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Limits and Disability Theology

Both the medical model and the minority model highlight aspects of disability that are relevant for theological reflection: attention to the diversity of human embodiment (i.e., there are disabled bodies) and attention to justice concerns arising from observations of exclusion and oppression (i.e., the lens of disability offers a unique and valuable perspective). This calls us to attend to embodiment and liberation theologies. Yet as was described in the first chapter, these two perspectives are not our only alternatives as we reflect theologically on experiences of disability. I have proposed that we also consider a limits model, attending to the fluidity of human embodiment and most particularly the claim that limits are an unsurprising aspect of being human. Limits are normal. Rather than acting as a deficit, they lead us toward creativity, and even toward God. In this chapter, we will explore the possibilities of and implications for such a model in constructive theology.

I begin with the claim that limits are a common and unsurprising aspect of being human. We may already know this, but it is also something we tend to forget or reject. In common usage, the word “limited” comes with a particular connotation, signifying a lack or absence and emphasizing what cannot be done. It highlights barriers and constraints—one *is* limited. I propose an understanding of limits that more positively connotes a quality of being. It emphasizes a characteristic of humanity—one *has* limits. This proposal suggests that limits, rather than being an array of unfortunate alternatives to

omnipotence, are an unsurprising characteristic of human nature. As Jeffrey Cohen and Gail Weiss note, "Simply put, limits need not foreclose. We are interested in what limits produce, . . . what they make possible, . . . what they incorporate, . . . as well as how the limits are themselves constructed in and through particular cultural matrices which they cannot escape but always exceed."¹ The term "limited" is often taken as representing something that is unfortunate and emphasizing that which is "not." The term "limits," on the other hand, places the emphasis on boundaries. When we reflect on human experiences of limits, we are reminded that boundaries, while often permeable, are also appropriate and necessary (as we see, for example, in psychological literature on differentiation and appropriate boundaries). Using the term "limits" highlights how each of us has these boundaries—none of us are omnipotent, for example—but does not carry the negative connotation that come with the alternative, "limited."

Approaching disability from the starting point of an assumed able-bodied "normality" leads one to think of "limited" and what is *not*. If we begin with a person who can walk and then look at one who uses a wheelchair, what is highlighted is what the person in the wheelchair *cannot* do. This has been our historically conditioned response to experiences of disability and is seen most clearly under the presuppositions of the medical model, where physical bodies are compared to a medical ideal and diagnosed in terms of what is lacking. However, an alternative perspective is suggested by the limits model. Approaching our understanding of humanity from the starting point of disability gives us a more applicable (or "normal," in terms of what is actually seen across the scope of the human population) vision of human limits. Limits may then be compared and considered, but they are not seen as abhorrent or abnormal.

The limits model proposes three significant religious claims that are not unfamiliar in the Christian tradition. First is the notion that limits are an *unsurprising* characteristic of humanity. This is a theme for many of the early Christian writers, who argue that humans are obviously and unsurprisingly different from God and also experience a dependence upon God. Other early writers suggest that humans are not perfect and static but rather experience processes of change and development, as can be seen in historical variations of language, culture, and understandings of the human body. From any of these perspectives, it is not surprising to note that humans have limits. A second and related claim suggests that limits are an *intrinsic* aspect of human existence—part of what it means to be human. This reminds us of the writings attributed to Paul which illustrate that each member of the community has a different gift and that it takes all of these differences together to create the body of Christ (1 Corinthians 12). Finally, the limits perspective implies that limits are *good* or, at

the very least, not evil. Christians and Jews are reminded of their first creation story, where God saw all that had been created and said that it was good.

In contrast to these notions (but also represented by earlier authors), the familiar term “limited” leads us to a deficit model of anthropology. The focus is on what we lack. We lack certain abilities, and so emphasis begins to settle on one of three questions: Why do we experience these lacks (sin)? When will we overcome these lacks (heaven)? What is the alternative to the experience of limitation (God)? In contrast, the limits model presented here emphasizes the good (or, not evil) created nature of humanity. It explores how limits constitute our self-understandings and our relationality with others. It leads to an ethic of how we should act toward others. An example of the deficit model might be seen in Plato, who emphasizes the shadowiness of what we see and the absence of the real and true in the material world. The limits model, which might be termed a “gifts” model, can instead be seen in the writings attributed to Paul, who emphasizes how various gifts (as well as limitations) fit together to constitute a community.

The deficit model, highlighted by the term “limited,” has served as the primary lens through which we see other anthropological claims. In liberation movements, we see challenges to specific claims of the deficit model, but even these still operate within the overarching lens of limited-ness. For example, we hear slogans proclaiming, “Gay is good” or “Women are strong.” These claims, rather than challenging the deficit model as a whole, suggest instead that certain characteristics (gender and orientation) are not deficits as previously noted, but rather strengths or advantages (or are at least equal to their male or heterosexual counterparts). Disability theology could make similar claims, and in fact has done so within the social/minority group model. From this perspective, we hear that the real “handicap” comes from barriers of attitudes and architecture; the defect is not in the person with a disability but rather in the exclusionary structure of society. This logic does not challenge the deficit model but rather narrowly claims that disability itself is not a deficit—it changes which side of the equation we are on without actually challenging the equation. The attempt to normalize or contradict the specific analysis of the experience of disability as a deficit captures much of what has been said to date in disability theology.

This response is not adequate for disability theology. Unlike early examples from feminist or gay rights movements, disability is not a category that can be effectively revalued and reinterpreted through the process of comparison to its opposite. On the surface, this is a difficult challenge to grasp, because the disability rights movement has followed and imitated so closely the rhetoric and public policy initiatives of other liberation movements. However, disability is not a binary category. Disability varies from the popular conceptions of

other movements in significant ways. To begin, if each of us lives long enough, we will become disabled. The same is not true of participants in other rights movements. In addition, disability is no one thing. At what point does my limp become more than a quirk and earn me the status of someone who is disabled? Even if we accept the relevance of the porous category “disabled,” the individuals held therein often have much less in common, even in their physical functioning, than they do with individuals who are not identified as disabled. As was mentioned earlier, the limits model highlights the fact that a legally blind (disabled) individual may in some ways be more similar to a person who wears glasses (nondisabled) than to a person who uses a wheelchair (disabled). The signifier “disabled” attempts to hold a wide variety of bodily experiences, including mobility, sensory, and intellectual differences, in one designated category. As we have seen, this category is tenuous at best.

The limits model suggests that the insights that come from disability are something with which we all have experience. We learn the value of curb cuts when we use a stroller and the challenges of brick sidewalks when we use crutches for a sprained ankle. This model also highlights that limits go far beyond those labeled as part of the province of disability, and shows that some limits are viewed as more normal (I cannot fly) than others (I cannot run). The limits model challenges the deficit model, suggesting that disability is not something that exists solely as a negative experience of limitation but rather that it is an intrinsic, unsurprising, and valuable element of human limit-ness.

This chapter will explore the theological implications of the limits model for anthropology, reinterpreting limitation as part of what it means to be human rather than as a punishment for sin or an obstacle to be overcome in pursuit of perfection. In particular, this chapter will explore the nature of human diversity and suggest a reinterpretation both of traditional anthropological understandings and of images of God. It will also suggest that a limits perspective, rather than leading us toward fragmentation or universality, can instead offer a common ground for conversation and become a productive datum for theological reflection.

Interpreting Deafness

The experiences of the Deaf community were mentioned in chapter 1 as an especially interesting challenge to both the medical and minority models of disability. The signifier “Deaf” in this usage indicates the culturally Deaf—those who use sign language as their primary form of communication and who identify with the Deaf community—as opposed to the noncapitalized word “deaf”

that indicates those who experience a loss of hearing. One can be deaf without being Deaf, and vice versa. Those who identify as Deaf often do not identify themselves as disabled, even though in most cases they are limited in their sensory ability to hear sounds. Instead, they consider themselves part of a linguistic minority. The arguments made by participants in Deaf Culture highlight the constructed and somewhat arbitrary (though still powerful) nature of the category of disabled. As was noted earlier, the concept "disabled" is inherently related to a society's concept of "normal." The category is a discursive construction, with shifting referents and shifting significance, a concept that demonstrates Derrida's notion of *différance*, the establishment of meaning through the assertion of difference.² When the Deaf argue that their identity comes from sharing a common language, they challenge any easy assertion of difference.

Deaf Culture's rejection of the category of disability is a way both of excluding themselves from a category that may or may not be relevant for others and of challenging the nature of such constructions altogether. Current Deaf alliances with "the disabled" are rarely based on identity but rather are strategic attempts to work for the achievement of rights for people by countering the essentialist view that people with disabilities are inherently pathological. The primary argument is that the Deaf are not an example of difference in the way we might assume—the difference comes from language, not from defect. Furthermore, as Davis observes, the Deaf "see their state of being as defined not medically but rather socially and politically."³ If one equates disability with impairment, it would be a Hearing person who cannot sign who would be different and thus disabled within the context of a Deaf community.

While the "ableist" society sees individuals who cannot hear,⁴ the Deaf instead see themselves as a distinct cultural group that uses a different language. This requires a change of perspective from those of us who are not Deaf. In contrast to the long history of writings that treat them as medical cases, or as people with disabilities who "compensate" for their deafness by using sign language, it is important instead to examine their world through an alternate lens, one that begins from their perspective and includes an examination of language, foundational myths, and communal identity. For the culturally Deaf, "their culture, language, and community constitute them as a totally adequate, self-enclosed, and self-defining subnationality within the larger structure of the audist state."⁵ The term "audist" captures their perspective—it is a parallel to terms like "racist," "sexist," and "classist" and highlights how those who are not members of the Deaf community are biased toward the auditory mode of communication. The Deaf do not regard their absence of hearing as a disability any more than a Spanish-speaking person would regard his or her inability to speak English as an intrinsic disability (especially within

the locus of a Spanish-speaking community). Rather, they see their group as a linguistic community, much the same as Hispanic or Korean subgroups in the United States.

Language is especially key to Deaf identity. The primary language spoken by the Deaf in the United States is American Sign Language (ASL). Common misconceptions of ASL suggest that it is either a collection of individual gestures or a code on the hands for spoken English. ASL is not based on the English language but rather has its own syntax, grammar structure, idioms, and vocabulary. It is a complete language in and of itself. It is a manual language in the sense that the hands play an important role as they make the signs, but the eyes, eyebrows, shoulders, mouth, head, and body stance are also contributing factors to the execution of ASL, conveying what we often think of as tone and inflection as well as grammatical markings. It has many complicated features that English does not have and is not considered an easy language to learn.

The signed gestures with which many in the Hearing community are familiar—whether through television or developmental services for preverbal children—are not ASL but rather Pidgin Signed English (PSE), which borrows vocabulary from ASL and grammar from English. With PSE a person can simultaneously use signed gestures and speak (or lip-sync) in English. In actual ASL, the rules for word formation include a complex verb morphology (including inflections for person, subject, and object) that does not resemble English. ASL also has an independent sentence structure. For example, in English it is correct to say either “I gave the book to him” or “I gave him the book,” but in ASL only the second structure is possible, with the sign reading “I-give-him man book.”⁶ Signs often do not capture exact connotations for English words and vice versa. For example, the sign for “hearing” is commonly used to mean different from us (the Deaf). As a result, signing “a little hard of hearing” means a little different from us, and “very hard of hearing” means very different from us, even though an English translation would render “very hard of hearing” as closer in meaning to “deaf.”⁷

A basic understanding of the elements of ASL is important because it reminds those of us who are not members of Deaf Culture that ASL is not simply an adaptation or translation of spoken English but a distinctive language with a unique structure. Language, however, is not the only difference between those who are culturally Hearing and those who are culturally Deaf.⁸ Differences can be found based on the value given to speaking ability, use of eye contact, degree of body and facial expression, and concern with individual privacy. It is not uncommon for members of the Hearing culture to introduce themselves by name, but members of Deaf Culture typically introduce themselves by full name, school, and where they grew up. Conversational style often differs, with

Deaf conversations usually beginning quite informally, getting to the point quickly, and ending more slowly than one might find in a Hearing conversation. Deaf Culture also values deafness and greater degrees of hearing loss over hearing and lesser degrees of hearing loss, opposing the value scale within Hearing culture.

While American Sign Language is the common language for the majority of people within Deaf Culture in the United States, it has interesting geographic and racial differences (similar to accents and dialect in English), and it is not the same as the sign language used by Deaf persons in other countries. In Quebec, for example, Deaf French Canadians use *Langue des Signes Québécoise*. Nova Scotia has a community of Deaf people whose sign language is related to British Sign Language but not to ASL. Even within the population of Deaf people who use ASL, there is enormous diversity. Large communities of Deaf people in Boston, Chicago, and Los Angeles, to give a few examples, have their own distinctive identities. Within these larger communities there are smaller groups organized by class, profession, ethnicity, or race, each of which has yet another set of distinct characteristics. Members of Deaf Culture are often not only bilingual between signed and spoken languages but often necessarily fluent in a variety of signed languages as well.

Some members of Deaf Culture were born to Deaf parents and acquired signed language during early childhood. However, 90 percent of deaf children have Hearing parents and therefore are not assimilated into Deaf Culture from birth. Entrance into Deaf Culture for these children is often determined both by their parents' choice of communication methods and by their educational placement. Those who are educated in residential deaf schools will learn from other children as well as from Deaf adults who work at the school. In the informal dormitory environment children learn not only sign language but also the content of the culture. In this way, schools become hubs of the communities that surround them, preserving for the next generation the culture of earlier generations. Those who were educated in public schools may still become part of the Deaf Culture as adults, especially if they enter into significant relationships with other Deaf persons and become an active part of the Deaf community. Mainstreamed children may feel comfortable in both Hearing and Deaf worlds but may also be rejected by both—not totally accepted by the Hearing world but not as fluent in ASL and Deaf Culture (lacking the residential school experience) as if they were raised Deaf.

As with many other communities, Deaf Culture also has its own foundational stories. For example, according to popular legend, the origin of signed languages can be traced to the emergence of a large community that developed around the first public school for deaf children in France, founded around 1755

by Charles-Michel, Abbé de l'Épée, a French Roman Catholic abbot. The abbot was given the responsibility of teaching catechism to twin deaf girls so that they could take their first communion. According to legend, he became so enthralled with the concept of language and communication in inaudible modes that he eventually devoted his entire life to establishing the first school for deaf boys.⁹ Great folktales have arisen about the abbot (ranging from extreme coincidences to supernatural powers), but at best he can be credited with having promoted the recognition of signed language—for all his efforts, he was not its inventor. The story of Epée (and similar stories about Gallaudet in the United States) has taken on great importance, however, as a foundational narrative about the creation of community.¹⁰

In addition to sharing a language, norms, history, and common foundational stories, the Deaf community is a community, at least in part, because it sees itself as one. This is perceived as a significant difference from the experience of other people with disabilities. Since most culturally Deaf people are reared in the Deaf community, go to the same residential schools, speak the same language, and participate in the same culture, they see themselves as radically different from other people with disabilities who, unless they take steps to become politically organized, are often isolated from others with their particular disability. As Davis notes, "Aside from self-help or social groups, people with disabilities have only relatively recently begun to think of themselves as a community. For example, if a person is born without a leg, or contracts polio or meningitis and loses the ability to walk or speak, that person is not automatically part of a culture, a language, a way of life."¹¹ Thus Deaf Culture "is not simply a camaraderie with others who have a similar physical condition, but is, like many other cultures in the traditional sense of the term, historically created and actively transmitted across generations."¹²

It is interesting to note that, as a cultural group, the Deaf have also been subject to cultural appropriation, especially in terms of their language. Kathy Black, a pastor and interpreter for Deaf religious communities, notes that almost any time she interprets to a mixed audience, Hearing people come up to her and comment on how inspiring the signing was, or how much more meaningful the worship was because of this added dimension. She notes that these Hearing people have minimal, if any, experience or knowledge of deafness and do not understand the language at all. For example, she tells this story from a graduation ceremony:

I was interpreting and doing fine until the choir began singing in Latin. Thinking it was in English, I started signing what I thought I heard. Quickly I realized I had no idea what they were saying but

felt more awkward stopping after I had already started signing. There was no easy way off the stage so very gracefully I explained to the deaf people that I had made a mistake and that the song was really in Latin and what did they want me to do. They signed back from the pews that they wanted me to tell them a story, so I did. I told the story in perfect time to the music and ended, of course, when the choir ended. After the service, several hearing people came up to me and told me how inspired they were by the music interpreting. One woman had tears in her eyes and told me how she had experienced God in a way she never felt was possible. I did not have the nerve to tell her I was really signing a story about an elephant!¹³

Perhaps the appropriation of Deaf Culture, whether it is the popular “I-love-you” sign or a more profound sense of feeling moved, is one of the clearest signals that the Deaf are not just a disabled group but rather a legitimate culture with all of the benefits and dangers therein.

An examination of Deaf Culture shows that to be deaf/Deaf is both a sensory and a cultural difference. In most cases, Deaf people are both Deaf and deaf, and their discussions and arguments over issues of identity show that these two categories are often interrelated in complex ways. Divisions are made along cultural and linguistic lines as well as on the degree of hearing loss. This is a challenging issue for members of the Hearing culture to understand. The interplay between sensory perception and cultural identity is an issue that has been the subject of little examination within the Deaf community, perhaps because many are so protective of their cultural identity that they choose to overlook the sensory implications. However, a close examination of Deaf Culture shows it to be more than just a linguistic minority group. As with other cultures, the specific characteristics of the community are at least in part connected to their situations of existence, including hearing loss, institutionalization, and experiences of difference. The cultural values named earlier in this chapter, for example, differentiate the Deaf from the Hearing based not just on ability to hear but on how one identifies oneself, how one begins and ends conversations, the extent to which gestures and eye contact are expected, and the value judgments placed on privacy and ability to hear. These concerns, while serving to define the Deaf as an independent cultural group, are not unrelated to sensory function and historical identity. Naming one’s school, for example, both identifies how one came to join Deaf Culture and prepares the conversation partner for any regional differences in language. Beginning a conversation informally and getting to a point quickly is important when communicating without voice. Expectations for eye contact and gesture are unavoidable for

almost any signed language. These cultural differences show it to be inaccurate to call the Deaf “just” a linguistic minority, as their identity is (at least historically) related to sensory function as well as community formation.

This point is important to the current project because it gives us an example of the importance of reflection on limits. There are good reasons why the Deaf often are uncomfortable with the label “disabled,” especially insofar as they reject medical descriptions of their sensory and linguistic conditions. Yet at the same time, the conditions of their sensory limits are inseparable from Deaf identity as a whole. As was mentioned earlier, many people who are deaf (do not hear) do not identify with Deaf Culture. There are also some who identify as Deaf even though they are able to hear (particularly CODAs—Children of Deaf Adults—who are often raised in Deaf Culture and learn ASL as their primary language). As a whole, however, the existence of Deaf Culture is historically based on and continues to be related to the sensory experience of not being able to hear and of communicating primarily through signed language. The limits model offers one way to make sense of this configuration—that one’s limits, while not interpreted as defects, can affect and support one’s overall self and communal identity. Standing with the Deaf, I am comfortable rejecting the notion that the inability to hear is a negative characteristic, although many would argue this point. Yet it is unquestionably a limit. Deafness means there are things that one cannot do and does not have access to, whether these relate to pleasure (listening to music), convenience (ordering at a conventional drive-through window), or safety (hearing a standard fire alarm). There are adaptations to help one live comfortably within these limits. At the same time, we must also note that we tend to overlook many limits of Hearing people until we attend to the skills and enhanced awareness of a Deaf person, for example, that a Hearing person is typically not able to read lips or converse (as through ASL) across a large room. All told, the limits may not be negative, yet they are limits all the same.

A central argument of Deaf Culture goes something like this: Just because I am deaf does not mean that I am not as good (at whatever) as you are. It simply means I cannot hear. The limits model supports this notion—it simply means that we have limits. Yet “simply” is a deceptive descriptor in this case, because it allows us to dismiss too quickly an important factor. We all have limits, and it is important to not overlook this fact. These limits are important, and they contribute to self and communal identity, whether through the dramatic example of Deaf Culture, which rejects the label of disability altogether, or through other experiences of disability or limits. Some limits are viewed negatively, or are ones we seek to overcome. These interpretations are based on values and are deserving of reflection (ethical as well as theological). The limits

model allows us to examine the values and choices involved in our attitudes toward limits, both specific and general. It also highlights the degree to which limits contribute to human identity, culture, and community.

The example of Deaf Culture is an especially interesting one because Deaf Culture contains clearly stated norms, values, history, and other cultural elements. This makes it an especially useful case to examine when looking at the interrelation of limits and identity. However, it is also important to look at other examples, ones that are perhaps more complicated. Let us now turn to a dramatically different example, one that is much more difficult to capture and one that has in fact been avoided by most work on disability studies: the case of cognitive disabilities.

A Different Difference: Cognitive Disabilities

An examination of the experiences of those with cognitive disabilities¹⁴ shows some striking similarities to the experiences of the deaf/Deaf, including a long and troubled relationship with institutionalization. In fact, deaf and cognitively disabled individuals were frequently institutionalized together in the eighteenth and nineteenth centuries.¹⁵ In addition, both deafness and cognitive disability have been analyzed as being constructed notions: they are conditions that do not exist in a vacuum but rather are defined by contrast to a conception of normal.¹⁶ In his foundational work *Inventing the Feeble Mind*, James Trent notes that “mental retardation is a construction whose changing meaning is shaped both by individuals who initiate and administer policies, programs, and practices, and by the social context to which these individuals are responding.”¹⁷ Speaking of both deafness and cognitive disability, Davis notes, “These terms are all hopelessly embroiled in the politics of disability, or ability if you like.”¹⁸

The example of cognitive disabilities also shows striking contrasts to Deaf Culture. One significant difference is that there is no “community” of the cognitively disabled. Unlike the case with the Deaf, who are often raised or schooled in the Deaf community, “if a person is mentally delayed, he or she cannot be said to be part of a culture of the mentally delayed.”¹⁹ Neither shared language nor cultural values can be named or distinguished from those of the nondisabled culture, and there is no foundational story, such as that of the abbé, to draw on for understandings of identity or community. There seems to be no broad culture or community of those who experience cognitive disability.

Cognitive disability is also an interesting case because it is an example of disability that does not even make sense under the auspices of the minority model. Questions of rights and of access often assume (and even rally around)

claims that people with disabilities are just as able (often meaning “smart”) as those without disabilities. Particularly within the academy, we have seen very little accessibility for or engagement with experiences of cognitive difference, and very little interest in it as a specific topic or category of concern.²⁰ Even in the wealth of recent works on disability studies, we see little mention of cognitive disabilities other than histories of institutionalization and sterilization. If mentioned at all, it is typically one addition to a list of various disabilities without any reference to specificity, just as disability itself is often seen as one addition to a list of various isms or particularities without any interest in specificity. It is our commonsense notion to refer to cognitive difference as “a disability,” yet this has been the subject of little theoretical (or liberation-focused) work, and those who are cognitively different are often excluded from direct involvement in disability activism themselves. While few would question that those who are cognitively different are (at least in some ways) disabled, especially insofar as they experience oppression and exclusion as well as limits, models of disability have failed to engage or reflect upon cognitive disabilities in relation to disability studies as well as to human self-understanding in general.

Cognitive disabilities typically are categorized as substantial limitations in intellectual functioning. According to the American Association on Intellectual and Developmental Disabilities,²¹ cognitive disability is “characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.”²² Cognitive disabilities are often labeled based on IQ test results (typically a score below 70), but they may also be identified on the basis of developmental delays observed during early childhood. People with cognitive disabilities may have higher than average functioning in some areas (such as art or memorization) but are, to varying degrees, identified as dependent on others for certain social and intellectual tasks. As with other disabilities, cognitive differences can be traced to a variety of causes, such as genetics (Down’s syndrome), disease (rubella), or environment (fetal alcohol syndrome). It is important to note that, as with other instantiations of disability, the category here is not as solid as it might appear, and there is no “typical” cognitively disabled person.

An examination of the minimal literature on cognitive disability demonstrates an ongoing concern as to whether and how this category of people can be delineated. A wide variety of observations can lead to the label “cognitively disabled,” including people who have impaired intellectual development, do not develop or learn as quickly as others, have a limited ability to learn and put learning to use, have a limited capacity in writing and arithmetic, or have difficulty acquiring social skills.²³ Some scholars argue “that the notion of the cognitively disabled is wholly culture relative and in fact a creation of the impact

of modernity on Western societies.”²⁴ They note that in preindustrialized communities, for example, one would find a much greater tolerance of intellectual variability. At other times, societies have banished the cognitively disabled or assigned them a status of less than full humanness. There have been many societal interpretations of cognitive disability, including defining it as a disorder of the senses, a moral flaw, a medical disease, a mental deficiency, a menace to the social fabric, or a variation in the cognitive continuum. Language reflects some of these attitudes: “outdated” words like “idiot,” “imbecile,” “feeble-minded,” “moron,” “defective,” “and retarded,” just as contemporary phrases such as “persons with mental retardation,” “persons with developmental disabilities,” “persons specially challenged,” “or persons with special needs” all portray societal attitudes towards the category of cognitive disability.

While lacking a communal or foundational myth as with Deaf Culture, there is a long and important history associated with societal treatments of cognitive disability, including what are now interpreted as horrific stories of institutionalization, sterilization, and eugenics. A growing literature focusing on the mental hospital, but also relevant to cognitive disabilities, initiated a new era of study in the middle of the twentieth century. Erving Goffman’s *Asylums* appeared in 1961.²⁵ Based on his personal observations, Goffman argues that mental hospitals operate as “total institutions.” As such, hospitals strip patients of their individuality and separate them from people and systems that once supported them. Institutions enact physical and psychological control through the use of locked wards, common uniforms, lack of privacy, and institution-specific naming. Goffman identifies these controls as a form of mortification: the taking of life (as well as individuality) away from the patient. Patients often react to these conditions with hostility or other personality changes, thereby confirming the deviant label applied to them by the institution. Eventually institutionalized patients so thoroughly absorb the label of deviant (or sick, or crazy) that the control associated with total institutionalization becomes more a matter of routine than of necessity. According to Goffman, total institutions turn individual difference (in this case, of cognitive ability) into what we see as deviance and disease.

This principle was applied to cognitive disabilities in Wolf Wolfensberger’s influential book *The Principle of Normalization in Human Services*.²⁶ Struck by Goffman’s portrayal of the dehumanizing effects of the total institution, Wolfensberger began to construct a rationale for taking the responsibility of care away from the institution and, indeed, for changing the very vision of care. According to Wolfensberger, cognitively disabled people are seen as deviant because their “observed quality” is viewed “as negatively value-charged.”²⁷ Wolfensberger argues that residential institutions, special school programs,

and sheltered workshops emphasize only the devalued qualities of the cognitively disabled, who then take on role expectations that reinforce the same devalued qualities. Treated like children or as subhumans, people with cognitive disabilities assume these roles and act as expected. Wolfensberger and others argue that, in order to change these role expectations, service providers must work with the cognitively disabled to help them assume socially valued behaviors and integrate them into culturally normative settings. Throughout his work, Wolfensberger emphasizes a transition from notions of deviance to demands for dignity—he claims that dignity cannot happen in (deviant-producing) institutions but must be found in full participation in the mainstream of American life.

In recent years, Wolfensberger's model of normalization has become the predominant framework for people with cognitive disabilities. The era of the large state institution has passed, and more and more often people with cognitive disabilities live, work, and are educated in relation to the mainstream. As Trent notes, "More capable retarded citizens hold full-time jobs, have families, and pay taxes—and wreck cars, have extramarital affairs, and get audited by the IRS."²⁸ Significant justice concerns remain, with few possibilities for meaningful job opportunities, a lack of funding for appropriate educational opportunities, and a high percentage of people with cognitive disabilities in prison and on death row. Questions of identity linger as well. As Trevor Parmenter asks, "Where do the people with an intellectual disability stand in society? Is their position much changed from that of the previous two centuries? Have they been emancipated from the phenomenon of 'otherness'? How can we articulate a meaningful vision of community and social reality for this group?"²⁹ Even in the contemporary move away from institutional power and control and toward more creative notions of relationality and moral influence, people with cognitive disabilities are still identified as "other," are spoken to rather than spoken with, and lack public opportunities for self-determination or claimed identity.

Nowhere is this "otherness" more apparent, and ironically so, than within disability studies. As was discussed in chapter 1, the last twenty years have produced an impressive amount of scholarship regarding disabilities of all kinds as well as a growing literature addressing the physical and theological accessibility of Christian churches. However, the situation is quite different with respect to cognitive disabilities. While some are attending to the inclusion of people with cognitive differences or autism in worship or congregational life, these identities have not been addressed within disability politics or scholarship. Though the point is seldom made explicit, intelligence is typically assumed to be central both to disability politics and to theological reflection and construction. As Christopher Hinkle notes, "Many political and academic attempts to address

discrimination against those with disabilities reinforce, by their very nature, the equation of intelligence with human worth that marginalizes those who are mentally retarded.”³⁰ It has become the norm for disability scholars to demand that liberation *for* people with disabilities come through actions taken *by* people with disabilities, as they uncover their own voice, worth, independence, and self-confidence—but cognitive disability does not fit neatly into this approach. As Hinkle notes, “The romantic idea that once all the barriers are removed and all the ramps are in place, we will all be equal participants in balanced conversation assumes equal intellectual abilities among the participants.”³¹ The liberation motif assumes that we are all equally capable, particularly in the area of intellect, and (to date) has made little attempt to address these assumptions. Disability rhetoric has not only been developed without the input of the cognitively disabled (who, for example, are seldom present at academic conferences), but disability movements also exclude both consideration of and presence of people with cognitive disabilities from the self-liberation that this rhetoric seems to demand.

Cognitive disability is difficult to theorize, perhaps much more messy and therefore less appealing than interpreting Deaf Culture. It seems not so much a project of cross-linguistic or cross-cultural dialogue as something quite different. At present, there are no narratives that express the experience of cognitive disability.³² As Brett Webb-Mitchell notes, “The major problem is that first-person narratives of people with mental retardation have not been collected, heard, and understood by others. Without hearing their voice, we cannot understand their story.”³³ Rather than hearing their stories, we imagine what they might be like, or study the developmental experiences of children (often cognitively nondisabled) rather than looking at cognitively different adults. Webb-Mitchell describes the situation in this way:

People with mental retardation have been almost absent from our social gatherings, and the public has been kept uninformed of their condition in society. This problem of not being able to communicate with those who are disabled has a social history as those who are not-yet-disabled people have kept people with mental retardation hidden in institutions in rural settings, or brought them into group homes but rarely visited them or invited them to our congregation, or left them to wander the streets of our cities as homeless citizens.³⁴

While some recent attention has been paid to community formation for people who experience cognitive difference (specifically through the L’Arche movement) and to the inclusion of those with cognitive disabilities into religious

worship experiences, little attention has been paid to cognitive disability as a category with theoretical relevance for disability studies.³⁵

While disability scholars argue that our disciplinary commitment “means not distinguishing between ‘good’ and ‘bad’ disabilities, refusing to stigmatize people with intellectual disabilities as inherently more impaired than those with ambulatory disabilities, for example,”³⁶ cognitive disability is still marginalized. It is an issue that is foreign (we do not see people with cognitive disabilities in the academy), threatening (it raises significant ethical and philosophical questions about the nature and characteristics of humanity), and even frightening (especially for those of us who love our intellectual abilities). Within a discourse dominated by intellectual and academic rigor, it is hard to know where an entry point for the cognitively disabled may appear. Yet insofar as we believe that people with cognitive disabilities are people, or even, with McFague, as we see them as part of the body of God, the experience of cognitive disability is unavoidable as we consider and theorize what it means to be human.

Limits and Theological Anthropology

The preceding discussions of Deaf Culture and cognitive disabilities highlight some of the messiness that comes from reflection on actual embodiment. Even in the attempt to explore and emphasize difference, this discussion itself is also an exercise in categorization (i.e., it would have been a different project to look at actual Deaf and cognitively disabled individuals) and in distance (speaking of others rather than of myself). The argument made earlier that McFague did not attend adequately to the full diversity of human life is one that could be offered against this project as well. However, even glancing from a distance at these two broad examples of embodied particularity offers theological insights that “enflesh” the limits model, while simultaneously offering depth to our earlier analysis of McFague’s model of the body of God.

McFague grounds her notion of anthropology in discussions of space and place. These two categories are helpful for making sense of identity issues for the Deaf and cognitively disabled. For the Deaf community, a key concern has been with finding their place—not as unequal participants in the Hearing world, but in their own communal home, with their own values and norms. Insofar as the Hearing community has denied the Deaf their space, or has made our space inaccessible to visitors from this other “land” (e.g., failing to install TTYs or to arrange for interpreters at academic conferences), we are guilty of McFague’s sin of “Us versus Us.” For those with cognitive disabilities, the issue of space and place is relevant as well. The era of institutionalization

attempted to keep “them” out of “our” space and to limit the (financial and other) resources that were given to their space. McFague would identify this as a lie that fails to acknowledge our shared history (from the common creation story) and our shared home (the earth or the body of God which we all inhabit). Space and place, for McFague, also include a sense of responsibility for the other—we must not abuse the resources (and habitat) of others, and we must recognize that “we” have a special responsibility as the ones who are self-consciously self-conscious.³⁷ Attempts at normalizing (or mainstreaming) the cognitively disabled could be understood as being successful only insofar as we share all of our space (not just allowing them to bag our groceries but creating real opportunities for employment, socialization, and recreation) and are respectful of their needs, broadly defined by McFague to include “loving families, education, medicine, meaningful work, . . . music, art, and poetry”³⁸ or whatever else might be most appropriate. Rather than sinful selfishness, we must acknowledge our home (the earth) to be their place as well as ours.

The notion of limits offers an additional facet to this example. In the limits model, the fact that all people are limited to varying degrees is highlighted. The binary categories of “us” and “them” are challenged. We recognize that it is not only those who are labeled “disabled” that experience limits; limits are something inherent in the experience of humanity. Rather than identifying this as an inherently negative or evil characteristic, limits are understood to be part of creation. This does not mean that we ought not strive to overcome or adapt to limits; rather, it highlights that our interpretation of limits is based on values that are appropriate for ethical and theological reflection, and that alternate interpretations are both possible and appropriate. Under this model, Deafness may be valued as a difference rather than interpreted simply as a defect, and cognitive disabilities may be considered an appropriate subject for theoretical and theological reflection rather than simply categorized as an abnormality. However, the limits model does not stipulate that *all* limits are necessarily “normal” or even “good.” It is much more complicated than this. The debate over cochlear implants raises very significant questions as to whether one would (or should) choose to be Hearing rather than Deaf. The example of cognitive disabilities, including the ways in which it is difficult to interpret and theorize, also attends to the notion that embracing all limits as “normal” or desirable is a very difficult thing even to imagine. Limits are, by their nature, limiting. Much of human history shows a creative demand to overcome limits, whether it be in the form of traveling faster, communicating over longer distances, or extending life. It is not the argument of the limits model that we should all want to be disabled, or even that we should embrace and be happy about all our limits. The importance of this model is its demand that limits, as well as the diversity

of ability, must be seen as integral elements of our understandings of self and other, as key characteristics for reflection in a theological anthropology.

The implications of limits for theological anthropology are not confined to understandings of disability. One interesting example of the applications of a limits model (though not identified as such) can be seen in the ethical work of Sharon Welch.³⁹ Welch describes her anthropology as postmodern humanism, a phrase that she notes is itself a contradiction in terms. She defines this as

a turn to humanism as the site of engaging different claims about not only social policy but also the very nature of good and evil, of justice, order, power, and chaos. Feminists, men and women involved in the Religious Right, in communitarianism, in the politics of meaning, all are engaged in the construction of group and individual identity, in often mutually exclusive constructions of what it means to be human. To turn to humanism, then, is not to find an answer, an ahistorical or essential resolution to this debate, but rather to name what is at stake—radically different constructions of order, radically different ways of engaging chaos, radically different views of what sustains creativity and community, of that which prevents injustice and cruelty.⁴⁰

For Welch, key to this project is an acknowledgment of limits. As she writes, “To acknowledge one’s limits includes acknowledging the limits of others, and it also includes acknowledging the potential wisdom and insights of others as well as of oneself.”⁴¹ Similar to my own argument, Welch suggests that the existence of limits is not necessarily negative but rather is an unavoidable part of being human. This perspective on limits leads to her ethical proposal:

From this matrix of seeing ourselves as flawed—but without attributing to that flaw fall, shame, or guilt—there can emerge a nondualistic vocabulary of strength and weakness, of insight and deception—one that emphasizes accountability, not guilt, a sensibility that encompasses a good-humored recognition of the accidents, the surprises, the muddles that characterize our attempts to implement the good.⁴²

Welch argues that, if we recognize our limits, the American dream and American despair are no longer our only options. By embracing limits, we are instead able to construct and embrace a national identity that includes success and failure, prosperity and loss, freedom and restriction. This nondualistic vocabulary and acceptance of limits allows us “to create and resist without the illusion of progress . . . to live fully and well without hopes for ultimate victory and certain vindication.”⁴³ Acknowledgment of limits means neither defining ourselves in

terms of perfection and thinking too highly of ourselves as individuals or as a community/nation (uncritically accepting or expecting the American dream) nor defining ourselves based on what we lack and thinking too lowly of ourselves and our community/nation (falling into despair, cynicism, or apathy). Instead, it offers us an ethic that makes sense of who we are and what we want to be, without depending on illusory goals that fail to acknowledge the realities of human individual and communal existence.

The limits model demands that we reject unrealistic ideals or illusions of perfection, recognizing that such images lead to unproductive and dangerous dualisms, such as the ones examined by Welch. The limits model suggests instead that we recognize that limits are a normal and unsurprising aspect of humanity, a recognition that leads us to new ethical and relational formulations. This perspective provides an essential starting point from which we may begin conversations and reflections on undertheorized facets of human embodied experience, including Deafness and cognitive difference. It calls for a reexamination of dualistic categories such as disability, recognizing that these are sometimes arbitrary constructions that, while having some political importance, also act to divide and oppress. At the same time, the suffering that does occur related to disability or limits should not be diminished. This perspective allows us to reflect on our interpretations of limits as well as to identify areas where our limits become disabling due to social or physical barriers. Rather than leading us to fragmentation or universality, the limits model offers a ground for conversation and a standpoint from which to challenge exclusionary constructions of difference.

The preceding discussion has proposed that the limits model provides a helpful way to approach anthropological considerations. It offers a useful framework for understanding issues of community (including Deaf Culture and notions of America), as well as what we might sometimes define as individual constitution (what is cognitive disability, how do we make sense of disability in general). These are valuable questions and ones that are difficult for us to recognize when we fail to attend to the limits experienced through disability. Yet if we are exploring the possibilities of this model for constructive theology, we must also attend to its implications for our understandings and interpretations of God.

Limits and God

Reflection on bodies leads us to an awareness of limits, which clearly has significant anthropological implications. The notion of limits has potential for

descriptions or understandings of God as well. If, as McFague claims, the body of God includes all bodies, or if, as we read in Genesis 1, humans are created in the image of God, we must then ask what it tells us about God that humans are limited. This question can be fruitful within both the medical model (is God's power limited?) and the minority group model (does God understand oppression and exclusion?). The limits model brings in a new perspective that asks questions about the nature of God's creation as well as the nature of God's being. McFague highlights the process of naming, which she argues is just as important as action; as she writes, "What we call something, how we name it, is to a great extent what it is to us."⁴⁴ The limits model highlights that our limits are an unsurprising part of being human, and at the same time identifies areas where limits become disabling due to social or physical barriers. Similarly, this idea of limits is also relevant for our understandings of God. When we think of limits, we think of limit-ed. We tend to imagine that a God with limits (e.g., a God with an impairment) is less (at best) or defective (at worst). Why would we worship, or even want, a limit-ed God? If God has an impairment, we tend (from a limited-ness perspective) to think of what God is *not* (a blind God cannot see, a deaf God cannot hear). However, applying the limits model may instead give us a very different way to think of God.

When we imagine an unlimited God, there is a subtle implication that the more limits we have, the less we are like God. This is reminiscent of Daly's claim that if God is male, then the male is God. If God is unlimited, then the less limited are more like God, and the more limited are less like God. The notion that God includes limits counters this implication. This is relevant not only for people with disabilities but also for all of us who experience limits to varying degrees. To use McFague's criteria, a metaphorical understanding of God that is open to limits is consistent with both the Christian tradition and contemporary science. Even some of the most traditional, anthropomorphic notions of God suggest that God took limits willingly—for example, by creating or allowing free will, or by taking on personhood (and death) through Jesus. Both contemporary science and postmodernism include claims about limits: finite resources, partiality of knowledge, and fluid borders and boundaries. A notion of God that includes limits is consonant with these contemporary understandings of finitude, and even with experiences of decay and death.

Imaging God as including limits has a number of positive benefits. The notion of limits as applied to God teaches us, for example, that "disability does not mean incomplete and that difference is not dangerous."⁴⁵ Such attention to limits can add to our understandings of God. For example, reflecting on experiences of disability, limits might be seen to speak to at least three characteristics: perseverance, strength, and creativity. People with disabilities often

have to work harder than the able-bodied to gain access to buildings, education, decent wages, or relationships. Such characteristics of perseverance that come when one seeks to live with limits might also be characteristics that we would find in or wish to attribute to God. Limits also speak to strength, as people with disabilities are often stronger in at least some ways than “normals” (as anyone who has used crutches can attest). Such strength is often one of the attributes given to the divine. The existence of limits also speaks to creativity, as we all (whatever our limits) develop alternatives and work to compensate for what we cannot do, whether designing a new wheelchair or developing a satellite. The human proclivity toward creatively adapting to our limits might be a characteristic represented in a limits God. Limits might show a God that values creativity, and the variety of limitations might show a divine preference for diversity. Finally, recognition of the sin of Me versus Myself that I proposed in chapter 3 might highlight an image of God as one who neither exaggerates nor denies limitation and instead is represented as an authentic and fully grounded self.

My proposal here is that, when we think about God, it is important to recognize the existence and “normalcy” of limits. Limits do not tell us all that God is or all that we are, individually or as communities. As McFague would argue, it is at best one piece of the puzzle, one square of the quilt. Or, more modestly, it is one question to ask, one lens to try on: How do our understandings of self and God make sense of the fact that we all experience limits, that some limits are seen as more natural than others, and that limits are much more ambiguous than we often think? Rather than thinking of limits solely in a negative sense (what we, or what God, cannot do), this perspective offers alternatives for thinking about boundaries and possibilities. In an age of war, terrorism, economic injustice, and environmental risk, a recognition and theological affirmation of limits seems more responsible than apathy or omnipotent control and offers a perspective that can lead to hopeful possibilities of perseverance, strength, creativity, and honest engagement with the self and the other.

The liberation models presented by Block, Black, and Eiesland demonstrate some of the insights that can be gained from a reflection on experiences of limits, particularly the experience(s) of disability. McFague’s metaphorical approach makes a significant contribution to these models, suggesting that multiple metaphors are needed and that each metaphor must be open to evaluation and critique. In addition, McFague’s model of the world as the body of God presents us with an even more basic metaphor from which to enter our reflections on the image of God from the standpoint of embodiment. Just as both the medical model and the minority model of disability offer a significant lens but not a complete picture, the theological proposals offered by body-attentive theologies and by disability liberation theologies offer important pieces but do

not capture the entirety of theological possibility. My proposal that we explore the perspective of limits offers additional possibilities for theological reflection and constructive images of God, especially insofar as it complicates our notions of able/disabled, encourages us to think of limits as a relevant aspect of human embodied experience, and invites reflection on attitudes and practices in relation to various limits. Critical reflection on embodiment has the potential to keep us grounded—embodied, as it were—in an understanding of limits and both what they enable and what they make difficult. This is the perspective offered by the limits model, one that I think is essential for theology, both as we contribute our reflections to issues of justice and issues of individual and communal identity and also as we propose images of God that represent and reflect these diverse embodied experiences.