BREAKING BARRIERS

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Our Heroes

As a young boy growing up, I was always a big sports fan. Though basketball was my favorite, I enjoyed a wide variety of sports. Many of the great athletes were my heroes. Today, things are not much different. Like many other college-age guys I like to watch the "big game," and I still admire the great athletes of the sports world for their ability and grace under pressure. Nothing is more incredible than to watch Micheal Jordan slip through defenders and hammer the basketball down with a thundering dunk, or to watch Ken Griffey, Jr., smash a home run in the bottom of the ninth inning to bring his team the victory. My mouth always drops open watching Barry Sanders elude his prospective tacklers, or Wayne Gretsky slap the puck into the net as time runs out. These unbelievable athletes come through time and time again and never go down without a fight. At times they seem almost perfect. That is why we love them, and that is why we call them heroes.

As I think about these heroes and their many feats, another hero comes to mind. This hero is much closer to me. He is my cousin Randy Modderman. Randy is about 6′6″ and weighs 200 pounds. He is probably the most incredible athlete I have ever known. Although Randy is 6′6″ he cannot dunk a basketball, and though he has more strength than Barry Sanders, he isn't breaking tackles for any NFL team. That's because Randy has a disease called Friedreich's Ataxia and he's confined to a wheelchair. Randy was diagnosed with this disease at age six and has been doing battle with it ever since.

Left to right: Randy Modderman and Daniel Modderman

Friedreich' s Ataxia effects all the muscles of the body, causing the person to gradually lose control over muscle movement. Randy has many difficulties as a result of this disease. Along with not being able to walk, Randy has trouble speaking, feeding himself, hearing, and many other daily activities that many of us take for granted.

Living to the Fullest

You may be asking: "How can a person who has such a terrible disease be considered such a great athlete?" It's true that Randy cannot accomplish the physical feats of Micheal Jordan or Ken Griffy, Jr. But Randy succeeds on a daily basis in a game that so many people don't understand and continually fail at. That, of course, is the game of life.

You see, the greatest danger of Friedreich's Ataxia is its effect on the heart. When Randy was diagnosed, the doctors did not expect him to live to see his sixteenth birthday. This August, God-willing, Randy will turn twenty-nine. Not only is Randy beating the doctor's odds, he's living his life to the fullest.

Although Randy never really had a chance to play sports, he was always there to support those who could. When his brother Joe and I were playing basketball in high school he never missed a game. Our junior year we played for the state championship, and Randy's inspiration and support were a big reason for our success. When you walked out of that locker room and saw him sitting there, you couldn't help but get excited. Randy was just as supportive after the game was over. He always

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In this Issue

From the Director

This time, what I have to say is for the able-bodied reader.

You are not disabled, not yet, but do not let that tempt you to think people with disabilities are different from you. Their needs, their wants, and their strengths are just like yours.

The National Association for the Mentally Ill (NAMI) has issued a new report entitled "Priced Out in 2002," published by the Technical Assistance Collaborative, Inc., and the Consortium for: Citizens with Disabilities Housing Task Force.

Among the major findings in "Priced Out in 2002" are the following:

- In 2002, for the first time ever, the national average rent was greater than the amount of income received by 3.7 million Americans with disabilities who must rely on monthly Supplemental Security Income (SSI) of $545 to pay for all their basic needs.
- Specifically, the average national rent for a modest one-bedroom rental unit in the United States rose to 105 percent of SSI—up from 98 percent in 2000.
- Since 1998, SSI monthly income has declined by 6 percent relative to median income while between 2000 to 2002, rents have increased 14 percent.
- Even in the most affordable state—Oklahoma—people receiving SSI income needed to spend 67 percent of their monthly income for a modest one-bedroom rental unit. People with disabilities continue to be the poorest people in the nation.
- As a national average, SSI benefits in 2002 were equal to only 18.8 percent of the one-person median household income.
- State supplements to SSI benefit income are not sufficient to make up the housing "affordability gap." Even if people with disabilities receiving SSI benefits (equivalent to an hourly wage of $3.43) move on to full time employment at the minimum wage, they could not afford rental housing costs in 2002.
- The National Low Income Housing Coalition's Housing Wage for 2002 was $12.08 per hour—about twice the minimum wage and more than three times higher than SSI monthly income.

Although I do not have comparable data for Canada, I dare say that there too "people with disabilities continue to be the poorest people in the nation." I dare say too that people with disabilities are also the poorest people in the churches. What do you think should be done to relieve their grinding poverty?

Before you propose your solutions, I must insist that you take the needs of people with disabilities seriously. Keep in mind that most of these folks can and want to live in their own apartments or houses, not with relatives or in nursing homes. Most of them can and want to have productive jobs that pay a living wage. If they live on SSI, it is not because that is all they want. It is nothing more or less than the last resort for them—a humiliation they accept and endure only because they have no alternative. If they have given up, it is only because they have struggled so long and so fruitlessly that their hope has died. I have been speaking of "them" but I should say "us," for I am disabled too, and I have known times in my life when I was at that point.

I am not going to tell you what your solution should be. I am only going to say that, if ever there were a place and time for you to emphasize the "as yourself" in the second commandment, it is here. People with disabilities are like you, and your solution to their poverty must lift them up to where you are. They will do their part of the lifting, so it will be easier than you think.

Remember who said, "Love your neighbor as yourself." Do you hear him?

—Jim Vanderlaan

Letters are welcome in keeping with the purpose of Breaking Barriers. They may be edited for style and length.

—Rev. James Vanderlaan

Caregivers!

Using the following web community address, caregivers can ask and answer questions or make comments that they feel could benefit someone.

www.caregiver.guidedvision.com

Please try it out and let us know what you think.

—JV

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Keeping the Faith

The Role of Religion and Spiritual Life in Lives Affected by Alzheimer's

When a person is diagnosed with Alzheimer's, many cognitive and behavioral changes follow. Anyone who has had a parent or spouse with Alzheimer's or any other form of dementia will readily agree that life changes drastically. Some normal activities, such as driving or shopping alone, are no longer possible. Socialization often becomes difficult, with the result that friendship and fellowship are diminished for both the person with Alzheimer's and for the caregiver. Even the familiar experience of attending church takes on new dimensions when memory loss and confusion enter the scene. How can faith (and the actions of the faithful) offer hope in what often appears to be a hopeless situation? What role does religion, or the church, have in the lives of such individuals?

Religious and spiritual beliefs can still be maintained even with the many changes that families experience. Research indicates that people with Alzheimer's often respond to familiar hymns, prayers, and Scriptures. In fact, many families will testify that their loved one remembered the songs of the faith long after many other things were forgotten. Marie's mother loved to sing, and when dementia caused anxiety, it was the hymns of her childhood that restored her soul. Church was so important to Dorothy VandeGuchte that Bob made the effort to get her to worship as long as possible. Dorothy continued to sing in the choir, taking her spot in the front row, praising God with heart and voice. Favorite hymns and well loved Scriptures provided comfort and hope to Bill and Alta Brink, enabling them to live with the limitations that Bill experienced. Worshiping together with the body of Christ strengthens our faith.

The Alzheimer 's Association Newsletter suggests that "religious congregations have important roles to play in the lives of people with Alzheimer's and their caregivers, from providing emotional and spiritual support to taking over the caregiver's role for a few hours." They can also be a welcoming place for both the caregiver and the affected parent or spouse. The article goes on to say, "Caregivers may be reluctant to bring someone with Alzheimer's to church because they are embarrassed or because the person may disrupt the service by some inappropriate behavior." It is very hard to see someone you love acting inappropriately, and the result is the desire to withdraw from church altogether. The article continues, "This doesn't have to be a problem. Some churches have special facilities where parents can take noisy children and still participate in worship through audio or video feeds. Perhaps these could find a new use." Now that's an interesting idea!

As our society's life span increases, so does the possibility that many of us will face the challenges of interacting with a family member's loss of memory and other debilitating behaviors. Education and awareness are key factors in dealing with these challenges, and excellent resources are available. Family members who have been faced with the challenges of Alzheimer's still look to the church for strength and support. As a congregation we can be preparing to meet the needs of the people within our fellowship, as we remain a warm and welcoming spiritual resource for all believers.

—Bob VandeGuchte. From The Alzheimer 's Association Newsletter: Summer 2002, with thoughts from Alta Brink, Bob VandeGuchte, and Marie VanAntwerpen. Reprinted by permission from The Princeton Christian Reformed Church newsletter.

* * *

View on Understanding Our Deafness

by Kimberly Dianne Richards

We cannot hear anything at all, because we are deaf,
Cannot hear voices, we only see their mouths moving.
Cannot hear our own voices, we only feel it in our throats.
Cannot hear laughter, we only see it in their faces.
Cannot hear the sound of playing, we only see other people play.
Cannot hear the screams, we only see their mouths open or the startled reactions of people around them.
Cannot hear weeping, we only see their tearstained cheeks.
Cannot hear the scolding, we only see it in their scowling faces and fingers shaking up and down in our faces.
Cannot hear love and peace in voices of beloved ones, we only see love and peace in their faces.
Cannot hear our names announced, we only know if our friends, family or interpreters inform us.
Cannot hear the beat of music, we only feel the vibrations.
Cannot hear wind whistling through leaves on the trees, we only see the leaves moving and the trees swaying.
Cannot hear the ocean's waves beating upon shores, we can only see them crashing forward, then retreating.
Cannot hear the footsteps in the darkness, we only feel them.
Cannot hear the hum of machines around us, we only feel them when we place our hands upon them.
Cannot hear the television, we only read the words on the screen with the help of closed captions.
Cannot hear the sounds the seasons bring to us, we only see the changes the seasons bring to us.
The list can only be endless. Hearing people's world is filled with sound.
Our world is filled with sights and vibrations. They think we are missing out on the sounds.
We think they are missing out on the sights and vibrations: they take them for granted.
We will never hear, even if hearing people put their mouths to our ears and scream down into them.
But we can hear one golden sound very well . . . SILENCE.

From Deaf Fellowship for Jesus, May/June 1999 Issue, Used with Permission

Mental Illness in the Family

I am a wife, mother, and grandmother. My husband and I have been married for thirty-two years. My husband was diagnosed nineteen years ago with paranoid schizophrenia. From what I know today, he must have been sick several years prior to his diagnosis. He believed all sorts of things that weren't true. About a year before his diagnosis, he believed that people were stealing his songs. If someone asked to see his songs he would tell them he keeps them in his head. One day he said he was going to Nashville to record his songs. I told him to go. He said that I had to go with him. When I told him I wouldn't go, he threatened to take our four children away so that I would never see them again.

The next day I opened the phone book and looked for a psychiatrist. There was one listed, and I called and told him that my husband was threatening to take my children away if I didn't go to Nashville with him to record his songs. When I met with the psychiatrist and described the different things my husband believed, he said he was probably suffering from paranoid schizophrenia. He wanted our family doctor to give my husband a physical and CT scan to rule out any tumors. My family doctor told me my husband was a walking time bomb; he needed help!

We saw the psychiatrist about a week later. He explained to my husband that he was suffering from paranoid schizophrenia and he gave me a prescription for him to try. I thought I had persuaded him to take the medication, but he took the bottle of pills, went into the bathroom and flushed them down. The next day I took the children and drove fifty miles to stay with my parents for a few days. I thought if my husband missed us enough he would agree to take the medication. After a few days I realized he wasn't going to do so.

We were separated for a year before he was admitted to the hospital. During that time I kept believing everything would get back to normal when he took the medication. I thought I had done this to him. My husband's family believed he'd had a nervous breakdown and that my children and I had done it to him. Unfortunately, my in-laws have not accepted the fact that he has schizophrenia. While we were separated, the psychiatrist who diagnosed my husband encouraged me to attend the spouse support group sponsored by the Alliance for the Mentally Ill in our county. I was determined to learn everything I could about schizophrenia.

Seven years later I was diagnosed with chronic clinical depression. My mother kept telling me I should see my family doctor and get something to calm myself. I didn't realize I was suffering from depression. While I was in his office my family doctor called the psychiatrist I am seeing today. From what I have since learned, I had been depressed for quite some time. I have been struggling with chronic clinical depression for almost twelve years now, and have been hospitalized a number of times. I attended a day treatment program for about five years, and have taken just about every antidepressant on the market.

In April 2002 I was headed for a major relapse, though I didn't realize it. I had been doing volunteer work for five-and-a-half years. On April 2 I was about to make out the list of medications to be refilled, and I discovered that he had not been taking them for four weeks. I was so angry I just wanted to leave. I told him I would be filling his medication box and giving him his medication from that day on. Again I felt guilty because I was so incredibly busy with my volunteer work that I had neglected to monitor his medications.

My husband wasn't stabilized until June, 2002. His psychiatrist wanted to avoid a hospital stay and recommended that I increase the dosage for a few weeks. He refused to take the increase in medication for about six weeks. His thoughts had become so distorted and paranoid that he would check his medication box and ask me what I was putting in. I suspected for several months that he was also struggling with depression. His psychiatrist confirmed my suspicions and started him on an antidepressant in the middle of June, recommending that he take a four-week medical leave from work. His doctor also gave him a medication to help him get caught up on his sleep.

During the next few months my depression got steadily worse, though I thought it was stress. It seemed that a new family crisis would come up almost weekly. In September, 2002, my psychiatrist gave me two options, go to the hospital or try a change in medication. I chose the latter. He also told me I needed to suspend my volunteer activities for a minimum of six months. From September 2002 until January 2003 my medications were changed three times. The depression was the worst it has ever been.

On November 15th, a deputy sheriff woke me to tell me my husband had been hit by a semi just as he left the entrance to the mobile home park where we lived on his way to work. He suffered multiple rib fractures and his car was totaled. From what my brother-in-law and son told me it, was a miracle that he was alive. Once again I had to keep it together.

It is now January 2003 and my husband is not yet back to work. There is so much uncertainty about when the insurance claim will be settled and even whether he can return to work. His psychiatrist is recommending he apply for Social Security Disability insurance. The semi driver was at fault.

In 1994, when our youngest child was in sixth grade, he was diagnosed with social phobia, depression, and schizophrenia. Again I was filled with guilt. I thought, I have done this to him. I had wanted another baby. It had been ten years since the birth of our third child, and I was working second shift and didn't see the children very much since they were in school all day. I was feeling very lonely and thought if I had another baby to take care of I'd feel better.

He was nine months old when his father saw a company psychiatrist and was told he was showing signs of paranoia. He was eighteen months old when his father was diagnosed with paranoid schizophrenia. When he became sick he would scream at me, telling me that his father and I had done this to him. The psychologist he was seeing told me there was some truth to what he was saying. She told me that he inherited genes from both my husband and me. I felt so guilty. I believed I was selfish for having had another baby. My husband and I had mental illnesses when my son was conceived. We had done this to him!

I remember calling the facilitator of the county spouse support group and telling her about my son. She recommended I contact Wisconsin Family Ties, a group that advocates for children with mental illnesses. With their help and support, and through attending conferences to learn about his illness, I slowly learned how I could help him. I have been told I am his best advocate. He is now nineteen, has graduated from a charter school, has a job, and has his own apartment. I would not have found the emotional energy to deal with his illness without the support of Wisconsin Family Ties, the Family to Family class offered by AMI, my husband's psychiatrist, my doctor, and countless hours of educating myself on how to help my son with his mental illness.

In August 2002, another son was diagnosed with major depression. Our thirty-year old son was admitted to the hospital. My daughter-in-law called me and told me he was in the psychiatric unit. My husband and I immediately drove to his home. The next day I went with her to the hospital. As I got off the elevator and walked toward the locked psychiatric unit where my son was, I was overwhelmed once again with guilt, sadness, and anger. I had to find the emotional strength to go into his room. I found him lying in a fetal position on his bed. He couldn't lift his head off the pillow. I tried to comfort him and reassure him that I would be there for him, just as he had been there so many times for me. Once again I had to find the strength to help another son through one of the darkest times in his life.

My depression had been getting worse for weeks. I believe that seeing another son suffering from a mental illness put the icing on the cake. My husband and children did not know that my depression was getting worse. When I saw my psychiatrist in September, he told me that my brain "shut down" from the months of stress I was under.

People ask me, "How is it that you seem to cope with all this madness?" Most times I am on an emotional roller coaster. I never know what to expect. I struggle with depression almost every day of my life. I tell them I keep sane by educating my self on schizophrenia, depression, and other mental health issues. I tell them that when I went to my first women's Bible study over twenty years ago I believed God was preparing me for what lay ahead. I receive an incredible amount of support from my pastor, from a few close friends, from my psychiatrist, from my husband's psychiatrist, from my family doctor, and from the organizations that are dedicated to those that suffer from mental illnesses.

Folks, you must continue educating yourselves on mental health issues and mental illnesses. You don't know when it might affect one of your loved ones' lives.

—Linda Janz

Our Heroes

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had an encouraging word for Joe and me, whether we played well or not.

Not only did Randy support me as an athlete, he was also concerned about the destiny of my soul. When I was six years old, Randy talked to me about Jesus and how if I accepted him as my Savior I could live eternally in heaven. Though at the time I really didn't listen, his words never left my head, and when I was seven I made that decision.

Suck Out All the Marrow . . .

When I look at Randy, I'm reminded of the words of Henry David Thoreau: "Suck out all the marrow of life" so that "when we come to die we will not have to realize that we had not lived." That is exactly what Randy does. Although he could be bitter, he is happy. And though physically he cannot accomplish much, he does what he can to help others. These are the true marks of a hero, athlete or not.

—Daniel Modderman

You may now access *Breaking Barriers* through our website at

http://www.crcna.org/crdc/index.htm

Letters

I read the article about “Learning Disability” (Summer, p. 6). I went to school with children who were slow learners, and I was a slow learner too. There was some measure of success. The family, church family, and friends play a large part in supporting and encouraging slow learners if they do not make fun of them but realize instead that all people are “fearfully and wonderfully made,” regardless of any disability.

I would like to see an article in your publication regarding the difference between a short clinical depression (most get over it) and bipolar disability (manic depression) which is genetic in origin or can be caused by (1) head injury at birth (many left-handed people have birth injury), (2) accidents causing head injuries, or (3) environmental causes like the parasites in the well water on our farm in the early 50s.

Ten percent of the population is bipolar. Bipolar affects men and women alike. It is diagnosed less than any other disorder and can be a lifelong disability. Most people with bipolar end up in alcohol rehab from self-medication or on the street. There is not enough information out there regarding the bipolar condition.

Seven years ago I received a sample prescription of Paxil (similar to Prozac) for depression, which had been under treatment for a number of years. Prozac is something you must never give to a bipolar person, and I experienced severe side affects. It has been a long road back to health for me.

I appreciate the knowledgeable physicians who have studied this disability and are willing to treat it. I would like others who suffer from this disorder to have treatment and be able to resume their activities.

Please educate our church to this problem. It could be that the Lord will touch hearts to acknowledge that the solution is treatment and diagnosis.

Because mental illness still carries a social stigma, we have omitted the writer’s name at her request.

—JV

* * *

I read your magazine *Breaking Barriers* and in particular the article about Karyn, finding it a fascinating piece. Just goes to show that you never know what good you can do to touch someone’s life, just by being yourself.

Since I am a member of the Tuberous Sclerosis Society and get their magazines, the beginning of the story sounded familiar. So many of these children start life with these problems. I have TS myself, and according to my doctor, am his mildest patient. I have all the classic symptoms of this disease, but graduated from Grade 12 and went on to work in a government job. My parents were told when I was one year old that I would end up in an institution. Then they were told I might have trouble with math or spelling.

Spelling turned out to be my best subject, though I struggled with math all through elementary school. Now I am a cashier and enjoy the work. Just proves that life throws out challenges, but I am a perfectionist too.

Are the parents of Karyn aware of the Tuberous Sclerosis Society? If not, I would be delighted to give it to them.

Having faith in God has helped over the years. I am a member of the Christian Reformed Church in Ladner, B.C. That’s how I found out about your magazine.

Keep up the good work.

—Jackie Hendriksen
British Columbia, Canada

* * *

I just read the article in your Summer 2003 issue. Jack Beeksma is on the board of directors for the BCA of people who stutter so I’m sure he has already heard about the new device developed in the United States for stutterers. It’s a small device that is inserted in the ear, much like a hearing aid. On the July 23 episode of *Oprah,* featuring medical miracles, stutterers were given this device and the results were instantaneous. It was absolutely incredible. These people had suffered all their lives, and they were instantly given relief and were able to move on with their lives more than they thought possible. It was impossible to watch without crying. The man who developed it had a severe stuttering problem and wanted to do something to change people’s lives and prevent the pain he suffered as a child growing up with such a debilitating stutter.

To get a copy of the transcript from that episode, go to www.oprah.com. Click on “Tapes and Transcripts.” Look for episode 7/23/03. Hope everyone who stutters finds out about this new device!

—Sheri Greenstein
Delta, BC

* * *

Jack Beeksma responds:

Yes, I’ve heard about this device, and our board has looked into it. Like most quick-fix devices, this one promises much more than it delivers. The cost is prohibitive as well and is out of reach for most stutterers—even if it were proven to work for all people.

I do appreciate your passing this note on to me, though. Thanks for your concern—and for your ongoing efforts to better the lives of those with disabilities.

—Jack Beeksma

* * *

Planting a New Church with a Friendship Program

I came to Grand Junction, Colorado, six years ago to plant a new church. I was called by CRC Home Missions to uproot our family, leave Michigan, and saddle up our horses to go on the big adventure of living in the Rocky Mountains and starting a church from scratch. But even before we started our work of rounding up a launch team, I knew in my heart and mind that this new church needed to have a Friendship program.

My previous two churches had Friendship programs, so I knew what healthy spiritual life Friendship infuses into a church. We soon discovered that out of the one hundred thirty churches in Grand Junction, not one had a program of worship/fellowship for persons with mental disabilities. God was calling us not only to plant a church, but to bring Friendship ministry to the Grand Valley of Colorado. After four years, we have a Friendship group of ninety-three students.

Freedom

There are three major blessings that Friendship brings to a new congregation. The first is freedom. When people with mental disabilities are enfolded into the new church, they bring the gift of freedom. They reflect this quality of the image of God in ways that most of us without mental disabilities do not. Freedom is part of God's image in us, freedom to be ourselves, to let joy or sadness rise to the surface uninhibited, to love unconditionally.

Friendship students have this freedom. They live out an inner freedom that most of us only dream of having. They show us through disability the ability to live fully. They show us a picture of God himself that is contagiously attractive and healing. To insert this kind of interpersonal DNA into a new church is like giving breast milk to a new baby, full of all the stuff that will help it grow into a healthy church.

Above: Pastor Ken (far left), and the "Friendship Beatles" during our worship time.

Top right: Friendship Dance.

Bottom right: Karl and Jeff

Joy

Another blessing Friendship gives a church is joy, the joy of offering a service that just about anyone with a warm heart can offer. So many people in church wonder what talent or resource they have to give God. In the Friendship program you will learn that all you have to do is offer yourself, to take the risk of being with people who are different from you—loving them, singing with them, playing with them, creating with them, listening to them and celebrating with them that Jesus loves us all.

The biggest obstacle to getting involved with a Friendship program is the fear factor of engaging people who have mental software that doesn't work like yours. At times they may be unpredictable; they may move from one emotional extreme to another. Some may be abnormal in actions or appearance. You may have to leave your comfort zone; but once you take this leap of faith and experience the joy of their unconditional love, you will be hooked into a kingdom service that gives you more than you give it. Friendship launches people into ministry-focused lives better than most other discipling programs I have used.

Service

Finally, Friendship gives a congregation the opportunity to serve its surrounding community in a special way. Most communities offer public services to people with mental disabilities, but only the church can offer what Friendship offers, a weekly Christian worship/fellowship that brings these dear people into the body of Christ, the church. People with mental impairments are usually a marginalized minority in society and even in churches. The Friendship program wonderfully reflects God's love for them.

And it is not only people with mental impairments who are blessed by Friendship. Their parents also find much encouragement and support from the love the church shows them. Caregivers also very much appreciate the care of the church for their charges. Through Friendship, your new church will soon be known in the community as a church that practices what it preaches, honoring our Lord and authentically demonstrating his kingdom. It's a win-win ministry for the students, for the volunteers, for the new church and for the mission of God!

—Ken Nydam

Meditation

—*Glen Verhulst*

In 1988 I was diagnosed with a progressive form of multiple sclerosis. As the disease progressed, we were faced with increasing limitations. I say "we" because the impact on my wife has been at least as severe as on me. Along the way we've had to restrict or give up most activities outside our house, as well as all those minor tasks that need to be done inside the house. I could no longer shovel snow, fix the toaster, or even change a lightbulb.

We have sometimes found this difficult to deal with, as it means an ongoing redefinition of responsibilities. I have felt in some ways diminished as my wife has had to take on these tasks and assume a greater role in making decisions. She is doing the work, so she decides how it should be done. My special challenge is how best to encourage her. Her special challenge is how to keep me involved. It is a matter of serving and being served.

I was forced to take a medical disability retirement in 1997, and now I am quadriplegic, depending on others for nearly everything. It is not a new story, of course. Most of us know someone, or at least know of someone with severe physical and/or mental disabilities.

We have received a lot of help. We have a long list of volunteers who regularly come to feed me, to give me exercises, and to offer other encouragement. Some of these many visitors comment on my generally positive attitude and the absence of bitterness. (Of course, they do not see me after they leave.) They even say they are encouraged when they visit. I do not understand this but they say it is so, so it must be. But I am far from unique. I think it is true that most of us with disabilities, and our caregivers too, do not experience a lot of bitterness. More often, as articles in *Breaking Barriers* attest, we who live with disabilities have a heightened awareness of the presence of God and an expanded appreciation of how willing others are to help us. This peace is God's gift to us.

For a long time I did not understand this, and I did not come to it easily. I think part of my problem came from a one-sided perspective on Christian service. In one way or another I have been taught that being a servant is very near the core of Christian living. So it is very difficult, and sometimes impossible, to see myself as a servant when I cannot contribute to many church activities and am so completely dependent on others. I believe this is a prideful desire to be independent, to not be beholden to anyone.

We all know the story of Jesus washing the feet of his disciples. "No," said Peter, "you shall never wash my feet." Jesus answered, "Unless I wash you, you have no part with me" (John 13:8). Jesus is saying that we must not only depend on him for salvation but we must also accept him as our servant. This does not feel like a problem, and we easily accept our dependence on Jesus.

But it may be more difficult for us to accept that it is not just in our salvation that we are dependent. Jesus also says that we must be willing to be served by each other. "Now that I, your Lord and Teacher, have washed your feet, you also should wash one another's feet" (John 13:14). This means that Christians must recognize that we need to be served as well as to serve, even in very down-to-earth matters like foot washing. It turns out that none of us are truly independent, and we diminish the concept of the body of believers if we try to hide from that. None of us is so weak that we cannot be servants, and none of us is so strong that we do not need to be served.

BREAKING BARRIERS

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