

Persons with disabilities in the Christian church: A scoping review on the impact of expressions of compassion and justice on their inclusion and participation

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Abstract

Despite the recognition of societal inclusion as a human right, persons with disabilities face many barriers preventing their participation in mainstream Christian denominations. A scoping review was conducted to map the relevant literature to explore the Christian Church's expressions of compassion and/or justice toward persons with disabilities, and how this impacts their inclusion and participation. The findings confirm the paucity of literature addressing this phenomenon, as well as the under-representation of persons with disabilities in research concerning their own interests. Four nested themes reflect the harmful effects of misplaced pity and insufficient justice toward persons with disabilities, revealing evidence of oppression, expressed through stereotypes, prejudice, and discrimination – all perceived to hinder their meaningful participation in the body of Christ. Knowledge gaps concerning the lived experiences of persons with disabilities in this setting were identified and recommended for future research.

Keywords: charity; Christianity; church; disability; justice; participation

Introduction

Despite the recognition of social inclusion as a human right, persons with disabilities continually encounter barriers that prevent them from participating meaningfully in all areas of community life (Carroll et al., 2018; Donohue & Bornman, 2014). This includes their participation in spiritual and religious activities (Hodge & Reynolds, 2019). More noteworthy is their exclusion from Christian congregations (Leshota, 2015; McMahon-Panther & Bornman, 2021), considering the Church's responsibility to address the rights of persons with disabilities (among other marginalized groups), and to promote their inclusion and participation (White, 2017). In this review, *the Church* collectively refers to mainstream Christian denominations within Catholic, Orthodox, and Protestant traditions. However, the array of issues discussed are confined to the specific context of the findings, and are not generalizable ecclesiological or theological principles.

A Biblical depiction of disability inclusion is illustrated in 1 Corinthians 12, where Christians are directed to receive the gifts of *all* congregants through their full participation as equal and functional parts of the united body of Christ (Brock, 2011). However, persons with disabilities are frequently not recognized or incorporated as having equal social status and rights within their churches as do their non-disabled counterparts. In some cases, the prevailing belief might be that they have no value to add to their congregations (Gurbai, 2014). Instead, they are viewed as pitiable, helpless victims of tragedy needing assistance from the non-disabled. Portraying disability as victimhood, the charity model of disability typecasts persons with disabilities as powerless (Retief & Letšosa, 2018), presupposing that they lack capacity to engage in issues that concern them (Leshota & Sefotho, 2020), such as their needs and preferences in religious participation.

The charity model dates to Medieval times when negative views about disability alienated persons with disabilities from humanity. While churches and monasteries offered them charity in response, they were prohibited from ordainment into ministry because they were deemed *sinner*s (Ojok & Musenze, 2019). Throughout the history of Western Christianity, negative societal perceptions about disability influenced the Church, which in turn influenced society's perception of disability (Leshota & Sefotho, 2020). Consequently, Christian charities shaped the notion of disability as dependence (Leshota, 2015). Notwithstanding certain positive aspects and expressions of compassion, the charity model creates an unjust power differential between the giver and receiver, positioning the Church (and able-bodied congregants) as the benefactor (i.e., giver) in a *superior* stance over *subservient* disabled beneficiaries (i.e., receivers) (Smith-Carrier, 2020). With its negative depiction of persons with disabilities as suffering victims of impairment at the mercy of the dutiful able-bodied and able-minded, it is understandable why the charity model continues to be so unpopular within the disability community (Retief & Letšosa, 2018).

Offering compassion without also pursuing justice for persons with disabilities only partially obeys God's ordinance to "*...act justly and to love mercy and to walk humbly with your God*" (Micah 6:8, NIV), which extends beyond charity into the paradigm of human rights. While this verse is contextualized within the late eighth century BCE, when God indicted His people for violating the Mosaic covenant in their relations with Him and one another whilst offering Him lavish hypocritical sacrifices, it likewise relays His requirement of believers today (Lioy, 2018). God does not want extravagant outward expressions of worship, but instead expects a right-standing relationship with Him to manifest in a lifestyle characterized by a commitment to social justice, kindness, and consideration for others (Boloje, 2019). Comparably, Jesus implied

these virtues in Matthew 23:23, when He reprimanded the religious leaders for neglecting the important matters of their faith (Wright, 2019) whilst superficially observing the law, and by teaching to treat others as one wishes to be treated (Matthew 7:12). Together, justice and mercy are the hallmark of God's reign throughout the Old and New Testaments (Herrmann, 2013), and cannot be separated.

While some contemporary scholars deem the human rights model incompatible with Christianity, Witte and Latterell (2015) contend that engagement with human rights issues is paramount in Christian discourse. God's vision through Christ's earthly mission was characterized by deeds of both justice and compassion in siding with the marginalized and setting right societal wrongs. Accordingly, Jesus' healing surpassed showing mercy to individuals with disability by simply doing something *to*, or *for* them. He also understood the importance of *being with* them (Hauerwas, 2000), and ultimately caused them to be reintegrated into society (Leshota & Sefotho, 2020). Jesus' display of mercy was inevitably accompanied by a corresponding degree of justice (Blowers, 2010). The Church was mandated to continue this work by following Jesus' example. Yet, the history of Christian charity has sparked fierce disputes among Christians as to exactly how the Church ought to engage with and respond to social issues demanding justice and mercy (Herrmann, 2013). A more detailed historical account is beyond the scope of this paper.

Despite the recent adoption of more liberating conceptual models of disability, the ongoing marginalization of persons with disabilities in the Church implies that it is much easier to change appellations, than for new ideas and attitudes to be internalized and translated into practice (Leshota & Sefotho, 2020). For by whichever word *charity* is renamed, its manifestation toward persons with disabilities in churches will remain

problematic if its underlying conceptual constructs, with deeds that follow, have not changed.

Purpose of the review

Using a broadly framed question, this scoping review primarily aimed to comprehensively map the extent, range and nature of the literature relevant to the topic (Arksey & O'Malley, 2005). The sub-aims were (i) to explore how various Christian congregations interpret and express *charity* or *compassionate care* toward persons with disabilities as central foci of the charity model on the one side, and on the other, *justice*, as conceptualized in the human rights model; (ii) to determine how such expressions of charity/compassion and/or justice impact the inclusion and participation of persons with disabilities, and (iii) to identify knowledge gaps in this field that should be addressed in future research (Peters, 2018). The specific question addressed in this review was: *How is the Church's role in terms of two prominent disability models (i.e., the charity model – with compassion as its central construct, and the human rights model – with justice as its central construct) interpreted and manifest toward persons with disabilities?*

Methodology

A scoping review based on Arksey and O'Malley's (2005) five-stage framework, and subsequently further developed by Levac, Colquhoun and O'Brien (2010) was selected to address the aim of the study and guide the research process. A scoping review was essential in this specific study given the limited information available on the topic (O'Brien et al., 2016).

Search strategy and study selection

The SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research Type), search tool proposed by Cooke, Smith, and Booth (2012) was employed. Comparable with the PICO (Population, Intervention, Comparison, Outcome) search tool used in quantitative studies (Brown, 2020), SPIDER categories for *Design* and *Research Type* were added to further increase the tool’s ability to identify qualitative studies, while simultaneously removing the irrelevant *Comparison* category from the PICO tool (Methley, Campbell, Chew-Graham, McNally, & Cheraghi-Sohi, 2014). Since the review question did not target any specific research methodology, no search terms were added for the Design category, to enable a more inclusive search of studies that make no reference to design. Aided by a Librarian skilled in conducting systematic reviews, a preliminary search string was developed, tested, and refined, and the most appropriate databases identified. Modifications were made after reviewing the trial search results, including the removal of the search terms (qualitative OR quantitative OR mixed methods) for the category Research Type, since the inclusion thereof yielded inordinate irrelevant hits. An application of the SPIDER search tool strategy is shown in Table 1.

Table 1. *Application of SPIDER/PICO Tool and Search Strategy*

SPIDER/PICO Tool	Application	Search Terms
Sample/Population	Persons with disabilities	disabil* OR impair* OR special OR special needs
Phenomenon of Interest/ Intervention	Church participation	church AND participation OR engagement OR involvement
Design/Comparison	Published academic literature of any research design	Not applicable
Evaluation/Outcome	Charity/Compassion; Justice/Equity	justice AND empathy OR compassion OR sympathy OR caring
Research Type	Qualitative, Quantitative & Mixed Methods	Removed after trial search

* Denotes truncation

The main systematic literature search was conducted by the first author during April 2021, with the final BOOLEAN operators (AND and OR) combined in the following search string: *disabil** OR *impair** OR *special* OR *special needs* AND *church* AND *participation* OR *engagement* OR *involvement* AND *justice* AND *empathy* OR *compassion* OR *sympathy* OR *caring*. Search terms were consistently applied across the following five online databases: ATLA Religion Database with ATLA Serials, Humanities Source, ProQuest, Taylor and Francis (Journals) and Wiley Online Library. Search filters were applied to limit study retrieval to peer-reviewed academic journals published in English. Altogether, 134 potential articles were identified, after which 124 remained once duplicates were removed. Following title and abstract screening, 82 articles were excluded, and the remaining 42 were screened at full-text level. A total of 10 studies met the inclusion criteria and were read in depth at full-text level. Figure 1 shows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram (Page et al., 2021) portraying the search strategy for study identification, screening, eligibility, and inclusion.

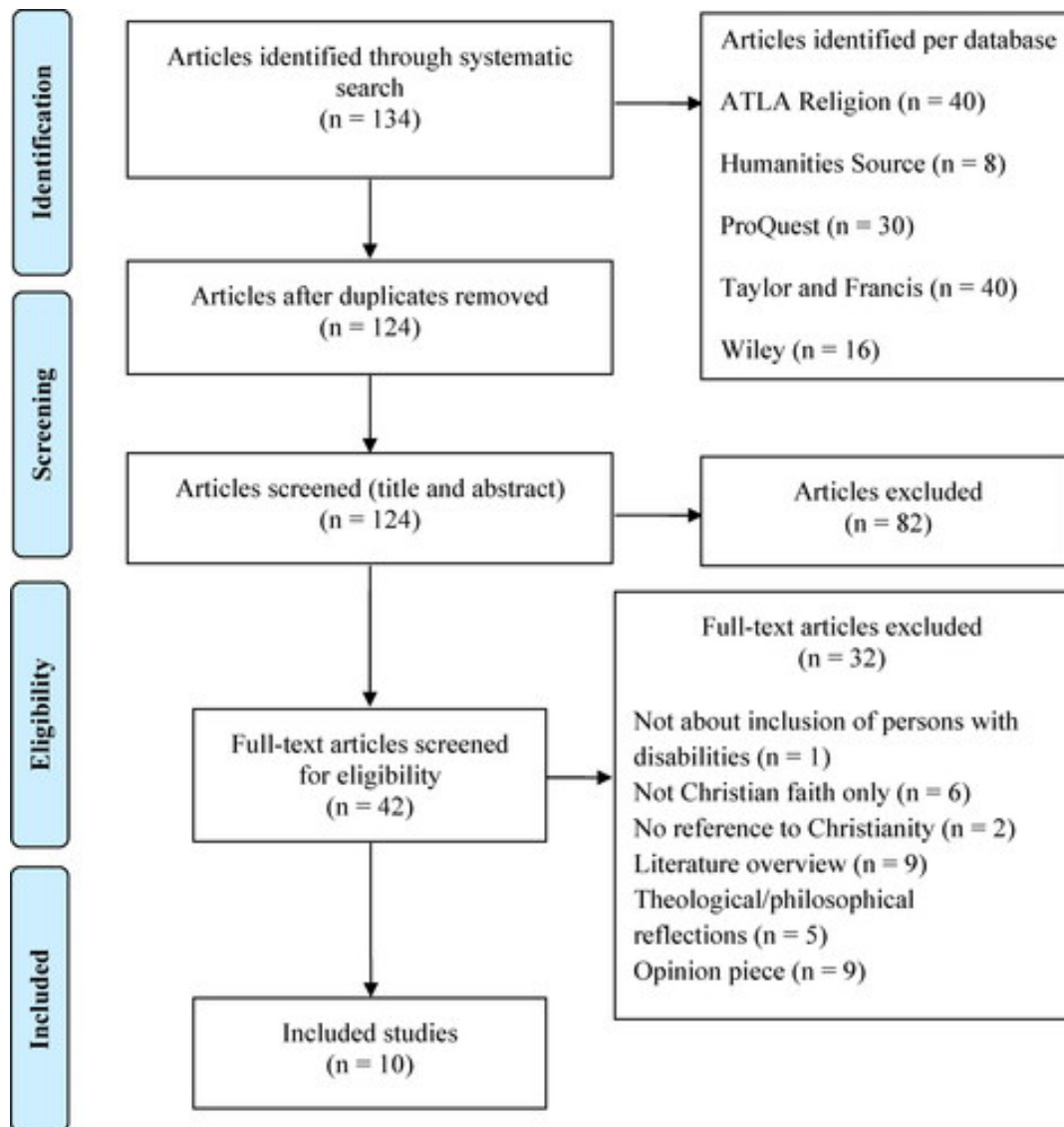


Figure 1. PRISMA flow diagram of the selection process.

Inclusion and exclusion criteria

Only research studies that met the review-specific eligibility criteria (see Table 2) were included. All non-academic articles, philosophical reflections and reviews were excluded. Studies with proxy or self-reported outcomes concerning the attendance, involvement, and participation of persons with disabilities within mainstream Christian faith communities were included. While no limitations were set for publication date, geographic location, sample size, or participant age and sex, categorical restrictions

applied to the nature of the disability and the church setting represented in each study, as shown in Table 2.

Eligibility of the disability type was accordingly confined to acquired or congenital conditions/disorders of impairment in physical, sensory, neurodevelopmental, and neurocognitive areas of functioning. Neurodevelopmental disorders include, for instance, intellectual disability (intellectual developmental disorder, or IDD), autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), communication disorders, motor/physical disorders and specific learning disorder (SLD). Neurocognitive disorders involve conditions characterized by a loss of cognitive functioning, such as dementia/Alzheimer's disease. Furthermore, physical, neurological, or cognitive impairment resulting from injury, for instance, amputation, accident, and traumatic brain injury were also included.

Table 2. *Criteria for Study Inclusion and Exclusion*

Criterion	Inclusion	Exclusion
Date of publication	All	No restrictions
Type of publication	Academic, peer-reviewed journal articles based on studies specifically about disability as defined under population represented and disability type	Non-academic commentaries e.g., grey literature, newsletters, websites, etc. Philosophical / theological / ethical / historical reflections, literature overviews, opinion pieces Studies not specifically about disability Systematic reviews
Language of publication	English	Papers in any language besides English
Population represented	Studies primarily concerned with inclusion and participation of persons with disabilities in Christian congregations	Studies not primarily concerned with inclusion and participation of persons with disabilities in Christian congregations, e.g., reported outcomes of families, or siblings of a person with a disability
Disability type	Any congenital or acquired impairment in physical, neurodevelopmental, or neurocognitive functioning, e.g., quadriplegia, cerebral palsy, Down's syndrome, ASD, Alzheimer's disease, etc.	Conditions primarily related to mood and behavior that reflect impairment in the processes underlying mental functioning, such as mental disorders, e.g., depression, bipolar disorder, schizophrenia, etc. (Not excluded if it was part of a study involving included disability types) Conditions described in generic terms, e.g., chronic illness, health conditions, aging
Age of participants	All ages	No restrictions
Sex of participants	Both male and female	No restrictions
Geographic location	Global / International	No restrictions
Phenomenon of interest	Contemporary practice of participation in mainstream Christian congregations, i.e., Catholic, Orthodox, or Reformed Protestant churches (e.g., Anglican, Baptist, Methodist, Presbyterian, and Pentecostal denominations)	Historical perspectives on the Christian Church's position toward the inclusion of persons with disabilities Sects, cults, and Christian religious sub-groups, e.g., The Church of Jesus Christ of Latter-day Saints (Mormonism) and Jehovah's Witnesses Religious communities of non-Christian faith, e.g., Judaism, Islam, Hinduism, etc.

Even though mental disorders were sometimes generally associated with disability in the identified literature (i.e., referring loosely to categories of people as ‘the vulnerable’, ‘the stigmatized’, ‘the marginalized’, etc.), studies mainly concerned with mental disorders (conditions pertaining to mental health) were excluded from the review, given the difference between the classification of mental disorders (also broadly described as *mental illness*) and disability as it pertains to this context. The most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) provides a taxonomic differentiation of mental disorders and disabilities. This revision involved extensive efforts by the DSM-5 Task Force and the World Health Organisation to separate the constructs of mental disorder and disability as distinct entities that should be understood as such (American Psychiatric Association, 2013). While mental disorders can in fact result in disability, this is typically the case when comorbid impairments/disease are present at the same time (Sartorius, 2009). The current review appreciates disability as a complex multidimensional construct, implying that the lived experience of disability is impacted by biological, individual, and societal factors, and thereby avoids making any reductionist causal links between impairment and disability. Instead, the focus is on the dynamic interplay between the health condition of a person and their context, including factors existing in their physical and social environments, and the effects of this interaction on their functioning (Dantas, Correa, Buchalla, de Castro, & Castaneda, 2020). The integration of the various components of functioning are captured by the biopsychosocial model of disability. However, owing to the divergent conceptualizations of disability in the literature covering several academic disciplines, a more precise demarcation of disability was needed to ensure a systematic study selection process for this review. Despite the biopsychosocial model laying the bedrock for the universal language of disability in the International Classification of Functioning,

Disability and Health (ICF), this document is not intended for diagnostic purposes or for classifying disability, but instead offers standards for the description of health, functioning and disability in *any* given health condition (WHO, 2001), reaching beyond the scope of this review. Therefore, the delineating parameters for inclusion criteria were limited to the descriptions of disability offered in the DSM-5, and as categorized in the 11th revision of the World Health Organization's International Classification of Diseases (ICD-11), a comprehensive classification system and global standard for coding diagnostic health information (WHO, 2020).

Concerning the church context, only studies including mainstream Christian denominations, collectively representing *the Church*, were eligible. These comprise Roman Catholic and Orthodox traditions, as well as Protestant denominations of the Reformed theology, such as Anglican, Baptist, Methodist, Presbyterian, and Pentecostal movements. As a transformation and change agent, the Church has altered and shaped society since its inception (Pillay, 2017). Studies from sects, cults, and Christian religious sub-groups, for instance The Church of Jesus Christ of Latter-day Saints (Mormonism) and Jehovah's Witnesses, were excluded for two reasons. First, their fundamental beliefs differ from that of mainstream Christianity, most notably, their non-Trinitarian doctrine, which is contradictory to that of the Christian traditions included in the study. Secondly, for this reason, the excluded faith groups have not historically been influential in shaping and transforming society and community life with traditions and practices of charity and/or justice as is the case with the mainstream Christian Church.

Screening

Citations from the search were exported to the reference manager, Mendeley, before uploading it to the web application, Rayyan, where researchers can perform collaborative systematic reviews (Ouzzani, Hammady, Fedorowicz, & Elmagarmid, 2016). Based on

the eligibility criteria, a two-stage study selection process was performed (Peters et al., 2020) by the authors, who independently blind-reviewed each article at both the title/abstract and full-text levels during stage one and two respectively. To reduce the risk of bias in abstract screening that may eliminate potentially important studies from the review, the authors developed an abstract screening tool with clear and concise yes/no questions (Polanin, Pigott, Espelage, & Grotzpetter, 2019). High inter-rater reliability scores were achieved, with 98,6% reviewer agreement in the first, and 97,6% in the second screening stage. Selection disagreements were resolved by consensus. Rayyan proved beneficial as it increased the objectivity of study selection and aided in improving the inter-rater agreement (Ouzzani et al., 2016).

Data charting

A data extraction table tailored to answer the review question was custom-developed by the first author for the extraction and recording of key characteristics from the included studies. The extracted data was verified by the second author (Peters et al., 2020). A summary of the charted information is presented in Table 3, which includes descriptive details about the article (e.g., names of authors, publication date and country) as well as study aims, participant description and other information relevant to the review.

Table 3. Study Characteristics

#	Study	Methodological Approach	Aims/Purpose	Study Sample	Disability Type	Christian Denomination	Church Involvement	MMAT	
								Score	%
1	Hobbs, Fogo, & Bonham (2016) USA	Qualitative exploratory study In-depth individual interviews	To explore what assists PwD Persons toward involvement in religious communities	PwD Persons in disabilities N=3	with Blindness Bilateral lower extremity orthopaedic condition (mobility difficulties) Quadriplegia (spinal cord injury)	Unknown: All identifying details (i.e., names of congregations & denominations) omitted for anonymity	Integration and active involvement; not only attendance & for	5/5	100
2	King (1998) USA	Grounded theory approach Exploratory qualitative collective case study Semi-structured, face-to-face interviews	To explore the relationship between African Americans with disabilities and their churches, and the extent to which participation in the Black Church mitigates or exacerbates their disability experience	Persons disabilities N=5	with Cerebral Palsy Blindness Developmental Disability Physical Disability	Protestant	Full participation in worship and ministry	5/5	100
3	McMahon-Panther & Bornman (2021) South Africa	Qualitative, descriptive case study design Focus groups	To determine and describe the perceptions of three participant groups (PwD, caregivers and church leaders) regarding participation barriers and facilitators experienced by PwD in the ceremonies, activities and events in their congregation	N=17 PwD (n=6) Caregivers of PwD (n=3) Church leaders (n=8)	Parkinson's disease Cerebral palsy Epilepsy Deafness Down's Syndrome Autism Major Depressive Disorder	Methodist	Not mere church attendance but full participation as defined by the ICF (i.e., "involvement in a life situation", which includes taking part, being included, or engaged, being accepted, or having access to needed resources	5/5	100

#	Study	Methodological Approach	Aims/Purpose	Study Sample	Disability Type	Christian Denomination	Church Involvement	MMAT	
								Score	%
4	Möller (2012) South Africa	Qualitative Semi-structured interviews Focus groups Observations	To gain an in-depth understanding of the experiences, perceptions, and suggestions of PwD and church leaders regarding the inclusion of people with disabilities in 3 faith communities in order to develop practice guidelines for themselves inclusion	N=65 PwD (n=43) Church leaders (n=22)	Physical disability Sensory disability Intellectual disability	Mainline Christianity Presbyterian Methodist Catholic Charismatic African Independent	Inclusion and participation in faith community	5/5	100
5	Patka & McDonald (2015) USA	Grounded theory approach Participant observation Semi-structured interviews	To develop culturally anchored narratives of intellectual disability rooted within a Catholic context	N=12 Religious leaders from 7 parishes (n=12) 5 Pastors 4 Parochial vicars 3 Deacons	Intellectual disability	Catholic	Participation in the church's mainstream activities, e.g., participating in Sacraments such as Mass	5/5	100
6	Sande (2019) Zimbabwe	Qualitative In-depth interviews Focus groups Participant observation	To explore the construction of disability through the practices and processes of the pastoral ministry in the Apostolic Faith Mission (AFM)	N=26 PwD (Focus groups) Non-disabled Pastors (Interviews) Participant demographics not provided	Physical disability	Pentecostal	AFM's pastoral ministry is to create a safe space for caring, helping, and meeting the needs of PwD to ensure their integration into their faith community	3/5	60
7	Short et al. (2018) Australia	Qualitative action research Cooperative inquiry	To inquire how the participant authors perceive the Anglican Church of Australia, located in rural, regional and remote communities, to engage with PwD	N=4 PwD (n=3) Family member of PwD (n=1)	Lung disease from severe asthma Profound hearing loss Endogenous depression	Anglican	Full participation and active involvement in groups, activities and decision making	4/5	80

#	Study	Methodological Approach	Aims/Purpose	Study Sample	Disability Type	Christian Denomination	Church Involvement	MMAT	
								Score	%
8	Tillotson et al. (2017) Australia	Qualitative action research Cooperative inquiry	To consider the participant authors' perceptions about the relationship between faith and Christians living with disabilities	N=5 PwD (n=3) Family member of PwD (n=1) Expert in critical disability studies (n=1)	Nonprogressive genetic vision impairment Cerebral palsy Nonprogressive spinal cord disease, with wheelchair use after car accident	Not specified	Full and effective participation, inclusion, and belonging	4/5	80
9	Treloar (2002) USA	Qualitative interpretive study Unstructured conversational interviews	To explore how PwD and family members use their spiritual beliefs to establish meaning for disability, and to respond to the challenges of lived experience with disability	N=30 PwD (n=9) Parents of PwD (n=13) Family members of PwD (n=8)	Physical disability Developmental disability	Evangelical Christian churches	Allowing PwD equal participation in the spiritual life of the church through providing religious support	5/5	100
10	White (2014) USA	Online survey with open-ended questions	To present a snapshot of the status of disability in the Christian community's efforts toward inclusion, and to identify specific areas in which the community can improve	N=166 PwD (n=31) Parents of PwD (n=44) Remaining participants (n=91): Volunteers (14,8%); Family members (11,7%); Professionals (11,1%); Friends (6,8%)	Not specified	Baptist Presbyterian United Methodist Non-denominational	Full inclusion & participation; creating a symbiotic relationship: PwD need the church, and the church needs PwD	4/5	80

MMAT = Mixed Methods Appraisal Tool; PwD = Person(s) with Disability

Quality appraisal

Given that scoping reviews generally aim to map the existing research on a topic instead of seeking the best evidence available (Peters et al., 2015), quality assessment of included studies is typically not prioritized in the scoping review methodology (Pham et al., 2014). However, Daudt, van Mossel and Scott (2013) persuasively argue for the addition of quality appraisal to Arksey and O'Malley's (2005) framework, as well as factoring quality into the eligibility criteria for study inclusion. While the Mixed Methods Appraisal Tool (MMAT) was duly used to critically appraise the methodological quality of the 10 included studies (Hong et al., 2018), no studies were excluded based on their MMAT score. This score was simply employed for descriptive purposes and to ensure a more comprehensive overview of all the relevant research to identify not only research gaps, but also any shortfalls in the evidence base (Pham et al., 2014). Using the MMAT qualitative study design category, five questions relating to the research question and the coherence between data collection methods, findings, and interpretations, were answered with a score rating ranging between 5 (indicating that 100% of the quality criteria were met), and 1 (indicating that 20% of the quality criteria were met). The MMAT results are shown in Table 3.

Thematic analysis

By applying Braun and Clarke's (2020) recent approach for reflexive thematic analysis to the findings of the included studies, themes were actively constructed from the researcher's prolonged thoughtful engagement with the data (Braun & Clarke, 2019). Accordingly, the first author identified meaningful patterns across each data set through a flexible, recursive six-phased process of data familiarization, data coding and theme generation, revision, and naming, before gleaning the findings in the final write up. This

process advanced as it was shared with and reflected upon by the second author in revision and discussion of the analytic process.

Findings

The characteristics of the 10 included studies as well as their MMAT scores are presented in Table 3. The lowest score (3), signifying that only 60% of the quality criteria was met, was only observed in one study (# 6). Three studies (# 7, 8 and 10) fulfilled 80% with a score of 4. More than half of the studies (# 1, 2, 3, 4, 5 and 9) received the maximum rating of 5 and thus satisfied all the quality criteria. The quality appraisal was contingent on limited information reported in the articles and is therefore not a reflection of the methodological rigor of the larger research studies on which the articles were based, nor on the trustworthiness of their findings. Given the aim to provide an outline of all the literature relevant to this review, scores were only used descriptively and not for quality comparison of one study against another. Hence no studies were eliminated based on their ratings.

The studies spanned a period of 23 years, with the majority (n = 8) published in the last 10 years. Five studies were conducted in the USA, two in South Africa, two in Australia, and one in Zimbabwe, representing Catholic as well as a variety of reformed Protestant denominations. All the studies were qualitative in methodological approach. Barring study # 5, the remaining nine studies all included self-reported experiences of persons with disabilities among other stakeholder participants. While one of these studies (# 6) withheld the number of persons with disabilities in its modest sample size of 26 participants, the remaining eight studies reported on the views of a total of 106 participants with disabilities. Conditions included neurological, congenital,

developmental, physical, and sensory disabilities. All studies concerned the full integration and active participation of persons with disabilities within their congregations.

[Insert Table 3 near here]

Achieving the first two sub-aims, namely to (i) explore Christian congregations' interpretations and expressions of charity/compassion and justice toward persons with disabilities, and (ii) the impact it has on their inclusion and participation, the findings of the review reflect the mechanisms of both the charity and human rights models of disability. The former pertains to the harmful effects of misplaced pity, and the latter to the lack of fairness and justice toward persons with disabilities in their congregations. The findings additionally reveal evidence of the presence of other harmful models of disability active within these congregations, and include perceptions of oppression, expressed through rife stereotypes, prejudice, and discrimination tacitly tolerated in these settings. These apparent injustices against persons with disabilities were perceived to negatively impact their inclusion and participation in their congregations. Findings related to sub-aims i and ii are addressed jointly in the constructed themes presented next.

Main themes

Elicited by participant responses prevalent across all 10 included studies, four themes were conceptualized, each rooted in distinct, yet interrelated belief systems that all have detrimental effects on the lives of persons with disabilities. The central theme, *Ableist pervasion*, encompasses three distinct forms of ableism outlined in the following derivative themes: *Paternalistic imposition*, *Pitiful compassion*, and *Toxic theology*. Although the themes are nuanced and inextricably linked, they are individually delineated here for clarity.

Ableist pervasion

This leitmotif portrays the impressions of an unjust worldview operative within Christian congregations – a mindset characterized by the ubiquitous presence of discrimination against persons with disabilities and their families. One participant aptly summarised that “...*people with impairments live under oppression*” (#8). Another echoed the reported grievances in all 10 studies against the perception that “...*people with disabilities don't have any value*” (# 2). Further examples confirmed how stated or implied negative and devaluing attitudes, stereotypes, and stigmas limit the potential and opportunities of persons with disabilities to contribute their gifts and participate meaningfully in their faith communities. Seemingly unaware of his own biases, a non-disabled religious leader remarked, “*I don't think we need to promote inclusion in [sacraments]... it may not be for people with disabilities... inclusion doesn't mean that everyone needs to have access to everything*” (# 5). However, redirecting the emphasis from mere inclusion in rituals, the overruling perception from all the studies was that meaningful participation implied “...*fellowship with the people in the church...*” (# 1), and “... *building strong and trusting relationships with others*” (# 7), as described by two participants with disabilities.

Participants also shared painful experiences of hostility, harsh judgement, avoidance, labelling and differential treatment from others, as these excerpts illustrate: “...*because I limp, I was made to feel different, and people avoided me*” (# 8); “*My daughter who couldn't speak was enjoying the music and one of the elders got offended when she was making what he called noises. He asked that she not be brought into the service anymore.*” (# 10); ““*Oh... the disabled lady,*’ is the way people refer to me” (# 4), and “*I don't particularly feel welcomed in church because I'm never treated as just a member of the congregation. It's always an occasion... always spotlight*” (# 2). Lacking a sense of worth and belonging, with their needs remaining unaccommodated, persons

with disabilities were reported as polarized and dismissed for not fitting in with customary social norms and practices. Two participants with disabilities from study # 3 explained, “*We’re a minority... cause you’re different*”; and “*...they never thought about what I need, or you need...*”. Previously yoked with feelings of inadequacy, one participant (# 8) recognized the culprit underlying all this evidence of ableism: “*I perceived my vision impairment... from a medical model...It was deficit-laden and I felt like a burden*”. Focusing only on the individual’s perceived shortcomings, the medical model conceptualizes disability as an abnormality in need of correction, or elimination: “*They always want to ‘fix’ you; it seems [as if] my disability is not acceptable*” (# 4).

Paternalistic imposition

Emanating from the above is a seemingly more benevolent form of ableism especially pertinent in the findings of six studies (# 1, 2, 4, 5, 7, and 8). While sometimes well-intended, this theme describes ill-received deeds that restrict the freedom of persons with disabilities by imposing unwanted help upon them, supposedly for their own good: “*Things are done for you, whether you want them done or not*” (# 2). These actions are rooted in perceptions that persons with disabilities are inferior, vulnerable dependents in need of care from those more superior and capable. Describing persons with intellectual disability as “*less fortunate folks*”, who “*though they were adults, mentally... were still children*”, one religious leader described how “*fortunate...and thankful they [non-disabled youth from his parish] are for being there to help those people*” (# 5). Having experienced that such views lead to exclusion, some participants directly challenged paternalistic notions of persons with disabilities being childlike (# 8), while others collectively affirmed that they “*reject views based on... paternalism*” (# 7). Presupposing a lack of agency and incapacity to make decisions in their own best interests, this problematic mentality is also portrayed by participants’ examples of the frequent

patronizing, overprotective behaviors persons with disabilities must endure from non-disabled congregants and church leadership. For instance, “...people just have that mindset... that because you have a disability... you can't do things for yourself and that you need everything taken care of.” (# 1). Doing things for them – that they can do for themselves – infantilizes persons with disabilities, and assumes that they cannot reason independently: “I am treated as an imbecile [sic], as if I can't think for myself.” (# 4). It also invalidates their very lives and personhood as insignificant and inadequate. In this regard, participants with disabilities communicated their desire to be accepted as having abilities and considered useful to their faith communities, instead of being viewed as “globally helpless” (# 1).

Pitiful compassion

Overlapping with the previous theme, persons with disabilities additionally receive unwanted pity through misguided support, as featured in eight studies (# 1, 2, 3, 4, 5, 7, 8, and 9). There is a tendency to commiserate with them as though they are victims of a tragedy, as one participant explains: “...people will often... express... sympathy... for my condition...” (# 1). Yet, persons with disabilities (either represented in these studies, or as participants themselves) do not convey their experiences of disability this way. Conversely, a participant with a severe disability shared his own sense of purpose and profound joy despite his many physical limitations. He continued, “...there are people [with] disabilities, who... are some of the happiest people I've ever met” (# 9). Referring to a parishioner with visual impairment, a religious leader added, “He was always happy” (# 5). For another participant with cerebral palsy, others' refusal to accept her disability “implies that you're not okay just for yourself, which means that God made a mistake, and my God [doesn't] make mistakes” (# 2). Statements like “ag shame” (# 3) and “They pity me...” (# 4) resonate with other narrations verifying that non-disabled congregants

“*feel sorry*” for, and uncomfortable around persons with disabilities (# 2), as manifest through unhelpful behaviors “*to make themselves feel better*” (# 9). Participants shared painful experiences of being subjected to “good deeds” hidden behind a façade of concern, and loneliness owing to “*others’ lack of understanding and failure to demonstrate compassion, rather than pity*” toward persons with disabilities and their families (# 9). Rather than receiving one-way charity from do-gooders, who do not consider them equal in the value and benefaction they can offer in return, participants with disabilities expressed the “*desire to be accepted as contributors in pursuing the goals of their [congregation]*”, and “*not to be seen as the focus of their [congregations’] goals*” (# 1). Rebuffing any charitable mindset, participants did not associate the connection between persons with disabilities and their congregations as a client-service liaison, but instead as a “*mutual personal relationship, where people... with disabilities are also respected and seen as contributing members*” (# 7). This implies that non-disabled members should pursue reciprocity by accepting the indispensable gifts persons with disabilities have to offer, without which relationships will be inequitable, and the body of Christ incomplete. It is thus evident how seemingly benevolent charitable acts toward persons with disabilities achieve the paradoxical effect of maligning them instead.

Toxic theology

All the studies reported misconstrued theological ideas about disability. This final theme comes full circle in its return to the more noxious discriminatory practices displayed in the primary theme. Capturing the oppressive religious notions that consider disability a condition unbecoming of true Christianity, the underlying moralistic belief system of this theme, much like the medical model, locates the problem of disability within the affected individual. A religious leader commented: “...[M]aybe the person was so bound by his resentment that it caused a physical ailment that causes paralysis” (# 5). Most pertinent

in four studies (# 2, 4, 6, and 9) participants also added how disability is viewed as a ‘defective’, yet treatable malady that requires a supernatural cure. For instance, a non-disabled pastor fervently insisted that “*We... believe in miracles. In this church the blind, lame and deaf [sic] used to heal. Where is that God? I tell you, today such anointing is still available*” (# 6). Among other objections to such views, one participant frankly stated, “*I come to church for my soul to be saved, not to be healed from my disability*” (# 4).

Persons with disabilities are additionally indicted with the spiritual ‘deficits’ of unbelief and/or immorality when their perceived undesirable condition is not normalized through prayer. Expressing their frustrations, two participants recounted these experiences: “*...this woman... said that I had my disability because I didn’t believe in God, that it was the devil’s work*” (# 2), and “*They prayed for me, without asking my permission, took off the footrests of my wheelchair and started pushing and shouted at me, ‘WALK!’*” (# 4). Another participant cautioned: “*Don’t tell someone... ‘I’m going to pray for you.’ No! People used to say... ‘You need to... get prayed for, you need to get healed’ ... I am healed... just not healed the way you want me to be healed*” (# 2).

These examples demonstrate how the moral/religious model’s conceptualization of disability instigates spiritual, moral, emotional, and physical maltreatment of persons with disabilities, justified on the grounds of (erroneous) convictions, including disability being evil and the affected person being cursed or punished by God for unforgiven sins. Unsubstantiated by any reliable theology of disability, such perceptions are based on variable personal beliefs, as demonstrated by a non-disabled pastor in study # 6: “*At times the Holy Spirit tells me that this disability is the work of the devil*”. Bending under heavy pressure, condemnation and self-blame, persons with disabilities end up hiding their disability in embarrassment for not receiving healing: “*Out of respect I say yes... [when*

they want to pray for me] ...but nothing happens, and you begin to hate yourself” (# 4). Appeals were made for the establishment of a well-informed Scriptural meaning for disability, and to promote an accurate theological understanding. Two extracts summarize these petitions: “What does the Bible say about disabled [persons]?... I’ve never heard anything... If the pulpit never says anything about disabled [persons] then my thought process is that Jesus never addressed the issue. I know he healed the disabled” (# 9), and “...pastors need to be educated so they can educate their congregations” (# 10).

Discussion

Accomplishing its primary purpose, this scoping review charted the coverage of literature concerning the participation of persons with disabilities exclusively within mainstream Christian denominations. Before reflecting on the significance of the findings in relation to the other aims of the review, an obvious observation must be made about the paucity of literature specifically addressing this phenomenon within this context, as well as the limited representation of persons with disabilities in the available studies included in this review. This small sample (overall only 106 participants with disability, plus the modest undisclosed number from study # 6) confirms the large extent to which persons with disabilities are still excluded from research that concern their own interests. When they are included, their contributions are sometimes insubstantial and they are depicted as victims, which perpetuates stereotypes about disability because their lived experiences hardly feature in research about them (Bogart & Dunn, 2019). While more studies exploring the religious participation of persons with disabilities from their own perspectives were identified during the screening process, they were excluded for additionally involving other religious orientations apart from Christianity, given the

review's single focus on the Christian Church's role and responsibility of actively including persons with disabilities as part of the body of Christ. This corporeal portrayal of inclusion, which highlights the importance of fully incorporating the gifts of *every* member, is uniquely Christian in offering a Biblical foundation for a theological definition of inclusion (Brock, 2011). This makes the current absence of persons with disabilities in studies concerning their participation in the Christian context particularly relevant for future research.

The four constructed themes each represent some form of discrimination that contravene the human rights of persons with disabilities by creating inequalities and barriers that hinder their inclusion, integration, and participation in their congregations. The findings suggest that pathologized worldviews lead to the ruthless marginalization and exclusion of persons with disabilities.

Serving as a summary of the themed findings, a succinct statement by Nario-Redmond, Kemerling and Silverman (2019, p. 727) precisely captures the participants' responses:

Sometimes referred to as ableism, disability prejudice promotes the unequal treatment of disabled people by others, and includes but is not limited to being excluded, ignored, misunderstood, rejected, dismissed, avoided, pitied, envied, objectified, dehumanized, manipulated, shamed, mocked, stereotyped, overprotected, condescended to, and/or provided with unwanted help.

This definition pertains to the general societal context in its observation of the disrespectful treatment of someone purely because they have a disability (Nario-Redmond et al., 2019). Regrettably, this evidently also occurs in Christian congregations, to the extent that many of the words used to describe disability prejudice in the above quotation were recounted verbatim in the participants' extracts from the included studies.

While none of the individual studies could generalize their findings to wider Christian populations, they collectively represent a microcosm of the corporate body of Christ, making these findings transferrable and potentially universally applicable to other similar settings (Anderson, 2010). It is thus possible that the combined participant voices from each rare account might murmur just loud enough to echo the lived experiences of persons with disabilities in other Christian congregations worldwide.

Masquerades of mercy

In direct response to the review question, the findings yielded abundant manifestations of ableism's outward altruistic face masked by charitable kindness and protective care over persons with disabilities in the Church. This is most clearly demonstrated by the themes *Paternalistic imposition* and *Pitiful compassion*. While acts of goodwill usually signal prosocial behavior, underlying attitudes of pity and condescension often disguise feelings of superiority within. Such haughtiness assumes that persons with disabilities have nothing to offer, apart from the self-serving gratification received by those who inflict the presumed aid (Anderson, 2014). Corresponding to the review findings, participant voices included in the study by Nario-Redmond, Kemerling, and Silverman (2019) verify that the reported overbearing, unsolicited help imposed on persons with disabilities implies that they are incompetent and inferior. Fully aware of this insinuation, the review participants' substantial aversion to behaviors of pity and overprotection precisely because of its devaluing effect on persons with disabilities is little wonder. It also corroborates research on the damaging consequences to people's self-esteem when they are infantilized by consoling or overhelping them in attempts to alleviate their perceived tragic circumstances, instead of facilitating support accommodations (Nario-Redmond et al., 2019). However, many persons with disabilities (counting participants from the

included studies) do not view their disabilities as calamitous (Anderson, 2014). This reiterates Bogart and Dunn's (2019) observation that the extensive stereotypical assumptions about disability are not at all based on the lived experiences of those affected.

The findings also validate literature in support of rights-based approaches (over that of charitable ones) that recognize and respect the inherent worth of persons with disabilities as equal human beings, and so petition their equity through necessary systemic changes to address the causes of disability prejudice (Smith-Carrier, 2020), instead of wrongly focusing the spotlight on the person with the disability. Any treatment of persons with disabilities that promotes inequality, violates their dignity, and denies their autonomy by rendering them unable or unwelcome in their faith communities, is a matter of Biblical justice, not simply a rights issue (Anderson, 2014). As such, the findings concur that any imbalanced social relations (including those in the Church) initiated and sustained by charitable and paternalistic worldviews that deem persons with disabilities as inferior recipients only, deny and reject the value of their contributions, and thus significantly hinder their full and equal participation (Smith-Carrier, 2020) in their congregations. This is perhaps a good place to recall the connection between mercy and justice in Micah 6:8 quoted in the introduction, and thereby highlight the part commanding humility before God (Anderson, 2014). Such a reverend posture disallows paternalistic prejudice in the Church by recognizing Christ in one's neighbour as an equal being, and so prevents any subsequent hierarchical power abuse.

Faulty philosophies

Embedded in all the themes but particularly evident in *Ableist pervasion* and *Toxic theology*, findings from the included studies also confirm the Church's entrenchment in a deficit worldview concerning disability. Usually mostly dominant in Western culture,

this problem-saturated philosophy, with its perceived solution-focused outlook to disability (Bogart & Dunn, 2019) was observed in all 10 included studies, but most poignantly displayed within the African context, where disability is pathologized in a Zimbabwean church setting. Considering the country's history, this seeming contradiction is no surprise, given its relatively recent recognition of independence from the United Kingdom in 1980. Moreover, the significant concurrent upsurge of the prosperity gospel through American Pentecostalist influence and evangelistic ministries created a deep-seated belief of wealth and health – the latter symbolized in the absence of disability – as an entitlement of every genuine Christian, and poverty and disease as a sign of a deficient Christian life (Togarasei, 2016). Such a misleading conceptualization of disability dates to the oldest model of disability. Firmly undergirded by paternalistic and sanctimonious features, the moral/religious model significantly waned in popularity by the mid-1800's with the advancement of medical science and the concurrent decline in the authority of the Church (Retief & Letšosa, 2018). But it appears that history repeats itself, since the findings confirm that this model is not only particularly prolific in non-Western cultures today, but also still fairly established in the Western world (Anderson, 2014).

The review findings also corroborate literature bemoaning the injurious effects of the moral/religious model on persons with disabilities, citing how they are demonized, treated inhumanely and marginalized by their faith communities as second-class citizens whose disability is judged a self-inflicted punishment for their sins (Amanze, 2019). Eiesland (1994) provides an emancipating alternative to these connections between morality and disability. She posits that Jesus never sinned, yet He became disabled through the cross. Thus, any conviction that disability is a consequence of sin can be summarily rejected. Furthermore, Jesus' scars did not disqualify Him from His continued

leadership, so there is no reason why persons with disabilities should be excluded from worship or leadership roles in their congregations. It is thus the erroneous perceptions that produce and sustain these prejudices that need to be addressed and resolved, and not the impairments of persons with disabilities (Creamer, 2012).

Retaining the same negative ideas of disability as a ‘defect’, the moral/religious model was replaced by the medical model (Retief & Letšosa, 2018). Apparent throughout the findings, the medical model, akin to its predecessor’s fixation on spiritual wholeness, instead obsesses with bodily perfection. It accordingly presents disability as an improper ‘deviation’ from the standardized norm, beckoning assistance and restorative intervention from suitable experts (Bogart & Dunn, 2019). The paternalistic remnants of the moral/religious model are palpable in its medical protégé. So are traces of the charity model, in the sense that disability is viewed as a personal tragedy in which persons with disabilities are suffering, in need of relief, and must quietly play their part in the ‘sick role’ as they receive help (Retief & Letšosa, 2018). Contrastingly, the lived experiences narrated by the participants in this review, portray disability as a common human condition, not some malfunction that needs a cure or normalization (Nario-Redmond et al., 2019). The medical model is put in perspective by looking at God’s unrestrained imagination in the diversity of the created world. From this viewpoint, uniformity was never God’s plan. Instead, diversity has always been the norm (Anderson, 2014). Sadly, without an alternative narrative, persons with disabilities may internalize the defective refrain that their disability needs a cure-all medical or spiritual remedy before they will be acceptable in their culture (Nario-Redmond et al., 2019) and in the Church.

Power meets privilege: The makings of a perfect storm

At this point, one might feel appropriately indignant that these observed phenomena are

associated with anything Christian, especially since such behaviors are apparently commonplace in the Christian congregations represented. It may therefore be tempting to cast severe judgement on the Church for not only allowing, but also seemingly sustaining maltreatment toward any given person, much less someone with a disability. However, it is necessary to thoughtfully consider potential explanations for the prejudicial behaviors exhibited in the review findings.

In many cases, people are plainly unaware of their harmful attitudes and actions toward persons with disabilities. Take the compassionate camouflage of the charity model as an example. Another reason is that stereotypes and preconceptions become organized into mental schemas that develop at a young age, and people are socialized into social group oppression early on (David & Derthick, 2018). Moreover, no conceptualization of disability is value neutral (Retief & Letšosa, 2018), and therefore anyone can hold erroneous and biased perceptions about disability, even persons with disabilities themselves (Nario-Redmond et al., 2019). On no account condoning ignorance, it is, however, important to consider the intricate psyche of human beings, including the multitude individuals with diverse backgrounds who constitute ‘the Church’. When bearing in mind the powerful influence of biological, social, cultural, environmental, and spiritual factors on (sinful) human thoughts, feelings, and actions, it is plausible that ingrained, unchecked thought patterns, emotions, and behaviors can get bent into bigotry. In a nutshell, the stereotypes, prejudice, and discrimination exposed in the findings developed from inaccurate thought processes and belief systems about disability (charity, moral/religious, and medical models) over time that resulted in unfair conduct toward those affected by it. These ideas transversed to various social systems, including the Church, that unfairly elevated and favoured certain individuals (and groups) – endowing them with unearned power and privilege – while it relegated and disdained

others. Such noxious cultivation of inequality, even when it occurs in the unconscious mind, always results in the oppression of the subjugated (David & Derthick, 2018). In the case of the present review, this power-imbalance unmistakably tips the scales of justice in favour of the non-disabled.

Throughout the Old Testament, the plight of the oppressed is lamented (Boloje & Groenewald, 2014). Engaging the social model of disability and liberation theologies, Eiesland (1994) argues that God hates injustice, and therefore proactively allies with the oppressed (Creamer, 2012), as also seen in the New Testament. Luke 4:18 narrates how Jesus, at the start of His earthly ministry, recited Isaiah 61 as a proclamation of His life purpose to secure freedom for the oppressed. The very notion of cruelty and injustice against persons with disabilities in the Church is thus irreconcilable with a community of believers whose love for one another ought to imitate His love for them, and be the sign by which the world would know them as His disciples (John 13: 34). Seemingly also overlooking the Biblical counsel of Proverbs 31: 8-9 to speak up for the disenfranchised and to defend their rights, the review findings yielded evidence confirming vast injustices against persons with disabilities through their congregations' apparent failures to protect them from malice and uphold their rights as equal members of the body of Christ.

When justice is distorted through oppression, the very framework for building a humane society topples. But God has appointed a sturdy structure – the Church, with Jesus as keystone – to make Him known through acts of lovingkindness *and* justice. It is hence mainly the responsibility of the Church (not delegating it to human rights groups) to liberate the burdened and openly denounce all possible wicked acts of oppression and injustice. The Church should thereby make concerted efforts to imprint its Godly impact on human society, not join in its culture of tyranny (Boloje & Groenewald, 2014).

Recommendations for future research

Nario-Redmond, Kemerling and Silverman (2019) report the need for research examining how distinct types of ableism impact various target groups. Meeting the final sub-aim to identify knowledge gaps, this scoping review was also the first step in exploring this phenomenon with persons with disabilities in the context of the Christian church. The said authors propose the objective to ascertain the effects of different responses to ableism on this population (e.g., their degree of inclusion and participation in the Church), and to discover ways to curb and confront ableism on individual and institutional levels.

Lest any future studies also become guilty of paternalistic prejudice, this research must be sure to centre the lived experiences of persons with disabilities themselves, so that their perceptions and preferences form the foundation for policy development to tackle injustices, and improve their quality of life (Bogart & Dunn, 2019). In the spirit of inclusion, opportunities must be created for the voices of all persons with disabilities to be heard. There are creative ways to ensure that all views are represented, including the perspectives of persons with complex communication needs, and profound/multiple learning disabilities. They are typically excluded from research that affect their lives because they are prevented from successfully participating in traditional research methods, such as surveys, interviews, and focus groups (Cluley, 2016). In order to ensure a power-balanced research process, it is recommended that persons with disabilities participate as co-researchers through an inclusive research approach (Salmon, Barry, & Hutchins, 2018).

Strengths and limitations

Several elements strengthened the methodological rigor of the review, including the employment of a Librarian to facilitate the systematic search strategy, and the

involvement of two reviewers who independently performed the study selection process at both the title/abstract and full-text levels, as well as the data analysis and quality appraisal. While the scoping review methodology was designed to explore the widest range of literature available on the topic, restrictions applicable to the inclusion criteria, such as limiting studies to those published in English peer-reviewed journals only, may have resulted in the inadvertent exclusion of some pertinent studies. Additionally, the relatively small number of studies limit the extent to which the findings may be generalized. However, the findings collectively represent a microcosm of the global Christian church, and therefore may have provided a snapshot of the current climate in some settings.

Conclusion

A systematic search of the literature uncovered the presence of harmful conceptualizations concerning disability operative in Christian congregations that substantially hinder the meaningful participation of persons with disabilities. This includes their participation in research concerning their own interests in these settings. Four nested themes all reflect deficit-based mindsets that focus on the perceived shortcomings of disability, highlighting a consistent impulse to fix – if not the person, then their presumed tragic circumstances. By fixating on the individual, detrimental societal barriers that promote the marginalization of persons with disabilities are overlooked. Knowledge gaps, specifically concerning the lived experiences of persons with disabilities in mainstream Christian congregations, were identified and recommended for future research.

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