

## 16. Healing Ministry and Neurodiversity: Response to Notice of Motion 2022/201

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<b>Resolution</b>	<p>16/1. The Conference receives the Report.</p> <p>16/2. The Conference adopts recommendations 4.3.1 to 4.3.4 as its guidance in response to Notice of Motion 2022/201.</p> <p>16/3. The Conference directs the Justice, Dignity and Solidarity Committee</p> <ol style="list-style-type: none"><li>1. to consider how the Church might express appropriate repentance for the past exclusion of neurodivergent people in the life of the church;</li><li>2. to consider how the Church might be more inclusive of neurodivergent people in its communal and corporate life, its governance structures and pastoral care; and</li><li>3. to consider ways in which ableism in the Church might be further addressed; and to report to the Conference of 2027.</li></ol> <p>16/4. The Conference directs the Faith and Order Committee to consider what further resources relating to the ministry of healing may be needed and to bring proposals to the Conference of 2027.</p>

### Summary of Content and Impact

<b>Subject and aims</b>	To consider questions of healing ministry and neurodiversity raised in Notice of Motion 2022/201 including considering whether prayers for the healing of neurodivergent conditions should be prohibited.
<b>Main points</b>	<ul style="list-style-type: none"><li>• The nature of neurodiversity</li><li>• Models of disability</li><li>• A theological approach to neurodiversity</li><li>• Issues of neurodivergent inclusion and exclusion</li><li>• Considerations relating to healing and neurodiversity</li><li>• Conclusions and recommendations</li></ul>

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<b>Background context and relevant documents (with function)</b>	Notice of Motion 2022/201 (see appendix 1 below) The Church and the Ministry of Healing (1977)
<b>Consultations</b>	Justice, Dignity and Solidarity Committee
<b>Impact</b>	Resolutions ask further work of the JDS Committee and the Faith and Order Committee – there could be costs involved if further resources are required.

### 1. Introduction

#### 1.1 Origin and scope of the report

- 1.1.1 The 2022 Conference adopted Notice of Motion 201 entitled 'Healing Ministry and Neurodiverse Conditions' (see Appendix 1). This Notice of Motion encouraged all parts of the Methodist Church to reflect on how their environments might be made more supportive and accommodating for people with neurodivergent conditions and on how the gifts of people with neurodivergent conditions might better contribute to the local life of the church. It further invited consideration of whether and how to pray for those living with any condition, including lifelong neurodivergent conditions. It directed the Faith and Order Committee, in consultation with the Justice, Dignity and Solidarity (JDS) Committee, to consider new guidance on healing ministry and within that to give specific consideration to 'whether prayers for healing for certain conditions should be prohibited.'
- 1.1.2 A working group of the Faith and Order Committee, together with a member nominated by the JDS Committee, have worked together in producing this report. A significant majority of that working group is neurodivergent and within the group there was a range of experience and perspectives, including on the central question regarding healing. The group has sought to reflect that diversity within this report. This report is offered not as theology done for neurodivergent people but as a group mainly of neurodivergent people reflecting theologically together.
- 1.1.3 Both healing ministry and neurodivergent conditions are broad subjects capable of detailed study in their own rights. In this report, the Faith and Order Committee has sought to engage with the breadth of neurodiversity and to offer some reflection on the nature of healing in this context: a reflection which is both corporate (as to the healing of the world, society and the church) and individual (as to the relief of the suffering which individuals face in their lives). It is not – and cannot be – an exploration of all aspects of healing ministry. Beginning from

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an overview of neurodiversity and neurodivergent conditions it moves to reflect theologically on these ways of being. The wide variety of neurodiverse ways of being highlights the need for close and contextual attention: there will be no single answer to the question of healing ministry but a constant call for prayerful and attentive discernment. The report then sets these questions in the context of recent Methodist thinking in various areas of church life including the *Theology of Safeguarding* and the *Strategy for Justice, Dignity and Solidarity*.

- 1.1.4 Finally, the report offers recommendations which seek to recognise the power of prayer and the work of Holy Spirit while prioritising the agency of the person being prayed for and calling attention to the church's commitments and teaching in connection with the *Strategy for Justice, Dignity and Solidarity*, as well as policy and procedure in safeguarding. The report's recommendations are intended to inform good practice in the ministry of prayers for healing in relation to neurodivergence. This work highlights two areas that the Conference might wish to be considered further. First, the statement *The Church and the Ministry of Healing* dates from 1977 and was of limited use in preparing this report. Its status was removed by the Conference of 2024. Second, this report gives some consideration to the question of the capacity and agency of the neurodivergent person in connection with whom prayer may be being considered. However, this report does not explore healing ministry in detail in relation to cases where there are severe barriers to communication which, although inclusive of some neurodivergent people, cover a broader range of medical conditions and a wider set of questions.

### 1.2 Neurodiverse ways of being

- 1.2.1 As Nicole Baumer, a child neurologist/neurodevelopmental disabilities specialist who works as an instructor in neurology at Harvard Medical School notes 'The word neurodiversity refers to the diversity of all people.'<sup>1</sup> Another way of putting it is to say that neurodiversity is the concept that all humans vary in terms of our neurocognitive ability. Neurocognitive ability refers to the different ways we think, learn, interact and perceive the world. This recognition helps to support the inclusion of neurological variation in that, rather than isolating particular conditions, it recognises more than one way in which people differ from each other. As we all know, no two people are alike, whether they are neurodivergent or neurotypical. Nevertheless, it is important to be able to identify particular neurodivergent conditions in order to enable understanding and offer appropriate support.

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<sup>1</sup> <https://www.health.harvard.edu/blog/what-is-neurodiversity-202111232645>

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- 1.2.2 As understandings of neurodiversity have developed so has the terminology. The basic reality is that there is naturally occurring variation in the way humans think and process information and this terminology seeks to describe that variation. Four terms which it is necessary to understand for this report are 'neurodiverse', 'neurotypical', 'neurodivergent', and 'neurotype'. According to the Brain Charity:<sup>2</sup>

*Neurodiversity* is the concept that brain differences are natural variations – not deficits, disorders or impairments.

The terms *neurodivergent* and *neurodivergence* are now used to describe all people whose neurological conditions mean they do not consider themselves to be neurotypical.

*Neurotypicality* is used to describe people whose brain functions, ways of processing information and behaviours are seen to be standard.

- 1.2.3 *Neurotype* refers to a particular person's expression of neurodivergence. It must be remembered that each person's expression of their neurotype will vary from another person with the same neurotype. Although the term neurodiversity includes neurotypical thinkers, it is commonly associated with a range of neurotypes. Some of these different ways of thinking, learning, interacting and perceiving the world have been given labels, such as: Specific Learning Differences, Dyslexia, Dyspraxia, Dyscalculia, Attention Deficit Hyperactivity Disorder (ADHD), and Autism Spectrum Conditions (ASC) among others. While in many cases neurodivergence is present from birth, it can be acquired via a brain injury,<sup>3</sup> an illness or treatment of an illness that causes changes in cognition and behaviour, or mental ill-health conditions (eg PTSD).<sup>4</sup> Neurodiversity covers all of these.
- 1.2.4 Another term which it is important to understand in this context is 'ableism'. Bogart and Dunn<sup>5</sup> define ableism in this way: "Ableism is stereotyping, prejudice, discrimination, and social oppression toward people with disabilities." As well as the ableism that may be found in individual interactions, there is also *structural ableism* embedded within the way societies, organisations and communities

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2 <https://www.thebraincharity.org.uk/neurodivergent-neurodiversity-neurotypical-explained>

3 <https://www.birmingham.ac.uk/schools/education/departments/disability-inclusion-special-needs/resources/understanding-neurodivergence>

4 <https://www.college.police.uk/support-forces/diversity-and-inclusion/neurodiversity-glossary-terms>

5 Bogart, K.R. and Dunn, D.S. (2019), Ableism Special Issue Introduction. *Journal of Social Issues*, 75: 650-664. <https://doi.org/10.1111/josi.12354>

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operate and *internalized ableism*, where the disabled person themselves has absorbed such attitudes from living within a structurally ableist context.

- 1.2.5 The language in this area continues to develop and it is likely that, in time, the terms used here will themselves be out-of-date. In pastoral contexts, priority should always be given to the way a person prefers to describe themselves. Some prefer to describe themselves as neurodiverse rather than neurodivergent while others may prefer not to be labelled. For clarity, this report will use the terms as set out above.

### 1.3 Models of disability

- 1.3.1 In considering the issues raised by the Notice of Motion, we have to be attentive to the intersection between neurodiversity and disability. Not all neurodivergent people consider themselves disabled; however, in considering neurodiversity, insights from disability are helpful. In particular, it is useful to examine how disability is understood. One way of doing this is to use 'models' of disability which give different ways of imagining disability conceptually. It is important to remember that a model is just that and the reality is always more complex.
- 1.3.2 Models of disability can be helpfully used to enable reflective practitioners to examine the perspective from which they are approaching disability and neurodiversity. Mamo Retief and Rantsoa Letšosa offer insight into this question. They explain that someone's standpoint will affect their perceptions and the focus of their theological reflection.<sup>6</sup> This framing will shape whatever conclusions they reach. Therefore it is helpful, in approaching the issue of healing ministry and neurodiversity, to pay attention to one's own perspectives and intentionally to seek those of others. For example, it is possible to approach disability with pity, compassion or a range of other emotional responses. Pity may see a disabled person as experiencing tragedy, and may entail a degree of 'looking down' on them. This creates emotional distance between two human beings in a context where one is regarded and treated as 'other'. This may be an ableist response to levels of discomfort in the presence of disability. Compassion may see a disabled person as an equal, meeting them where they are. It tends to reduce the distance between the two people even if this experience is discomforting for either.
- 1.3.3 Four models of disability will be described in this report, although it is important to stress that these are not the only models. We will be using definitions from the

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6 Retief, M & Letšosa, R, 2018, 'Models of disability: A brief overview', *HTS Teologiese Studies/Theological Studies* 74(1):1

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article by Retief and Letšosa, explaining the medical model, the social model, the economic model and the limits model. The medical and social models are more widely understood and more prevalent in understanding disability. The economic and limits models are lesser-known models that offer different perspectives. The models are offered to assist in reflecting on attitudes to disability: they are not all examples to be followed.

- 1.3.4 The medical model understands disability as a dysfunction of a person's body and has a view to cure or treat the dysfunction. As such, it views disability negatively and as something that needs to be dealt with or eliminated. This model creates a binary opposition of able-bodied and disabled people with an understanding that the former is the better, desired state to be in. There is considerable power and authority given to professionals who treat disabled people (such as medical doctors or occupational therapists) and it assumes a requirement for disabled people to want the treatment to cure or treat the dysfunction.
- 1.3.5 In contrast to the medical model, the social model understands disability to be something that is a consequence of the way society works; that is, society's ways of functioning create limitations and disadvantages for some. The social model makes a distinction between impairment and disability. The former describes a person's variance (such as a particular neurotype). The latter draws attention to the way social groups, institutions or organisations do not consider how those with impairments may be adversely impacted by the way they operate, leading to exclusion and/or disadvantages. The social model would describe neurodivergent people as being disabled by society because society creates ways of operating that generate limitations to their participation (for example, creating spaces that are too overstimulating for those who may easily be overwhelmed by sensory stimuli).
- 1.3.6 The economic model is distinct from the previous two, as it understands a person's value in terms of their productivity. It primarily considers a person's ability within their work and employment, assessing how much value they can offer (such as increasing revenue for an organisation, how many hours they can work, how much they give versus how much they cost, and so on). Within this model, disabled people are still expected to receive respect, rights, and reasonable adjustments, but this is a secondary concern when it comes to what they can produce for the economy. It should be remembered at this point that the different models help us to identify and, where needed, challenge our attitudes to disability. For example, a challenge could be offered if economy/economic growth were to be considered in a church context. How do we see our lay workers, ministers and other church employees with regard to this model of

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disability? Do we see them in terms of their productivity, how much they can do and how much they cost? When considering neurodivergent people, or indeed other disabled people, do we have an (unspoken) question about what 'value they can offer'? We may find we have attitudes within ourselves that call for self-examination and repentance.

- 1.3.7 The final model of disability is the limits model, which is a manifold approach that focuses on the lived/embodied experience. There is an understanding that limits are a part of the human experience and that these limits vary. The model considers any aspect of life that is relevant, such as the social, political and economic impact on a person. Therefore, disability is about a range of experiences rather than a binary of disabled or able-bodied. It is similar to the social model in that it understands disability to be rooted as a social construct. However, it departs from the social model as it does not understand that all limitations are necessarily positive or normative. A disabled person may wish to have some or all limitations removed or overcome.
- 1.3.8 A short survey was conducted as part of this work and in the responses, the overwhelming preference of the responders was towards a social model understanding of neurodiversity. At the same time, it is important to recognise that each person's experience is different: as is commonly said 'When you've met one autistic person, you've met one autistic person.' In pastoral work and especially when prayer for healing is being considered it is important to be attentive to the person's self-understanding and to prioritise their agency in determining the most appropriate form of spiritual care.

### 1.4 Prayer and Healing

- 1.4.1 The Faith and Order Committee recognises that there is a broad spectrum of opinion within the Methodist Church, and more widely, about what it means to pray for healing for neurodiverse conditions. It is therefore helpful to consider our current agreed statements about healing, recognising once again that it is some considerable time since we formally considered this matter via a Conference report. As noted above, the previous Conference Statement, dating from 1977, had its status removed by the 2024 Conference.
- 1.4.2 The *Methodist Worship Book* offers a series of healing and reconciliation services, including 'An Order of Service for Healing and Wholeness'. The Introduction to this service reminds us that 'Healing was central to the ministry of Jesus. It was a sign of God's kingdom, bringing renewal and wholeness of life to those who turned to God in their need.... In every act of worship, the Church celebrates the grace of God who desires wholeness of body, mind and spirit for all people'.

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It presents a broad understanding of 'frailty and brokenness – felt not just in physical illness, but in guilt, anxiety and all the burdens which weigh us down'.

- 1.4.3 This sets a context for conversation about prayer for healing, recognising that it creates the opportunity to ask for relief from anything which burdens or harms us. In considering neurodivergence, it is vital to acknowledge that neurodivergent people experience their condition differently. For some, their different cognitive functioning is a blessing and they long for it to be recognised as gift to the church.<sup>7</sup> Others acknowledge their neurodivergence as holding blessing and gift, but may also face associated challenging or painful effects, such as, for example, depression, auto-immune diseases and social isolation, among many others. Still others long for freedom from a way of being which they experience as burden. In the light of the different approaches to disability and neurodiversity suggested by the models of disability discussed in the previous section, when considering healing prayer it will always be important to be reflective – and sometimes self-critical – about the models we are operating with, consciously and subconsciously, both for the person praying and the person being prayed for.
- 1.4.5 A broad understanding of healing embraces a sense of wholeness and flourishing in the fullest sense. In considering prayers for healing, it is important not only to consider immediate challenges and difficulties but to be attentive to the fullness of life that God wills for us all. Prayer for healing in this sense can celebrate a person's uniqueness – including because of their neurotype – and be directed toward their wholeness and flourishing.

## 2. A theological approach to neurodiversity

### 2.1 The image and likeness of God

- 2.1.1 Christian tradition draws on Genesis 1:26 to maintain that humanity is made in the image and likeness of God. Historically, the tradition has made a distinction between the 'image of God' and the 'likeness of God'. For instance, both Tertullian and Origen believed that human beings were made in the *image* of God which was distorted by sin but restored to the *likeness* of God through the work of the Holy Spirit. Similarly, Augustine believed that humanity, even though corrupted by the Fall, could be restored into relationship with God through grace at work in the human soul, which he understood as the seat of rationality.<sup>8</sup>

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<sup>7</sup> See Rapley, S. 2021 *Autistic Thinking in the Life of the Church*, London: SCM, pp.32-34

<sup>8</sup> Augustine, *Confessions* 13:1



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- 2.1.2 Aquinas, building on Augustine's understanding of rationality as the mark of the image of God, remained convinced that the rationality of the human creature was not based in anything biological and was the ability to know and to love. The capability for knowledge and love is the image of God in the human creature and cannot be rendered incapable of loving and knowing. This persists in the individual as it originates in God and continues in relationship with God.<sup>9</sup> For Aquinas and his predecessors, this is possible because of the rational faculties of human beings which mirror God's wisdom.
- 2.1.3 Later theologians articulate their understanding of image and likeness of God differently. Jürgen Moltmann for example writes of how the image of God develops in individuals through community in relationship and fellowship.<sup>10</sup> Central to all Christ's healing narratives found in scripture is the return of or relocation of an individual to the community.<sup>11</sup>
- 2.1.4 Thus all humanity, in bearing the image of God, has the capacity to know and love God and reveal God in relationship and community with others.
- 2.1.5 More recent writers in Christian anthropology, especially those writing in the field of disability theology,<sup>12</sup> have interrogated the attributes of rationality and relationality as signalling the image of God in humanity. This includes the work of disability theologians such as Amos Yong<sup>13</sup> and Brian Brock<sup>14</sup> considering Down Syndrome and autism, Grant Macaskill,<sup>15</sup> Naomi Lawson Jacobs and Emily Richardson,<sup>16</sup> and John Swinton who considers acquired neurological impairments. In summary, theological reflection on neurodevelopmental disabilities affirms strongly that neurodivergent people and in particular autistic people relate and image God in different but not lesser ways to neurotypical people.

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9 Aquinas, *Summa Theologica* 1.93

10 Moltmann, Jürgen. *God in Creation: A New Theology of Creation and the Spirit of God*, London: SCM Press, 1985, pp.215-219

11 See, for example, Mark 5:21-43

12 Although neurodivergence and disability are not the same thing, the work on disability theology has strong relevance to the conversation and is a valuable resource.

13 Yong, A. 2011 *The Bible, Disability, and the Church: A New Vision of the People of God* Grand Rapids: Eerdmans

14 Brock, B.2020 *Wondrously Wounded: Theology, Disability, and the Body of Christ* Baylor University Press

15 Macaskill, G 2021 *Autism and the Church: Bible, Theology, and Community* Baylor University Press

16 Lawson Jacobs N and Richardson E 2022 *At the Gates: Disability, Justice and the Churches* London: DLT

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- 2.1.6 This position depends on an understanding of neurodivergence which draws from a difference model and is rooted in the social model of disability. Other models outlined in this report are also relevant.

In reflecting on the economic model, churches should challenge any approach to neurodivergence, or indeed disability more broadly, which values God's people solely or mainly in terms of their productivity. Disability theologians also engage with alternative approaches which draw on the medical model and tend to understand neurodivergence from a deficit perspective. In the context of the linkage between God's image and rationality or relationship outlined above, these approaches have led some theologians to query whether neurodivergence limits people's capacity to image God. This demonstrates poor understanding of autistic communication and relationship, especially in those with higher support needs. Neurotypical people often exhibit a severe impairment in their ability to communicate with neurodivergent people and place the 'blame' for this on the neurodivergent people for communicating differently. This unhelpful position might be nuanced by the limits model, which recognises that some limitations make life challenging for some people while affirming that limits are part of the human experience for everyone.

- 2.1.7 Methodists believe that 'God, as free gift, converts us by his grace ... puts us right with himself, gives us new life in Christ and makes us his own holy people through the Holy Spirit.'<sup>17</sup> This sits within the tradition which holds that for all people, restoration into the *likeness* of God is entirely dependent on the action of God irrespective of any trait or ability held by a human being. It is not to say that disability in any way mars or impairs the image of God but simply that God's grace enables the *likeness* of God to be restored in all people.

### 2.2 Church: Christ-centred and inclusive

- 2.2.1 Our humanity, then, depends on God's initiative in reaching out towards us.<sup>18</sup> The presence or absence of any particular qualities does not determine our capacity to receive the gift of God's love in Christ, and human likeness to God cannot depend on how closely anyone fits some idea of 'normative' humanity.
- 2.2.2 This focus on grace sits readily alongside the Methodist attention to God's inclusive love for all, rooted in the Wesleys' Arminianism and restated in various

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<sup>17</sup> *A Catechism for the People Called Methodists* (b)9 p6

<sup>18</sup> Reinders HS 2008 *Receiving the Gift of Friendship: Profound Disability, Theological Anthropology and Ethics* Grand Rapids: Eerdmans, pp.23-24

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expressions of our calling as a church. It is because neurodivergent people share the capacity to receive God's gift of grace that their particular insights contribute significantly to church life, rather than being special needs to be tolerated. That is not to say of course that the worth of any individual is defined by their utility but that it is the right of all to be part of a relational community centred on Christ without barriers to their involvement being placed by others.

- 2.2.3 The Bible reiterates this theme of open access many times. For example, Leviticus 19:14 reads 'You shall not revile the deaf or put a stumbling-block before the blind; you shall fear your God: I am the Lord.' 1 John 2:10 uses the same image to illustrate what it means to love a fellow-Christian. Isaiah 57:14 adds 'And it shall be said, "Build up, build up, prepare the way, remove every obstruction from my people's way."'
- 2.2.4 How might the Methodist church enact these teachings? The blind theologian John Hull asked the question "Could a blind person have been a disciple of Jesus?" as this would have frequently caused people to question why Jesus who had healed others had not given sight to such a disciple. We could equally ask whether an autistic person could have been a disciple or one with Tourette's or Down Syndrome. The current direction of theological travel suggests that this is the wrong question to ask. Rather, the church needs to remove the 'stumbling blocks' by learning to ask different questions. How should the image of God in neurodivergent people be honoured? It is only by the healing of our church communities that these exclusionary questions will disappear.
- 2.2.5 The desire for such healing of our communities brings further questions. The image of God and the mission of God are bound together in the life and witness of the Methodist Church. The image and likeness of God in us connects us both to each other and to God whose mission is to bring all people to Godself. The Methodist church therefore needs to consider how to acknowledge neurodivergent people fully as fellow-subjects of the kingdom of God and members of the community of the church<sup>19</sup> and how to weave in the spiritual, pastoral and worship-focused insights of neurodivergent people as part of a wider and diverse community of faith. This demands rigorous reflection on our image of God, recognising the challenge which comes to us by way of disability theology of an image of God which contains disability.<sup>20</sup>

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<sup>19</sup> Williams C 2023 *Peculiar Discipleship: An Autistic Liberation Theology* London: SCM, p.140

<sup>20</sup> Eiesland, Nancy L 1994 *The Disabled God: Toward a Liberatory Theology of Disability* Nashville: Abingdon, p.89

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- 2.2.6 As noted above, prayer for healing should give priority to the agency of a person requesting prayer. This implies that any such request will be influenced by the individual's understanding of their condition and the way it affects their life, and any spiritual support offered will entail careful, compassionate attention to discerning this self-understanding and shaping a prayerful response appropriately. It is likely too that an individual will hold a view on the balance they experience between the different models of disability, and this too should be considered in determining the focus of prayer for healing. Equally, the church needs to pray for its own collective healing as it follows God's summons to become a place where 'all are welcome' (StF 409). Most importantly, prayer needs to acknowledge the radical freedom of the Holy Spirit to transform individuals, the church and the world.
- 2.2.7 Finally, great care and attention needs to be given to how we talk about prayer for healing in relation to disability and neurodivergent conditions. Rapley identifies a number of reasons why autistic people can find prayer hard.<sup>21</sup> For example, autistic people can be quite literal in their thinking and dyslexic people sometimes struggle with the nuance and multiple meanings in language, both of which could lead to misunderstandings when they witness or hear of a neurodivergent person receiving prayer for healing. It is possible for the church to continue to perpetuate the narrative that the condition which makes people who they are is undesirable and by extension so are they.<sup>22</sup> All this needs to inform good pastoral practice.

Any prayer for healing for neurodivergent individuals must then include a focus on the healing of the whole church, both theologically and practically.

### 2.3 Now and not yet: neurodivergence and praying 'your kingdom come'.

- 2.3.1 In the quest for healing of Church and society, it remains true that neurodivergent people find many aspects of life hard, even traumatic. The sensitivities, characteristics, and features of various neurodivergent conditions, can cause difficulties and unpleasant, even harmful, effects for a neurodivergent individual existing in a world not designed to accommodate their needs. This can result in further anxiety and trauma and the conclusions to this report stress that where someone holding agency requests this, sensitive, compassionate prayer for healing and relief from anxiety and trauma is appropriate.<sup>23</sup>

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21 Rapley S 2021 *Autistic Thinking in the Life of the Church*, London: SCM, pp.82f

22 Kenny A 2022 *My Body is not a Prayer Request*

23 Neurodivergent conditions are many and varied and experienced differently based on the individual and the context in which they find themselves. For many neurodivergent individuals some

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- 2.3.2 However, this position needs further nuance. Many disability theologians make the distinction between healing and cure, with healing having a broader and more nuanced scope, following the healing narratives of scripture which are centred on restoring individuals to community.<sup>24</sup> In such narratives the curing of ailments is secondary. This links to the thinking of modern scholars, who recognise that cure as the removal of a condition is very much based in the medical model of disability which locates the “problem” in the individual. This is particularly relevant in reflecting on healing of a neurodivergent condition. To “heal” the condition in terms of removing it altogether is strongly opposed by many disability theologians, particularly in the case of developmental conditions (which include many, but not all, neurodivergent conditions.) To remove the condition would remove a significant part of the person and invalidate their previous relationship with God which had been mediated through their condition.
- 2.3.3 There are wider problems resulting from the way society is structured around those perceived as ‘normative’. The neurotypical majority holds privilege but often fails to recognise this, disadvantaging neurodivergent people by misunderstanding their communication and sensitivities. Claire Williams writes that autistic lives are traumatised because autistic people exist in an inhospitable world, leading to fracturing in their personal identities as they ‘mask’ and seek to fit in with what is expected. Their lives become uninhabitable and unwelcome.<sup>25</sup> The economic model of disability also points to the impact of neurodivergence on people’s ability to thrive in the conditions of contemporary society, so that many face impoverishment. Williams’s vision of healed humanity moves away from a focus on healing from neurodivergence, instead paying attention to healing into inclusivity and freedom. Many of the responses to the Working Group’s questionnaire had a similar emphasis. Williams draws on the story of the gift of tongues at Pentecost (Acts 2), naming the work of the Holy Spirit as enabling people to hear (rather than speak) across boundaries. It is the listeners, not the speakers, who are healed.

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characteristics of their condition can be very positive or even beneficial, but in other circumstances can cause them problems. For example, an individual with ADHD may find the ability to hyperfocus on an essay to enable them to complete a great deal in a short time, however that same hyperfocus may, in other situations, divert their attention from what they need to do. This is because ADHD is not about an inability to focus but a difficulty in regulating focus and attention. (For further information try The Pocket Guide to Neurodiversity by Daniel Aherne, and the results of recent research into autism “sense-scapes” which looks at the sensory joys and difficulties experienced by autistic people in churches, and additional resources <https://www.autismchurch.com/resources>)

24 Lawson Jacobs & Richardson 2022:24

25 Williams 2023:19

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- 2.3.4 This image of an integrated community provides a model for envisioning the work of Christ in making all things new (Revelation 21:5). It offers a framework for understanding salvation as a way of being in which all people are fully ourselves and fully united with God and one another in Christ, where the exclusionary barriers created by sin are destroyed because the image of God is fully restored in and for each of us, and where the work of the Holy Spirit enables us truly to hear each other. In the Kingdom of God conditions may persist but the disability of them will be no more. Heaven is accessible.<sup>26</sup>
- 2.3.5 In praying 'your kingdom come', the church trusts that one day, God will reconcile all things. Until then, all work towards a reconciled community is provisional, acknowledging that we cannot grasp the immensity of the love of God which awaits us. Yet, as disciples of Christ and children of the one God, we collaborate with God as we discern new ways in which the kingdom is coming into being among us. In this moment, God invites our diverse community of faith to reflect together on the nature of Christian hope as we learn to name neurodiversity and neurodivergence, and to respond through theological and practical engagement with these fresh ways of envisioning what it means to pray 'your kingdom come'.

### **3. Christian Community, Human Flourishing and Healing**

#### **3.1 Neurodivergent exclusion and inclusion**

- 3.1.1 For a number of reasons neurodivergent people can be particularly likely to experience exclusion, loneliness and poor mental health. The need for community is basic to human experience, but for neurodivergent people feeling 'different' and not 'fitting in' are common experiences. Pathways to diagnosis are complex to access, and often have long waiting lists, meaning that people can go undiagnosed for many years. Efforts to 'mask' neurodivergent traits in order to fit with neurotypical expectations can take a significant toll on mental and physical wellbeing. The church can help or hinder flourishing in the way it welcomes and values, or not, the whole person as uniquely made in the image of God.
- 3.1.2 It is important to be clear that forms of neurodivergence are not in themselves mental health conditions, contrary to how they have sometimes been understood. However, some conditions are commonly associated, for example, with anxiety and depression. Wellbeing can be hindered when underlying neurodivergence goes undiagnosed, especially as neurodivergent people often respond to

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26 Lawson Jacobs & Richardson 2022:121

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medications very differently from neurotypical people, and standard treatments may make their mental health worse rather than better. Poor mental health for neurodivergent people can result from, or be exacerbated by, the experience of being stigmatised or rejected because of their neurodivergence. This can include being prayed for in ways that suggest neurodivergence is unacceptable, a problem to be 'cured', or that their neurodivergence makes them less valuable to society, in the church, or to God.

- 3.1.3 What might a church look like when it models neurodivergent inclusivity? Work on the spirituality of children with ADHD suggests, for example, that they value a 'richly aesthetic, embodied, and sensual experience of God', responding to the urgent now over against the distant hope, and to a 'more wholistic spirituality embracing the entirety of human experience'.<sup>27</sup> Insights from neurodivergent people can lead to far more embodied forms of worship, benefiting the whole church. The church should listen to a call to adapt more fluently to its context and to be truthful to the whole human experience in the context of a redeemed world.
- 3.1.4 A particular area for the church to consider is the way it supports neurodivergent ministers and lay employees and creates a context for ministry (of all kinds) that enables flourishing. Classic expectations around patterns of work, communication and organisation may be unhealthy and inappropriate for neurodivergent people, who at the same time have significant gifts to offer among the whole people of God. The gifts of neurodivergent people can challenge the imagination of the Christian community in ways that are transformative and prophetic.<sup>28</sup>

### 3.2 Towards a neurodivergent-inclusive church

- 3.2.1 The Methodist Church has already offered some helpful theological reflection on the nature of Christian community, human flourishing and the place of healing within the ministry of the church. The *Theology of Safeguarding* report insists that:

The calling of the Methodist Church is to respond to the gospel of God's love in Christ and to live out its discipleship in worship and mission. Its witness is in the sort of community that it is, including the welcome that it offers to others. It is the Methodist Church's intention to value every human being as part of God's creation and to be a place where the transformational love of God is embodied.<sup>29</sup>

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27 Mercer JA, 'Attending to Children, Attending to God: Children with ADHD and Christian Spirituality', *Journal of Childhood and Religion* Volume 2, Issue 7 (November 2011)

28 Fox BM 2019. *Disability and the Way of Jesus: Holistic healing in the gospels and the church* IVP

29 *Theology of Safeguarding*, 2021, 1.1

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### 3.2.2 And that:

The Church is a community called into being by God to participate in God's mission, witness to divine grace, and proclaim the good news of Jesus Christ. It is a sign, foretaste and instrument of God's Kingdom, called to love and praise God. The Church's witness to God through Jesus Christ involves it seeking to be a community marked by love and care for one another and for all whom it encounters. Christians believe that God wants human beings to flourish and grow in loving relationship with one another and with God. John's Gospel uses the image of abundant life for this: "I am come that they may have life and have it abundantly" (John 10:10). The ways in which Christians relate to one another and others are therefore vital for both human flourishing, and the witness of the Church. Church communities are thus called to witness to the God who offers healing, hope and life in all its fullness. In this imperfect human community, the presence of the Holy Spirit makes such witness possible. The Methodist Church seeks to embody its affirmation of the dignity and worth of all people in its structures, processes, and patterns of relating.<sup>30</sup>

- 3.2.3 These statements reflect the desire of the Methodist Church to create community that is life-giving and inclusive of all people, which clearly includes people with neurodivergent conditions. Further, they indicate that this kind of Christian community flows from the love of God and enables us to participate and embody the Kingdom of God. A church that fully welcomes neurodivergent people is both a sign of God's kingdom and a witness to the world.
- 3.2.4 Clearly the Church can do more to support those with neurodivergent conditions so that 'the experiences of those who may joyfully embrace the gifts that their condition brings to their lives are heard.'<sup>31</sup> Particular attention needs to be given to three areas of the Church's life: the communal and corporate life of the local church; participation in the governance structures of the Church; and the pastoral care of those with neurodivergent conditions including requests for healing. The JDS committee is supporting work exploring further the experiences of neurodivergent people in church, and the Solidarity Circle for Disability is developing a web page containing advice in relation to neurodiversity, and links to organisations offering information, support and guidance.

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<sup>30</sup> *Theology of Safeguarding*, 2021, 2.2

<sup>31</sup> Notice of Motion 2022/201



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- 3.2.5 The Methodist Church Equality Impact Assessment<sup>32</sup> (EIA) is commended as a valuable tool for identifying and addressing disadvantage that may arise from our ways of working. The EIA sets out the characteristics that have protection under law; it does not explicitly name neurodivergence but can be used to give specific consideration to the impact our ways of working might have on neurodivergent people. As noted above, neurodivergence is not in itself a disability, but some traits of neurodivergent conditions can fall within the legal definition of disability and therefore carry legal protection against discrimination. However, 'the Methodist Church goes beyond legislation and is formed by values and theology'<sup>33</sup> and seeks to respond to the call of God to remove barriers that hinder people with neurodivergent conditions in expressing their vocation and using their gifts in mission and ministry at every level.

### 3.3 Healing and neurodiversity

- 3.3.1 The Methodist Church believes healing is a necessary ministry of the Church, a sign of God's Kingdom. For those who are sick, bodily healing is one of the ways in which barriers and burdens can be removed. However, healing can come in other forms, including healing of the contexts, attitudes and assumptions that create barriers and burdens. Any request for prayer for healing needs to be handled with sensitivity and careful discernment, respecting the agency of anyone involved whatever their circumstances. Even more care must be taken if offering to pray with a person who has not themselves explicitly requested prayer, and there must always be the option for that offer to be declined. It is never appropriate to suggest to someone that they *need* to be 'healed' of their neurodivergent identity, or to pray for such 'healing' without their consent. This denies the agency of the person prayed for. The assumption that healing is needed is an example of ableist thinking, and fails to recognise that neurodivergent differences also include strengths that can be greatly valued.
- 3.3.2 The more controversial circumstance is when a neurodivergent person *requests* prayer for healing from their condition. There are differences of opinion among neurodivergent Christians (including those within the working group) as to whether it is appropriate to offer such prayer in response to a request. Some might hold the opinion that the request stems from internalised ableism, and therefore ought to be sensitively questioned. However this carries a danger of paternalism, and again can become a denial of the agency of the person

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32 <https://www.methodist.org.uk/for-churches/the-inclusive-methodist-church/resources-events-and-support/resources/equality-impact-assessment/> (Accessed 10/01/25)

33 *Justice, Dignity and Solidarity*, 2021, Appendix 3

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seeking prayer. As noted above, the *Theology of Safeguarding* report highlights the complexities of pastoral care, and the need for 'deep listening' to people's experience. The moment of request may not be the time to enter into theological debate, but any response to such a request for prayer is best situated within a willingness to journey with the person, and an attitude of curiosity about how God may be at work in their situation.

- 3.3.3 A significant majority of those responding to the survey felt that praying for healing of neurodivergent conditions was not appropriate, with some describing it as potentially abusive. Several referred to their neurodivergence as a God-given aspect of their identity. And yet, there are other neurodivergent people who would value prayers for healing from the whole of their condition. As a result, this report will conclude that the Methodist Church should not prohibit prayers for healing from any particular neurodivergent conditions. However, we believe situations where prayer for the healing of the condition as such would be the appropriate response will be rare.
- 3.3.4 Particularly, given the range of views, it is vitally important that any prayer takes place within the context of curiosity and deep listening described in this report, with attentiveness to the power dynamics at work. Some people may seek healing for the whole condition, while others greatly value the gifts that are integral to their condition. For some, any gifts may feel obscured by the barriers they face. Therefore, prayers might be for relief from aspects or consequences of a condition (eg sleeplessness, anxiety) rather than for the whole condition to be taken away. Drawing on a social or limits model, rather than medical, it may be more appropriate to pray for change in external circumstances and experiences that are presenting challenges. It is also important to be aware that a person's own understanding of themselves and their condition may change over time, and therefore the prayer they request may change. Coming to a deeper understanding of who God has made them to be can in itself be an aspect of healing, and might appropriately be prayed for. Sensitive conversation and discernment will be needed to explore without pressure what it is that is sought, and the person prayed for must have the agency to choose and name the nature of the healing. In this we follow the example of Jesus who asked 'What do you want me to do for you?' (Mark 10:51)
- 3.3.5 Each person's situation and experience is unique, and all are made in the image of God. The commitment of the Church is to seek to be a flourishing, inclusive community in which all are truly valued as whole people. Through deep listening and prayer there is potential for God to transform not just the life of the person prayed for, but also those praying, the wider Church, and ultimately the world.

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### 4. Conclusions

- 4.1 A response to the question of healing ministry and neurodiversity needs to situate itself in God's overall purpose for the salvation and healing of humanity and, indeed, of all creation. As the report has identified, neurodivergent people face a variety of challenges and understand these in a variety of ways. For some the key focus for healing would be towards a society and a church that does not yet understand neurodiversity well or respond inclusively. For others, the key focus would be on particular effects of their neurodivergence or even on their neurodivergent condition itself. This spectrum of understanding was present in the working group (which included a number of neurodivergent people) and we presume will be similarly found in the wider church.
- 4.2 Pastoral ministry may raise a whole variety of questions, which do not fall into neat categories. As has been outlined above, we have found some of the thinking in the *Strategy for Justice, Dignity and Solidarity* and in the *Theology of Safeguarding* helpful here. These matters overlap with each other but are not identical. Of course, those engaged in ministry should be attentive to whether any relevant issues arise and ensure that appropriate procedures are followed (for example, a neurodivergent person seeking healing prayer may be a vulnerable adult).
- 4.3 In light of this extended reflection on the nature, theology and experience of neurodivergence, this report responds to Notice of Motion 2022/201 by recommending that the Methodist Church does not prohibit prayers for healing from any particular neurodivergent condition. However, this recommendation is preceded by several others which call for unfailing attention to the agency and safety of the person concerned. We reiterate that no-one should be the object of unsolicited prayer for their neurodivergence. Every effort needs to be made to ensure that such prayer takes place in the context of an ongoing pastoral relationship, fully alert to the power dynamics inherent in this. This pastoral awareness may well lead to prayers focusing on changes to the local, national or global church, or to society at large, where neurodivergence needs to be further valued and respected. As stated previously, we believe situations where prayer for the healing of a neurodivergent condition as such would be the appropriate response will be rare.

Where requests are made by neurodivergent individuals, or where prayer has been offered and accepted in that context, we therefore recommend:

- 4.3.1 That any prayer fully acknowledges and prioritises the agency of the person being prayed with;

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- 4.3.2 That any prayer is in a context where the safety and flourishing of the person being prayed with is appropriately ensured;
- 4.3.3 That any prayer seeks the radical potential for the transforming work of the Holy Spirit, for society, the church and the world, as well as the individual;
- 4.3.4 That the Methodist Church does not prohibit prayers for healing from any particular neurodivergent conditions, while constantly drawing attention to the pastoral context established by the foregoing recommendations;
- 4.3.5 That the Justice Dignity and Solidarity Committee be invited
1. to consider how the Church might express appropriate repentance for the past exclusion of neurodivergent people in the life of the church;
  2. to consider how the Church might be more inclusive of neurodivergent people in its communal and corporate life, its governance structures and pastoral care; and
  3. to consider ways in which ableism in the Church might be further addressed (see resolution 3 below); and
- 4.3.6 That further consideration is given to the commissioning of a more wide-ranging report on healing, following the statement on *The Church and the Ministry of Healing* of 1977 (see resolution 4 below).

### \*\*\*RESOLUTIONS

- 16/1. **The Conference receives the Report.**
- 16/2. **The Conference adopts recommendations 4.3.1 to 4.3.4 as its guidance in response to Notice of Motion 2022/201.**
- 16/3. **The Conference directs the Justice, Dignity and Solidarity Committee**
1. **to consider how the Church might express appropriate repentance for the past exclusion of neurodivergent people in the life of the church;**
  2. **to consider how the Church might be more inclusive of neurodivergent people in its communal and corporate life, its governance structures and pastoral care; and**
  3. **to consider ways in which ableism in the Church might be further addressed**
- and to report to the Conference of 2027.**

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- 16/4. The Conference directs the Faith and Order Committee to consider what further resources relating to the ministry of healing may be needed and to bring proposals to the Conference of 2027.**

### Appendix 1

#### Notice of Motion 2022/201: Healing Ministry and Neurodiverse Conditions

Building on the success of the Justice, Dignity, and Solidarity strategies, the God for All initiative, and the Church's significant work on inclusivity, the Conference calls attention to the nature of healing ministry in relation to specific experiences of neurodiverse conditions.

Throughout all Christian denominations there are instances where individuals are offered (or churches are requested by family and friends of the individual) to conduct prayers aimed at curing them of many conditions including Autism or Attention Deficit [Hyperactive] Disorder (ADHD/ADD). It is acknowledged that this practice can be harmful to the individual and does not recognise the reality of the condition they live with. The last significant report on the nature of healing ministry is dated 1977 and the Conference acknowledges that fresh guidance on healing ministry would be welcome.

This request is informed by experiences of neurodiverse conditions, which commonly increase the individual's chances of social and mental ill health, and these can often affect the individuals' opportunities. By contrast, many individuals with neurodiverse conditions have positive skillsets such as creative thinking, problem solving and, mathematical skills. Prayers that a person be "healed" of their neurodiversity denies the value of these gifts and graces.

Therefore, the Conference asks for further work that can explore the nature of healing ministry in the life of the church. Particularly:

1. The Conference directs the Faith and Order Committee (in consultation with the Justice, Dignity, and Solidarity Committee) to consider new guidance on healing ministry, ensuring that the experiences of those who may joyfully embrace the gifts that their condition brings to their lives are heard.
2. The Conference directs the Faith and Order Committee (in consultation with the Justice, Dignity, and Solidarity Committee) specifically to consider whether prayers for healing for certain conditions should be prohibited.

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3. The Conference calls on the Methodist people to continue to offer prayers for those living with any condition that impacts on their wellbeing, and to be aware that such prayers may be particularly relevant for those living with any diagnosable lifelong neurodivergent characteristic, or those exploring diagnosis, or their families, noting especially that the process of referral, diagnosis and treatment is often measured in years, and requires considerable resilience.
4. Within the continuing JDS work, the Conference asks Church Councils, Circuit Meetings, and District Synods to reflect collectively on a) how they can create supportive and accommodating environments for individuals with neurodiverse conditions and b) how their local situation can be improved with the particular gifts which individuals with neurodiverse conditions bring.