Charged words, an active God, and more reader feedback

What we've heard from our readers

Letters & Comments in the September 2026 issue
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Dodging charged words

Your editorial suggests the terms *Zionist* and *Zionism* should be abandoned ("What is a Zionist?"). If that is so because "*Zionism* is an emotionally loaded term with no consensus meaning," then so too should the very many terms of a similar nature: *Christianity*, *liberalism*, *socialism*, *communism*, and so on. In fact, what term doesn't carry many different, often conflicting, meanings over the course of its life—often depending on whether one is for or against it?

The word *Zionism* was understood in a particular way by its founders: the establishment of a Jewish state in Palestine. This understanding, continued through its history, is what gives the word meaning—a meaning that is apparent in the founding of the Israeli state and in its violence to this day. That there are those who use the term in some other way, often to obscure or soften this history, shouldn't be a reason for abandoning it. Those who use the term with some other meaning—for instance, supporting a benign Jewish state—have to justify their doing so, just as Donald Trump has to justify claiming to be a Christian. Otherwise there can be no rational or truthful discourse.

—Stephen Morley
Norwich, England

The nature of disability

I appreciated Aaron Davis's thoughtful essay on disability and the complexity behind human flourishing ("The scars of a flourishing human"). His reminder to look to the diversity among disabled people is important; as he notes, Nancy Eiesland's seminal text *The Disabled God* wrongly assumes that all disabled people want to be disabled, a flattening that ignores the many who do not.

At the same time, I wonder if Davis's criticism of the medical model of disability—which emphasizes real medical causes of disability, not just social ones—might be a similar flattening. In the US, the largest cause of disability is chronic illness. Doctors often don't believe patients (especially women) with disabling chronic illnesses, making it difficult to get diagnosis and treatment. For example, a woman who develops an autoimmune illness will have to wait an average of 4.5 years to get her diagnosis, largely due to implicit bias. Worse still, the Trump administration has cut billions of dollars from medical research, directly impacting medical outcomes for chronically ill people worldwide.

As a woman with a neurological illness, a great deal of the ableism I have faced comes from people who refuse to accept a real medical cause behind my disability. "Hysteria" is not just a phenomenon of history. For me, disability justice has to include medicalization—in diagnosis, research, and policymaking. I worry that by

pushing away medical understandings of disability, activists may inadvertently make the problem worse for disabled people with chronic illnesses. If a disabled person does not wish to see their disability in medical terms, that's perfectly fine. We just can't assume that's what's best for everyone.

—Lilia M. Ellis
Chicago, IL

Aaron Davis responds:

Thank you to Lilia Ellis for reading this article so carefully and engaging with it. She highlights an issue that can often cause some consternation or confusion when people engage with disability theology and its critique of the medical model. It's important to be clear that the suggestion to understand disability according to a social model (as opposed to a medical one) does not imply or entail that the ideal model is *purely* social. A purely social model might say something like this: Disability is caused only by social factors. This is a view that some disability activists have defended (including in more recent years), but I think, for similar reasons to the ones Ellis highlights, this isn't the best option. Instead, what I'm talking about might be called a mixed social model. According to this view, disability is not reducible to a state that one's body/mind is in, but it does necessarily involve being in some particular bodily/mental state(s).

I am sorry that Ellis—like far too many others—has been hurt by our healthcare system and its ableist refusal to accept the medical causes of disability. In her influential book *The Minority Body*, Elizabeth Barnes describes purely social models as creating a "disappearing body" situation. They ignore the reality that "being disabled is not merely a matter of what your body is like.
. . . But it is partly a matter of what your body is like." Purely medical models, like the one I drew attention to in the article, flatten disability in the opposite direction, into a solely clinical phenomenon: Disability is always just something in need of fixing. Like Barnes, I advocate for a kind of mixed view of disability that avoids both kinds of flattening—problems with which Barnes, Ellis, and I are all concerned.

An active but credible God

Thank you for publishing Brian Bantum's column about rediscovering his Baptist heritage ("At home with the Baptists"). He pinpoints the crisis confronting contemporary Christianity: Can it convey a credible sense that God is "present and moves in our lives"?

As Bantum points out, mainline and progressive Christianity too often substitutes understanding for faith. It theorizes *about* God, as if God were some odd philosophical object to be dissected. But why bother with a church whose god has "no hands but our hands"? Better to join some secular group working more effectively to improve society.

Bantum, however, neglects to mention the downside of other Christian traditions' vivid sense of God's presence. Such faith strains modern credulity by uncritically assuming God's supernatural agency. It suffers from what Matt Gaventa in the same issue calls a too precise or exacting concept of providence ("The church's crisis of vocational theology").

Unless mainline Christianity can offer a God proactively at work in human affairs through Walter Brueggemann's concept of prophetic imagination, I fear it will be squeezed out of the religious marketplace, on the one side by evangelical churches that offer easy deus ex machina comfort and on the other by the kind of

secular, “religionless” Christianity that Bonhoeffer foresaw.

—John A. Wright
Austin, TX

Earlier ministries of presence

I appreciate Patrick Tugwell’s review of Sarah Jobe’s *No Godforsaken Place* (“Death work”). Tugwell refers to prison chaplaincy as a “ministry of presence” and attributes the popularity of this phrase to Winnifred Fallers Sullivan’s 2014 study. I wish to point out that this theme has been around much longer.

As a life member of the International Conference of Police Chaplains, I can attest that our overarching theme is, and always has been, that we provide a ministry of presence to the communities we serve. The ICPC is a multifaith international chaplaincy organization that was founded in 1973. This concept of ministry of presence was also the main thrust of my doctoral work in pastoral care.

I do look forward to reading Jobe’s book and being able to reflect and combine its findings with my 40 years of chaplaincy. I believe it will only enhance the work I do.

—Terry K. Olthoff
Sun City, AZ