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## Understanding People with Disabilities within the Biblical Concepts of *Imago Dei* and *Imitatio Christi*

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### Abstract

This paper is divided into two parts. In Part I on The Disability History and Models of People with Disabilities (PWDs), it examines briefly two important aspects in understanding PWDs: (1) the disability history from the British perspective from the Medieval Era through the times of Renaissance and Colonialization, the two World Wars to the present millennium; and (2) five selected models of PWDs, i.e., the Religious, Medical, Social, Rights-based, and Media models. In Part II on The Biblical Perspective on Disability and PWDs, it examines the concept of PWDs from two key concepts: (1) *Imago Dei*, which comes from the Latin Vulgate edition of the Bible, translated to English as “image of God”; and (2) *Imitatio Christi*, in Latin, which means “imitation of Christ”, written by Thomas à Kempis (b.1380AD-d.1471AD) – also known as Thomas of Kempen – was a German-Dutch canon regular in the Catholic Church during the late medieval era. The aim of this paper is to provide a biblical perspective on PWDs.

**Keywords:** Biblical Perspective, Disability, Imago Dei, Imitatio Christi, People with Disabilities

### Introduction

Using the person-first language before a diagnosis, the term “people with disabilities” (PWDs in short) is widely used across the world. As a minority in a general population, they are very likely to constitute the largest minority group, not only in the United States alone, but also in the world. Many of them have also contributed and continue to do so in enriching the history of mankind despite their special needs. Though they have always been neglected in the past and more so now during the Covid-19 pandemic, their constant cries for their diverse voices to be heard, their frequent continuous struggles to be taken notice and their issues of concern to be addressed appropriately, their collective needs of well-being and belongingness to local and global communities to be acknowledged and be provided for like any typical person ... all these should not be dismissed.

The history of disability is the historical development of PWDs layered with desires and wishes, creativity and innovation, struggle and success, emotion and reaction, drama and surprise (Behring Center, National Museum of American History, 2015). The PWDs have not always been treated fairly or taken seriously. Since the 1900s, there was a drastic transformation in terms of treatment and perceptions of disability largely because these PWDs began demanding and pushing for those changes, e.g., the human rights for the disabled movement during the decades of 1960s and 1970s, similar to other movements of civil rights, with its long history (for more information on the history of disability rights movement in other countries besides the US and UK, see <https://findhistoryhere.com/history-of-disability-rights-movement>).

During the 1930s, prior to World War II, PWDs were often seen as people who were defective and unhealthy, and their families abandoned on the streets and left them to thrive on their own. This is most likely the result of a lack of understanding about disabilities and the sequelae of such diverse conditions. More shocking is when a Nobel Prize winner, Dr Alexis Carrel (1939; see Clapton & Fitzgerald, 2005, for more detail) of Rockefeller Institute (now known as Rockefeller University), published his book “Man the Unknown” (Carrel, 1939), suggesting that people who were mentally ill could be removed with suitable gases

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at small euthanasia institutions. Indeed, in that same year, amid the World War II, Adolf Hitler (b.1889-d.1945), one of the founding members of the *Nationalsozialistische Deutsche Arbeiterpartei* (Nazi Party for short), rose to power to become chancellor on January 30, 1933, ordered a wide spread mercy-killing of people who were sick and/or disabled. Code-named as Aktion T4 and also known as the Nazi Euthanasia Program, its aim was to eliminate all those people, including children and youth, whose life was considered unworthy of living. For instance, in 1940, Adolf Hitler gave an order to transfer 908 patients from Schoenbrunn (an institution for chronically ill and intellectually challenged people) to a euthanasia institution at Eglfing-Haar to be executed by gassing. By 1941, after over a hundred thousand of such people lost their lives unnecessarily to being gassed, Aktion T4 was temporarily suspended. However, the program resumed again with a different approach – this time without the use of gassing – and instead, PWDs were left to die by starvation or being used for medical experiments and military training practice (e.g., target shooting).

By the close of World War II, a wide range of issues concerning injuries and disabilities were brought up to be addressed by various governments in different parts of the world. For instance, the American soldiers returning from war were financially compensated by the US Government as well as being provided vocational rehabilitation. As a result, during the period of 1940-1950, several government-funded and charity-based welfare organizations were established to offer rehabilitation rather than institutionalization for these PWDs. More research studies were carried out to inform the general public about the correct types of treatments for different kinds of disabilities.

During the 1950s, PWDs were often admitted – against their own free will – to institutions by families. One common reason or explanation that is often cited is that these PWDs were seen as a burden. As a PWD, the individual was treated as a patient, who could not contest the confinement within the institution (or institutionalization). Many of them often suffered abuse and neglect in silence, with poor or only substantial health and low safety conditions, deprivation of their rights to be fairly treated like other typical human beings, given forms of electroshock therapy, painful restraints, negligent seclusion and experimental treatments, and also, at times, unnecessary and unproven procedures.

With the activists and advocates for the PWDs' rights on the move in the US as well as other western European countries, governments from different countries all over the world met up to signed an international agreement to recognize the PWDs' rights. In 1975, the UN declaration on the PWDs' rights was passed, marking a new beginning to treat disability issues as human rights issues (Brown, 2015). By 1996, other legislations such as the Human Rights Commission Act, Equal Opportunity Discrimination Act, the Disability Services Act, and the Disability Discrimination Act were also passed by the US Congress to provide for PWDs without prejudice. The US Department of Education established the National Disability Advisory Council in 1978 as an independent federal agency to advise the President, Congress, and other federal agencies concerning policies, programs, and protocols that affect PWDs (National Council on Disability, 1978/2020, para. 1-2).

## **PART I: Disability History and Models of PWDs**

In this first part of the paper, there are two important aspects to be discussed. First, the author has chosen to introduce the disability history from the British perspective since the United Kingdom by its traditions is a Christian nation, whose monarch is the supreme governor of the Anglican Church of England. It provides the Christian context upon which our understanding of disability history and PWDs will be based. Second, five models of PWDs, i.e., religious, medical, social, rights-based, and media, have been selected for a brief discussion in better understanding the disability and PWDs today.

### **1. A Brief History of PWDs**

Throughout history, PWDs are often neglected by their own communities, hidden away at home from the view of the general public by their families and cursed by many religious or spiritual leaders, strangers and public in general. When they appeared in public or made visible, they are often the subjects (e.g., Joseph Merrick of the Elephant Man's fame who became a travelling exhibit to earn a living; see Howell & Ford, 1980/1992, for a review) of exhibitions (e.g., as freaks at the Barnum and Bailey Circus between 1871 and 2017) and objects of ridicule. In most societies throughout the world, even today, PWDs are dealt with by putting them in institutions, asylums or prisons, and as for women and girls with disabilities, it is considered as socially acceptable to have them sterilized.

In this paper, the author has chosen to use the British disability history as a frame of reference to illustrate the changing landscape that has impacted the lives of PWDs almost close to a millennium. Readers can always choose to use the US historical development of PWDs or any others of their preference. Moving on, according to the *Historic England* (2020), the lives of PWDs are fundamental to the heritage of their community. From the 1100s when leper chapels were built to the 1980s when protests about accessibility to PWDs are inextricably associated to the stories of these people, who are hidden and forgotten as well as those who are well-known. To understand the history of PWDs, the readers are taken on a brief journey through the English history in order to better understand the disability history. The *Historic England* (2020) has divided it into five periods (from the British perspective) and the author of this paper has termed each period as an era with a specific name for easy and quick cross-referencing in the discussion as follows:

### **2. The Five Periods of Disability History**

#### **2.1 First Disability Period: 1050-1485 AD (Medieval Era)**

During the Medieval Era, the leper, the blind, the dumb, the deaf, the mentally impaired, the cripple, the incapacitate and the lunatic were PWDs highly visible in daily living encounters. Born with a disability or caused by a disease (e.g., leprosy), the attitudes towards such people at that time were mixed. Many thought it was a punishment for sin as so believed in the Religious Model of PWDs M-PWDs or for those who were superstitious thought such people were “born under the hostile influence of the planet Saturn” (*Historic England*, 2020, para. 3). There were also those who firmly believed that PWDs were closer to God because they were suffering purgatory on earth rather than after death and would get to heaven sooner. Many PWDs also

made pilgrimages to holy sites (e.g., St Thomas Becket's shrine in Canterbury) to seek a miraculous cure or relief.

At that time, no state provision for PWDs was available. Many of them continued to struggle with their daily living, and they had to live and work in their respective communal circles. Their family members as well as friends also provided them with much needed support. For those who were unable to work, if they were fortunate enough, the folk in the town or village, where they lived, might support them, too. However, sometimes PWDs resorted to begging for money and food as their needs were not adequately met. In most cases, the Catholic monks and nuns, who sheltered pilgrims and strangers, also provided and cared for the PWDs as that was their Christian calling to show compassion and to serve.

Based on the teachings of the Catholic Church in England (the Church of England was formed only after its separation from the Catholic Church in the Vatican City in 1534), caring for sick as well as handicapped (as "disabled" was known then) was considered a spiritual obligation. The Catholic monks as well as nuns had to perform the following seven spiritual deeds as stipulated by their creed: (1) feeding, (2) clothing the poor, (3) housing the poor, (4) visiting those in prison, (5) tending the sick, (6) offering drink to the thirsty, and (7) burial. These spiritual tasks also included counseling and comforting the sick.

It was also during this Medieval Era that religious establishments helped to set up a countrywide matrix of hospitals, e.g., specialized hospitals were created for different conditions such as blindness, deaf, leprosy, and physical handicap. Bedlam was the first mental institution in England built in London. Alms-houses were also founded to provide support and shelter for PWDs and they also took in the elderly infirm.

According to Historic England (2020), it was during the medieval period that people, churches, villages, towns and cities became the pioneering providers of a specialised response to PWDs. Today, only a few of these medieval buildings stand. However, this medieval approach to care for PWDs eventually developed into the present community service system that caters to the needs of PWDs today.

## **2.2 Second Disability Period: 1485-1660 AD (Renaissance Era)**

During this period, beginning in 1531, King Henry VIII (and culminated over the years into a series of Poor Law Acts of 1834) introduced a law to mete out punishment targeted at those who were able-bodied but chose to idle around or not willing to work. The legislation was also designed to define English society's obligations and duties to the destitute, aged, sick or disabled judged unable to look after themselves.

In 1534, the main church in England split from the Roman Catholic Church, after it renounced the papal authority. It was the result of King Henry VIII's failure to secure a nullification of his royal marriage to the Catholic Queen Catherine of Aragon. The English King ordered the dissolution of the Catholic monasteries across the country. As such, religious houses were demolished with the Catholic monks and nuns being driven out. The hospitals in these religious establishments were also destroyed, along with the care service system that had been serving the sick, handicapped, and elderly infirm, and "poverty and a life on

the streets followed this destruction" (Historic England, 2020, para. 2). Four years later, in 1538, a desperate appeal was made to King Henry VIII to re-found the hospitals that were previously shut down by his royal decree. However, very little was done in the next three decades. The poor and needy, the sick and disabled, and the elderly infirm continued to struggle throughout their daily existence. The small Bedlam institution (originally known as Bethlehem Hospital) remained the only organization catering to the mentally sick to survive, and much later, the London Corporation took over the running of the hospital in 1547 and employed its superintendent, the first ever to be qualified in medicine.

During that era, life was tough for everyone and more so for PWDs including the mentally invalid living in their communities. They were treated with astrological, traditional, religious and psychological remedies, usually with no significant improvement. Providing and caring for the PWDs, the poor and needy and the elderly infirm soon became a secular or non-religious obligation, rather than a spiritual obligation or religious matter. Rich benefactors began to fund the buildings for PWDs as well as to enhance their own reputation, rather than to save their souls as the Religious M-PWDs would have preferred. More hospitals were built while the old ones were re-founded and refurbished, with many of them funded by tithes, taxes and contributions from well-wishers and philanthropists. Toward the end of the 16th century, new alms-houses and hospitals were fast emerging everywhere (Historic England, 2020), and it was not in London alone.

## **2.3 Third Disability Period: 1660-1832 AD (Colonialization Era)**

The Colonialization Period (1660-1832) was the era when several European naval powers such as the Portuguese, the Dutch and the English were exploring the new world and beyond their respective shores to set up colonies in those foreign soils to establish their own empires and also to spread Christianity to the natives.

During that era, having to live with disability in England was better than the era before. With PWDs present across all the social strata, ranging from the beggars on the street to distinguished artists, many generally lived in their own homes within their communities. They married as well as supported themselves if they could. There were also those PWDs who received financial help or other forms of support from the better-off. Moreover, people began to question or even challenge the idea that God could cause someone to become mad and disabled. No longer for a PWD who suffered a misfortune was seen as a divine punishment, but s/he deserved charity. Also, more people began to dismiss the idea that madness was a demonic possession of the soul. With better medico-psychological approach, madness was seen as a loss of reason and that it could be restored if treated appropriately.

After the incident of the London Great Fire in 1666, wealthy businessmen helped to rebuild many burnt down hospitals and also build new ones, too. The Bethlehem Asylum under the Royal Charter became first hospital to benefit from the building program. This was soon followed by Chelsea and Greenwich hospitals built for soldiers and sailors, who had been disabled in wars. Private madhouses were also established for those who were suffering from mental distress. However, support for PWDs in terms of

food, money and/or kind remained as an individual's Christian and civic duty, not the duty of the state. The church might provide some relief, but only for the destitute and disabled.

Towards the end of 1800, according to the Historic England (2020), fewer than ten thousand people out of a population of about nine million continued to stay in institutions. However, a new perspective was developing that only people who were different should stay in an institution. With modern specialist facilities available, PWDs and the mentally invalid could benefit from such better-equipped institutions. Life for many PWDs was about to change for the better indeed. In addition, the movement for establishment of charity schools (see Jones, 1938/2020, for detail) to provide free or heavily subsidized education for children from poor families also led to the founding of the first special education schools for the deaf-and-dumb and the blind children. One good example is the Norwich School or Anguish School established in 1617 for poor boys.

#### **2.4 Fourth Disability Period: 1914-1945 AD (The Era of the Two World Wars)**

The period of 1914-1945 is the era when two world wars were fought. The World War I (1914–18) was fought between the Central Powers, which consisted of Germany and Austria-Hungary, and joined later by Turkey and Bulgaria, and the alliance of Britain and its dominions (France, Russia, and others, joined later by Italy and the US). The World War II (1939-1945) was the other international war in which many countries from different continents, involving the past and present colonial powers, gradually led to the formation of two conflicting military alliances, i.e., the Allies (France, Poland, and the United Kingdom, and their respective dependent states, e.g., British India; joined later by the independent Dominions of the British Commonwealth, i.e., Australia, Canada, New Zealand and South Africa; the United States joined in December 1941 after the Japanese attacked its Pearl Harbor; and also in the same year, China formally cooperated with the Allies) and the Axis (Germany, Italy and Japan).

During the World War I, as many as two million disabled British soldiers returned home from the battlefronts. The public attitude began to change, welcoming them back as patriotic champions, who had bravely fought for their country, due to battle scars and bodily injuries sustained in the battlefield. As a result, life for PWDs was about to change again with key advances established in the following areas as listed by the Historic England (2020) below:

- (1) Plastic surgery and prosthetics;
- (2) Treatment approaches involving rehabilitative and psychological activities were used with ex-servicemen who had sustained physical and mental damage;
- (3) Provision of sheltered or supported employment, e.g., the poppy factory established by the British Legion in south London; and
- (4) New housing scheme that includes single cottages and special villages (also known as self-contained colonies or villas) specially built for PWDs who were mainly the disabled ex-servicemen. Each villa could house up to 60 PWDs, male and female as well as children. In each villa, there were “farms, laundries, bakeries,

recreation halls, chapels and mortuaries ... *and* [S]egregation by sex, age and ability was strict” (Historic England, 2020, para. 7). However, the PWDs were isolated from the outside world.

One interesting event that took place during the era of the two wars fought globally is the concept of eugenics – the so-called science of improving the humankind – that became a movement prevalent in the late 19th century and the beginning of the twentieth century. The ultimate goal of eugenics was “to eliminate human physical and mental defects altogether, in order to build a stronger society” (Historic England, 2020, para. 6). Many public figures including evolutionists and atheists agreed with the idea of eugenics. They believed that anyone, who was functionally disabled, mentally and/or physiologically defective, could become a liability or threat to the economic well-being of a country. Hence, PWDs would be segregated from everyone else with the interest to perfect the humankind.

Based on Francis Galton's (b.1822-d.1911) writings (e.g., Galton, 1907, 1909) on eugenics (see Gillham, 2001, for detail), eugenicists advocated for the sterilisation or even euthanasia of PWDs and those who were mentally invalid or morally degenerated to prevent racial deterioration caused by what was believed to be degeneration in the genetic inheritance. In 1930, Sir J.S. Huxley (b.1887-d.1975) of the London Zoological Society, who at that time was the secretary and also the co-founding chairman of the Eugenics Society, asked plaintively: “What are we going to do? Every defective man, woman and child is a burden.” To him, every disabled individual is an economic liability, i.e., additional body the country had to feed and clothe, but in return, they could offer little or nothing (Unwin, 2020).

Not forgetting, too, between 1900 and 1945, more than half a million of children in England suffered physical disability and/or sensory impairment caused by poverty and disease. Children from these working-class families and many were unable to afford high cost of specialist treatment or vaccinations for them. However, there were special schools (also known as open air schools and sunshine homes) set up for children who were crippled, blind and deaf, and/or in poor health. Children with disabilities often ended up doing low-skilled work. In fact, many thought they would never be employed (Historic England, 2020).

#### **2.5 Fifth Disability Period: since 1945 (Post-World War II Era)**

With the World War II ended in 1945, many stories of horror emerged, such as the mass killing of Jews in concentration camps throughout Europe, euthanizing of PWDs in Germany, and the unethical experiments carried out on innocent civilians and prisoners-of-war by the Japanese invaders in the Asia-Pacific region. As a result, the theories of eugenics that had been arguing for the isolation and sterilization of PWDs became increasingly reviled (Historic England, 2020).

With several hundred thousand ex-servicemen and women and civilians left disabled by the warfare, a public concern for these PWDs began to rise. The British government began to provide rehabilitation for all including workers who were made handicapped caused by workplace accidents. According to the Historic England (2020), the Disability Employment Act implemented in 1944 promised

to provide sheltered employment as well as reserved occupations and employment quotas for PWDs. Several initiatives were introduced to help in restoration of mental and physical fitness, mobility, daily living skills, and promotion of positive outlook in life for servicemen and women who had been disabled in war began to extend to the rest of PWDs.

The PWDs did not choose to remain passive or silent. Many campaigning disability charities were formed during the decades of 1940s and 50s. Especially in 1951, a new civil movement began with a silent reproach march of ex-servicemen with disabilities of all kind. Then in the subsequent decades of 1960s and 1970s, other rights movement began to take place in the United States, and they were mainly inspired by PWD groups who demanded action against discrimination of all kinds, inaccessibility and inequality (Historic England, 2020). This is a social rather than medical model of PWDs (see Section 3 of this paper), and it was more concerned with rights of PWDs as members of the society. The issue of accessibility that concerns the barrier-free environment and job opportunities was of paramount importance to them. The PWDs have to make various adaptations to their living and working environments in order to be properly included. The pioneering work of Selwyn Goldsmith (b.1932-d.2011), author of *Designing for the Disabled* (1963), introduced the concept of free accessibility for PWDs. Soon architects and product designers took on the idea to design separate facilities for PWDs and to create buildings and landscapes which everyone with or without disability could use. It was Ronald Lawrence Mace (b.1941-d.1998), an American architect and product designer, who coined "Universal Design" (UD), which emerged from the obstacle-free notion, the movement for wider accessibility, and the adaptive/assistive technology, in seeking to merge these three core considerations with aesthetics. In short, the concept of UD refers to the design of products and services, buildings and environments to make them accessible to everyone, irrespective of age, disability or other factors.

Another interesting event that took place during the early post-World War II was the emergence of the Paralympic Games from a rehabilitation method that was pioneered at Stoke Mandeville Hospital in Aylesbury in 1948. Today, Paralympic Games has become the second biggest event in sports and games in the world. Many previously unknown disabled athletes have become well-known icons that inspire the world in their own right.

Perhaps one uneventful episode during this era is the final closedown of the asylum which had involved many scandals related to neglect and abuse. With the Alexis Jay Report (Jay, 2014) into the sexual exploitation of children in Rotherham (1997-2013), the local authorities summoned the senior officers at Rotherham Council to Westminster to account for the management failures that allowed this abuse to go unreported for many years. A similar investigation into child sexual abuse by Catholic priests and deacons in the United States 1950-2002 was also reported by the John Jay College of Criminal Justice in 2004. As a result, a community care program for PWDs, especially those with learning disabilities and mental health needs, came into existence with tens of thousands of people leaving the long-term hospitals and returning to mainstream communities.

### 3. Models of PWDs (M-PWDs)

There are several known Models of PWDs (M-PWDs) published in the current literature of disability studies and five of them have been selected for a brief discussion in this paper: (a) the Religious model; (b) the Medical model; (c) the Social model; (d) the Rights-based model; and (e) the Media model. Each of these five models has led to several misconceptions about disability with unfair and unjust treatment of PWDs and the stereotypes associated with them. However, this issue will not be covered in this paper.

#### 3.1 The Religious M-PWDs

The communities in the West (i.e., Europe and the Americas) are originally rooted in the Judea-Christian tradition, which often make claims that the roots of understanding bodily differences are referenced in the Bible. In the pre-21st century, ideas and thoughts about disabilities involved two possible explanations: In the first explanation, the view that PWDs were possessed by evil spirits and the devil, or they were works of witchcraft or the subject of God's displeasure. It was believed that PWDs were being punished as such for the sin of their parents or ancestors. This is indeed a very negative portrayal of PWDs. In the second explanation, the view offered is very different. It reflected PWDs as the Suffering Christ. They were portrayed to be angelically pure or above the typical human status. This latter explanation is considerably kinder while the former often leads to the formation of themes, such as sin, undesirability, bondage to the devil, burden and weakness around different communities of PWDs.

These religious stereotypes of PWDs created many misconceptions around the causes of disabilities. However, many changes have taken place in the present millennium with traditional religious values and beliefs being challenged by the emergence of reason and rationality. In addition, legislations and laws have also been introduced and enacted against discrimination in many developed and developing countries throughout the world today.

#### 3.2 The Medical M-PWDs

The pre-21st century Medical M-PWDs had resulted in many instances of unkind discrimination as well as unfair and unjust treatment of PWDs. If human worth was determined by perceived work value, productivity and profitability, PWDs often struggled to work and many could not work, and therefore, they were treated as economic liabilities, and, not surprising, seen as unproductive and incapable. The Medical M-PWDs was closely tied to economy and personal functionality in terms of his/her ability or capacity, and a PWD was often assessed as incapacity or inability. Hence, PWDs in many developing countries and, more so in the under-developed countries, continue to have little or no access to adequate resources and opportunities to study or work. The reason is simple: the problem is the result of limited and narrow mindset concerning the complexity of the multi-faceted concept of disability.

With a change in the perspective of the Medical M-PWDs in the recent decades in the new millennium, institutions, activity daycare centers and community homes for PWDs have been created with the triple-purpose of placement and/or provision of care services: Firstly, family members could go to work while their loved ones with disabilities

are being taken care and provided for; secondly, such centers can provide respite for the family members who have to attend to PWDs 24/7; and thirdly, it can also become a training center where PWDs could become skilled and constructive members of their respective communities.

Given the right opportunity for PWDs to develop useful vocational skills, care for them can take a turn for the better, become less politicized and more professionalized. Also, the full-time staff working at those institutions or centers that provide day care and help services for PWDs will be properly trained, better equipped and licensed as professional practitioners. It should focus on advising, assisting and skilling people – both PWDs and full-time working staff – as well as treating them with respect as assets to the community and not dismissed as an economic burden.

Unlike the previous M-PWDs that defined a PWD as an affected person, the change in the Medical M-PWDs is that it now sees disability as a medico-social problem that affects the whole society and not just of the individual. To change the negative mindset, proper rehabilitation has been infused into the Medical M-PWDs.

### 3.3 The Social M-PWDs

The history of the Social M-PWDs starts with the history of the movement for PWDs' rights – an international social movement (see Bell, 2014, for detail) to secure equal opportunity and rights for every PWD (Bagenstos, 2009). For example, in 1975, the UK-based Union of the Physically Impaired Against Segregation (UPIAS, 1972-1990) (Baldwinson, 2019) claimed that Long (2014) argues that it is society that has disabled people with physical impairment and further adds that disability has imposed the way we perceive impairments and, hence, has unnecessarily isolated and excluded PWDs from full participation in the society. This became known as “the social interpretation, or social definition, of disability” (Fleischer & Frieda, 2009, p.9).

The Social M-PWDs identifies the biased and negative attitudes, constitutional barriers, and intentional or inadvertent social ostracism that have made it tough for PWDs to attain their valued functioning or occupational functionality. This M-PWDs diverges from the Medical M-PWDs that relies heavily on the somatic functionality as if the body were a machine to be mended when it is damaged (e.g., physical injuries) in order to function normally as before or to conform with normative values (Paley, 2002).

### 3.4 The Rights-based M-PWDs

During the decade of 1980's, several countries (e.g., Australia, Canada, New Zealand and the United Kingdom) began to enact legislation that embraced rights-based discourse instead of custodial discourse. Such jurisprudence and enactment sought to address the issues of social justice and discrimination. The implementation of statutes by passing the relevant bills on PWDs in the parliament embraced the shift from disability being seen as an issue of medical problem to members of the community given equal opportunity and fair access to social activities (e.g., employment, education and recreation). There was a paradigm shift in from dependence to independence as PWDs demanded to have their political voice heard and acknowledged.

With the disability activism movement taking place in the

US and the UK, it helped to ensure that legislation passed and entitlements were made available to many PWDs. However, although the Rights-based M-PWDs has contributed to additional entitlements for PWDs, it has failed to change the way in which the disability concept is constructed and perceived. The stigma of a PWD having inferior genes or being regarded as abnormal continues to go unchallenged and the idea of community acceptance of PWDs remains elusive.

The failure of the Rights-based M-PWDs to dismantle the negative concept of disability, which relies on the conceptual construction of what disability is about, in order to support its claims for rights and entitlements. In fact, the Rights-based M-PWDs was more like a political strategy or tool – a way of locking PWDs into some kind of an identity group with a negative connotation. Like many treaties on human rights (e.g., the UN Convention of the Rights of PWDs, which was enacted on 3 May 2008), the Rights-Based M-PWDs is a visionary blueprint in its attempt to transform everyone into a more just people as a compassionate community, but, to paraphrase Theresia Degener<sup>1</sup>'s description: such a noble mission cannot be accomplished within a short time. The implementation of human rights for PWDs should be seen a process involving several agents (e.g., policy makers and politicians) who exert their respective influences and struggling to manage many barriers (e.g., bureaucratic red-tapes and financial budget) (Degener, 2014).

### 3.5 The Media M-PWDs

According to the Media M-PWDs, the mass media continues to reinforce disability stereotypes by portraying disabled individuals in a socially distasteful or unempowering manner (Pirs & Popovska, 2013). In other words, the influence of media on the targeted audience and the present social trends through various media organizations and their paid staffs and biased political propagandas, has significantly contributed to discriminating PWDs by negative reinforcement of disability. In fact, throughout the media history, its creation and underpinning use of disabled stereotypes, the negative influence of organizations or employees, the usage of imagery and terminology in a negative light and the underrepresented PWDs in the media. Shakespeare (1999) has rightly pointed out about disability in movie or television program that disability has become the most emphasized object of impairment and characters with disabilities are objectified and kept a distance from the audience.

A 1991 study done by Paul Hunt (cited in Pirs and Popovska, 2013) has identified 10 stereotypes used by media to portray PWDs: a PWD as a pathetic person; an object of peculiarity or violence; sinister or evil; the super cripple; as atmosphere; laughable; his/her own worst enemy; as a burden; non-sexual; and incapable of participation in daily living activities.

## PART II: The Biblical Perspective on Disability and PWDs

In this second part of the paper, the author has provided a

<sup>1</sup> Theresia Degener, a member of the Committee for the UN Convention of the Rights of Persons with Disabilities, 2011-2018.

brief introduction to Christian perspective on disability and PWDs. It must be emphasized at this juncture that taking a Christian perspective does not necessarily equate to a biblical perspective, and it is often subjected to different theological understandings and interpretations.

### 1. A Brief Note on the Religious M-PWDs

This brings the readers back to the Religious M-PWDs which has been briefly discussed earlier in the first part. The focus of this second part is on two important concepts: first, the concept of *Imago Dei* refers to fundamental concepts: first, the self-actualization of God through His created beings in His likeness, regarded as a level lower than His angels; and second, the concern of God for humankind” (Counterbalance Foundation, 1995); and second, the concept of *Imitatio Christi*, which constitutes the humankind to follow Jesus’ examples in words and deeds (O’Collins & Farrugia, 2004).

### 2. What the Bible says about Disability

Returning to the Religious M-PWDs discussed earlier, it may appear quite difficult to agree on what the Bible says about disability. In the first perspective, especially in the past and even in some superstitious communities today, disabilities in people are often taken to be caused by evil spirits and the devil, the result of works of witchcraft or the subject of God’s displeasure and punishment for the sin committed by the parents or ancestors of PWDs. In the second perspective, however, PWDs perceived as the Suffering Christ have been depicted as being angelically pure or manifesting a meta-human status. Hence, within the context of the traditional biblical understanding and different theological viewpoints on what disability is and who PWDs are, Eiesland (1994) has identified the following three key theological themes in what he has termed as the Disabling Theology (see pp. 73-74):

- (1) Conflation of disability and sin: This belief identifies disability as a form of punishment for a person’s sin or and that spoils the image of divinity (i.e., *Imago Dei*) in humans;
- (2) Disability is perceived as virtuous suffering: It is seen as a form of suffering that must be endured for the purification of sinful nature in order to become righteous, and acceptance of such pain for the sake of unquestioned obedience to God; and
- (3) Disability is regarded as a case of charity and the means for creating justice.

Often most, PWDs do not want sympathy or pity. All they ask or want is to be treated equally and fairly, to have the same opportunities that other people without disabilities have. Moreover, most PWDs do not want to be singled out or treated differently making them feel like social outcasts (Okobokeyeime, 2013). The biggest hurdles these PWDs encounter daily is the way other people see and interact with them (Finch, 2019) and, in this paper, how Christians view and treat them (Govig, 1982; Njoroge, 2001).

In the Old Testament of the Holy Bible<sup>2</sup>, there are those who speculate that God does not value PWDs, and

apparently, He does not accept such imperfect or defective people to be in the spiritual leadership or priesthood, as mentioned in Leviticus chapter 21, verses 17-23 (or Leviticus 21:17-23)<sup>3</sup>:

<sup>17</sup>“Say to Aaron: ‘For the generations to come none of your descendants who has a defect may come near to offer the food of his God.

<sup>18</sup>No man who has any defect may come near: no man who is blind or lame, disfigured or deformed;

<sup>19</sup>no man with a crippled foot or hand,

<sup>20</sup>or who is a hunchback or a dwarf, or who has any eye defect, or who has festering or running sores or damaged testicles.

<sup>21</sup>No descendant of Aaron the priest who has any defect is to come near to present the food offerings to the Lord. He has a defect; he must not come near to offer the food of his God.

<sup>22</sup>He may eat the most holy food of his God, as well as the holy food;

<sup>23</sup>yet because of his defect, he must not go near the curtain or approach the altar, and so desecrate my sanctuary. I am the Lord, who makes them holy.’

However, this is an erroneous interpretation of God’s impartial love and compassion. In Leviticus 21:17-23, its strict concern here is about the Aaronic priesthood, (also see Leviticus chapter 8). The concept of priesthood (and for the principles of priesthood, read Leviticus chapters 8-10) is not new to the Pentateuch, which consists of (i) Genesis, (ii) Exodus, (iii) Leviticus, (iv) Numbers, and (v) Deuteronomy, in the Old Testament (OT) (Deffinbaugh, 2014) in the Holy Bible. It was in Sinai that God designated only Aaron, who was of the Levi tribe, and his sons to be priests (see Exodus 28:1). The remaining Levites were to assist Aaron in the work related to the Tabernacle and also to take care of its paraphernalia (see Numbers 3:5-10). In other words, the Aaronic priesthood (or Levitical priesthood) strictly refers to the lineage of Aaron and his male offspring within the Levi tribe; the remaining Levites were designated as Aaron’s assistants. The priestly work involved the following tasks:

- (1) Offering the sacrifices on behalf of the community of Israel in the morning and evening (Exodus 29:38-44);
- (2) Attending to the paraphernalia of the Tabernacle that include, for example, altar of incense and bread of the Presence) (Exodus 27:20-21, 30:7-8; Leviticus 24:5-9);
- (3) (a) Inspecting unclean persons, and (b) when warranted, declaring them clean (Leviticus 24:13-14);
- (4) Teaching God’s Law to the Israelites; and
- (5) Administering justice under God’s Law (Deuteronomy 17:8).

As a group, the Aaronic priests anticipated or foreshadowed the coming of the High Priest, who is the Perfect and Sinless One, who is called Jesus Christ. As

<sup>2</sup> All biblical verses quoted in this paper are taken from the New International Version (NIV) of the Holy Bible, unless otherwise stated.

<sup>3</sup> All subsequent biblical verses will be presented in this way: Name of the Book taken, Chapter and Verse(s) quoted.

stated in Hebrews 7:24-27 in the New Testament as follows:

<sup>24</sup>but because Jesus lives forever, he has a permanent priesthood.

<sup>25</sup>Therefore he is able to save completely those who come to God through him, because he always lives to intercede for them.

<sup>26</sup>Such a high priest truly meets our need – one who is holy, blameless, pure, set apart from sinners, exalted above the heavens.

<sup>27</sup>Unlike the other high priests, he does not need to offer sacrifices day after day, first for his own sins, and then for the sins of the people. He sacrificed for their sins once for all when he offered himself.

Only Jesus Christ fits the profile of the Perfect and Sinless One – the High Priest – who came to the world to die for humankind. Hence, no longer is there a need for physically perfect priests. The General Council of the Assemblies of God (GCAOG, 2000) has stated clearly that, putting aside all the restrictions imposed on priests, who are imperfect due to their disabilities, and moving forward, they are still priests whose every need has been taken care by the divine command: “He may eat the most holy food of his God, as well as the holy food” (Leviticus 21:22). According to the official statement issued by the GCAOG (2000) addressing the issue of PWDs, it states that “God imparts ability, and He knows about disability because He at least allows it. God could have said to Moses<sup>4</sup> (see Exodus 4:11) what He later said to Paul: “My grace is sufficient for you, for My power is made perfect in weakness” (2 Corinthians 12: 9).

In the biblical times, PWDs were rarely fully-functioning members of society. Jesus' response to disability (e.g., Matthew 9:36, Mark 1:41) was often to be “filled with pity” (the phrase as used in Good News Translation/GNT) or “moved with compassion” (used in New International Version/NIV), and then He reached out to touch and heal them. For example, as described in the gospel according to Matthew 9:36 and 14:14 below:

<sup>NIV 9:36</sup> But when he saw the multitudes, he was *moved with compassion* on them, because they fainted, and were scattered abroad, as sheep having no shepherd.

<sup>GNT 9:36</sup> As he saw the crowds, his heart was *filled with pity* for them, because they were worried and helpless, like sheep without a shepherd.

<sup>NIV 14:14</sup> And Jesus went forth, and saw a great multitude, and was *moved with compassion* toward them, and he healed their sick.

<sup>GNT 14:14</sup> Jesus got out of the boat, and when he saw the large crowd, his heart was *filled with pity* for them, and he healed those who were ill.

Apparently, these verses support the Medical M-PWDs, where a disabled needing help came to seek some form of treatment. The awesome healing power of God in the manifestation as Jehovah-Rapha (i.e., “God who heals” in Hebrew) can be found in the Holy Bible and here are four examples (Malu, 2020, para. 9): “sickness and infirmity (Psalm 41:3); healing from mental suffering (Jonah 2:5-7); spiritual fatigue (Psalm 23:3); emotional suffering (Psalm 147:3); and anxiety (John 14:27).” Interestingly, Xie (2018) has also argued that the earliest record about autism is during the biblical times around 30-32 AD (see Mark 9:17-29) and Jesus explained to his disciples that healing for it “can come out only by prayer (and fasting)” (Mark 9:29). Xie and Chua (2020) have also delved deeper into what is perceived as clinical depression<sup>5</sup> experienced by King David when his third son, Prince Absalom, led a rebellion against his reign. The authors described the king's condition transitioning from a sense of helplessness to a sense of hopelessness (see Psalm 6:1-7). Only through the help of Jehovah-Rapha that the king was able to cope his emotional suffering.

God as the Healer (Jehovah-Rapha) found in the OT as is provided in following selected three examples:

- Psalm 103:2-3 (OT) – Praise the LORD, my soul, and forget not all His benefits – who *forgives all your sins and heals all your diseases*.
- Isaiah 30:26 (OT) – The moon will shine like the sun, and the sunlight will be seven times brighter, like the light of seven full days, when the Lord *binds up the bruises* of His people and *heals the wounds* He inflicted.
- Hosea 6:1 (OT) – Come, let us return to the LORD. He has torn us to pieces but He *will heal us*; He has injured us but He *will bind up our wounds*.

According to Kalu (2020), the prophet Isaiah of the OT foreshadowed the healing ministry of Jesus (see Isaiah 61:1) and it was also confirmed by the Apostle Matthew (see Matthew 8:17) in the New Testament (NT). In the NT, Jesus is known as the Great Physician (see Mark 2:17). Moreover, the four gospels in the NT have recorded several healing miracles Jesus had performed during His short three-year ministry on earth, as given in the following three examples:

- Matthew 8:1-4 (NT) – when Jesus healed a leper; in verse 3: Jesus reached out his hand and touched the man. “I am willing,” he said. “Be clean!” Immediately he was *cleansed of his leprosy*.
- Mark 2:5-12 (NT) – when Jesus forgave and healed a paralyzed man; in verse 5: When Jesus saw their faith,

<sup>4</sup> Moses gave God his excuses why he was not the person to lead the Israelites out of Egypt. “The LORD said to him, “Who gave human beings their mouths? Who makes them deaf or mute? Who gives them sight or makes them blind? Is it not I, the LORD?” (Exodus 4:11)

<sup>5</sup> Also known as major depressive disorder, it is “a mental disorder characterized by a persistently depressed mood and long-term loss of pleasure or interest in life, often with other symptoms such as disturbed sleep, feelings of guilt or inadequacy, and suicidal thoughts” (Oxford University Press, 2020).



he said to the paralyzed man, “Son, your *sins are forgiven.*”

- John 11:41-44 (NT) – when Jesus raised Lazarus from the dead; in verses 43-44: Jesus called in a loud voice, “*Lazarus, come out!*” The *dead man came out*, his hands and feet wrapped with strips of linen, and a cloth around his face. Jesus said to them, “Take off the grave clothes and let him go.”

Kalu (2020) pointed out that the healing ministry of Jesus has incorporated the qualities that Jehovah-Rapha bestowed upon the Israelites of the OT, i.e., healing from physical ailment as well as spiritual healing through forgiveness (see James 5:14-16). Today, Christians call on Jehovah-Rapha to heal them of physical ailments and to redeem them from sin. Christians firmly believe in the cleansing power of the Great Physician, Jesus Christ, when He was crucified on the cross, they can rise again or resurrect from their old sinful selves as new beings in the eternal fellowship with God (Kalu, 2020). As highlighted by Morris (2008), the words of Jesus sum up neatly a positive perspective on disability: “I have come that they may have life, and have it to the full” (John 10:10).

### 3. Understanding People with Disabilities from the Concept of *Imago Dei*

According to Morris (2008), like all other human beings, PWDs also reflect the image of the Creator God, and that means in likeness, or similarity, to God (Christianity.com, 2020). The diverse disabilities of PWDs do not, in any way, distort God’s image any more than anyone else simply because their bodies or minds do not conform to what society has defined as normal. By acknowledging this reality, it serves to remind Christians that PWDs should be accorded a full status and not lesser of being human. In this regard, Morris (2008) argued that every PWD, in his/her uniqueness, deserves the respect and love shown to anyone or anything that bears the mark of the Creator, i.e., *Imago Dei*.

What is *Imago Dei*? This term comes from the Latin Vulgate edition of the Holy Bible. It has been translated to English: “image of God.” As a theological term, its unique application to humans, denoting the unique spiritual relationship between God and humankind. Its longer definition refers two most fundamental concepts: first, the self-actualization of God Almighty through humankind; and second, the loving concern of God for humankind (Counterbalance Foundation, 1995). In other words, *Imago Dei* is a metaphysical expression that is associated uniquely to humankind, signifying the symbolical connection between God and the human beings who He had created (Christianity.com, 2020). The phrase *Imago Dei* can trace its origin back to Genesis 1:26-27, as follows:

<sup>26</sup> Then God said, “Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground.”

<sup>27</sup> So God created mankind in his own image, in the image of God he created them; male and female he created them.

The two verses from Genesis do not imply that God is in the form of human, but that human beings are created in His divine image with the triangulated moral-spiritual-intellectual essence (Counterbalance Foundation, 1995). In other words, the humankind reflects the divine nature of the Creator God enabling them to achieve the unique characteristics that they have been blessed. Such qualities make humans special and different from all the other God’s creatures: logical thinking, creativity and imagination, freedom of choice, self-awareness, and the capacity for self-transcendence” (Christianity.com, 2020, para. 3).

According to Handoyo (2020a), the biblical fact that God had created humans in His divine image should empower Christians in their understanding of themselves as well as PWDs in the following five ways: “Firstly, with *Imago Dei*, we are higher than any other living creatures in this planet ... but we are created just a little lower than angels (see Psalm 8:5)” (para. 9). He further argued that “we should not degrade ourselves in our behaviour and morality. Animals do not have intellect and logic like us thus their behaviours are based on the instinct they have ... Human beings have the same instinct too but our logic can control our bodily instinct” (Handoyo 2020a, para. 10). Secondly, with *Imago Dei*, Christians should never lose hope even when they encounter hurdles in their lives, such as difficulty, failure and rejection. With God’s image in them, they can overcome life’s challenges. Thirdly, with *Imago Dei*, Christians “are given authority to subdue the world and to have dominion over all living creatures on this earth” (see Genesis 1:28) (Handoyo, 2020a, para. 13). That, of course, includes viruses with the current problematic coronavirus in the Covid-19 pandemic, which are considered as living things, which humankind will develop a vaccine to bring them under control soon. Fourthly, “with *Imago Dei*, we should empower others who are marginalised and disadvantaged in the society and that includes people with disabilities. The reason is that regardless of their disabilities, they are also created in God’s image” (Handoyo, 2020a, para. 15). God uses PWDs for His glory. He allows some people to be disabled so that His awesome love will be shown to all of His creatures and to empower us to imitate His love” (Chery, 2020, para. 2). According to Chery (2020), God uses PWDs to teach us spiritual lessons and also to accomplish His purposes in and through us ... for “My (God’s) ways are higher than your ways and My thoughts than your thoughts” (Isaiah 55:9). For instance, Nick Vuijic, an Australian evangelist, was born with a rare disorder known as tetra-amelia syndrome characterized by an absence of limbs, but God has used him to inspire millions of people and also to advance His Kingdom (see Vuijic. 2010, for detail). There are also many other good people, such as Mother Teresa and Father Damien of Molokai, ministering to the poor and needy, the hungry and naked, the homeless, the blind and deaf, the lepers and other diseased, the unwanted, unloved, uncared and abandoned by their own communities ... throughout their lives (see Escobar, 2020, for detail on Mother Teresa). They have been called by God to cater and to empower those have been marginalised in the society. “Because of their dedication, those with intellectual disabilities, those who are destitute, the orphans, jobless and hopeless in the society have their dignity back as human beings who bear

God's image" (Handoyo, 2020a, para. 15). Finally, Handoyo (2020a) emphasized that "with *Imago Dei* in us, let's be a problem solver rather than a problem maker wherever we are ... because ... [P]roblems are inevitable in workplaces, at home, schools and anywhere" (para. 16).

The Christianity.com (2020) summed it up very nicely when it stated that for humans to be with *Imago Dei*, it is important to recognize that human nature possesses the special qualities allowing God to manifest in them and develop in them the conscious recognition that they are His creature through whom His divine plans and purposes will be revealed and actualized. In this way, humans are seen as co-creators with God. The moral implications of *Imago Dei* are very obvious: if humans are to love God, they must also love other fellow humans. Each of them has become an expression of God. The humans in God's likeness is best understood by comparing with what does not portray His divine image. Therefore, in striving to establish *Imago Dei* in one's life, it becomes a quest for a holotropic self through Christ's life and His teachings. This takes us to the next concept of *Imitatio Christi*, which will be elaborated in the next section below.

#### 4. Understanding the People with Disabilities from the Concept of *Imitatio Christi*

*Imitatio Christi* (i.e., Imitation of Christ) refers to the attempt to live and act as Christ lived and acted during His 33 years on earth. The ideal of *Imitatio Christi* constitutes an essential constituent of Christian theology including ethics and spirituality (Jestice, 2004; Richardson & Bowden, 1983). References to this concept and its practice can be found in the many earliest Christian letters or documents, e.g., the Pauline Epistles (Jestice, 2004).

A Christian devotional book of the same title *The Imitation of Christ* was written by Thomas à Kempis, "first composed in Latin as *De Imitatione Christi* (ca. 1418–1427)" (Miola, 2007, p. 285). Although the authorship remains controversial even until today, whoever the author was, he is believed to be a member of the [devotio moderna](#) (q.v.) movement, of which Kempis was, and "its two offshoots, the Brethren of the Common Life and the Congregation of Windsheim" (Encyclopedia Britannica, 2020, para. 1). Interestingly, the text can be sub-divided into four books providing spiritual instructions in detail. These four books are (1) Counsels on the Spiritual Life; (2) Directives for the Interior Life; (3) On Interior Consolation; and (4) On the Blessed Sacrament. The *Imitatio Christi* takes an approach that is characterized by the emphasis on the inner life as well as physical and spiritual retreat from the world, as opposed to an active *Imitatio Christi* by other friars (Espín & Nickoloff, 2007).

Handoyo (2020b) has argued that it not possible for Christians "to imitate Christ perfectly while we are living in this world due to the sinful nature which is inborn in us but to be Christ-like should be the goal of our lives" (para. 6). Jesus has demonstrated Himself during His short three-year ministry on earth to His followers how they should imitate Him with the help of the Holy Spirit. Handoyo (2020b) expounded the concept of *Imitatio Christi* in the following three points: First, Christians should imitate Jesus' humility without the need to be an angel to be

humble. Humility is not beyond our reach. "Even those who do not have the Holy Spirit can humble themselves. How much more we are believers who have the Holy Spirit living in us, so we should be able to imitate Christ's humility" (Handoyo, 2020b, para. 7). Apostle Paul has described Jesus' humility perfectly as follows: "In your relationships with one another, have the same mindset as Christ Jesus, who, being in very nature God, did not consider equality with God something to be used to his own advantage; rather, he made himself nothing by taking the very nature of a servant, being made in human likeness" (Philippians 2:5-7). Practically, according to Handoyo (2020b), to be humble can be expressed in the way Christians treat others: consider others including PWDs more important than them (see Philippians 2:3), respect others (see Romans 12:10). "Being humble can also be in the form of willingness to acknowledge our mistakes ... instead of putting the blame on others when something bad happened because of our actions ... in the form of willingness to listen to others rather than others must listen to us (see James 1:19). The list can go on and on" (Handoyo, 2020b, para. 8). Second, Christians are encouraged to imitate Jesus's obedience to His Father. Philippians 2:8 says, "And being found in appearance as a man, He humbled Himself by becoming obedient to death – even death on a cross!" Jesus' obedience to the point of death on the cross, as explained by Handoyo (2020b), shows that Jesus has obeyed and yielded Himself totally to His Father despite all authorities being given to Him (see Matthew 28:18), during His earthly ministry, with the exception that only His Father held the authority above Him and hence, Jesus humbly submitted Himself to die on the cross. Third, Christians are reminded to imitate the love of Jesus and His compassion to all the people, including PWDs. As recorded in the four gospels in the NT, Jesus heals the sick, feeds the hungry, receives the marginalized, forgives the sinners, and finally, He gives His all to even those who reject Him. Handoyo (2020b) firmly stressed that "Jesus walks the talks; He practices what He preaches. His practical ministries are in line with His doctrinal teaching. Jesus shows His faith by His works" (para. 11). Apostle James elaborates what it means having faith with works (see James 2:14-17); "[I]n the same way, faith by itself, if it is not accompanied by action, is dead" (James 2:17).

Handoyo (2020b) has argued that the above list of examples of *Imitatio Christi* is still incomplete with many more to identify in terms of Jesus' selfless examples that all can imitate (e.g., His gentleness). By putting *Imitatio Christi* into practice, others, especially the non-believers, may see Christ in His followers. What Jesus has demonstrated in terms of His selfless values during His ministry on earth are attainable with God's empowerment through the Holy Spirit. A Christian's *Imitatio Christi* is never perfect, yet even a little imitation can encourage others to come to know Him. God does not call His people to love Him only but also to show love to their neighbors, and these include also PWDs and the less fortunate others (see Mark 12:30-31).

#### Conclusion

Between the concepts of *Imago Dei* and *Imitatio Christi*, there remains so much to be explored. There are two key

underlying lessons to acquire from this paper. Firstly, *Imago Dei* is in all people, i.e., created in God's divine image. Therefore, everyone possessed the intrinsic value, not relying on what s/he can do or offer, but on who s/he is. Whether one is with or without disability, s/he remains as part of God's divine creation. With the fall of man through Adam and his wife, Eve, through the sin of disobedience and being cast out of the Garden of Eden (see Genesis 3:1-24), the humankind has inevitably tarnished the image of God. The consequence was followed by suffering (e.g., sickness, disability, anxiety and depression, to name just a few) and eventually, death. This become the greatest weakness of humankind. However, Apostle Paul explained, "But He [Jesus] said to me, 'My grace is sufficient for you, for My power is made perfect in weakness.' Therefore, I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong" (2 Corinthians 12:8-10). The last sentence is also echoed in Joel 3:10, "Let the weak say, 'I am strong.'" Secondly, with Jesus' earthly ministry as an outreach to humankind and, more importantly, to redeem the world from the bondage and condemnation of sin, He has set the precedent for the Christians to abide by God's calling to do within their own means and in *Imitatio Christi*: "Do not withhold good from those to whom it is due, when it is in your power to act" (Proverbs 3:27). The calling to Christians – "[F]or *they* are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for *them* to do" (Ephesians 2:10) – to play the role of disability advocates is to carry on Jesus' work so that all people, especially PWDs, will experience the warm welcome to Christ and His Church and be encouraged to use their giftings in His ministry (DeYoung & Stephenson, 2009).

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