Christian Social Constructions of Disability: Adults with Intellectual Disabilities

Jeff McNair and Tammy Soper

Abstract

Adults with intellectual disabilities who attend a Christian church were interviewed. The 56 respondents answered questions related to social constructions of disability and church participation. Social constructions (being an angel, being a hero or having something special to do) were reflected in their responses. Additionally, they do not condone abortion of babies with disabilities. Nearly all were Christians and felt they were a part of their church. About half indicated their disability made them sad and most had prayed to be healed of their disability although only a third felt that people with disabilities had a poor quality of life.

Keywords: social constructions of disability, church participation, intellectual disability, abortion perceptions

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It is arguable that people with intellectual disabilities are routinely excluded from typical life experiences that many citizens take for granted (Wolfensberger, 2000). Most citizens go about their lives without thinking about the socially constructed manner in which they may be perceived by others. This is not the case for many individuals with disabilities and their families, who may feel constantly judged by those around them. Whether this is due to a child with autism’s meltdown or the use of a special parking spot by a person with a hidden disability, these judgments are based upon how people have come to understand the identity of people experiencing disability. These perceptions come at times through personal experience and at times via the manner in which they have been socialized.

This study is the third of a three-part series investigating Christian social constructions of disability. The previous studies interviewed adults who attend churches (McNair, 2007) and church leaders (McNair & Sanchez, 2007). This project examines the perspectives of adults who have intellectual disabilities and attend a church with a disability ministry.

The American Association on Intellectual and Developmental Disabilities (AAIDD, 2010), states, “Intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior expressed in conceptual, social and practical adaptive skills. This disability originates before age 18” (p. 1). There are an estimated eight million people with intellectual disabilities in the United States (aamr.org, n.d., FAQ).

Social Constructions
A social construction is a conscious or unconscious consensus about something that results in social behaviors within a society (McNair & Sanchez, 2007). Understandings about groups of people or people with particular characteristics within societies are not the same in all societies. Rather, the “social constructions of a society present ideas which may appear to be natural and obvious to those who accept them, but in reality are essentially created by the culture or society” (McNair & Sanchez, 2007, p. 37).

Every society, for example, will have socially constructed ideas about people with disabilities that may be positive or negative and differ significantly from one society to another. The way people understand and relate to people with disabilities may be determined by how disability is socially constructed by the society in which they live. For example, people with disabilities have been considered a blessing or an “angel unaware” (Rogers, 1953). At times, parents are told they are blessed by God because He gave them a
child with a disability because He believed they could “handle it” (Weisner, Beizer & Stolze, 1991). People with disabilities have also been considered negatively. Wolfensberger (1972) suggests that people with disabilities may be seen as subhuman, or as an object of dread, pity, or ridicule.

When a child is born with a disability, constructions may cause societal members to wonder, “Who sinned?” (John 9:2). This reflects what has become known as the moral model of disability and implying that disability is a punishment from God. People experiencing a disability may be seen as needing to be “fixed,” reflecting a medical model of disability. Others feel that the social effects of disability are most difficult, reflecting a social model of disability in that much of what has become known as “disability” is actually socially imposed (Shakespeare & Watson, 2002).

Social constructions of disability also change through the years. In America, for example, people with intellectual disabilities have been seen as simpleminded people within the community, then as a public threat, then as sick and useless, resulting in their being institutionalized and kept away from society (Rice, 2002). That people with a particular characteristic could at one point be considered a significant threat and then later be considered sick and useless should indicate how a particular human characteristic can be perceived in wildly divergent ways based upon impressions rather than reality. More recently, people with disabilities have been released from institutions and given the opportunity to live with family, in group homes, or on their own. Many have developed skill in self-advocacy. Increasingly, people with the typical human characteristic of disability are being seen as just people.

In 1972, Wolfensberger argued that negative attitudes are in part due to deviant roles to which people with disabilities are relegated. He wrote that “a person can be said to be deviant if he is perceived as being significantly different from others in some aspect that is considered of relative importance, and if this difference is negatively valued” (p. 13). People with deviant roles are described as subhuman, a menace, an object of dread, a holy innocent, a diseased organism, an eternal child, or an object of pity. When people with disabilities are relegated to these deviant roles by society, people treat them in a manner concomitant with those perceptions. When people with disabilities are demeaned, it is easier for society to inflict these kinds of wounds upon them: relegation to low social status, rejection, loss of control, loss of relationships, exclusion from knowledge/religious groups, and being objects of brutalization among others (Wolfensberger, 2000).
Wolfensberger (1994) suggested that the decline of a society’s civic virtues will increase the negative treatment of those who are different or devalued. He described how people may find it difficult to live together in reasonable harmony when citizens are focused on themselves, are focused on obtaining material things, and when people’s value is based on the benefit or the cost of dealing with them. These attitudes may entice people without evident disabilities to devalue or even kill those who are dependent on others for their care, such as the very young, the very old, or those with disabilities.

Recently, the Washington Post (Stein, 2005) reported that Down syndrome can be detected in the first trimester of pregnancy. This early diagnosis gives mothers more opportunities to abort their babies who may have Down syndrome, as it is reportedly safer to have an abortion during the first trimester rather than the second when Down syndrome was typically detected in the past. This may in part encourage mothers to abort those babies at the observed 80-90 percent rate, believing there are fewer complications (Lopez, 2005). In the 11th edition of the AAIDD Definition Manual (AAIDD, 2010), a distinction seems to be made between abortion and “preimplantation genetic diagnosis, which involves in vitro fertilization and growth of multiple embryos prior to implantation in the uterus” (p. 126). A brief description of this procedure is provided with the concluding statement, “This procedure can effectively prevent the birth of individuals with certain genetic conditions without requiring the selective termination of pregnancy” (p. 126). Although the means are different, the ends seem to be the same. The manual claims to do little for the “increasingly polarized debate” than “acknowledge that it exists” (p. 126). However, language indicating the procedure works “effectively” implies a level of support for the procedure and this is from one of the premier intellectual disability organizations in the world. Thus, the field itself, in part, supports the “prevention” by abortion of the lives of those they claim to value. It would appear that constructions about who people with Down syndrome are, inform the notion that selective abortion is an acceptable practice so that those affected do not “suffer.” The phrase that someone is “suffering from Down syndrome” is often heard in the media. If they are actually suffering, they may be suffering from the social consequences of being a person with Down syndrome in a society that constructs those with the syndrome negatively (Reinders, 2000). It would be interesting to provide people with disabilities, those with Down syndrome
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or other intellectual disabilities, an opportunity to have a voice, to express what they believe on the issue of abortion of infants with disabilities.

Social Constructions Within Churches
What are social constructions of disability evidenced in churches today? McNair and Sanchez (2007) found that church leaders agreed “people with disabilities were created in the image of God, that persons with disabilities are not already saved by virtue of their disability, and that persons with cognitive disabilities have the ability to make a commitment to Christ” (p. 46). McNair (2007) also found agreement among church attendees that people with disabilities are created in the image of God. These ideas are not necessarily informed by personal experience but rather based upon the biblical narrative about who all people are. If people with disabilities are constructed as being created in the image of God by church leaders and church attendees (reflecting the biblical narrative), then one would think there might be more opportunities for people with disabilities to be included in their local church.

Churches have the potential to influence the way people with intellectual disabilities are understood by actively inviting them to church as well as working to integrate them and their families once they are there. Miller (2005) suggests, “The church needs to be at the forefront of coming alongside and partnering with these families” (p. A8). Intentional welcoming of people with disabilities and their families into the church family would alter the way people with disabilities are socially constructed within the church and perhaps the larger society. McNair (2010) writes, “The benefits of valued and devalued people being together is arguably one of the most important foci of religious education because of the changes that occur in the lives of both groups” (p. 195).

People judge others consciously or unconsciously, either positively or negatively, with judgments rarely being neutral. Judgments may grow out of the social constructions that assist in interpreting people’s experiences as well as the groups in which they are members. Our society values beauty, intelligence, wealth, health, and independence. Those who do not evidence these qualities are not as valued as those who do. Others who are likely to be devalued are also those who are impaired in some way or vulnerable, including people who are very old or very young, fetuses, newborn babies, and those with mental and physical disabilities. Society devalues these people by keeping services from them, giving them little say in their own
lives, and allowing them few possessions. Sometimes these people even experience rejection by their families and those who say they are their friends. Those who are devalued “are given a role identity that confirms and justifies society’s ascription of low value or worth to the person” (Wolfensberger, 1998, p 28). Wolfensberger (2000) refers to these experiences as wounds.

One of the wounds (Wolfensberger, 2000) is that people may be excluded from knowledge and participation in higher order value systems and spiritual life. People with disabilities may be excluded from churches simply by a lack of action. People with disabilities want to participate in their local churches, and they are waiting at home to be invited (McNair, 2005). The church will go across the world to share the gospel, but not next door to invite a disabled person to church.

Miller (2006) observed that many churches do not reach out to people with intellectual disabilities because they believe it will cost too much money, people with disabilities will disrupt the service, and they are going to heaven anyway. Miller quotes Gloria Hawley, a mother of two developmentally disabled adults, who states about people with disabilities “they are fully human, they have precious souls with dignity and worth. They are pertinent to God’s plan” (p. A8).

The church can work to improve how it values people with disabilities simply by inviting them to church and helping them develop relationships that Minton and Dodder (2003) suggest grow out of shared beliefs and experiences. They suggest that participation in religious experiences may even improve the health of people with disabilities as well as provide the opportunity to serve others within the church.

Miller (2005) suggests that parents of children with disabilities benefit from a foundation of faith that helps them work together to care for their children. Support from the church congregation includes acceptance and support of the child as well as the family. Religion has helped some parents’ responses to their child who has a disability, while other parents say that having a child with a disability has driven them away from their religion (Weisner et al., 1991). Weisner et al. report that religious families have more support systems within their families and churches, as well as increased positive coping skills.

McNair and Sanchez (2007) point to church leaders’ feelings that people with intellectual disabilities have the ability to make a commitment to Christ. If so, one would think church leaders would recruit them to attend
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church, with their families or alone. Shogren and Rye (2005) found the majority of the people with intellectual disabilities they interviewed indicated that religion was important in their lives. The same study indicated “religion was one of the most frequent activities in the participants’ lives, falling only behind watching television, riding the bus, eating out, watching videos, and listening to music” (p. 43). They also reported that participation in religious experiences increases positive social and personal values as well as opportunities to interact with people in the community.

However, even when people with disabilities are welcomed into the church, they tend to have limited interactions outside of church meetings by way of phone calls and visits (Minton & Dodder, 2003). Cones (2007) challenged the Catholic Church to include people with disabilities in church activities. Even though the church is involved with groups such as the L’Arche communities and Special Religious Development (which provides catechism for people with disabilities), they are still limited in the activities provided for people with intellectual disabilities. “We Catholics talk a great game when it comes to valuing every human life but can easily drift into the habit of building our church around what is ‘normal’” (Cones, 2007, p. 50). Turner, Hatton, Shah, Stansfield, and Rahim (2004) found that the people with intellectual disabilities they interviewed knew what denomination they belonged to, indicated that they loved God, prayed to God, and watched religious television. Yet only seven of 19 participants actually belonged to a specific church, because their church was too loud, they could not hold the rosary beads correctly, or they could not get to church. This implies that people with intellectual disabilities have an idea of what is expected of people who attend their churches but perhaps feel unwelcome.

McNair (2005) suggests that Christians do not feel the need to include people with disabilities in their churches even though the Bible describes Jesus as seemingly continuously with people with disabilities. Although people with disabilities possess the same dignity as people without disabilities, they have different abilities and needs. Even so, they want to be included and have friends. McNair (2005) writes that as the church begins to include people with disabilities, they will become less of a mystery or less threatening than when they were unknown. Social constructions may even be replaced with reality.

But “if people with disabilities are not present in church settings in the numbers reflecting percentages in the community, then programs,
policies, and structures have developed that have caused them to some-
how not be present” (McNair, 2008, p. 7).

Procedure
For our current study, participants were self-selected from those who
attended a church with a disability ministry. All members from the group
in attendance at the time the researchers visited the Sunday school class
were invited to participate. Potential participants were told that “there are
some people visiting who would like to ask you some questions. If you
would like to answer the questions they will give you $5.00, whether or
not you answer all the questions.” Each participant was then asked if he or
she wanted to participate. The researcher asked the first question. If the
potential participant was unable to answer the question, he or she was
told, “Thank you,” given five dollars, and dismissed from the interview
until all had been interviewed. The researchers interviewed each partici-

dant individually, read the questions to the participant, and marked the
participant’s answers on the survey form.

Consent and Interviewing
Before a person with intellectual disabilities could be interviewed, the par-
ticipant had to give consent. Each participant needed to be able to commu-
nicate a choice; the lack of an answer was not to be considered consent
(Fisher, 2002). Van Norman (1999) states that the participant must be able
to receive and understand information about the study as well as the pos-
sible consequences and then be able to choose based on that information.

The desire of people with disabilities to be liked and included may be
an issue when interviewing. Participants may acquiesce, wanting to answer
the questions being asked “correctly” so the researcher will like them. Kilsby
et al. (2002) broadly define acquiescence as “the tendency to reply to a ques-
tion affirmatively, regardless of the content” (p. 288). Sigelmen, Budd,
Spanhel, and Schoenrock (1981) similarly describe the tendency to “say yes
when in doubt” (p. 54). Surveys must therefore be created in order to ask
questions basic enough that they are understandable but not at such a low
level that participants feels as if they are being treated in an age-inap-
propriate manner. Yes and no questions are easy for researchers to ask people
with disabilities. Even those who are nonverbal can shake or nod their heads or
even use an eye gaze of up or down to answer the questions. Questions
requiring a long and drawn out answer may well be more difficult.
Interviewing people with disabilities and then reporting what they say enables them to have a voice about issues important to them. Reinders (2008) supports Hauerwas (1994) when he describes the need to write with and for people with disabilities rather than “about” them. Reinders suggests that simply writing about people with intellectual disabilities is not enough if one really cares for them. Hauerwas suggests that “if you care, you write ‘with and for’ them. But in order to write ‘for’ them, you need to know such people” (p. 179).

**Instrument and Findings**

The format of the survey included yes or no and short answer questions. The survey asked participants their age, along with a variety of questions created using the information from the previous two surveys by McNair (2007) and McNair and Sanchez (2007). Data collected from the survey were analyzed using the Statistical Package for the Social Sciences (SPSS). A basic frequency analysis was completed.

Adults with intellectual disabilities over age 18 were interviewed from four southern California churches offering disability ministry. A total of 56 people participated. The minimum number of participants per church was five; the maximum was 27. Fifty-four percent of the participants were male and 46 percent were female. The mean age of participants was 39 years. Because the leadership of the ministries identified potential participants, only five people were unable to answer questions. Those responses were not included in the analysis. One participant was discovered to be under age 18, and thus her responses were not used.

The interview began by asking participants if they were Christians and if they believed they were part of their church. Ninety-six percent of participants said they were Christians and 2 percent said they were not. Ninety-four percent of participants said they felt they were a part of their church; 6 percent said they did not know.

The first group of questions provided the options of yes, no, or “I don’t know.” When asked if people with disabilities have a poor quality of life, 33 percent said they did have a poor quality of life and 56 percent said they did not. Forty-nine percent of participants said their disability made them sad, and 37 percent said it did not. Participants were asked if they had ever prayed to God to heal them of their disability; 74 percent said yes and 24 percent said no.
When asked if they were heroes because they had a disability, 60 percent said they were and 26 percent said they were not. Regarding whether God gave them a disability because there was something special for them to do, 72 percent of the participants said yes and 16 percent said no. When the participants were asked whether they were angels because they had a disability, 56 percent said they were and 34 percent said they were not.

Participants were then asked if parents should abort babies who are known to have disabilities, to which 86 percent of the participants said no and 14 percent said yes. Asked whether they would want to have a baby who had the same disability as themselves, 39 percent of the participants said yes and 59 percent said no.

When the participants were asked to “tell me something you like about your life” the answers varied. They most commonly responded with activities (56 percent), such as shopping, playing games, bowling, and exercising. This was followed by 18 percent of participants who listed their family and friends. Another 18 percent said having a positive self image was something they liked about their lives. Church activities were what 8 percent of participants liked about their lives.

The participants were also asked to tell something they do not like about their life. Thirty-six percent stated that they did not like the physical limitations they have due to their disability. However, 30 percent stated that they were completely satisfied with their lives, responding there was “nothing” they didn’t like. Teasing and emotional issues were a problem for 22 percent, while 12 percent stated that working was something they did not like about their lives.

Participants were asked to name three friends and whether those friends had a disability. Twenty-eight percent did not designate any friends as having a disability. For 26 percent of the participants, one of their friends named had a disability, 20 percent named two friends who had a disability, and the remaining 18 percent named only friends who had a disability. Four percent of the participants could not give the names of their friends and 4 percent listed two friends, one of whom had a disability.

The participants were then asked about how they treated their friends as well as how their friends treated them. When asked if their friends who have a disability and those who do not have a disability treated them in the same way, 84 percent said yes. Regarding whether they treated their friends with a disability and without a disability in the same way, 90 percent of participants said yes.
Responding to the question of who helps the participants in their daily lives, the responses were grouped into those of unpaid help (62 percent; family, friends, others) and paid help.

When asked why they attend church, responses were divided into spiritual reasons (70 percent) and social reasons. Spiritual reasons included “because I am a Christian,” “I come to learn about Jesus,” and “to hear about God and for God to help me.” The social reasons for attending church included “to get out of the house,” “I love to be around people, and see my friends,” and “to be with my friends.” When asked what they liked best about going to church, 48 percent liked worship and Bible study. Forty-eight percent liked going to church for social reasons.

### Table 1

<table>
<thead>
<tr>
<th>Participants’ Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N = 56</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Are you a Christian?</td>
<td>96</td>
</tr>
<tr>
<td>Do you feel like you are a part of your church?</td>
<td>94</td>
</tr>
<tr>
<td>Are you a hero because you have a disability?</td>
<td>60</td>
</tr>
<tr>
<td>Do people with disabilities have a poor quality of life?</td>
<td>33.3</td>
</tr>
<tr>
<td>Does your disability make you sad?</td>
<td>49</td>
</tr>
<tr>
<td>Have you ever prayed to God to heal you of your disability?</td>
<td>74</td>
</tr>
<tr>
<td>Did God give you a disability because there is something special for you to do?</td>
<td>72</td>
</tr>
<tr>
<td>Should parents abort babies with disabilities?</td>
<td>14</td>
</tr>
<tr>
<td>Are you an angel because you have a disability?</td>
<td>56</td>
</tr>
<tr>
<td>Would you want a baby with the same disability that you have?</td>
<td>38.8</td>
</tr>
<tr>
<td>Do your friends who have a disability and your friends who do not have a disability treat you in the same way?</td>
<td>85.7</td>
</tr>
<tr>
<td>Do you treat your friends who have a disability and your friends who do not have a disability in the same way?</td>
<td>90</td>
</tr>
</tbody>
</table>

**Summary**

This study examined whether social constructions of disability would be reflected in the responses of adults with intellectual disabilities. Several constructions may have been reflected in their responses. The idea of being...
a hero, having something special to do, or being an angel are not necessarily ideas that persons with an intellectual disability would come up with on their own. Rather, they may be evidence of something that has been communicated to them regarding their life with a disability, perhaps in an effort to be encouraging. Yet McNair (2007) and McNair and Sanchez (2007) reported that the majority of church attendees and some church leaders also believed that people with disabilities are heroes (57 percent and 47.5 percent respectively). Adults with disabilities reported a similar finding themselves.

McNair (2007) reports that 45 percent of church attendees believe that people with disabilities have something special to do, while McNair and Sanchez (2007) report that only 22 percent of church leaders agree with that idea. As stated, 72 percent of adults in this study indicated they have a disability because there was something special for them to do. This might indicate that although adults with disabilities are told they have something special to do as a reason for their disability (perhaps to be encouraging), those communicating that explanation really do not believe what they are saying.

The results from McNair (2007) are consistent with the responses of those with disabilities, in that 54 percent of church attendees said that people with disabilities are angels while 24 percent said they were not. Additionally, nearly 22 percent of church leaders indicated they are angels as well. So it is possible that the people who attend churches tell those with a disability that they are angels.

Of the participants interviewed, 96 percent said they were Christians attending a Christian church. On some level, this supports findings by McNair and Sanchez (2007), that 100 percent of interviewed church leaders said that people with disabilities were capable of making a commitment to God. In that same study, 90 percent of church leaders said that people with disabilities were not saved by virtue of their disability, and they needed to make a commitment to Christ to be saved. One can only assume that responding “yes” to the question “are you a Christian” had meaning for the participants. This is supported by the fact that 74 percent asked God to heal them of their disability.

Many people in society believe that people with disabilities have a poor quality of life. On this question, a third of respondents agreed and more than half disagreed. Church leaders and church attendees also agreed that people with disabilities do not have a poor quality of life (McNair, 2007;
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McNair & Sanchez, 2007). In the present study, 49 percent of participants said their disability made them sad, 74 percent asked God to heal them and 36 percent did not like the physical limitations they have. This implies that respondents on some level were reflective about their experience with disability.

The participants were asked about abortion of infants with disabilities. Considering that they are living with a disability, they would have the greatest insight into life with an intellectual disability and should have the opportunity to tell others about their lives. Some people would suggest that people with intellectual disabilities should not be asked about abortion because it may upset them (an issue raised by the institutional review board in preparing this study). Others believe they should have the opportunity to have a voice about the abortion question. We believe that to deny people with disabilities this small opportunity to speak about this issue would be the same as writing “about” people with disabilities and not writing “with” or “for” them (McNair, 2008). One might question the understanding of abortion by people with intellectual disabilities. However, the horror of some respondents that this was actually happening was somewhat refreshing in a society that glibly accepts abortion as “choice.” It also indicated to the authors that adults with intellectual disabilities appear unaware that society seems to have an abortion vendetta against them. That the overwhelming majority, 86 percent, indicated they do not support abortion of babies with disabilities is a very important finding that should cause abortion advocates to pause. Interestingly, every participant had an opinion about abortion; none of the participants reported that they did not know. The 86 percent figure is an even greater number than McNair (2007) reports as the response from church attendees (78 percent). It is interesting to juxtapose the figures that 100 percent of church leaders (McNair, 2007) and 74 percent of church attendees (McNair & Sanchez, 2007) believe that people with disabilities are created in the image of God, with the fact that 80 percent to 90 percent of fetuses who are found to have Down syndrome are being aborted (Lopez, 2005). The degree to which this disparity is reflected among Christians is a question worthy of study. The research did not list religious affiliation as a mitigating factor in the abortion decision (Stein, 2005; Lopez, 2005). Anecdotally, the authors feel this is clearly not the case as they know many women who will refuse any form of prenatal diagnosis because of their Christian faith. To even submit to the pressure
from the medical profession to participate in prenatal diagnosis may imply some characteristics of the pregnant mothers who do, in that they are willing to entertain the “decision” (abortion or not) that comes with information about an unborn child. Perhaps in the distant future, medical options for reversing or preventing disability might be available. However, today the option is almost exclusively to take the life of the unborn child prenatally diagnosed with a disability. People having the characteristic “intellectual disability” that would lead to others ending their lives via abortion overwhelmingly choose life. Their choosing life is a decision based upon real experience. Even though 33 percent of this identical group say they have a poor quality of life; 49 percent say their disability makes them sad. Thirty percent say they do not like the physical limitations they face, and 74 percent have prayed for their disability to be “healed.” Respondents with intellectual disabilities in this study overwhelmingly reject the negative, socially constructed notion of intellectual disability that leads to the prenatal diagnosis and abortion of people with intellectual disabilities at rates of up to 80-90 percent (Lopez, 2005).

This is particularly noteworthy in light of the fact that their responses did reflect some socially constructed ideas about who they are and in their responses about other issues impacting them or about them. This social reality is something that, we suspect, has been largely kept from people with intellectual disabilities. Society is indeed hypocritical in telling people there is something special for them to do and even referring to people with disabilities as “special” while concurrently attempting to take their lives via abortion at rates of 80-90 percent when they are able. All the while, those with intellectual disabilities appear entirely unaware of what is being perpetrated against them as a group. What group in history would prefer to be uninformed about their lives being taken? Would the paternalistic “kindness” of those who are engaged in the taking of their lives in any way mitigate their shock? People in the very field of intellectual disability, once again, are right there among the abortion advocates.

The majority of participants said that they would not want to have a baby with the same disability as they have. In reality, however, many of the comments that went along with these responses related to the fact that babies were hard to take care of, they were a lot of work, and they did not want to have a baby. The negative responses seemed to be less focused on
having a baby with a disability itself than the needs of caring for babies. Thus this response appears confounded.

Participants were asked to tell they like and dislike about their lives. They liked family and friends, activities they participate in, and their church. They disliked physical limitations due to disability, working, and emotional issues. These likes and dislikes are not unlike the likes and dislikes of people without disabilities.

Participants were asked about friends. They were much more likely to have friends with disabilities. Participants believe they treated their friends with and without a disability in a similar manner.

When asked who helped them in their daily lives, the majority (62 percent) stated that someone who was unpaid helped them (a parent, family member, or friend). The remaining 38 percent stated that those who helped them were paid to do so. These percentages are consistent with a study by Weisner et al. (1991) who reported that 57.7 percent of religious parents of a child with disabilities indicated that they are responsible; they take the final responsibility to care for their children. Nonreligious parents were less likely to say that they have or take the final responsibility to care for their children.

As already stated, nearly half of participants said that their disability made them sad. Seventy-five percent said that they had prayed for healing. These prayers, on some level, suggest an understanding of their faith. Interestingly, when participants were separated by gender, although males and females equally said their disability made them sad, the majority of
males prayed for healing and only about half the females did. Meanwhile, more females saw themselves as angels because they have a disability while only half of the males did.

The results regarding the abortion of babies who have disabilities are clear; people with intellectual disabilities have an opinion about abortion. Not one of the participants answered “I don’t know” to the question. The overwhelming majority stated that babies should not be aborted. Many added that killing is not right. Depending on the level of cognition, when abortion is discussed, the person with intellectual disabilities may see themselves in that situation.

The majority of adults surveyed believed they treat their friends with and without disabilities the same. They also believed their friends treat them the same as they treat their friends without disabilities. How would society change if people treated everyone in the same way and did not look at their abilities or disabilities?

**Recommendations**
Future research related to social constructions might include interviewing people with intellectual disabilities who are *not* identified as participating in a church ministry. Research may compare denominational differences as well. This information might reveal how denominational participation reflects social constructions. Additional research might also determine whether findings would be similar for individuals with physical, emotional, or sensory disabilities, as well as those with congenital versus adventitious onset of disability. Additionally, what do people with intellectual disabilities actually hope will happen when they pray for “healing”?

**REFERENCES**


