A CRITICAL ANALYSIS OF A THEOLOGY OF DISABILITY IN THE
AUSTRALIAN CATHOLIC CHURCH: A QUALITATIVE STUDY INTO
CONTEMPORARY INCLUSIONARY PRACTICES

by
Zachariah P. Duke
BTh(Hons) (ACU), GradCertDisabSt (Flinders), GradCertTertTeach (Curtin)

A Thesis submitted in complete fulfilment of the requirements
for the degree of Doctor of Philosophy

Discipline of Philosophy, Religion and Theology
School of Humanities and Social Science
Faculty of Education and Arts
The University of Newcastle

29 June 2015
STATEMENT OF ORIGINALITY

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University’s Digital Repository, subject to the provisions of the Copyright Act 1968.

Zachariah P. Duke

29 June 2015
STATEMENT OF CANDIDATE CONTRIBUTION

The candidate, ZACHARIAH PATRICK DUKE, certifies that this is the approved version of the following thesis:

A CRITICAL ANALYSIS OF A THEOLOGY OF DISABILITY IN THE AUSTRALIAN CATHOLIC CHURCH: A QUALITATIVE STUDY INTO CONTEMPORARY INCLUSIONARY PRACTICES

Zachariah Duke

29 June 2015
STATEMENT OF ENDORSEMENT BY SUPERVISING COMMITTEE

The Supervising Committee of ZACHARIAH PATRICK DUKE certifies that this is the approved version of the following thesis:

A CRITICAL ANALYSIS OF A THEOLOGY OF DISABILITY IN THE AUSTRALIAN CATHOLIC CHURCH: A QUALITATIVE STUDY INTO CONTEMPORARY INCLUSIONARY PRACTICES

Supervising Committee:

Dr Alex Beveridge  Emeritus Professor Terry Lovat
29 June 2015  29 June 2015
THESIS ABSTRACT

This thesis examines the role of the Australian Catholic Church, its leaders and its relevant agencies and organisations in advocating for and welcoming people living with a disability into the life of the Church. It is intended that this thesis will go beyond issues of accessibility and definitions of “disability” and instead explore developments and tensions in the Australian Catholic Church’s response to issues of disability. It is clear from the literature and the qualitative interviews examined throughout this thesis that, at the rhetorical level, the Australian Catholic Church accepts, welcomes and advocates for all people regardless of their intellectual or physical abilities. This inquiry seeks to investigate the relationship between this rhetoric and actual substantive efforts towards inclusion of people living with a disability. It finds, based on the lack of substantive evidence revealing actual inclusionary practices, that there is a significant contradiction between the policy rhetoric and practice. To this end, it will be argued that the Australian Catholic Church is not engaged in sufficient practical action to foster and support communities to genuinely welcome people living with a disability and to enhance their sense of belonging to such communities. While acknowledging some good work being conducted by individual Church agencies, based on the evidence accrued from the qualitative data gathered for this thesis, it is the contention of the researcher that there are few tangible, consistent or concrete strategies or actions towards inclusion and genuine belonging that one can point to in day-to-day practice in the Catholic Church community. It is a central concern of this research to open up a conversation, dialogue and debate that might bridge the gulf between the policy rhetoric and practice, and so foster more positive inclusionary approaches and substantive change in this area of Catholic Church life.
ACKNOWLEDGEMENTS

A wise friend once said to me that if you drink from the well, you have to remember those who built it. Now, having completed the journey of writing a doctoral thesis, I feel particularly humbled by this statement. The acknowledgements below are of a good number (although this list does not mention *everyone* who has assisted me along this journey – that would be an entire thesis in itself!), but this research project would not have been possible without them all. To this end, I do not know how I will ever repay everyone, but please know I remain forever grateful to you all.

**Jo’anne and Michael Duke**, my parents. I would like to thank my mother, Jo’anne, who has played a significant role in my development as a person; and my father, Michael, who has been a huge inspiration to me on a number of different levels, namely in his ongoing work in the field of disability. Thank you for all that you have done for me and I love you both so much.

**Jacob and Noah Duke**, my two brothers. Thank you for *just being there* for the moments that mattered most and for providing me with the opportunities of good humour and company. I love you both so very much.

**Dr Alexander Beveridge**, my principal supervisor. My deep appreciation is extended to Alex for the passion he has brought to this research. Thank you for your generous support,
wisdom, hospitality, stories and fruitful banter. Words cannot express how much I appreciate all that you have done for me. You will forever remain a valued colleague.

Emeritus Professor Terry Lovat, my co-supervisor. In a similar way to Alex, as a great scholar and supportive colleague, you have been a significant part of this journey. My thanks for all that you have done for me on many levels. You will also forever remain a valued colleague.

Professor John C. McDowell, Dr Timothy Stanley and Dr Kenneth Brown, my supervisors along the way. Thank you, John, for your incredible support early in the piece; Tim, for your valuable assistance in wading through the theology literature; and Kenneth, for playing such a pivotal role in forming the initial research proposal and for all the important contacts and networks.

The interviewees who participated in this research project (the Human Research Ethics protocol prevents me from identifying you personally). This project would not have been possible without your honest contributions! Thank you. You are an inspiration for the work that you carry out, variously, as teacher, clergyman, disability support worker or parish or Church-based employee.

Dr Antoinette Collins, Dr Anne Tuohy, Mr Michael Foley, Mr Anthony Steel, my esteemed teachers and mentors. You will forever remain in my memory and I am deeply indebted to each of you. Put simply, I would not be where I am today if it were not for you. Thank you.
Dr Kylie Aglias, Dr Ann Taylor, Dr Caragh Brosnan and Ms Debbi Long, my four qualitative research mentors. Thank you.

Dr Tom Ryan, SM, Sr Margaret Tomlinson, rsj, Mr Michael Duke (again) and Dr Dan Fleming, for generously offering, at various times, to proofread the manuscript. Thank you.

Ms Ann Kolas and her team from Digital Transcripts, for providing accurate transcribing of the qualitative interviews at a low cost. Thank you.

Mr Sumit Ahuja, thank you for your invaluable assistance with the formatting of this manuscript.

My colleagues and friends at The Broken Bay Institute, those now and before, for backing me right from the start and providing me with a venue where I could bounce a few of these ideas in the air with faculty colleagues and students alike. My wholehearted thanks to: Ms Amelia Buchanan, Miss Amelia Morris, Dr Anthony Gooley, Dr Antoinette Collins, Ms Bronwen Wadley, Dr Carmel Davis, Dr Catherine Thom, Ms Cheryl Martin, Dr Dan Fleming (again), Mr Francis Flores, Dr Gerard Goldman, Miss Gigi Huang, Mr Graeme Polson, Mr Greg Baynie, Ms Heather Lang, Dr John Frauenfelder, Dr John Luttrell, Mr Kevin Martin, Dr Leonie Crotty (requiescat in pace), Ms Liz Jones, Ms Lucie Breingan, Mr Mal Howat, Mr Mike Foley, Ms Neda Eraghi, Ms Nina Elliott, Rev Noel Connolly, Dr Peter Mudge, Dr Rachelle Gilmour, Professor Richard Rymarz, Dr Ruth Sheridan, Ms
Sarah Pratt and Ms Sylvia MacRitchie-Hook. You all mean the world to me! Moreover, I would particularly like to thank Dr Gerard Goldman again, and the BBI leadership team, for granting me study leave to work on this project without any distractions.

**My colleagues and friends at The University of Newcastle**, including the administrative staff, and especially Helen Moffat, who was always available and went above and beyond the call of duty on a number of different occasions. Thank you.

**My colleagues and friends at Macquarie University**, especially Dr Marina Harvey, for teaching me the value of reflective practice in education and research. Thank you.

**My colleagues and friends at Australian Catholic University**, especially Professor Robert Gascoigne, for your support and encouragement during my honours year. I am also deeply indebted to all my friends from the Strathfield Campus Student Association days! Thank you.

**The staff at the Catholic Institute of Sydney**, especially the staff at the Veech Library, for all your assistance in sourcing very obscure books and articles. Thank you. I would also like to thank Professor Gerard Kelly, for offering me office space to work in while I was completing the thesis.

**My family at L’Arche Australia, especially the three communities in Sydney.** Thank you for your prayers, friendship and the abundant blessings over the course of this project.
A special thank you goes to Bruce, Geoffrey, Kathleen and Joanne from Burwood House and to all of the inspirational staff and volunteers!

My friends at St Lucy’s School, Wahroonga, especially the Alison Lester class, the Hornets class, the Farmers class, the Zookeepers class and the Artists class, thank you for providing such a vibrant sense of community in my life! It is a highlight of my week seeing you all!

The community at Holy Cross College, Ryde, including the Patrician Brothers, for instilling within me the Patrician values of community, hospitality and inclusion. I am very grateful for my secondary education and for the many lifelong friends that I have made, so thanks to all of “The Cross” boys!

The Catholic Diocese of Broken Bay, for your ongoing support and encouragement in so many and varied ways. I would particularly like to thank Emeritus Bishop David L. Walker and Bishop Peter A. Comensoli for their support in providing me with diocesan funds to attend academic conferences, and for their personal support in general. And thank you, Fr Robert Borg, for your friendship and prayers.

My colleagues and friends at CatholicCare Broken Bay. Thank you for your encouragement and support while I was carrying out the research project. I extend this thanks to my colleagues and friends from Catholic Social Services Australia and from other Catholic social care agencies around the country.
My colleagues of the Association of Practical Theology in Oceania. My sincere thanks for your camaraderie and support. It has been a pleasure getting to know all the members! I especially acknowledge the support and mentoring of Dr Anthony Maher and Dr John Collins.

Jean Vanier and la communauté de L'Arche à Trosly-Breuil la Femme. My deepest thank you for welcoming me to your community and for providing top-notch hospitality on my visits to your community.

Cristina Gangemi and my friends at The Kairos Forum, thank you for providing such an excellent model of inclusion of people living with a disability, and Cristina, for your friendship and love.

My colleagues of the Australian Catholic Theological Association, thank you for your support.

Trish Mowbray and members of the Australian Catholic Disability Council, thank you for your support in a number of different ways!

My colleagues of the European Society for the Study of Theology and Disability, thank you for welcoming me into your group so freely and for allowing me to present some of the thesis at various conferences throughout the past couple of years.
My colleagues of the Ecclesiology and Ethnography network, thank you for the many fruitful gatherings over the past couple of years and for allowing me to “test” some of my research findings before an international audience.

My colleagues at the Summer Institute on Theology and Disability, thank you for providing me with a place to network and create so many lifelong friends.

My colleagues at the University of Aberdeen, Scotland, thank you for your care and support, and for your academic excellence in this field.

My colleagues and friends in the many disability advocacy groups and associations of which I am a member, including: Physical Disability Australia, Carers NSW, Deaf Australia, Fragile X Syndrome Association, Australian DeafBlind Council, Down Syndrome NSW, Australian Society for Intellectual Disability and People with Disability. Thank you for continually taking the fight to government and other regulatory bodies.

Ian, Lula and Laurie Hackney, Daniel Willans and all my other friends, thank you for your support and encouragement over the past few years.

All my extended family and friends, thank you for those moments of comfort and love. I would like to particularly mention the following: my grandparents, Mary Patricia Bridge (requiescat in pace), Eric Bridge (requiescat in pace), Mary Therese Duke (requiescat in pace), and George Duke. I know how proud you all would be!
My cousin and best friend, Therese Duke, I appreciate you and everything you are to me – our friendship is eternal and I love you so very much!

My godson, Kyan Joseph Roberts – may you be inspired by this project and understand the importance of living life in communion with others.

All my aunties and uncles, thank you for your support and encouragement!

All my cousins, thank you also for your support and encouragement!

Jayne Gartside and Megan Shepley, for being such loyal friends over a number of years.

Stacy Allan and Alison Allan, thank you for your friendship and good times!

My pet dog, Grizz, for being such a healthy and humorous distraction!

All thoughts and arguments presented throughout the thesis are my own, unless otherwise acknowledged, and are not necessarily the views and opinions of the individuals and institutions listed above. Any errors in the manuscript remain the sole responsibility of the researcher.
PROFESSIONAL EDITORIAL ASSISTANCE

I acknowledge the professional editorial assistance provided by Christopher Brennan, STB, AE (Accredited Editor, Institute of Professional Editors [IPEd]), according to Standards D and E of the *Australian Standards for Editing Practice*, by the Council of Australian Societies of Editors (2001), as revised by IPEd and approved by the Deans and Directors of Graduate Studies (Australia), 12 November 2010.
DEDICATION

I wish to dedicate this thesis with love and respect to people living with a disability, known and not known to me, in the hope that, one day, your gifts will be unconditionally welcomed and treasured by all. You have taught me to listen, to be humble, to be patient and to be grateful for what we have each day. This is for you.
# CONTENTS

STATEMENT OF ORIGINALITY ................................................................. 2  
STATEMENT OF CANDIDATE CONTRIBUTION ....................................... 3  
STATEMENT OF ENDORSEMENT BY SUPERVISING COMMITTEE ............... 4  
THESIS ABSTRACT .................................................................................. 5  
ACKNOWLEDGEMENTS ........................................................................... 6  
PROFESSIONAL EDITORIAL ASSISTANCE ......................................... 14  
DEDICATION ............................................................................................ 15  
ABBREVIATIONS .................................................................................... 20  
LIST OF TABLES ..................................................................................... 21  
PREFACE ................................................................................................ 22  

THESIS INTRODUCTION ......................................................................... 27  
i.1. INTRODUCTION .............................................................................. 27  
i.2. BACKGROUND TO THE THESIS ................................................... 27  
i.2.1. DISABILITY THEOLOGY .............................................................. 27  
i.2.2. A BRIEF STATISTICAL OVERVIEW OF DISABILITY IN AUSTRALIA: CLARIFYING THE “PROBLEM” AND THE TERMINOLOGY ...................... 30  
i.2.3. THE AUSTRALIAN CATHOLIC CHURCH AND DISABILITY ISSUES ................................................................. 31  
i.3. RESEARCH OBJECTIVES AND PREMISES .................................. 33  
i.4. SIGNIFICANCE AND OUTCOMES OF THE RESEARCH .............. 34  
i.5. SCOPE AND LIMITATIONS ............................................................. 36  
i.5.1. SCOPE ....................................................................................... 36  
i.5.2. LIMITATIONS ............................................................................ 37  
i.6. METHODOLOGY ............................................................................. 39  
i.7. THESIS STRUCTURE ....................................................................... 41  
i.8. ETHICAL CONSIDERATIONS .......................................................... 45  
i.9. STYLISTIC FEATURES OF THE THESIS ....................................... 45  
i.9.1. USE OF AUSTRALIAN ENGLISH ............................................. 46  
i.9.2. WORD COUNT ........................................................................... 46  
i.9.3. USE OF FIRST PERSON PRONOUNS ....................................... 46  
i.9.4. USE OF TENSES ......................................................................... 47  
i.9.5. USE OF HEADINGS AND SUBHEADINGS ................................. 47  
i.9.6. REFERENCING ............................................................................ 47  
i.9.7. SPECIFIC TERMINOLOGY ......................................................... 48  
i.9.8. MISCELLANEOUS STYLISTIC FEATURES ................................ 49  
i.10. CONCLUSION ................................................................................ 50  

CHAPTER ONE: BRIDGING THE THEOLOGICAL AND CLINICAL DIVIDE: LITERATURE REVIEW, TENSIONS AND CONTROVERSIES ....................... 52  
1.1. INTRODUCTION ............................................................................. 52
CHAPTER TWO: THE DISABILITY DEBATE: LITERATURE REVIEW, TENSIONS AND CONTROVERSIES ................................................................. 92
2.1. INTRODUCTION ........................................................................ 92
2.2. DISABILITY: IS IT UNDEFINABLE? ........................................... 92
2.3. THE HISTORICAL DEVELOPMENT OF THE CONCEPT OF DISABILITY: THE MODELS OF DISABILITY AND THEORETICAL FRAMEWORKS .................................................. 96
2.3.1. THE MEDICAL MODEL OF DISABILITY ................................ 97
2.3.2. THE PRINCIPLE OF NORMALISATION .................................. 107
2.3.3. SOCIAL ROLE VALORISATION ........................................... 112
2.3.4. THE SOCIAL MODEL OF DISABILITY ................................... 113
2.4. CHANGE, DEVELOPMENT AND PROGRESS: SOME CONSIDERATIONS ................................................................. 120
2.5. CONCLUSION .................................................................... 128

CHAPTER THREE: GENEALOGY OF, AND KEY DEVELOPMENTS IN, DISABILITY IN CATHOLIC THOUGHT: AN AUSTRALIAN PERSPECTIVE .. 130
3.1. INTRODUCTION .................................................................... 130
3.2. HISTORICAL AND CONTEXTUAL BACKDROP OF THE AUSTRALIAN CATHOLIC CHURCH AND THE SUBJECT OF DISABILITY, THE AUSTRALIAN CATHOLIC BISHOPS CONFERENCE AND RELEVANT CATHOLIC LEADERS AND AGENCIES IN AUSTRALIA ...130
3.2.1. LISTENING AND RESPONDING TO DISABLED PEOPLE (ACSWC, 1985) ..................................................... 133
3.2.2. DISABILITY AND HUMAN RELATIONSHIPS: CHRISTIAN VALUES IN PERSONAL DEVELOPMENT (ASCWC, 1990) ................................................................. 134
3.2.3. I HAVE A STORY: PEOPLE WITH DISABILITY AND THEIR FAMILIES PARTICIPATING FULLY IN PARISH LIFE (ACBC, 2004) ................................................................. 137
3.3. THE UNIVERSAL CATHOLIC CHURCH: PAPAL AND OTHER VATICAN DOCUMENTS ........................................................................ 142
3.4. CONCLUSION .................................................................... 147

CHAPTER FOUR: METHODOLOGY AND RESEARCH DESIGN ................. 149
4.1. INTRODUCTION .................................................................... 149
4.2. METHODOLOGY: RESEARCHING QUALITATIVELY ................. 149
EPILOGUE............................................................................................................................................. 246
BIBLIOGRAPHY .................................................................................................................................. 248
APPENDIX A: HUMAN RESEARCH ETHICS COMMITTEE APPROVAL TO
CONDUCT HUMAN RESEARCH CERTIFICATE ........................................................................ 301
APPENDIX B: SAMPLE INFORMATION STATEMENT ................................................................. 306
APPENDIX C: SAMPLE CONSENT FORM ...................................................................................... 309
APPENDIX D: SAMPLE INTERVIEW SCHEDULE ........................................................................... 311
APPENDIX E: SAMPLE INTERVIEW TRANSCRIPT FROM A
PSEUDONYMISED INTERVIEWEE – SAMPLE CLUSTER 1: CATHOLIC
SOCIAL CARE AGENCY ............................................................................................................ 314
APPENDIX F: SAMPLE INTERVIEW TRANSCRIPT FROM A
PSEUDONYMISED INTERVIEWEE – SAMPLE CLUSTER 2: CATHOLIC
SCHOOL EDUCATION ............................................................................................................... 325
APPENDIX G: SAMPLE INTERVIEW TRANSCRIPT FROM A
PSEUDONYMISED INTERVIEWEE – SAMPLE CLUSTER 3: OTHER
CATHOLIC ORGANISATIONS AND AGENCIES ........................................................................ 335
BIOGRAPHY ........................................................................................................................................ 349
# ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAIDD</td>
<td>American Association on Intellectual and Developmental Disabilities</td>
</tr>
<tr>
<td>ACBC</td>
<td>Australian Catholic Bishops Conference</td>
</tr>
<tr>
<td>ACSWC</td>
<td>Australian Catholic Social Welfare Commission</td>
</tr>
<tr>
<td>DDA</td>
<td><em>Disability Discrimination Act 1992</em> (Commonwealth Government)</td>
</tr>
<tr>
<td>ESSTD</td>
<td>European Society for the Study of Theology and Disability</td>
</tr>
<tr>
<td>HREC</td>
<td>Human Research Ethics Committee, The University of Newcastle</td>
</tr>
<tr>
<td>ICF</td>
<td>International Classification of Functioning (Disability and Health)</td>
</tr>
<tr>
<td>IQ</td>
<td>Intelligence Quotient</td>
</tr>
<tr>
<td>NDIS</td>
<td>National Disability Insurance Scheme</td>
</tr>
<tr>
<td>RHD</td>
<td>Research Higher Degree</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1: Interview Questions ................................................................. 181
Table 2: Thematic Categories: Terms of Reference ................................ 184
Table 3: Interview Question One ............................................................ 198
Table 4: Interview Question Two ............................................................. 203
Table 5: Interview Question Three .......................................................... 207
Table 6: Interview Question Four ............................................................ 211
Table 7: Interview Question Five ............................................................. 214
Table 8: Interview Question Six ............................................................... 220
PREFACE

I have often wondered how the world would have reacted if Prince William, the Duke of Cambridge, and Princess Catherine, the Duchess of Cambridge, had introduced their baby boy, Prince George Alexander Louis, or their baby girl, Princess Charlotte Elizabeth Diana, as a child born with a severe disability. Would there have been a sense of disappointment, or would Prince George or Princess Charlotte have been welcomed with open arms?

This research project represents a profound personal interest on a number of levels. First, my father, Michael, is formally trained as a Social Educator for children and adults living with a disability and has been employed in this sector for many years. It has been his inspirational work (and that of others) that has led me to this research project. Second, disability, in the broadest sense, is an area in which I have been personally and professionally involved for most of my adult life. I am particularly passionate about advocating for social inclusion and justice for people living with a disability; and genuine care for the individual, able-bodied or not, is something on which I place great emphasis. To this end, I am constantly posing the one question: “Where does disability fit in the real world?” Third, I have always had an acute interest in hearing theological voices of marginalized and vulnerable people; this prompted me to focus on the question of refugees and asylum seekers in an earlier honours research project.

I come to my field, having introduced myself, at various times, as a practical theologian, as an ethnographic ecclesiologist and as a sociologist of religion. A lot of my work, and
indeed the focus of the thesis, is in the area of disability, with a particular focus on analysing the Catholic Church (using qualitative research methods) to propose ways in which it can become a genuine place of belonging and community – advancing from being a place where people living with a disability are merely included. When I am talking about my research to friends and foes alike, I often comment that “qualitative research is a methodology that has been neglected to a certain extent within the discipline of theology, resulting in a whole range of methodological tensions between theology and modern social science – perhaps a conversation for another day!” Well, that “other day” is today!

It seems quite strange to look back on the academic journey that has led me to write this thesis; however important or benign it has been, it has enabled me to be where I am today. The journey dates back to early 2006, when during my first semester of undergraduate theology study at the Australian Catholic University, students were required to complete several compulsory units, one of these being “Practical Theology as Social Criticism.” This unit enabled students to critically analyse and reflect on the theology behind the practices of the Church, and how these can impact on the world in which we live. From that moment on, it made sense that all theology should be made “practical,” that we should “get

\[\text{Page } 23\]

---

1 Here I do not suggest that I am the first theologian researching similar issues, but just one amongst an ever-expanding group of theologians. A testament to this has been the growing body of literature on this topic. See especially, Pete Ward, ed., Perspectives on Ecclesiology and Ethnography (Grand Rapids, MI: William B. Eerdmans, 2012) and Christian B. Scharen, ed., Explorations in Ecclesiology and Ethnography (Grand Rapids, MI: William B. Eerdmans, 2012).
something out of it,” something useful or tangible. Since when was theology ever not practical?²

As I will show later in the thesis, people living with a disability remain a largely marginalised group within the Australian Catholic Church – as arguably are youth, women, and the elderly, among many others.³ I would argue strongly, based on its own teachings on human dignity, that the Catholic Church in Australia should be at the forefront of creating and fostering inclusive communities and showing other churches and secular groups what genuine inclusion should look like! Moreover, I am motivated by the prevalence of “stigma”⁴ directly concerning people living with a disability.⁵ Too often, I open a local, metropolitan, or national newspaper to an article (or series of articles) that is exposing some sort of exclusion, discrimination, or rejection of a person or a group of people living with a disability, with headlines such as “Disabilities Report Exposes Exclusion, Neglect,”⁶ “Intellectually Impaired Aboriginal Woman Rosie Fulton To Be Freed after 21 Months in Jail with No Conviction,”⁷ “Children with Autism Caged and Abused”⁸ and

³ See Chapter Three, especially section 3.1.
“Understanding Without Words.”

To be fair, there are just as many articles or feature stories that highlight the extent to which certain people in the community advocate and protest against exclusion, discrimination, or rejection towards a person or a group of people living with a disability. Examples can be seen in the following: “People Aren’t Broken, System Needs Fixing,” “Smashing the Stigma for Those with Disabilities,” “Organisation Makes Impact,” “Where the Love Runs Deep,” “Vinnies Puts the Focus on Inclusion by Emphasising Ability Not Disability,” and “Announcement of First Archdiocesan Special School.”

There is sound evidence to suggest that society is moving towards recognising the importance of social inclusion of people living with a disability. In fact, whilst writing this thesis, the Commonwealth Government of Australia introduced legislation for a National Disability Insurance Scheme (NDIS). To quote directly from the legislation: “This Bill will give people with disability a right to realize their potential, and to make choices and be in control of the decisions that affect their lives.” As we will see as part of the

---

16 See especially Chapter Two, section 2.3.4.
conclusion of the thesis, Australian legislation and government policy is aligning itself more and more with the Social Model of disability, which is overwhelmingly positive. In summary, it is important for me to note here that no matter what we do in relation to disability services, it is never going to be enough to overcome the gap between exclusion and inclusion.

THESIS INTRODUCTION

i.1. INTRODUCTION

The purpose of this chapter is to introduce the topic of this thesis beyond what has already been presented in the preface, by addressing a range of issues central to the thesis. These issues will include: the nature and development of disability theology; the prevalence of disability in Australia; and the Catholic Church’s response to disability issues. It will also identify the following features of the thesis: its methodology; and its research aims, objectives and hypotheses. It will also comment on the thesis’ significance and offer a brief outline of the thesis.

i.2. BACKGROUND TO THE THESIS

This thesis examines the role of the Australian Catholic Church in advocating for and welcoming people living with a disability into the life of the Church.

i.2.1. DISABILITY THEOLOGY

Disability theology is a sub-discipline of theology that deals with the experience of people living with a disability, in dialogue with sources of theological insight.\(^\text{18}\) In order to understand this approach, it is necessary first to provide some background information on people living with a disability. People living with a disability can personally grow and

\(^{18}\) See Chapter One, section 1.5 for a more detailed definition of disability theology.
develop, especially in faith and spirituality, regardless of their intellectual and/or physical abilities. John Swinton and Harriet Mowat share this view when they state: “those most able to inform understandings of what spirituality is, what it means, and the ways in which it functions in people’s lives, are people with learning disabilities [intellectual disabilities].”19

Deborah Selway and Adrian F. Ashman argue that the lack of substantial literature in the realm of disability theology “gives the impression that there has been little interest in the spiritual lives of people with a disability or the influence of religion on their health and wellbeing.”20 Similarly, Linda Ward and Margaret Flynn state that “very little research has examined the goals and life experiences of people with learning disabilities [intellectual disabilities].”21

19 John Swinton and Harriet Mowat, Practical Theology and Qualitative Research (London: SCM, 2006), 229. It is essential to state here that some people may not be capable of developing a faith and/or spirituality, such as people living with autism, who may not have an awareness of abstract ideas due to the nature of autism. In any case, people with learning difficulties may not have an intellectual disability as such, for example those with dyslexia. Disability is defined and understood differently across the world. See Chapter Two of this thesis for an explanation. See also Australian Catholic Social Welfare Commission, Disability and Human Relationships, esp. chap. 1.  

20 Deborah Selway and Adrian F. Ashman, “Disability, Religion and Health: A Literature Review in Search of the Spiritual Dimensions of Disability,” Disability and Society 13, no. 3 (1998): 429. Furthermore, Selway and Ashman highlight this lack of understanding by stating: “Few studies exist which examine religious orientation and its effect on the acceptance of disability. [Moreover], studies focusing on the role of religion in the lives of people with a disability themselves have yet to be conducted. The relative absence of studies on the spiritual lives of people with a disability seems an oversight in terms of gaining greater understanding, awareness and appreciation of the lives of people with a disability generally.” (433–34)

When discussing disability theology, two questions arise: First, what difference does a theology of disability make? And, second, why would a theologian be interested in disability issues – theologically? Swinton describes disability theology as:

the attempt by disabled and non-disabled Christians to understand and interpret the gospel of Jesus Christ, God, and humanity against the backdrop of the historical and contemporary experiences of people with disabilities. It has come to refer to a variety of perspectives and methods designed to give voice to the rich and diverse theological meanings of the human experience of disability.

In brief, disability theology is “the attempt by people with and without disabilities to reflect on what it means to be a human being and what it means to be a Christian, looking through the lens of people with disabilities.” Furthermore, Swinton asks: “What does it mean to be fully human and at the same time have a profound disability?” In view of this literature survey, this thesis defines disability theology as the study of transforming Christian practices towards an authentically inclusive Church. Theologians from other faith traditions are investigating disability in similar ways.

---

22 This question has been adapted from the “Theology, Disability and People of God” Conference, Carey Baptist College, Auckland, New Zealand, July 1–3, 2013.
25 Swinton, “Interview.”
26 Although there is much work to be done in the area of the theology of disability, it has been researched quite aggressively over the past ten or so years. See Chapter One, section 1.5 and 1.6, for a detailed explanation of the development of the theology of disability.
27 See Chapter One, section 1.6.
i.2.2. A BRIEF STATISTICAL OVERVIEW OF DISABILITY IN AUSTRALIA: CLARIFYING THE “PROBLEM” AND THE TERMINOLOGY

As in every corner of the world, disability is very much a reality in Australia, with the National Disability Services commenting that “disability [in Australia] is a common yet varied experience.”

Most people will experience disability in some form during their life. According to the 2011 Australian census, there was a population of approximately 21,783,000 in Australia, of which approximately four million people, or 18.5 per cent of the population, reported to be living with one or more disability. We also see documented “267,715 Catholics who had need for assistance with one or more core activities of self-care, mobility and communication, because of a long-term health condition, a disability, or old age.”

The dominance of the Medical Model of disability services prior to the 1960s, whereby decisions for treatment were made by medical practitioners and other health professionals, would be what is considered the “planning for” program (as opposed to a “planning by” program), meaning that decisions were made for people living with a disability, not by the

---


29 The Australian census is run by the Australian Bureau of Statistics, is conducted every five years, and poses an extensive range of demographic questions, such as: Is the person of Aboriginal or Torres Strait Islander origin? How well does the person speak English? What is the person’s religion? Does the person ever need someone to help with, or be with them for, self-care activities?

30 National Disability Services, “Disability Data Snapshot.” Furthermore, 5,439,268 people classified themselves as being Catholic (25.3% of the total population). This was the highest ranking religious affiliation – even ahead of those classifying themselves as “no religious affiliation” (4,796,787 people, or 22.3% of the total population).

people with the disability.\textsuperscript{32} Many people were simply incarcerated in institutions, with little or no consideration for their rights, or consultation, or holistic concern for their health or welfare. Others not abandoned in institutions were kept at the family home or perhaps allowed to venture out only to “sheltered workshops” if considered capable, again this decision tending to be made by medical doctors. The attitude behind this position seemed to be one of “out of sight, out of mind.”

Thereafter, a move towards deinstitutionalisation and independent living followed and the 1970s saw the emergence of “normalisation,” which aimed to assist people living with a disability to live like others in the community. This movement of “planning with” represented a huge step forward and coincided with the \textit{Richmond Report} and with the \textit{Disability Services Act 1986} (Australian Commonwealth), designed to ensure that people living with a disability have access to the community, education and/or training, and are not unfairly excluded or disadvantaged. Much of the decision-making power was still retained by a select group of professionals and, in spite of person-centred planning being introduced, this feature remained in place.\textsuperscript{33} As it will be argued later in the thesis, this is problematic because it creates a sense of stigma and alienation.\textsuperscript{34}

i.2.3. THE AUSTRALIAN CATHOLIC CHURCH AND DISABILITY ISSUES

\textsuperscript{33} For a more detailed account of disability in Australia, see Gerard Goggin and Christopher Newell, \textit{Disability in Australia: Exposing a Social Apartheid} (Sydney: University of New South Wales Press, 2005).
The Catholic Church has an official body of social ethics often known as Catholic social teaching, which encompasses the treatment of people living with a disability. Such teaching echoes several government and humanitarian legislation pieces, including those affirmed by the Australian Commonwealth and United Nations, though in contrast is founded on specifically Catholic teaching. At the heart of Catholic social teaching lies the belief that all human beings have an inherent dignity, and all human beings should be treated equally.35

The Second Vatican Council’s Pastoral Constitution on the Church in the Modern World (Gaudium et Spes) emphasises this point by stating:

there is a growing awareness of the sublime dignity of human persons, who stand above all things and whose rights and duties are universal and inviolable. They [human persons] ought, therefore, to have ready access to all that is necessary for living a genuinely human life: for example, food, clothing, housing, the right freely to choose their state of life and set up a family, the right to education, work, to their good name, to respect, to proper knowledge, the right to act according to the dictates of conscience and to safeguard their privacy, and rightful freedom, including freedom of religion.36

In accordance with the above sentiment, since Catholicism arrived in Australia during the eighteenth century, Catholics have been “one of the largest providers of social care services in Australia.”37 Furthermore, it is well documented that the Australian Catholic Church takes a positive position on the incorporation of disability services as part of its social care

---

brief. It is clear therefore that, at the levels of teaching and the rhetoric that follows this, the Australian Catholic Church accepts and welcomes all people regardless of their intellectual or physical abilities and is active in pursuing their support. Nonetheless, the question that remains pertinent is: What is the Church actually doing in this area to ensure that these sentiments are put into practice? As will be seen in the following section, this section frames the research objectives and premises, and shows how the thesis can provide a substantial answer to this final question.

i.3. RESEARCH OBJECTIVES AND PREMISES

As outlined in the Thesis Abstract above, this research has been directed by the following aims and objectives:

1. To investigate the relationship between theological theory and practice in the Australian Catholic Church’s approach to disability;
2. To determine whether the Australian Catholic Church is, in its structures and practices, addressing the religious needs of people living with a disability;
3. To investigate the effectiveness of contemporary attempts at inclusionary practices within the Australian Catholic Church;
4. To develop, where appropriate, practical strategies and actions that might assist the Australian Catholic Church to foster communities of inclusion, belonging, friendship and

---

ownership. This will include devising proposals for successful disability service provision (grounded in the Catholic tradition) that could further meet the religious needs of people living with a disability; and, finally

5. To open up a healthy conversation, meaningful dialogue and comprehensive debate that will foster more positive inclusionary approaches and substantive actions towards beneficial change.

The following premises, established in the introduction, have guided the research:

1. People living with a disability can find human fulfilment through religious practices;
2. The Australian Catholic Church recognises the dignity and rights of people living with a disability; and
3. There must be a correlation between theory and practice, and this correlation or lack thereof warrants investigation in relation to disability and the Australian Catholic Church.

**i.4. SIGNIFICANCE AND OUTCOMES OF THE RESEARCH**

This research is significant on a number of different levels. First, having reviewed the literature, there is insufficient scholarship from a Catholic theological viewpoint that examines the lives of people living with a disability. Second, disability theology has begun to receive more scholarly attention over the past ten years internationally,

---

39 See Chapter Three, especially section 3.3.
particularly in the United Kingdom, North America and Europe. Nevertheless, to date, there is no significant research exploring the Australian Catholic Church’s attitudes and practices towards people living with a disability. Third, a “stigma” relating to those people living with a disability is still evident in today’s society. This study hopes to make a contribution to eliminating such stigma. It also aims to help in supplementing the international literature and body of knowledge concerning disability and, furthermore, to fill some of the void in Australian research noted above.

As such, this research project should be of interest to theologians, social scientists, Australian Catholic Church agencies, relevant institutions and their leaders, and will hopefully clarify if there is any disconnection between the rhetoric and what the Australian Catholic Church and its agencies are actually doing to ensure that the rhetorical positive disposition is put into practice. This researcher hopes to contribute to the theological field

40 See the Centre for Spirituality, Health and Disability at the University of Aberdeen, Scotland, under the direction of John Swinton. Its main aim is to “enable academics, researchers, practitioners and educators to work together to develop innovative and creative research projects and teaching initiatives . . . in the broad areas of (1) the relationship between spirituality, health and healing and the significance of the spiritual dimension for contemporary healthcare practices; and (2) the theology of disability.” (The Centre for Spirituality, Health and Disability, “About the Centre,” 2014, accessed May 25, 2014, http://www.abdn.ac.uk/SDHP/centre-for-spirituality-health-and-disability-182.php.) Furthermore, the Kairos Forum for People with Intellectual or Cognitive Disabilities was established in 2012, under the co-direction of John Swinton and Cristina Gangemi. The Kairos Forum seeks “to highlight and respond to the spiritual and religious needs of people with disabilities. Our aim is to facilitate the crafting and empowerment of ‘Communities of Belonging’, both within religious and secular settings.” (The Kairos Forum, “What We Offer,” 2013, accessed May 25, 2014, http://thekairosforum.com/.)


43 Refer to the Preface above for specific examples.
in determining how the Australian Catholic Church’s outreach and its relevant publications actually make the difference in turning positive discussions and resolutions into a reality. As a graduate in theology and an active member of the Australian Catholic Church and various Catholic-based social service providers, the researcher has a grasp of the practical theological issues entailed, as well as familiarity with the intricate culture of each relevant institution. Over the past ten years or so, the researcher has made a number of valuable contacts within the discipline of theology and the Catholic Church, and among other relevant individuals and groups.

i.5. SCOPE AND LIMITATIONS

As with any research project, there needs to be a specific scope (areas that are covered in the research) and a set of limitations (areas that are not covered in the research), owing to the constraints that are inherent to the pursuit of a PhD. The scope and limitations of this research project are detailed below.

i.5.1. SCOPE

The scope of this research project has taken into consideration the following elements: research objectives and premises; resources; budget; and time schedule. The research aims, objectives and hypotheses, which are included above, detail the intentions of the research and list the desired outcomes. The researcher has paid strict attention to these parameters. As with all research higher degrees, budgetary constraints and considerations have been
significant. As per The University of Newcastle’s Research Higher Degree Financial Support policy, research higher degree candidates are eligible for a sum of AU$1,500.00 per year, totalling a maximum of AU$5,250.00 for the duration of an enrolment of three and a half years. The researcher has not required the supply of any particular resources beyond this financial support. Any further research expenses, outside of the aforementioned policy, have been met by the researcher. The researcher, in consultation with the supervisory team, devised a strict time schedule to ensure the research project would be completed in the allocated time frame.

i.5.2. LIMITATIONS

The researcher has a deep and profound interest in disability issues through his academic, professional and personal involvement with disability studies and organisations that care for people living with a disability. The researcher is also a Catholic layman and attends Catholic Masses and other related services on a regular basis. It is important that these factors be acknowledged and appraised against any potential conflict of interest. To counter this potential limitation, relevant qualitative research theory has enabled the researcher to study people’s narratives about the crucial research questions concerned with inclusivity of people living with a disability in the Australian Catholic Church. The researcher has modelled this component of the study on previous investigations that are similar to this one.

---

in particular Swinton and Mowat, and those mentioned in books in the series titled *Studies in Ecclesiology and Ethnography*.

Nevertheless, as with all methods of data collection, both qualitative and quantitative, issues of reliability come into question, perhaps more so for qualitative studies. One of the main reasons for this is that quantitative studies rely on “hard data,” for example, statistics, calculations, numbers, equations, while qualitative research relies on interview transcripts, field notes, reflections, and the like. Therefore, there can be a greater risk of researchers “bending” their results to suit their hypothesis or outcome. In the words of O’Leary: “research is an activity that needs to be approached with discipline, rigour, and a level of standardization.” The fact that qualitative interviews were recorded for the current research using a reputable digital voice recorder eliminated an element of interviewer recall bias. Reliability in terms of conducting the interviews and the processes thereafter was addressed in the design of the research methodology “in ways that are consistent, logical, systematic, well documented, and designed to account for research subjectives.” Furthermore, the implementation of cross-checking and reference group

---

45 See Swinton and Mowat, *Practical Theology*.
oversight through the various levels of analysis added a greater depth of reliability. This is a point that will be covered in more detail when the methodology is discussed.

i.6. METHODOLOGY

The methodology for this research is more fully explained in Chapter Four, titled “Methodology and Research Design.” Nonetheless, it is important to set out, however briefly, some comments on the methodology of the thesis at this point.

This research has entailed a qualitative study of the Catholic Church in Australia in an attempt to determine the extent to which it is including and creating communities of belonging for people living with a disability. The study focused on the following key institutions, from which staff and volunteers over the age of eighteen were recruited: (1) Catholic social care agencies (for example, CatholicCare, Centacare); (2) the Catholic school system (for example, the Catholic Education Office, the Catholic Schools Office); and (3) other Catholic agencies and organisations (for example, the Australian Catholic Bishops Conference [ACBC], parish support units, parish ministry teams, archbishops, bishops, and other clergy).

The essential protocol entailed in the qualitative study can be summarised as follows:

---

• Interviews were undertaken in a mutually agreed-upon location, which was preferably in open public spaces, such as a municipal library or a community neighbourhood centre. However, where desired by interviewees, organisational offices were utilised. In the case of substantial geographic distance between the interviewer and the interviewee, interviews took place over the telephone or by using Skype.

• Information statements\(^53\) and consent forms\(^54\) were sent to potential interviewees from the three sample clusters in order to canvass interest.

• Interested interviewees were asked to read the Information Statement thoroughly, to understand its content, parameters and expectations, and to register their interest and participation in the research project by completing the Consent Form within two weeks of the date of the Letter of Invitation.

• A brief semi-structured interview lasting no more than sixty minutes was requested of the interviewees.

• Interviewees were afforded the opportunity to voice their personal viewpoints regarding inclusion of people living with a disability from their perspective – as a bishop, priest, educator, parish administrator, disability support worker, as appropriate.

• The interview data were transcribed by a professional transcription company (Digital Transcripts).

\(^{53}\) See Appendix B.
\(^{54}\) See Appendix C.
• The transcripts were subjected to a thorough thematic analysis process in order to identify any recurrent patterns, themes and categories.\(^{55}\)

• Upon request, an edited summary report of the research was provided to interviewees at the completion of the project.

• All interview transcripts and relevant paperwork were securely housed in a locked cabinet accessed only by the principal supervisor/investigator and student researcher. The “working data” was password-protected and encrypted to protect the identity of the interviewees. This material will be stored for a minimum of five years and then destroyed by personnel of research services at the student researcher’s university.

• Individual interviewees and their place of employment were not identified at any stage throughout the data analysis and synthesis.

### i.7. THESIS STRUCTURE

This thesis will be organised according to the following structure:\(^{56}\)

**Thesis Introduction**

The purpose of this component is to introduce the topic of the thesis. It will address a range of key issues central to it. These include: the nature and development of disability theology; the prevalence of disability in Australia; and the Catholic Church’s response to

---


\(^{56}\) See specifically the Table of Contents, for a more detailed chapter outline.
disability issues. It will also identify the following features of the thesis: its methodology and its research aims, objectives and hypotheses; and it will comment on the thesis’ significance and offer a brief outline of the thesis.

Chapter One – Bridging the Theological and Clinical Divide: Literature Review, Tensions and Controversies

Chapter One explores the question: “Why would a theologian be interested in disability – from a theological perspective?” As well as this, the chapter will investigate what we mean by the word “theology,” or, more pertinent to this particular inquiry, how we do theology? (What are the ways of theologising?) In so doing, it will make particular reference to natural theology and practical theology. The chapter will draw on the work of a selection of notable scholars who have researched or are researching in the broad areas of the theology of disability.

Chapter Two – The Disability Debate: Literature Review, Tensions and Controversies

The purpose of Chapter Two is to critically trace the sociological and historical development of disability and related theoretical frameworks. After discussing the “definability” of disability, there will follow an overview of (1) the Medical Model of disability; (2) the Principle of Normalisation; (3) Social Role Valorisation; and (4) the Social Model of disability. Some considerations will then be given to the necessity of change and its progressive character. Chapter Two will argue that there will never be a universally accepted definition of disability and will propose the need for a resolution of the tensions and controversies that result.
Chapter Three – Genealogy of, and Key Developments in, Disability in Catholic Thought: An Australian Perspective

The intention of Chapter Three is to critically explore the genealogy of rhetoric about and responses to disability within the Catholic Church in Australia, and to trace several key developments that the Church has forged in this area. A concerted focus will be on both the discourse and practical efforts in this regard. This aspect of research will prove vital when determining – at the conclusion of this thesis – whether the Australian Catholic Church has been or is an authentically strong advocate (or not) for people living with a disability. Key focus areas will include: the Australian Catholic Bishops Conference and relevant Catholic leaders and agencies within Australia and the universal Catholic Church, and papal and other Vatican documentation.

Chapter Four – Methodology and Research Design

The purpose of Chapter Four is to propose an appropriate methodology for undertaking the qualitative research that underpins the present study. A reflection on relevant ethical considerations will be put forward57 that shows that the research has been conducted in accordance with the Human Research Ethics Policies and Guidelines of The University of Newcastle and the Australian Code for the Responsible Conduct of Research.

---

Chapter Five – Research Findings

The purpose of Chapter Five is twofold. First, we see the research findings examined on a question-by-question basis to identify any recurrent patterns, themes and categories in the responses. In so doing, the researcher will present a text-based analysis for each of the six interview questions, accompanied by a number-based analysis (in table form) that will present how many times each of the thematic categories showed up during the thematic analysis process. Second, a critique of the five key categories that have emerged from the thematic analysis will be directed to the following five categories: (1) Attitudes and perceptions; (2) Inclusion; (3) Empowerment; (4) Rhetoric versus reality; and (5) Demonstrated action.

Chapter Six – Making Meaning of the Findings

The purpose of Chapter Six is to interrogate discrete elements of the qualitative data and to consider the data in the context of the literature and interlinked with documentary evidence published by the Catholic Church and relevant agencies and organisations.

Chapter Seven – Thesis Conclusion

The purpose of Chapter Seven is to provide an overall synthesis of the qualitative data in dialogue with the theological foundation established earlier in the thesis. In summary, conclusions and recommendations will be extended to highlight existing positive attempts towards social justice for people living with a disability, and attention will be given to identifying and tabling any gaps and inconsistencies. In particular, barriers and competing
discourses of inclusion will be outlined. The researcher will also return to the theological 
literature to analyse, interpret and offer critique of the findings.

i.8. ETHICAL CONSIDERATIONS

The initial application to the Human Research Ethics Committee (HREC), seeking approval 
in relation to the protocol, was tendered on June 1, 2012; it received endorsement and was 
“peer reviewed” by Dr Barry Morris. The project was considered under L2 Low Risk 
Research Expedited Review by the HREC Panel on July 17, 2012. As from September 3, 
2012, the status of the submission was “Conditional Approval” (reference number: H-2012- 
0220). The application was not subject to the L3 Full Review. The application considered a 
number of themes, including: clarification on how the researcher would recruit participants; 
notification on what contingencies were in place if a participant was to become distressed 
during the interview; and what action would be taken by the researcher to manage this risk; 
and, an explanation in the Information Statement concerning how the recipient had been 
identified for participation. On September 5, 2012, the submission was considered under 
“Expedited Review” by the Chair/Deputy Chair, and the decision on the submission was 
“Approved” (Reference no.: H-2012-0220). For further information, please refer to 
Appendix B.

i.9. STYLISTIC FEATURES OF THE THESIS
The thesis has been prepared in accordance with The University of Newcastle’s Thesis Examination Guidelines.\textsuperscript{58}

\section{i.9.1. \textbf{USE OF AUSTRALIAN ENGLISH}}

The thesis is written in Australian English. No amendments have been made to direct quotes that use another variant of English.

\section{i.9.2. \textbf{WORD COUNT}}

The word count of the thesis is 82,389 words. This includes the title page, all sections of the main manuscript, tables, footnotes and the bibliography. The word count, however, excludes appendices.

\section{i.9.3. \textbf{USE OF FIRST PERSON PRONOUNS}}

First person pronouns are used sparingly throughout the thesis to avoid making it sound informal or anecdotal. Only in rare occurrences, such as in the Preface, the Introduction and in sections where the researcher is engaged in investigator reflection (as against reporting) are first person pronouns used.

i.9.4. USE OF TENSES

There is no exclusive rule on the use of tenses throughout the thesis. The default position is past tense, especially when citing literature and/or reporting findings. However, when the researcher is citing or reporting something that is clearly current, present tense is used.

i.9.5. USE OF HEADINGS AND SUBHEADINGS

Headings and subheadings are used extensively throughout this thesis. Given the broad nature of this inquiry, the use of headings and subheadings provide a clear and coherent structure to aid in navigation.

i.9.6. REFERENCING

This thesis uses the Turabian style of referencing.\textsuperscript{59} This includes the correct acknowledgement of references and resources, both print and electronic, that have been used in the research. The only exception to the use of Turabian style concerns the referencing of interview transcripts, owing to the frequency with which they are referred to. In such cases, in-text parentheses have been used instead of footnotes. For other references, full footnote citations are included the first time particular works are cited in each chapter, with a suitably abbreviated form of reference being used thereafter. All direct quotations longer than forty words are set apart, indented on the left, with single-spaced lines, in

\textsuperscript{59} See Kate L. Turabian, \emph{A Manual for Writers of Term Papers, Theses, and Dissertations}, 8th ed. (Chicago: University of Chicago Press, 2013), for further technical classifications.
accordance with Turabian style. The only exceptions to this are direct quotes from interview transcripts, which are presented in italicised font in the body of the text.

i.9.7. SPECIFIC TERMINOLOGY

It is important to note the potential difficulties with specific terminology around the word “disability.” Throughout the thesis, the following approaches will be adopted:

- Use of the term “disability”, as opposed to any other alternative notion used throughout the world, for example, “retarded,” “mentally challenged,” “handicapped,” “impaired,” “learning disabilities.”
- Use of the expression “people living with disability/ a disability,” as opposed to “people with disabilities,” as the latter suggests that all people living with a disability have more than one disability.
- Use of “people first” language, which refers to people by their first name, rather than by their disability. The terms “wheelchair-ridden” and “people bound by a wheelchair” are not appropriate as the researcher believes this kind of terminology signifies negative attitudes. People should refer to “a person who uses a wheelchair” or to “someone who happens to need a wheelchair.” (See Interviewee 8: Brianna.)
- Avoidance of the use of language such as “the intellectually disabled,” “the handicapped,” and “those suffering from disability.” Nonetheless, no amendments have been made to direct quotes that use these, or other, possibly discriminatory terms. To signify this, the researcher has simply inserted [sic] immediately after such occurrences.
Finally, when referring to “the Church,” the researcher is referring to the Catholic Church, unless stated otherwise.

i.9.8. MISCELLANEOUS STYLISTIC FEATURES

The following miscellaneous stylistic features are to be noted:

- The font style used throughout the thesis is Times New Roman and the font size is twelve for the main text and ten for footnotes.
- The orientation of the paper is portrait, and standard A4 metric paper is used (approximately 21 cm x 30 cm).
- The gutter margin size is 4 cm, the outer margin 2 cm, the top margin 3 cm, and the bottom 2 cm.
- Words in square brackets, often inserted in a direct quotation, are words that have been included or modified by the researcher.60
- Numbers under one hundred (for example, sixty-six), rounded numbers (for example, one hundred or six million) and ordinal numbers (for example, second or twentieth) have been written in words, as opposed to their numerical form. But there are some exceptions, including dates and the numbering of categories, for example.

---

60 In terms of the overall presentation of the thesis, the following resources have been consulted: Howard S. Becker, Writing for Social Scientists: How to Start and Finish Your Thesis, Book, or Article (Chicago: University of Chicago Press, 1986); and Lawrence D. McIntosh, A Style Manual for the Presentation of Papers and Theses in Religion and Theology (Wagga Wagga, NSW: Centre for Information Studies, Australian and New Zealand Theological Library Association, and Australian and New Zealand Association of Theological Schools, 1995).
• Pseudonyms have been used to prevent the disclosure of the identities of research subjects and places.

• Direct quotes from interview transcripts have been italicised to make them more easily distinguishable from the main text.

i.10. CONCLUSION

In the Thesis Introduction, the topic of the thesis has been introduced and, in doing so, a range of key issues central to this thesis have been touched on, including: the nature and development of disability theology; the prevalence of disability in Australia; and the Catholic Church’s response to disability issues. This section has also signposted the mechanics of this thesis, including: its methodology, and its research aims, objectives and hypotheses; and it has described its significance and offered a brief outline. In the next chapter, the central question: “Why would a theologian be interested in disability – from a theological perspective?” will be explored. In so doing, natural theology and practical theology will be identified as ways of theologising about the topic, and a selection of notable scholars who have contributed to such theologising will be examined. These will include theologians who have researched or are researching directly in the broad area of disability theology.