Caring for Persons with Intellectual and Developmental Disabilities

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Persons with Intellectual and Developmental Disabilities

Philosophical Reflections on Normalcy, Disability, and the *Imago Dei*

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Abstract

Most theologians today forcefully reject the idea that a person with Intellectual and Developmental Disabilities (IDD) could be God’s creative error, a person who should have been healthy or else never been born. On the other hand, the claim that a person with IDD is created fully in the image of God seems perplexing, for this claim not only says something about the nature of persons with IDD but also about the nature of God: Is it possible to imagine that God could be intellectually disabled? In this paper, the author asks us to reflect on why this topic is so disturbing – a point already raised by Pope John Paul II – and then contrasts this perspective with the historically widespread view that individuals with IDD are somehow changed from their created state of being, possibly by the devil. Next, we return to
the major premise that appears to inform both common thinking and traditional Christian theology at least since Aquinas, but which actually harkens back to Plato: intellect and other rational capacities are privileged signs of the affinity of human beings to God, who is all-powerful. The author questions this premise and argues that it presumes an all-too-human understanding of power. A different understanding of the nature of God also opens the door to a different understanding of the way all of us, including persons with IDD, have been created in the image of God.

Keywords: bioethics, Catholicism, cognitive disability, developmental disability, ethics, health care, imago dei, intellectual disability, philosophical anthropology

Introduction

Elsewhere in this volume, Kareem Elbart, a 38 year old gentleman who has an intellectual disability, implores others to accept him as he is. In contrast, Feuerstein, Rand, and Rynders entitled their 1988 book on care of cognitively disabled persons Don’t Accept Me as I Am. For sure, the contradiction is less stark as it may seem at first. Mr. Elbart expresses his deep appreciation for the teachers who motivated and pushed him to move beyond the status quo and develop his particular skills and talents, even if doing so took more time and effort than it would take other kids. At the same time, Mr. Elbart also acknowledges forthrightly that he does have this particular disability, and that he needs a lot of help and financial support in order to be successful in life; denying his disability is as harmful as identifying him with his disability. Thus the question arises how intellectual and developmental disabilities (IDDs) are to be evaluated.

The answer to this question will have evident practical implications. It will determine, for example, whether health care professionals should try to prevent IDD from occurring, and, if so, by what means. Forced sterilizations and euthanasia are but the most dramatic examples of such preventive strategies that have been widely practiced in the first half of the twentieth century. As von Ritter outlines elsewhere in this volume, eugenically motivated prenatal diagnosis, embryo selection, and abortion continue to be practiced in many parts of the world. Within a Catholic bioethical frame of reference, these practices are readily deemed immoral. As early as 1951, one can find in Fr. McFadden’s textbook Medical Ethics a rejection of the practice of eugenic sterilization. He insists that every human being, including the “mentally defective,” is made in the image of God and as such has an inalienable right to bodily integrity (297-98). Father Healy provides a similar perspective in a chapter entitled “Mental Disease and Mental Defect” in his 1956 book Medical Ethics. However, it is less clear that Healy had as appreciative a view of the patients concerned as did McFadden. Instead, Healy relies primarily on the argument that the end does not justify the means (which in this instance are immoral).

Indeed, rejection of compulsory sterilization does not imply that all forms of prevention of IDD are objectionable. Nor does it tell us whether mental health professionals, if IDD does occur, should seek to counteract its effects on the person with IDD and plastic surgeons should try to hide its visible signs. Rejection of euthanasia leaves unanswered whether the presence of IDD should impact decisions about the administration of cardiopulmonary resuscitation (CPR), artificial nutrition and hydration (AN&H), and other
life-sustaining therapies at the end of life in the same way as does the presence of incurable cancer, advanced dementia, or Chronic Obstructive Pulmonary Disease (COPD), or instead be considered medically irrelevant in the same way as is height, gender, or ethnicity. It is therefore rather remarkable and unfortunate that Catholic bioethicists have remained largely silent on this topic. A review of a random\(^1\) sampling of some fifteen Catholic bioethics textbooks reveals that only about a third pay any attention to IDD,\(^2\) and none addresses these urgent practical questions.

There is a similar dearth of moral guidance on IDD in documents from the Magisterium, the Catholic Church’s teaching authority. One can find forceful rejections of the idea that a person with IDD could be God’s creative error, a person who should have been healthy, or else never been born. However, that leaves unanswered whether the condition of IDD is normal, whether it is consistent with the way in which human beings are supposed to be and should hence strive to be. Father McFadden in the 1951 fragment quoted above claimed that persons with IDD are indeed created fully in the image of God; more recently, Cardinals Ratzinger and Barragan as well as the late Pope John Paul II have made the same claim (more on their views later). But this claim remains nevertheless perplexing, for it not only seems to say something about the nature of persons with IDD but also about the nature of God: Is it possible to imagine that God could be intellectually disabled?

In this paper, we examine these questions from a Christian and Catholic perspective. We begin with some reflections on the nature of disability, and specifically intellectual and developmental disabilities. We next turn our attention to the traditionally presumed link between rationality and divinity as expressed in the idea of God as Logos. This then leads to the idea that human beings, created by God in God’s (rational) image yet lacking rationality must somehow have been changed (perhaps by the devil), hence the commonly used term “changelings.” After perusing several historical examples of this line of thinking, we return to the major premise that appears to inform both common thinking and traditional Christian theology at least since Aquinas, but which actually harkens back to Plato: intellect and other rational capacities are privileged signs of the affinity of human beings to God, who is all-powerful. In the final section, we will argue that the premise presumes an all-too-human understanding of power. A different understanding of the nature of God also opens the

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\(^1\) “Random” in the sense that it consists only of all of the Catholic bioethics textbooks owned by this author.

\(^2\) Coppens’ 1897 textbook book contains a full chapter on “The Nature of Insanity.” But its inclusion appears motivated primarily by the physician’s task to occasionally serve as expert witness in court cases where the accused’s sanity is questioned; except for a brief reference to man’s rational soul, there is little in the chapter that indicates a specifically Catholic understanding of “idiocy.” Besides McFadden and Healy, McCormick in his 1984 Health and Medicine in the Catholic Tradition devotes a section on “The Retarded.” Ashley and O’Rourke (1997), and Kelly, Magill, and Ten Have (2013) also touched on the topic of IDD but both volumes largely follow secular thinking about IDD. Examples of textbooks that do not address IDD at all are Flood; Häring; May (1977); Ashley and O’Rourke (1978); Ashley, Deblois and O’Rourke; Eijk, Hendricks, and Raymakers; and Fisher. There is also a dearth of scholarly articles written by Catholic bioethicists on this topic. Among the rare exceptions we can include an article in Linacre Quarterly by Napier with a response by Tollefsen, and an article by Kaczor in the National Catholic Bioethics Quarterly.
door to a different understanding of the way all of us, including persons with IDD, have been created in God’s image.

**Disability versus Atypical Normalcy**

The very word “dis-ability” suggests that this phenomenon is to be evaluated negatively. It signals the lack of a particular ability or set of abilities, rather than a different kind of ability. The existence of such a disability does not itself justify the conclusion that life is altogether not worth living, so-called *lebensunwertes Leben* in the parlance of early twentieth century German eugenicists. It may even be the case that such a disability opens up unexpected modes of living, much like a person blinded by an accident may discover the exquisite qualities of his other senses that had previously been overpowered by his sense of sight. Still, the loss of sight itself is not something this person will evaluate as a positive event, something that one should strive to bring about. Hence, it makes perfect sense for biomedical scientists to seek cures for blindness, for public health experts to prevent the occurrence of blindness, and for ophthalmologists to operate on blind persons. This then raises yet another question: Are IDDs conditions that health care providers should strive to prevent, ameliorate, or even cure?

There is no shortage of twentieth century attempts at preventing the incidence of IDD. The so-called “mental hygiene movement” was widely supported by health care professionals, not only in Germany but also and more actively in other countries such as the United States. The first mandatory sterilization law for “idiots” and “imbeciles” was passed in the state of Indiana in 1907, and more than a dozen states followed suit (Digby). Catholic ethicists were quite forcefully opposed to these eugenic efforts. But it is not always clear what fueled the opposition. Rather than objecting to the devaluation of persons with IDD, some Catholic critics appeared primarily concerned about the means of sterilization to prevent IDD (see Healy).

Elsewhere in this volume, von Ritter reviews and criticizes the continuance of eugenic sympathies and practices into the twenty-first century. Von Ritter does not, however, think that pregnant women should freely consume alcohol, nor does he object to the routine testing for phenylketonuria at birth or the administration of folic acid to pregnant women during pregnancy. All of these actions seek to prevent the incidence of IDD and they make moral sense only if we grant that IDD is indeed a disability that should be prevented when it can be done so in a morally sound manner (i.e., without resorting, for example, to the aforementioned forced sterilization).

Some critics have taken a more radical stance by insisting that the phenomenon nowadays labeled as IDD is, in fact, mislabeled. Unlike blindness, IDD is not a disability proper. These critics insist that throughout the centuries, the labels applied have been grievously wrong, from “idiots” to “morons,” from “degenerates” to “retards,” and from “mentally impaired” to “intellectually disabled.” Even the latter term is problematic for it suggests a hindrance, a burden to be overcome. Instead, they propose the terms “neurotypical” or “neurodiverse” (see Armstrong 2011; 2012). Diversity is actually a good, to be cherished, protected, even fostered, rather than prevented or cured.
It is one thing to insist – with the late Pope John Paul II – that “for disabled people, as for any other human being, it is not important that they do what others do but that they do what is truly good for them, increasingly making the most of their talents and responding faithfully to their own human and supernatural vocation” (2004: 4). It is quite another to argue that the emergence of IDD should be fostered instead of prevented. It is one thing to caution – with the Pontifical Council for the Family – that “the family must not fall into the trap of seeking extraordinary treatment or care [for family members with IDD] at all costs, at the risk of being disappointed, disheartened or closed in on itself when the desired results for a cure or recovery are not obtained” (III. c). It is quite another to argue that parents should not seek a cure for IDD at all, nor even use treatments and other interventions that reduce the disabling effects of the IDD, insisting instead that their children are simply different.3

Between the extremes of folic acid on the one hand and forced sterilization on the other, contemporary health care offers a large array of interventions of which the benefit is not quite obvious. For example, should plastic surgery be used to make a person with Down syndrome look less recognizable as having trisomy 21? One 24-year-old man, when presented with this option, reportedly responded, “If God made me like this, why should I be changed?” (quoted by Feuerstein et al.: 178). Jones goes a step further arguing that purely cosmetic plastic surgery in an attempt to “normalize” persons with Down syndrome is analogous to female circumcision and should be outlawed. But many surgeons disagree, being convinced such an operation can be beneficial (e.g., Lewandowicz and Kruk-Jeromin; Abbate). Even the young man quoted by Feuerstein ultimately elected to undergo such surgery.

Another challenging example concerns the area of end-of-life care. A recent British report revealed that 42 percent of the deaths of patients with IDD were premature (Heslop et al.: 3). The causes were diverse, but the weakest link in the health care chain for patients with IDD appeared to be related to delays in diagnosis: “The most frequently reported problem was that the investigations needed to diagnose their illness were not done or posed difficulties. Missed or delayed appointments, incomplete preparations for investigations that then need to be repeated, and the need for inpatient care while investigations are undertaken because of a lack of appropriate support in the community or reasonable adjustments being made, is both costly for the NHS and potentially life-threatening for the individuals

3 Hauerwas has warned, “we have no way to know what the retarded suffer as retarded. All we know is how we imagine we would feel if we were retarded. We thus often think we would rather not exist at all than to exist as one retarded. As a result we miss the point at issue. For the retarded do not feel or understand their retardation as we do, or imagine we would, but rather as they do” (174). Hence, we may well be wrong in assuming “that the retarded are suffering by being retarded . . . It is possible that they are in fact taught by us that they are severely disabled, and thus learn to suffer . . . They may perceive that there are some things some people do easily which they can do only with great effort or not at all, but that in itself is not sufficient reason to attribute to them great suffering” (170). Even if we grant Hauerwas’ point, this does not preclude the conclusion that an intellectual disability is indeed a disability and that it is generally more beneficial for people not to be disabled in this way. Children do not experience their lack of knowledge and maturity as a disability and a source of suffering; but that does not keep parents and indeed society at large from trying to educate children.
concerned” (Heslop et al.: 114). Some commentators were quick to conclude that “doctors put lower value on lives of the disabled” (Bingham). And the British report certainly indicates that many lives would be saved if more resources were made available. But this does not yet prove that health care resources are intentionally being withheld from patients with IDD. Then again, in their discussion of specific medical interventions such as cardiopulmonary resuscitation (CPR), the report’s authors do express a suspicion that the presence of IDD sometimes leads clinicians to issue a Do-Not-Resuscitate (DNR) order that they would not have issued for a patient in the exact same medical condition but without IDD. This finding in particular appears to have motivated Bingham’s conclusion.

Elsewhere in this thematic journal issue, Lennox and colleagues remind readers of the 2006 United Nations “Convention of Rights of People with Disabilities,” which stipulates “a right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability” (art. 25). But the same article also insists that nations must provide “those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and the elderly.” So disabilities should not be considered and yet should be specifically considered when providing health care services – a veritable paradox.

Let us revisit the earlier example of CPR once more. A decision not to attempt resuscitation following a cardiac arrest should always be based on the specific and unique condition of the individual patient. Such a decision is usually based on two prognostic considerations. First, are the resuscitative interventions likely to restore cardiopulmonary function? A history of previous arrests, a rib cage weakened by bone cancer, or a preexisting serious pulmonary condition may all render this less likely. For sure, IDD itself is not likely to impact the odds of effectiveness, so it should not play a role in this first prognostication. The second consideration concerns the health status to which the patient is returned following CPR. A pregnant woman who arrests during delivery may well return to a life of very good health. So may the middle-aged patient whose arrest is caused by operable blockages in coronary arteries. But the more medical problems a patient is battling already, the less likely a patient is benefitted by CPR. Thus, an 80 year old patient who has coronary blockages and advanced dementia and is on permanent artificial nutrition and hydration is far less likely to gain benefit from CPR than the middle-aged person who only has coronary blockages. The question now arises whether IDD is a condition that should be considered in the prognostication of future benefit from CPR. To never do so seems equally unfair to the patient as it would be to disregard age, advanced dementia, or any other medical condition, particularly if the IDD is severe.

Thus it would seem that IDD is like other disabilities and illnesses. It is truly a dis-ability, a condition that restricts a person’s options to live a life of his or her choosing. As such, medical interventions to prevent, ameliorate, or cure IDD appear morally justifiable. At the same time, IDDs are unlike other disabilities or illnesses. It makes sense for a cancer survivor to say that he managed to get rid of his melanoma in much the same way as one can get rid of a dangerous gas oven or abusive husband. Upon hearing that news, we would not at all be surprised that our friend, now cancer free, has nevertheless remained quite the same person. Even a person who loses a limp in an occupational accident is not suddenly a
different person. But IDD appears to resist such externalization and commodification. IDD appears to be more akin to age. A person cannot get rid of age. One can fake a different age, but that does not change the actual age. Conversely, any more invasive attempts at appearing younger or older may well lead occasional acquaintances to be confused, wondering if they are not mistaken in thinking the person across from them is really their friend of old. Getting older is the norm. And yet we dread getting older and go to considerable length evading it; or if not old age itself, than at least its impact. The same, then, seems to apply to IDD. For somebody with IDD, the IDD is not just external to his or her identity; it shapes that identity. In this sense, IDD represents the normal state of being for that person. At the same time, this person, but even more so those who do not have an IDD, are rather convinced that it would be better if that person did not have IDD. The condition of IDD constitutes a harm (i.e., is below the “norm”) that, hence, it would be good to “heal” (return to the “norm”).

This paradox, challenging as it is already, is further complicated when interpreted in a specifically Christian perspective. For what we just called “the norm,” that state which human beings ought to be in, in a Christian vocabulary is called the Imago Dei, the image of God. All human beings are created in the image of God and are called to fulfill that image. The aforementioned cancer patient is no exception; the cancer is external to that image and does not lessen the image. Even the loss of a limb does not lessen a person’s being fully in the image of God. Hence, trying to cure a person’s cancer or providing an amputee with a prosthesis do not constitute arrogant attempts at enhancing God’s creation. Conversely, trying to undo human aging probably is since aging is part of the human condition. Indeed, God in the person of Christ aged. His untimely death halted this aging process but by contemporary standards, at age 33 Christ had actually lived past the average age of his time, which was 25. Although it is theological nonsense to think of God the Father as an old man for the simple reason that God the Father is not a human being, and hence neither a man, let alone an old man, the idea does not strike us as blasphemous, as evidenced by the many paintings depicting God as an old man.4 But the idea of God as a demented old man certainly does. I have had theology students who considered even speculation on that possibility blasphemous and refused, therefore, to complete the assignment in which I had asked them to think about that image as part of a course on the ethics of end-of-life care. What is true about dementia seems true a fortiori about IDD.

A Disturbing Topic

One of the relatively rare papal reflections on IDD occurred during the 1996 conference of the Pontifical Council for Pastoral Assistance to Health Care Workers. The theme of the conference was In the Image and Likeness of God: Always? Illness of the Human Mind. Pope John Paul II, reflecting on this congress theme and specifically the provocative word “always” considered this a “disturbing question” (1997: 3).

4 Not only are anthropomorphic renderings of God-the-Father theologically highly problematic, equally troublesome is that images of God usually depict a Zeus-like superhuman, who may be old and have a grey beard but is otherwise the epitome of power and might, and certainly not a frail, let alone demented, elder. More on this problem later in this paper.
Undoubtedly, the conference organizers in selecting this title had intended the starting question to be a rhetorical one that must be answered affirmatively. Why then did the Holy Father consider the question so disturbing? One might guess that John Paul II was concerned about the frequency, both in times past and our present day, with which this question is not answered affirmatively, resulting in discrimination of and disrespectful behavior towards persons with IDD. The twentieth century may well have been one of the most eugenic eras in human history. Surely, this was on John Paul’s mind as well, leading him to cry out that “all too often these persons encounter indifference and neglect, when not also exploited and abused” (1997: 6). However, a careful reading of his address makes clear that the Pope was also very concerned about the Church’s own stance towards persons with IDD.

John Paul II initiates his reflection on this “disturbing” question by affirming that “man has been created in the image and likeness of God,” considering this conviction “one of the pillars of Christian anthropology.” He goes on to acknowledge that “philosophical and theological reflection has identified in man’s mental faculties, that is, in his reason and in his will, a privileged sign of this affinity with God. These faculties, in fact, enable man to know the Lord and to establish a relationship of dialogue with him” (1997: 3). John Paul II supports this claim with a quote from the Summa Theologiae of St. Thomas Aquinas: “Person signifies what is most perfect in all nature, that is, a sustent individual of a rational nature” (I, q. 29, a. 3). John Paul II does not next spell out the conclusion that is all too often drawn from these philosophical and theological premises, which is that persons who are less able to reason or are blessed with fewer mental faculties resemble God’s image less. But it is this very troubling conclusion that even if left unspoken by the Pope, motivates him to next show that this conclusion in fact does not follow logically.

One way to undermine this line of reasoning is by pointing out that it relies on a fallacy of denying the antecedent. Let us grant that the major premise in the aforementioned argument is true: “If a being has the ability to reason, that shows he is created in the image of God.” This proposition allows us to now conclude: “If a person is not created in the image of God, he cannot have the ability to reason.” It does not, however, allow us to

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5 The Summa Theologiae of St. Thomas actually contains many statements that appear to lead to this conclusion. For example, in the Prologue to the Summa Theologiae I-II, 1, Aquinas writes – while quoting St. John of Damascus (De Fide Orth. ii, 12) – “man is said to be made in God’s image, in so far as the image implies ‘an intelligent being endowed with free-will and self-movement’” (emphasis added). Elsewhere, Aquinas quotes St. Augustine’s observation that “Man’s excellence consists in the fact that God made him in his own image by giving him an intellectual mind, which raises him above the beasts of the field,” and goes on to write, “Therefore things without intellect are not made in God’s image” (Summa Theologiae I-I, question 93, art. 2). Commenting on the latter statement, Haslam acknowledges, “Aquinas appears here to deny the image of God to any creature lacking intellectual ability. Further investigation, however, reveals that Aquinas nuances this position. He later claims that, although only intellectual creatures approach the likeness of God to the point of ‘properly’ bearing God’s image, even those creatures that fall short of the image of God participate to some degree in the image because they bear to some degree a likeness to God. Aquinas’s position on what participates in God’s image, therefore, is not as exclusive as some passages may indicate, given his position on the expression of that image in all that bears a likeness to God” (96). Haslam’s nuanced comments are of course important, but they do not alter the conclusion that according to Aquinas more intellectual capacity equates more likeness to God, and vice versa.
conclude that “If a person is created in the image of God, he must have the ability to reason.” Nor does it allow us to conclude that “If a being does not have the ability to reason, he cannot be created in the image of God.” The major premise tells us something about beings who have the ability to reason, but it simply does not tell us anything about beings who do not have that ability.

This is also the attack launched by John Paul II. He does not spell out the aforementioned logical rejection. Instead, he goes on to show that beings who have the ability to reason are not the only beings created in the image of God: “It should be made clear however that the whole man, not just his spiritual soul, including his intelligence and free will, but also his body shares in the dignity of ‘the image of God’” (1997: 3).

The problem with this line of attack is that it leaves the major premise standing: man’s rational soul is a privileged sign of man’s affinity with God. Even if having a human body is also a sign of one’s being created in the image of God, it seems to follow logically that somebody who has both a human body and the ability to reason is still more in the image of God than a person who lacks that intellectual capacity.

To make matters worse, John Paul II continues his observation about the human body with the following clarification: “In fact, the human body ‘is a human body precisely because it is animated by a spiritual soul, and it is the whole human person that is intended to become, in the body of Christ, a temple of the Spirit’ (Catechism of the Catholic Church, n. 364)” (1997: 3). By adding this clarification, the Pope appears to argue that the human body is not as such in the image of God, but only by virtue of it being animated by a spiritual soul, which, as we saw earlier, is essentially rational.

The problem becomes still worse if one tries to defend the intrinsic dignity of persons with IDD in the manner that the Catholic bioethicist May does: “Many people, including some seriously handicapped children and mentally impaired adults, are incapable of pursuing the spiritual goal of life. They cannot do so because in order to do so a person must be able to make judgments and free choices. But these unfortunate human beings are still persons; their lives are still good, and it is good for them to be alive” (2008: 66). Not only do persons with IDD fall short in the area of intellect, which also puts the status of their body at risk, they now fall short spiritually as well, that is, in their capacity to relate to, know, and love God. It would seem to follow logically that such a person is less in the image of God than the person who is able to do all of this.

Changelings

This conclusion, while disturbing to Pope John Paul II, certainly has not been universally disturbing. In fact, the idea that something is fundamentally wrong with persons with IDD, that their human nature somehow has been corrupted, is an old and very persistent idea. When captured in religious terms, rather than being created in the image of God, such individuals were thought to have been possessed by the devil.

This notion was already quite prevalent in ancient Judaism (Wassen: 122) and persisted throughout the Middle Ages. Thus we find Luther addressing the topic at the dawn of Modernity. He does so rather casually – the references below are included in the collection
of Luther’s addresses known as “Table Talks.”6 According to Luther, Satan “often pulls certain girls into the water, impregnates them, and keeps them with him until they deliver their children; afterward he places these children in cradles, taking the legitimate children away” (1916: #4513, 357). This is why they are called changelings. Initially, it may not be evident that a newborn is a changeling, which is why they should be baptized according to Luther. However, these changelings tend to make “themselves detestable by shitting, eating, and crying more than any ten other children. The parents get no rest from such filthy beasts. The mothers are sucked dry and are no longer able to nurse” (1916: #4513, 358). His casuistic examples of “A Changeling at Dessau” and “The Kielkropf of Halberstadt” are vivid examples of such changelings.8

The Story of a Changeling at Dessau

Eight years ago [in the year 1532] at Dessau, I, Dr. Martin Luther, saw and touched one, which was twelve years old, had eyes and all of its senses, so that one could have thought that it was a real child. It did nothing but eat; in fact, it ate enough for any four peasants or threshers. It ate, shit, and pissed, and whenever someone touched it, it cried. When bad things happened in the house, it laughed and was happy; but when things went well, it wept. These two virtues it had. I said to the Lord of Anhalt: “If I were the lord or the ruler here, I would throw this child into the water – into the Molda that flows by Dessau – and I would dare commit homicide on him!” But the Electoral Prince of Saxony, who was with me at Dessau, and the Lords of Anhalt did not want to follow my advice. Therefore, I said: “Then you should have all Christians repeat the lines of the Lord’s Prayer in church that God may take away the devil.” They did this daily at Dessau, and the changeling child died in the following year . . . Such a changeling child is only a piece of flesh, a massa carnis,9 because it has no soul (Luther 1916: #5207, 9).

6 Some commentators have warned that these collections likely contain speeches from Luther’s table guests, which were later attributed to Luther himself (see for example Goodey and Stainton 2001).

7 In accordance with longstanding usage, Luther uses the German word Wechselbalg or Welchselkind for changeling, literally, the exchanged infant or exchanged child. Another term used is Kielkropf, translated into English as Killcropps, which is potentially misleading since the German word is not related to the verb “to kill” and the English word “cropp.” Though the exact etymological original of this term appears unclear, it meant goiter or struma.

8 No English translation of the fourth and fifth volumes of Luther’s “Table Talks” could be found. The translations provided here are slightly revised versions of those prepared by Ashliman.

9 Goodey and Stainton caution us not to rush to conclusions. It is not at all clear that Luther was even thinking about people with IDD. For example, “Luther used this term, massa carnis, as a general designation for all things worldly or sinful, rather than specifically for the body” (230). Based on their detailed analysis, they conclude that “the English word ‘changeling’ at first indicated neither the intellectual disability of born fools, nor (any more than cambiones or Wechselkinder) a popular mythological source. Only in the mid-seventeenth century did it start referring to some kind of generic intellectual disability” (235).
The Kielkropf of Halberstadt

A man who lived near Halberstadt in Saxony had a killcropp who had sucked his mother and five additional wet nurses dry, and who further had eaten a great deal and was behaving very strangely. The man was told by the locals that he should take the child on a pilgrimage to Hockelstadt to praise the Virgin Mary and to have him weighed there. The peasant followed this advice and set forth, carrying the child in a basket. But when he came to some river and walked onto the catwalk or bridge, a devil in the water beneath the bridge called out: “Kielkropf, Kielkropf!” The child in the basket, who had never yet spoken a word, answered: “Ho! Ho!” This surprised and startled the peasant. The devil in the water then asked: “Where are you going?” The kielkropf said: “I’m on my way to Hockelstadt to Our Dear Lady, to have myself weighed there so that I may grow.” When the peasant heard the changeling speak, the first time this had ever happened, he became angry and threw the child into the water, basket and all. Then the two devils came together, shouted “Ho, ho, ha!”, played with each other, rolled around with each other, and disappeared (Luther 1919: #4513, 357-58).

It must be emphasized that the ideas captured in these stories attributed to Luther were certainly not peculiar to him (if they were even Luther’s own). Indeed, some three centuries later the second story was still being retold with such frequency that it was included by the brothers Jacob and Wilhelm Grimm in their collection of German Sagas (no. 83).

Nor was the phenomenon of a changeling limited to German speaking countries. The British philosopher-physician John Locke (1632-1704) distinguished madmen, that is, persons who “put wrong ideas together, and so make wrong propositions, but argue and reason right from them,” from idiots who “make very few or no propositions, and reason scarce at all” (chap. 9, par. 13; see also Licia: 24).10 Locke furthermore noticed that unlike madness, idiocy was often thought to be congenital. Now people had long been aware that certain physical disabilities were inheritable. But observing that such cognitive disabilities can arise in spite of the parents being fully normal, Locke deduced that a fundamental change must have occurred pre-birth. Hence, the commonly used label “changeling” could still be applied.11

Moreover, Locke was convinced that the aforementioned change was so fundamental that such changelings could not be considered fully human. While acknowledging that Locke’s views are far from internally consistent on this particular topic, Goodey (1996) has pointed out that in Locke’s “natural history,” changelings lack a human soul and hence are merely physical beings. And not possessing a human nature due to their lack of intellect,
these changelings were also non-moral beings – not immoral but non-moral or amoral beings. They were, according to Locke, simply outside of the sphere of morality since they were unable to know the moral law imprinted by God in each human being proper.

This understanding of people with IDD as not actually being human, or at most being subhuman, would persist throughout modernity, with the specific explanations varying by the prevailing scientific paradigm. Roughly a century after Locke, the French physician-philosopher Julien de La Mettrie (1709-51), best known for his thesis that the human being is an incredibly complex machine, insisted that “the imbecile or the idiot are animals in human form, in the same way as the clever ape is a small human being in another form” (38). Yet another century later, influenced by the findings of Darwin that nature can evolve to generate ever more advanced species, ultimately yielding homo sapiens, it was only logical to consider the phenomenon of mental disabilities as a reversal of this evolutionary process, hence the new label “degenerates.” To safeguard the natural process of evolutionary progress, it would soon be deemed sensible and indeed necessary to keep degenerates from reproducing through compulsory sterilization.

The Major Premise Revisited

Throughout much of human history, then, it seems that IDD, more than any other human characteristic (such as physical disability, mental illness, gender, or race), has consistently been viewed as indicative of a subhuman or even non-human nature. The only way to adequately get rid of the idea that more human rationality equals more human perfection, and thus more likeness to God, is to undermine the truth of the major premise with which we started our ethical analysis: Is it possible to think – or more precisely to believe – that a human being’s intellect and other rational capacities are not privileged signs of man’s affinity to God, Augustine, Aquinas, and John Paul II notwithstanding?

Cardinal Barragan appears to have advocated such a position. Barragan maintains that to the extent that IDD diminishes a person’s capacity to reason and make fully free decisions, IDD also diminishes that person’s responsibility and hence his capacity to sin. And since, according to Barragan, only sin can separate a person from God and thereby distort the image of God in him, the more serious the IDD, the more likely will this person reflect the image of God (3).

This line of reasoning certainly digresses from John Paul II’s understanding, because it tells us that for any human being the Imago Dei has nothing at all to do with rationality and volition. But it also resembles closely the view, discussed earlier in this paper, that since these individuals are outside of the moral domain, such “changelings” (though Barragan does not use this term) are not, as Barragan argues, destined for eternal life in heaven but instead, as Luther and Locke alike insisted, devoid of any afterlife at all.

There is also the risk that instead of demonizing IDD, we end up glorifying it. Pope John Paul II, surely in an attempt to forcefully oppose the eugenically motivated rejection of persons with IDD, has argued that “disabled people are, instead, living icons of the crucified Son. They reveal the mysterious beauty of the One who emptied himself for our sake and made himself obedient unto death. They show us, over and above all appearances, that the ultimate foundation of human existence is Jesus Christ. It is said, justifiably so, that disabled
people are humanity’s privileged witnesses” (2004: 5). But not all parents of children with IDD would agree that their children are a gift from God, in the sense that God decided to give most children exactly 46 chromosomes, but chose to give a few kids 47. As one blogging parent wrote,

I get the “gift from God” a lot too because my son is in a wheelchair... People will see me out with him and his 18 month old sister, and they say things like... “God chooses special parents for special children,” and I hate it. I grin and bear it most of the time, but really just want to tell them that it has nothing to do with God and everything to do with biology. Ian’s spine didn’t fully fuse together somewhere around 28 days gestation before I even knew I was pregnant. He was born with a hole in his spine, and God did not put it there (Nicole).

Or as another parent, contributing to the same blog, stated:

There are people out there who refer to individuals with Down Syndrome as possessing a “magic chromosome” or a “gift from God.” But we think Johanna is magical and a gift simply because she is our adorable, bubbly, vivacious, yummy little girl. In fact, I think painting kids with Down Syndrome as innocent little angels has the potential to be dangerous, or at least to do them a disservice. It refuses to acknowledge that kids with Down Syndrome are actually human beings with issues and concerns of their very own. I know [my daughter] Jo Jo tries to please, and be a good girl, but like any child, often it’s hard (Sklar).

Cardinal Ratzinger, the later Pope Benedict XVI, in a 1996 address at the same Vatican Conference at which Pope John Paul II spoke, also seemed to disagree with the aforementioned major premise that a human being’s intellect and other rational capacities are privileged signs of man’s affinity to God. Like Cardinal Barrangan, Ratzinger insists that the image of God is not a specific human attribute, such as man’s rationality: “Created man is in the image of God... because he participates in [God’s] immortality – not because of his own nature... The orientation towards eternal life is what makes man the created counterpart of God.” The image of God “thus bears the marks of its nature beyond earthly life. It cannot be determined in a static fashion and bound to some particular quality, but is a prosthesis of time beyond earthly life” (17). “To say that God has created us in his image means that he wanted each one of us to express an aspect of his infinite splendor, that he has a design for each of us, that each of us is destined to enter – by means of an itinerary which is specific to him – into blessed eternity” (19). This project of becoming ourselves inevitably involves suffering, in exactly the same way as God’s own journey in the human person of Christ involved the humble acceptance of human limitations and sufferings and thereby enable his resurrection. Whether those limitations and sufferings take a physical form as in illness, trauma or crucifixion, or manifest themselves as an intellectual disability is irrelevant, or so Cardinal Ratzinger appears to argue.

We thus find ourselves returning to the question raised at the start of this section: Is it possible to hold, with John Paul II, that “even when disabled persons are mentally impaired or when their sensory or intellectual capacity is damaged, they are fully human beings and
possess the sacred and inalienable rights that belong to every human creature” (2004: 2)? Is it possible to hold that persons with IDD hence are neither less nor more blessed than those without such a disability? That they are fully human neither despite nor because of their disability, but precisely in their own way of being human and on their own journey towards eternal union with God? And that, therefore, their being intellectually disabled is part and parcel of their being in the image of God?

What makes the last question provocative, even disturbing, probably is not because of what it suggests about human nature, but because of what it suggests about the being of God. For if each person is created in the image of God precisely as the person he or she is; and if, therefore, a rationally capable human being is created in the image of God, precisely as such a rational being; and if “precisely in the Crucified, in his flayed and beaten face, man once again becomes the transparency of God, the image of God which shines forth anew” (Ratzinger: 18); and if, by the same token, the intellectually disabled person is created in the image of God too, precisely as an intellectually disabled person; then we have to acknowledge the possibility that God not only is both Logos and physically broken, but intellectually disabled too.

Our Disabled God

But let us tackle a somewhat less provocative idea first and ask if it is possible to conceive of angels with IDD. Levitas and Reid, a psychiatrist and medical geneticist respectively, believe it is, judging by the main title of their 2003 article in the *American Journal of Medical Genetics*, “An Angel with Down Syndrome.” The main focus of the article is a painting of the nativity scene, created around 1515, most likely by a follower of Jan Joest of Kalkar, and presently hanging in the Metropolitan Museum of Art in New York City (figure 1). The authors posit that at least two figures in the painting were modeled by people with Down syndrome. Most interesting for the purposes of this article is that one of these two figures is an angel (the other a shepherd). Starbuck next compares this painting with an almost identical work presumably by the same painter, except that the second one is set in daylight (figure 2). The fact that the two matching figures in that second version do not have Down syndrome-like features leads Starbuck to conclude that the particular depictions of their “peers” in the nightly rendering were intentional.

Of course, there are also art scholars who contest these conclusions. But what matters here is not so much whether Jan Joest of Kalkar did indeed base his renderings on real-life people with Down syndrome, but rather that he appears to have considered it perfectly normal to include in the angelic gathering present at the birth of Christ a figure with rather evident physical features of what we nowadays call “Down syndrome.” In his commentary on both of these articles, Leach concludes in turn: “A fair reading of this depiction is that on earth, individuals with Down syndrome are excluded by human society, but in heaven they are equal and they are as justified as the ‘normal’ angels to be present to adore the Christ Child, Emmanuel, God with us” (par. 12).
But angles are not themselves divine. What about Christ himself? Is it possible to think of Christ as being intellectually disabled? Here again some of the artists of the Renaissance appear to have thought it was perfectly legitimate to depict Christ with physical features that are typical of a person with Down syndrome. Some commentators have concluded that the Christ figure in the Madonna del Bordone, painted in 1261 by Coppo di Marcovaldo and located in the church of Santa Maria dei Servi in Siena, Italy, has several such features, especially the large gap between the big toe and the next one (figure 3). Even more pronounced are these features in the Madonna of the Caves painted by Andrea Mantegna (or a follower) in 1489 and now in the Galleria degli Uffizi in Florence, Italy (figure 4). Yet another Madonna by Mantegna, painted at about the same time and presently exhibited in the Accademia Carrara di Bergamo, Italy, seems to show a Christ child with hypotonia (weak muscle tone) and with fleshy folds around the neck (figure 5).

As Goodey (2011: 10-12) has pointed out in reference to these examples, we have to be extremely cautious to reach conclusions about the intentions of the painters of these works based on modern ways of
viewing, interpreting, and evaluating certain physical characteristics. Some art historians deny outright that these physical features were intentionally depicted, explaining them instead as a token of the painters’ inferior skills (see Starbuck). But again, the intent in referencing these old works of art in the present article is not to interpret and assess those works in a historically correct fashion, but to raise an evocative image in our own minds: the image of Christ as a child with IDD. Can we think of God, at least in a human persona, as intellectually disabled, indeed as disabled in any form or shape?

Figure 4. Andrea Mantegna: Madonna of the Caves (1489); Uffizi Gallery, Florence, Italy

Figure 5. Andrea Mantegna: Madonna con il Bambino (1490-1500); Accademia Carrara, Bergamo, Italy

Ancient Greek mythology depicts an Olympus full of beautiful, strong, and ever-young super-humans. Hephaistos, or its Roman equivalent Vulcanus, appears to have been the only ancient God who had a physical disability: He had a shriveled foot and was lame, which gave him a grotesque appearance in Greek eyes, caused his mother Hera be so ashamed of him that she threw him off Mount Olympus (or if she did not do it, her husband Zeus did), and led Athena to refuse a union with him. But Christianity sees no necessary contradiction between the divine ideal and human impairment. For God became fully human in Jesus. And Jesus, having a human biology, therefore is likely to have suffered common illnesses caused by food poisoning or airway viruses, and may have twisted his ankle while running around as a child, or hit his thumb with a hammer working in St. Joseph’s workshop. And at age 33, Christ was severely tortured and died.
If we grant that human beings, like Christ, are fully human; if we grant that human beings, unlike Christ, are not divine but are nevertheless created in the image of God; then human existence precisely as human existence – except in its sinfulness – is at least compatible with God’s being. Christ’s physical trauma and suffering did not in any way diminish either his humanity or his divinity. We will never be able to grasp the paradox of a God who is omnipotent while also traumatized, physically broken, and dying. However, because of the incarnational reality of God having lived as a human among us, we – or at least Christians – have certainty that the paradox is true. And because of that certainty, we can analogically conclude that when we, humans, are traumatized, broken, diseased, and dying, we too remain fully human and in the image of God. Christ is the model of human perfection.

But few authors appear willing to apply the same line of reasoning to mental illnesses and disabilities. Cognitive impairment poses a special challenge because it appears – also for Christians – much more difficult to recognize the Imago Dei in the phenomena of intellectual decline or disability. Indeed, even scholars who have recently written about God being disabled have likewise tended to focus on physical disabilities (see, for example, Cooper; Eiesland 1994; 2005). One of the causes of this hesitance is of course our lacking empirical evidence for the possibility of God being omnipotent and at the same time – in Christ – being cognitively disabled. By dying at age 33, Jesus was never subjected to the debilitating mental conditions of old age. Then again, we do not have any empirical evidence either that Christ was not disabled. As Swinton has pointed out, “nowhere in scripture are we told what Jesus looked like, what his IQ was, why people ridiculed him. We simply assume that Jesus looked ‘something like us.’ Why do we construct an image of Jesus that is able-bodied and able-minded?” (2003: 76) It appears we do so for the same reasons that our ancient Roman predecessors could not possibly conceive of a crucified God. There is just too great of a “dissonance between such an image [of Christ with an IDD] and our personal image of God as all knowing, all-powerful and so forth” (2003: 76).

Throughout the history of Christian thought, Cooper reminds us, God has traditionally and commonly been understood as all-powerful, which in turn means that God needs nothing and hence is not dependent upon anything. This is an ideal that no human being can ever attain. It also suggests “that disabled people, merely by virtue of their disability, are farther from the divine perfection than are those who are not disabled” (175). But this line of reasoning, according to Cooper, is flawed from the outset, because it presumes that God’s power is similar to human power, except more of it. Cooper acknowledges that we cannot think about God but in human concepts. But serious problems arise when we forget that our concepts of God are at best analogical:

As feminists argue, despite all the male images of God, men do not, by virtue of their maleness, more closely represent the image of God than do women. So it is true that the able-bodied do not, by virtue of their able-bodiedness, more closely represent the image of God than do the disabled. God does not see with eyes nor hear with ears nor move with legs, and so forth (Cooper: 174).
While Cooper’s reflections on the nature of power and ability are helpful, the specific examples given by Cooper also highlight the magnitude of the theological and hence anthropological problem we are addressing in this paper. It is one thing to insist that God does not see with eyes or move with legs; eyes and legs are but means of seeing and moving, and not necessary conditions, at least not logically so; thus, in having no eyes but seeing anyway, the lack of eyes does not constitute a diminishment. But it is quite another to claim that God does not need intellect in order to understand; for to understand is exactly the same as to have an intellect, and vice versa. Thus, the idea that God is intellectually disabled seems logically incompatible with the idea of an all-powerful God who is not in any sense of the term lacking or in need.

This is exactly the point where Hauerwas’ reflections about IDD latch on. In one of the rare theological treatises specifically devoted to health care for persons with IDD, Hauerwas insists that “the God we Christians must learn to worship is not a god of self-sufficient power, a god who in self-possession needs no one; rather, ours is a God who needs a people, who needs a son. Absoluteness of being or power is not the work of the God we have come to know through the cross of Christ” (178). Once we realize that neediness is compatible with the divine, human neediness also loses its pejorative connotation.

Maybe more than ever before in history, ours is a culture in which self-determination, self-reliance, and self-sufficiency are highly valued human characteristics. But Hauerwas warns us that this understanding of human nature is fundamentally mistaken as well: “We are incomplete beings who depend on one another for our existence. Indeed, the matter can be put more strongly, since we depend upon others not only for our survival but also for our identity . . . . The irony is . . . that our neediness is also the source of our greatest strength, for our need requires the cooperation and love of others . . . . [W]hen we attempt to deny our reliance on others, we become all the more subject to those powers” (169). And yet we desperately strive to overcome such neediness of others, hanging on to “our false sense of self-possession” (169). Persons with IDD, in contrast, “are certainly people in need. Even worse, they do not try to hide their needs. They are not self-sufficient, they are not self-possessed, they are in need. Even more, they do not evidence that proper shame for being so. They simply assume that they are what they are and they need to provide no justification for being such. It is almost as if they have been given a natural grace to be free from the regret most of us feel for our neediness” (176).

A quite vivid illustration of this natural grace and its impact on the surrounding world is given by Swinton. In his 2003 article, he recalls a story related to him by a Catholic woman assisting at the L’Arche community in Belfast, Northern Ireland. Contrasting the fear she always felt as a Catholic living among Protestants in this highly volatile city, she reported that when she was with people with profound developmental disabilities, she suddenly could go anywhere and say anything: “The barriers come down on both sides of the divide, Protestant and Catholic. Wherever they go, they seem to bring peace and reconciliation and if I am with them I can share in that peace. You know, I sometimes wonder if Jesus had Down’s syndrome” (2003: 75-76). Swinton realized that “she wasn’t joking. She wasn’t using metaphorical language; her question was wistful but genuine. Her encounters with people with profound developmental disability had changed the way she saw the world and the ways in which she understood God to be at work in the world. Gone were images of God as the
bringer of liberation and peace through God’s great power and might. Instead the possibility of God being very different from assumed norms, incarnating God’s self within the body of a person with Down’s syndrome opened up new vistas of hope, reconciliation and revelation” (2003: 76).

**Ability, the Quest for Power, and the *Imago Dei***

We began this paper with the observation that remarkably little has been written by Catholic magisterial authorities and scholars about the topic of intellectual disabilities. McNulty actually estimates that “statements that are specifically for or about persons with disabilities are getting rarer and rarer.” Now McNulty considers this dearth “a good thing,” for it means “that persons with disabilities are being spoken of as part of all people” (par. 2). Leaving aside whether McNulty is correct empirically, his optimistic assessment is precarious. For not all silence is golden. Silence can also render it possible for nefarious ideas to take hold and evil movements to flourish. Given the long history of devaluation and even dehumanization of persons with IDD, McNulty’s assessment may be too optimistic, far too optimistic. As von Ritter argues elsewhere in this volume, eugenics is alive and well, and persons with intellectual disability are particularly at risk.

The presupposition underlying this paper is that a root cause of that risk is our inability to see such persons as complete and whole and hence equal in dignity and value to anybody else. This perspective is not a secular perspective only; even within Christianity there is a deep-seated tendency to question whether such people are fully created in the image of God and hence deserving the same degree of appreciation and respect. As Swinton has remarked, “we explicitly or implicitly assume that Down’s syndrome is inequitable with the divine image” (2003: 76).

But Swinton points out that this assumption is *prima facie* not persuasive. Indeed, it is questionable whether from a theological perspective the idea of the *Imago Dei* should even be understood as an “image” in the common sense of that term, let alone in reference to anthropomorphic imagery. Consider, for example, that the notion of the *Imago Dei* functions in the Judaic and Muslim faith traditions as well, yet neither allows depictions of God for that very reason. Jackson defines the *Imago Dei* not as configurative similarity but rather as the ability to be loved and to give love. In contrast, Heffner argues that the *Imago Dei* means “that humans are somehow to be a portrayal or presentation of God in creation,” referring, therefore, to “the purpose of human being” (88). McPhate in turn suggests that the *Imago Dei* is God’s call to exist authentically, to embark on the journey towards God, from image to likeness. In a similar vein, the International Theological Commission points out that the image of God in each man “is constituted by his own historical passage from creation, through conversion from sin, to salvation and consummation,” which is “according to the pattern first traced out by the Son” (12). Then again, Kraynak has warned that there are only a few explicit references in the Old and New Testaments to the *Imago Dei* and the usage is not consistent, so that it remains ambiguous exactly what the *Imago Dei* signifies; any interpretation is therefore precarious. But the idea appears to function as a regulative idea nevertheless, particularly in Christianity and the cultures (and their anthropologies) most influenced by this faith tradition. Although rejecting an anthropomorphic configurative
interpretation, Heffner concludes: “For Christians the Image of God is instantiated normatively in Jesus” (88).

Christianity is extraordinary, when compared with other personalist religions throughout history, in its insistence that a beaten and crucified human being is also the one and only God. To the dominant Roman culture at the time, this was inconceivable and utterly ridiculous. This counter-cultural faith perspective also motivated works of mercy precisely towards the most vulnerable human beings; hospices and hospitals were erected and religious orders specifically devoted to such care were established. For as Christ had insisted: anything done for them was done for him (Matthew 25:45).

But one area of human vulnerability seems to fall outside of this faith inspired logic: intellectual and developmental disability. As much as Christianity broke with ancient understandings of the divine, Christians continued and still continue to think – very much in a Platonic fashion – about God as the absolute intellect. This renders it very difficult to hold on to the conviction that mentally ill or cognitively disabled human beings, exactly like physically ill or disabled persons, are fully in the image of God. Even theologians who have written explicitly about the concept of a disabled God seem to skirt the idea of a cognitively disabled God.

In our analysis, we identified two factors that appear to be contributing to this resistance. First, cognition is not simply a means to an ability; it is the ability itself. We may not understand exactly how, but it does not strike most of us as impossible not to have eyes and yet be able to see, not to have vocal cords and yet be able to speak. On the other hand, it seems a logical impossibility to lack cognition and yet be able to understand. Secondly, we have come to think of Christ as all powerful in spite of his physical traumas and subsequent deaths; in fact, many Christians see in Christ’s undergoing these physically disabling forces evidence of his powerfulness, an act of defiance and self-sufficiency. But few seem ready even to even consider the possibility that Christ, had he not died on the cross at age 33, could have grown old and fallen prey to Alzheimer’s dementia. The notion of a cognitively disabled God seems incompatible with an understanding of God as omnipotent and beyond any need.

But whence this insistence on an omnipotent, self-sufficient God who has no needs? Quite possibly, we are projecting our own craving for self-sufficiency onto God. As Swinton has pointed out, “the weakness and vulnerability of people with profound developmental disability is not indicative of lives that are incompatible with being fully in God’s image. Quite the opposite, the experiences of people with profound developmental disabilities remind us of dimensions of God which have been hidden by our culture’s preference for such things as power, strength and intellectual prowess” (2003: 71). Commenting on Hauerwas’ metaphor of “the disabled God,” Swinton suggests that God’s own vulnerability and need does not actually constitute a disability at all: “It just looks like one under the gaze of modernity’s expectations” (2011: 297-98).

Rather than viewing people with cognitive disabilities as an unusual case, let alone an aberration, mistake, or a devilish change, Swinton, again echoing Hauerwas, suggests that
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their lives simply remind us of what we all are. Modernity assumes each person has the right to write their own personal story. Hauerwas points to the fact that for Christians, there is only one story; the story of human createdness and our communal need for redemption as it is offered to us through the life, death and resurrection of Jesus. Within this story we discover that we are creatures wholly dependent on God and on one another; all that we have is gift. That being so, any ideas of ability or disability are trumped by the fact that as creatures we have nothing to offer; it is all gift and promise (2011: 296).

Persons with IDD are not self-sufficient, nor should we strive to render them self-sufficient and otherwise gain the kind of power that most of us who are presumably “normal” crave so fervently (which is not to say that we should not seek to assist them medically or in other ways that are fitting to their particular life journey). Dependence on the gifts of others does not represent a lessening of their status as human being, but is essential to the human condition itself. Indeed, it is precisely why and how all of us are created in the image of a God who gave himself to the world.

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