

Jesus' Healing Ministry in New Perspective: Towards a Cultural Model of Disability in Anabaptist- Mennonite Hermeneutics

Melanie A. Howard

ABSTRACT

Anabaptist-Mennonite hermeneutics can be characterized by a community-driven practice, a Christocentric focus, and a lived obedience to the biblical text. When applied to the interpretation of Jesus' healing activity in the Gospels, these characteristics could lead to problematic conclusions from a critical disability perspective. However, these Anabaptist-Mennonite hermeneutical characteristics can be fully realized and can contribute to the full flourishing of people with disabilities when they are paired with a cultural model of disability. This article suggests that such a pairing is beneficial, especially in the practice of interpreting Jesus' healing ministry.

Introduction

Jesus' healings are a central component of the gospel narratives. However, for readers with disabilities, these healing accounts may sound insulting, disheartening, or dehumanizing. How then can these important moments both be valued as a witness to God's life-giving power and simultaneously contribute to the full flourishing of all people, including those with disabilities? Anabaptist-Mennonites have frequently stressed the importance of a Christocentric focus in biblical interpretation as well as a lived obedience to the words of Scripture. However, in not being able to perform healings themselves, they may find it difficult to uphold these hermeneutical emphases in interpreting the accounts of Jesus' healing of disability. Further, a traditional emphasis on the community practice of

scriptural interpretation¹ could make this practice an awkward experience in communities that include people with the very disabilities that Jesus “heals.”

A solution to this quandary might be found in the addition of a cultural model of disability to traditional hermeneutical practice. This model situates disability within a broad framework and broadens the discourse about it beyond individual persons to the larger cultural constructions of “normalcy” and disability in both secular and ecclesial environments. As such, this model coheres well with existing hermeneutics that prize (1) a community-driven interpretive practice, (2) a Christocentric focus, and (3) a lived obedience to the biblical text.

Anabaptist-Mennonite Hermeneutical Practice

Exploring the nuances of Anabaptist-Mennonite hermeneutics from the 16th century to present times is far beyond the scope of this essay. Nonetheless, while painting in broad strokes, I suggest that three prominent distinctives emerge, as I have already mentioned.

Perhaps owing to its roots in the Protestant Reformation, early Anabaptism shifted interpretive power away from individual leaders to a larger hermeneutical community. Stuart Murray attributes this shift to “the conviction that every member of the congregation could contribute to the task of understanding and applying Scripture.”² Contemporary Anabaptist-Mennonite hermeneutics likewise continue to be marked by this emphasis, as Palmer Becker³ and Antonio González observe.⁴ Beyond the communal nature of Anabaptist-Mennonite hermeneutics, a Christocentric approach to the interpretation of Scripture has resulted in using Jesus’ life and teachings as the lens through which to read it. This Christocentric hermeneutic arises

¹ I am grateful to my own “community” of co-interpreters, including Dr. Laura Schmidt Roberts and Payton Miller, who generously read and commented on an earlier version of this article. The article has benefitted from their keen observations, while its shortcomings remain my own doing.

² Stuart Murray, *Biblical Interpretation in the Anabaptist Tradition* (Kitchener, ON/Scottsdale, PA: Pandora Press and Herald Press, 2000), 182.

³ Palmer Becker, *What is an Anabaptist Christian?* (Elkhart, IN: Mennonite Mission Network, 2008), 12.

⁴ Antonio González, “Anabaptist Hermeneutics and Theological Education,” *Mennonite Quarterly Review* 84 (April 2010): 207-28.

out of Anabaptism's high Christology. Although linked with communal practice, this focus does not necessarily precede it. The third characteristic, lived obedience to the Bible and not just a correct interpretation of it, arises out of what Harold Bender identified as the Anabaptist propensity to make discipleship the crux of Christianity.⁵ As Ben Ollenburger put it, "The (prior) commitment of obedience to Christ is the *sine qua non* for understanding the Scripture."⁶ This final characteristic is linked to the Christocentrism that makes Christ's words the basis for ethical decision-making in community.

These three emphases are not the only hallmarks of Anabaptist-Mennonite hermeneutics. Rather, they represent its common methods and may appear in any order, with any variety of concentration.

Anabaptist-Mennonite Hermeneutics of Jesus' Healings: An Implicit Medical Model?

While Anabaptist-Mennonite hermeneutical emphases are commendable, they can reify existing structures of social power rather than identify prophetic ways that interpretive practices could inadvertently endanger people with disabilities. I suggest that undergirding Anabaptist-Mennonite understandings of Jesus' healings, we might detect the implicit presence of a "medical model" of disability that could prove harmful, especially in light of the emphasis on the communal practice of hermeneutics and lived obedience to the biblical text. A medical model sees disabilities as individual "problems" to be corrected. This model defines disability as "an individual or medical phenomenon that results from impairments in body functions or structures; a deficiency or abnormality."⁷ Thus, the medical model's goal is to "heal" those with disabilities.

There are significant problems with this model. First, it narrows the scope of personhood such that the identity of persons with disabilities is reduced to little more than their disability. Furthermore, it is deceptively insidious, in that it can be prone to the uncritical assumption that it is the

⁵ Harold Bender, *The Anabaptist Vision* (Scottsdale, PA: Herald Press, 1976).

⁶ Ben Ollenburger, "The Hermeneutics of Obedience: A Study of Anabaptist Hermeneutics," *Direction* 6, no. 2 (April 1977): 22.

⁷ Justin Anthony Haegele and Samuel Hodge, "Disability Discourse: Overview and Critiques of the Medical and Social Models," *Quest* 68, no. 2 (2016): 194.

most helpful way to understand Jesus' healing activity, and it misses the larger socio-cultural significance of healing narratives. Unfortunately, an implicit medical model can be found lurking in the corners of Anabaptist-Mennonite scriptural interpretations. While it is beyond the scope of this article to trace the reception history of Jesus's healing ministry among interpreters,⁸ I do wish to suggest how some Anabaptist-Mennonite responses to disability might stem from an implicit medical model.

Issues of disability have been raised in Anabaptist-Mennonite publications. In 1993, the Association of Brethren Caregivers published a collection of papers by authors within Believers Church traditions.⁹ While this collection investigates the relationship between biblical interpretation and issues of disability, several essays thinly veil an implicit medical model of disability. For example, Robert Suderman's essay, "A Biblical Theology of Suffering/Disability,"¹⁰ includes in its title the conflation of disability with suffering. This title presumes that disabilities are something with which one "suffers" rather than an aspect of individual identity that might be embraced. Similarly, Willard Swartley's essay¹¹ views wholeness as the successful outcome of healing. Here we might detect an implicit medical model, whereby the absence of disability is equated with wholeness, and its presence is equated with something less than wholeness.

Beyond this publication activity, Anabaptist-Mennonites have been involved with social issues related to people with disabilities. For example, in 1989, the Mennonite Central Committee (MCC) published an occasional paper on "Development and Disability"¹² that pointed to MCC-sponsored activities related to issues of disability. Likewise, Paul Leichty's recent

⁸ Payton Miller provides a map of broad theological literature against which to view Anabaptist-Mennonite interpretation. See Payton Miller, "Converging and Diverging Themes: A Synthesis of Contemporary Theological Literature on Disability," *Journal of Disability & Religion*, January 2020 online, <https://www.tandfonline.com/doi/full/10.1080/23312521.2020.1716918?scroll=top&needAccess=true>.

⁹ *The Church and Devalued Persons: Collection of Papers on Issues of Disabilities and Mental Illness* (Elgin, IL: Association of Brethren Caregivers, 1993).

¹⁰ Robert Suderman, "A Biblical Theology of Suffering/Disability," in *The Church and Devalued Persons* (Elgin, IL: Association of Brethren Caregivers, 1993), 65-77.

¹¹ Willard Swartley, "Biblical Images and Theology of Healing," in *ibid.*, 101-16.

¹² Diane Driedger, Henry Enns, and Valerie Regehr, *Development and Disability* (Akron, PA: Mennonite Central Committee, 1989).

history of North American Mennonite advocacy for people with disabilities suggests that the Mennonite community has shown sustained interest in attending to people with disabilities, especially in the form of group homes.¹³ Nonetheless, without denigrating the good work that has already been done, the MCC publication recognizes a need for improvement. The authors of that document write, “Mennonite theology places a strong emphasis on community. . . . However, even with such an emphasis, Mennonites have not done a good job of including disabled persons in church communities and Mennonite Central Committee (MCC) projects.”¹⁴ Though offering a slightly different critique, Jason Reimer Greig also sees a need for improvement, suggesting that “the greatest poverty and suffering for the intellectually disabled has less to do with their particular impairments than with their lack of mutual chosen relationships. The church has often done a good job of offering ‘care’ to those with cognitive disabilities, but extending friendships to them has been another matter.”¹⁵ As he observes, social power relations even within ecclesial communities have disadvantaged people with disabilities and failed to include their voices both as valued community members and co-interpreters of Scripture.

Given the emphasis on a Christocentric focus and a lived obedience to the biblical text, it is not surprising that an implicit medical model of disability might be employed within Anabaptist-Mennonite hermeneutics. A surface level reading of Jesus’ healing ministry could suggest that the primary result of his interactions with people with disabilities is a miraculous removal of their disability. Thus, a Christocentric hermeneutic paired with a focus on obedience to the text could easily lead to an argument that reasons, “Jesus is the lens through which to understand Scripture and construct a model for discipleship. Jesus himself performed healings that ‘fixed’ individuals with various disabilities. Therefore, to be a good follower of Jesus, we should also ‘fix’ individuals with disabilities.”

While such a thought process could make sense logically, it is

¹³ Paul Leichty, “Mennonite Advocacy for Persons with Disabilities,” *Journal of Religion, Disability, & Health* 10, no. 1-2 (2006): 195-205.

¹⁴ Driedger, Enns, and Regehr, *Development and Disability*, 3.

¹⁵ Jason Reimer Greig, “*Shalom Made Strange: A Peace Church Theology For and With People With Intellectual Disabilities*,” *The Conrad Grebel Review* 32, no. 1 (Winter 2014): 40.

problematic for at least two reasons. First, its implicit use of a medical model of disability and the interventions associated with it are susceptible to the same critiques discussed above. Second, while this progression of thought considers two of the three identified emphases within Anabaptist-Mennonite hermeneutical practice, it does not address the third, namely the *community* practice of hermeneutics. This practice suggests that individuals with disabilities should themselves be involved in interpreting Scripture. However, when this practice is conducted with an implicit medical model, the resulting interpretations could be harmful to these members of the hermeneutical community.

A Cultural Model of Disability in Hermeneutical Practice

I turn now to explore a cultural model of disability and its potential to bear good fruit when paired with traditional Anabaptist-Mennonite hermeneutical emphases. The positive aspects of a cultural model become apparent in Anne Waldschmidt's exploration of this model vis-à-vis the medical model and the social models of disability.¹⁶ While acknowledging some benefits of a social model that understands the social-constructedness of disability, Waldschmidt ultimately argues for a cultural model that "considers impairment, disability *and* normality as effects generated by academic knowledge, mass media, and everyday discourses."¹⁷ Both disability and "normality" are cultural constructs existing within larger discursive environments.

To be sure, the cultural model of disability is not wholly above reproach. Although it improves upon the medical and social models by considering more wide-ranging cultural discourses, it is nonetheless limited in scope when considering multiple facets of personal identity. It may not be theoretically equipped to address an intersectional approach to identity that attends to race, class, and gender, among other markers.¹⁸

¹⁶ Anne Waldschmidt, "Disability Goes Cultural: The Cultural Model of Disability as an Analytical Tool," in *Culture – Theory – Disability: Encounters between Disability Studies and Cultural Studies*, eds. Anne Waldschmidt, Hanjo Berressem, and Moritz Ingwersen (Bielefeld, Germany: Transcript Verlag, 2017), 19-27.

¹⁷ *Ibid.*, 24.

¹⁸ For discussions of related concerns, see Alfredo Artiles, "Untangling the Racialization of Disabilities: An Intersectionality Critique Across Disability Models," *Du Bois Review: Social*

By not comprehensively accounting for these intersectional identities, it does not offer a perfect panacea. Nonetheless, it does provide an important perspective for biblical study. After considering the implications of other models for working with biblical texts, Nyasha Junior and Jeremy Schipper argue that a cultural model is more appropriate because it considers the larger constructions of culture that affect how people with disabilities navigate the world and find full flourishing.¹⁹

Thomas Reynolds takes a similar approach to biblical interpretation. He frames much of his work on disability in biblical texts around the premise that cultures operate within a “cult of normalcy” that functions as a system of social power:

Normalcy is a force that flows according to strategic mechanisms of power that serve the conventions of the status quo, which in turn serves primarily those persons whose bodily appearance and abilities fall within a recognizably standard range. The normal then becomes representative of a community’s identity or sense of itself. . . .To state it plainly, the ‘normal’ is relative to a group’s values and aspirations, and, conversely so, what is attributed ‘abnormal’ (disease, disability, etc.).²⁰

Given these codified systems of power, Reynolds suggests that disability provides a “prophetic counter to the cult of normalcy.”²¹ Taking up a similar idea, Jason Reimer Greig notes that “the *shalom* of God . . . offers a bold counter-narrative to a culture that disdains those with intellectual disabilities.”²² Disability can have the culture-shaping power to reorient reality, not unlike Jesus’ own message. Thus, the development of a hermeneutical community that values the voices of persons with disabilities allows for the growth of a

Science Research on Race 10, no. 2 (2013): 329-47; Nirmala Erevelles and Andrea Minear, “Unspeakable Offenses: Untangling Race and Disability in Discourses on Intersectionality,” *Journal of Literary & Cultural Disability Studies* 4, no. 2 (2010): 127-45.

¹⁹ Nyasha Junior and Jeremy Schipper, “Disability Studies and the Bible,” in *New Meanings for Ancient Texts: Recent Approaches to Biblical Criticisms and Their Applications*, eds. Steven McKenzie and John Kaltner (Louisville, KY: Westminster John Knox, 2013), 23-25.

²⁰ Thomas Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids, MI: Brazos, 2008), 48.

²¹ *Ibid.*, 21.

²² Greig, “*Shalom Made Strange*,” 25.

prophetic witness against “the cult of normalcy.”

A Cultural Model of Disability Applied to Jesus' Healing Ministry

The benefits of a cultural model of disability for understanding Jesus' healing activity are apparent, especially when viewed in contrast to a medical model. The records of Jesus' healings could suggest that “healing” disabilities is a preferred outcome. However, such a reading is problematic. As Edgar Kellenberger states,

The ideal of an overall healing activity by Jesus is not confirmed by the New Testament; however, this ideal often negatively influences the perception of the message of biblical texts. Reducing Jesus' healing service to a success in the sense of modern medical technology hardly represents the New Testament writings adequately. Such misinterpretation is a cynical blow against all people with a lifelong disability and with faith in Jesus Christ.²³

Kellenberger rightly observes that the New Testament cannot sustain a belief that physical “healing” is always a possibility. We need only be reminded of the apostle Paul's resignation to his unspecified “thorn in the flesh” that goes unhealed (2 Cor. 12:7-10, cf. Gal. 4:13-14).²⁴ Additionally, this limited understanding of Jesus' miracles has the power to do real harm. Individuals with disabilities today may be given the mistaken impression that their faith is somehow insufficient, since their experiences do not conform to those of healed individuals in the gospels.

Furthermore, praising Jesus' “healing” of disabilities could suggest that disability is a problem to be solved rather than a difference to be celebrated. As Jaime Clark-Soles asks, “[W]hy must we assume that every blind person is in need of physical healing? Not all blind people consider . . . themselves

²³ Edgar Kellenberger, “Children and Adults with Intellectual Disability in Antiquity and Modernity: Toward a Biblical and Sociological Model,” *Cross Currents* 63, no. 4 (December 2013): 465.

²⁴ On considering Paul as a theologian with a disability, see Amos Yong, *The Bible, Disability, and the Church: A New Vision of the People of God* (Grand Rapids, MI: Eerdmans, 2011), 83-90.

as in need of healing.”²⁵ Similarly, Nancy Anne Marie Delich notes that the identity of the Deaf community “does not stem from a medical or a disabled point of view, which focuses on the need to correct or augment hearing loss.”²⁶ Praising Jesus’ “healing” of people with disabilities assumes that such disabilities are problems to be eliminated. This inadequate view can be addressed by the intentional application of a cultural model of disability in the hermeneutical process. A cultural model suggests that Jesus’ healings were not simply the correction of physical impairments (though they were also that), and it situates them within ancient cultural constructions of health, wholeness, and social inclusion.

The social restoration present in those healings is evident in the accounts of Jesus’ restoration of a man with leprosy and a woman with a flow of blood. The Synoptic Gospels (Matt. 8:1-4/Mark 1:40-45/Luke 5:12-16) recount an event where Jesus not only provides healing from leprosy but gives instructions allowing the man to be reintegrated into his socio-religious environment. Where cultic laws called for the social exclusion of people with leprosy (e.g., Leviticus 13:45-46), Jesus addresses both the physical needs and the social integration of the man whose leprosy had formerly created barriers between him and his community. Likewise, Jesus’ healing of a woman with a flow of blood (Matt. 9:20-22/Mark 5:25-34/Luke 8:43-48) evinces more than a physical healing. This unusual bleeding could have excluded her from general society based on cultic laws such as those in Lev. 15:19-30.²⁷ Louise Gosbell suggests that this flow of blood would have cast doubts on the woman’s ability to perform the culturally expected role of child-bearer and hence limited her social power.²⁸ As in the case of the man

²⁵ Jaime Clark-Soles, “Mark and Disability,” *Interpretation* 70, no. 2 (April 2016): 165.

²⁶ Nancy Anne Marie Delich, “Be Opened: Social Connectedness within and beyond the Deaf Community,” *Journal of Religious Leadership* 12, no. 2 (Fall 2013): 112.

²⁷ The issues of ritual impurity are complex and have been treated in a variety of ways that differ from the interpretation that I am offering here. See, e.g., Amy-Jill Levine, “Discharging Responsibility: Matthean Jesus, Biblical Law, and Hemorrhaging Woman,” in *A Feminist Companion to Matthew*, eds. Amy-Jill Levine and Marianne Blickenstaff (Cleveland, OH: Pilgrim Press, 2004), 70-87; Matthew Thiessen, *Jesus and the Forces of Death: The Gospels’ Portrayal of Ritual Impurity within First-Century Judaism* (Grand Rapids, MI: Baker Academic, 2020), 69-96.

²⁸ Louise Gosbell, “*The Poor, the Crippled, the Blind, and the Lame*”: *Physical and Sensory Disability in the Gospels of the New Testament* (Tübingen: Mohr Siebeck, 2018), 263.

with leprosy, here Jesus' healing goes beyond the correction of a physical condition.

When viewing these texts through the lens of a cultural model of disability, they offer up several insights—and imperatives. The first is the inherently communal aspect of the encounters. Although the Synoptic accounts focus primarily on the interactions between Jesus and the healed individuals, they preserve what are inherently communal settings: amidst a crowd (Matt. 8:1; Mark 5:30/Luke 8:45) or in a city (Luke 5:12). While the individuals are geographically close to others, the cultural discourse that labeled their conditions as disabling had created a social distance that separated them from full inclusion in their communities. A cultural model of disability applied to these passages from an Anabaptist-Mennonite perspective reveals the extreme social power of cultural discourse to marginalize people. Additionally, it might capture how cultural constructions affect the portrayal of Jesus in the respective episodes. Ancient physiognomic views valued clear boundaries between bodies, boundaries which the bleeding woman violates. However, as Candida Moss has shown, Jesus also struggles to maintain clear boundaries as he “leaks” a stream of power that the woman accesses for her healing.²⁹

Interpreters employing a cultural model would ask why the culture viewed the woman, not Jesus, as the person with a disability. Both bodies were in a public venue. Both bodies leaked. However, for the evangelists, it is Jesus who heals the woman's leakiness, not the other way around. The cultural model may recognize that the woman exploits Jesus' oozing disability to secure her own place in the social context. Thus, the illogical identification of the woman as disabled but the man as powerful both exposes the cultural constructedness of disability and points to how cultural constructions influence the emergence of a Christology that overlooks Jesus' own disabling condition.

Applying a cultural disability model to an Anabaptist-Mennonite reading of these texts also highlights important implications for discipleship. These implications are most obvious when contrasted with those arising from the application of other disability models. Read with a medical model

²⁹ Candida Moss, “The Man with the Flow of Power: Porous Bodies in Mark 5:25-34,” *Journal of Biblical Literature* 129, no. 3 (2010): 507-19.

of disability, for instance, these healing episodes could provide a rationale for medical missions that focus on the physical restoration of those with various disabilities. Viewed through the lens of a social model, these episodes could suggest addressing access to healthcare.³⁰ However, the application of a cultural model yields a different response, stressing that Jesus challenged oppressive and hegemonic constructions of power. Such a reading suggests that the communal practice of Anabaptist-Mennonite hermeneutics should account for the ways people with disabilities might understand these episodes differently than readers who are temporarily fully-abled. As interpreters encounter these texts, a cultural model can illuminate how a lived obedience to the text today might involve advocacy that follows Jesus' lead in challenging the "cult of normalcy" and the social power that it exerts, both within and beyond the hermeneutical community.

The inclusion of people with disabilities within the hermeneutical community addresses one significant drawback of a medical model in interpreting Jesus' healings: a medical model discourages the traditional Anabaptist-Mennonite emphasis on the communal practice of hermeneutics. However, what the medical model cannot do, a cultural model can—by attending to cultural constructions of power that may work systematically to exclude people with disabilities. Likewise, the traditional emphasis on placing interpretive power within communities rather than individuals acknowledges the importance of shared access to that power. The inclusion and valuing of perspectives from people with disabilities contributes to communal hermeneutical practice and distributes interpretive power more equally. This sharing is not only in line with the cultural model's focus on cultural constructions of power, but also demonstrates the importance of the larger hermeneutical community for Anabaptist-Mennonite interpreters.

Towards a Cultural Model of Disability in Anabaptist-Mennonite Hermeneutics

A biblical hermeneutic informed by a cultural model of disability is a fitting element for inclusion in Anabaptist-Mennonite theology, which often sees

³⁰ See Willard Swartley, *Health, Healing, and the Church's Mission: Biblical Perspectives and Moral Priorities* (Downers Grove, IL: InterVarsity, 2012). Swartley addresses healthcare access, and his approach exemplifies a social model of disability.

itself as a “third way” that avoids polarizing extremes and instead follows Jesus in challenging oppressive socio-cultural structures. A cultural model is likewise a “third way” approach, in situating disability within larger cultural settings rather than relegating it to merely a medical or social issue. As such, a cultural model is not a superfluous add-on to existing Anabaptist-Mennonite hermeneutics or an abandonment of time-honored emphases. Rather, when paired with existing emphases, it brings out the true flavor of Anabaptist-Mennonite hermeneutics. Just as the traditional emphases noted earlier—community practice, Christocentric focus, lived obedience—work together in concert, strengthening each other as they are practiced, so too does a cultural model fit with, and reinforce, those emphases.

Each of those emphases can highlight corresponding characteristics of a cultural model of disability. Just as Scripture is best interpreted within a larger communal context, so does a cultural model situate disability within a larger cultural setting. Hermeneutical communities engage in the construction of meaning together. Where Anabaptist-Mennonite interpreters have focused on how meaning-making is practiced in relation to Scripture, a cultural model insists that meaning-making is also present in the construction of disability. That is, the same community that interprets Scripture also “interprets” disability.

Similarly, while Anabaptist-Mennonites have prized the place of Christ in the larger hermeneutical process, a cultural model of disability also prizes the personhood of individuals with disabilities in the midst of larger cultural constructions that exert normalizing power over them. The Christocentric emphasis upholds the importance of Jesus’ prophetic work in challenging oppressive systems of power. Likewise, a cultural model resists the ways disability has been culturally constructed to the detriment of individuals with disabilities. Finally, an Anabaptist-Mennonite approach complexifies the process of interpreting Scripture by pairing it with lived obedience to that text. Likewise, a cultural model of disability complicates simplistic views of people with disabilities by suggesting that they and the societies in which they live are a part of multifaceted systems that must be critically examined in order to understand disability and its effects. The cultural model resists the “wide gate” of a medical model that offers pat answers instead of the “narrow gate” of prophetic resistance (cf. Matt. 7:13-14).

In sum, a call for Anabaptist-Mennonite interpreters to adopt a cultural model of disability to inform their hermeneutical practices is not a call for anything fundamentally different from historical practice. Rather, it is in keeping with the emphases of traditional Anabaptist-Mennonite hermeneutics, and it may encourage interpreters to adopt a practice that embodies the best of the theological tradition while simultaneously affirming the full flourishing of persons with disabilities today.

Melanie A. Howard is Assistant Professor and Program Director of Biblical and Theological Studies at Fresno Pacific University in Fresno, California.