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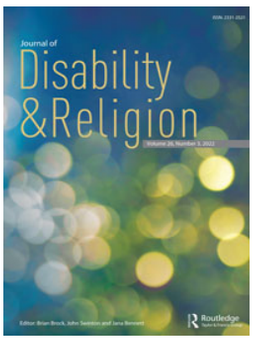

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Being Needed, Cared for, and Present: Belonging and Disability in the Seventh-Day Adventist Church in North America

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ABSTRACT

Many Christian churches seek to be places of belonging, yet present barriers to inclusion. The present research focuses on disability and belonging in members of the Seventh-day Adventist (SDA) Church in North America. Data from the SDA Global Church Survey (2017–2018) were used to measure attendance, perceived care, and sense of being needed. Results: Differences in attendance, leadership, and "feeling cared for" were observed. The findings of this study suggest that the SDA Church has had both successes and room for growth in terms of creating opportunities for belonging among people with disabilities. Implications for other denominations are also discussed.

KEYWORDS

Belonging; caring faith community; church attendance; disability ministry; leadership; Seventh-day Adventist

Introduction

Christian denominations are increasingly engaged in efforts to improve belonging among members with disabilities. Many Christians view it as an obligation to be inclusive of all members of society, in keeping with Christ's example. A simple internet search of denominations with disability programs yields various pages that describe how some communities of faith are attempting to reduce barriers to inclusion. The present study explores the status of one denomination, the Seventh-day Adventist (SDA) Church, in serving and including individuals with disabilities in North America.

According to the 2016 Center for Disease Control Disability and Health Overview (2019), 61 million Americans live with a disability, representing 25% of the population. Estimates are similar in Canada with approximately 20% of the adult population living with a disability (Statistics Canada, 2018). Population studies demonstrate that the incidence of disability increases with age (Brault, 2012; Statistics Canada, 2018). In the United

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States (U.S.), individuals over the age of 80 have the highest rate of disability (70%), whereas only 10% of persons between the ages of 15 and 24 have a disability (Brault, 2012).

Starnino (2014) points out the challenges of using the term "disability" to denote such a broad array of conditions in the context of research, suggesting that results from a study with one group may have limited utility when applied to another. For example, conclusions derived from a study with persons who are deaf are likely to have limited valid implications for those with an intellectual disability. Trecartin and Trecartin (2015) suggest that this difficulty may partly arise due to the challenges of differentiating between concepts such as disability, illness, and functional impairment. In addition, they note that there are multiple models that have been used to identify the origins of disability, each of which continue to influence attitudes, definitions, and policies to this day.

The Americans with Disabilities Act was signed into law in 1990, and is sometimes used to define disabilities. This Act was strongly influenced by the medical model of disability. In the Act, the federal government defined an individual with a disability as someone who has; "(1) a physical or mental impairment that substantially limits one or more 'major life activities', (2) has a record of such an impairment, or (3) being regarded as having such an impairment…," (Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq., 1990).

In contrast to the medical model of disability, which locates the cause of disability within the individual, the social model of disability began to emerge in the 1970s (Oliver & Sapey, 1999). The social model views society, rather than the person's medical condition, as the constructing mechanism of disability. Morris (2010) states that rather than being limited by their biology, "… people with disabilities are excluded from participation in society because of the barriers that able-bodied people put in their way," (p. 49). Simply put, a person's environment renders them disabled rather than their own body.

With the many challenges plaguing the physical and social environments of people with disabilities, it is important to recognize the role of social systems in creating barriers. Acceptance and belonging become increasingly important. Several studies demonstrate that a sense of belonging to a community is essential to a person's wellbeing (Mannarini & Fedi, 2009; Roffey, 2013; Stewart et al., 2008). In comparison, social exclusion has been found to have multiple negative consequences on the individual including a low sense of self-worth, feelings of powerlessness, and a tendency toward further isolation (Stewart et al., 2008). In studies specifically focused on the effect of social exclusion on people with disabilities, links to increased cognitive and emotional impairments in people with mental

health disabilities (Reddy et al., 2017) and to loss of motivation, social opportunities, and poorer health outcomes in older adults with biological and specifically neurological risks, have been found (Burholt et al., 2020).

Religious communities have the potential to combat the societal ill of isolation and contribute to well-being in people with disabilities. The Americans with Disabilities Act, Title III mandates for public accommodation do not apply to religious entities (though local building codes may) (ADA National Network, 2019). Therefore, the prerogative for providing physical accommodations rests on the religious organization itself. Similarly, the prerogative for eliminating the social barriers to belonging also rests with communities of faith.

Theoretical framework

The current study makes use of the Dimensions of Belonging Framework developed by Carter (2016). This framework was established because of a series of interviews, surveys and assessments of the church experiences of youth (ages 13 to 21) with intellectual and developmental disabilities. The ten dimensions outlined by Carter as they pertain to church belonging emerged from qualitative interviews with the parents of participating youth. The dimensions include, being present, invited, welcomed, known, accepted, supported, cared for, befriended, needed, and loved. The current study focuses on the dimensions of being present, being cared for, and being needed. This is the first study to explore sense of belonging, specifically being present, needed, and cared for, using a nationally representative denominational sample of church members with disabilities from the Seventh-day Adventist Church. No other studies were found that reviewed belonging among a representative denominational sample.

Carter (2016) made the following two assumptions; (1) "… disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society," (p. 167) and (2) "churches are called to be places of welcome, belonging, and contribution for people with disabilities and their families," (p. 167). The present study accepts the former assumptions, and extrapolates the Dimensions of Belonging Framework beyond people with intellectual and developmental disabilities to include all types of disability in adults over the age of 18.

Being present

In the U.S., 36% of adults report attending a religious service at least once a week (Pew Research Center, 2014). In the most recent national study to examine disability and religiosity, the Kessler Foundation/National

Organization on Disability (2010) found that individuals in the U.S. with disabilities are less likely to attend religious services than those without a disability by a gap of 7%. This discrepancy suggests that churches may not be successful at, or be prioritizing the inclusion of people with disabilities.

The benefits that faith-based organizations offer to people with disabilities are multiple. Studies on individuals with intellectual and developmental disabilities (IDD) reveal that the social and psychological support available in such environments can help persons with IDD surmount feelings of stigma and low self-esteem (Culliford, 2002; McNair, 1993). Participation in worship, including prayer and meditation, contributes to well-being in the form of higher levels of positive affect, resilience to stress, lower mortality rates, lower rates of depression and higher levels of life satisfaction and purpose (Levin, 2001; Li et al., 2016; Vanderweele, 2017). Oman et al. (2002) suggest that even after covariates such as social support and baseline health are controlled for, attending religious services results in lower levels of mortality, demonstrating a moderately strong correlation.

Being cared for

Beyond simple attendance, a person's perception of the care they receive from their faith community also has been found to have significant health benefits, particularly among older adults. Older people who have a close friend at their place of worship are more likely to rate their health in a favorable way and have fewer outpatient visits (Krause, 2010). However, for some groups with disabilities, general social support appears to be lacking. According to the 2015–2016 National Core Indicators Adult Consumer Survey (NCI-ACS) final report, 23% of adults with intellectual disabilities who receive public services in institutional settings report having no caring relationships with people outside of staff or family members (The National Association of State Directors of Development and Disability Services & Human Services Research Institute, 2017). For people with IDDs, social care and support have been shown to increase quality of life, yet social support was the lowest reported item on a parent survey of youth with IDD (Biggs & Carter, 2016). In another survey of parents of children with disabilities, 67% reported that there was no spiritual counsel available to them from a congregational leader (Carter et al., 2016).

Being needed

Were those with disabilities to experience true belonging in their churches they would feel not only cared for but also needed, an indispensable part

of active church life. However, the rate at which people with disabilities occupy leadership positions is yet unknown. Carter (2016) points out that while the concept of "ministry to" individuals with disabilities is well established in faith communities, the incidence of "ministry by" those with disabilities leaves much to be improved. One of the most recent initiatives of the SDA Church strives to attain Total Member Involvement (TMI) whereby each member, regardless of training, is encouraged to contribute to active church life (Seventh-day Adventist Church, 2020). The success of this endeavor among members with disabilities has yet to be evaluated. Furthermore, no formal research has been conducted within the SDA Church to explore the incidence of people with disabilities holding church office or other church leadership positions.

Method

Design

A cross-sectional, multistage cluster sampling approach was used to select church congregations for participation in this multi-national survey of members of the Seventh-day Adventist denomination. The sample was stratified using the existing organizational structure within the denomination in order to ensure that respondents from different regions and different size churches were proportionally represented in the sample. The hierarchical church structure includes Divisions (generally single or multiple countries or ethnic groups), Unions (smaller regions within Divisions), and Conferences or Missions (still smaller regions composed of local churches). This stratification was done in the North American Division of Seventh-day Adventists, which includes the United States, Canada, and the Bahamas.

The entire list of churches from the Division was stratified first by Union, and then by church size. Church size was defined by individual church membership, with those up to the 33rd percentile of total membership size comprising "small" churches, those from the 34th to 66th percentile comprising "medium" churches and those from the 67th to 100th percentile comprising "large" churches. Small, medium, and large churches were then randomly sampled from each Union (second strata). The size of the sample was proportional to the membership of each Union and the proportion of small, medium and large churches in that Union. Churches were selected for participation, without replacement. A list of random numbers from a random number generator was applied in selecting the churches to ensure that every church had a known and equal chance of being included in the initial sample. Every person 18 years and older in the selected church was eligible to complete the

survey. Purposive oversampling for age (younger church members) and ethnicity was also used, oversampling churches or congregations that were likely to be composed of higher proportions of young adults and ethnically diverse individuals. The final sample included 1,923 individual responses.

Survey

In 2017 and 2018, the Seventh-day Adventist Church completed a Global Church Member Survey to collect data on the participation of SDA church members around the world. This instrument was first used in the 2012–2013 Global Church Member Survey and included questions about religious and spiritual attitudes and behaviors, family life, community involvement, church health, and the Adventist health message, among other items. In 2017, a major revision of the survey was completed and disability status was added to the updated survey for the first time.

The Dimensions of Belong Framework served as the conceptual model for this study. Three concepts from the framework were chosen based on the availability of variables in the survey. Figure 1 demonstrates the hypothesized relationships between respondents' being "present," sense of being "needed," and sense of being "cared for" and their disability status.

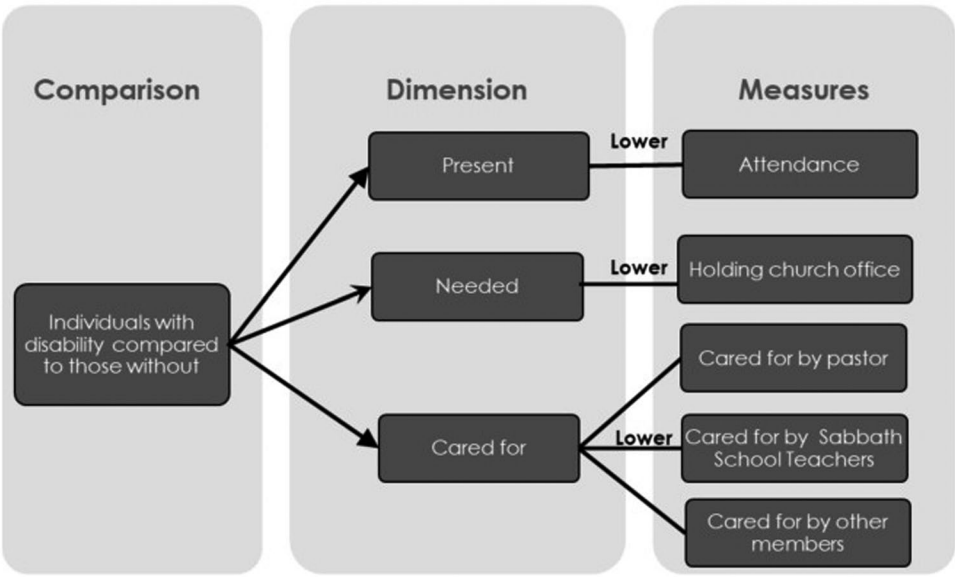

Figure 1. Conceptual model detailing the predicted relationships between three of the concepts from the Dimensions of Belonging Framework, by disability status.

Study variables

Disability Type was measured using answers to the self-reported question; *Do you have a disability or identify as a person who is deaf? Mark all of the answers below that apply to you.* Answers included "no disability," "person who is deaf," "mobility," "hearing," "vision," "cognitive/learning," "speaking," and "other" disabilities. Respondents who selected multiple disabilities were recorded as "multiple." This variable was recoded into *Disability Status*, with "no disability" and "disability" categories.

Church Attendance was used as a measure of being "present." It was measured using a Likert scale with responses to the statement, *In the last 12 months, this is how often I usually attended church services*. Six response categories ranged from "Never" to "More than Once a Week."

Holding Church Office was used to measure respondents' sense of feeling "needed." The question, *Do you hold a church office?*, was used with possible answers of "Yes" or "No."

Cared for by Pastor, Sabbath School Teachers, and *Other Church Members* were used to measure whether respondents' felt "cared for." These three variables were measured using a Likert scale with five response categories ranging from "Strongly Disagree" to "Strongly Agree." Sabbath School is the equivalent to Sunday School in other Christian denominations.

Analysis

Univariate and bivariate analyses were conducted to explore the relationships between disability type, status, and measures used to operationalize concepts in the Dimensions of Belonging Framework including church attendance, holding church office, being cared for by pastors, by teachers, and by other church members. Analyses included the use of correlations, t-tests, ANOVAs, and chi-square tests. Data were cleaned using SPSS 24 and analyzed using Jamovi 1.0.7.0. The following statistical hypotheses were tested:

H1: Church attendance would be different based on disability type and status (including those without disabilities).

H2: People with disabilities would report less frequent leadership positions.

H3: People with disabilities would report lower agreement that Sabbath School teachers care, pastors care, and others care.

Results

While 88% of the sample reported having no disability, there were a number of respondents (11.6%) that disclosed having disabilities (see Table 1).

Table 1. Descriptive findings and bivariate relationships for disability and belonging variables.

Variables	*N*	Total % or mean (*SD*)	No disability	Disability	*Sig*
Demographic variables					
Disability					
No	1644	88.0			
Yes	224	12.0			
Disability type					
None	1644				
None and deaf	7				
Mobility	64				
Hearing	49				
Vision	14				
Cognitive	11				
Other	43				
Multiple	36				
Age	1908	57.8 (15.9)	56.5 (15.5)	65.5 (16.1)	**
Gender					*NS*
Male	864	45.1	44.8	46.4	
Female	1053	54.8	55.2	53.6	
Dependent variables					
Attendance					*NS*
Never	18	1.0	0.8	2.3	
Once or twice	47	2.6	2.6	2.6	
Once a quarter	48	2.6	2.4	3.8	
Once a month	61	3.3	3.2	4.1	
Almost every week	590	32.2	32.8	28.6	
Every week	778	42.4	42.5	41.7	
More than once a week	292	15.9	15.8	16.9	
Church office					*
Yes	1147	60.3	61.2	55.1	
No	754	39.7	38.8	44.9	
Cared for by pastor					*NS*
Strongly disagree	80	4.6	4.6	4.7	
Disagree	62	3.6	3.6	3.6	
Not sure	288	16.6	16.5	17.0	
Agree	747	42.9	42.6	45.1	
Strongly agree	563	32.4	32.8	29.6	
Cared for by SS teacher					*NS*
Strongly disagree	64	3.7	3.7	3.6	
Disagree	75	4.4	4.4	4.4	
Not sure	367	21.3	20.9	23.8	
Agree	766	44.6	45.1	41.4	
Strongly agree	447	26.0	25.8	27.0	
Cared for by members					*
Strongly disagree	28	1.6	1.5	2.0	
Disagree	35	2.0	1.9	2.4	
Not sure	171	9.8	9.5	11.5	
Agree	896	51.3	51.7	49.0	
Strongly agree	615	35.2	35.3	35.2	

*p = .05; **p = .001

Of those, 3.4% reported "mobility," 2.6% "hearing," 0.7% "vision," 0.6% "cognitive," and 4.2% "other" disabilities. Those who identify as part of the Deaf community represented 0.4% of the sample. About 2.2% of the total sample had multiple disabilities. The majority of the sample was female (54.8%), and females were the majority of those with disabilities (53.6%) though there was no significant association between disability status and gender ($\chi^2(1) = .233$, $p = .63$).

The average age of the entire sample was 57.8 and ranged from 18 to 96 years old with those without disabilities being significantly younger than those with disabilities ($t(1906) = -8.59$, $p < .001$). Statistically significant differences in age were observed between disability types (F (7, 1846) = 17.74, $p < .001$) (Figure 2). Those with cognitive disabilities were significantly younger ($M = 49.45$, $SD = 22.90$) than those with mobility ($M = 69.68$, $SD = 13.09$), hearing ($M = 72.84$, $SD = 13.17$), and multiple disabilities ($M = 68.89$, $SD = 17.00$). The oldest group was those with hearing disabilities, and they were significantly older than those with no disability ($M = 56.52$, $SD = 15.51$), cognitive disabilities, and respondents with "other" disabilities ($M = 61.65$, $SD = 13.44$). Those with visual disabilities and those who identified as part of the Deaf community were not significantly different in age ($M = 60.14$, $SD = 14.71$, $M = 69.86$, $SD = 22.02$ respectively) when compared to the rest of the groups.

The majority of the sample attended church every week (42.4%) with 58.3% attending weekly or more (Table 1). Of those with disabilities, a similar pattern was found, with 58.6% attending weekly or more. No significant difference was observed in church attendance and disability status, when comparing those with disabilities and those without ($\chi^2(6)$

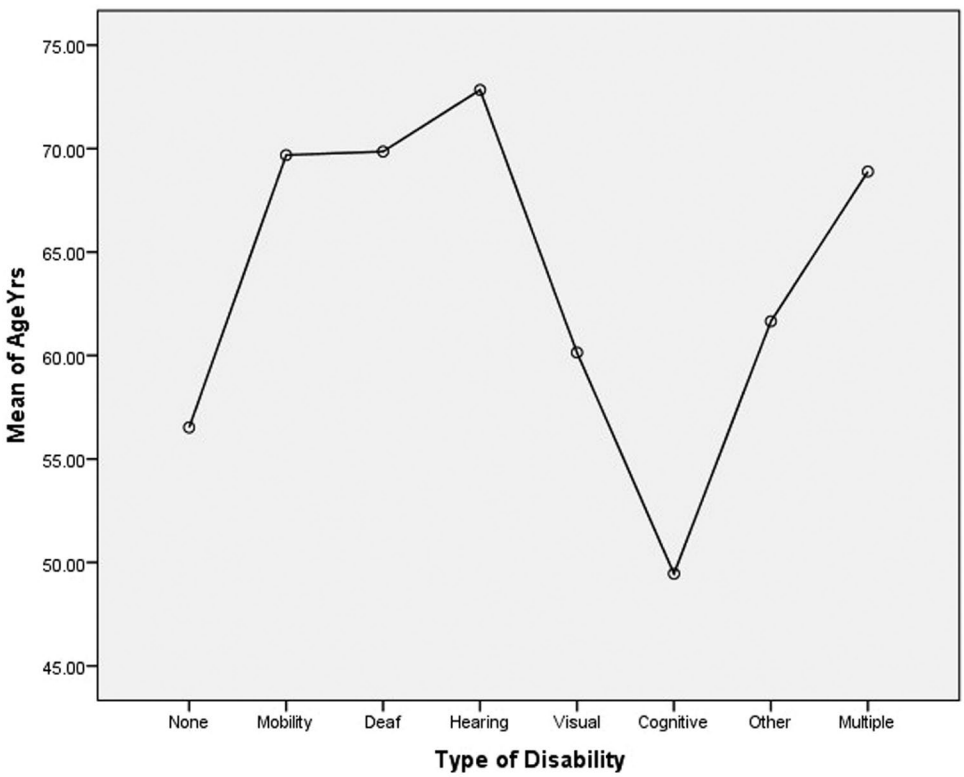

Figure 2. Average age by disability type.

= 8.80, p = .19). In addition, no association was found when comparing attendance by disability type ($\chi^2(42) = 38.48$, p = .63).

The majority of respondents reported holding a church office (60.3%) including among those with disabilities (55.1%). However, a significant association was found between disability status and holding office ($\chi^2(1) = 3.74$, p = .05). There was a gap of 6.1% observed between those with and without disabilities. The largest proportion of those holding office did not have a disability.

A between-groups comparison of disability type revealed further differences ($\chi^2(7) = 14.49$, p = .04). While 61.2% of those without disabilities reported holding office, 46.2% of those with visual, 36.4% of those with cognitive, 51.2% of those with other, and 37.1% of those with multiple disabilities held an office. Interestingly, those who had mobility and hearing disabilities held office at a higher rate than those without disabilities (64.1% and 71.4% respectively). Among the Deaf community represented in the sample (n = 7), 71.4% held an office.

When respondents were asked to describe their sense of being cared for by their pastor, their Sabbath School teacher, and by other church members, the majority of both those with disabilities and those without reported that they "agreed" that they were cared for, in similar proportions. No statistically significant associations were found between groups (see Table 1). When comparing by disability type using cross-tabs, all three analyses had significant cell counts below five. In order to remedy this, responses were collapsed from a 5-point Likert scale to a 3-point Likert scale with categories of "Disagree," "Unsure," and "Agree." Only one association was found and showed that disability type interacted with one's sense of being cared for by others in the church ($\chi^2(14) = 24.69$, p = .04). Further analysis revealed that of those without a disability, 13% either disagreed or were unsure whether others in their church cared about them. Of those who reported multiple disabilities, 20.7% were unsure if people cared. Of those with other disabilities, 14.6% disagreed and a further 7.3% were unsure. Just over 13% of those with mobility disabilities were unsure.

Discussion

Key assumptions of the Dimensions of Belonging Framework are that regardless of ability status, people have the right to participate and contribute within their social surroundings and that churches are natural settings to extend opportunities for belonging (Carter et al., 2016). The findings of this study suggest that the SDA Church has had both successes and room for growth in terms of creating opportunities for belonging

among people with disabilities. When compared to the 36% of the general U.S. population that attends church at least once a week (Pew Research Center, 2014), it becomes clear that Seventh-day Adventists who are attending church are present in their places of worship much more than average. Fifty-eight percent of those with and those without disabilities in the sample reported being in church weekly, demonstrating the potential of the SDA Church to address the belonging needs of being present, needed, and cared for, detailed in the Dimensions of Belonging Framework, among members with and without disabilities. It is also noteworthy that there are no significant differences in attendance between those with and those without disabilities. This finding was contrary to hypothesis 1, and represents good news for the denomination. However, these findings also reveal a 24.4% gap between the proportion of those with disabilities who are attending church in this denomination (11.6%) and general U.S. population with disabilities (36%). This suggests that more work needs to be done to get people with disabilities to enter places of worship.

Hypothesis 2 tested whether people with disabilities would report less frequent leadership positions. This hypothesis was partially supported revealing a gap of 6.1% between those with and those without disabilities holding leadership positions. Promising findings revealed that respondents with hearing and mobility disabilities held office at even higher rates than those without disabilities. This may reflect an association between age and disability, and age and leadership opportunities in general. Respondents with potentially greater need for physical accommodations and those who might experience communication barriers were less likely to hold church office. This included people with multiple disabilities, those who had cognitive disabilities, and those who had visual disabilities. One exception was finding that 71% of those who were Deaf reported serving in a church office. However, this finding should be taken with caution, as there were only seven individuals in this category. The category of "other" disability stands out, as these individuals were also less likely to hold office, though there was no way to consider what their particular barriers might be.

In consideration of the third concept from the Dimensions of Belonging Framework, being cared for, hypothesis 3 was partially supported. Positive findings from this analysis were that people with disabilities felt cared for by their pastors and by their Sabbath School teachers in similar proportions to those without disabilities. However, when examining care provided by "others" in the church, it emerged that not only did several groups question whether others cared for them, 13% of those without disabilities were "unsure" or did not think others cared, the same percentage of those with mobility disabilities. Of particular concern are those with multiple

disabilities (20.7%) and those with "other" disabilities (21.9%) who did not feel that others cared or were "unsure." This finding suggests that experiences of care from church members fluctuate more than care from pastors or Sabbath School teachers.

Limitations

This study had a number of limitations that should be considered. While efforts were made to ensure the sample was representative, it is possible that members with disabilities were not present in church on the dates the survey was administered, or did not receive a link to complete the survey. In addition, the survey targeted members who attended church in person, rather than attending worship services online via live streaming or recorded messages. Those members may not have responded. In addition, the disability type "other" was not well defined, yet represented one of the largest response categories. Conclusions about the experiences of this subgroup could not be teased out. Members of the Deaf community were also under-represented, making conclusions about their experiences tentative at best.

Implications

Several recommendations for further study emerge as a result of this analysis. Future analyses using the Seventh-day Adventist Global Church Survey should clearly define disability so that survey-takers can easily identify if they are the intended respondent. It may have been unclear to respondents whether an illness, impairment, or challenge that was being managed qualified as a "disability." In addition, in identifying disability types, the category "other" should include space for comment.

Given that the SDA Church is comprised of 13 Divisions around the world, this study should be replicated among those Divisions to identify similarities, differences, and opportunities for improvement in the belonging experiences of being present, being needed, and being cared for, among church members with disabilities worldwide. In addition, qualitative studies should be conducted to explore the lived experiences of people with disabilities in the Seventh-day Adventist denomination to identify how members with disabilities experience belonging, what the barriers to belonging are, and what members with disabilities recommend in order to increase belonging.

Several implications have emerged for the Seventh-day Adventist denomination in North America; some may be useful for other denominations. It is evident that there is a gap in the representation of people with

disabilities in the SDA Church, when compared to the general population of those with disabilities. Churches need to eliminate the barriers that keep people with disabilities from attending whether those be structural, transportation, or even attitudes that devalue this segment of the population. This study found fluctuations in the experiences of perceptions of care by other church members that may need to be further addressed. While respondents reported similar levels of care received by pastors and Sabbath School teachers, there were significant differences in reports of care received from other church members.

Churches can also identify and work to correct barriers to belonging through the use of accessibility audits. The term "audit" can be defined as "… a methodical examination and review," (Merriam-Webster, 2020, para. 2). Audits are methodical applications of evaluation instruments composed of focused questions that are applied by either professionals or laypersons. According to Handicap International (Nouvellet, 2014) accessibility audits are helpful for raising awareness of access needs, creating opportunities to advocate for change, and generating action plans for improvement.

Auditing, the process of conducting an audit, can be used by churches to examine the types and sources of barriers to belonging experienced by people with disabilities. Various church-based accessibility audits, or instruments designed to examine accessibility, have been created by denominational organizations (Christian Reform Church in North America, 2020; DisAbility Ministries Committee of the United Methodist Church, 2017; Presbyterian Health, Education, and Welfare Association, n.d.). Denominational accessibility audits focus on identifying the types of barriers experienced by people with disabilities including physical, social, attitudinal, and even spiritual, as well as determining the potential sources of barriers including but are not limited to, building structures, the design of worship experiences, and church member attitudes.

The Dimensions of Belonging Framework has also been proposed as an auditing tool (Carter et al., 2016). By transforming the ten dimensions contained in the complete framework into questions about the experiences of church members with disabilities, the tool can then be applied to churches through a systematic auditing process. The results can be useful for identifying the types and sources of barriers that occur and also for creating action plans to improve belonging among church members with disabilities.

In addition, churches need to continue to push for opportunities to involve people with disabilities in church leadership. A motto of the disability advocacy movement is "nothing about us without us," suggesting that this community should be involved in all aspects of church life,

particularly when decision-making directly affects them. It is essential to enhance sense of belonging if churches are to truly meet the needs of people with disabilities. This can be done by intentionally creating an environment that fully nurtures all members of the church, enables everyone to express their spiritual gifts, and enables everyone to serve, not just be served.

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