with disability is used to provide context otherwise missing from these accounts, and a critique of their argumentation is offered.

### KEYWORDS

Disability; pandemic; embodiment; marginalization; ecclesiology

'Pastoral care that is genuinely Christian begins with the development of forms of practice that will enable people to grow into the discipline of loving God for God's sake and loving others for their own sake. To do this is much harder than learning an idea or a set of theories. To grow into loving God demands an approach that involves the whole person to be committed to love in every dimension of their being.'<sup>1</sup> Swinton's definition of pastoral care, which he uses to outline the theological nature of L'Arche, offers a standard of care to which any church or religious person would likely fail. Caring for a holistic person, in every aspect of being, is certainly idealistic (although Swinton believes it is at least nearly approached through the L'Arche network of intentional communities). This ideal offers an evaluative challenge to the praxis of faith communities today, as Swinton notes that 'good communities include diversity and difference based on a conviction that we cannot be whole without others being different from us.'<sup>2</sup> This paper explores the division of two linked aspects of personhood as seen through the popular-level discourse on reopening America Protestant churches during the global novel coronavirus (COVID-19) pandemic and, with a mind to the holistic aspect of pastoral care that Swinton challenges faith communities to affirm, critiques the inadequacy of the pastoral theology inherent to the conversation. This paper first establishes a pattern

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of dividing ‘embodiment’ from ‘bodies’ within popular-level articles and posts from within established Christian media. This is followed by a historical uncovering of how specific bodies are first constructed through the structural logics of the church, and then made to be peripheral and politically impotent. I then re-read this critical hermeneutic against the explicit claims of the ‘reopen churches movement,’ and conclude with a call to more imaginative forms of worship as an expression of the above definition of pastoral theology.

## Materials and Methods

A significant number of articles and blog posts have been published recently on the topic of ‘reopening the church during COVID-19.’ This article follows Baumeister and Leary in using a targeted narrative literature review<sup>3</sup> to validate the hypothesis that the category of ‘disability’ has been excluded from the broad social narrative as made freely available to the public in conversations on how to respond to the novel coronavirus pandemic of 2020. Primarily, within the Protestant digital realm, these address the same question: what can we do as congregations to gather in person while mitigating as much risk as is necessary? Daniel Chin applies the latest in medical knowledge to best situate the church for opening safely.<sup>4</sup> After all, as Trevin Wax writes on The Gospel Coalition’s site, we risk losing sight of ‘the real thing’ when we rely on digital gatherings.<sup>5</sup> Ethicist and former President of the American Academy of Religion David Gushee decried the lack of embodied connectivity in an op-ed in the Baptist News Global,<sup>6</sup> but curiously does not attend to the bodies of congregants in any real way, nor does he in his recent walk-back, instead mixing an apology with a conflation of critique and suppression of free speech.<sup>7</sup>

There is a brief mention of disabilities in Kent Annan and Jamie Aten for Sojourners, who also offer readers the reminder that they can be serving outside the walls of the church even now.<sup>8,9</sup> Ryan Burge (Christianity Today) does address the unique issue of aging and reopening,<sup>10</sup> and the acknowledgement that COVID-19 disproportionately impacts Black and Brown communities is made explicit by Christie Lawrence and Monique Colbert.<sup>11</sup> However, neither set of questions by Director Sunday School for Lifeway Christian Resources Ken Braddy mention the word ‘disability’ at all, nor the terms ‘homeless,’ ‘Black,’ ‘poor,’ ‘privilege,’ ‘disproportionate,’ or even the word ‘body’ at all.<sup>12,13</sup> Likewise, of the 20+ resources collected by The Humanitarian Disaster Institute at Wheaton College, who have claimed the website <https://www.reopeningthechurch.com/> as a virtual clearing house, exactly zero featured the word ‘disability.’ For as much as it is the driving force behind these articles and calls for reopening, the body, and particularly bodies on the margins, is shockingly absent in the actual content of these arguments – with a notable exception in a piece from Sojourner’s president Jim Wallis.<sup>14</sup> This is a failure of the discourse to engage with a deep well of resources in disability and faith, ranging from the practical to the theoretical.<sup>15</sup>

In light of the hypothesis proven to be at least supported, if not empirically proved,<sup>16</sup> the pastoral response must first be to acknowledge the disconnect between the valuation of embodied gathering for worship and the devaluation of the realities of marginalized bodies. It is this tension that this article turns its focus to, particularly as these calls to

reopen churches link to disableism - the feelings, thoughts, and actions which discriminate against disabled people.<sup>17</sup>

My disability-focused critique of these articles is couched within the wider landscape of those marginalized and disenfranchised by America's major institutions namely, the medical field, the education field, and the church. Arora offers a helpful overview of the models of disability as they relate to pastoral theology and care. Her breakdown of chronic illness and disability categories into three major meaning-structures (moral, bio-medical, and social) highlights the unique pastoral responses to internalized experiences of disability.<sup>18</sup> This paper recognizes the practical need for such responses, but argues that pastoral theology must also attend to the significant overlaps between each model as expressed in the church. I believe this work to be helpful for understanding the deeper criticism of these 'embodiment-matters-but-bodies-don't' approaches, ultimately leading to a more robust and justice-centred collective pastoral response. It is worth noting as well that the bulk of discourse on disability comes from the medical and educational fields, with theology playing catch-up. Ultimately, what I expose in this article is that the material conditions of history expose a logic of 'center/peripheral' which gets cast in our institutional structures and subsequently carried into our experience of daily life today. Thus, the argument to reopen churches fails to 1) overcome the latent disableism within the historic activity of the church and 2) imagine an anti-disableist logic which can better address the holistic needs of disabled worshippers for the future. This failure is rooted in a division between the evaluation of embodiment as a conceptual good and the realities of actual bodies; because this division prevent people from developing 'love in every dimension of their being,' as Swinton writes, it is a profoundly pastoral issue.

These articles, however flawed, still serve as an excellent opportunity to explore the similar logics at play between institutional control and peripheral bodies when it comes to churches and disability communities.

### *Hospitals, Universities, Church, and the Control of Disabilities*

Historian Jacques-Henri Stiker notes that the category of 'disabled' was not distinguished from other categories of 'economically weak' in the Middle Ages.<sup>19</sup> They, broadly speaking, were the 'integrated marginalized' - those included in society, but clearly occupying the least amount of social, economic, and political power. As Foucault notes, the *monstrous* is what violates Natural or Divine laws, whereas the presence of *disability* merely violates civil law.<sup>20</sup> Still, this division is malleable - many times, the presence of a disability is viewed as a Divine sign, threat, opportunity, or punishment, each standing outside the human system. Thus, disability was a common experience and part of the social fabric, but only at the point of serving under the wider framework as the marginal boundary for the rest of society. It was not until the shift from keeping disabled family members at home to placing them in nearly specialized medical centers in the 17th and 18th centuries that 'disability' as a category became more defined.

The emergence of medical centers led directly to the expectation of productivity, especially for those who developed disabilities (rather than those born with congenital disabilities). The body, under the gaze and scalpels of surgeons and in the medical space, became a thing to be fixed and disability to therefore be eliminated. As Stiker

puts it, ‘this is the realization of the medical profession’s great dream to care for the ill and in doing so to become the adjudicators of a social norm that is defined on the basis of norms of life and of health.’<sup>21</sup> When all of life begins to be measured in relation to a standardized model of health and physical wholeness (one which is also decidedly white, male and Western European), those who ‘fall short’ of these marks are not only physically deficient, but morally so as well. The dominance of the hospital, which began consuming all bodily experiences from birth to death, dictates the social experience and social meaning of disability - something which is defective and must be made better (and again, therefore eliminated). Even today, the emergence of gene therapies highlight that the idealization of the medical gaze points to a singular expression of embodiment which precludes disabled embodiment. This removal and prevention of disabilities via medicine is connected to social stigma, as Harriet McBryde Johnson saliently argues in her essay *Unspeakable Conversations*.<sup>22</sup>

Disability as a concept is also preeminent in the educational realm and is no less linked to the physical spaces of the academy. Throughout the twentieth century, hospitals, asylums, and orphanages became the sites of captive ‘material,’ and in fact, the American university system grew rich on the steady diet of this parasitic space relationship. As Dolmage notes,

the university has always had a mutually-reinforcing and polarized relationship with societal institutions like asylums, asylum-schools (and immigration stations, reservations, and prisons) ... experimentation on aboriginal peoples, immigrants, and people with disabilities that was thoroughly institutionalized and reinforced by government policy [was] at the same time establishing the knowledge and power of universities.<sup>23</sup>

In 2013, the University of Mississippi was forced to abandon a building project when it came to light that thousands of former asylum residents were buried in the planned lot.<sup>24</sup> Dr. Molly Zuckerman, a professor helping to lead the excavations, told HuffPost that ‘the people buried aren’t just bodies but can be turned into a tremendous resource for living people in the state,’ claiming yet again the lives of those in tertiary and peripheral spaces for the academy. Of course, race cannot nor should ever be ignored; not coincidentally, the same hill which contained the original asylum also held the area’s only church for freed slaves.<sup>25</sup>

But it was not only the hospitals and universities which operationalized their research against disabled people. In the medieval ages, it was Christians who began practices of leper houses and particular hospices for various disability communities. Stiker notes that their work, while sometimes individually ameliorative, functioned on a social scale to make the very category of disability an opportunity for charity. They were ‘spiritually integrated,’ in that they were the recipients of prayer and good work (and even sometimes held up as models of faith), but thanks to their physical exclusion they could only ever be socially marginal. In the early modern period and on, Christian reformers worked from the very beginning of the institutional movement to shift those with disabilities from homes and local almshouses and into asylums, ostensibly for educational purposes. The generation prior, Christians had utilized the ‘mad’ for both profit and moral domination over the ‘sane’ populace, charging money to visitors and offering their lives as a form of moral instruction against rebellious youths.<sup>26</sup>

From these institutional movements to the telethons of Jerry Lewis, Christians have a long history of operationalizing disabilities for the purpose of creating a sustained underclass on which they might bestow their generosity.<sup>27</sup> Disability studies professor and activist James Charlton notes that ‘as dependency is a condition of oppression, charity is a condition of poverty.’<sup>28</sup> Thus, charity comes at the expense of actual justice. As Reinhold Niebuhr astutely named back in 1932, ‘philanthropy combines genuine pity with the display of power and that the latter element explains why the powerful are more inclined to be generous than to grant social justice.’<sup>29</sup> In participating in these institutionalizing pressures, the church claimed for itself a position of ‘disability creator,’ alongside the medical and university powers.

## **Bodies**

What makes these instances more than simply a series of unconnected dots is the way the modern material constructions of our world stem from the shared assumption that some bodies simply matter more than others. We see this in obvious ways when we note the discrepancies in healthcare between Black people and their white counterparts.<sup>30</sup> Likewise, those previously deemed ‘insane,’ or ‘feebleminded,’ were placed into these categories by the asylums and schools which profited from the control of their bodies.<sup>31</sup> By nearly any material account, those who are today considered intellectually disabled are still at the ‘bottom rung’ of society - more likely to be killed by police, more likely to be victims of violence, more likely to be poor and/or unhoused, more likely to be abused, more likely to be underemployed, and more likely to be socially restricted (lonely and unable to meet people/make friends) than non-disabled counterparts.<sup>32</sup> The history of eugenics, experimentation, institutionalization, stigma, underprovision, and social restriction looms large in the modern experience of disability. For many disability scholars, in fact, it is this history embedded in our material and imagined world which serve as the actual etiology of the very category of ‘disabled,’ rather than a bodily mistake or malfunction.<sup>33</sup> The underlying logic, that some bodies don’t matter, is cast in brick and mortar and carries through our history into today.

The America Protestant Church has, in general, failed to fully account for its history of disableist oppression. Whereas the medical and educational realms are making slow headway in their shameful histories, Christianity seems wilfully ignorant of its role in creating, and subsequently dominating, disabled lives. By valuing some bodies more than others, we cannot help but re-consume the bodies of those who have been repeatedly isolated, dominated, and controlled by our assumption of comparative worthlessness. In particular, do disabled people have a space in the church you wish to reopen, or will they be relegated once again to the sidelines for the sake of able-bodied desires? Even in the case of L’Arche, the revelations and hopeful signs from within the community are still structurally and geographically marginal.<sup>34</sup> ‘The people buried aren’t just bodies but can be turned into a tremendous resource for living people in the state,’ indeed.

With that challenge and history serving as the background and framework, I’d like to issue some challenges to the general arguments for reopening church buildings in the midst of this pandemic. Additionally, the popular-level articles and posts are naturally inclined to reach a much more vast audience compared to peer-reviewed scholarship.

Thus, although there is room for nuance and varied argument strands within the overall conversation of how American Protestant churches are to best proceed during the novel coronavirus pandemic, Gushee's post can serve as an appropriate synecdoche of this side of the conversation. I take Dr. Gushee's article as a primary interlocutor, based primarily on his non-academic approach. I believe his 'common sense' approach best exemplifies the unconscious and unexamined beliefs relating to disability in the Christian tradition.

## Critiquing the Reasons

### 1. 'Because Christians need to gather in community and worship God.'

I take no issue with the theological concept that gathering in community is a necessary condition for authentic worship. It is right and good to gather with others, a practice which physically reminds us that faith is not simply about a personal belief or feeling but rather is an entire way of forming our lives. However, two questions arise concerning what it means to gather in community.

First, what constitutes 'gathering'? For Gushee, a gathering is necessarily incarnational. For many other authors, incarnational gathering is at least *better* or *preferred* to digital ones. One cannot truly gather, in all its nuance and immersiveness, without the physicality of presence - bodies, smells, noises, sights, the coolness of the air when someone walks past and the warmth of their hand in passing the peace. Paradoxically, it is because of the carnate body that these things are not available at the moment. Bodies also carry pathogens, germs, and virus particles (most notably, the novel coronavirus). Breathing in one another's air is good in that it reminds us that God calls us to faith on behalf of the world, but, at the moment, breathing one another's air is potentially deadly. Gushee and those making medical recommendations seek the middle path, in which we physically gather but keep our distance, wearing masks and following health protocols. I am firmly in favor of masks and health safety, but I challenge this framing.

By expressly *not* gathering in person, we make claims on the bodies of those around us. Gathering in person is still risky, as most of these pro-reopening posts concede. But that risk is not spread around evenly. COVID-19 disproportionately attacks the disabled and those in low socio-economic areas, and thus, predominantly racial minorities.<sup>35</sup> Refusing to gather in person is not a rejection of our incarnational natures, but rather is a theological claim that incarnation does not stop at the body. Churches which continue to shut their doors in favor of online meetings are not shuttering their call to embody faith to the world, they are taking seriously the message of the Great Banquet - actually caring for the bodies of the marginal and at-risk, not by parroting the verse and inviting them into shared space but by taking seriously their actual needs here and now (Luke 14:13).

### 2. 'Because virtual church can only carry us so far.'

Many have noted the current logistical need for virtual gatherings, and Gushee even offers his thanks that online opportunities provide a holding space of sorts to keep his communities intact, but the focus on reopening - especially when liturgy and gathering would remain restricted - discounts this capacity for the future. Most articles, including Gushee's, offer precious little in the form of argument, save to simply say that the 'Zoom church' cannot sustain us. In saying 'us,' in this way, it is clear to me that these articles have not chosen to center the experiences of anyone who has relied on virtual church



since before the outbreak, nor those who have found newfound freedom in virtual participation. Again, the lack of any direct address of disabilities is not a simple oversight, but an expression of the disableism built into the Christian tradition.

The stigma surrounding those who cannot attend church in person is palpable, especially for those who are not in the singular category of acceptably absent - the 'shut-ins' which many churches pray for and send their elementary-aged children to carol to each December. Aside from those folks who have been named and categorized by their supposed inability to leave their homes, many folks who have disabilities which prevent regular attendance have relied on 'virtual church' for years. Early message boards on the internet, chat rooms, live streams, and Twitter have all been holy sites for many who cannot (or should not) gather in person (such as @DisabilityJ, #ParshaChat, or @RevRachelMann). Millions around the world tune in to televised church services, both Protestant and Catholic, and Trinity Broadcast Network has claimed to have grown their viewership by 30% since the start of the lockdown.<sup>36</sup>

3. 'Because the situation is not likely to get better any time soon, so if we wait for dramatic progress, it could be months or years until we can gather again.'

This relies on the notion that gathering is solely in the domain of physical shared space, which I've already tried to complicate. Further, I'm not sure that we ought to be rewarding poor social behavior with a lessening of the rules. Other countries have been able to make dramatic progress in shorter time frames but have done so through social actions which are unlikely to be popular or enforced in the US or UK.

Alison Kafer expertly outlined in her monograph *Feminist Queer Crip* that an imagined future which did not contain disabled people implied the need for eradicating them in the present.<sup>37</sup> Gushee's future is one in which the lives of disabled people are simply not important enough to center in our imaginations. His future of being restricted is a 'nightmare,' whereas for many these restrictions are simply 'daily life.' There is a persistent trope across disability history which separates the 'potentially cured' from the 'permanently disabled.' The presence of rehabilitation clinics and special education programs serve those whose disabilities might be ameliorated and fixed, with the goal of including them in mainstream society. Early reformers in the transition period between colonial times and the industrial revolutions held beliefs that education could restore the disabled to a life back in the community - if only they would learn to be like everyone else.<sup>38</sup> They could not imagine a future with disabilities, and ultimately their work led to the creation of asylums and schools which removed disabled people from public life completely; these physical actions eradicated and erased disabilities in both the social imagination and often, due to poor conditions, physically as well. Dorothea Dix, one of these prominent reformers, helped create the very asylum which housed those bodies under the University of Mississippi Medical campus, bodies forgotten and ignored until they became useful again to an Anthropology department.

Christianity is not a religion based in the future, or the past. It is a religion whose past and future direct the present. Christians are called to look for a future hope, but to allow that gaze to color their whole beings. We believe in the resurrection of the dead, which allows us to refuse the power of death here and now. We believe that God is restoring the world and reconciling back into a city of worship (Rev. 21) - does that city have any space for disabled people? I suspect, based on our erasure and eradication of disabilities here and now that the answer for most church leaders is, sadly, a resounding 'no.' It is thus



no surprise that a large discrepancy exists between the religious expression/engagement of those with disabilities compared to those without.<sup>39</sup> The Church has failed to address the structural, programmatic, and theological barriers to participation because we cannot envision a future which contains disabilities.

4. 'Because remaining closed when so many businesses, museums, parks and other entities are finding ways to open sends the wrong signal about how much we ourselves value the gathered church experience.'

This section actually makes three separate claims. First, that keeping churches closed is a reflection of our valuation of them. This is linked to desired service provision. Then, Gushee claims that this sends the wrong message to both members and to the world. Finally, he notes that 'frail' churches will die. Some of these arguments reoccur in other posts, particularly those which fixate on the challenge of fundraising amid record unemployment rates.

To begin, I refute the notion that the church can ever operate based on a hermeneutic of functionality and remain theologically *the Church*. We cannot compare the church to barbershops, nail salons, and movie theaters unless we want to limit the church to a space of effective human development. Certainly, many people grow and see an improvement in their lives as a result of attending church - a healthy community, weekly time for reflection and silence, and a moral guide are naturally things which make most people simply feel better. But these are not unique to churches, and in fact can be experienced more powerfully well beyond its walls. Is prayer better for your stress levels than an hour of yoga? Is your church book club a better community than your parent meet-up group? Is Sunday service more engaging than Friday night at a bar? Judging by church attendance trends and person experience, this is laughable. But that is not a true problem, because the church is not meant to be therapy for discontented people. The church is a house of worship. Comparing it to other services ignores this reality and turns the reconciliation of the world back to God into a series of social services and stuffy meetings.

This inverts Gushee's second contention, which is that opening restaurants or gyms before churches sends a message to the world that churches are inherently less important than these other social gathering spots. Refuting that places of worship are at their core functional spaces, and thus cannot be considered under the same criteria as other gathering spaces and cannot be so readily compared along this supposed spectrum of 'importance.' I would contend that offering the church as a space of desire is what sends the wrong message to the world - and to its members. If people are encouraged to come to church because it's good for them, the central message has already been lost.

Finally, yes, some churches will die. Some will not have the finances to keep their buildings open or to pay their staff. That is unfortunate in many cases. In others, that might not be such a terrible thing. The fear of death drives many churches into incredibly unhealthy situations, when 'dying well' might be one of the best witnesses to the inbreaking reality of the Kingdom we have at our disposal.<sup>40</sup> What better way to claim God's ultimate authority over the powers of death than to dance, sing, and worship triumphantly even in our final breaths? Christianity is an evangelistic religion, with a driving impulse to share the truths we believe. If we trust the Spirit to go before us as we share that message, we will not fear that the death of some churches will cause the collapse of our faith.

5. 'Because there appear to be ways to arrange worship services and spaces that are safe.'

Muted safe church space is not better than a vibrant and inclusive engagement, especially when that restrained physical space carries with it risks to marginal communities. Further, the drive to return to the physical structure of the church, while very understandable, limits our imagination of where God is active in the world. Jesus claimed that even the rocks themselves would cry out in His name, and Psalms 148–150 remind us that all of creation, in all space, is at worship - why not ethernet cables and wifi signals, as well? Reopening churches when it is not truly safe showcases that we cannot give thanks and praise for the work done by those who sustain the internet and without space to include it in our worship, we as theological ethicists have no room to make moral proclamations or judgements. The internet is not outside the bounds of the church, but scurrying away from virtual life as soon as possible implies that Christians ought to have nothing to do with these new places. Worse, it tells those who rely on the internet for church connection, particularly disabled, elderly, and BIPOC folk, that they exist beyond the acceptable walls of the church. This is the same logic that locked away disabled people in asylums, only now the 'madhouse' is a Twitter stream of vesper prayers.

I fear returning to churches because simply put, they are *not* safe for those with disabilities. The vast majority of churches lack any real engagement with disability communities or disability-specific needs, much less space for disabled voices to be centered as prophetic leaders.<sup>41</sup> Even among congregations that intentionally seek to serve those with disabilities, one study found over one fourth of those included still felt stigmatized and othered by their churches.<sup>42</sup> Again, churches have been instrumental in the creation of a 'charity class;' folks with disabilities are disproportionately the recipients of charity, which is ostensibly good except it reinforces a hierarchy of bodies with the abled at the top, dispersing services to those deemed sufficiently worthy of pity.

The church has been a site of oppression and cruelty, inaccessibility and oppression, just as hospitals and universities have. The notions of a 'perfected body' and the subtle (and often not-so-subtle) links between sin/moral failing and illness/disability are a continuous source of pain for many disabled Christians, including those called to leadership.<sup>43</sup> Until the church can be a place which imagines a future for disabled lives, and can hold space for disabled experience as informative, constructive, and prophetic, we will not find safety in returning to church. Returning to churches uncritically, even if focused on health precautions, serves only to reify the position of disabled people as perpetual outsiders, maintaining their bodies as sites of charity and service rather than welcoming them in as full and equal participants.

Gushee's remarks in particular, and the follow up note from Vickery and Mason, grant the authority to discern reopening to local congregations.<sup>44</sup> The data and history explored above show, however, that most congregations hold little to no space for disabled lives and voices. Almost exclusively non-disabled voices are simply never going to be sufficiently imaginative to create a church that is no longer steeped in a disableist framework. A turn to individualism is turning our back to those already on the periphery. This is a deeply unchristian attitude, one which clearly stands in opposition to the Beatitudes and ignores Jesus' answer to the challenge, 'who is my neighbor?'

## Conclusion

The history of the church shows that by physically building and acting on particular logics of ‘central vs. peripheral,’ the activity of the church has been either complicit or responsible for the production of disableism. This has occurred in line with and connected to educational and medical spaces and continues on even today (as Rafferty et al notes in a study on attitudes toward nonverbal autistic children in churches).<sup>45</sup> When any form of institutionalized prejudice leads to a separation of particular bodies from churches, no amount of emphasis on embodiment can overcome the division. Thus, no holistic pastoral care is possible in a church rooted in disableism.

The unequal valuation of some bodies as central and others as peripheral always occurs in space. Whether it is the asylums of the nineteenth century or the churches of today, how we engage with our spaces - including who is welcomed in that space - is a deeply theological and deeply pastoral challenge. Building or reopening asymmetric spaces which intentionally separate disabled worshippers is, as has been shown by the overview of the production of disabilities in modern history, in line with the American church’s activity. Just as medical and educational institutions have been slowly reforming to atone for their racist, classist, and disableist sins, though, the church has the chance to take a different path forward. Virtual church, evidenced by the ways it unseats the embedded disableism of the institutional church, is one step towards justice. Any future decisions on reopening or reimagining the church must feature disabled voices if we are to cease building disableism into our spaces. As difficult as it is to keep physical buildings closed, it is also an opportunity to build towards a Kingdom which is not just fully accessible, but no longer recognizes a ‘center’ and ‘marginal’ to begin with. One exciting prospect for an anti-disableist, decentered practice is that of disability-led mutual aid groups.<sup>46</sup> This is a vision rooted in the same interdependence as the L’Arche movement which influenced Swinton’s fundamental definition of pastoral theology, respecting the full giftedness and full neediness of each person regardless (but not ignorant) of disability and particular bodiedness. Regardless of the form, in order to seek a fuller pastoral theology, the church must learn to acknowledge, challenge, and reject the disableism that continues to rear up in current discourses at every level.

## Notes

1. Swinton, *The Body of Christ has Down’s Syndrome*, 66.
2. Swinton, *Critical Reflections on Hauerwas*, 46
3. Baumeister and Leary, *Writing Narrative Literature Reviews*.
4. Chin, *When Your Church Reopens, Here’s How to Meet Safely*.
5. Wax, *Will the Church’s Digital Wave Continue after the Coronavirus?*
6. Gushee, *Five Reasons it’s Time to Talk about Opening our Churches*.
7. Gushee, *David P. Gushee – Posts*.
8. Annan and Aten, *States are Reopening*
9. Annan and Aten, *8 Questions Your Church Needs to Ask Before Reopening*.
10. Burge, *Churches Should Not Be the First to Reopen*.
11. Lawrence and Colbert, *Church is Essential*.
12. Braddy, *24 Questions Your Church Should Answer Before People Return*.
13. Braddy, *24 More Questions Your Church Should Answer Before People Return*.
14. Wallis, *Reopening Will Require Truth, Unity, and Solidarity*.

15. The sheer number of scholars, disabled advocates, and disability-minded literature is far too numerous to name, although some prominent examples are as follows. From a practical side, organizations like Joni and Friends, the DisAbility Ministries of the United Methodist Church Audits and Accessibility Badge, and the United Church of Christ Disability Ministry Accessible to All guide all offer training and resources for churches looking to become more accessible and disability-inclusive. The Institute on Theology and Disability offers a yearly conference blending practical and theory-based research for an international audience. The Journal of Disability and Religion is the preeminent academic journal for disability theology, and the Baylor University Press Studies in Religion, Theology, and Disability series is particularly robust. There are, of course, significantly more resources available than can be named here, which makes the near-total disengagement on the popular-level discourse particularly damning. Further, although several of these sources used in this article do publicly identify as disabled. I believe one of the challenges present here is the unequal weight given to abled-perspectives in the popular-level discourses about reopening churches. This focus has a sense of erasing the voices of disabled people who have argued against reopening. That choice was intentional, however, as I sought to find articles, posts, and op-eds as featured in popular and established Christian media outlets. Comparing a Twitter thread or personal blog from a disabled advocate to an article published in Christianity Today might offer the appearance of equity, but functionally erases the power differential between the two at work.
16. Baumeister and Leary, *Writing Narrative Literature Reviews*.
17. Disableism is distinguished from ableism in terms of focus. Ableism denotes any action or view which privileges abled people to the detriment of disabled people. This might include featuring a video in a church service without appropriate captioning or image description. Those who are able to visualize the images are assumed to be normative, excluding those who rely on missing supports. Thus, in ableism the focus is on the abled person. Disableism is the inverse, in which actions or views actively discriminate against disabled people on account of their disability status. Conflating disability and demonic possession would be an example of religious disableism.
18. Arora, *Models of Understanding Chronic Illness*. Arora notes the significant link between chronic illness and disability in relation to pastoral theology (22), providing a helpful connecting point for this paper. One added wrinkle to the conversation on disabilities and the church in the era of COVID-19 is the possibility of the novel coronavirus producing chronic illnesses and disabling conditions. That possibility is beyond the scope of this paper, but Arora's work points to a point for further discussion
19. Stiker, *A History of Disability*.
20. Foucault, *Abnormal*.
21. Stiker, pg.
22. Johnson, *Unspeakable Conversations*. Johnson's essay about her debates with Professor Peter Singer underscore the connections between the medical gaze, utilitarian ethics, and social stigma. Her conclusion finds an inescapable connection between Singer's medically-informed vision, her disabled body, and the assumption of tragic suffering regardless, leading to eugenics, erasure, and stigma.
23. Dolmage, *From Steep Steos to Retrofit to Universal Design, From Collapse to Austerity*, pg.
24. Mitchell, *7000 Bodies Could be Buried on UMMC Campus*.
25. Gologowski, *Up to 7000 Bodies Found Buried Beneath University of Mississippi Medical Center*.
26. Foucault, *Madness and Civilization*.
27. Richardson, *The Kids are Alright*.
28. Charlton, *Nothing About Us Without Us*, pg.
29. Niebuhr, *Moral Man and Immoral Society*, 127.
30. AHRQ, *2018 National Healthcare Quality and Disparities Report*.
31. Trent, *Inventing the Feeble Mind*.
32. Houtenville and Boege, *2018 Annual Report on People with Disabilities in America*.

33. Hunt, *A Critical Condition* and Oliver, *The Politics of Disablement*.
34. Swinton, *The Body of Christ has Down's Syndrome*, 77. Swinton argues that the presence of L'Arche, even in a marginal geographical location, can offer deep insights to the entire church (and world). Although in agreement with his assessment that L'Arche and other intentional communities structured around disabilities call the whole church to participate in "spiritual direction, contemplation, friendship, hospitality and gentleness for a balanced, trinity-centred model of pastoral care," I would argue that the lack of any engagement with disabilities from the popular-level discourse indicates that this ideal is not currently happening.
35. CDC, *Communities, Schools, Workplaces, & Events*. Additionally, those most at risk are the elderly. It is beyond the scope of this article to outline ways in which 'the elderly' as a group overlap and diverge from those with disabilities, and it is also beyond the scope of this article to argue whether aging bodies have been properly included in the popular-level discourse.
36. TBN Staff, *TBN Viewership is Exploding!*
37. Kafer, *Feminist Queer Crip*.
38. Trent, *Inventing the Feeble Mind*.
39. Carter, *Including People with Disabilities in Faith Communities*. This stat, showing the participation rates of people with disabilities to be roughly 20% behind non-disabled counterparts despite equal rates of desire for participation, is strong evidence that the church in general has limited capacity for working holistically with the disabled community. Carter makes a point to say that the church cannot address the needs and supports of those who are not present. Thus, no matter the intention of the place of worship and regardless of any available practical support material (of which there is much, as well as many excellent scholars in the field of disability theology), the reality of separation pre-empts even the most well-resourced and well-intentioned community from full, holistic pastoral care as set by Swinton.
40. Gaventa, and Coulter, *End-of-Life Care*.
41. Taylor and Carter et al, *Welcoming People with Developmental Disabilities and Their Families*.
42. Amado et al, *Accessible Congregations Campaign*.
43. Walker, *Speaking Out*.
44. Vickrey and Mason, *On Church Buildings Reopening*.
45. Rafferty et al, *Lonely Joy*.
46. Green, *Coronavirus*. Mutual aid group work like a micro city, only all of the resources needed are not collected and dispersed by a centralized city council or mayor's office. Rather, small groups willingly share what they have - even if what they have includes needs. Each person is named as a holder of gifts - real, tangible, practical gifts, much like the ethos of L'Arche. Each person is also named as needing support from a community. And then, miraculously, those gifts and those needs meet in a wonderful display of neighborly love and solidarity.

## Disclosure Statement

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## Notes on contributor

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