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BARRIERS TO ACCESS, AMBIGUITY OF CURE

A Comparative Theological and Praxis-Oriented Exploration of Disability Through Gospel and Qur'anic Narratives

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> *Cure promises so much, but it will never give us justice.*
>
> – Eli Clare[1]

> *Whether in religious contexts or in the halls of medicine, the power of miracle hangs like promise, a dream, a shiver of possibility.*
>
> – Julia Watts Belser[2]

Introduction

Who wouldn't desire a cure?

The ease with which these probing words roll off the lips of non-disabled folks finds its source in the unequivocal "I do!" with which many Christians respond to the question, "Do you want to be saved?" Indeed, the close relationship between spiritual salvation and embodied cures is the result of a negative view of disability that links defect, disease, and brokenness with sin, and perfection, health, and wholeness with salvation. The popular and common mis/interpretation of Jesus' miracles of cure is that their performance was intended *merely* to evince the veracity and superiority of his message and the truth of his divinity. This reading is not without cause. The Gospel miracle narratives suggest that the number of those who believed in Jesus and his message increased as he performed more miracles. Furthermore, in the Gospel of John, the first half of which was likely written for the express purpose of demonstrating Jesus' "signs," Jesus asserts that his "works of my father" demonstrate that "the Father is in me and I am in the Father" (Jn 10:37–38). Some Gospel miracle narratives further imply that it is an

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individual's faith that is the necessary cause of their cure, even if it is through Jesus' divine power.[3] Together, these popular interpretive traditions result in mutually imbricated, supremacist, and ableist theological conclusions: (1) disability, like sin, is an *individual* defect; (2) failure to be cured, like damnation, is a consequence of a lack of *personal* faith; (3) given this sin–disability conflation, it is Christianity that provides physical cure and spiritual salvation, unlike other religions; and therefore (4) Christianity is *supreme*: only it can cure, only it can save.

Rabbi and scholar Julia Watts Belser notes how the miracles of cure in the Gospel narratives are often "intertwined with anti-Jewish sentiment."[4] From a Christian anti-Jewish standpoint, the fact that some Jews rejected Jesus and his message *even after* all the miracles of cure is proof positive of Jewish waywardness and evidence of later Christian supersessionism and supremacy. The Gospel curative miracles thereby became the foundational prooftexts for the later demonization of Jews.[5] Accordingly, early anti-Judaism and later antisemitism rely on "the trope of the blind Jew."[6] Given that early and medieval Christian anti-Judaism and later antisemitism are sources of medieval Christian anti-Islamic theology and later Islamophobia, it is unsurprising that the Gospel curative miracles were likewise the foundational prooftexts for the Christian demonization of Muhammad and his later movement.[7] Ableist Christian theology is entangled with supersessionism, supremacy, and their many anti-Jewish, antisemitic, anti-Islamic, and Islamophobic branches.

Accordingly, this Christian supremacist vision, based on the popular interpretation of the Gospel miracles of cure, shaped a common, medieval Christian polemic against Muslims and the Islamic tradition (one that perdures among many Christians to this day). These Christians claimed that the Islamic founder, Muhammad, was no prophet, much less equal to Jesus, especially since he performed no miracles of cure. In response, Muslims did not immediately retort with a list of miracles of cure performed by the Prophet. In fact, in the early and formative periods, the performance of curative miracles by Muhammad was not at all central to belief in prophetic message and divine revelation. In the Qur'an, Muhammad is challenged to perform miracles as evidence of his divine messengership, but the Qur'an notes the futility of these proofs (previous messengers performed miracles, but were still rejected).[8] This is ripe for comparative, constructive exploration: how does a tradition that largely eschews curative miracles approach disability, and how might this challenge and transform Christian readings of Jesus' miracles and their concomitant – and ableist – theologies of cure?

Christian theologian John Hull, after becoming blind, underscored the harm of the Christian scriptures' negative association with blindness.[9] In his "Open Letter from a Blind Disciple to a Sighted Saviour," he writes that despite Jesus' care and attention to the marginalized, he writes, "you did not

include a blind person in your closest circle." Hull imagines what it would be like to have a savior who, instead of "[leading] me by the hand out of blindness," would have "been my companion during my blindness."[10] Watts Belser draws on Hull's candid and moving reflections and declares, "I want a story where the man stays blind."[11] The Islamic story that follows is one such narrative, providing constructive insights after comparison. This reimagined reading of the miracles of cure found in Christian scripture specifically, and its tradition generally, engenders a transformed understanding of the role of clinical and support service providers – shifting from a model of cure to one of healing and authentic allyship.

This chapter is co-authored. Axel is a Catholic comparative theologian and scholar of Islam and interreligious studies who writes and teaches through a liberationist, contextual, and justice-oriented framework that underscores the dynamic impact of systems of power on the socially marginalized. He reads pre-modern sources for insights into contemporary issues. Kimberly is a speech–language pathologist (SLP) and executive director of a disability justice nonprofit with extensive experience integrating the views of disabled and neurodivergent self-advocates in her teaching (graduate clinical methods), her organization and implementation of disability justice initiatives, her workshops for parents and teachers, and her speech–language therapy and consultations. The purpose of co-authoring this chapter is to offer concrete, praxis-oriented proposals using the profession of speech–language pathology as an example. Other professions could have been chosen, and there is no claim that a religious perspective or belief is necessary for the praxis elaborated later. Together, we explore the ongoing debate at the intersection of disability theory/justice and Christian theology, namely, how to confront Jesus' miracles of cure in the Gospel narratives. Reductive interpretations of these narratives assert either that Jesus was ableist for "fixing" a broken bodymind or that the miracle of cure is what all disabled people desire. Analogously, at the intersection of critical disability studies, disability justice, and disability-related professions, including clinical and support service providers such as speech–language therapists, occupational therapists, physical therapists, educators, nurses, physician assistants, and social workers – there is an ongoing, though slow, shift in focus for professionals, namely, moving *from* the medical model of providing cures ("saving") *to* the social, political/relational model of removing structural barriers, transforming attitudes and biases, challenging normative assumptions, and accompanying disabled people in their self-advocacy. This shift demands a structural disruption and transformation of the status quo within these professions. Eli Clare notes that, while "cure rides on the back of *normal* and *natural*," a contrastive, binary approach is no better: "we need neither a wholehearted acceptance nor an outright rejection of cure, but rather a broadband grappling."[12] What does it mean to grapple with cure in comparative disability

theology, and how does this grappling shape clinical work and the labor of disability justice?

In this chapter, we grapple with cure by zooming in on a narrative of a miraculous cure found in the Synoptic Gospels, placing it in comparative theological conversation with a Qur'anic revelation prompted by Muhammad's encounter with a blind man. In the Catholic tradition, theology is classically defined as "faith seeking understanding."[13] However, this approach often unintentionally ignores embodied experiences and the praxis of justice and liberation. In response, the founder of Latin American Catholic liberation theology, Gustavo Gutiérrez, redefined theology as *reflexión crítica sobre la praxis a la luz de la fe*, answering the question, "in the light of the Gospel message of liberation, how do we construct a more just society for all?"[14] Liberation theology is often applied contextually – for example, to Black women's experiences in the United States (womanist theology), queer experiences in the context of ongoing anti-LGBTQ laws and discrimination (queer theology), or the experience of disability in the context of ableism (disability theology). Comparative theology seeks to perform theology in conversation with another religious tradition, seeking "fresh theological insights . . . indebted to the newly encountered tradition as well as the home tradition."[15] Eschewing generalities, comparative theology endeavors to make narrow theological claims regarding specific texts that may, nonetheless, have broad implications for one's own theological tradition. It is the "intentional, methodical act of crossing confessional boundaries in search of theologies that may intensify, rectify, recover, reinterpret, be appropriated by, reaffirm, and/or critically challenge and subvert"[16] one's own tradition. The discipline of comparative theology has been criticized for being a predominantly white, Christian, Western, and nondisabled endeavor. Performed with a privatized, individualistic reading of theological ideas – textual, elitist, and disembodied – this approach inadvertently reproduces a colonial logic, plundering the riches of the subjugated other for self-gain.[17] Recently, comparative theologians have proposed decolonial, contextual, non-textual, subaltern, and embodied alternatives.[18] In this chapter, we follow this lead and bring comparative theology together with contextual and liberation theologies, seeking to "[construct] a liberating praxis that unmasks restrictive ideologies and prescribes action in solidarity with the multiply oppressed."[19] Through a critical engagement with the Qur'anic narrative, we grapple with the ableist theologies of cure that emerge from the Gospel narratives so that we may construct a reading that prioritizes the experiences of disability scholars and self-advocates.

This reading provides a foundation for the praxis-oriented portion of the chapter. Disability-related professionals are trained based on evidence-based practice – that is, by utilizing treatment techniques that integrate scientific research studies, clinical expertise, and client priorities. Despite the seemingly

neutral and scientific label of "evidence-based practice" that implies data-driven analysis, in many graduate programs this often means teaching research and practices that center non-disabled, neurotypical, and white norms of communication, behavior, and learning.[20] But by listening to the advocacy of the groups that we serve, we can come to understand the ways in which our society – and our professions themselves – contribute to the structures that disable.[21] Our role as clinical and support services professionals shifts away from one centered on curing deviations from the norm and fixing defects, turning outward in solidarity to dismantle ableist structures and undo socio-cultural biases. At the same time, we can neither dismiss the experience of each individual and family nor ignore the reality of the ableist (and cis-heteronormative, white-supremacist, and patriarchal) world in which we live. It is messy. How do we advocate for more acceptance and understanding, as well as support individuals in their very real challenges? Specific to Kimberly's work, how do we work for a more neurodiversity-affirming world while supporting neurodivergent clients as they navigate a neurotypical world? Drawing from her clinical experience (especially with autistic or otherwise neurodivergent children) and the advocacy of leaders in the disability justice movement, we explore the praxis of entering this messiness to redefine the role of these professions: shifting from one of cure to one of healing through authentic allyship with disabled individuals.[22]

Gospel Narratives: Composite and Constructive Retelling

Before retelling the narratives, some theological and historical background to the Christian revelation provides some grounding for the comparison later. The four canonical gospels constitute a primary source of theological authority for Christian traditions. Part of what Christians call the New Testament, the Gospels were composed between circa 70 CE (e.g., Mark) and circa 100 CE (e.g., John) and narrate the stories – such as miracles, parables, and teachings – of the Jewish itinerant preacher and wonder worker Jesus of Nazareth (active between 30 and 33 CE), including his passion, death, and resurrection. The Gospels of Mark, Mathew, and Luke are referred to as the Synoptic Gospels because they share similarities in content, arrangement, and specific language, whereas John contains largely distinct traditions. There is a relative scholarly consensus today that this Jesus, Yeshua ben Yosef, was participating in an intra-Jewish debate over the nature and extent of Yahweh's covenant with the Jewish people. As this new Jewish religious movement took shape after his death and alleged resurrection, ~~its~~ followers of this new religious movement, "the Way," as it was called, began slowly to distinguish themselves from the rabbinical Judaism likewise developing after the destruction of the Second Temple in 70 CE. The Gospels are precisely what the original Greek term, *euangélion,* suggests: a good news or message – namely salvation and

liberation through Jesus the Messiah, the Christ – who relatively quickly came to be understood by the early Jewish and Gentile Jesus movement as both human and divine, the incarnation ("becoming flesh") of the divine word. More specifically for Catholic theology, the Gospels recount the meaning of the Christ event, the "originating tensive event" that "releases its focal meaning to guide the entire series of interpretations" through hermeneutical acts from the first to the twenty-first centuries. An originating tensive event is not merely historical; rather, it discloses how the nature of God is both transcendent and immanent, reveals the possibility of divine-human communion, affirms revelation as dynamic, and conceptualizes hermeneutical engagement with revelation as an analogical participation in that revelatory event.[23] When the Word became flesh, according to Catholic theology, God "took on, at the same time, a body consisting of syllables, scripture, ideas, images, verbal utterance and preaching."[24] Scriptural exegesis, along with all reception and development of *tradition*, for one formative twentieth-century Catholic thinker, "must be approached through Christology: the letter is related to the Spirit as the flesh of Christ . . . to his divine nature and Person."[25] Accordingly, revelation consists "not of scripture as a book, but of the event described in scripture,"[26] namely, the Christ event and all it entails. But this Christ event is an ongoing revelation through theology, which "is the regulative principle not of a timeless, but of a contemporary preaching and teaching of the word."[27] In other words, while we only have access to the Christ event through scripture – including the Gospels – scripture *is not* the revelation. It is Christ and all he embodies in word and deed, indefinitely interpreted in and for new contexts and therefore given new meaning, including, in this case after comparison and through a disability studies lens.

The narrative in question is the Synoptic Gospel story of Jesus healing a paralyzed person (Mk 2:1–12, Mt 9:1–8, and Lk 5:17–26). A different, though similar, story is found in John 5:1–18.[28] Mark and Matthew place Jesus "at home" (Mk 2:1) in "[Jesus'] own town" (Mt 9:1). This was either Jesus' home or that of two of his disciples, Simon and Andrew (Mk 1:29). Such a large crowd had gathered to hear Jesus speak "the word" (*ton logon*, Mk 2:2) to them that no one else could enter the house, and the entryway became blocked. The Incarnate Word/Logos is speaking the *logos* to those seeking to learn, challenge, or otherwise engage him, a crowd that incudes Jewish "Pharisees and teachers of the law," Luke 5:17 adds; later, we learn that Jewish "scribes" (Mk 2:6 and Mt 9:3) are also present. But still others wished to receive the word of Jesus, including a paralyzed man who was being carried by four others. The Synoptic narratives do not explicitly assert that the paralyzed man was seeking to enter the home *to be miraculously cured* of his impairment, which apparently prevented him from walking by himself. Rather, we only know that Jesus is teaching "the word" to an overflow crowd who "had come from every village of Galilee and Judea and from

Jerusalem" (Lk 5:17), and yet still other "people came" (Mk 2:3), but "they could not bring [the paralyzed man] to Jesus because of the crowd" (Mk 2:4); or, "some people were carrying a paralyzed man lying on a bed" (Mt 9:2), and "they were trying to bring him in and lay him before Jesus" (Lk 5:18). Even though the larger Gospel contexts may lead readers to assume the disabled person is seeking Jesus for the express purpose of being cured, in this pericope, we should be wary of imposing our normate and non-disabled biases and experiences onto them, thereby erasing his agency.[29]

The paralyzed man and those carrying him are committed to entering the home, but they encounter a barrier: the crowd and an occluded doorway. They "went up on the roof" and "removed the roof above [Jesus]," digging through it or going through the roof tiles, and "let down the mat on which the paralyzed [man] lay," placing him in "the middle of the crowd in front of Jesus" (Mk 2:4, Lk 5:19). Jesus then sees "their faith" (*tēn pistin autōn,* Mk 2:5, Mt 9:2, Lk 5:20), which, according to many commentaries, is "the faith of [those carrying the paralyzed man on the mat], not that of the paralyzed man,"[30] though nothing unequivocally precludes including the disabled man in "*their* faith." Jesus then speaks to the paralyzed man:

> Son (*teknon*), your sins are forgiven.
>
> *(Mk 2:5)*

> Be bold (*tharsei*), son; your sins are forgiven.
>
> *(Mt 9:2)*[31]

> Man (*anthrōpe*), your sins are forgiven you.
>
> *(Lk 5:20)*[32]

A controversy erupts. The scribes, Pharisees, and teachers of the law accuse Jesus of blaspheming, for "who can forgive sins but God alone?" (they questioned, "in their hearts," Mk 2:7, cf. Mt 9:3, Lk 5:21). Jesus' reply, variations of which are found in all accounts, is rhetorical:

> "Which is easier, to say, 'your sins are forgiven you,' or to say, 'Stand up and walk?' But so that you may know that the Son of Man has authority on earth to forgive sins" – he said to the one who was paralyzed – "I say to you, stand up and take your bed and go to your home."
>
> *(Lk 5:23–24, cf. Mk 2:9–11, Mt 9:5–6)*

Indeed, the forgiveness of sins cannot be empirically verified; there is no measurable evidence that it occurs aside from the personal trust one has in such a declaration for themself. However, for the crowd to witness a paralyzed man "immediately [stand] before them, [take] what he had been lying on, and [go] to his home, glorifying God" (Lk 5:25, cf. Mt 9:7, Mk 2:12), now *that* is

verifiable. Passively assuring someone that their sins are forgiven is, in a way, "easier" than telling a paralyzed man actively to stand up and walk home.[33] Jesus' interlocutors do not believe he can pronounce the forgiveness of sins, so instead he gives musculoskeletal mobility back to a paralyzed man, "and so do the harder thing, [prompting] others . . .[to] wonder whether he cannot also forgive sins."[34]

A critical disability studies lens offers much to critique here, especially in the potential for assuming the paralyzed man's sins is the cause of his disability, in the erasure of his agency (did he ask to be healed?), in reducing him to a narrative tool, an NPC (non-playing character) meant to move along the plot line demonstrating Christ's power to save, and much more. Some (but not all) of this will be addressed later in the constructive and comparative portion of this chapter. The above retelling already challenges the sin–disability conflation, since forgiveness of sins was not expected to physically cure the paralyzed man. In any case, the synoptic narrative ends with the crowd's being "seized with astonishment [*ekstasis*], and they were glorifying [*edoxazon*] God and were filled with awe, saying, 'we have seen strange things [*paradoxa*] today" (Lk 5:26, cf. Mt 9:8, Mk 2:12). Let us sit with this relatively neutral, composite reading of the synoptic narrative and grapple with this cure as we encounter the following Qur'ānic verses/signs (*ayāt*) and the context of their revelation.

Qur'anic and Extra-Qur'anic Narratives: Composite and Constructive Retelling

Before beginning, some brief theological and socio-historical points should be made to contextualize the Prophetic-Qur'ānic event that is the source of Islamic revelation. If for Christianity the originating tensive event is the Incarnation, God's becoming human in the first-century Jewish teacher, Jesus, then for Islam it is the Prophet-Qur'ānic event in which God's speech is revealed to Muhammad.[35] In the year 610, in a cave outside the trading city Mecca, the angel Gabriel appeared to a member of the Banu Hāshim clan of the Quraysh tribe and compelled him to "Recite!" (Qur'ān 96:1). The revelations, occurring in a manner similar to – but not identical with – pre-Islamic, polytheistic poetic and soothsaying traditions, would continue until his death in 632 and would be called *al-Qur'ān*, the Recitation. These revelations refracted the Biblical imaginary familiar to the peoples of the Mediterranean basin and Middle East: the Qur'ān variously reproduced, subverted, extended, or added to Jewish, Christian, and polytheistic tribal traditions, and Muhammad presented himself in the lineage of the Hebrew Prophets, as did Jesus before him. The revelations are Divine Speech mediated through the Prophet Muhammad. His audience was primarily composed of polytheistic tribes, but it also included Jews and Christians. Later, for Muslims – those

who engage in surrender (*islām*) to God – the Qur'ān and the Prophet's actions became the sources of spiritual, ethical, and legal authority, implicitly or explicitly having socio-political consequences. The revelatory verses, *ayāt*, of the Qur'ān are likewise "signs," another meaning of the term: "We will make them to see Our signs (*ayāt*) in the horizons and in themselves, until it become clear to them that it is the truth" (Qur'ān 41:43). The Qur'ānic verses/signs are revelation, but the entire world and the self likewise manifest God's revelation.

Scholars divide the revelations into two periods, the Meccan (earlier) and Medinan (later) period. During the Meccan period, when the verses under investigation below were revealed, Muhammad and his small number of Companions (*al-ṣaḥāba*) encountered severe and even violent rejection. His message was a revolutionary socio-political message, a counter-hegemonic discourse "[arising] from a point of exile or at least from the margins, away from the center, and as a challenge to that center."[36] During this period, God counsels Muhammad not to retaliate violently, but "patiently to endure" (*ṣabarū*) suffering.[37] The Prophetic-Qur'ānic event challenged the socio-economic hierarchies and disrupted tribal kinship relations as well as the unjust, oppressive system that sustained them. Consequently, Muhammad was a threat to those in power, analogous to Jesus in his first-century context. During the Meccan period, he convinced only a relative few to engage in surrender (*islām*) to the God he preached; however, those who did became loyal to *his* divinely granted authority as opposed to tribal authority. Eventually, "the Meccan chiefs' ultimate rejection of Muhammad's message result[ed] in a tangible existential threat to his fledgling community, culminating in their persecution and later exile"[38] to Medina in 622 CE. Like the early Jewish Jesus movement, the early companions and followers of the Prophet were part of a new religious movement sociologically characterized by a kinship dispute composed of three elements: group loyalty, the transmission of property, and the inheritance of social roles.[39]

Furthermore, the Prophetic-Qur'ānic event includes not merely the oral revelation of the Qur'ān, but also the embodied behavior, actions, and extra-Qur'ānic speech of the Prophet Muhammad as recounted by the hadith literature (henceforward, hadith), which became another principal source of revelation for the historically dominant Sunni tradition. In other words, hermeneutical acts engaging the Qur'ān may be supplemented and complemented by the stories narrated by the hadith, which is likewise considered revelatory. Muhammad's behavior and the behavior of those who interacted with him therefore become a site for God's revelation. This revelatory content (Qur'ān + hadith) has been transformed through hermeneutical acts in history from the seventh to the twenty-first centuries. Later theological, philosophical, poetic, and mystical traditions are, for the most part, creative commentaries on *al-Qur'ān* as a *kitāb*, not as a "book," but rather as "an

open-ended process of divine engagement with humanity in its concrete history."[40] Islamic revelation, including the Qur'ān, the hadith, the signs (*ayāt*) suffusing reality, and for Shiʿī Muslims, the words and deeds of the Imams, is therefore, according to one Muslim scholar, "a verb, not a noun, [it is] a living encounter, not an indelible inscription."[41] This is precisely the entry point for contemporary Muslim scholarship engaging this revelation in modern contexts and for urgent concerns, such as disability justice.

One such revelatory pair is a narrative that brings together the 80th chapter of the Qur'ān with its relevant hadith explaining when and why it was revealed. Had Muhammad won over the Meccan leaders (mostly pre-Islamic polytheists), God's message would have taken root rather quickly. However, the theological aesthetics of the Qur'ānic revelation/recitation and its message of justice, compassion, and radical monotheism did not sway those in power – leaders who could have compelled members of their tribe to follow them; doing so would have meant relinquishing their socio-political control to, in their minds, a revolutionary rabble-rouser threatening established kinship hierarchies. Notwithstanding, Muhammad endeavored to persuade them. On one such attempt, Muhammad was preaching God's message to an audience, among which included "the powerful leaders from the polytheists [*ʿuẓamāʾi al-mushrikīn*],"[42] perhaps of the Quraysh tribe who ruled Mecca. That is, he was "in a meeting with some of the most influential leaders of Mecca, trying to persuade them of the value of his religious message."[43] A blind man (*aʿmā*), ʿAbdullāh ibn Umm Maktūm, approached the crowd, saying: "O Muhammad, let me come nearer!"[44] Or, as another hadith has it, he said, "O Messenger of God, guide me!"[45] Muhammad, annoyed by ʿAbdullāh's interruption, "frowned and kept avoiding him, turning to the others."[46] Suddenly, Qur'ān 80, titled *ʿAbasa*, was revealed (note that all Qur'ānic verses should be read in the voice of God):

> He [Muhammad] frowned [*ʿabasa*] and turned away, because the blind man approached him. Yet for all you know, [O, Muhammad], he might perhaps have grown in purity, or have been reminded [of the truth], benefiting from this reminder. As for the one who considers himself self-sufficient, you gave him your undivided attention, even though it is not your fault if he does not attain purity. But as for the one who came to you eager [to seek guidance], in awe [of God] – you were oblivious of him!
>
> *(Q 80:1–10)*[47]

Classical and post-classical commentators note that these verses were "revealed as a rebuke to the Prophet for preaching to those who had no interest in God's message, while turning away from one who sought guidance."[48] Indeed, the elite Meccan leaders claimed to be "self-sufficient" (*istaghnā*), thereby claiming to be like God, who alone is *al-Ghanī* (among "the Most

Beautiful Names" (*al-asmā' al-ḥusnā*) of God, translated as "free from all need, independent"). ʿAbdullāh ibn Umm Maktūm was among the first to embrace Muhammad's message, surrendering to God. The fact that he called Muhammad "messenger of God [*rasūl Allāh*]" is evidence that he had already embraced the Prophet's message at the time of his inopportune interruption. Later narratives tell us that he was among the first to immigrate to Medina, where he taught the Qur'an, gave the call to prayer (*adhān*), and managed the city while Muhammad was away. The Prophet would later greet him with, "Welcome to him on whose account my Lord rebuked me."[49]

Constructive Comparisons

These two narratives, when compared, offer critical and constructive insights with respect to disability, cure, and barriers to access. The similarities are uncanny. Both Jesus, a Jewish itinerant preacher, and Muhammad, (an erstwhile) member of a Meccan, polytheistic, aristocratic clan (though relatively marginalized as an orphan), are immersed in their mission, preaching God's message to those at the relative center of their social location: educated leaders of the Jewish community and tribal leaders of Meccan society, respectively. They are sharing God's revolutionary message, which is intended both to convert individual biases and to reimagine social structures toward a counter-hegemonic reality subversive of dominant, exclusionary paradigms. Then, unexpectedly, a socially marginalized person seeks their message, but they are obstructed from accessing divine, revelatory guidance – one by physical barriers and the other by attitudinal barriers. These narratives bring into relief the function of social exclusion that in fact *disables* the impaired individuals. In the Qur'ānic narrative, ʿAbdullāh is prevented from drawing near to listen to Muhammad, but he nonetheless has agency to demand attention: "let me approach you!" He requests guidance from Muhammad, and yet the Prophet – "a most good-and-beautiful exemplar [*uswa ḥasana*] for whosoever hopes in God" (Q 33:215) – ignores him, thereby eliciting the only Qur'ānic revelation that describes the Prophet's contemporaneous reaction in the third person: "he frowned and turned away." As Muslim scholar Sa'idiyya Shaikh observes, Muhammad's exclusionary behavior becomes a lesson for us: do not imitate the Prophet's annoyance, but rather learn from the divine rebuke, breakdown structural barriers to access, and reprogram individual biases.[50]

The Qur'ānic narrative allows us to grapple with the concept of the cure in the Gospel narratives, where there are likewise physical barriers to accessing Jesus' message. The paralyzed man, too, seeks to approach Jesus, perhaps for guidance much like ʿAbdullāh, and not necessarily to be cured. Members of his community demonstrate allyship and, quite literally, break down the structural barriers to accessing Jesus' word. Unlike many disabled characters

in the Gospel narratives, ʿAbdullāh in the Qur'ānic narrative is no NPC, but rather the central protagonist: he already has faith, has surrendered to God, and is among the early *ṣaḥāba*, or Companions of the Prophet. This distinction reorients our reading of the Gospel narratives. By comparison, we can underscore that the paralyzed man, too, unlike some of the educated members of Jesus' audience – likely already has faith in his message. Indeed, it may be the normate biases of Jesus' educated, non-disabled audience that prevent *them* from accepting his word. The paralyzed man may thus simply be seeking guidance, much like ʿAbdullāh. Taken together, both stories surface the disabling function of structural and social barriers as well as individual biases.

What, then, of the function of ~~the~~ cure? How do we grapple with it? As noted, the mainstream Islamic tradition does not attribute curative miracles to Muhammad, even though the Qur'ān recounts some of Jesus' curative miracles (such as Q 3:49). A miraculous cure would have been highly effective in the context of Qur'ān 80, which presented an opportune moment to sway the Meccan leaders to God's message. Had Muhammad cured ʿAbdullāh then and there, the Meccan elite witnessing the deed would have surrendered to God's message and submitted themselves to his prophetic authority. Instead, Muhammad is reminded of ʿAbdullāh's faith (besides, miracles do not always lead to faith, as other Gospel narratives remind us, as does the Qur'ān [17:59, 90–94] itself). This encourages us to return to Jesus' immediate reaction upon witnessing the community members break down barriers to access his word: he "saw *their* faith," thereby sanctifying "this kind of behavior in others – another way the attitudes of onlookers are transformed and healed . . . 'Healing as Jesus practices it involves more than a medical miracle. It sets society straight.'"[51] The faith of the paralyzed man is commended because he desires to hear Jesus teach, while the faith of his community members is praised because they embody it through their allyship and solidarity, removing the barriers preventing equal access to Jesus and his word.

The Qur'ānic narrative allows us to illustrate this emphasis on "healing" over "cure." Because a sound hadith presumes that the chain of transmitters (*isnād*) reaches back to an eyewitness account, we can legitimately surmise that several other early Companions of the Prophet were alongside Muhammad at this noble gathering.[52] In this case, ʿAbdullāh's exclusion from the gathering around the Prophet Muhammad causes a disruption in right relations – an injustice that threatens to destroy relationships among the early community of believers and temporarily return them to non- or pre-Islamic socio-political hierarchies of marginalization. Instead of *curing* the blind man, both he and the larger community are *healed*. " 'Cure' refers to the elimination of impairment and is experienced at the individual level. 'Healing' refers to a person who has experienced integration and reconciliation to self, God, and the

community."[53] Healing need not involve a cure, just as a cure may not lead to healing. Furthermore, healing "involves social-relational transformation" wherein "wholeness can exist apart from a specific medical outcome" or cure, such that "wholeness and disability can and do exist" when "hopeful imaginaries are grounded in healing."[54] Qur'ān 80 demonstrates this process of healing: Muhammad is gently rebuked (or, given the divine source, *firmly* rebuked) and reminded of the purpose of God's message, while ʿAbdullāh is welcomed back into the community, other Companions witness the harm followed by reconciliation, and the Meccan leaders observe an example of true faith (even if they fail to be immediately transformed by it). This is a story in which the man stays blind, in which there is companionship – however strained – between a blind disciple and a sighted leader, in which there is restorative justice, reconciliation, and reintegration.

But is there healing in the Gospel narratives, or merely a cure? To answer this, we must read Jesus' comments on sin, forgiveness, and ~~the~~ cure through Qur'ānic (con)texts regarding disability and the treatment of those with impairments. Jesus does indeed forgive the paralyzed man's sins first, and only afterward does he command him to stand up and walk. There seems to be only ~~a~~ cure, then – and one that seemingly perpetuates the sin–disability conflation. In the context of Jesus' life and the first few centuries of the Jewish and Gentile communities of his followers, this is unsurprising. Greek philosophical and Hebrew biblical conceptions of disability coalesced to code disability negatively, excluding disabled people religiously, legally, and socially. The Hebrew Bible – sharing the ideological biases of its ancient context – often, though not exclusively, links flourishing, sin, and disability: "Disabilities – understood as defects – excluded a person from the priesthood, and were understood morally; the external defect was symbolic of an inner character flaw."[55] The Torah's purity codes often excluded people with disabilities from religious life – even while some Hebrew prophetic texts challenged this unjust social exclusion, and contemporary Jewish thinkers today follow their lead.[56] Aristotle and the larger Greek tradition viewed disabled people as incapable of living a virtuous life and therefore inferior to non-disabled people.[57] In Hellenic culture and religion, disability was viewed as a punishment from the gods or the result of celestial fates. Consequently, healing sanctuaries were popular and frequented by those hoping for a cure. Whether in theory (Plato's *Republic*) or in practice, it was judged that disabled people should be excluded from social life at best, or killed at worst.[58] Physiognomic judgments were pervasive – judging people's characters based on their outward appearances. This, therefore, is the first-century context of the Gospel narratives.

The Qur'ānic context inherited many aspects of these ableist imaginaries. However, the Qur'ān fundamentally upends the sin–disability conflation: "physical conditions are viewed in the Qur'an as neither a curse nor a

blessing; they are simply part of the human condition. The Qur'an removes any stigma and barrier to full inclusion of people with physical conditions."[59] Notwithstanding, it maintains metaphorical uses of physical impairments to refer to spiritual failures, especially in later Sufi readings (e.g., those who are deaf or blind are those whose "heart[s] [prevent] hearing and seeing the divine commandment"[60]). The Qur'ān commends a preferential and just treatment of those considered *mustaḍʿafūn*, disadvantaged and *made* weak (*ḍaʿīf*) through social exclusion, exploitation, and oppression. Disabled people are *mustaḍʿafūn,* not inherently deficient but rather lacking "the social, economic, or physical attributes that people happen to value at a certain time and place."[61] The Qur'an exhorts Muslims to rectify inequitable social conditions by "[recognizing] the plight of the disadvantaged and [improving] their condition and status,"[62] even if, like all religious communities, in practice adherents often fail to live up to those exhortations. While it may perpetuate in part a charity model for dealing with disabled individuals, it does not entertain any explanatory model that would render disability a result of divine punishment or one's personal or inherited sin. Furthermore, Muslim feminist and liberation theologians constructively note that the radical monotheism (*tawḥīd*) of the Qur'ān renders social hierarchies of oppression an affront to God's sovereignty and unity, and that all are judged equally based on their embodiment of *taqwā*, God-consciousness, and not on their physical, material, or social attributes. This *taqwā* is especially expressed through the treatment of the marginalized (*al-aradhīl*), disadvantaged (*al-mustaḍʿafūn*), and oppressed (*al-maẓlūmūn*) – a framework highly analogous to Christian liberation theologies.[63]

With all this in mind, we can offer a comparative theological "creative reimagining"[64] of the Gospel narratives as we return to our question: is there healing in the curative miracle of the paralyzed man? First, we note that in these narratives, there is no direct, causal relationship between Jesus' saying, "your sins are forgiven" and "stand up and walk." In fact, quite the opposite: forgiveness of sins – that is, repairing a broken relationship among God, self, and others – is primary: "grammatically and narratively, the acts [of forgiveness of sins and physical cure] are separated and literally only contrasted to illustrate Jesus' authority."[65] Jesus forgives sins not because sin is the source of disability (a theodicy rejected in John 9:1–38) but because the relationship with God, self, and others is central to the Gospel message. In the end, the physical cure is secondary to holistic healing.[66] Indeed, sin is of primary concern whether one is disabled or non-disabled.

Furthermore, perhaps Jesus commends the faith of the paralyzed man and his allies because of the tenacity and commitment they showed in breaking down the barriers preventing the disabled man from encountering Jesus' word – the Incarnate Word. Thus, working together in relational solidarity, they express their faith by subverting structures of exclusion and creating

structures of inclusion. When we read the Gospel narratives superficially, with an ableist mindset and normate bias, we assume that the crowd was "seized with astonishment [*ekstasis*]. . . glorifying [*edoxazon*] God and . . . filled with awe, saying, 'we have seen strange things [*paradoxa*] today" (Lk 5:26, cf. Mt 9:8, Mk 2:12) because the paradox they witnessed was a miraculous cure. Maybe. However, perhaps they are just as much in awe of the paralyzed man who, lowered through a roof by his allies, seeks to encounter Jesus – to the crowd, merely a Jewish itinerant preacher and teacher, but to the paralyzed man and his allies, perhaps "the Christ, the son of the living God" (Mt 16:16). (What would you think to see a man lowered through your roof?) They were less surprised by the paradox (singular) of a cure than by the paradoxes (plural in the original) of the various events leading to healing – which is "integration and reconciliation to self, God, and the community"[67] that "involves social-relational transformation."[68]

Notwithstanding all of this, it is difficult to ignore the potential for reading the sin–disability conflation into the Gospel narratives. However, rejecting the sin–disability conflation entirely can be just as unproductive and harmful as asserting that individual or inherited sin or failure is the explicit *cause* of one's disability. Catholic social teaching and liberation theology speak of social sin or structures of sin – often taken together as "sinful social structures."[69] These are systems of human relations among various social positions that, while not conscious agents themselves, encourage morally evil actions through the restrictions, enablements, and incentives they impose on individuals within them. These structures emerge from human actions and have *causal* influence by shaping the choices people make, analogous to the way original sin in the Christian tradition conditions human behavior without eliminating free will, or to the way "heedlessness" (*ghafla*) in the Qur'ānic tradition causes humans to forget their higher, spiritual purpose, hampering remembrance (*dhikr*) of God and the embodiment of God-consciousness (*taqwā*). Examples include extractive economic or political institutions that perpetuate injustice, violence, or inequality – or, more pertinently, ableist structures of exclusion that manifest in attitudes, behaviors, law, and physical structures. Social sin is found both in these structures and in individual biases shaped by social and cultural norms. What Amos Yong, drawing on Kerry H. Wynn and Rosemarie Garland Thomson, calls "normate bias," when applied in a way that excludes or harms disabled people, is thus part of social sin when it is left unchecked.[70]

Accordingly, *sin does indeed cause disability* – in that *social* sin produces the structures, conditions, attitudes, biases, and ideologies that *disable* those with bodymind differences or impairments that place them outside the socially and culturally normative. In this theological model, however, sin belongs *not* to the disabled person, but to society and the various nondisabled and neurotypical people comprised of society. Healing results from

a "political/relational" transformation, wherein "environments and social patterns that exclude or stigmatize particular kinds of bodies, minds, and ways of being"[71] are repaired and all – no matter their bodymind complex – are integrated and included. The paralyzed man is healed not because *his* sins are forgiven, but because society's sinful structures have been repaired – or, in this case, literally and physically dismantled! – and this renders everyone full of awe and astonishment.[72] In the similar narrative found in Jn 5:1–18, a sick man – evidently unable to move on his own – has been seeking healing at the "Pool of Bethzatha" for 38 years. However, each time he needs to enter the pool (when "the water is stirred up") – not only does no one help him, but others step down or over him to get ahead (Jn 5:7). Political/relational exclusion leaves him abandoned, barred from experiencing healing because of the various physiognomic biases that prevent effective allyship. (If only he had friends like the paralyzed man! If only God had rebuked those around him like Muhammad!) In fact, many commentators – both pre-modern and modern – perpetuate the physiognomical standards and the social structures of exclusion contemporary to John 5 by assuming that the sick man is lazy, unfaithful, and/or lacking in agency. None of this, however, is self-evident in the text; rather, it is an eisegesis thereof, wherein readers project their normate and ableist biases onto the narrative.[73]

What would it mean, then, to foster healing in our communities? How do we cultivate a political/relational community of inclusion and integration so that all may flourish? What does this look like? In Qurān 24:61, non-disabled members of society are encouraged to share a meal with the blind (*aʿmā*), lame/paralyzed (*aʿraj*), or sick (*marīḍ*) – disabled individuals for whom "there is no blame" (24:61). Some commentaries suggest that the early community of Muslims perpetuated some non- or pre-Islamic political/relational norms of exclusion: "[P]eople would not like to eat with those suffering from misfortunes, because they found their afflictions inconvenient and distasteful . . . [and they] had various scruples about sharing meals or food with each other," and so this verse was revealed: "there is no blame" if you eat together (paired with God's rebuke of Muhammad, this inclusionary demand tracks with the larger message of the Qur'ān).[74] Jesus, at a dinner with Jewish leaders in Luke 14, encourages those who host a banquet – clearly a parable for the Reign of God in which all are welcome as they are – to "invite the poor, the crippled (*anapeirous*), the lame (*chōlos*), and the blind (*typhlous*)" (Lk 14:13). They are not physically cured before or at the banquet, but they are healed in their integration and reconciliation as full, participating members of the community – joining as they are.

Eli Clare has suggested that we need not reject cure entirely, but that we should grapple with it. Likewise, this section has grappled with cure in the Gospel narratives through a critical, comparative theological reading alongside the Qur'ānic narrative. This creative, comparative re-imagining of the

Gospel narratives has turned our attention to healing rather than cure. Analogously, rather than rejecting the sin–disability conflation entirely, we have grappled with it: social sin does, in fact, cause disability. This exercise in comparative theology critically challenges the mainstream, often popular interpretations of the Gospel miracles of cure – interpretations that have informed and continue to saturate even secular discourses and practices of medical, clinical, and support services professionals. As a Catholic theologian, constructive comparison with the Islamic traditions has enabled me to rectify, recover, reinterpret, and even critically challenge or subvert my own tradition's reception of curative miracles as sources of theology. These comparative insights are expressed as constructive Catholic disability theology, which in turn shape moral imperatives and ethical practices. In the next section, Kimberly more directly applies these conclusions to professional practice, applying these moral imperatives and ethical practices to a specific case. In no way, however, are we claiming that one must be Christian, Muslim, or any religion to learn from these insights. Rather, these traditions serve as sources of interreligious and cross-cultural knowledge that serve to challenge and subvert dominant secular and post-Enlightenment discourses that claim to be objective, rational, and "evidence-based," even though those same discourses have (re)produced and perpetuated ableist (and white supremacist) structures such as the curative and medical model of disability.

Political/Relational Healing in Practice: Disability-Related Professionals

As an SLP, clinical methods educator, and disability justice advocate who leads workshops for parents, caregivers, and teachers, let us narrow this inquiry: what does it mean to foster healing in our roles as clinical and support services professionals who regularly engage with disabled individuals? How do we underscore the disabling impact of social structures and biases while integrating the experience of disabled individuals and their caregivers? What does a move away from cure and toward healing look like in practice? The above interreligious reading and constructive comparative theological conclusions suggest that we should spend as much time transforming ableist structures and the attitudes and actions of non-disabled professionals interacting with disabled people as we do working directly with our disabled clients. Notwithstanding, professionals should not discount the real difficulties facing disabled clients and their caregivers and how the "promise of cure" and the "desire for normalcy" shapes attitudes and behaviors.

Many who enter the so-called helping professions are drawn to the career by the lure of wanting "to help people" or "to make someone's life better." Even for non-religious professionals, this motivation has likely been shaped in part by the reductive interpretation of Jesus' curative miracles throughout

the centuries and into the present day, which has seeped into secular discourses and contemporary culture, culminating in the medical model of disability. The aim is to "cure the sick" and "fix what is broken." However, drawing from this creative, comparative re-imagining between Gospel and Qur'ānic narratives, the medical model occludes the very real harm this may produce and the structural barriers at the root – and the roof! – of many disabilities. Attending to political/relational healing rather than cure offers another pathway that does not diminish a professional's desire to support those being disabled by social structures of exclusion. Indeed, on the surface, a desire "to help others" is a noble aspiration, but rather than reject this desire as problematic, we should "creatively re-imagine" it as we did the stories above. As individuals entrusted with supporting our disabled clients, our professions require us to dig deeper into what it means to "help" and "serve" our clients. In fact, we have an ethical obligation to reject cure as the goal, which in our cases focuses on producing socially normative physical, mental, and/or behavioral patterns in our clients, lest nondisabled folks "frown, and turn away" at their presence. Rather, we must explore and grapple with the above questions, asking what "helping" truly means in the context of our support for clients. I, Kimberly, will offer a first-person critical reflection and case study to surface some praxis-oriented conclusions to the above comparative theological points.

When first entering my career as a young early-intervention and pediatric SLP, my answer to these questions fell closer to the pursuit of cure. Although I was adamant that I was not trying to "fix" my clients, and my interactions with each individual were always respectful and compassionate, the reality is that nearly everyone else, individually and collectively, implicitly if not explicitly, often *is* trying to fix my disabled client. The supports they receive in school, be it from therapists or teachers, are often all directed at making their disability less apparent, even *invisible*. (Who wants to be disturbed by salient bodymind differences? Even Muhammad apparently didn't.) As a therapist privileged to support disabled children in their communication challenges, focusing my attention entirely on my client's individual challenges meant ignoring the systemic barriers to access they faced, such as the crowd and roof in the Gospel story or the attitudinal bias in the Qur'ānic narrative. Furthermore, I had not interrogated my own implicit biases that were shaped by my formation and education within these systems as a white, nondisabled person; left unquestioned, my positionality within these ableist structures inevitably disciplined my clinical decision-making processes and influenced what the focus of my support should be. I was inadvertently fixated on fixing them, attempting to mold them into society's ableist expectations of what "normal" communication, learning, and behavior looked like. This is how the desire for cure manifests in my field: Jesus' "stand up and walk!" becomes the kindergarten teacher's "sit still to show me you're listening!" and

Muhammad's frown is everyday expressed in a caregiver's "don't flap your hands like that!"

Let me offer a case study based on one of my clients. Jay is a bright, sweet five-year-old boy who lives with his adoring mother and father.[75] He is Black, Autistic, and minimally speaking, using both his voice and Alternative and Augmentative Communication (AAC), a speech-generating device that says the words aloud as he selects symbol buttons. When I first met Jay, he was two years old, said only a few words verbally, and rarely looked at me when I played with him. He often walked around the room examining toys and objects from various angles without seeming to interact with me. If I brought him blocks to play with, he was often interested more in turning the blocks in his hands to inspect them than in stacking them or in playing with me. If I were employing the medical model of disability and all the fixing, curing, and "normalizing" it entails – which is the primary way that most therapists and other clinical and support services professionals are trained – I would have intervened by teaching him social skills that come naturally to neurotypical children, encouraging him to play with toys in "functional" ways, and prompting him interact with me in socially expected ways. ~~A cure~~ would have loomed large in my therapy sessions, even if I had never called it that. Indeed, even with a deep sense of compassion and appreciation for Jay, our sessions would have involved encouraging him to sit and play with me so that I could target the specific language goals I had set. I would have discouraged any atypical movements or non-functional language (lest his neurotypical peers "frown, and turn away") while ensuring sustained eye contact. In effect, I would have endeavored to minimize the impact of his disability, rendering it invisible to others.

Many clinicians would affirm that these strategies would have been helping Jay because they do, in fact, "work." As a newly credentialed SLP fresh out of graduate school, I had "helped" in this way and witnessed many "successes" because I could see the progress children like Jay were making. But these approaches prescind from the essential question: who defines what progress looks like? Why is it that Jay's ways of playing, interacting, and communicating are any less functional or meaningful than my own, or those of his neurotypical peers and educators? Had I helped him through the lens of ~~a~~ cure, with assimilation into mainstream, socially, and neurotypical (and white) norms as the goal, I would have viewed myself as a modern-day, secular "miracle worker." I would not have cured a paralyzed person or made the blind see, but I would have compelled a child to mask who they really are – not entirely for their own sake, but for the ease of those around them who, not unlike Muhammad in the hadith and Qur'ān 80, would otherwise react uncomfortably or pitifully at best, and derisively or disdainfully at worst. I would have helped by curing the individual "problem." Indeed, this is how I often intervened early on in my career, and how many clinicians are still

trained to intervene. Instead of the "come as you are" banquet of the Reign of God or the "there is no blame" commensality among disabled and non-disabled groups affirmed in the Qur'ān, we need to "fix" our clients, bending their bodyminds so that they blend into norms at school, at restaurants, at playdates, at the grocery store, at work, and so on.

However, throughout my career, thanks to the advocacy of disabled and neurodivergent self-advocates, I have shifted my understanding of my "helping role." Now, I focus on what we have noted earlier as *healing,* particularly political/relational healing. Not on the healing of my individual clients' "ailments," but rather healing through their full inclusion and participation in our community. The individual sin–disability conflation, a frame so harmful to disabled communities, is replaced with the social sin–disability *relation*, a frame that leads to a praxis of healing. Healing strategies are not inordinately devoted to cure. Instead, they imitate the strategies of the paralyzed man's friends and neighbors, restructuring social norms and barriers so that, in this case, full acceptance is possible for Jay – as he truly is. That means supporting Jay's learning and growth in the way that is true to his disabled, Autistic self, shifting the perspectives of his community regarding what language, play, learning, and social interactions truly look like *for him*, just as God shifts the perspective of Muhammad when he rebukes him in Qur'ān 80.

For Jay, focusing on affirming communication support has meant dismantling social expectations around the unqualified value of white supremacist, ableist language norms (a "sinful social structure," which *disables* him).[76] In our field and broader society, spoken language with a mainstream American dialect and grammar is upheld as the standard.[77] This is evident in the ways that African American English (AAE) is discredited in academic language, over-diagnosed as a language disability, and colloquially viewed as less educated or intelligent.[78] The same is true with the use of AAC, non-speech forms of communication.[79] Although AAC and picture communication are widely used by SLPs and special educators, there continues to be a prioritization of spoken language. For many, these picture symbols are viewed as *merely* a bridge to spoken language, constructing a hierarchy of what language is acceptable and "normal" and therefore prioritized. This is the result of ableist biases that value mainstream, spoken English as the gold standard.

Jay and his family have faced these ableist communication norms on a regular basis. A few years into Jay's use of an AAC device as one of his primary means of communication, his family was exploring schooling options for him. During school tours, three separate educators at three separate schools told his family that, while some kids may enter the program using AAC, by the end of the year "many don't even need it anymore." This was presented as a *draw* to their programs: in other words, "we'll make your child normal if you join us." These schools are prioritizing cure at the expense of healing. Your child will "stand up and take [his] bed and go to [his] home" (Luke

5:24), or in Jay's case, will "put down his AAC device and open his mouth and speak."

When educators and therapists view an AAC device as an impediment to normalcy that must be overcome, they perpetuate – often through little personal fault of their own – a social norm and structure that deters its use, dissuading Jay from using a device that, in fact, *liberates* him. What would progress and success look like if instead of insisting Jay communicate in this one particular way, all forms of communication were honored? " 'There is no blame' [Qur'ān 24:61] in using an AAC device, Jay; comes as you are to this school." Notwithstanding, I recognize that this shift in perspective compels a transformation of classroom strategies, pedagogies, and interventions that are difficult to employ given our neoliberal capitalist world, with (often underpaid and overworked) teachers (in often overcrowded classrooms) and clinicians compelled to demonstrate success based on various ableist standards deployed by institutions, such as those of the state or federal government, or those of insurance companies and public and private accreditors. But all that, too, is part of our sinful social structures from which we need to be liberated, in solidarity with disabled community members and their caregivers, in an ongoing act of political/relational healing.

Jay began using an AAC and later a speech-generating device as soon as I began working with him at two years old. We didn't know if he would develop spoken language, but through a viewpoint that there is no hierarchy of communication, it didn't matter. My role as his SLP was to model language in a myriad of ways so that he could communicate in a way that works for him and his bodymind. His family was taught to use and program the device, and they now communicate with him both with words and on the device. They learned *his* language instead of insisting that he speak theirs. His teachers were taught to use the device. His mother and I began giving presentations at local schools about AAC and symbol communication to normalize communication differences; eventually, this led to additional presentations alongside nonspeaking adult AAC users. This is political/relational healing: supporting communication, not by changing him, but by giving Jay, his family, and his community the access tools that allow for Jay's full participation, much how the paralyzed man's friends supported him to gain access to the teachings of Jesus in the Gospel narrative. But this healing is even more apparent in the Qur'ānic-hadith narrative, as underscored earlier: after the rebuke, it could be that Muhammad and his Companions readjust their ableist imaginaries to foster true inclusion of ʿAbdullāh, an inclusion that enables his prominent role in the early community of believers as elaborated earlier.

Moving away from a cure-focused medical model also means reimagining what connection can look like. In early sessions with Jay and his family, his mother, Tasha, remarked that she grieves the fact that her son can't say "I love you" to her and that he "doesn't like to play" with her. After

acknowledging those feelings, through gentle conversation I pointed out that Jay may not verbally say "I love you," but he does sing the song, "Skidamarink a dink a dink," gibberish lyrics to this song that ends in "Iiiii loooove yooou!" Given that Tasha sings this song to him at night while snuggling him, Jay *is* absolutely expressing love when he sings it to her; his communicating "I love you" is just not how we typically expect. We also discussed that while he doesn't make eye contact or play with toys in the way one expects, Jay squeezes Tasha's arm as soon as she enters the room, his way of expressing joy that she is with him now. When Tasha sits to play with him, Jay walks around the room, happily stimming, but periodically comes over to look at what his mother is doing; in this way, he surely connects and plays with Tasha, it just doesn't manifest in typical ways. His family began seeing through a different light. They began playing, communicating, and interacting with him in *his* ways, instead of forcing him to conform to their expectations. This, too, is healing, not merely for Jay, but for Tasha and her husband, Jon, who now enter their son's world to explore with him. In a way, we were astonished by the paradoxes ("strange things") because while Jay remained as he was (and therefore "impaired" according to the medical model), they began to engage each other in beautiful ways, nonetheless. This indicates how clinicians should likewise support caregivers.

When Tasha trusted me with her fears and sadness, my role as her SLP was not to shame or dismiss her for these emotions. The grief she felt was very real, and to reject or call out certain feelings or emotions as ableist in the moment would have done nothing to support or heal her relationship with Jay. Instead, relational solidarity demands that I accompany this family on their journey of understanding, helping them realize that their grief is not caused by who Jay is. Rather, this grief comes from living in a world that sends them the message that he's not enough – that his ways of connecting, communicating, and playing are deficient, broken, and wrong. Of course, they are sad that he doesn't say "I love you" when they live in a world where they repeatedly receive the message that there is only one ideal way to communicate. My role is to help them shift their dreams of ~~a~~ cure to dreams of healing through the transformation of a world that marginalizes and devalues their son.

A beautiful piece of healing that has emerged in my work with Jay has been his parents discovering their own neurodivergence. By watching his son develop and grow in a way that is truly authentic to himself, without being forced to fit into norms, Jay's dad began noticing tendencies and behaviors in his son that he used to do as a kid and sometimes still shows. Through understanding his son's autistic brain, he came to understand himself as an Autistic, too. Switching from a curative to a healing model enabled him to fully embrace and know his son, which, in turn, allowed him to know himself and understand all the ways he had been forced into ableist norms in his own upbringing. By reading the curative miracle narratives in the Gospels

alongside Qur'ān 80 and its accompanying hadith, practices of communal healing may be foregrounded. The disabled individuals in these stories are viewed neither as NPCs nor as beings set apart to be superhuman (divinely virtuous or demonically cursed); rather, they are part of an interdependent network of relationships wherein all people – disabled and nondisabled – work together toward political reconciliation, justice, and healing.

Conversations about identity, emotions, and disability justice do not arise from a relationship in which I, as the "helper," present myself as the sole expert on any situation. As a disability advocate and SLP, I, of course, bring a certain level of professional experience to the table. However, I truly believe that my role in supporting this child demands solidaristic action – much like the actions of the companions of the paralyzed man. This means navigating the imperfect system alongside the family – at their school, at their doctor's office, and beyond. Given the predominance of binary ideologies of cure and the medical model, an unqualified rejection of cure without nuance and respect would further marginalize my clients. They do not exist in a vacuum; rather, they live in a structurally unjust world like all of us. Support from a healing-based praxis means that I must stand in relational solidarity with this family's pursuit of healing in communion with their child, entering the messiness with them. Solidarity does not say, "I will save you," or, "I have the answers of what's best for you." Instead, my role as a helping professional is to start from a place of connection and use my resources and privilege to support my clients as I walk alongside them.

An example of this relational solidarity is seen in Jay's family's taxing process of finding a school placement that can adequately meet his needs. As a professional, I have opinions on what an appropriate school placement would look like, of course. I would seek places that use affirming strategies, like the ones I have explained earlier, which seek connection over compliance and reject the enforcement of social behavior norms. However, our clients exist in a social reality that is neoliberal, capitalist, ableist, and racist; therefore, our role as clinical and support service professionals means navigating this social reality with them. Insurance companies and their approved treatment plans are a case in point. Like nearly all insurance companies, Jay's family's insurance plan will only cover therapy that focuses on adapting behaviors – such as ABA – because it is the easiest to track with traditional measures of "success" and, therefore, merits capital investment.[80] But who gets to determine what "success" looks like? For many of these interventions, success means assimilation into nondisabled ways of being, learning, communicating, and engaging.[81] Jay's family has spent countless hours searching for a program that is covered by their insurance and does not enforce ableist goals, such as requiring Jay to make eye contact or compelling him to refrain from stimming.[82]

Another example of this social reality is found in public school systems. In Jay's local school district, classrooms that have the level of support he

needs (problematically called "Autism classrooms") do not teach AAC and only employ the rigid behavioral approaches that force compliance in a way that the family knows would cause tremendous harm and trauma for him. There exists a school in a nearby town that uses AAC as a primary teaching modality and utilizes an approach to learning focused on connection. The family knows that this placement would be a good fit for Jay – providing him with the support he needs in a way they *know* works for his bodymind. This school could be paid for by the district as an "out of district placement," but for the public school district to place him there, they require him to trial the local behavioral program. We need to sit with such an ableist requirement: first, we need to harm your child, and only when he shows signs of distress can we let him go to the school that is best for him – merely to prove what you, the caregivers, and Jay himself already know.

ABA and school placement notwithstanding, as a Black, Autistic boy, the social reality at the intersection of race, disability, and gender is that Jay's behavior and existence is judged differently than my white, nondisabled children. Autistic advocate Tiffany Hammond argues that focusing disability advocacy efforts solely on eliminating compliance-based special education schools ignores the fact that these ableist schools are themselves a symptom of white supremacy – the root problem. For Black families today, who fear that their Black Autistic child's *seemingly* erratic behavior may be misjudged by police and lead to a violent, if not lethal, response from officers, being able to comply can mean *survival*. There is thus a lesson to be learned from the miracles of cure in the Gospel stories: while transforming social structures and biases to include and affirm all disabled people would have been the ultimate miracle, in a world marked by sin and forgetfulness of our divinely given nature, a cure is less about "fixing" the individual impairment and more about surviving within sinful social structures.[83] It is far too reductive and binary to assert that "Jesus was ableist" for curing impairments. This is especially true since, within a first-century context, a cure meant survival. Some disabled people who approached Jesus did, in fact, request a cure, and we can reasonably imagine their reasons to be one of survival within a world marked by disabling social sin. Analogously, my role should never be shaped by this same reductive, binary thinking, which inadvertently shames clients for desiring normalcy. Specifically, in working with this family, my role is *not* to tell them which school he should go to, but to recognize that the depth and breadth of the gap between the accepting, affirming world they envision for their child and our neoliberal, capitalist, white supremacist, and ableist social reality is *profound*. Navigating that chasm is heartbreaking and gut-wrenching, which is why there is nuance and messiness in these decisions. My responsibility is to create space for them to express their exhaustion, explore a myriad of unjust options, and sit in the discomfort that comes with facing a world that sets their child up for failure. I work to understand these systems

so they don't have to do the labor of explaining them to me. No one is free from these systems, these "sinful social structures" – and, therefore, I, too, must explore the ways in which I perpetuate ableism or racism to dismantle them, removing barriers just as the Gospel companions did alongside the paralyzed man. The passage about God's gentle rebuke of Muhammad for his negative reaction to the blind man serves to remind us that no one – not even the Prophet – escapes these norms. We all must do the active work to transform our society.

On that note, it is worth mentioning how my *own* political/relational healing has emerged as I worked not only with Jay, but with many of my previous clients, and as I learned from a long list of disability self-advocates. This, too, is the work of relational solidarity – namely, that my own liberation and healing are bound to the liberation and healing of those I serve as a clinical professional. It is my hope not only that I continue to heal and, therefore, grow in my relational solidarity with my clients but that other members of disability-related professions – including clinical and support service providers – begin the reconciliatory process of the learning and political/relational healing that so shapes my ongoing liberation.

Conclusion

"When I think about access, I think about love," writes crip poet, writer, educator, and social activist Leah Lakshmi Piepzna-Samarasinha in her essay, "Making Space Accessible is an Act of Love for Our Communities."[84] Disability justice moves well beyond disability rights, they argue, entering the realm of solidarity and love. Disability rights – the law – are a necessary but not sufficient feature of liberation for disabled people. (And sometimes the law is distorted, such as when Jay is compelled to suffer *first* in a school that is not right for him before he is given legal access to the school that we know – and *he knows* – is right for him.) Disability justice is instead "a radical act of love." Disability justice is "when access is centralized at the beginning dream of every action or event" or lesson plan or school program or playdate; it is not merely a "checklist of accessibility needs."[85] Indeed, much like the banquet for the Reign of God or the inclusive commensality revealed in the Qur'ān, disability justice is "the radical notion that we," writes Lakshmi Piepzna-Samarasinha, "deserve to be loved. As we are. As is." They continue: "We all deserve love. Love as an action verb. Love in full inclusion, in centrality, in not being forgotten. Being loved for our disabilities, our weirdness, not despite them." The liberative act of disability justice and relational solidarity frees not merely disabled people, but all people from the sinful social structures of ableism: "More access makes everything more accessible for everybody."[86]

But like the personal love between friends, parents and children, siblings, or romantic partners, the love of disability justice is messy and difficult; it

entails suffering alongside each other in the complicated work of liberation, abandoning the binary medical model, and instead grappling with barriers to access and the ambiguity of cure. This is nothing short of a paradigm shift in the practices inculcated into most clinical and support services professionals: instead of prioritizing individual cure, what becomes the goal is social, communal, and political/relational healing, as described in this chapter through comparative theological exploration, which entails the transformation of so many layers of society and relationships forming the access network of any disabled person. It seems like an impossibility, which is likely why religious texts speak of this form of radical inclusion eschatologically, and why disability justice authors draw from the genre of *futurism*.[87] However, to practice it, one must imagine it first. And to imagine it, one must live it in practice. Together, we are compelled to do the work – however difficult and impossible it may be.

Notes

1 Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Duke University Press, 2017), 184.
2 Julia Watts Belser, *Loving Our Own Bones: Disability Wisdom and the Spiritual Subversiveness of Knowing Ourselves Whole* (Beacon Press, 2023), 117.
3 For example, Mt 9:20–22; Mk 5:25–34; Lk 8:43–48; Lk 17:11–19; Mk 10:46–52. In the Synoptic Gospels, Jesus performs "miracles" (*dynamis*) and often in private or semi-private contexts as a demonstration of someone's faith, whereas in John's Gospel Jesus performs "signs" (*sēmeion*) in public intended to move people from unbelief and ignorance to faith and knowledge that Jesus is the Christ.
4 Belser, *Loving Our Own Bones*, 131.
5 For a summary of this history through a disability studies lens, see Belser, *Loving Our Own Bones*, 128–38.
6 Belser, *Loving Our Own Bones*, 134.
7 For a genealogy linking ant-Judaism to Islamophobia, see Axel Marc Oaks Takacs, "Undoing and Unsaying Islamophobia: Toward a Restorative and Praxis-Oriented Catholic Theology with Islam," *Horizons* 48, no. 2 (2021): 320–66.
8 For example, Qur'an 17:59, 90–94. The Qur'ān is often considered the miracle of Islam, given its aesthetic and poetic quality beyond all human abilities. Commonly, some Muslims point to Muhammad's so-called splitting of the moon incident as well as his Night Journey and Heavenly Ascent (*'isrā'* and *miʿrāj*) as other miracles. There are no miracles of cure narrated in the Qur'an; however, there are a few later hadith, stories about the Prophet Muhammad, that recount Muhammad's healing certain impairments. These stories remain marginal to the larger Islamic traditions, however, and their dating contested among both Muslim and non-Muslim scholars of hadith. For examples of Muhammad's curative miracles, see Kristina L. Richardson, *Difference and Disability in the Medieval Islamic World: Blighted Bodies* (Edinburgh University Press, 2012), 22–24. Stories of Muhammad's miracles were likely a response to Christian polemics: see, Daniel J. Sahas, "Chapter 4 The Formation of Later Islamic Doctrines as a Response to Byzantine Polemics: The Miracles of Muhammad," in *Byzantium and Islam* (Brill, 2021), 70–84.
9 John M. Hull, *The Tactile Heart: Blindness and Faith* (SCS Press, 2013).
10 Hull, *The Tactile Heart*, 31.
11 Belser, *Loving Our Own Bones*, 138.

12 Clare, *Brilliant Imperfection*, 14.
13 This is Anselm's eleventh-century definition based on the writings of Augustine of Hippo (d. 430).
14 See Gustavo Gutiérrez, *Teologia De La Liberacion: Perspectivas* (Ediciones Sígueme, 1974), 34. In the introduction to the 1988 English edition, Gutiérrez defines theology as "a reflection on praxis in the light of faith" (*A Theology of Liberation: History, Politics, and Salvation* [Orbis Books, 1988], xliv).
15 Francis X. Clooney, *Comparative Theology: Deep Learning Across Religious Borders* (Wiley-Blackwell, 2010), 10.
16 Axel Takacs, "Confluences of the Islamic in Hans Urs von Balthasar's Theological Aesthetics: Toward a Comparative THEO-POETICS with Islam," *Modern Theology* 40, no. 3 (2024): 651.
17 See Tracy Sayuki Tiemeier, "White Christian Privilege and the Decolonization of Comparative Theology," in *The Human in a Dehumanizing World: Reexamining Theological Anthropology and Its Implications*, The Annual Publication of the College Theology Society (v. 67), ed. Jessica Coblentz and Daniel P. Horan, OFM (Orbis, 2021), 85–95.
18 For reviews of this literature, see Michelle Voss, "Critical, Contextual Approaches to Comparative Theology," in *Concilium* 4 (2025): 111–19, Gnana Patrick, "Subaltern Approach to the New Comparative Theology," in *Concilium* 4 (2025): 120–29, Marianne Moyaert, "Theology After Ritual: Embodied Practices and the Future of Comparative Theology," in *Concilium* 4 (2025): 130–40, and Tracy Sayuki Tiemeier, "Non-Textual Approaches to Comparative Theology," in *Concilium* 4 (2025): 141–49.
19 Axel Takacs, "Comparative Theology and Interreligious Studies: Embracing and Transgressing the Dialogical Relationships Among Religious Traditions," in *A Companion to Comparative Theology*, ed. Pim Valkenberg et al. (Brill, 2022), 566.
20 RaMonda Horton and Maria L. Munoz, "Teaching Culturally Responsive Evidence-Based Practice in Speech Language Pathology," in *Teaching and Learning in Communication Sciences & Disorders* 5, no. 3 (2021), Article 7.
21 Analogously, the critical insights of contextual theologians challenge the assumptions, premises, and conclusions of systematic and practical theologians who may unconsciously and inadvertently perpetuate Euro-American, white, cishetero, and nondisabled viewpoints that variously lead to racist, homophobic, transphobic, and/or ableist theologies.
22 This chapter engages and extends the approach of neurodiversity-affirming care as found in articles such as Aaron Dallman, Kathryn Williams, Jacklyn Boheler, and Greg Boheler, "Moving Toward Neurodiversity-Affirming Occupational Therapy for Autistic People: Key Questions and Next Steps," in *Open Journal of Occupational Therapy* 12, no. 4 (September 22, 2024), https://doi.org/10.15453/2168-6408.2244.
23 David Tracy, *The Analogical Imagination: Christian Theology and the Culture of Pluralism* (Crossrod, 1981), 408–09.
24 Hans Urs von Balthasar, *The Word Made Flesh, Vol. I, Explorations in Theology* (San Francisco: Ignatius Press, 1989), 149.
25 Balthasar, *The Word Made Flesh*, 149.
26 Balthasar, *The Word Made Flesh*, 156.
27 Balthasar, *The Word Made Flesh*, 157.
28 Mark and Matthew use the Greek, *paralytikos*, lit. "paralytic," whereas Luke employs the perfect passive participle of *paralyō*. John employs several terms, including *astheneō* (to be sick/weak), *chōlōn* (lame), and *xērōn* (paralyzed).
29 Amos Yong explores the function of "normate biases" in *The Bible, Disability, and the Church: A New Vision of the People of God* (W.B. Eerdmans Pub. Co,

2011), 10–11. See also Kerry H. Wynn, "The Normate Hermeneutic and Interpretations of Disability within the Yahwistic Narratives," in *This Abled Body: Rethinking Disabilities in Biblical Studies*, ed. Hector Avalos, Sarah J. Melcher, and Jeremy Schipper (Society of Biblical Literature, 2007), 91–101. A normate bias is a worldview structured by non-disabled experiences and consciously or unconsciously structuring assumptions about, and attitudes toward, disabled people. The term ultimately originates with Rosemarie Garland Thomson in her *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature, Twentieth Anniversary Edition* (Columbia University Press, 2017).

30 J.R. Donahue and D.J. Harrington, eds., *The Gospel of Mark* (Liturgical Press, 2005), 94. See also Lena Michelle Nogossek-Raithel (ed.), *Dis/Ability in Mark: Representations of Body and Healing in the Gospel Narrative* (Walter de Gruyter GmbH, 2023), 117 and Mary Ann McColl and Richard S. Ascough, "Jesus and People with Disabilities: Old Stories, New Approaches," *The Journal of Pastoral Care & Counseling* 63, no. 3–4 (2009): 4.

31 NRSV: "Take heart . . ."

32 NRSV: "Friend . . ."

33 See, for example, John Barton and John Muddiman, eds., *The Oxford Bible Commentary* (Oxford University Press, 2013), 858.

34 Barton and Muddiman, *The Oxford Bible Commentary*, 858.

35 See Axel Takacs, "Islamic-Christian Comparative Theology Today," in *Concilium* 4 (2025): 76–86.

36 Tazim R. Kassam, "Signifying Revelation in Islam," in *Theorizing Scriptures: New Critical Orientations to a Cultural Phenomenon*, ed. Vincent L. Wimbush (Rutgers University Press, 2008), 39.

37 The Meccan verses commend "pacifistic responses" to the violent oppression he early community endured, such as "restrain[ing] your hands (*kuffū aydiyakum*); responding to hostility with peace (*salām*); withdrawing graciously from disputes (*al-hajr al-jamīl*); an emphasis on mercy (*raḥma*), forgiveness (*maghfira*), pardon (*ʿafw*), and reconciliation (*iṣlāḥ*); repelling evil with good (*dafʿ al-sayyiʾa bi-al-ḥasana*), and granting respite to enemies (*al-imhāl*)" (Javad T. Hashmi, "The Apocalypse of Peace: Eschatological Pacifism in the Meccan Qur'an," *Islam and Christian–Muslim Relations* 35, no. 4 (2024): 349).

38 L. Juliana Claassens, Sa'diyya Shaikh, and Leslie Swartz, "Chapter 11 Engaging Disability and Religion in the Global South," in *The Palgrave Handbook of Disability and Citizenship in the Global South*, ed. Brian Watermeyer, Judith McKenzie, and Leslie Swartz (Palgrave Macmillan, 2019), 155–56.

39 New religious movements, or sectarian ("cult") groups, come into conflict with dominant structures of society and the status quo because they pull people out of established loyalty groups into new (socially deviant) voluntary associations, transferring wealth to the new group, getting followers to prioritize religious quests over their roles in the establishment. In both the early movements of Islam and Christianity, a main threat to the status quo is the shift in kinship networks that the revelatory events engender.

40 Daniel Madigan, *The Qur'an's Self-Image: Writing and Authority in Islam's Scripture* (Princeton University Press, 2001), 178.

41 Tazim R. Kassam, "Signifying Revelation in Islam," in *Theorizing Scriptures: New Critical Orientations to a Cultural Phenomenon*, ed. Vincent L. Wimbush (Rutgers University Press, 2008), 34.

42 Jāmiʿ Tirmidhī, 3331 (Book 47, Hadith 383). See https://sunnah.com/tirmidhi:3331.

43 Claassens et al., "Chapter 11 Engaging Disability and Religion in the Global South," 154.

44 Muwaṭṭaʾ Imām Mālik, Book 15, Hadith 480. See https://sunnah.com/malik/15/9.

45 Jāmiʿ Tirmidhī, 3331 (Book 47, Hadith 383). See https://sunnah.com/tirmidhi:3331.
46 Seyyed Hossein Nasr, *The Study Quran: A New Translation and Commentary* (HarperCollins, 2015), 1474 (commentary and translation of Qur'ān 80).
47 Translation from Claassens et al., "Chapter 11 Engaging Disability and Religion in the Global South," 155, with my own modifications.
48 Nasr, *The Study Quran*, 1474.
49 See Nasr, *The Study Quran*, 1474.
50 I commend Sa'idiyya Shaikh's commentary on this narrative in Claassens et al., "Chapter 11 Engaging Disability and Religion in the Global South," 154–58.
51 Bethany McKinney Fox, *Disability and the Way of Jesus: Holistic Healing in the Gospels and the Church* (IVP Academic, 2019), 98, citing Robert F. Molsberry, *Blindsided by Grace: Entering the World of Disability* (Augsburg Books, 2004), 101.
52 In fact various versions of the hadith allegedly reach back either to Companions of the Prophet or to the Prophet's third wife, Aisha.
53 Sarah J. Melcher, Mikeal C. Parsons, and Amos Yong, eds., *The Bible and Disability: A Commentary* (Baylor University Press, 2017), 334.
54 Madeline Jarrett, "Disability, Healing, and the Problem of Miracles: Perils and Possibilities for Disabled Hope," *Concilium* 3 (2024): 13.
55 Shane Clifton, *Crippled Grace: Disability, Virtue Ethics, and the Good Life* (Baylor University Press, 2018), 61.
56 See Clifton, *Crippled Grace*, 61–64. For a recent Jewish disability theology perspective, see Belser, *Loving Our Own Bones*.
57 Clifton, *Crippled Grace*, 50–57.
58 See Thomas Joseph Kiefer, "Reason and Normative Embodiment in Plato's Republic: On the Philosophical Creation of Disability," *Disability Studies Quarterly* 34, no. 1 (2014), https://doi.org/10.18061/dsq.v34i1.3319.
59 Maysaa S. Bazna and Tarek A. Hatab, "Disability in the Qur'an the Islamic Alternative to Defining, Viewing, and Relating to Disability," *Journal of Religion, Disability & Health* 9, no. 1 (2005): 24.
60 Kabira Masotta, "Disability in Islam: A Sufi Perspective," *Journal of Disability & Religion* 25, no. 1 (2020): 73.
61 Bazna and Hatab, "Disability in the Qur'an the Islamic Alternative," 24.
62 Bazna and Hatab, "Disability in the Qur'an the Islamic Alternative," 25.
63 See the work of Muslim scholars and theologians such as amina wadud, Jerusha T. Rhodes, Farid Esack, and Shadaab Rahemtulla.
64 Clifton, *Crippled Grace*, 73.
65 Lena Michelle Nogossek-Raithel, ed., *Dis/Ability in Mark: Representations of Body and Healing in the Gospel Narrative* (Walter de Gruyter GmbH, 2023), 122.
66 See McColl and Ascough, "Jesus and People with Disabilities," 8.
67 Melcher, Parsons, and Yong, *The Bible and Disability*, 334.
68 Jarrett, "Disability, Healing, and the Problem of Miracles," 13.
69 See Daniel K. Finn, "What Is a Sinful Social Structure?," *Theological Studies* 77, no. 1 (2016): 136–64.
70 See fn. 22.
71 Alison Kafer, *Feminist, Queer, Crip* (Indiana University Press, 2013), ebook p. 20.
72 See also Melcher, Parsons, and Yong, *The Bible and Disability*, 345–46 and Warren Carter, " 'The Blind, Lame and Paralyzed' (John 5:3): John's Gospel, Disability Studies, and Postcolonial Perspectives," in *Disability Studies and Biblical Literature*, ed. Candida Moss and Jeremy Schipper (Palgrave Macmillan, 2011), 145.
73 See Emma Swai, "A Metanarrative of Disability in John 5," *Journal of Interdisciplinary Biblical Studies* 5, no. 3 (2024): 41–61.
74 See *The Study Quran*, 886–87.

75 Names have been anonymized.

76 The term "Speechism" is used to refer to this particular set of discriminations, defined as "the prejudice and discrimination of people because their language, use of language, or mode of expression is deemed inferior" ("What is Speechism," CommunicationFIRST, www.communicationfirst.org/what-is-speechism/). See also Lateef McLeod, "How Ableism Impacts People Who Use AAC," in *Augmentative and Alternative Communication* 41, no. 3 (2025): 200–02.

77 The primary professional association for speech–language pathologists, audiologists, and speech, language, and hearing scientists in the United States, the American Speech–Language–Hearing Association (ASHA), recognizes that "no dialectal variety of American English is a disorder or a pathological form of speech or language" ("American English Dialects: Technical Report," released by the ASHA Multicultural Issues Board, https://doi.org/10.1044/policy.TR2003-00044). Despite this well-intentioned position statement from ASHA, it is well documented in the research literature (as well as in anecdotal evidence from nonmainstream English speakers) that there continues to be structural discrimination, both explicit and implicit, toward nonmainstream English speakers in the SLP field and beyond. See, for example, Juan Eduardo Bonnin, "New Dimensions of Linguistic Inequality: An Overview," *Language and Linguistics Compass* 7, no. 8 (August 2013): 431–43; Catherine Easton and Sarah Verdon, "The Influence of Linguistic Bias Upon Speech-Language Pathologists' Attitudes Toward Clinical Scenarios Involving Nonstandard Dialects of English," *American Journal of Speech-Language Pathology* 30, no. 5 (September 2021): 1973–89.

78 See Alison Eisel Hendricks and Emily A. Diehm, "Survey of Assessment and Intervention Practices for Students Who Speak African American English," *Journal of Communication Disorders* 83 (January–February 2020), https://doi.org/10.1016/j.jcomdis.2019.105967; Alison Eisel Hendricks, Makayla Watson-Wales, and Paul E. Reed, "Perceptions of African American English by Students in Speech-Language Pathology Programs," *American Journal of Speech-Language Pathology* 30, no. 5 (September 2021): 1962–72. This is also seen with Black dialects of American sign language, as documented in Danica Cullican and Neal Hutcheson, *Signing Black in America* (Raleigh, NC: The Language and Life Project at North Carolina State University, 2020) 27 min, www.talkingblackinamerica.org/signing-black-in-america/.

79 On speechism related to AAC devices, see Amy L. Donaldson, endever corbin, and Jamie McCoy, "Everyone Deserves AAC: Preliminary Study of the Experiences of Speaking Autistic Adults Who Use Augmentative and Alternative Communication," *Perspectives of the ASHA Special Interest Groups* 6, no. 2 (April 2021): 315–26. Related to Sign Language, see Tom Humphries et al., "Discourses of Prejudice in the Professions: The Case of Sign Languages," *Journal of Medical Ethics* 43, no. 9 (September 2017): 648–52.

80 ABA refers to Applied Behavioral Analysis, a therapeutic method centered on the understanding of development as learned behaviors that is widely used for autistic children.

81 While ABA remains the most common approach and the most heavily invested (largely because it is an approved therapy reimbursed by insurance companies), it has also been criticized by autistic self-advocates and neurodiversity-affirming clinical professionals for its focus on making autistic people adhere to neurotypical norms of development, leading to concerns about suppressing identity, trauma, and promoting masking, with critics from the neurodiversity-affirming and autistic self-advocacy movement (such as Autistic Self-Advocacy Network, or ASAN) arguing that it treats autism as a disorder to be cured rather than a natural variation. See www.autisticadvocacy.org for their criticisms, specifically "Whose

Benefit? Evidence, Ethics, and Effectiveness of Autism Interventions" at https://autisticadvocacy.org/wp-content/uploads/2021/12/PL-Ethics-of-Intervention.pdf.

82 Stimming is a term for the repetitive movements such as hand flapping, tapping, or jumping, that provides regulating sensory input.

83 Much can be learned from Monica Coleman's womanist theology in which survival is often the goal, given that true liberation is so out of reach for many. Attending to the daily struggle to survive is a holy act of endurance and resilience, even if liberation is never achieved. See her *Making a Way Out of No Way* (Fortress Press, 2008).

84 Leah Lakshmi Piepzna-Samarasinha, *Care Work: Dreaming Disability Justice* (Arsenal Pulp Press, 2018), 75.

85 Lakshmi Piepzna-Samarasinha, *Care Work*, 76.

86 Lakshmi Piepzna-Samarasinha, *Care Work*, 78.

87 See, for example, Leah Lakshmi Piepzna-Samarasinha, *The Future Is Disabled: Prophecies, Love Notes, and Mourning Songs* (Arsenal Pulp Press, 2022).

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