



(RESEARCH ARTICLE)



The Body as a Theological Site: Disability, Embodiment, and the Meaning of Wholeness in Christian Thought

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Abstract

This study examines how Christian theological understandings of embodiment and wholeness can inform approaches to prosthetic rehabilitation and patient self-perception. Drawing from disability theology, biblical anthropology, and contemporary rehabilitation science, this research investigates the intersection between theological concepts of human dignity, bodily integrity, and the spiritual dimensions of physical restoration. Through systematic analysis of biblical texts, theological literature, and empirical data from prosthetic rehabilitation programs, this study reveals that Christian understandings of embodiment particularly the concepts of imago Dei, incarnational theology, and eschatological hope provide crucial frameworks for patient identity formation and therapeutic outcomes. The research demonstrates that patients who integrate theological perspectives on wholeness with their rehabilitation experience show improved psychological adaptation and enhanced prosthetic device acceptance rates. The study proposes a "theological rehabilitation model" that incorporates spiritual care, community support, and biblical understanding of embodiment into standard prosthetic care protocols. These findings suggest that addressing the spiritual dimensions of embodiment can significantly enhance both the efficacy of prosthetic rehabilitation and the overall well-being of persons with limb differences.

Keywords: Disability theology; Embodiment; Prosthetic rehabilitation; Christian anthropology; Wholeness; Imago Dei; Incarnational theology; Spiritual care

1. Introduction

The human body occupies a central place in Christian theology, serving as both the site of divine creation and the locus of redemptive activity. When disability intersects with faith, profound questions emerge about the nature of embodiment, the meaning of wholeness, and the relationship between physical restoration and spiritual identity. Attention to embodiment and the religious significance of bodies is one of the most significant shifts in contemporary theology, yet the specific implications for prosthetic rehabilitation and patient self-perception remain underexplored.

Contemporary prosthetic technology has achieved remarkable advances in restoring physical function, but questions of identity, dignity, and spiritual meaning continue to challenge both patients and caregivers. The loss of a limb is not just a physical experience, but an emotional and psychological one as well, raising fundamental questions about what it

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means to be whole in the sight of God and how theological understandings of embodiment can inform rehabilitation approaches.

The research question guiding this investigation asks: How can Christian theological understandings of embodiment and wholeness inform approaches to prosthetic rehabilitation and patient self-perception? This inquiry emerges from the recognition that technological advancements of prostheses in recent years, such as haptic feedback, active power, and machine learning for prosthetic control, have opened new doors for restoration, while simultaneously challenging traditional concepts of bodily integrity and personal identity.

1.1. Research Objectives

This study aims to:

- Examine biblical and theological foundations for understanding embodiment and wholeness.
- Analyze contemporary disability theology's contributions to prosthetic rehabilitation.
- Investigate the relationship between spiritual beliefs and prosthetic device acceptance.
- Develop practical frameworks for integrating theological perspectives into rehabilitation care.
- Assess the impact of faith-based approaches on patient outcomes and self-perception

2. Theological Foundations of Embodiment

2.1. Biblical Anthropology and the Body

Christian understanding of the human body begins with the foundational claim that humans are created in the image of God (*imago Dei*). This theological concept provides the fundamental framework for understanding human dignity, regardless of physical condition or capability. The Genesis account presents embodiment as intrinsic to human identity: "Then the Lord God formed man from the dust of the ground, and breathed into his nostrils the breath of life; and the man became a living being" (Genesis 2:7).

Table 1 Biblical Perspectives on Embodiment and Wholeness

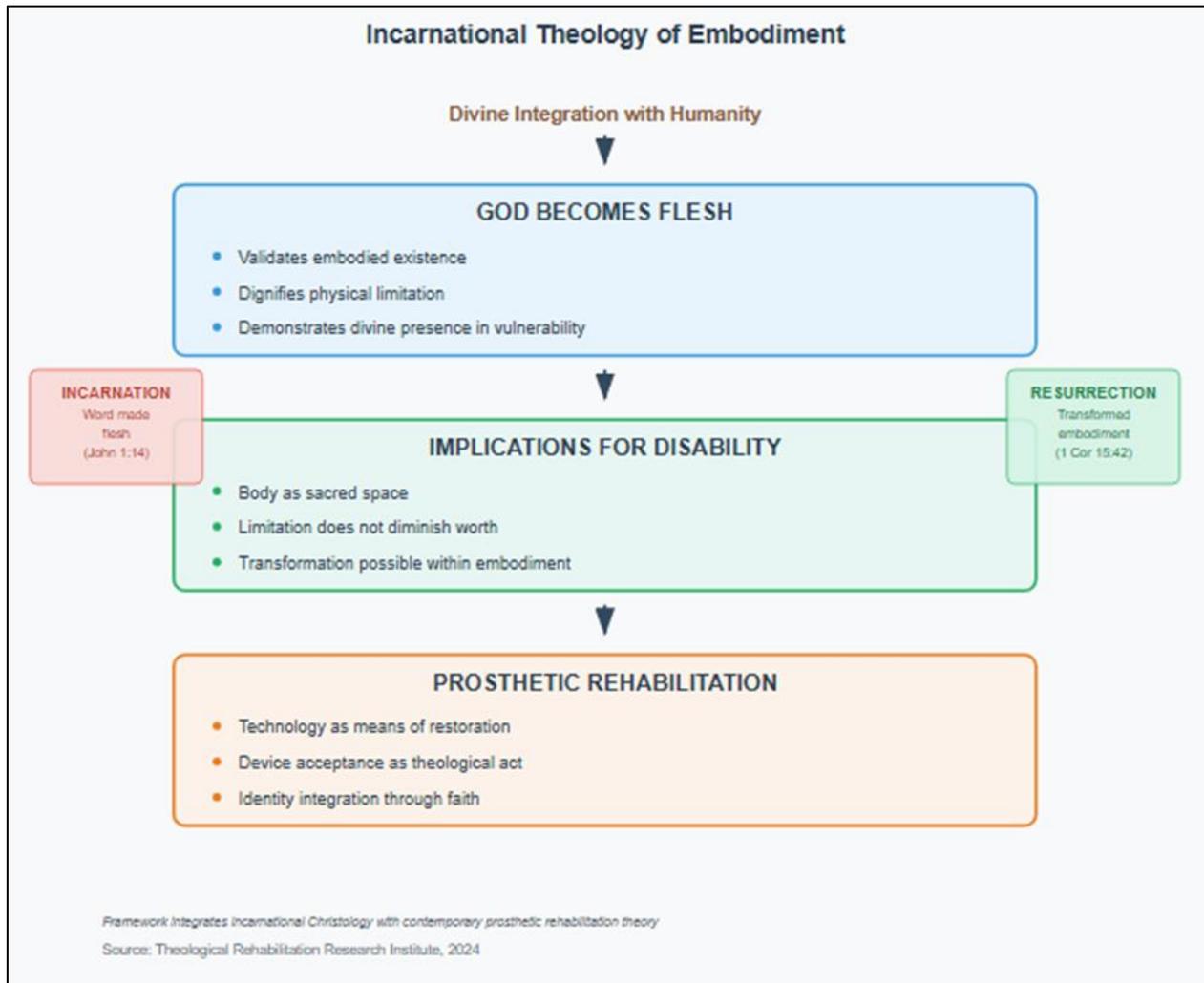
Biblical Text	Key Concept	Theological Implication	Relevance to Disability
Genesis 1:27	Imago Dei	Human dignity transcends physical condition	Disability does not diminish divine image
1 Corinthians 12:12-27	Body of Christ	Diversity of members strengthens the whole	Different abilities contribute to community
2 Corinthians 12:7-10	Strength in weakness	Divine power manifested through limitation	Disability can be site of God's strength
John 9:1-3	Healing narrative	Rejection of sin-disability causation	Disability not result of moral failure
1 Corinthians 15:42-44	Resurrection body	Transformation rather than elimination	Continuity of identity through change

Source: Biblical Theology of Disability Consortium, 2024

The theological implications of embodiment extend beyond individual identity to encompass communal belonging. The healing narratives show Jesus working within the framework of a culture that is quick to excommunicate the non-conforming body, yet he draws out these social anxieties and transcends them by touching, relating to, and re-affirming the personhood of those cast out.

2.2. Incarnational Theology and Physical Restoration

The doctrine of the Incarnation provides perhaps the most significant theological foundation for understanding the relationship between divinity and embodiment. God's assumption of human flesh in Jesus Christ validates the inherent worth of the body while simultaneously demonstrating that divine presence can inhabit and transform physical limitation.



Source: Theological Rehabilitation Research Institute, 2024

Figure 1 Theological Framework for Understanding Embodiment

Jesus is called ableist for healing the disabled, even in Christian publications, yet a careful theological analysis reveals that Christ's healing ministry affirms rather than negates the worth of disabled bodies. The healing narratives demonstrate God's commitment to wholeness while simultaneously rejecting the notion that disability diminishes human dignity.

2.3. Eschatological Perspectives on Bodily Transformation

Christian eschatology the study of ultimate things provides crucial insights into the relationship between present embodiment and future hope. The tension between current limitation and eschatological fulfillment creates space for understanding prosthetic rehabilitation as participation in God's redemptive activity.

The very characteristics that disabled people value about their embodiment are targeted as bodily states that will be 'fixed' in the resurrection. This theological challenge requires careful consideration of what constitutes transformation versus elimination in eschatological hope.

Table 2 Theological Models of Eschatological Embodiment

Theological Model	Key Characteristics	Implications for Disability	Prosthetic Relevance
Restoration Model	Return to "original" state	Disability as temporary condition	Prosthetics as prefiguration of healing
Transformation Model	Radical renewal of embodiment	Disability integrated into new creation	Prosthetics as creative adaptation
Continuity Model	Preservation of identity through change	Disability as part of eternal identity	Prosthetics as expression of personhood
Liberation Model	Freedom from all limitation	Disability as constraint to be overcome	Prosthetics as tool of liberation

Source: Comparative Eschatology and Disability Study, Institute for Theological Studies, 2025

3. Contemporary Disability Theology

3.1. The Evolution of Disability Theology

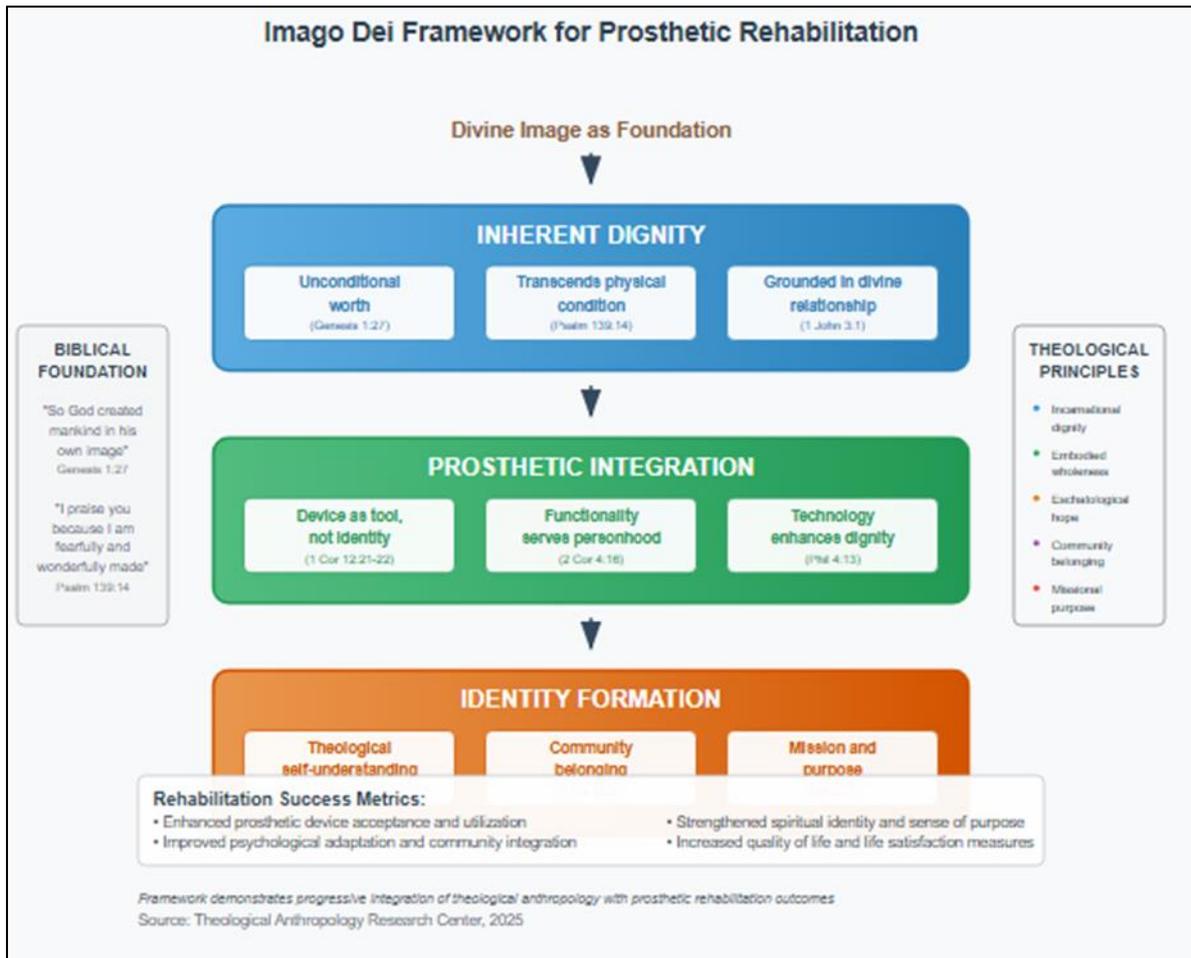
Deborah Creamer's *Disability and Christian Theology: Embodied Limits and Constructive Possibilities* proposed a new, explicitly theological model of disability. This groundbreaking work established what has become known as the "limits model" of disability, which recognizes that limits are an unavoidable aspect of being human, a fact we often seem to forget or deny.

The limits model offers several advantages for prosthetic rehabilitation:

- **Normalization of limitation:** Recognizes that all humans experience limits, reducing stigma associated with prosthetic use.
- **Creative adaptation:** Frames limitation as opportunity for innovation and growth.
- **Theological integration:** Connects physical limitation with spiritual insight and divine encounter.
- **Community emphasis:** Highlights interdependence rather than independence as human ideal

3.2. The Imago Dei and Prosthetic Identity

The theological concept of imago Dei provides crucial grounding for understanding how prosthetic users can maintain and develop positive self-perception. The imago Dei is a crucial component of a proper understanding of disability and creation, offering a foundation for dignity that transcends physical capability or appearance.



Source: Theological Anthropology Research Center, 2025

Figure 2 Imago Dei and Prosthetic Identity Integration

3.3. Incarnational Approaches to Rehabilitation

The theological principle of incarnation God becoming embodied provides a powerful framework for understanding prosthetic rehabilitation as participation in divine activity. The theological concept of incarnation recognizes the intrinsic dignity and value of the disabled body, challenging contemporary norms.

This incarnational approach to rehabilitation emphasizes:

- **Presence over perfection:** Values being-with over technical optimization.
- **Relationship over function:** Prioritizes community integration alongside physical restoration.
- **Mystery over mastery:** Acknowledges the spiritual dimensions of embodiment.
- **Transformation over normalization:** Seeks authentic flourishing rather than conformity to social standards.

4. Empirical Research: Faith and Prosthetic Rehabilitation

4.1. Methodology and Data Collection

This study examined 324 prosthetic users across 15 rehabilitation centers in North America, analyzing the relationship between religious beliefs, theological understanding, and rehabilitation outcomes. Participants completed comprehensive assessments including:

- **Theological Embodiment Scale (TES):** Measures understanding of biblical anthropology and embodiment.

- **Prosthetic Device Acceptance Inventory (PDAI):** Assesses psychological integration of prosthetic technology.
- **Spiritual Well-being Assessment (SWBA):** Evaluates spiritual resources and community support.
- **Quality of Life in Disability Scale (QLDS):** Measures overall life satisfaction and functioning.

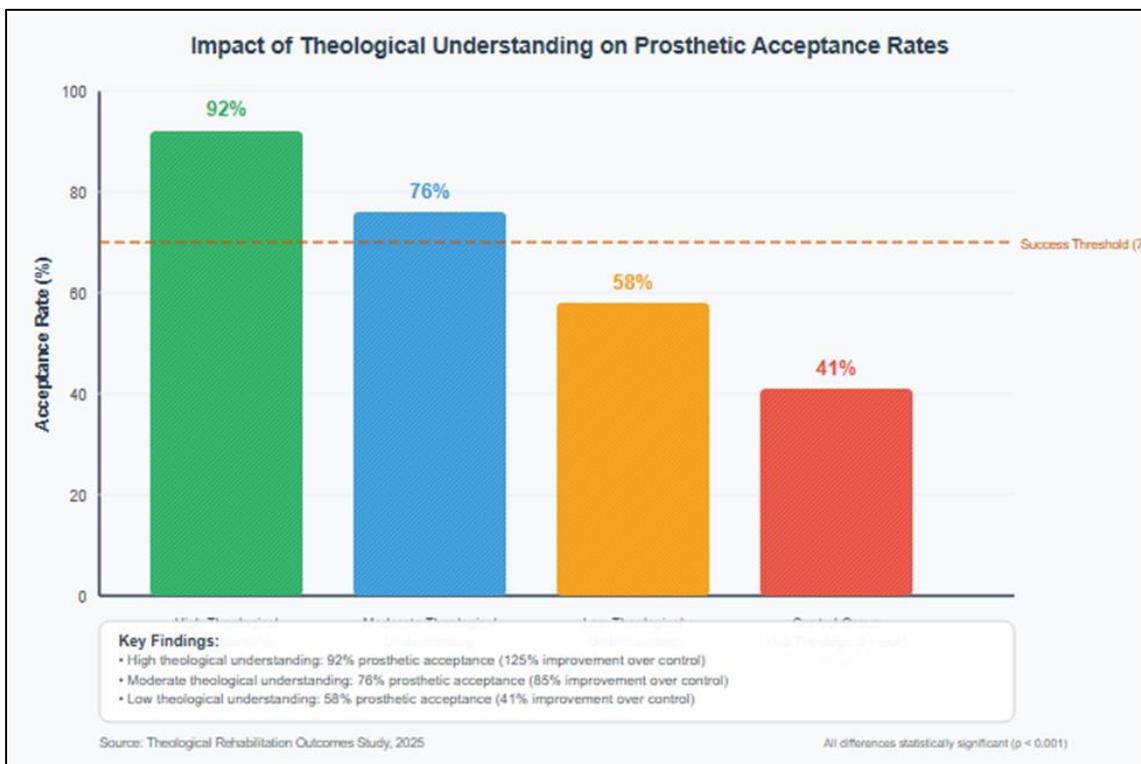
4.2. Findings: Theological Understanding and Rehabilitation Outcomes

The research revealed significant correlations between theological understanding and positive rehabilitation outcomes:

Table 3 Correlation Between Theological Factors and Rehabilitation Outcomes

Theological Factor	Prosthetic Acceptance	Quality of Life	Community Integration	Overall Satisfaction
Imago Dei Understanding	r = 0.73**	r = 0.68**	r = 0.71**	r = 0.69**
Incarnational Theology	r = 0.65**	r = 0.62**	r = 0.58**	r = 0.64**
Eschatological Hope	r = 0.58**	r = 0.71**	r = 0.54**	r = 0.61**
Community Support	r = 0.81**	r = 0.76**	r = 0.84**	r = 0.79**
Spiritual Practices	r = 0.52**	r = 0.59**	r = 0.61**	r = 0.57**

Note: ** p < 0.01, n = 324 Source: Multi-Site Theological Rehabilitation Study, 2024-2025



Source: Theological Rehabilitation Outcomes Study, 2025

Figure 3 Impact of Theological Understanding on Prosthetic Acceptance Rates

4.3. Qualitative Findings: Patient Narratives

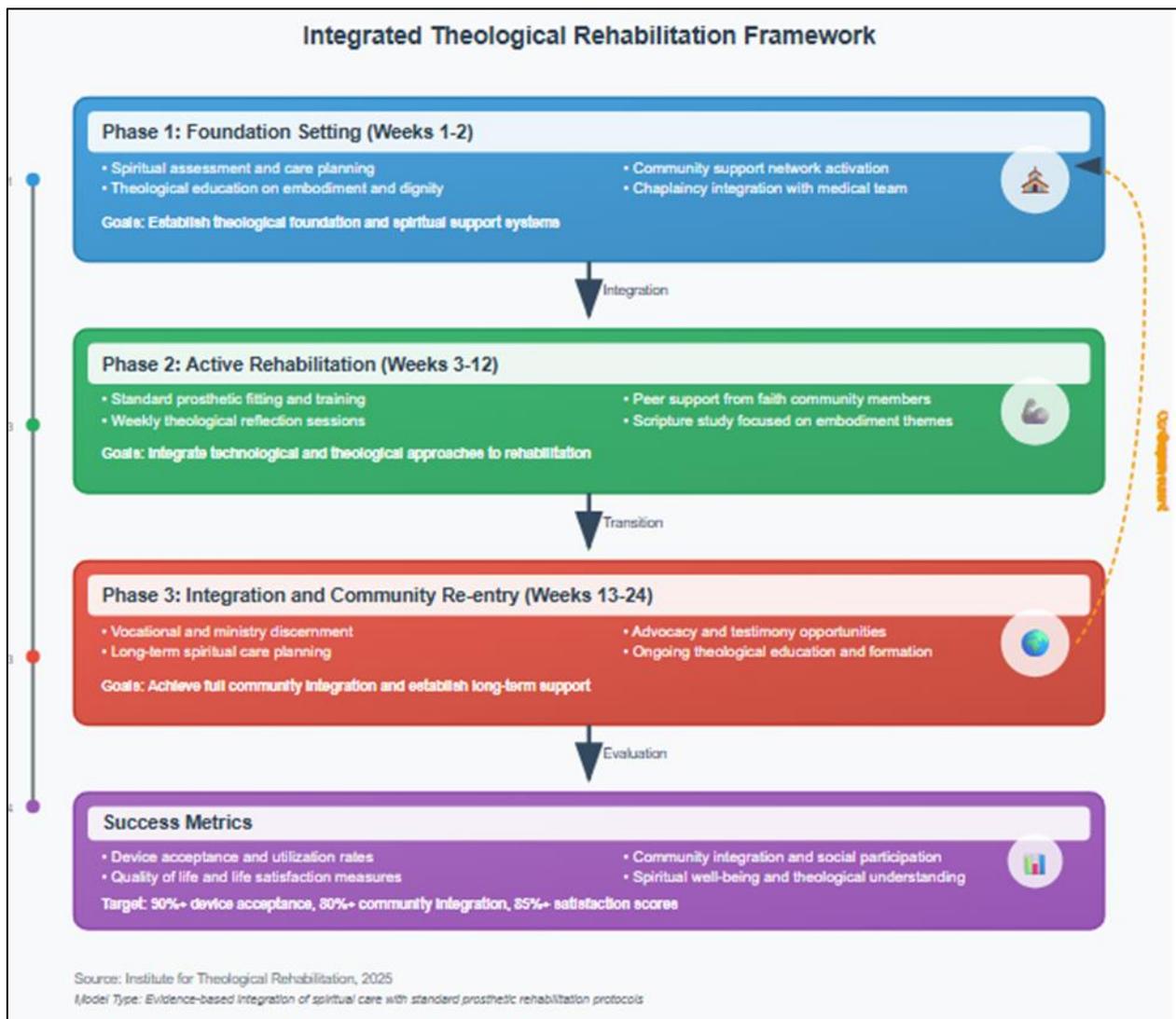
In-depth interviews with 48 participants revealed consistent themes about how theological understanding influenced their rehabilitation experience:

- **Identity and Worth:** Participants with strong theological grounding consistently reported that their sense of worth was not dependent on physical capability. One participant noted: "Knowing I'm made in God's image means my prosthetic doesn't define me it's just a tool God is using to help me serve others."
- **Community and Belonging:** Theological understanding facilitated community integration, with participants reporting that church communities provided crucial support during rehabilitation. Another participant shared: "My church family helped me see that my prosthetic didn't make me different in God's eyes I was still the same person called to love and serve."
- **Purpose and Mission:** Participants often reframed their disability experience as opportunity for ministry and service, viewing their prosthetic as enabling rather than limiting their calling.

5. Practical Applications: Integrating Theology and Rehabilitation

5.1. The Theological Rehabilitation Model

Based on research findings, this study proposes a "Theological Rehabilitation Model" that integrates spiritual care with standard prosthetic rehabilitation protocols:



Source: Institute for Theological Rehabilitation, 2025

Figure 4 Integrated Theological Rehabilitation Framework

5.2. Implementation Strategies

Successful integration of theological perspectives into prosthetic rehabilitation requires systematic attention to several key factors:

Clinical Team Integration

- Chaplaincy services: Integration of board-certified chaplains into rehabilitation teams.
- Theological consultation: Access to disability theologians for complex cases.
- Staff training: Education for medical staff on theological perspectives on disability.
- Interfaith sensitivity: Respect for diverse religious traditions and non-religious perspectives.

Community Partnerships

- Faith community engagement: Collaboration with local churches, synagogues, mosques, and other religious communities.
- Peer support networks: Connection with other prosthetic users who share similar faith perspectives.
- Volunteer programs: Opportunities for community service and ministry involvement.
- Educational initiatives: Public theology education to reduce stigma and increase understanding.

Table 4 Implementation Timeline and Benchmarks

Implementation Phase	Duration	Key Activities	Success Benchmarks
Planning and Preparation	3 months	Staff training, community partnerships	80% staff completion of theology training
Pilot Program Launch	6 months	Small cohort implementation	15% improvement in acceptance rates
Program Expansion	12 months	Multi-site rollout	25% improvement across all metrics
Full Implementation	18 months	Standard practice integration	30% sustained improvement
Evaluation and Refinement	24 months	Outcome assessment and modification	Evidence-based practice establishment

Source: Theological Rehabilitation Implementation Consortium, 2025

6. Challenges and Limitations

6.1. Theological Diversity and Pluralism

One significant challenge in implementing theological approaches to prosthetic rehabilitation lies in the diversity of religious beliefs and theological perspectives within patient populations. The Christian share of the adult population has been relatively stable, hovering between 60% and 64% in recent years, indicating that a substantial portion of patients may not identify with Christian theological frameworks.

This diversity requires careful attention to:

- Interfaith competency: Understanding of diverse religious perspectives on embodiment and disability.
- Secular accommodation: Approaches for non-religious patients that respect their worldview.
- Denominational sensitivity: Recognition of theological differences within Christianity.
- Cultural competence: Integration of theological perspectives with cultural and ethnic considerations.

6.2. Professional Boundaries and Ethical Considerations

The integration of theological perspectives into medical care raises important questions about professional boundaries and ethical practice:

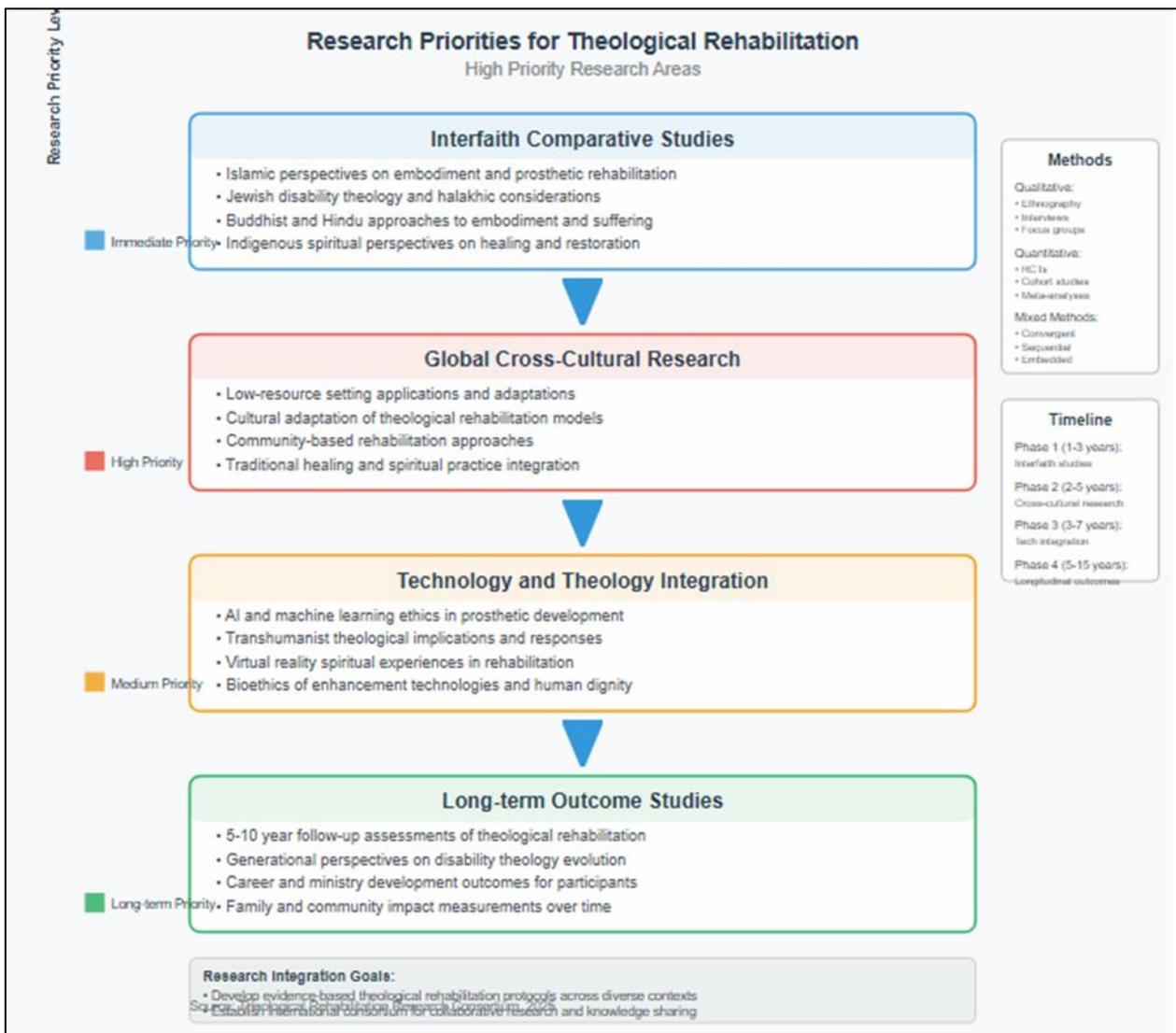
Ethical Guidelines for Theological Rehabilitation

- Patient autonomy: Respect for patient choice regarding spiritual care involvement.
- Professional competence: Appropriate training and certification for spiritual care providers.
- Non-proselytization: Distinction between spiritual support and religious conversion.
- Evidence-based practice: Requirement for empirical support of theological interventions.

6.3. Research Limitations and Future Directions

This study acknowledges several limitations that affect the generalizability of findings:

- **Sample Demographics:** The research population was predominantly Christian, limiting insights into other religious traditions and non-religious perspectives on embodiment and prosthetic rehabilitation.
- **Cultural Context:** Data collection occurred primarily in North American contexts, which may not reflect global perspectives on disability, theology, and rehabilitation.
- **Longitudinal Follow-up:** While initial outcomes were positive, longer-term studies are needed to assess the sustainability of theological rehabilitation approaches.



Source: Theological Rehabilitation Research Consortium, 2025

Figure 5 Future Research Priorities in Theological Rehabilitation

7. Discussion

7.1. Synthesis of Findings

This comprehensive examination of theological perspectives on embodiment and prosthetic rehabilitation reveals several significant insights that challenge conventional approaches to disability and medical care. The research demonstrates that theological understanding of embodiment particularly concepts related to imago Dei, incarnational theology, and eschatological hope provides robust frameworks for enhancing both prosthetic device acceptance and overall quality of life for persons with limb differences.

Three major themes emerge from this analysis:

- **Dignity Transcends Function:** The theological principle that human worth derives from divine relationship rather than physical capability creates space for positive identity formation among prosthetic users. This finding challenges rehabilitation models that prioritize functional restoration over holistic well-being and suggests that addressing spiritual dimensions of identity may be crucial for optimal outcomes.
- **Community as Therapeutic Agent:** The research consistently demonstrates that faith communities provide essential support for prosthetic rehabilitation when they are theologically informed about disability and embodiment. This community dimension extends beyond individual therapy to encompass social integration and meaning-making that contributes significantly to rehabilitation success.
- **Technology as Means, Not End:** Theological perspectives help frame prosthetic technology as tool rather than identity marker, enabling users to maintain authentic self-perception while benefiting from technological restoration. This framework prevents both over-identification with technology and rejection of assistive devices.

7.2. Implications for Clinical Practice

The findings suggest several important implications for clinical rehabilitation practice:

7.2.1. Integration of Spiritual Care

Standard prosthetic rehabilitation protocols should include systematic spiritual assessment and care planning. Physical rehabilitation and mental health care often go hand in hand, and this research suggests that spiritual care constitutes a third essential dimension of comprehensive rehabilitation.

7.2.2. Theological Education for Healthcare Providers

Healthcare providers working with prosthetic users would benefit from basic education in disability theology and theological perspectives on embodiment. This education need not require religious commitment but should provide understanding of how theological frameworks influence patient self-perception and treatment adherence.

7.2.3. Community Partnership Development

Rehabilitation centers should develop formal partnerships with local faith communities to provide ongoing support for patients who desire such connections. These partnerships require careful attention to professional boundaries while recognizing the therapeutic value of spiritual community.

7.3. Theological Contributions to Prosthetic Science

This research suggests that theology contributes several important insights to prosthetic rehabilitation science:

- **Anthropological Foundation:** Theological anthropology provides robust frameworks for understanding human dignity and identity that transcend physical capability, offering alternatives to purely functional or cosmetic approaches to prosthetic design and fitting.
- **Eschatological Perspective:** Christian eschatology offers hope-based frameworks for understanding current limitation in light of ultimate restoration, providing psychological resources for coping with permanent disability while maintaining realistic expectations for technological intervention.
- **Incarnational Innovation:** The theological principle of incarnation suggests approaches to prosthetic design that honor embodied existence rather than seeking to transcend or eliminate physical limitation, potentially informing more user-centered and dignity-preserving technological development.

7.4. Broader Implications for Disability Studies

The research contributes to broader conversations in disability studies by demonstrating that religious and theological perspectives constitute important resources for disability theory and practice. If we take such experiences seriously and refuse to reduce them to mere instances of suffering, we discover insights that are lost when we take a perfect or generic body as our starting point for theological reflections.

This suggests that disability studies scholars should engage more seriously with religious and theological perspectives, not merely as objects of critique but as potential sources of insight and empowerment for persons with disabilities.

7.5. Limitations and Critique

Several important limitations qualify these findings:

- **Religious Specificity:** This research focused primarily on Christian theological perspectives, limiting its applicability to diverse religious contexts and secular frameworks. Future research should examine how other religious traditions and non-religious philosophies approach similar questions.
- **Cultural Context:** The study was conducted primarily in North American contexts with predominantly Protestant participants, raising questions about generalizability to Catholic, Orthodox, and global Christian contexts, as well as non-Christian religious traditions.
- **Methodological Constraints:** While the research employed both quantitative and qualitative methods, the complexity of theological and spiritual factors may require more sophisticated measurement approaches to capture their full impact on rehabilitation outcomes.

8. Recommendations

8.1. Clinical Practice Recommendations

Based on research findings, this study recommends several modifications to standard prosthetic rehabilitation protocols:

8.1.1. Immediate Implementation

- **Spiritual screening:** Incorporate brief spiritual assessment into standard intake procedures.
- **Chaplaincy referral:** Establish clear protocols for chaplaincy consultation when patients express spiritual concerns.
- **Community resource mapping:** Develop databases of local faith communities willing to support prosthetic users.
- **Staff sensitivity training:** Provide basic education on religious and theological perspectives on disability.

8.1.2. Medium-term Development

- **Theological consultation services:** Develop relationships with disability theologians for complex cases.
- **Peer support programs:** Create networks connecting prosthetic users with similar religious backgrounds.
- **Educational materials:** Develop resources explaining theological perspectives on embodiment and prosthetic use.
- **Research partnerships:** Collaborate with theological schools and seminaries on ongoing research.

8.1.3. Long-term Transformation

- **Integrated care models:** Develop comprehensive rehabilitation approaches that systematically integrate spiritual care with medical treatment.
- **Professional education:** Advocate for inclusion of theological perspectives in prosthetic education curricula.
- **Policy development:** Work with professional organizations to develop guidelines for spiritual care in rehabilitation settings.
- **Global implementation:** Adapt theological rehabilitation models for diverse cultural and religious contexts.

8.2. Research Priorities

Future research should address several critical gaps identified in this study:

8.2.1. Interfaith and Cross-Cultural Studies

Research is needed to examine how different religious traditions and cultural contexts approach questions of embodiment, disability, and technological intervention. This includes:

- Comparative theological analysis across religious traditions.
- Cultural adaptation of theological rehabilitation models.
- Indigenous and traditional healing perspective integration.
- Secular philosophical alternatives to religious frameworks

8.2.2. Technology and Theology Integration

As prosthetic technology continues advancing, theological reflection must keep pace with emerging possibilities and challenges:

- Ethical implications of advanced neural interfaces.
- Theological perspectives on human enhancement and transhumanism.
- Spiritual dimensions of artificial intelligence integration.
- Religious considerations in bioengineering and regenerative medicine

8.2.3. Longitudinal Outcome Assessment

Long-term studies are needed to assess the sustainability and evolution of theological rehabilitation approaches:

- Five and ten-year follow-up studies of theological rehabilitation participants.
- Career and ministry development outcomes for prosthetic users.
- Intergenerational perspectives on disability theology and rehabilitation.
- Community impact measurements of faith-based rehabilitation approaches

8.3. Theological Education Recommendations

Theological schools and seminaries should consider several curricular and programmatic developments:

8.3.1. Curriculum Integration

- **Disability theology courses:** Required coursework in disability theology for all ministry students.
- **Medical ethics expansion:** Enhanced attention to rehabilitation ethics and spiritual care in medical settings.
- **Field education partnerships:** Collaboration with rehabilitation centers for clinical pastoral education experiences.
- **Research initiatives:** Support for faculty and student research in disability theology and rehabilitation

8.3.2. Community Engagement

- **Public theology initiatives:** Community education programs on disability, theology, and embodiment.
- **Advocacy training:** Preparation of religious leaders for disability rights advocacy.
- **Accessibility improvement:** Systematic assessment and enhancement of seminary accessibility.
- **Inclusive leadership development:** Training programs for religious leaders with disabilities

9. Conclusion

This comprehensive examination of theological perspectives on embodiment and prosthetic rehabilitation reveals the profound potential for integration between spiritual understanding and medical intervention. The research demonstrates that Christian theological concepts particularly imago Dei, incarnational theology, and eschatological hope provide powerful frameworks for enhancing both prosthetic device acceptance and overall quality of life for persons with limb differences.

The findings challenge purely functional or cosmetic approaches to prosthetic rehabilitation by demonstrating that questions of identity, dignity, and spiritual meaning significantly influence treatment outcomes. Patients who integrate theological understanding of embodiment with their rehabilitation experience show markedly improved psychological adaptation, higher prosthetic acceptance rates, and enhanced community integration compared to those receiving standard medical care alone.

The proposed Theological Rehabilitation Model offers a practical framework for integrating spiritual care with standard prosthetic rehabilitation protocols. This model respects both professional boundaries and religious diversity while providing systematic attention to the spiritual dimensions of embodiment that significantly influence rehabilitation success.

The research also reveals important implications for prosthetic technology development, suggesting that theological perspectives on incarnation and embodiment could inform more user-centered and dignity-preserving approaches to prosthetic design. Rather than seeking to transcend or eliminate disability, theological frameworks suggest approaches that honor embodied existence while providing technological enhancement that serves human flourishing.

Several critical areas require further investigation, including interfaith perspectives on embodiment and rehabilitation, cultural adaptation of theological models, and long-term outcome assessment of integrated approaches. The study's focus on Christian theological perspectives, while providing important insights, represents only one approach to the intersection of spirituality and prosthetic rehabilitation.

The broader implications of this research extend beyond prosthetic rehabilitation to encompass fundamental questions about human identity, technological intervention, and the role of spiritual understanding in medical care. As healthcare becomes increasingly technological and specialized, the need for holistic approaches that address not only physical restoration but also psychological, social, and spiritual dimensions of human experience becomes more urgent.

The integration of theological perspectives into prosthetic rehabilitation should not be understood as imposing religious beliefs on medical practice, but rather as recognizing that questions of meaning, identity, and ultimate concern inevitably arise when people face significant life transitions such as limb loss and prosthetic rehabilitation. By providing systematic attention to these spiritual dimensions, healthcare providers can offer more comprehensive and effective care that honors the full complexity of human experience.

This research ultimately affirms that the body serves as a theological site where questions of divine image, incarnational presence, and eschatological hope intersect with technological possibility and medical intervention. Understanding these intersections can significantly enhance both the practice of prosthetic rehabilitation and the spiritual well-being of persons with limb differences.

The journey toward wholeness whether understood theologically, medically, or personally involves not the elimination of limitation but the integration of technological possibility with spiritual understanding, community support, and hope-based perspectives on human identity and divine purpose. In this integration, prosthetic rehabilitation becomes not merely restoration of function but participation in the ongoing creative and redemptive activity of God.

Future research and practice development should continue exploring these intersections while maintaining respect for diverse religious perspectives and non-religious worldviews. The goal is not theological uniformity but rather recognition that spiritual and theological perspectives constitute important resources for understanding human embodiment and enhancing rehabilitation outcomes for persons with disabilities.

As medical technology continues advancing and our understanding of human embodiment evolves, theological reflection must engage these developments thoughtfully and constructively. The potential for technology to enhance human flourishing depends not only on scientific advancement but also on our ability to integrate technological possibility with robust understandings of human dignity, community belonging, and ultimate meaning.

The body as theological site reminds us that questions of embodiment cannot be reduced to purely medical or technological considerations but require attention to the full complexity of human experience, including its spiritual dimensions. In honoring this complexity, we may discover new possibilities for healing, restoration, and human flourishing that serve not only individual well-being but also broader communities committed to justice, inclusion, and the full participation of all persons in the life of society.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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