

Believers Baptism as Supported Decision

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ABSTRACT

Contemporary believers baptism often focuses on “What do you understand?” By adopting the framework of supported decision-making and the work of disability activist Jenny Hatch, this essay displaces cognition as the primary locus for moral formation. Through a reading of Menno Simons that centers on non-coercion and moral life, a theological vision of baptism is offered in which people with intellectual and developmental disabilities are supported to make self-determined choices about their lives of faith. Also provided are examples of how Mennonite congregations are shifting their baptismal practices to accommodate a range of ways of knowing, diversity of gifts, and forms of communication across the spectrum of cognitive dis/ability.

In this essay I will argue for a turn away from cognitive assent as the basis for evaluating one’s fitness for believers baptism and instead place non-coercion and moral formation at the center. Utilizing the advocacy work of Jenny Hatch, and evaluating the role of mental capacity in Menno Simons’s *Concerning Baptism* (1539), I offer a theology of baptism in which an individual exercises agency to freely choose faith, a faith that requires “supported decision-making” in order to live out. Finally, I will suggest pastoral resources for churches whose moral formation extends to those who are medically and legally defined as intellectually and developmentally disabled (I/DD) and may need more creative and expansive forms to express faith.

Understanding Believers Baptism

One way to understand believers baptism is as an individual’s affirmation of a set of theological concepts and ethical decisions. This knowledge can be evaluated through cognitive assessment; it can be taught in a class, and

its answers reproduced in a way that is intelligible through a public, verbal confession of faith. In this understanding, at a certain point in their intellectual development, a person gains enough knowledge to request baptism. For most Mennonite churches, baptism follows a period of instruction and is affirmed through a verbal, public confession of faith before the local congregation. In this theology people with I/DD are excluded because they do not possess the intellectual capacity to meet the knowledge threshold set by a local church. To be baptized they would become “the exception to the rule” and given a special dispensation at theological odds with Anabaptism. Otherwise they would not be baptized at all.

I suggest an alternative, namely that baptism is for all people, regardless of their intellectual capacity, a supported decision. They are assisted into moral formation by witnessing and mimicking the faith of those who make up the church. The Mennonite ritual of baptism relies on a personal and authentic faith. But for most people in our churches, faith is formation over time leading to a point when they express publicly what has developed through worship, service, relationship, and learning. Baptism is a *personal* decision but not a *private* decision. The Schleithem Confession announces that “baptism shall be given to all those who have learned repentance and amendment of life.”¹ If there are learners, there are teachers. If there is amendment of life, there are those who display life amended.

However, I am wary of emphasizing the communal at the cost of the individual. Movements towards dependency and vulnerability in the church run the risk of denying the autonomy of people with I/DD. Believers baptism is not an erasure of the self, nor is it the community acting on behalf of the individual. The grace of chosen baptism is that others support individuals in becoming fully themselves so that they can make an autonomous, informed decision about the community they choose and the life they will live. This requires others. It also requires supported decision-making, a shift away from the learned knowledge as intellectual pursuit and towards a form of life that integrates the whole person into the community.

The language of supported decision-making comes from the landmark legal case of Jenny Hatch, a woman with Down Syndrome who, following a

¹ Schleithem Confession (1527) in *Readings in the History of Christian Theology*, Vol. 2, ed. William Placher (Philadelphia: The Westminster Press, 1986), 31.

guardianship ruling handed down by a judge, was forced to live in a group home against her will, to cease attending her church, and to give up contact with her friends. Up to that point she had lived in her own apartment and engaged in activities of her choosing. She held a job at a thrift shop and travelled independently but within a supportive network. After being struck by a car while riding her bicycle, she was served a petition turning her guardianship over to a case worker, effectively removing her ability to make her own life decisions. She wrote about what happened after the judge's ruling was passed down: "I was placed in a group home. I did not want to be there. I told everyone that I was not happy and did not like it."² She became an activist, using both her abilities and support from her network of family and friends to advocate for her right to participate in her own decision-making.

Over the past decades the advocacy and self-assertion of people with I/DD has led to a shift among academic, legal, and social service providers. It includes movement away from "overboard and undue guardianship" and towards supported decision-making. This is a framework that can reshape the way Anabaptism evaluates baptism as a ritual of agency within moral formation.

Limits of Cognition for Faith Formation

The emergence of Anabaptism in the 16th century included renunciation of infant baptism. The first Anabaptist leaders to break from Zwinglian reforms cited the voluntary nature of the church—rooted in Jesus' non-coercive life, death, and resurrection—as the theological form baptism ought to take. Christians are to be patterned after Jesus, who initiated a new *polis* through a death he took on freely, eschewing control of history and thereby securing the liberation of people from sin and death. As in the New Testament era, people are to enter the visible church by consent to baptism, a ritual marking a changed life. Consent follows activation of faith, and this leads to the transformation of how they live. The central claim in Menno Simons's *Concerning Baptism* emphasizes that understanding precedes baptism. Because it is one of the most comprehensive and influential early Anabaptism treatises on baptism, I turn to it to understand how one strand

² Jenny Hatch's letter, "Justice for Jenny Project, jennyhatchjusticeproject.org/jennys_words, accessed Dec. 18, 2019.

of Anabaptist baptismal theology is the cipher for an exploration of a fully-embodied commitment to life in the church.

For Menno, the Matthean commandment “Go ye therefore, and teach all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Ghost; teaching them to observe all things whatsoever I have commanded you” (Matt 28:19) is the basis for his argument against infant baptism. “This is the word and will of the Lord, that all who hear and believe the word of God, shall be baptized,” writes Menno.³ At the same time, the fruit of faith is not borne out of intellectual achievement but in a life that willingly and wittingly accepts the consequences of faith. Menno’s primary concern is that one enters into a kind of faith that forges discipleship with the least rational end—the willingness to die. Witnessed regeneration in the lives of the baptized only occurs after the ritual, when trial comes into their lives.

Menno’s treatise, rather than elevating cognitive ability, reduces its importance within the life of the believer. Instead of lifting up cognitive ability as leading to faith, Menno notes the failure of the astute and learned: “What are the learned and highly learned masters of this world doing, who are so earnestly engaged in derogating from God’s word and wisdom, and ingeniously urging their own vain reason and wisdom?”⁴ He goes on to say that “only human reason and the invention of men” led Luther and his cohort to opinions that contradict the positive commands of Scripture.⁵ Luther and the clerics, despite their erudition, are unable to grasp Scripture’s simple truths. Their knowledge springs from human reason, but neither age nor learning are guarantees that a person will enter into biblical faith. Instead, baptism follows a faith that people sincerely confess, “no matter how young or how old.”⁶ For Menno, intellectual prowess is not only unnecessary for true faith but can be dangerous if it leads to distorting the Scriptures.

When we consider that Anabaptism was a peasants’ movement, spreading primarily among the poor and uneducated, we can better see the

³ Menno Simons, “Concerning Baptism” in *The Complete Writings of Menno Simons*, trans. Leonard Verduin (Scottsdale, PA: Mennonite Publishing House, 1986), mennosimons.net/ft009-baptism.html, accessed Dec. 15, 2019-March 30, 2020.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

importance of teachings that center faith, not intellect, as the source of true belief. Returning moral agency to everyday workers and peasants meant faith would be lived, not just studied. If faith was not learned, it was lived by observation, imitation, and participation in the Gospels. Nevertheless, Menno does not dismiss the necessity of transformation of the mind, which he locates in the process of maturation. He contends that at a certain point in human development, people move from the grace of God that extends to everyone, including infants, to willful participants in sin through their own choice. In his reading of Scripture, deduced from the absence of infant baptism in the Gospels, “it is impossible for little children to die to sin, as long as they have not been made alive to it.”⁷ Menno’s argument with the Roman Catholic Church concerns a doctrine of original sin that extends to infants in a way that threatens their salvation without the mediation of regenerative baptism. Instead, it is through “Christ and his merits,” not baptism, that people are saved.⁸

But Menno also argues that infants are not baptized because “they have no ears to hear the word of the Lord, and no understanding to comprehend it; for through the word and the hearing of the word all this is accomplished.”⁹ In essence, they are neurologically unable to make moral decisions, unable to distinguish between good and evil. Their actions are age-appropriately self-centered, and this exempts them from the work of differentiating a life lived by faith. Because they are unable to participate in sin, there is no sin from which they must be cleansed. They are already covered by God’s mercy in Christ.

While Menno does not expect erudition and learnedness to lead to faith, he does have an expectation that, at a certain point marked by maturity developed over years, a person will be able to distinguish between good and evil. When this occurs, the person will make a witting choice to reject evil and embrace a life of faith. This is the evidence of faith, God’s work of grace in human life. The form of reason that leads to faith is that which is defined by those who make up the visible church, of those who freely choose life in faith. Menno critiques the assumptive morality of those in both the Roman

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

Catholic Church and that of the magisterial reformers.

Contemporary integrative approaches to moral development challenge Menno's view of moral decision-making as linked to a universal development process based primarily on biological maturation. Rather than reflecting an objective universal moral development, people mature into their own particular form of moral life. This understanding, which takes into account more than cognitive and social maturation, actually fleshes out what is at the center of Menno's critique of infant baptism, namely that those who follow the natural development of morality via human reason are at odds with a life of biblical faith. Something from the "outside" must engage people and lead them to entrust their formation to what is un-natural. Returning to the Matthean command, this is the act of "making disciples," which is not ultimately a cognitive process but a form of life separate from and leaving behind pre-baptismal identities.

Virtue and I/DD

In order to extend Menno's theology of moral development into faith communities that include people across a spectrum of cognitive abilities, we will need to shift from intellectual capacity to moral development. Other people are required for moral development that leads to regenerative life and the decision to step into a communal form of that life. For Jenny Hatch, the court that enacted her guardianship was concerned that she could not make decisions in her best interest. The state argued that she was unable to grasp the consequences of her actions. This paternalism is widespread in the lives of people with I/DD. The assumption is that the ability to make wise, safe, and ethical decisions is unavailable to them. Hatch turned this assumption around. How are caregivers, friends, and family helping people with I/DD to understand the decisions they face about their own lives?

Rather than placing cognitive rationality at the center of moral formation, theologian Amos Yong describes morality as "tri-dimensionally shaped by our bodies (and brains), our psyches (emotions and affections), and our environments (social relations)."¹⁰ As such, "moral agency both

¹⁰ Amos Yong, "The Virtues and Intellectual Disability: Explorations in the (Cognitive) Sciences of Moral Formation," in James Van Slyke, et al., eds., *Theology and the Science of Moral Action: Virtue Ethics, Exemplarity, and Cognitive Neuroscience* (New York and London:

exceeds and is irreducible to moral knowledge.”¹¹ Utilizing the work of Francisco Varela, Yong explains that moral action is often habitual and reflexive, “ethical know-how.”¹² He uncouples intellectual ability and moral virtue. Instead, he emphasizes the role of affections and emotion in learning to live a virtuous life.

In a similar vein, virtue ethicist Linda T. Zagzebski contends that “the virtues are the behaviors or characteristics that humans admire, empathize with, and are drawn to emulate.”¹³ Hers is an “exemplarist” theory of virtue morality:¹⁴ we mimic what we are drawn to and we emulate what we see as good. To this end, our emotions and affections are as important as rationality for living virtuous lives. We learn by the example of others and by imitating it. Through our emotions, we cultivate morality over time and in response to others. This engenders greater social capacity that helps us to act within larger groups through solidarity, empathy, understanding, and compassion. Virtues are not ideas that are taught but habits that develop through observation and mimicry. All people are formed for virtue not simply through cognition but through interaction with individuals and communities. Kevin Reimer fleshes out this theory in his research on L’Arche communities. In these intentional communities “as caregivers and core members interact, attend to each other’s psychosomatic cues, and respond affectively and physically to those cues, such behaviors are gradually manifest by all community members, including those with intellectual disabilities.”¹⁵ L’Arche is not only a communal space for caregiving and receiving, but the caregiving and receiving is itself moral formation. My own experience as a L’Arche assistant bears this out.

L’Arche core members, people with I/DD, frequently came from group homes and institutions where their lives were overdetermined by medical diagnosis. The purpose of these homes and institutions is to run efficiently and safely; residents are clients or patients whose days are charted and mapped in order to meet state and federal funding guidelines. The moral development of those with I/DD is not considered an essential part

Routledge, 2013), 195.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid., 197.

¹⁴ Ibid.

¹⁵ Ibid., 201.

of their care. Instead, they learn by experience that survival often requires suppressing their agency through obedience, passivity, and acceptance. Challenges to the system, assertions of their will, could risk loss of access to privileges or services. Additionally, because of the high rate of turnover and low wages earned by the caregivers, the patient, long-term process of individual communication is difficult to cultivate. By contrast, communities like L'Arche create different rhythms for life that begin with agency, community, and mutuality. Because the assistants are typically not hourly workers, they are free to learn how each person communicates, what they desire, and how they express emotion. It is in experiencing core member and assistant interaction that, over time and with great patience and love, both people with disabilities and assistants learn and grow in their capacity to empathize, participate in the care of others, and express their own agency. These relationships are the foundation for supported decision-making in the community.

The case of Jenny Hatch offers an incisive critique of systems that assume cognition is the primary determinant of good decision-making, and that people with disabilities are disqualified from participating in their own decisions. “I don’t need a [guardian],” Hatch told the court at her hearing. “I need help.”¹⁶ She wanted access to time, to more complete explanations of the consequences of her decisions, and to forms of knowledge that recognized who she was and how she best understood. Throughout the book she co-authored, she consistently emphasizes her need only for *assistance*—with daily tasks, managing a bank account, and making decisions about her health care.¹⁷ Research consistently shows that those who are given more space for self-determination are happier and more independent, and that self-determination allows people with I/DD to better recognize and avoid abuse.¹⁸ Looking back on the time when her self-determination was curtailed through guardianship, Hatch writes, “I felt like a prisoner but I didn’t do anything wrong. I was told I had rights at the group home. But that wasn’t

¹⁶ Karrie Shogren, Michael Wehmeyer, Jonathan Martinis, and Peter Blanck, “Social-Ecological Models of Disability,” in *Supported Decision-Making: Theory, Research, and Practice to Enhance Self-Determination and Quality of Life* (Cambridge: Cambridge Univ. Press, 2019), 15.

¹⁷ Jonathan Martinis and Peter Blanck, *Supported Decision-Making: From Justice for Jenny to Justice for All!* (Something Else Solutions, LLC: 2019), 263-64.

¹⁸ *Ibid.*, 315.

true. [The guardians] took them away. *It was like I didn't matter. Like I didn't exist.*"¹⁹

Supported Decision-Making and Baptism

Supported decision-making offers a model for people with I/DD to exercise agency within communities and alongside caregivers who give and receive moral formation. It allows them to exercise their agency as moral beings through participation in the church. In accessing trusted loved ones, peers, and caregivers, they grow in their moral autonomy as they deepen their lives into communities of moral formation. As Jenny Hatch demonstrates, giving people with I/DD determination over their lives—including their spiritual lives—is a way to correct the paternalism that assumes they live an endless childhood. It also complicates I/DD as a diagnostic category, recognizing that it is a spectrum diagnosis made up of individuals with unique abilities, communication styles, and environmental factors that inhibit or support their ability to thrive. Communicating a desire to participate in religious life and mapping the development of a faith life requires individualized attention and communal moral formation. In clinical and legal spheres, supported decision-making has marked an end to the assertion that people with I/DD were incapable of autonomy and required others to act in their best interest. Jenny Hatch's advocates identified the gap between the environment and her capacity. The problem was not simply that she lacked cognitive function. Rather, the normative environment of communication and decision-making prohibited her from expressing her will over her life.

In supported-decision making the friends, professionals, and family of a person with I/DD can “help them understand the situations and choices they face so they may make their own informed decisions.”²⁰ Rather than focusing on the deficits of people who are socially, medically, and legally defined on the basis of difference, the shift towards self-determination requires a new social-ecological model that “acknowledges that each person

¹⁹ Ibid. Italics added.

²⁰ Michael Wehmeyer, Susan Palmer, Martin Agran, Dennis Mithaug, and Jonathan Martin, “Promoting causal agency: the self-determined learning model of instruction,” in *Exceptional Children* 66 (June 1, 2000), 440.

has a unique profile of capabilities and limitations.”²¹ Disability occurs in both the limitations of an individual *and* “the demands of the environments in which he or she lives, learns, works, plays, and so forth.” My contention is that approaching believers baptism as a form of supported decision-making corrects the theological malpractice of assuming faithful participation in the life of the visible church must be based on one’s cognitive ability, unencumbered by others.

Moral development occurs not only by intellectual growth and acquisition of knowledge but is formed over time within exemplary communities. This happens through caregiving and community that models empathy, mutuality, and respect. Attending to the social determinates that undergird moral development offers Anabaptism what is missing from Menno’s account of believers baptism, namely a robust role for the church. Baptismal identity is formed through assisted self-determination, an identity that communicates inclusion, worth, and respect.

Modeling Supported Decision-Making in Baptism

Churches that nurture people with I/DD nurture their agency through diverse models of communication, education, and moral formation. Mennonite churches that undertake a theology of baptism as supported decision-making require creativity in communicating and listening for an individual’s willing participation in baptism, and a shift in the role the churches play in the life of such persons. Neil Cudney and Keith Dow suggest that this means that changing the pre-condition of believers baptism from “Does she understand?” to a new set of questions that include:

1. *Has she experienced the tactile, embodied Gospel in the life of the church—in word and action?* This question will expand faith from a set of ideas or principles like confession, sin, and redemption into a form of living that is embodied in congregational life.
2. *Has she found belonging in the Body of Christ?* Has room been made to discover and welcome the gifts of this individual, rather than rendering her one who receives services, hospitality, or

²¹ Shogren et al., “Social-Ecological Models of Disability,” 32.

gifts from the congregation?

3. *Does she seek to be faithful to Christ, to love others, and to express her gifts in community?* To answer this question, congregations will need to expand their definition of giftedness beyond committee work or worship to include such gifts as silence and presence, or inquisitiveness and laughter.²²

In addition to congregational shifts, individuals will need support to understand and to be understood in their faith decisions. A Mennonite pastor in Indiana has described how this occurred with a member of her congregation. The pastor made an announcement during worship about preparation for baptism classes that included information about a special meal that would accompany the first meeting. A young woman with Down Syndrome announced in worship that she wanted to eat the meal. At first glance, the pastor wondered if she was interested only in the meal, not in baptism. But through individual conversation, observation of the young woman's life, and shifting language to accommodate her abilities, the pastor was able to hear a deeper longing for community that was interconnected with her love for Jesus as she experienced him in the life of the church. The young woman announced her hope to join her life to the community through her own agency and using the language of her desires.

Conclusion

Individual congregations within and resources available to the Mennonite Church offer guidance for a turn towards supportive decision-making as the way individuals become part of the body of Christ in baptism. One resource is in the *Minister's Manual*, which includes questions "for situations in which very simple wording is required."²³ The first of these questions is "Do you believe that Jesus loves you?" The alternative set of questions is offered in recognition of the range of cognitive abilities of those requesting baptism. For a person unable to make a publicly discernable confession of faith,

²² Neil Cudney and Keith Dow, "Should we baptize people with intellectual disabilities?" in *The Disability and Faith Forum*, disabilityandfaith.org/should-we-baptize-people-with-intellectual-disabilities/, accessed April 12, 2020.

²³ *Minister's Manual*, ed. John Rempel (Scottsdale, PA: Herald Press: 1998), 403.

baptismal covenanting may include testimonies about her life, her growth and commitment to community over time, and the impact of her gifts on the life of the church. Churches may adapt liturgies to proclaim to the gathered body how the person has expressed their agency in the ways they are able, and to describe the process of learning “the language” of that individual.

The co-writers who supported Jenny Hatch in sharing her story argue that “*everyone* asks for and receives help when they need it, so they can understand their options and make choices.”²⁴ In my congregation people new to the church and new to Christianity often struggle with the concept of belief as a cognitive set of principles to which they should ascribe. Following the lead of disability activists can allow all Mennonite congregations to reshape their view of faith decisions leading to baptism as something more robust than a set of principles that line up with moral actions. Leaders like Jenny Hatch stress the importance of autonomous decisions, learned through imitation, that provide each person with the support they need to become fully themselves in their faith journey. Faith is not a purely intellectual pursuit. It is our whole lives.

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²⁴ Martinis and Blanck, *Supported Decision Making*, 583.