*Theology &*Episode 5: Theology & Disability

**Jeff Liou:** Hey Emily.

**Emily Hill:** Hey, Jeff, how are you?

**Jeff Liou:** I'm doing okay. Had a great conversation for this podcast on the topic of disability.

One of the themes that came out from our conversation was disruption. You know, when I received my own ADHD diagnosis, my entire PhD process was pretty significantly disrupted. I began asking questions about what I was doing there? What has God been doing in my life up to that point? It was really an opportunity for theological reflection.

And another theme that came out in the conversation that we're going to introduce to you today was what it means to be a person. You know, in Taiwanese, we have this saying, um, that basically translate: he or she knows how to be a person. Um, and that was one of the themes that stuck out to me in the exchange between Dr. Devan Stahl and Dr. Brian Brock.

**Emily Hill:** So we had a conversation with professor, Brian Brock who holds a Personal Chair in Moral and Practical Theology at the University of Aberdeen. And he is the author of several books, including his most recent *Disability: Living Into The Diversity of Christ's Body* by Baker Academic and *Wondrously Wounded: Theology, Disability, and the Body of Christ*.

**Jeff Liou:** And we also spoke with Devan Stahl, Dr. Devan Stahl, who is Assistant Professor of Religion at Baylor university in Waco, Texas, and edited the book *Imaging and Imagining Illness: Becoming Whole in a Broken Body* that came out in 2018 from Cascade. We also want to tell you about some resources that we have from InterVarsity fitting to a discussion of disability.

You should know that InterVarsity has a ministry that we call Access InterVarsity. Access InterVarsity is an accessible and disability inclusive space for all to belong, grow closer to Jesus and use their God-given gifts.

**Emily Hill:** We also have a recently released Life Guide Bible study series called *Belonging: Accessibility, Inclusion, and Christian Community* by Deborah Meyer Abbs, and we'll have the links to all of these books and resources and, um, all of the information by our speakers on our show notes.

**Jeff Liou:** And now we're happy to bring you a conversation between Dr. Devan Stahl and Dr. Brian Brock.

Brian, Devan. Brian, maybe we can start with you. If you were at a dinner party, how would you describe what you study? You've probably been in this exact scenario before you study something technical, something academic, but you're at a dinner party. You need to explain it to someone who perhaps has uninitiated. How would you describe it? And then the follow-up question to that would be, why do you love it? So how would you describe it, Brian? Can we start with you?

**Brian Brock:** That is a conversation that I have more often on airplanes and the kind of blank look, when I get my title. I usually follow up with theology is the discipline set that goes with training pastors that helps people to get going as a technical discipline. I would say theology is learning the Christian tradition's ways of talking about reality with all of the apparatus to describe the scriptural world that has, that we know as Christian doctrine. So those, those are a couple of starting things that I usually say. And then I say, well, yeah, what's your specialty, then disability theology is another place where usually there's a lot of blank looks.

And I say normally at that point, disability theology is just trying to talk about what it means that it's probably not a good idea to distinguish between normal people and other people with disabilities. People can get that as a starting point.

**Jeff Liou:** Thank you, Brian. Yeah. Devan, how about you, if you're at a dinner party, how do you describe what you study?

**Devan Stahl:** Yeah, not a lot of dinner parties these days with COVID, but pre COVID. It's funny because Brian and I actually have a lot in common in the things that we study, but my primary area of research is actually bioethics. So I call myself a theological bioethicist. So first they have to start with the bioethics in which I'll say something like I studied sort of the ethics of healthcare.

It's-- a lot of that's clinical. So I also work in clinical spaces. I advise clinicians, doctors, and nurses about the right ethical things to do when they're in the hospital and they're just not sure what the right thing to do is. And then as a theological bioethicist, I think about that from within the Christian tradition. So what does Christianity teach us about health, about the meaning of our bodies, about how we use medicines? And like Brian, a lot of my research has focused on disability. So for me, all those questions get wrapped up in disability as well. So disability sort of presses us to think about the meaning of our bodies, the ways in which we might engage health care if we have chronic illness and disability, and the ways in which healthcare is challenged by those paradigms, and the ways in which the church has also challenged by the ways in which disability disrupts, the ways we think about what might be considered normal.

**Brian Brock:** I was just talking today as a representative of a charity called Archway that runs homes for people with intellectual disabilities and also respite for families with a family member with intellectual disabilities.

And we were speaking to people who run the medical school at my university. And saying think about what happens if you come into the hospital and you can't speak, what are the knock on effects of that? And, you know, you ask about why I think we find this important and something to be passionate about is that it's very disorienting and very stressful for people in those circumstances and really it's nobody's jobs to fix that problem. And so theologians and bioethicists come in sideways to the way institutions run to say the least capable of defending themselves are the ones most disadvantaged in the way we run this institution. Can we do better? And I think that's, I've had plenty of academics come up to me and say, man, I wish I had something concrete to talk about like you. But it does help you get out of bed in the morning as an academic, which can be a lot of paper pushing, and a lot of sort of frustrating stuff to realize there is some people out there, their voice matters for.

**Devan Stahl:** Yeah. I mean, just to echo that I love what I do, both because it helps me think about my own body and the ways in which chronic illness has disrupted that sort of self-conception. So it's important for me. But I work with and love, and I'm friends with lots of people with disabilities and their voices are so important and often, so ignored. And, and to sort of give voice to that, to be able to speak theology into that, and to quite literally be on the sort of front lines of hospital work, sometimes saving lives by advocating for people with disabilities. That's no small feat. I think there's a lot of bias in the work that I do, and I think it's vitally important. So both sort of joyful, and I love it, but also I just think it's life giving and life saving for certain people.

**Emily Hill:** Yeah. That's great. You mentioned you have different sort of methodological ways of going about it by you're asking similar questions and we noticed in your skillsets and your degrees, interesting crossover at different paths that you took.

So devan, you have an MDiv which is Masters of Divinity for our listeners, and then went on to get a PhD in Clinical Ethics or bioethics. And then Brian having a Master's in Clinical Ethics or bioethics, and then going on to PhD in Christian Ethics or Theology kind of going opposite directions, but having similar interests and backgrounds.

So, I'd just kind of be interested, maybe Devan, why you went that trajectory? And then Brian, what led you on your trajectory?

**Devan Stahl:** So I always loved the study of religion. So my undergraduate degree was in religious studies. I went on to divinity school thinking I wanted to either be a professor of theology or perhaps a pastor. And it was actually in my first year of school graduate school that I was diagnosed with MS. And so that was just for me the most wonderful time to sort of experience that because I was already so deeply thinking about my theology and about God in a ways that was influencing my life already. And then to be diagnosed with a sort of life-changing chronic illness during that time just sent me into thinking, you know, how is my theology being disrupted? How is my theology being strengthened by this process and this experience?

And so I decided to do chaplaincy during and after my MDiv, because I wanted both to sort of delve more deeply into healthcare and the ways in which we minister to people in those contexts, because I didn't necessarily feel all that well ministered to in the hospital or at church during those experiences. So I wanted to be able to offer that to other people. And then it was during my CPE, clinical pastoral education training, that I met a clinical ethicist whose full-time job it was to sort of answer ethics questions in the hospital. And I just thought what she did was amazing. And as I was considering whether I wanted to continue on with chaplaincy or get the PhD, I was in conversation with folks who-- really PhD's in mine is technically in healthcare ethics or what some would call bioethics-- those are very few and far between degrees. There's only a handful of them, but I just happened to know a program director at, at St. Louis University who encouraged me that I, if I wanted to study bioethics more deeply I should do that instead of the theology PhD.

And I think he was right to suggest that, and I was able to do a lot of theology courses as well. So for me, it was that kind of perfect blend of thinking about theology and thinking about health care ethics, and really getting the training to do clinical ethics as part of my degree, which was important for me, because that kind of practical aspect of my job was something that was really exciting to me. So I ended up doing that PhD in healthcare ethics. My first job was in a medical school. Um, my job now at Baylor University is teaching, um, religion students, but I teach them bioethics. For me, really exciting getting to do the practical work, still in the hospital, getting to teach students who are really interested in religion, teaching them about health care, maybe for the first time, from the Christian perspective,

**Brian Brock:** Devan and I overlap in various ways and in various places. But this is a great chance to, to hear stories about how she got to where she is that I've never heard before. And it is remarkably different journey in the sense that I grew up in a Christian home, thought about medicine and decided sort of the closer I got to it, the more I couldn't see myself doing it. And so I sort of wandered around for a bit and ended up saying, oh, well, I could, there's not a lot of Christians talking sensibly about medical ethics. I could study that. And I went into one of those clinical programs like Devan has just described, you know, kind of top flight in the hospital. And I realized questions were being asked there that were being answered by my teachers in terms of theology that I didn't recognize. So I couldn't, uh, what they assumed faith meant was nothing like I'd ever experienced in my church world. So I realized, oh man, I've got to do some actual theology to even be in this discussion.

So I, I kind of worked from the coalface of healthcare backwards into the theoretical questions. Once I kind of came up against the real theoretical questions, it forced me to ask questions about what it means to be a Christian theologian. And that went far beyond what modern Christians think theology is. Um, and so I, I came to Oxford, which is well-known for its patristic, early church theology. And then I studied in Germany, which is well-known for its Reformation era theology. And so I feel like I've gained a sense of how theology works by asking a practical question.

**Jeff Liou:** I'm hearing so many things that I could ask questions about. And one of the themes that I'm hearing in both of your journeys, professional journeys is about disruption, the disruption that Devan your diagnosis had on you and the way you do theology. Brian, the experience that you had of seeing theologians do work that you had not previously been prepared to do or wasn't on your radar.

I think there are conventional ways or pedestrian ways of doing, either thinking about medicine or disability or theology that this conversation would do well to disrupt. So I'm not sure where to start. Maybe I could ask a question about how your disciplines describe or treat or define something like disability so that we know what we're talking about.

**Brian Brock:** I missed out on a pretty, pretty blatant part of my own story in terms of disruption. One of the reasons I first noticed disability theology, is that what I was really uncomfortable about, about the way medical ethics was put together as a discipline is that it's questions were all the questions of the doctors. So the function of the discipline was to keep the apparatus of modern medicine running as seen from the driver's seat. And I thought that something just didn't sit right with that. And disability is one of the places in the discourse where something not quite fitting was kept in motion.

And that was the theoretical realization pretty early in my education, but then many years later, my son Adam was born and he has Down Syndrome and autism and was deadly sick at the beginning of his life, had heart operation as Down's kids often do and later had leukemia. So I've had a very up close and personal experience of the medical world as has Devan.

That has been constantly disruptive in all the right ways in a kind of existential sense. And I do think one of the real passions that I have to challenge theologians is that, I mean, I know more than one theologian who also has a Down's kid who was a famous world, well-renowned theologian has never spoken about it.

So there's a kind of balkanization of theologians lives, professional theologians, that seems to me a sign of problematic theology. People like Devan help me to articulate the reasons why this disruption of our lives-- our theology has to accommodate that. And it has to kind of constantly be evolving to deal with the things that we didn't see until this disruption happened.

And I think that's, that's a kind of pneumatological point to use the technical term, right? If we believe in system, nothing changes. If we believe in the Spirit, then things are always changing.

**Jeff Liou:** Yeah. Brian, it sounds like part of what you're saying before we shift over to Devan is that until someone is faced with some of these existential questions, they live a undisrupted and potentially problematic life or theology. Is that right?

**Brian Brock:** I mean, I think for me, disability is it's a distilled version of the problem of not recognizing otherness as important for us. So another way to talk about sort of race and gender issues is to say, we don't really take other people's seriously because they can't do things that we think are important. Right? So disability is just a distilled version of that, right? Like people of a certain race or of a certain gender, they're just not quite as good, and we're not going to address them. People who can't talk, can't get out of bed, they're the worst case scenario in those stories. And that's why thinking about disability is disruptive of almost everything else.

**Jeff Liou:** Devan, what are we talking about when we describe disability? Or how does your discipline do it? What are the disruptions that we need?

**Devan Stahl:** Yeah, I mean, I think when I, so when I was in divinity school first thinking about disability, I just found that it was-- and I, it took me a while to come to disability theology I had never heard of it-- but it seemed like no one was ever talking about disability. In fact, when they were talking about what it means to be human, it was always to be rational and to be independent and to have all these qualities that make us supposedly like God. And I just was so obvious to me once I was diagnosed that not everyone has those capacities and abilities and there was this incredible silence.

And then I get into the medical world and disability is a diagnosis. Disability is a medicalized sort of thing that you attach to a person. So often when you're rounding in the hospital it's oh, the Down's patient in bed four, right? We, we don't give patients names, they get sort of labeled with their disability or with their diagnosis. And then there's a lot of assumptions made that may or may not be true about that person based on that label or that diagnosis. And it took me a while to understand that. What we now call the medical model of disability, which is this disability is a thing and objective thing that gets labeled and placed on a person.

And it's a problem. It's always a problem. It's always a negative. And then it gets solved potentially by medicine or at least treated by medicine. Most disabilities can't be cured, but medicine can treat and manage that disability and pat themselves on the back for doing so. And yet there's this whole other discourse of disability pride and the ways in which society itself creates disability and decides who's disabled based on systems as Brian was discussing and ways in which we think about what it means to be human, what it means to be able, the kinds of professions and drives that are supposed to be part, or integral to our society. And that is disabling for all sorts of people. So it's this sort of fluid ever-changing definition based on the norms of our own society.

**Jeff Liou:** Super helpful.

**Emily Hill:** And so both of you and each of your books, Devan, in your Imaging and Imagining Illness and Brian and your Wondrously Wounded, talk a lot about technology and the roles that technology play and shaping our decisions about disability and viewing disability and what it means to be human, kind of how that they shaped sort of automatic decisions and how we view ourselves and disability. So I'm wondering if we could kind of get into a discussion about that. So maybe Devan, if you could start us off with some of your experiences and Brian, if you could chime in after that.

**Devan Stahl:** Yeah. So in my book I talk about, so part of the essential part of my diagnosis came from an MRI. Um, and, and people I think are more or less familiar with MRIs. You've probably seen one before. So when you're diagnosed with MS, so I had symptoms of MS, I had sort of numbness and tingling throughout my body. And like most people with MS it took several months to diagnose that. In fact, I think I was perhaps diagnosed sooner than most people. It only took maybe nine months, whereas some people take years. But seeing the-- so you can't see my MS unless I'm symptomatic and sometimes you can see sort of the disabling effects on my body-- but the primary way you see my MS is through an MRI.

These are images of your body that are not images that you're used to seeing. So we're all used to sort of seeing ourselves in the mirror or pictures of ourselves, but to see sort of the inside of your body in this really unusual way. Really was this glaring like this is your illness represented. And only the technology of the MRI is able to do that. Before the MRI it was much more difficult to diagnose. So the MRI for me became sort of this visual symbol of my illness. And so in the book, I talk about sort of what that means. Being able to visually see something inside of your body that you can't, that you get to hide sometimes. I'm not always obviously physically disabled, so it's, it's an invisible disability that I can sometimes hide away, but these scans make it visible.

So how does that change the sort of image of myself and do I want to see myself in this way? It's a sort of objectified, concrete example of my illness, but it's also sort of the image that my physician prefers to look at versus maybe looking at me, looking me in the eye, the physician is very comfortable with the MRI and that makes me pretty uncomfortable because I don't want to be seen as just this one thing, just this one image.

And so part of the project of my book is working with my sister who's a print artist, and she turns my MRIs into pieces of art. So I write narratives about what it's like to have MS and then she creates art out of the MRIs, tries to capture sort of the narrative of my life experience to give a little bit more context to those MRIs, to sort of flesh them out a little bit as it were. And that was for me, that experience of her doing that was incredibly powerful. She was giving sort of a, a new narrative to my body, a new image to my body that tried to take more aspects of me and my experience into consideration.

So I think the technology is advantageous in a lot of ways, but it can also feel isolating and objectifying. And so I think the, that for me, the art helped me to sort of recontextualize that and to give my body more context and meaning, and then we sort of invited other scholars to give more commentary from other disciplines on that as well.

**Emily Hill:** In this case, maybe the art was a little bit disruptive of the technology and how it shaped your, your view and resisting that. It was a really cool account to read that. Brian, can you share a little bit about some other technologies that shape disability or views of the body?

**Brian Brock:** There's a lot to say they're not least because my doctoral work was on the ethics of technological development. In my most recent there's a strong overlap with the story we just heard about Devan's relationship to her own medical imagery and some territory that I go into some detail in Wondrously Wounded, which is the prenatal imagery. Um, there's some really fascinating social scientific work around what it goes on in prenatal testing. And what kind of emotional labor is involved as there's a picture of a being who's inside of a woman, but we sort of speak to the picture in a way Devan's talking about. But baby, the fetus is there, but the image is really the thing that you can interact with because the kind of little being is not accessible to us normally.

And, uh, the way that the, the ultrasound tech speaks about that, there's actually analytical work going on because the ultrasound tech has to pick up pretty quickly and pretty positively if this is a wanted or unwanted child as a kind of dialogue with a being who we can't see being made possible by this technology. And there's also emotional work going on as we decide collectively, if this is a wanted or an unwanted child and the unwanted child is almost always the disabled child.

You can see how theology does indispensable work is to say, what's going on with functionally and existentially have a boundary between prenatal selection and prenatal care. And to say prenatal selection is always happening before prenatal care is given. What kind of humanity are we that let that be our default setting? And what does that mean theologically? And I use the language of doxology and anti- doxology, but human action is praising some god or some power and in the moment when it appears to us that this is now an unwanted pregnancy, what's the god that we're under the sway of? There's another agent, another being, another person involved here, and when we are undergoing this revision or disruption of what we see in the world, do we do it before and with and in dialogue with that other person who's there as well, or not? But I think very often in the medical domain and in medical ethics and the churches, when we're thinking about these kinds of questions, it becomes a medical problem that's then taken to a pastor. let's say to sort of ask what should I do? Right? So it's very, after the fact that theology or the church comes in.

One of my ecclesial commitments is to point out disability is just part of what it means to be human. And the church has been dealing with it throughout its existence. So it shouldn't be that we never talk about disability until someone in our family is stricken by it. And therefore it's always a kind of emergency discussion. It should be part of what we think it means to be a Christian and to be human. And if it is it actually does disrupt a lot of the way theology gets done today.

**Devan Stahl:** Yeah. And could I just chime into Brian's conversation? So I recently gave birth and sort of that whole process. And I had been thinking about these questions for a really long time, both from the bioethics perspective and the disability rights perspective. And so deciding whether or not to get a lot of prenatal testing was a big deal. But I will say it's just so easy to be swept up in doing everything because we think, and we're encouraged to think by medicine, that that makes you a good parent or that will make you a good parent. Actually, I've talked to physicians who think it's just utterly irresponsible not to use prenatal testing when it's available to you.

And I had an at-risk pregnancy because of my age and because of my illness. And so I was offered many, many prenatal tests. And in fact, my, and my physician was very understanding when I declined them, but did say that he had to ask more than once. That he was required to ensure that I really knew what I was doing when I declined some of that prenatal testing. And so I do think it's just easier to go along. Right? And then, and then there's all sorts of questions that come up I just think people are not prepared for. And so to think about these things ahead of time is incredibly important. And, and whether you decide, I don't think it's wrong to get prenatal testing, I just think that we should think about these things beforehand and what the implications are going to be. And I don't think our churches are preparing us for that well. I don't think that many pastors know what to say to a woman if she were to say, I, I got this test back and I don't know what to do. Um, when you ask pastors, most of them are pretty baffled about how they would respond to. So I think this is theological work that needs to be done and is maybe not being as rigorously done as it could be.

**Jeff Liou:** That takes us right into the next question. So Devan, thanks for bringing us there. And maybe you can start with this one.

Both of you are doing work at both the academic and popular levels. Both of you have addresses and products that you, you know, are, are meant to engage different publics. And the church is one of those. And there are profound challenges in inside the church, in between churches, et cetera, that make it really important for your work to get out there.

Can you talk a little bit about, I mean, you've already started to talk about some of the challenges, but how to meet some of those challenges. So for example, the lack of preparation. I know that in my MDiv, they can only do so much, but I didn't come out prepared to answer these questions. I wasn't really prepared to answer the questions about medical imaging when my children were in utero. So what are the kinds of preparations? What are the work? You know, what are the things that you are, you all are doing? What do you see as needed?

**Devan Stahl:** I mean, on that level and you're exactly right. There's only so many things we can do in a three-year MDiv program to prepare pastors for the incredible range of things that they'll want to address with their parishioners sort of moral deliberation about all sorts of topics. Maybe you can't cover that all. Although I think that every seminary should have a course in disability theology. That is just my preference. But I do think childbirth is a such a common experience. Hopefully we aren't full of churches that, that aren't-- I mean, I, I've never been to a church that didn't have somebody who's getting pregnant and having children or already has children. Or I've never been in a church that doesn't have a person with a disability, whether that's sort of visible or not.

But I think as our congregations age, it's just becoming more and more evident that disability is all around us. And we're either not talking about. Or we are, we have really bad theologies about it. I mean, I've heard a lot of bad sermons preached about healing narratives in the gospel that are very disturbing. And so I, I want to prepare pastors to think about what's going to be received by the congregation who might be experiencing disability. You don't even know about who might be thinking about their future children and how they're going to care for them. These are intimate, important, common questions that I don't know that are being addressed very well.

So thinking deeply and theologically about them ahead of time and about how your preaching and your ministry is going to be received by those who might be incredibly sensitive or raw about those issues is, is very important. How many people I've, everyone I know with a disability has heard a bad sermon or has been prayed for in a destructive, demeaning way. And I don't think that it's malicious. I think that people just haven't thought about it deeply enough, or haven't heard the, those experiences and related to them.

You know, how they might say things differently, how they might think differently. I gave a sermon recently on the disabled gun. That many, many people had told me they had never thought about God in that way before and this there, and it was a sort of response after Easter to the resurrected Christ bearing wounds. I had never thought about that before, but it's so integral to the story. How have we not thought about how our resurrected Christ still has wounds that others need to be able to see and touch. How important that is? So I just think that these are integral parts of the Christian narrative that are being ignored.

**Jeff Liou:** Thanks Devan. And before we moved to Brian, I'm wondering if I can get you not to throw anyone under any vehicle, but I can imagine some listeners thinking to themselves, is it I Lord and have I perpetrated some kind of bad analogy or bad sermon illustration, or have I said something insensitive as a congregation member to a family that has a child with a disability or whatever? Can you give an example of what, what you're referring to?

**Devan Stahl:** Sure. I mean, I think there's a lot of ways in which this happens. So there's the really sort of obvious ways in which we might think, gosh, if somebody were just healed, that would be proof of God's love. If you just had enough faith, then you would be healed of your disability. That sort of maybe a more extreme version. But I do think there's more subtle ways in which even if we don't hold that theology, we might associate disability with sin or evil, right? So disability only exists because we are a fallen people. I've heard that quite a bit. Or the sort of flip side of that is sometimes, oh, you know, people with disabilities are angels sent to us as other worldly beings to teach us important lessons about ourselves.

And that is also objectifying and othering of people. But strong associations of healing with saving can also be dangerous. Right? When every notion of healing is associated with salvation, what does that mean for the person who can't be cured? Right. If we associate healing with curing. So I think those are ways in which we might fall into some traps that people with disability and illness might resent those associations with their bodies.

**Jeff Liou:** Thanks for walking us through that. Brian, I'd love for you to either respond to that or, or to take us back to the question related to what we're hearing from Devan about what is needed that your discipline is bringing or that you're researching.

**Brian Brock:** I totally agree with all Devan said, so this is just some additional sort of color. Bethany McKinney Fox has done some really good research on how pastors across evangelical denominations think about disability. And she substantiated that the default setting is: we care about people with disabilities. And if they come, we'll look after them. And drilling down to that question, it becomes quite clear that the premise is we want to grow our church, we want sort of people who contribute-- meaning wealth and capacity. And if someone with a disability comes, we experienced that as a, as a burden, a ministry task that's added to the pile. My colleague Grant Macaskill has written a book, the church and autism, and he very nicely encapsulates, how should we think of someone on the autistic spectrum experiencing coming into church?

Whose perfectly capable of telling if they're experienced as a, as a burden set or as a genuine contribution to the body of Christ. There's a range of ways in which subtle clues are sent out that. We're looking for a church of achievers and disability just never fits into that. And I think conceptually behind that is a modern problem of thinking about the human as in terms that I call the best case scenario. Like, to be a human means, the fully actualized adult educated person who can do everything on their own. And then there's states somehow falling off from what that, you know, what we're here to be looking like, and acting like. And in our-- that's why it's only on that premise, that disability would be considered a kind of neat niche or peripheral discipline, right? That the human is actually the one who is self-contained and autonomous.

And if you read the Christian tradition at all, and you realize that's just not what Christians thought about the human as. And that's not what they, how they understood the church. As a place where we recognize and learn how much we need each other. And therefore, why difference is, shouldn't be experienced as a threat or a burden, but as a enrichment of our understanding of who God and how the creation -- the created world is. And I think if we could get pastors articulating that vision, we'd end up, it's a different gospel, ultimately. If we think that I want to build my church by finding the people who are like me, which is a tried and true church growth strategy. We're not only going to have problems with people disabilities, we're going to have problems with all kinds of people who are unlike us.

So I think one thing that I am constantly trying to get modern American Protestants to think about is what makes you fearful about difference? And I think disability is really useful for them to think that question, because it's very difficult to say that people with disability did it to themselves, right? Like the, the addict, they did it to themselves, the criminal, they did it to themselves. People whose cultures we think are chaotic and are not disciplined, they did it to themselves. But like someone who's born, like my son, Adam, that logic evaporates. And you have to just say, yeah, this person threatens me because they're different. And I don't know what to do with it. I don't know how to fit with them and the way that I think church should be. And they make funny noises, and I think we should be quiet in church or, you know, these sort of epicycles. If those could come to the surface, I think that's a, that's a disruptive invitation that I think leads only to good things.

**Emily Hill:** Yeah. It's a great invitation. And you've talked about how our modern view of the human as a, is a certain view that is not what is found in the Christian tradition. And the church that we're living out as a, what I would call a marketing driven church, that seeker sensitive building the church idea. So what is the vision of the church and the Christian tradition that is much more accommodating of this otherness that is what you would cast for modern evangelicals?

**Brian Brock:** I mean I can say, I can answer that very simply. And that is to say that we are so used in the world to viewing one another through our sociological, demographic profile that the promise of disability is to open our eyes, that we are more than our demographic profile. And I think that's what Paul's talking about when he says, we see beyond you in Greek and male and female. We learn, I am actually more than a bald, white educated man. And I hope that I am, but I don't know that until I run against somebody else who's not like that. And as long as I'm trying to defend the importance of my demographic and looking at my demographic as the valuable ones, um, insulating myself from that.

**Devan Stahl:** Yeah. I'll just add I mean, I think for me, it's challenging us to think of all of ourselves as dependent. This is always, of course, part of our tradition in which we are creatures created from God who are dependent on God, both for our creation and for our sustaining of our lives. And for all the grace that we receive. So we are utterly dependent. All of us. We are a creation that was meant, as, to be diverse and beautiful in its diversity, God didn't create one thing, but a multitude of things from the multiplicity of who God is and found that good and beautiful. As well as the giftedness of each of us. So each of us brings gifts to the community. And some of those gifts are really obvious because of the things we value in prize in our society. And some of them are less obvious and we need to discern them with one another. So figuring out what our gifts are, what other gifts are, celebrating those in a diverse dependent community, I think is part, has always been part of the Christian tradition and we sometimes neglect in the ways we think about church.

**Jeff Liou:** Dr. Brian Brock, Dr. Devan Stahl, thank you both so much for sharing your contributions, from your training and your perspectives. Brian, thank you for walking us a little bit into your family. Devan, thank you for walking us into your own medical journey. We appreciate this so much. We hope and pray that this conversation will be equipping and disruptive for the people in the churches that we love. So thank you so much to you both.