Clergy with Disabilities: A Photo Elicitation
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ABSTRACT:

Purpose: The purpose of this study is to describe attitudes that able-bodied people have towards clergy with disabilities. Methods: 30 persons, ages ranging from 17-70, consented to a photo elicitation study in which they were shown a photograph of a male clergy person and of a female clergy person, both in full vestments and sitting in wheel chairs in front of an altar. The subjects, both male and female, were asked open-ended questions regarding the pictures. The results can be divided into the categories of theology of the disabled body, whereby disability is linked to increased levels of awareness of suffering, compassion and spirituality, and into a socio-cultural construction of the disabled body which addresses the complexity of attitudes of able-bodied people and society in general towards persons with disabilities and their roles in a selected work space.
INTRODUCTION:

During the time when Judaism was becoming a codified religion, sanitation was poor. Many of the rules and doctrines of the Judaic faith were created and adapted to protect the general public from spoiled food and the spread of disease. This meant ostracizing those from society that were a potential threat to the health and welfare of the community. The sick and the disabled were included in this group. This quote from Leviticus, Chapter 21, versus 16-24 reflects this idea:

The LORD said to Moses, "Say to Aaron: 'For the generations to come none of your descendants who has a defect may come near to offer the food of his God. No man who has any defect may come near: no man who is blind or lame, disfigured or deformed; no man with a crippled foot or hand, or who is a hunchback or a dwarf, or who has any eye defect, or who has festering or running sores or damaged testicles. No descendant of Aaron the priest who has any defect is to come near to present the food offerings to the LORD. He has a defect; he must not come near to offer the food of his God. He may eat the most holy food of his God, as well as the holy food; yet because of his defect, he must not go near the curtain or approach the altar, and so desecrate my sanctuary. I am the LORD, who makes them holy.' So Moses told this to Aaron and his sons and to all the Israelites."
From this example of scripture, it is clear that the disabled could not be considered for many of the roles of Judaic society, especially that of rabbi. As a result, these individuals were considered to be unclean, unworthy of God’s love, and in many cases evil.

Many scholars believe that from a theological perspective, the body is the image of the soul and created in God’s image.\(^2\) The implication of this idea is that individuals who are not physically perfect cannot be spiritually perfect. Therefore, these individuals are not open to the gifts and love of God.\(^2\)

With the advent of Christianity, comes the notion that the world of Heaven and God’s love is open to all of those who seek it. The modern day theological interpretation of Christ’s crucifixion and apotheosis make it possible for all who seek the love of God to be welcomed into the kingdom of heaven. Yet, theologians and religious scholars still find internal conflicts in religious interpretation, even with this new and radical idea that the kingdom of heaven is open to all who are willing to accept God.

There are many passages in the New Testament that give accounts of Jesus Christ healing the sick and the disabled. In these accounts, Jesus makes the individual physically perfect and in doing so, the individual accepts God into his life and becomes spiritually whole. This is a source of internal conflict in Christianity as it relates to the disabled. The idea that an individual who is disabled must be healed in order to accept and have access to God’s love echoes the sentiment reflected in the Old Testament; the body must be perfect in order for the soul to be perfect. As a result we have the notion that those who are not physically perfect must be healed, and this healing must be done in the name of God.\(^2,3\)
BACKGROUND:

How do these biblical interpretations presented by theological scholars compare with those of parishioners? What are the implications of these beliefs for clergy members of the Christian faith? Studies that focus on spirituality and health have primarily dealt with religious coping, issues of mental health, general health as it relates to clergy, and the use of the meditative aspects of religion for stress control. For example, The Lutheran reports that stress and weight gain are major causes for clergy depression. These factors often lead to a clergy member leaving the church and in some cases leaving their faith. In addition the work of Nancy Eisland discusses the relationship between persons with disabilities and the disabled Christ.

In Eisland’s view, Christ’s body becomes broken and whole again during the crucifixion and resurrection. Through the symbolic reenactment of this process in worship, Christians repeatedly accept Christ as a disabled figure. Eisland finds discrepancy in the disabled population’s access to Christianity. She believes the acceptance of Christ as a broken figure calls “for the Church to find new ways of interpreting disability” in order to provide the disabled population greater access to Christianity.

Other studies have looked at the role spirituality plays in healing and in the experiences of families with disabilities. Treloar (2001) reports that families including a child with a disability found meaning in their lives by using the bible and their faith.

A qualitative study by Boswell et al (2007) found that individuals coping with a severe disability felt there was a continuous and interactive process connecting
spirituality with disability. Similar sentiments of spirituality bringing meaning to the lives of individuals with disabilities, of an accident bringing focus to one’s life were also reflected in this study. One individual interviewed in this study stated that the majority of individuals with disabilities do not consider themselves to be religious and felt that organized religion created a void for this population. This individual felt that there were no avenues for the disabled to express or understand their spirituality in organized religion. While this is the opinion of one, it is reminiscent of the ideas put forth by theological scholars. However, Eisland’s work stands out as she calls for change and reform in how the church interprets theology.

In Eisland’s view, it is necessary for the church to create what she terms a “Theology of Disability”. She states this must become a visible and integral part of Christian life in order to combat the social construction of disability “as a fate to be avoided, a tragedy to be explained.”

Despite the numerous studies performed on the relationship between religion and spirituality in the lives of the disabled, no research pertaining to clergy members with disabilities was found. In the current study, two researchers were interested in discovering the attitudes of churchgoers towards clergy with disabilities. This leads to the purpose of the current study, which is to describe attitudes that able-bodied people have towards clergy with disabilities.

METHODS:

Two researchers with areas of expertise in Health Care Anthropology and
Physical Therapy conducted a qualitative research study. A photo elicitation study was the specific design chosen. Thirty subjects, gained through a snowball technique, consented and participated in a face-to-face open-ended interview. During the interview, the subjects were shown two photographs: one of a male clergy person and one of a female clergy person. In both photographs, the individuals were dressed in full vestments and seated in a wheel chair in front of an altar. Participants were asked open-ended follow-up questions regarding their thoughts and feelings about the depiction in the photographs. The interviews lasted between 30 minutes to 1 hour, were audio recorded and transcribed word for word by professional medical transcriptionists.

It is a common practice in qualitative research to return the transcripts to the interviewees for verification of accuracy. This was not done in the current study. The researchers felt strongly that this process would give the subjects an opportunity to self-edit responses. When looking at attitudes it is important to identify the subject’s initial response to accurately elicit their true attitudes.
The data was analyzed using the coding methods outlined by Miles and Huberman (1994). In this process, transcripts are analyzed, general thematic codes are created, and these codes are combined under more specific categories.

**PARTICIPANTS:**

Participants ranged in age from 17 -70 years; 12 male, 17 female. These 30 participants represented a wide range of Christian denominations. Non-Denominational, Russian Orthodox, Roman Catholic, Protestant, Baptist, Methodist, and Episcopalian traditions were reflected in responses. Subject’s religious participation ranged from Church Council members who attend services every week, to those who attend services once or twice a year.

**RESULTS:**

Twenty-four transcripts were reviewed. One was lost to poor sound quality while the other five were not returned from the transcriber in time for analysis. Transcripts were summarized with 43 general coding categories identified. From these general coding categories eight specific thematic codes were developed. The researchers recognized similarity of subject matter between some of these themes. The eight themes were then combined into two major headings; four under the heading of Attitudes and four under the heading of Acceptance. The thematic codes listed under Attitudes are: Attitude Statements, Affecting Factors, Healing, and Personal Statements. The four
thematic codes listed under Acceptance are: Adaptation, Church Demographics and Accessibility, Theology, and Affecting Factors.

**ATTITUDES:**

**Attitude Statements:**

The Attitude Statements code was defined as: positive or negative statements regarding individuals’ attitudes towards disabilities. These responses mostly included statements concerning the ability of a clergy person with a disability to perform job related duties. These statements were limited to statements regarding “if” a clergy person could perform their duties and excluded statements regarding the quality or manner of the delivery of duties. As one participant stated:

> Most people that have those kinds of disabilities have adapted, we have a society that helps people adapt to their disability, and I think that [a clergy member] would find ways to get their message across and for them to lead the people, no matter what their disability.

Many participants defined how their religious community described the duties of a clergy member. Many participants described visiting the sick, either in the hospital or at home, in addition to weekly services as part of the job description. Other duties included counseling parishioners, overseeing community outreach committees, leading bible study, and advising church administration councils.
Affecting Factors:

The researchers believe the amount of understanding and acceptance an individual has is directly related to the amount of exposure of that individual. Understanding the capabilities of the disabled population is no different. Therefore, the researchers felt that participants who had more experience with the disabled population in general would have a more positive attitude towards a clergy member with a disability.

Responses receiving the Affecting Factors code were defined as: statements regarding the subject’s experience or exposure to persons with disabilities. Participants had varying amounts of exposure to persons with disabilities. Some participants had friends or family members who were coping with disabilities, a few held jobs in the health care industry, while others had attended services officiated by a clergy member with a disability. One participant commented:

There is a Priest at that church...he does walk with a cane and has difficulty getting up and down the [altar] steps, so somebody is usually there to help.

Very few participants had zero exposure to persons with disabilities. All of the participants separated mental disability from physical disability.

Healing:

Many subjects discussed healing as it relates to religion and more specifically the healing power of Christ. The idea that through the word and teachings of Christ, the
answers will become known and problems will be solved was alluded to often in the interviews. Generally, subjects were speaking more of a psychological or emotional healing as opposed to physical healing. A few of the subjects participated in healing services within their religious community. These participants spoke of individuals learning to cope with divorce, loss of a loved one, and financial struggles as common subjects for healing prayers.

Almost all the participants commented that a clergy member with a disability would be inspiring to those who were struggling with some aspect of their lives. As a participant explained:

\[ It \text{ would be inspiring to some folks who are in some of those situations...say someone suddenly became handicapped in their prime...[a disabled priest] might be something that would be helpful to them; To have someone available to speak with them and inspire them or to help them out. }\]

Personal Statements:

These statements were of a personal nature that did not fit into any other category. These responses were generally concerned with the importance of religion in a subject’s life, or personal definitions of what qualities a good religious leader possesses. As one participant commented:

\[ ...I \text{ have known some pastors who have all of their faculties and they don’t do a good job...it all depends on where their heart is and what they do with their lives... }\]
in the name of the Lord. That is what makes a good pastor, not how quickly they can get across the room.

Most participants echoed this comment, stating that a good religious leader was good at their craft if they truly believed in the word of Christ and applied his teachings to daily life.

**ACCEPTANCE:**

**Adaptation:**

Adaptation statements were specific to ways a congregation could adapt to the needs of a clergy member who is mobility impaired. These statements were generally positive. One participant commented:

*She counsels people and she leads bible study prone on her couch at home.*

This participant is speaking of a female clergy member who relies on a wheelchair for community ambulation. To adapt to the needs of this particular clergy member, the members of the congregation who participate in bible study come to this
clergy member’s home.

Other participants commented that whenever an individual church receives a new clergy member, traditions are adapted to that particular person’s way of doing things. Participants felt that making adaptations for a clergy with a disability would generally be the same. A participant explains:

…We’re all different anyway, so in my mind it doesn’t matter if [a clergy person] is in a wheelchair...you have to work around people’s strengths and weaknesses anyway...

Church Demographics and Accessibility:

Participants were asked to answer questions regarding the size of the church, the size of the congregation, the architecture of the church, and the accessibility of sanctuary and the altar.

Almost all of the participants reported the sanctuary was compliant with the American With Disabilities Act. Yet, very few participants reported the altar as being accessible. One participant stated:

The altar at our church is not [wheelchair] accessible, but very often I have seen a pastor deliver the sermon in front of the altar. I see no reason why someone [with a disability] can’t do the same.
Theology:

These were statements regarding the doctrines of a particular denomination, or statements that separated religion from both spirituality and philosophy.

...I would think [a disabled priest] might inspire people...we have this kind of image that priests and deacons are somehow all perfect and all holy, but in actuality we’re just the same as everybody else. I think the congregation might be able to relate to someone with visible imperfections.

This statement nicely illustrates the differences between most of the participants’ ideas and those put forth by theological scholars. The participants did not feel that a clergy member with a disability was unworthy of God’s love. Most felt that a clergy member with a disability would be comforting. The researchers defined this idea as Clergy Empathy.

Almost every one of the participants felt that a clergy member with a disability offered special gifts to a congregation. Participants perceived the clergy members in the photographs as being: better listeners, more compassionate, inspiring, and more approachable. The majority of participants also commented on the spirituality of a clergy person with a disability. One participant stated:

...people who have to face challenges like that everyday, being in a wheelchair...
are often more connected spiritually...when they have a reason to be, they rely on God to help them thru their day.

Affecting Factors:

These were positive or negative statements made regarding clergy character, the fit of the clergy member with a particular congregation, the abilities of individual clergy members, appearance, as well as financial concerns. As one participant explained:

...when it comes to passing the offering platter...I am not sure how much [the congregation] would be willing to give...part of that would be how much they felt they were getting...in terms of the quality of performance in those duties.

This participant discussed some financial concerns with regards to monetarily covering the needs of a clergy with a disability. This particular subject went on to say that in their opinion a Clergy member with a disability would need to perform his duties at a higher level then a clergy member who was able bodied in order to motivate the congregation to devote more of their resources to the church. Although most of the participants who had knowledge of the business aspects of a church did state that finances would be a concern, the majority felt the congregation would find what was needed.

DISCUSSION:
Most subjects differentiated between attitudes and acceptance, with acceptance being of greater importance. Subjects stated that if a congregation was willing to accept a clergy person with a disability, then whatever resources were needed, with finances being mentioned most often, would be found. As one participant stated:

...as long as the church body is positively behind them, there is no reason that somebody in this setting couldn’t lead a family of believers.

Clergy character, or the ability of the clergy member to fit the needs of a particular congregation, was also cited as a major factor for acceptance, but most subjects felt this to be the case regardless of mobility status. A participant explained:

There is nothing about being wheelchair bound that is in direct conflict with the message...conveyed by the leader of the church. I mean, adjustments would need to be made, but there are worse things you could have to deal with...like having an affair.

CONCLUSION:

It is clear that the members of a church body do not uphold the ideas put forth towards clergy with disabilities by many theological scholars. It seems from this study that congregations have positive attitudes towards clergy with disabilities. As one participant stated:
Why can’t [a person with a disability] be a priest? How does [being disabled] keep them from spreading the word of God…the statement shouldn’t be ‘We should exclude people from these roles.’ It’s ‘How can we allow them to perform those roles’ if that is what their true calling is.
References:
