

**EXPLORING PASTORAL SERVICES AVAILABLE TO  
PERSONS WITH DISABILITIES IN CHILENJE TOWNSHIP,  
LUSAKA, ZAMBIA**

**BY**

**COLLINS CHISELENGA CHANDA**

**(719000456)**

**A dissertation submitted to the University of Zambia in Partial fulfilment of the  
requirement for the Degree of Master of Science in Counselling.**

**The University of Zambia**

**Lusaka**

**2022**

## **COPYRIGHT DECLARATION**

All copyright reserved. No part of this dissertation may be reproduced, stored in any retrieval system, transmitted in any form or any means, electronic recording, mechanical, photocopying or otherwise, without prior permission in writing from the author or the University of Zambia.

© Collins Chiselenga Chanda and UNZA 2022

## DECLARATION

I, **Collins Chiselenga Chanda**, do declare that this piece of work, Master of Science in Counselling Thesis, represents my own work, and that it has never been previously submitted for a degree at the University of Zambia or any other University or institution.

Signature: .....

Date: .....

## **CERTIFICATE OF APPROVAL**

This dissertation of Collins Chiselenga Chanda is approved as fulfilling part of the requirements of the ward of the degree of Master of Science in Counselling by the University of Zambia.

Name of Examiner1: .....Signed: .....Date: .....

Name of Examiner2:.....Signed: .....Date: .....

Name of Examiner3: .....Signed: .....Date: .....

## **DEDICATION**

To my wife Annie Kasawa, and my children Esther, Daniel (Taizya) and Mercy, for their patience and love during my study.

## ABSTRACT

This study explored pastoral services available to Persons with Disabilities (PWDs) in Chilenje Township in Lusaka, Zambia. The objectives of the study were: to establish the pastoral services offered in the selected churches; to describe how pastoral counselling services are made available to PWDs; to identify challenges which are experienced when offering pastoral counselling services to PWDs; and to suggest ways of making available pastoral services to PWDs. This study was informed by the social model of disability as the theoretical framework which argues that disability is a socially constructed phenomenon. The research design adopted was a case study. The sample size was 40 participants consisting of 15 pastors (priests) 15 PWDs and 10 pastoral care givers. The sampling techniques for this study assumed the form of purposive sampling and in this case typical case sampling procedure was employed. The researcher used interview schedules to collect data from participants. Data was analysed using thematic and content analysis. It was found that the following pastoral services were offered to PWDs; preaching and praying; visitation; marital counselling; child dedication; baptising, confirmation, administering Holy Communion, confessions, funeral and bereavement counselling services. The study shows that through preaching, the pastors prohibits discrimination against PWDs. The study results have revealed that pastoral visitation is a veritable tool for strengthening family relationships. Through marital counselling, pastoral counselling enhances couple relationship. The study results show that pastors in some churches are involved in child dedication. The study results revealed that pastors administer baptism and confirmation when they are satisfied that one is a fully committed member of the church. It was also learnt that pastors are responsible for administering Holy Communion to members of the church. The study has identified the challenges faced by pastoral service providers dealing with PWDs which include lack of training by pastoral service providers, communication problems, limited shelter, accommodation or home-based care centres, lack of transport, disruption of church activities by PWDs and cultural diversity. The study explored the challenges which were faced by PWDs when they are offered pastoral services and the following have been thematic areas: discrimination and segregation against PWDs; mobility challenge; social isolation; sexual abuse; non-availability of friendly infrastructure in church buildings and wheelchairs. In addition, hostile treatment; exclusion of PWDs from decision making; and lack of ecclesiastical braille books in churches. Based on the findings of the study, the following recommendations are made: The churches should strongly prohibit discrimination against PWDs; The churches should try by all means to integrate PWDs into their services; The churches should arrange transport for PWDs for easy mobility; The church should work hand in hand with law enforcement agents to sensitise people so that instances of sexual abuse of PWDs can come to an end; The churches should restructure their buildings so that PWDs can easily access them.

**Keywords:** *Pastoral care, Pastoral counselling, Pastoral services, People with disabilities*

## **ACKNOWLEDGEMENT**

Many thanks go to my supervisor, Dr. D. Ndhlovu, for his guidance throughout the research period and report writing. The guidance and support which he gave are too huge to forget. Many more thanks go to Dr. JM. Mandyata, Dr. Rose Chikopela and not forgetting the huge contribution of Mr Davies Ng'ona including Dr Daniel Chunga and a number of Pastors such as Pastor Passmore Muunga, Pastor George Mwansa, and Pastor Kebby Shibeledi.

## TABLE OF CONTENT

<b>COPYRIGHT DECLARATION</b> .....	<b>i</b>
<b>DECLARATION</b> .....	<b>ii</b>
<b>CERTIFICATE OF APPROVAL</b> .....	<b>iii</b>
<b>DEDICATION</b> .....	<b>iv</b>
<b>ABSTRACT</b> .....	<b>v</b>
<b>ACKNOWLEDGEMENT</b> .....	<b>vi</b>
<b>ABBREVIATIONS AND ACRONYMS</b> .....	<b>xi</b>
<b>CHAPTER ONE INTRODUCTION</b> .....	<b>1</b>
1.0 Overview .....	1
1.1 Background to the study.....	1
1.2 Statement of the Problem .....	3
1.3 Purpose of the study .....	3
1.4 Research objectives .....	3
1.5 Research questions .....	3
1.6 Significance of the study .....	4
1.7 Scope of the study .....	4
1.8 Limitations of the study.....	4
1.9 Theoretical Framework .....	4
1.10 Definitions of Terms: .....	5
1.11 Summary of the Study.....	6
<b>CHAPTER TWO: LITERATURE REVIEW</b> .....	<b>7</b>
2.0 Overview .....	7
2.1 Pastoral services offered in the selected churches .....	7
2.2 Challenges pastors experience when offering pastoral counselling service to PWDs .....	8
2.3 Challenges PWDs experience when offered pastoral counselling services by pastors ..	10
2.4 Making available pastoral services to PWDs .....	11
2.5 Summary of the Chapter .....	14

<b>CHAPTER THREE METHODOLOGY .....</b>	<b>15</b>
3.0 Overview .....	15
3.1 Research design.....	15
3.2 Study Area or site.....	16
3.3 Study population .....	16
3.4 Study sample size .....	16
3.5 Sampling techniques .....	16
3.6 Data collection instruments.....	17
3.7 Data collection procedure.....	17
3.8 Data analysis and procedure.....	18
3.9 Ethical Consideration .....	20
3.10 Summary of the Chapter .....	20
4.0 Overview .....	22
4.1 Types of pastoral services offered in the selected churches.....	22
4.2 How pastoral counselling services were made available to PWDS.....	23
4.2.1 Preaching and praying.....	23
4.2.2 Visitations.....	23
4.2.3 Marital counselling.....	23
4.2.4 Child dedication .....	24
4.2.5 Baptism, confirmation, administering of Holy Communion and confessions .....	24
4.2.6 Funerals and bereavement.....	25
4.3 What challenges do pastors experience when offering pastoral counselling services to PWDS? .....	25
4.3.1 Lack of training by pastoral service providers .....	25
4.3.2 Communication problems .....	27
4.3.3 Limited shelter or accommodation in home-based care centres .....	27
4.3.4 Lack of transportation .....	28
4.3.5 Disruption of church activities by PWDS.....	28
4.3.6 Cultural diversity.....	28
4.3.7 Failure of PWDS to open up to pastoral care givers.....	29
4.4 What challenges do PWDS face when they are offered pastoral services?.....	29
4.4.1 Mobility challenge for PWDS .....	29
4.4.2 Discrimination and segregation against PWDS.....	30
4.4.3 Social isolation of PWDS .....	31

4.4.4 Sexual abuse of PWDs .....	32
4.4.5 Non-availability of user-friendly infrastructure in church buildings or wheelchairs for PWDs.....	33
4.4.6 Hostile treatment of PWDs .....	34
4.4.7 Exclusion of PWDs from decision making .....	35
4.4.8 Non-provision of ecclesiastical Braille books in churches to PWDs.....	35
4.5 How Pastoral counseling services are made available to PWDs?.....	36
4.6 Summary to the Chapter.....	37

**CHAPTER FIVE: DISCUSSION OF THE FINDINGS .....39**

5.0 Overview .....	39
5.1 To Establish the Pastoral Services Offered In the Selected Churches .....	39
5.1 .1 Pastoral services offered by churches .....	39
5.2 To describe how pastoral counselling services are made available to PWDs by pastoral service providers.....	39
5.2. 1 Preaching and praying.....	39
5.2.2 Visitation .....	41
5.2.3 Marital counselling.....	42
5.2.4 Child dedication .....	43
5.2.5 Baptism, confirmation, administering Holy Communion and confessions .....	44
5.2.6 Funerals and bereavement services .....	45
5.3 Challenges experienced when offering pastoral counselling services to PWDs.....	46
5.3.1 Lack of training by pastoral service providers .....	46
5.3.2 Communication problems .....	47
5.3. 3 Limited shelter, accommodation or home-based care centres .....	47
5. 3.4 Lack of transport .....	48
5.3.5 Disruption of church activities by PWDs.....	48
5.3.6 Cultural diversity.....	49
5.3.7 Failure of PWDs to open up to pastoral care givers.....	50
5.4 Challenges faced by PWDs when they are offered pastoral services .....	50
5.4.1 Discrimination and segregation against PWDs .....	50
5.4.2 Mobility challenge for PWDs .....	52
5.4.3 Social isolation of PWDs .....	52

5.4.4 Sexual abuse of PWDs .....	53
5.4.5 Lack of friendly infrastructure in church buildings and wheelchair for PWDs .....	54
5.4.6 Hostile treatment of PWDs .....	55
5.4.6 Exclusion of PWDs from decision making .....	56
5.4.7 Non-provision of ecclesiastical Braille books in churches .....	57
5.5 How pastoral services can be made available to PWDs.....	57
5.6 Application of the social model of disability to the current study .....	57
5.6 Summary of the Chapter .....	58
<b>CHAPTER SIX: SUMMARY, CONCLUSION AND RECOMMENDATIONS .....</b>	<b>60</b>
6.0 Overview .....	60
6.1 Summary .....	60
6.2 Conclusion.....	61
6.3 Recommendations .....	62
6.4 Areas suggested for Further Research.....	63
<b>REFERENCES.....</b>	<b>64</b>
<b>APPENDICES .....</b>	<b>79</b>
Appendix A: Interview Guide for Pastors and Care givers.....	79
Appendix B: Interview Guide for PWDs .....	80

## **ABBREVIATIONS AND ACRONYMS**

NAC:	New Apostolic Church,
P:	Pastors (Priests)
PSP:	Pastoral Service Provider
PWC:	Pilgrim Wesleyan church
PWDs:	Persons with disabilities
RCC:	Roman Catholic Church,
SDAC:	Seventh - Day Adventist Church
UCZ:	United Church of Zambia

## **CHAPTER ONE INTRODUCTION**

### **1.0 Overview**

This chapter covers background to the study, statement of the problem, purpose of the study, research objectives, research questions, and significance of the study, scope of the study, limitations of the study, assumption of the study, theoretical framework and definitions of key terms used in the study.

### **1.1 Background to the study**

Church is a source of hope and refuge for all people including those with disability across the globe (Sande, 2019). While there are harmful elements such as fraud, fake miracles and innocence which are attached to church (Chitando, Gunda & Kügler 2013; Gunda 2012; Maposa & Marongwe 2015), pastors have attempted to address the wants and needs of the people or their congregants. Churches have been seen in the provision of various services such as shelter to the orphans and PWDs. As such, the employment of divine solutions to the challenges which these people face has been seen as a step in the right direction. In many African communities, including the church, PWDs have always been neglected in one way or another. The main problem which they faced was little attention and care they received from them. At other times, people in the community tend to over-care for PWDs. Because of the sense of guilty, people in the community are seen doing everything for PWDs, giving the impression that they are incapable of normal functioning within these communities. Hence, this leads to over-protecting and caring over-shadows PWDs. People in the community simply take over their lives, and these results in these people becoming object of pity by those who care for them. Various names are assigned to PWDs through their disability. This is why Longchar (2011:35) observes that “[d]isability is the oppression of and a barrier against people with impairment.”

PWDs are viewed differently in the community arising from some cultural orientations and myths. Stahl (2020:174) attests that “problems of disability reside in the cultural attitudes and structural barriers for individuals.” In some communities they are considered to be handicapped, disabled, differently abled and more offensively some call them lame. What is forgotten is that these people are normal but do not have certain attributes which other people in the community possess arising from impairment. However, by definition the term

disability is defined differently by different people. Ugorji (2004:10–11) reveals that “...disability could be understood from people with impairment from participating fully in the society or oppressive structures that inhibit them in the process within the community.” Put simply, PWDs are inhibited by the surroundings which are inaccessible to them. Usually PWDs are limited by structures which are created by people in society so that they simply accommodate other people without disabilities. For instance, the study showed that some church buildings are built in such a way that they have no facilities for PWDs. As a result, PWDs shun going to church.

Thomson (1997:42) confirms that “Persons with disability are treated like second class citizens, and object of charity, and are never granted enough space to take part in worship in the life of the Church.” It is no wonder that Kabue (2011:49) opines that “The discrimination, prejudices and exclusion have serious consequences on the lives of persons with disabilities.” The church should be a safe haven for all people regardless of their condition or status including PWDs. Jacober (2017:57) posits that “The church should be the premier place where those with disabilities are free to be themselves and where others are willing to recognise our need for another and make accommodation.” However, it has been a source of concern that the church does not seem to offer the critical services of pastoral counselling owing to a number long-held prejudices by the people in the community. This is in conformity with what Kabue (2011:301) observes that “It is unfortunate that, the church seems to overlook people with disability when it comes to pastoral care and counselling.” Similarly, it has been echoed by Sande (2019:2) that while the church plays a critical role for the prosperity of people in the community, it is regrettable that it has “created invisible barriers and practices that disable those that are disabled.” When PWDs do not receive pastoral counselling, it is mostly that they will shun church which can bring about their salvation. Basselin (2011:48) suggests that “...the church should be open to the people with disabilities to fulfil its call to take care of the disadvantaged and vulnerable.” The role and significance of pastoral counselling services to PWDs could still offer hope to them as such there is need to explore the pastoral services available to PWDs in churches located in Chilenje Township of Lusaka district in Zambia.

## **1.2 Statement of the Problem**

Across the city of Lusaka, more than 50 (fifty) pastoral counsellors provide a variety of services, including helping persons with mental disorders, counselling adults, adolescents, children, families and couples, substance abuse, wellness programmes, religious retreats, spiritual direction, consultation to corporate organisations, outreach preventive services in prisons, military settings and school and community education. While provision of these pastoral services to the congregants is acknowledged, it remains unclear about what services are available and how they are offered to PWDs located in Chilenje Township of Lusaka district in Zambia.

## **1.3 Purpose of the study**

The purpose of this study is to explore how pastoral services are made available to PWDs located in Chilenje Township of Lusaka district in Zambia.

## **1.4 Research objectives**

- (i) To establish the pastoral services offered in the selected churches
- (ii) To describe how pastoral counselling services are made available to PWDs.
- (iii) To identify challenges which are experienced when offering pastoral counselling services to PWDs?
- (iv) To suggest ways of making available pastoral services to PWDs.

## **1.5 Research questions**

- (i) What types of pastoral services are offered in the selected churches?
- (ii) How pastoral counselling services are made available to PWDs?
- (iii) What challenges are experienced when offering pastoral counselling services to PWDs?
- (iv) How can pastoral services be made available to PWDs?

## **1.6 Significance of the study**

The results of this study may be useful in creating awareness on the significance of pastoral counselling in helping PWDs. The result of the study may assist the pastors in planning and organizing church programmes which include pastoral counselling. The results may go a long way in sensitizing all the stakeholders in Zambian churches about the importance of pastoral counselling in bringing PWDs closer. The results of this study may be used in the creation of awareness on the significant role of pastoral counselling in helping PWDs churches in order to facilitate a peaceful co-existence among church members. The results of the study may also be used to sensitize pastors in being knowledgeable, skilled and trained in pastoral counselling. The study will help curriculum framers in pastoral learning institutions to include counselling of PWDs.

## **1.7 Scope of the study**

The study was carried out in churches located in Chilenje Township of Lusaka district in Zambia. Chilenje Township was chosen by the researcher because this is where he observed the high prevalence of PWDs for they are churches in Chilenje. The study targeted the pastors in churches. The pastors have been chosen because it is expected that they provide pastoral counselling to congregants including those with disabilities in their churches.

## **1.8 Limitations of the study**

This study was limited by the following factors; unique characteristics and circumstances of each church such as their structure and distance to and from, researcher only concentrated on the churches with PWDs, and the views they have on PWDs which are limited to the pastors only and not the community, pastoral counselling services were only be concerned with PWDs within church and as such, this research will not be generalized to other PWDs outside church.

## **1.9 Theoretical Framework**

This study uses the social model of disability as the theoretical framework. Disability is trans-disciplinary, permeating through all disciplines such as medicine and theology. The social model of disability defines disability as a social construct (Haihambo & Lightfoot 2010; Wendell 1996). In this case, the social model of disability argues that disability is something

that is created by barriers that exist within the society. A number of scholars see disability as a socially constructed phenomenon. Oliver (1976:3-4) cited in Oliver, Spey & Thomas (2012:16) holds the view that disability is the "...disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities." This perspective resonates with disability approach, which argues that disability is a socially constructed category. What really disables PWDs socially is not the physical impairment. This study used the social model of disability to argue that disability is something that is created by barriers that exist within the society. Accepting that disability is socially constructed automatically raises questions that will help the researcher to analyse how churches constructs disability and are able to respond to the needs of PWDs. Thus, this study uses the social model of disability to expose these social barriers. This study uses the social model of disability not only to assist in analysing the construction of disability within churches but also to point towards strategies for addressing the challenges facing PWDs.

#### **1.10 Definitions of Terms:**

##### **Disability:**

This refers to an impairment that has a profound impact on how a person leads his or her everyday life and it can either be physical, sensory or neurological disability.

##### **Pastoral care:**

This refers to supportive and crisis care that is being offered by lay and ordained members of religious communities, (Doehring, 2014: xxii). In this study, it denotes care giving as well as giving healing, support, guidance and reconciliation to PWDs.

##### **Pastoral counselling:**

This is a specialised training in which pastoral counsellors help people deal with problems by using a variety of healing methods in ways that are consistent with sound biblical and theological teaching. "Pastoral counselling is an approach to mental health care that draws on the wisdom of psychology and the behavioural sciences alongside spiritual/ religion/ theology."(Maynard & Snodgrass, 2015:5).

**Pastoral services:**

These are activities done by pastors who facilitate the healing, sustaining, guiding, and reconciling of troubled individuals, especially PWDs.

**People with disabilities (PWDs):**

These include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

**Religion:**

“For some people, religion means a spiritual path. For some people religion means a community of practice and belief within which members live out a spiritual path. For some people, religion means a set of beliefs about ultimate things, whatever intimacy is constructed to be. For some people is beliefs in supernatural beings, whether or not they are ultimate. For some people, religion is a tradition of beliefs and practices with special vocabulary and a history of development and definition over against other traditions.”(Neville, 2018:3). For this study, religion is seen as a set of beliefs about a supernatural being called god or God.

**Spirituality:**

In this study spirituality is regarded as people’s search for what is considered to be sacred or holy in life, and it is connected with their relationship with God. Spirituality is “an innate need to connect something larger than ourselves.”(Hyson, 2013:15).

**1.11 Summary of the Study**

The purpose of this study is to explore pastoral services available to PWDs. The chapter has covered the background to the study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, limitations of the study, assumption of the study, theoretical framework and operational definitions.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 Overview**

This chapter attempts to cover literature review on the establishment of the pastoral services offered in the selected churches, description of how pastoral counselling services are made available to PWDs, identification of challenges pastors experience when offering pastoral counselling services to PWDs, and suggestions of making available pastoral services to PWDs.

### **2.1 Pastoral services offered in the selected churches**

From the outset it should be mentioned that literature on pastoral services and people with PWDs is almost non-existent. This is informed by other scholars. For instance, a literature review conducted by Curry (2001:60) established that “there is practically no literature regarding the risk of abuse, women’s experiences of abuse, and barriers to seeking help among women with disabilities.” Curry (2001:68) further found that “the absence of attention to this issue from both disability and violence researchers has contributed to the ‘invisibility’ of the victimization of women with disabilities.”

This is attested by Jamir (2020:37) as he observes that “...pastors are paid to do all kinds of ministry starting from word and sacrament, conduct weddings, funerals, house dedication, child dedication, pastoral counselling, house visitation and not forgetting visiting the sick at the hospitals.” This is confirmed by Orwenyo (2014:66) as he indicates that “The roles assigned to Seventh-day Adventist pastors are: preaching, visiting members, providing counselling (premarital, marital, bereavement, trauma), training members for ministry, child dedication, carrying out baptisms, weddings, and administrative duties.” Despite available literature, we still do not what pastoral counselling services could be available churches in Chilenje, township.

The study by Orwenyo (2014) considered the role of theological training in pastoral ministry within the Seventh-day Adventist church in Kenya. The objectives of the study were: to find out the social, economic, religious and academic background of SDA pastors, their motivation for joining ministry and how these factors affected their theological training; to examine the content of curriculum for SDA pastors and teaching methods used so as to find out if the curriculum addressed the various pastoral roles and was sensitive to the African

context; to identify the challenges faced by students and lecturers in the course of theological education and the effect of these challenges on pastoral ministry, and; to investigate whether SDA pastors applied what they learnt in pastoral ministry, the challenges they face and draw out insights gained from the study in order to come up with possible solutions. Oral interviews and questionnaires were used to collect the information. It has been concluded that in order for SDA theological education to bridge the gap between educational theory and practice, the study suggests that Seventh-day Adventist seminaries adopt transformative learning methodology. The study concluded that pastoral roles in the SDA church included preaching, visiting members, providing counselling, and training church members for ministry, child dedication, carrying out baptisms, weddings, and administrative duties. The pastoral roles in SDA revolved around premarital and marital cases, bereavement, and traumatic experiences of church members. However, the study did not touch on pastoral care for PWDs.

## **2.2 Challenges pastors experience when offering pastoral counselling service to PWDs**

A lot of literature concerning the challenges facing caregivers of children with special needs in different setting have been reviewed by a number of scholars (Barlow, et al, 2006; Coyle 2014; Brown & Rodger 2009; Draper 2009; Warwick 2013; Mabusela 2010; Makgato 2010; Phethlu & Watson 2014 and Shaik 2012). Most of these studies focused on challenges faced by foster parents like grandparents, child and youth care workers, parents of children with specific special needs and home based caregivers, however the challenges of caregivers in a cluster foster care village have been inadequately researched and addressed. Barlow *et al* (2006) conducted a qualitative study on family caregivers of children with different disabilities in Coventry, United Kingdom and they found that most caregivers experienced considerable amount of stress, as well as feelings of anger, shock, depression, denial and guilt.

Studies on foster parents and primary caregivers of children with disabilities and HIV positive children (Brown & Roger 2009; Warwick 2013; Phethlu & Watson 2014, De Jager 2011) shows that there is negative placement outcome when these children are placed with caregivers who are not aware of their special needs. Caregivers require specialised skills development and support; however, in the foster care system in South Africa it is difficult for social workers to adequately provide these services due to huge caseloads. Lack of knowledge can also lead to frustrations and stress related challenges. Caregivers also require

information on the behavioural manifestations associated with each and every special need. Brown & Roger's (2009) qualitative study on foster care of children with disabilities described challenges they had in relation to behavioural issues of special needs children in their care. This included anti-social behaviour, sexual acting out, changing moods, sleep and eating disturbances and so these are some of the challenges pastors have to deal with when offering pastoral counselling service to PWDs. While this study is concerned with PWDs with a particular focus on pastoral counselling services, the latter study concentrated on children with disabilities with regard to problems faced by foster parents.

Kadungure (2017) conducted a qualitative study on the experiences of caregivers caring for children with different special needs in a cluster foster care village in KZN and the descriptive research design was adopted for this study, and it was concluded that caregivers faced numerous bio-psychosocial challenges, workplace challenges and lacked support and training. Hence, the need for thorough preparation, training, and support for the caregivers to avoid compromising the quality of care to the children with special needs in churches.

Sansio (2018) conducted a study on *effective pastoral care for the sick and the dying; a strategy to enhance faith among the Catholics of Kihani Parish Mbarara –Archdiocese*. Specifically, the situation pertaining to the sick and the dying; challenges faced during administration of pastoral care and anointing of the sick, role of pastoral care for the sick and the dying in enhancing faith and hope among the faithful in Kihani Parish were investigated. Qualitative and quantitative designs were used to collect and analyse data. A semi structured questionnaire was used for quantitative data collection while an interview guide was used to collect qualitative data. The study found out that pastoral care for the sick entails visiting the sick and dying and administration of sacraments among others. Agents of pastoral care found out from the study are mainly priests and also the entire Christian community. Lack of proper guiding systems, inadequate funding, lack of manpower, influence of mushrooming churches and traditional healers all jeopardize pastoral care for the sick and the dying ministry in Kihani Parish. To these challenges, the study reported that instituting a special collection to facilitate priests in pastoral care, reducing the prices of drugs in hospitals and clinics, continuous formation and training personnel in pastoral clinical education; organizing community insurance schemes and better diocesan pastoral care systems are the possible solutions. It was therefore recommended that there is need of a concrete and urgent attention to the existing pastoral challenges. This can be done through adequate catechesis, empowering of small Christian communities and above all formation of pastoral care groups

extended at all levels in order to attain a holistic and effective pastoral care for the sick and the dying services. The majority of the respondents 61(50.8%) were able to reveal that inadequate funds was the greatest challenge faced by pastoral care agents, whereas 29 (24.2%) noted that disunity among Christians is another challenge that jeopardize pastoral care. Notwithstanding, 18 respondents making (15%) asserted that the influence of traditional healers challenges the pastoral care agents in their ministry, whereas 12 (10%) revealed that lack of man power was another challenge faced by the pastoral care agents in different ecclesial communities. However, this study did not address the challenges pastors experience when offering pastoral counselling services to PWDs and it was both qualitative and quantitative in nature.

Another study conducted by Nuwagaba(2015) on Pastoral Challenges of promoting Ministry to the deaf in the Catholic Archdiocese of Nairobi, among other things, determined the root causes of the pastoral challenges in promoting ministry to the Deaf in the Catholic Archdiocese of Nairobi. The study reveals that the pastoral challenge that emanates from their positive self-regard is at the level of wanting to exploit their potentials in a society that still regards them as disabled and therefore objects of pity and charity. The study concludes that most hearing pastoral agents tend to treat the deaf with pity and sympathy. As a result, ministry to the deaf takes the nature of charity and social care to these people who are regarded as unfortunate. A close look at the study shows that it only concentrated on the deaf without considering the holistic view of PWDs.

### **2.3 Challenges PWDs experience when offered pastoral counselling services by pastors**

Accordingly, this finding agrees with that of Wolfensberger (1988:15–16) who argued that the marginalisation of PWDs comes when people view them as objects of charity needing healing. He further pointed out that the Christian community devalues PWDs by viewing the disabled as the ‘other’ or ‘alien’. Therefore, that the Christian community sees disability as a temporary affliction that must be endured to gain heavenly rewards. Mutswanga, Makoni & Chivasa (2015:174) contend that ‘The mainstream thinking in the Pentecostal circles in Zimbabwe have turned a blind eye to the issues of stigma to the persons with disabilities’. Kunhiyop (2012:42) observes that “Many African Churches feel that the presence of person with disabilities dampens their acclaimed confession as living churches, and therefore efforts are made to discourage people with disabilities from continuous coming to church, or repelled from joining in the worship life of church.” Kabue (2011:49) claims that “The

discrimination, prejudices and exclusion have serious consequences on the lives of persons with disabilities. He finally discourages the separate treatment in the realm of Spiritual things meted out against people with disabilities.” According to Sue (2010:3), some people who are non-disabled “communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.” Thompson *et al.* (2004) showed that even educated pastors lacked adequate knowledge on the signs and symptoms concerning mental illness and that they also had difficulty discerning a situation that required professional services.

#### **2.4 Making available pastoral services to PWDs**

Nuwagaba (2015) suggests that should be encouraged to treat their Deaf children like any other child in the family and that each parish needs to be encouraged to establish a Small Christian Communities for the deaf which will unite and form one deaf community of the Catholic Archdiocese of Nairobi. The author further encourages the formation of pastoral agents who will be enlightened on issues pertaining to disability. Nuwagaba (2015) further encourages the sensitization of the Christian community in order to increase the social environment of the deaf and they will feel at home within the Christian community in which they are part of the body of Christ, the Church. Nuwagaba (2015) delineates that in order to make it easy for the deaf to participate fully in the life and ministry of the Church, it will be necessary to provide equipment that will break communication barriers and Such equipment should include audio-visual gadgets such as; projectors, filmstrips, movies, pictures and diagrams, and listening devices such as; ear phones, microphones, hearing aids, and audio loops.

Nyandoro (2010:67) suggests that “...pastoral counselling skills should be learnt at the Seminary in depth and according to theoretical orientation.” This finding resonates with what Babb (1992:96) observes that “...the Wesleyan Church should adequately prepare and train its pastors for premarital counselling.”

Babb (96-97) indicates that there is need to “... review the curricula of colleges and seminaries where pastors are taught to assure that courses are available in premarital counselling; provide seminars and in-services in premarital counselling for pastors at the district or zone levels of the Wesleyan Church; establish resource centres that provide pastors with materials for self-improvement and use in premarital counselling.” Marital problems are prevalent in many places.

Jones &Stahmann (1994:186) suggest that “An emphasis on premarital counselling training in pastoral education would be in the interest of both public and clerical concerns.” Gene & Joni (1987:29) indicate that “A disabling condition often imposes isolation and loneliness on the person living with the condition. Therefore, it is particularly important that we not increase this loneliness by our unwillingness to engage in social interaction with persons who have disabilities. “According to Battaglia (1994:58), there is need to “prohibit discrimination against individuals with physical or mental disabilities.” Haythorn (2003:344) opines that “...simply welcoming people with disabilities into a congregation is not enough, often because the structure of the congregation is inaccessible...”

Chivers (2010:195) opines that “The point is that pastors who integrate people with disabilities into their worship services need to be prepared for disruptions of many kinds and to respond to them with acceptance, humour and grace of Christ.” USCCB (2005:207) delineates that “All persons with disabilities have the capacity to proclaim the Gospel and to be living witnesses to its truth within the community of faith and offer valuable gifts. Their involvement enriches every aspect of Church life...They are not just the recipients of catechesis—they are also its agents.”

Ault (2010:177) states that “participation of an individual in spiritual or religious aspects of life has the potential to affect the quality of life in terms of emotional well-being, physical well-being, interpersonal relations, personal development, self-determination, and social inclusion.” King (1998:45) delineates that by “providing an opportunity for church members with disabilities to serve as fully-included resource persons for the congregation- rather than being treated as pitiable objects or as heroic symbols, it would be a major step toward dispelling myths and creating a more inclusive climate”

Additionally, Irvine &Lupart (2006:111) confirm that “persons with developmental disabilities who experience inclusive settings are the most competent informants on the topic “and in this case people with disabilities should be integrated in many church programmes so that they would be able to share the experiences with the pastoral counsellors. There is great need for pastoral counsellor “... to ensure that when a person with a learning disability (and his or her carer) attended a church service, a member of the congregation who had attended one of the training sessions would be able to sit with them and help them find their way through the service with confidence, or help in other ways, for example, by making them a cup of coffee.”- (Foster, 2003:17).

There is need for counsellors and caregivers to use language which is appropriate to PWDs. Bull, (2016:13) attests that people with disabilities often find the language of ‘spirituality’ unhelpful because it “produces a language that makes some suspicious, gives academics plenty to argue about and leaves practitioners ambivalent to what it means to both the carer and the patient.” Bull (2016:95) further argues for a common language to provide a shared understanding, which he describes as connectedness: “Connectedness is a diagnostic language that helps us all understand each other whatever the beliefs, the surroundings or the experience.” There is need to assess pastors on issues to do with pastoral counselling in order to judge if they have the requisite competencies. As the results of the study indicate that most pastors in many denominations did not know how to deal with PWDs, there is need to train them in issues to do with pastoral counselling with a particular focus on PWDs. Nyandoro (2010) confirms that there was lack of counselling skills among the clergy in Zimbabwe.

According to Collins, Epstein, Reiss, and Lowe (2001:60), “although intentions may be good, the religious community sometimes engages in practices that result in segregation, such as having separate classes for persons with disabilities, furnishing modes of transportation not used by people without disabilities, or setting aside a special seating section of the worship service for people with disabilities.”

Basselin (2011:48) delineates that undertaking the responsibility for people with disability entails that “the church should be open to the people with disabilities to fulfil its call to take care of the disadvantaged and vulnerable.” Disability implies personal vulnerability, because PWDs need more attention, care, affection, understanding and love. However, the results of the study show that PWDs. Parrot (2008:217) suggests that “Churches must take reasonable measures to ensure access for those who are disabled. This includes making adjustments to buildings and facilities. “Some studies have indicated that PWDs are excluded from church activities but Brock & Swinton (2012:458) suggest that “This mission necessitates that people with disabilities be incorporated into all levels of participation and decision-making.”

It is important to involve the congregation in such strategic planning and that the Lord will be consulted consciously about what He wants to be done (Eph.5:15-17). A pastor needs to involve others in planning so that they also share ideas and own ministry, it must not be like a top to bottom leadership, of deciding alone what is best for Church ministry, more specifically so in a complex ministry such as cross-cultural.”

While this study is concerned with PWDs with a particular focus on pastoral counselling services, some studies concentrated on children with disabilities with regard to problems faced by foster parents. A close look at the study shows that some studies only concentrated on the deaf without considering the holistic view of PWDs with pastoral counselling in mind. The literature on pastoral services does not show how PWDs can be active members of church and how PWD the life of the church. This study attempt to describe how pastoral counselling services can be made available to PWDs by the church and it identifies challenges which are experienced when offering pastoral counselling services to PWDs.

## **2.5 Summary of the Chapter**

This literature review revolved around thematic areas involving pastoral services are offered in the selected churches; how pastoral counselling services are made available to PWDs; challenges do pastors experience when offering pastoral counselling services to PWDs; challenges PWDs face when they are offered pastoral services; and suggestions of how can pastoral services be made available to PWDs. The following chapter will give the methodology which was used in the study.

## CHAPTER THREE METHODOLOGY

### 3.0 Overview

This chapter covers the research design, the study area or site, the study population, the study sample, the sampling techniques, the data collection instruments, data collection procedure and time line, and data analysis and procedure. A conclusion will be drawn at the end of the chapter.

### 3.1 Research design

Since the study seeks to have in depth understanding of the pastoral counselling services offered to PWDs in the selected churches, it used a case study approach. Yin (2003: 13) says the case approach “investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident.” According to Blatter (2008:68) cited in Iosifides(2011:202) “A case study is a research approach in one or a few instances of a phenomenon are studied in depth.”

There are a number of advantages and disadvantages associated with case study approach. Cohen *et al.* (2000:184) cited in Blaxter, Hughes & Tight (2010) indicate that case study data is drawn from people’s experiences and practices and so it is seen to be strong in reality. Case studies allow for generalizations from specific instances to more general issue. The authors further show that case studies can provide data source from which further analysis can be made. They can, therefore, be archived for further research work. Blaxter, Hughes & Tight (2010) further contends case studies allow the researcher to show the complexity of social life. In this case good case studies build on this to explore alternative meanings and interpretations. According to Blaxter, Hughes & Tight (2010), because case studies build on actual practice and experiences, they can be linked to action and their insights contribute to changing practice. It has also been submitted by Blaxter, Hughes & Tight (2010) that because the data contained in case studies are close to the people’s experiences, they can be more persuasive and more accessible. On the downside, case studies are difficult because of the very complexity of a case under study, (Blaxter, Hughes & Tight, 2010). Skinner, Edward & Corbert (2015) show that there is high risk of the researcher being bias in case studies apart from being difficult in ensuring external validity. The researcher tried by all means to exercise neutrality as he conducted the research so that it could lead to accurate results and good analyses.

### **3.2 Study Area or site**

The study was based in the selected churches in Chilenje Township of Lusaka province particularly in Lusaka district. The justification for selecting the churches in Lusaka province is that they have been in existence for more than ten years in the city and they are surrounded by PWDs. Besides, Chilenje Township has an institution for PWDs.

### **3.3 Study population**

Cooper (1998:40) affirms that “The target population includes those individuals or groups that the researcher hopes to represent in the study.” The study population included all pastors and priests in the RCC, NAC, UCZ, SDA and PWC located in Chilenje Township of Lusaka.

### **3.4 Study sample size**

The sample size was 40 participants. These included 15pastors and priests and priests, 10 Care givers and 15 PWDs. This number was chosen because it was expected that in sample group saturation would be reached thereby making the data collected to be trustworthy. The sample size for pastors and priests were distributed as follows:

RCC: 03, NAC: 03, UCZ: 03, SDA: 03, PWC: 03,

The Ten pastoral care givers were distributed as following:

RCC: 02, NAC: 02, UCZ: 02, SDA: 02, PWC: 02

The 15 PWDs came from the following sites:

RCC: 03, NAC: 03, UCZ: 03, SDA: 03, PWC: 03

### **3.5 Sampling techniques**

In this study, typical case purposive sampling procedure was used. The procedure was chosen on the basis that it allows typical cases of the participants who were involved in providing pastoral counselling services and those who also were typical cases in receiving the provided pastoral counselling services.

Kombo& Tromp (2012:82) attest that “In this sample method, the researcher purposely targets a group of people believed to be reliable for the study. The researcher employed the typical case purposive sampling because it targets the typical cases that have been involved

with the provision and accessing of pastoral services in the selected sites. In this case, the researcher targeted the pastors and pastoral care givers and PWDs who gave him reliable information about pastoral services which are made available to PWDs.

### **3.6 Data collection instruments**

Interviews guides and non-participant observation were used to collect data.

#### **3.6.1 Interview guide**

This instrument was chosen because it allows the study to capture specific and detailed information from the respondents' narrations, suggestions, opinions, views and comments. In addition, a voice recorder was used to record verbatim conversations emanating from the interviews.

#### **3.6.2 Non Participant Observations Schedule**

Non participant observation schedule was also used to collect data. Rich information and awareness about a phenomenon was obtained through direct personal observation. The researcher conducted an on-sight observation of church buildings, toilets, walkways and pews. On church buildings, the researcher looked at their entrance, the arrangement of pews and walkways as to they allowed accessibility for wheelchair-users. The researcher further checked whether the floors in churches allowed PWDs who use crutches to as whether they easily walked through.

### **3.7 Data collection procedure**

According to Burns & Grove 1997:383), data collection is “a systemic way of gathering information, which is relevant to the research purpose or questions.” In this study, interviews were used. Initially, the researcher sought a clearance letter from Institute for Distance Education in order to carry out the research. Subsequently, he took it to various church leaders who permitted him to conduct the study. Since the study was conducted during COVID 19 pandemic, it was ideal to use video conferencing interviews. The research was conducted via zoom, Skype and other similar platforms and each interview lasted thirty minutes or more. Some respondents were visited by the researcher while others were contacted via zoom, Skype and other similar platforms and some were interviewed through

cell phones. Where possible, the researcher conducted face-to-face interviews with respondents. All the interviews was digitally recorded and was fully is transcribed.

Sidhu (2005:145) indicates that “an interview is generally adopted as a method to offset the limitations of the questionnaire. “In this study, the researcher used an interview guide in the collection of data from pastors in Churches, pastoral care givers inclusive home care Institutions and PWDs. The interview guide consisted of open- ended questions. During interviews, the researcher used oral questions to elicit responses from respondents. The researcher dealt with one respondent at a time. The respondents were made to speak out in their own words and the researcher recorded them on an audio tape and they were later transcribed into note form for the purpose of data analysis. However, there were instances when the researcher was able to take brief notes directly from the main points were raised in responses to questions during interviews. It should be brought to the fore that during the interview sessions, the researcher contacted the respondents two times. In the first contact, the researcher explained the purpose of the interview and arranged the day and time as to when the actual interview was to be conducted. During the second contact, the researcher made sure that he reminded the respondent the purpose of the interview. This was crucial in creation of confidence between the researcher and the respondents as well as in ensuring confidentiality prior to proceeding with the interview itself. It should be mentioned that during interviews, the researcher also allowed respondents to complete their thoughts on anything before proceeding to the next item on the interview guide. This went a long way in helping the researcher to secure clear thoughts and responses from the respondents as the interview proceeded.

### **3.8 Data analysis and procedure**

According to Polit & Hungler (1995:639), data analysis is “the systematic organisation and synthesis of the research data and the testing of research hypotheses, using those data” Brink (1996:178) says that it also denotes “categorising, ordering, manipulating and summarising the data and describing them in meaningful terms.” The researcher used thematic analysis. The research needs to scrutinize the collected data and he identified information which was vital to the research objectives and then he needed to develop a coding system which was based on sample of collected data. The research classified major issues which emerged from each research question. After transcribing, the researcher used the six steps required for thematic analysis as explained by Attride-Stirling (2001) which involve coding the material

by dividing the text into different parts, like quotes and meaningful data; identifying themes from the raw data; constructing and grouping themes required in the formation of thematic networks; description and exploration of these thematic networks; summarising of the networks; and interpreting patterns which are highlighted in the networks. It should be mentioned that while undertaking transcription and coding, there many interesting themes which came up. Luborsky (1994: 194) defines a theme as “the manifest generalized statements by informants about beliefs, attitudes, values, or sentiments.” Thematic analysis was used to identify patterns within the data and any interconnections. Initially, the first and second authors analysed the data independently of each other.

To complement observation, the researcher undertook informal conversations with key role players of the selected churches such as the church pastors and priests and PWDs. During observations, the researcher sought to understand whether the church buildings were user-friendly. A checklist allowed the researcher to cross-check whether certain things were in place such as existence walkways for wheelchairs to toilets, church, existence of brailles, loud speakers and other things which are essential for PWDs in church.. The researcher conducted an on-sight observation of church buildings, toilets, walkways and pews. On church buildings, the researcher looked at their entrance, the arrangement of pews and walkways to determine whether they allowed accessibility for wheelchair-users. The researcher further checked whether the floors in churches allowed people with disabilities who use crutches to use as walked through. All these were noted down as the observations were going on. The conservations were recorded and eventually transcribed. The transcripts were read in their entirety to establish familiarity with the discourse. Key ideas and concepts were identified and recorded in note form at this stage. This informed the identification of recurrent themes for the creation of a first generation of ‘nodes’ (basic themes) using NVivo-10. The transcripts were reviewed and relevant excerpts were assigned to the ‘nodes’, including a reference to the transcript source. The content of each node was then reviewed and adjustments made to the categorisation as required. Next the ‘themes’ were reviewed for interconnections and grouped under ‘organising’ themes. The researchers inspected the commonalities and differences in their separate analyses at the levels of basic and organising themes.

### **3.9 Ethical Consideration**

When conducting of research there is need not only expertise and diligence, but it also demands honesty and integrity. This is done to recognise and protect the rights of human subjects. Considering the significance of ethical issues in every research, in this study responses from respondents were treated with maximum confidentiality as the data was used purely for academic purposes. Respondents were asked not to write their names and that of their schools on the research instruments. All information gathered during the study was dealt with confidentiality. This was made possible by using pseudonyms. Berg (2001:57) observes that “confidentiality is an active attempt to remove from the research records any elements that might indicate the subjects’ identities. In a literal sense, anonymity means that the subjects remain nameless.” Anonymity and confidentiality was maintained throughout the study. In this study anonymity was ensured by not disclosing the respondents’ names in the research. When subjects are promised confidentiality it means that the information they provide will not be publicly reported in a way which identifies them (Polit & Hungler 1995:139). In this study, confidentiality was maintained by keeping the collected data confidential and not revealing the subjects’ identities when reporting or publishing the study (Burns & Grove 1993:99). No identifying information for respondents was entered into the questionnaires, and questionnaires were only numbered after data was collected (Polit & Hungler 1995:139).

In case of any contact with respondents, the researcher endeavoured to observe social distance owing to the onslaught of the COVID-19. This required the researcher to distribute some face masks to the respondents in conformity to health guidelines. According to Hefferman (2000:101), “As a researcher, you must ensure that the participants in your study are protected from physical harm or from suffering psychological harm as a result of your manipulations.” The researcher ensured that no form of harm was done on the respondents as he was conducting research by observing the COVID-19 protocols: keeping social distance, covering mouth with mask, and washing hands before meeting respondents.

### **3.10 Summary of the Chapter**

In this chapter, the researcher has covered the methodology to be used to collect data for this study. Effort has been made to describe the research design, study site, study population as well as the description of the sample. Data collection methods and instruments have also

been covered in this chapter. This has been followed by an exposition of the data collection procedures, data analysis procedures and lastly the ethical considerations. The following chapter will give a presentation of the findings of the study.

## CHAPTER FOUR: PRESENTATION OF FINDINGS

### 4.0 Overview

The previous chapter highlighted the methods which were used to collect data for this study. This chapter presents the findings of the study. The data was collected through use of in-depth interview guides. The research design adopted in this study was qualitative and descriptive in nature.

The chapter is guided by the following four (4) research questions as follows:

- (i) What types of pastoral services are offered in the selected churches?
- (ii) How pastoral counselling services are made available to PWDs?
- (iii) What challenges are experienced when offering pastoral counselling services to PWDs?
- (iv) How can pastoral services be made available to persons with disabilities?

The respondents were asked the following research question by the researcher:

### 4.1 Types of pastoral services offered in the selected churches

The pastoral services which the study identified were as follows: preaching and praying; visitation; marital counselling; child dedication; baptising, confirmation, administering Holy and communion, confessions; funerals and bereavement.

As regards preaching word of God and praying, one pastoral service provider (P1) said that: *“I preach the word of God and pray for our church members.”*

On visitation, P2 indicated that: *“I visit some of our church members in order to encourage them to be strong in matters to do with God.”*

Regarding marriage P3 hinted that: *“I carry out marital counselling to those intending to get married and those who are facing some challenges in their relationships.”*

P4 highlighted that: *“We encourage our church members to dedicate their children to join us in professing and spreading the word of God.”*

P5 gave this response: *“We conduct baptism and confirm those who have undergone baptism as members of our church.”*

The answer that P6 was that: *“We administer Holy and communion and confessions to our congregants.”*

P7 said that: *“As men of God we are the centre of providing services during funerals and bereavement of our church members.”*

## **4.2 How pastoral counselling services were made available to PWDS**

The respondents were asked how pastoral counselling services were offered by church to PWDs and the following responses were provided: preaching and praying; visitations; Marital counselling service; child dedication; baptism, confirmation, administering of Holy Communion and confessions; and funerals and bereavement.

### **4.2.1 Preaching and praying**

The participants in the study explained that preaching and praying were provided to PWDs through meetings.

To this effect PSP 1 stated:

*“Prayers give us an opportunity to meet with PWDs to preach to them and that sermons constitute the chief product of the pastors’ work week after week.”*

In addition, PSP 2 said that:

*“In the roman Catholic church, preaching and praying is done through communicating the message of the Roman Catholic Church.”*

### **4.2.2 Visitations**

The findings show that visitation was conducted to PWDs in different ways.

For example PSP 3 stated: *“I visit people through phone calls, WhatsApp, Virtual, and physical visitation.”*

### **4.2.3 Marital counselling**

The participants in the study said that marital counselling services were provided to PWDs in groups, to individuals, or on phones calls, whatsApp, virtual, and messages.

For example PSP 6 opined that: *“I give marriage counselling to PWDs via phone calls, whatsApp and messages.”*

While PSP 7 indicated that: *“When I see that a person with disability is in an abusive marriage I counsel the couple to love, respect and treat each other fairly. I even reconcile their perceived differences if any.”*

PSP 8 reported that: *“I counsel husbands and wives in groups who are cheating on each other, and those having difficulties in achieving pregnancy and many other issues such as cleanliness, fair treatment of others especially PWDs.”*

And PSP 9 said that: *“I administer marital counselling through giving the sacrament of holy matrimony in groups to PWDs.”*

#### **4.2.4 Child dedication**

The result indicates that counselling of Child dedication is done by presenting a child to the congregation and to raise the child in Christian manner.

As regarding to child dedication PSP 8 observed that: *“During child dedication the child is presented to the congregation in the presence of a pastor or priest, and vows are made to raise him or her in a Christian tradition and a prayer of dedication is offered.”*

For example PSP 9 mentioned that: *“During counselling of child dedication parents are encouraged to raise the child in Christian manner and to embrace the spirit of unity and togetherness more especially to remember to take care of PWDs in the communities.”*

#### **4.2.5 Baptism, confirmation, administering of Holy Communion and confessions**

The upshot of the study indicated that pastoral counselling service of baptism, confirmation, administering of Holy Communion and confessions to PWDs is done during the public worship service and when they are satisfied that one is fully committed.

As amplified by PSP 10 who stated that: *“The pastors administer baptism, confirmation, administering Holy communion and confessions during a public service of worship and congregants are reminded of their personal baptism, and may welcome the baptised whom they are to nurture in the Christian faith, into their fellowship symbolising the death and resurrection, and the new creation of new being and, the deliverance from evil powers.”*

And PSP 11 highlighted that:

*“We administer baptism and confirmation when we are satisfied that one is a fully committed member of the church. We also baptise PWDs.”*

PSP 12 observed that:

*“We are responsible for administering Holy Communion to all members of the church.”*

#### **4.2.6 Funerals and bereavement**

The funeral and bereavement counselling services are provided through funerals meeting and after burial.

PSP 13 told the researcher that:

*“We tell our mourners that death is the beginning of another eternal life in Jesus Christ. It is the promise and faith in eternal life through death which is regarded as the greatest comfort which pastoral caregivers deliver to mourners in the community.”*

### **4.3 What challenges do pastors experience when offering pastoral counselling services to PWDS?**

The participants were asked the following question: What challenges do pastors experience when offering pastoral counselling services to PWDs? The respondents mentioned the challenges pastoral service provider faced when dealing with PWDs and the following responses were elicited in terms of thematic areas: lack of training by pastoral service providers, communication problems, limited shelter or accommodation in home-based care centres, lack of transportation, disruption of church activities by PWD, cultural diversity and failure of PWDs to open up to pastoral care givers.

#### **4.3.1 Lack of training by pastoral service providers**

The pastoral service provider complained that lack of training by some of its members was one of the challenges they faced.

As shown by PSP1 who lamented that:

*“I did not receive any training at seminary; I am learning pastoral care experience now. The experience which I have got over the years has made me to get to learn it.”*

While PSP 2 stated that:

*“Counselling services here are almost non-existent. So we need appropriately trained counsellors to offer the service to PWDs. It would be helpful if all caregivers were provided with knowledge and skills in counselling through formal training.”*

Meanwhile PSP3 said that:

*“I do not have any special training for the job; I have learnt it here at work. I have been working here voluntarily for six years in a home-based programme in my community which is focusing on PWDs. I just did a short home based care course. This project includes looking after PWDs and the sick as well as collecting their medication from the clinic”*

PSP4 stated that:

*“I have problems with communicating with PWDs. I wish I could be trained on using sign language because it is difficult to communicate at times with these people. At times I end up writing what I want to communicate on paper.”*

However PSP5 narrated that:

*“We don’t have trained counsellors who can effectively offer counselling services to PWDs. Sisters try to counsel PWDs in a simple way which is not enough. PWDs need appropriate counselling services to assist them live more productively in home care institutions, away from family members.”*

PSP 6 complained that:

*“Although I went to a seminary, I lack pastoral counselling skills, my training lacked in some areas especially in the area of counselling. The seminary didn’t prepare us adequately in pastoral care and counselling and other issues to do with PWDs whom we experience in our Parish.”*

### **4.3.2 Communication problems**

The researcher learnt that communication problem was one of the challenges faced by pastoral service providers as revealed by respondents.

As regarding to communication PSP7 lamented that:

*“At times I experience the challenge of communication with PWDs because the church has limited interpretation services. You see, if you talk about interpreters, I need a person who qualifies as an interpreter. It is not anybody who can be an interpreter; you see, most of the interpreters we have are church interpreters and they are not trained in sign language. Even so, the church doesn’t have Braille for PWDs.”*

At same time PSP 8 reported that:

*“Most of the interpreters we have are non-qualified and these include our members of families, friends, and strangers who just come to visit our churches and volunteer to interpret.”*

### **4.3.3 Limited shelter or accommodation in home-based care centres**

Participants complained that there was limited shelter or accommodation in home-based care centres for PWDs.

For example PSP7 highlighted thus:

*“While we are unable to provide accommodation to PWDs, it is not possible for us to meet all their needs. Home-based centres are important because they allow PWDs and pastoral care workers to build bond either spiritually or emotionally.”*

Meanwhile PSP 3 lamented thus:

*“In home-based centres we are able to conduct sermons for PWDs and the elderly but accommodating them is a challenge.”*

PSP 1 hinted thus:

*“We are experiencing a huge number of PWDs who are brought to these centres and we have limited space for other people who are brought here. This challenge is too great in magnitude to be left to be handled by trained clergy alone.”*

#### **4.3.4 Lack of transportation**

The study results reveal that pastoral service providers lacked transport either to access PWDs or lender services to them while some talked of its cost as well as not being ideal.

For instance, PSP 5 complained that *“We do not have adequate transport to access PWDs.”*

Meanwhile PSP 2 stated that: *“There are no ideal transport services for assisting PWDs.”*

And PSP 6 opined that: *“Transport costs to the hospital for rehabilitation services for PWDs are prohibitive.”*

#### **4.3.5 Disruption of church activities by PWDs**

The study shows that pastoral service providers experienced disruption of church activities by PWDs as explained by participants.

Regarding disruption of church service PSP 3 narrated that *“We are frequently disrupted by PWDs as we preach the word of God.”*

At the same time PSP 5 reported that: *“The presence of PWDs in church creates an atmosphere of uneasiness among the congregants so that most of the time we have to array their fears.”*

It was indicated by PSP 7 that: *“PWDs who are fond of disrupting the proceedings of the church usually make a loud noise.”*

However PSP 8 complained that: *“When PWDs disrupt church services some people in church mistreat them and this prevents them from coming to church.”*

#### **4.3.6 Cultural diversity**

The study results show that cultural diversity is posing a challenge to pastoral care givers and this leads to misunderstandings between local people and us pastors due to cultural differences.

PSP 1 who lamented that: *“Cultural differences between us and the community leads to misunderstandings between local people and us pastors due to cultural differences.”*

At the same time PSP 3 reported that: *“I was not trained on how to deal with cultural differences as I was doing my pastoral duties.”*

However, PSP 6 hinted that: *“I was not prepared to work with culturally diverse communities at college.”*

And PSP 7 commented that: *“Some people in the community feel are not supposed to interfere with PWDs because they are in that state owing to the fact that they were accursed by God.”*

#### **4.3.7 Failure of PWDs to open up to pastoral care givers**

The study revealed that failure of PWDs to open up to pastoral care givers and the following are some of the responses from respondents.

PSP 6 stated that: *“We are sometimes looked at with some degree of mistrust and suspicion by PWDs based on their past experiences like having been raped by the very people who are supposed to give the care services.”*

PSP 5 narrated that: *“Even when pastoral care comes genuinely to assist them they are looked with suspicion hence creating a sense of insecurity on their part because pastoral care givers are seen to be intruders.”*

PSP 1 reported that: *“PWDs do not open up to pastoral care givers because they think that even if they closed anything to them nothing will change. An example is when pastors offer them prayers for healing the status quo remains.”*

#### **4.4 What challenges do PWDs face when they are offered pastoral services?**

The respondents were asked what challenges PWDs face when they are offered pastoral counselling services and the following responses were elicited in terms of thematic areas:

##### **4.4.1 Mobility challenge for PWDs**

The PWDs face mobility challenges as they want to engage in the church activities reflected by the following verbatim:

PWD1 reiterated that:

*“We experience extreme difficulties each time we want to walk or travel to church. Due to stigmatisation we experience, most people do not consider our plight. Some of us go to church using crutches and wheelchairs.”*

PWD 2 indicated that:

*“Crutches and wheelchairs are very expensive, and some of us cannot afford them. Yah! But even if one has a wheelchair there are problem of travelling on damaged roads and paths, particularly when there is no one to assist.”*

#### **4.4.2 Discrimination and segregation against PWDs**

The study results show that discrimination and segregation against PWDs was one of the challenges faced by these people.

PWD 3 grumbled that: *“We are denied chances of being baptised in church owing to the fact that we have some disabilities. Sometimes pastors think that we not normal and we don’t need God and that we are cursed or possessed with evil spirits.”*

PWD 4 reiterated that:

*“It is a requirement for us to undergo baptism to attend lessons, but it is disappointing that we are looked down upon by some pastors.”*

PWD 5 intimated that:

*“I had a problem at home and I wanted some counselling service of the pastor from church. After church service I was invited by man of God to go with him for a meal in a restaurant but to my surprise he wanted to meet with me inside the restaurant. He actually did not want to be seen openly entering or even departing with me!”*

PWD 6 stated that:

*“At church, us PWDs we face problems from the community. In fact, we face disadvantages from the family, friends, the society and the church at large which has to do with*

*discrimination....whenever, if we want to make contributions in church. Mostly we are disregarded.”*

PWD 7 lamented that:

*“There are some people who think if they come near us PWDs, they will be infected. They consider disability as punishment from God or even from the ancestors, and so these people do not want to show sympathy to us, because they believe the disability is a well-deserved curse for us.”*

PWD 8 complained that:

*“My parents do not treat me like other children, they at times use different plates or cups for me to use which are washed separately.”*

PWD 9 stated that:

*“At times, we do not receive full parental love from both biological parents and other members of the family. We are usually side-lined, deprived of privileges which we ought to be receiving as full members of that family. They don't want us to be following them to church.”*

#### **4.4.3 Social isolation of PWDs**

The study results show that social isolation of PWDs was one of the challenges faced by these people.

PWD 10 narrated that:

*“I have not had so much contact with my friends and neighbours because I am always staying indoors most of the time. The reason is that I am afraid of being laughed at by onlookers. When I happen to go to church I sit alone at the corner and everyone avoids me.”*

PWD 8 complained that:

*“My friends laugh at me and if I happen to go with them to church, I spend most of the time outside and so this is the reason why I have stopped going to church.”*

PWD 7 lamented that:

*“All the PWDs share rooms with about three to four people, but I was left in one room alone. The other PWDs don’t want to interact with me. This gives me a sense of isolation.”*

PSP 6 reported that:

*“I can say that in the course of my work as a pastor I have come across some families which hide their disabled children and even going to the extent of chaining or locking them up in the houses.”*

#### **4.4.4 Sexual abuse of PWDs**

Sexual abuse of PWDs was one of the challenges faced by these people as explained by respondents.

PWD 3 revealed that:

*“Sometimes we suffer at the hands of priests. They use their spiritual and religious positions to abuse us sexually. I remember being abused by a pastor who told me that I was going to be healed of my condition if I was to touch his manhood. He started praying and told me to close my eyes and ordered me to keep on fondling his manhood and he continued touching me here and there and when he felt that I was sexually aroused he raped me. He told me to keep it a secret.”*

PWD 5 observed that:

*“When I was in Grade 9 a newly ordained man of God visited our family. He told my mother that he wanted to listen to a confession from me. During the process of confession he got hold of my hand which he put in his cassock pocket and he placed it on his erect manhood. I pushed him and I told my mother about it but she was unaware of what had been happening.”*

#### **4.4.5 Non-availability of user-friendly infrastructure in church buildings or wheelchairs for PWDs**

The study results indicate that there was non-availability of user-friendly infrastructure in church buildings or wheelchairs for PWDs as explained by respondents.

PSP 12 indicated that: *“Our parishes have a wheelchair accessible entrance.”*

PWD 4 observed that:

*“Our church cannot easily allow the entrance of wheelchairs. Even toilets at places of worship are inaccessible for PWDs. There are no accessible parking spaces for vehicles for PWDs.”*

PWD 6 said that:

*“We need to be monitored all the time because we cannot afford to do certain things on our own. For instance, if we need to eat and to travel to go to church there is need to have someone to accompany us. Also, you need to travel to some place, and you get on a bus they charge our wheelchair for occupying some space in the bus. These bus owners don't even understand or reason with us PWDs. So, it is costly to travel to church. Some people don't even have wheelchairs.”*

PWD 1 mentioned that:

*“We experience problems us PWDs when we sit at the back because the pews are set at the same level with everyone else making difficult for us to see what is happening in front. For instance, when we are order to stand and sing we unable to see those conducting activities of the church. In this church building are built to cater for everyone especially PWDs.”*

PWD 9 complained that:

*“Toilet facilities are not easily accessible for us because our wheelchairs cannot enter them and so we feel disadvantaged yet we all want church services and this discourages to come to church as our needs are not met.”*

#### 4.4.6 Hostile treatment of PWDs

The study results show that there was hostile treatment of PWDs and that this affected their social wellbeing as explained by respondents.

PWD 9 complained that:

*“Among people without disabilities in the church, some say out negative things which degrade us. So, we have suffered a lot of dehumanization that is why some PWDs end up committing suicide.”*

PWD 5 lamented that:

*“As a wheel chair user resulting from polio, my experience has been very bad because I have encountered rejection from people whereby I am always the object of pain through the evasive glances which the people give me. Some people don’t even acknowledge my greeting each time I try to greet them.”*

PSP 13 said that:

*“One physically disabled member of a named church does not attend the church nearby because when she attends this church, people in church unnecessarily stare at her, and the pastor insists on praying for her to get healed each time she is seen in this congregation. As a result she is forced to go to a different church where she feels more comfortable because they have welcomed her without having to embarrass her.”*

PWD 8 stated that:

*“So, I believe that we PWDs suffer a lot such as being looked down upon and we are prohibited from functioning like any other normal person, especially in praise and worship. Also, PWDs have to be treated as human beings irrespective of the disability we have.”*

However, one parent of a person with disability indicated that:

*“When people see you carrying a child with disability, they start keep staring at you like they do not know you, as if you are carrying faeces or anything dirty.”*

PWD 4 stated that:

*“The community most of the time pretends to say that us, PWDs, are equal members of the community. However, according to their actions, we are not considered to be equal members of the community. In some cases they even laugh at us PWDs.”*

#### **4.4.7 Exclusion of PWDs from decision making**

Another challenge was the exclusion of PWDs from decision making in not only church matters but also community issues.

PSP 11 stated that:

*“Decisions are made for PWDs without their input and this makes it difficult for pastors to appreciate their problems. Pastoral staff and ministers have established a segregated environment in churches, rather than PWDs having control over disability access. In fact, PWDs have been turned into objects of charity by pastors.”*

PSP 9 reiterated that:

*“Most of the time PWDs are not consulted on issues which concern them. As a result, decision makers simply force things to be done for them which result in failure to yield desired outcomes.”*

#### **4.4.8 Non-provision of ecclesiastical Braille books in churches to PWDs**

Another challenge was non-provision of ecclesiastical Braille books in churches for PWDs as explained by respondents. PWD 2 highlighted that:

*“We are disappointed that the church is unable to provide us with bibles with Braille so that we can also be taking part in church activities like other normal people.”*

PWD 6 informed the researcher that:

*“We admire when we hear our friends are singing from their hymn books in church. We need them so that we can be singing in church but they are not in Braille form.”*

The results of the study show that when participants were asked what challenges PWDs face when they were offered pastoral services they revealed the following: mobility challenge for PWDs, discrimination and segregation against PWDs, social isolation of PWDs, sexual abuse of PWDs, non-availability of user-friendly infrastructure in church buildings or wheelchairs for PWDs, hostile treatment of PWDs, exclusion of PWDs from decision making and non-provision of ecclesiastical Braille books in churches to PWDs.

#### **4.5 How Pastoral counseling services are made available to PWDs?**

The following question how can pastoral services be made available to PWDs and the following responses were elicited from respondents:

PWD 10 highlighted that:

*“It is suggested that church councils should invite PWDs, together with their friends and family for church services and activities. These invitations for PWDs should include assistance in terms of accessing the church services, activities and pastoral care.”*

PWD 4 declared that:

*“It is suggested that rosters should be prepared by churches indicating when PWDs can have opportunities to regularly contribute to church activities.”*

PSP 14 posited that:

*“It is suggested that PWDs should be integrated in the pastoral care/ministries of the church and the neighbourhoods so that they cannot feel excluded from church activities.”*

PSP 10 said that:

*“It is suggested that PWDs should be identified, trained and integrated in church activities and leadership positions.”*

PSP 7 explained that:

*“The church should have deliberate programmes for visiting PWDs so that they can have a sense of belonging and appreciate the challenges they go through every day, and so that the church should think of how to mitigate their plight.”*

PSP 4 had this to say to the researcher:

*“For me, I believe that the church has a great responsibility of teaching non-disabled people not to look down upon the PWDs because they can also have something to offer to the church community.”*

PSP 8 suggested that:

*“The churches should increasingly appreciate the needs and challenges of PWDs in our churches and should try to provide programmes, facilities, opportunities and resources, and where possible they involve PWDs to fully participate in the church and community activities on the understanding that these people need appreciation and not pity.”*

To crown it all, the study show that when participants were asked how pastoral counselling services are made available to PWDs and the results of the study revealed the following: preaching and praying; visitations; Marital counselling service; child dedication; baptism, confirmation, administering of Holy Communion and confessions; funerals and bereavement. Similarly, when participants in the study were asked what challenges pastors experienced when offering pastoral counselling services to PWDs, the results revealed the following: lack of training by pastoral service providers, communication problems, limited shelter or accommodation in home-based care centres, lack of transportation, disruption of church activities by PWDs, cultural diversity and failure of PWDs to open up to pastoral care givers. Further, the results of the study show that when participants were asked what challenges PWDs face when they were offered pastoral services they revealed the following: mobility challenge for PWDs, discrimination and segregation against PWDs, social isolation of PWDs, sexual abuse of PWDs, non-availability of user-friendly infrastructure in church buildings or wheelchairs for PWDs, hostile treatment of PWDs, exclusion of PWDs from decision making and non-provision of ecclesiastical Braille books in churches to PWDs. Lastly participants were also asked about how pastoral services were made available to PWDs in which they revealed divergent views as outlined in the foregoing.

#### **4.6 Summary to the Chapter**

This chapter has presented the findings of the study the research objectives of establishing the pastoral services offered in the selected churches, describing how pastoral counselling services are made available to PWDs, identifying the challenges are experienced when

offering pastoral counselling services to PWDs and suggesting ways of making available pastoral services to PWDs. The research finding will be analysed and discussed in the following chapter.

## **CHAPTER FIVE: DISCUSSION OF THE FINDINGS**

### **5.0 Overview**

Following the previous chapter which gave the presentation of the research findings, this chapter will analyse the study findings and discuss them according to the dictates of the research questions. This chapter presents a discussion of the research findings and will be done according to research objectives which are: to establish the pastoral services offered in the selected churches; to describe how pastoral counselling services are made available to PWDs; to identify challenges which are experienced when offering pastoral counselling services to PWDs and to suggest ways of making available pastoral services to persons with disabilities.

### **5.1 To Establish the Pastoral Services Offered In the Selected Churches**

#### **5.1 .1 Pastoral services offered by churches**

The study results indicate that pastoral services are offered by churches through preaching and praying, visitations, counselling, child dedication, administering baptism, confessions and confirmations, and administration of Holy Communion.

### **5.2 To describe how pastoral counselling services are made available to PWDs by pastoral service providers**

#### **5.2. 1 Preaching and praying**

The researcher assumes that the work of preaching is a pastoral service which affords the most attractive opportunity for usefulness on people's earthly life, and that sermons constitute the chief product of the pastors' work week after week. It was learnt that through preaching in meetings and public gatherings, the pastors prohibits discrimination against people with either physical or mental disabilities. The research results show that congregants are urged to be welcoming PWDs into their congregation. The researcher further learnt that through praying and preaching people are encouraged to integrate PWDs into their church services.

According to Kim (1999:17), "A preacher is a person who has been called by God in order to proclaim the Word of God." Waznak (1983:55) also opines that "The preacher is called to proclaim the Gospel once delivered to the saints. The preacher tells again the wonderful story of how God has always been with and for his people and how the good news still breaks

through in our lives today, even in the midst of news that is very bad.” Miller (1996:34) confirms that “People listen to, react to, criticize, or compliment the oral side of our lives, however. The sermon is, therefore, the most important of all speeches to be heard in any community.”

According to Hogan (1978:11), “The importance of preaching is seen when one consider that, faith cometh by hearing and hearing by the word of God (Rom 10:17).” Bonheoffer (1991:72) indicates that “Proclamation is the only means for the renewal of the church in its relationship with the world.” Wilson (2004) says that in biblical preaching, a preaching must be channelled through personality, the preacher, who is only a conduit of God’s Word. According to Long (1989:25), “The purpose of preaching is not to provide a forum for the preacher – giving moral advice, expressing opinions on important topics, or listing religious “principles for living”–but rather to be the occasion for the hearing of a voice beyond the preacher’s voice–the very word of the living God.” PWDs should be encouraged to have self-esteem so that they can feel accepted by the community. Pastors should preach the word of God to all the people in spite of their physical appearance.

Mark 16:15 qualifies this point as follows: “And He said to them, ‘Go into the world and preach the gospel to all creation.’” However, Clifton (2014:213) has argued that instead of helping persons PWD, “...the way Pentecostals preach and pray for healing, impacts negatively people who are not healed especially those with a disability.” McCloughry (2002:74) states indicates that “The notion of the body of Christ as a picture of the Church is one that has captured the imagination of the many people with disabilities as they have campaigned for a church that is inclusive of all people, disabled and non-disabled alike.” As pastors are preaching the gospel to people in meetings, they should always remember PWDs in their prayers. Pastors play a significant role in church, particularly when it comes to meeting the demands of PWDs and it is possible that some members of the church may not realize the needs of the PWDs. It is a well-known fact that society has continued to use unreligious beliefs in its quest to explain the presence of PWDs such as being a punishment or curse from God for sin. These are some of the perceptions which preachers should attempt to change. Preachers should be seen calling categorically for PWDs to come for healing prayer. Similarly, preachers should endeavour to encourage the members of their congregations embrace PWDs. The study results indicate that pastoral counselling services are offered by churches through preaching and praying. It was learnt that through preaching, the pastors prohibits discrimination against people with either physical or mental disabilities.

The research results show that congregants are urged to be welcoming PWDs into their congregation. The researcher further learnt that through praying and preaching people are encouraged to integrate PWDs into their church services

### **5.2.2 Visitation**

The study results have revealed that pastoral counselling service of visitation is a veritable tool for strengthening family relationships. Pastors visit people through phone calls, WhatsApp, Virtual, and physical visitation. In as far as pastoral counselling service of visitation is concerned; pastors visit PWDs in their respective homes to look to God as their source of strength and provider of everything they need. During these visitations, pastors are seen encouraging the people taking care of PWDs to keep on assisting them in all areas including attending church services.

Deist (1990: 117) defined a house visit as “an official visit by a pastor to the house of a member of his/her congregation.” According to the work of Gorsuch (1999:2), “pastoral visitation is an act of ministry in which a pastor or other caregiver goes to see a member or friend of a congregation.” It has been shown that the pastor should be interested in the people in the community. The study results indicate that pastoral visitations are done either at home, in the hospital or in the prison. The study shows that pastoral visitations give a healthy sense of worth to the visited people. Pastoral visitations help church members to understand their worth when a pastor is present with them at the time of need. Similarly, it was felt that pastoral visitations create pastor-member bonding and eventual family cohesiveness. The study shows that as most families are plagued by a number of issues such as financial pressures, marital infidelity, juvenile delinquency, and other problems which are causing the families to shatter, families need the presence of pastors to give them comfort, guidance, and corrections. It has been said that during pastoral visitations, prayers against family brokenness and disunity are held by pastors. This is where pastoral care is crucially needed if these issues have to be corrected.

Gorsuch (1999:7) attests that a “visitation is response to God’s grace in which caregivers initiate pastoral conversation that addresses issues of faith and strengthens the web of interconnections among members, and between the congregation and its larger community.” The study results show that pastoral visitations were also known through announcements to church members at the Parish church or from the dioceses’ calendars indicating when

pastoral visits would be by seminarians. Banda (1996:96) indicates that Reverend Mpanza “did extensive visitation to congregations, making rounds virtually to all outposts manned by his other colleagues and where necessary visiting the sick and serving the sacraments wherever he went.” Fennema (1998:32) articulates the purpose of visitation thus: It is intended to strengthen the spiritual lives of faith of the members of the congregation of Christ; It is intended to challenge the worship and witness or service of the members of the body of Christ, that it may be found acceptable to the Lord; and It is intended to promote and encourage the fellowship or communion of the believers of the household of God.

### **5.2.3 Marital counselling**

The study results show that marital counselling is done in groups, to individuals, or on phones calls, whatsApp, virtual, and messages to PWDs. Catholic priests are able to administer the sacrament of holy matrimony to PWDs. In this way, pastoral counselling enhances couple relationship because marriages are currently being affected by a number of factors as evidenced by upsurges in divorces and domestic violence. There are also issues of husbands and wives cheating on each other as well as difficulties in achieving pregnancy. The study results show that most churches have no objections to marriage of PWDs provided the family consents to it because these people have alienable right to marriage.

However, Fischer (2006) opines that PWDs are marginalised and disregarded in society in so far as issues of sexuality and marriage are concerned to such an extent that they are usually deprived of having relationships in society because they are perceived to be different. This is confirmed by Möller (2012:141)“They are seen as outside of the individualistic self-determined nature of the rest of society, and are therefore perceived as different. One of the consequences of this is that a person with a disability may be deprived of intimacy, sexual expression and relationships.” It is the contention of the researcher that PWDs should not be denied chances to get married because of their deprivation and impairment.

The significance of marriage is reflected in Genesis 2: 24 when it asserts that “For this reason a man will leave his father and mother and be united to his wife and they will become one flesh.” Marriage was divinely established in Eden and affirmed by Jesus to be a lifelong union between a man and a woman in loving companionship. For the Christian a marriage commitment is to God as well as to the spouse, and should be entered into only between a man and a woman who share a common faith. Kern (1985:76) delineates that “the Church

regularly witnesses the Christian marriage of handicapped people who are qualified to exercise their natural right to marry.” Demmons (2009:77) contends that “If the people with disabilities are able to fulfil the necessary preparations and the responsibilities that come with the matrimony, there is no reason to deny them this union.” PWDs receive pre-marital counselling in such matters as marital compatibility, successful communication, secrets of discipline, how to prevent divorce, resolving conflicts, finances and budgeting.

#### **5.2.4 Child dedication**

The study results show that child dedication counselling is done by presenting a child to the congregation and to raise the child in Christian manner. Pastors in some churches are involved in child dedication. During this time, the child is presented to the congregation in the presence of a pastor or priest, and vows are made to raise him or her in a Christian tradition. The child is encouraged to live Godly life and to be exemplary to society. This is premised on the biblical teachings of Matthew 19:14, (NIV) which says “Let the little children come to me,” he said, “and do not hinder them, for the kingdom of heaven belongs to such as these” John Wesley (1994:24) cited in Bawa (2017:84) implores pastors “...to pay special attention to the needs of children; to encourage the head of each family to accept the responsibility of training children in the faith; to organize meetings for fellowship...”

The dedication of children to God is practice established in scripture and is conducted by the pastors and priests. The dedication of children follows the biblical example of Mary and Joseph dedicating the infant Jesus in the temple. In the book of Luke 2:22 it is written “when the time of their purification according to the Law of Moses had been completed, Joseph and Mary took him to Jerusalem to present him to the lord.” Similarly, in Mark 10:16 it is also indicated that “And he took the children in his arms, put his hands on them and blessed them.” The verse points out that Jesus did dedicate children including those that were disabled. This service emphasizes thanks to God for the miracle of birth, covenants the parents in raising the child in the love of Christ, commits the congregation to provide support for the parents in their responsibility, and dedicates the child to the services of God. Hence PWDs were also attended equally.

When conducting a child dedication programme the parents are invited to come before the congregation with the child to be dedicated. Redding (2005) determined the relationship between a child’s intrinsic orientation of faith and their faith through nurturing activities of the parents especially the mother and father. Redding (2005:36) concludes that the child’s

intrinsic religious orientation is the “motivation for experiencing and living one’s religious faith for the sake of faith itself. The person’s religion is an end unto itself, a goal pursued in the absence of external reinforcement.” Parents in this case are expected to play a facilitating role in the faith of children. Žilová *et al.* (2014:144) advances that: “The birth of a child with physical disability happens to be some kind [of] a loss, betrayal and disappointment. However, the church calls for the protection of any life from conception. It speaks about a great value of each and every individual even a disabled one.” To this end, Akhilomen (2006: 247) proposes that the church should be “an institution with a child friendly attitude after the model of Jesus.”

### **5.2.5 Baptism, confirmation, administering Holy Communion and confessions**

The study results shows that baptism, confirmation, administering holy communion and confessions counselling is done during the public worship service and it was revealed that pastors administer baptism and confirmation when they are satisfied that one is a fully committed member of the church. It was also learnt that pastors are responsible for administering Holy Communion to members of the church. The results of the study reveal that some respondents were denied chances of being baptised in church owing to the fact that they had some disabilities. It was revealed that even when they met the requirements for undergoing baptism such as attending lessons; it was disappointing that they were still turned away. It is the contention of the researcher that baptism should not be refused to anyone. However, a pastor should be cautious when it comes to the baptism of children. When it comes to PWDs, a pastoral minister should look at the magnitude of the disability of the person in need of baptism. Refusal of baptism is possible in certain circumstances. United States Conference of Catholic Bishops (1989:33) indicates that “People with disabilities are not looking for pity. They seek to serve the community and to enjoy their full baptismal rights as members of the Church. Our interaction with them can and should be an affirmation of our faith. There can be no separate Church for people with disabilities. We are one flock that serves a single shepherd.”

Brandt & Emerson (2021:382) confirms that “In practice, certain individuals are excluded from baptism, not because they are unconverted but because of their immaturity or disability.” Amy (2017:7) indicates that baptismal refusal for people with disabilities for mother of an adolescent girl living with intellectual and developmental disabilities (IDD) despite her daughter having participated in a series of baptismal preparation courses at her

church and when the mother was summoned to speak she said that “They would be happy to pray for her daughter, but she was not a candidate for baptism because they believed she did not understand the meaning of baptism...Baptizing a person with a disability, they argued, would cheapen the sacred duty of the church to administer such a ritual.”

Mulrean (2010:31) posits that “...Catholic priests have a central role in helping the community engage in the paschal mystery through presiding at the Eucharist.” The study results reveal that pastors are also able to administer confessions and forgive sins particularly in the Catholic Church. Hahn (2010:134) indicates that “through holy orders, the Church’s priests are conformed to Christ in a unique way. In our priestly family, they serve in the person and place of the divine first born, the only begotten son of God. It is from him, above all others that they learn to be priests. They succeed as they imitate him.” If PWDs in God they also need to be included in all church activities including baptism, confirmation, administering of Holy Communion and making confessions to mention but a few. The authority is from the bible Mark 16:16 “whoever believes and is baptised will be saved, but whoever does not believe will be condemned.”

### **5.2.6 Funerals and bereavement services**

The study results shows that pastoral service provide conduct funerals and bereavement counselling in funeral meetings and after burial. The words of encouragement to the bereaved Christian family which are intended to lessen the pain of their separation from a loved one. During this trying moment, the unique function of the pastor in the eyes of the bereaved as well as the grieving persons cannot be overemphasized. It has to be recognised that as unique as the pastor’s role might be, it is not a guarantee that he or she will entirely be adequate to deal with the situation at hand. The pastor has to show empathy. At this juncture in time, there is no pastor who feels completely comfortable in the face of any grief. The common expectation from the bereaved family is for him to prepare a sermon and preach. The visit to the bereaved family can help communicate that he is genuinely interested in their wellbeing of the family and that he or she wants to have and maintain a personal relationship with every one of the members of the congregation. Pastoral counselling service done during funerals and bereavement of congregants, pastors are able to preach to the bereaved families of PWDs. It should also be remembered PWDs are also human beings who are not prone to death and when they die pastors are able to give sermons during their funerals. PWDs should be made to realise that there is life after death. Louw (1998:157) opines that it is through this

that “Life becomes meaningful; and it builds a relationship of faith and communion in which one learns to trust God and anticipate life from the perspective of the resurrection.”

The pastor is expected to give comfort to the bereaved family in empathic response to distress. The role of pastoral service is to assist the bereaved people and families in the process of adaptation of loss. The pastor has to provide adequate social support and care to those facing bereavement. It is for this reason that Canine (2012:64) contends that pastors need to focus “on how they can support and encourage families as they take the grief journey.” Kelly explains that (2008:44) “Bereavement care shared within the Christian community, where the Christian metanarrative is the main resource utilized to aid reflection on, and reinterpretation of, the deceased’s story and the survivor’s grief is pastoral care.” Joel (2016:197) reveals that “The concept of the presence in pastoral care-giving is the essence in the pastoral care to the griever. The presence has to be the physical, emotional, and spiritual presence.” Louw (2007:155) observes that “Pastoral care wishes to facilitate a hope which motivates the sufferer to move forward and to reorient anew.” Joel (2016:197) further confirms that “Pastoral care-givers ought to participate meaningfully in the process of care-giving with intent to impact how individuals are relating to the sacred via relational spirituality. According to Louw (2000:78), the pastor’s role is to assure the bereaved family members that the dead person “enters into a spiritual identification with Christ, and thus with God.”

### **5.3 Challenges experienced when offering pastoral counselling services to PWDs**

#### **5.3.1 Lack of training by pastoral service providers**

The results of the show that most pastors in the churches the researcher visited lacked pastoral and theological training in counselling. Due to their lack of counselling skills, pastors indicated that they became uneasy whenever they saw people approaching them for help. They also indicated lack of confidence as they were aware of their incompetence to deal with a number of issues. The study results further show that despite having been admitted into the seminaries, their training lacked in some areas because the seminary did not prepare them adequately in pastoral counselling and issues to do with PWDs which they experience at the local Parish. Generally, the respondents indicated that counsellors faced a number of problems like incompetency in skills. They argued that exposure to actual counselling settings were divorced from adequate during training which some did at college. Mpolo &

Nwachuku (1991:26) decried lack of training among pastors in their studies when they observed that “Pastoral counselling is the most neglected area of the office of the pastor in the missionary area.”

### **5.3.2 Communication problems**

The study results show that pastoral service providers face the challenge of communication with PWDs because the church had limited interpretation services. It came to attention of the researcher that when interpreters would be there, they would not be trained in issues to do with disabilities like sign language usage. Even so, it was learnt by the researcher the church did not have Braille services for PWDs. Further, the ad hoc interpreters who were there included non-qualified interpreters such as family members, friends, untrained staff and strangers who were not trained in issues to do with PWDs. According to Pedersen (2008), interpreter can contribute to inaccuracy during the exchange of information; this might be caused by misinterpretation of thoughts and feelings, as well as messages.

### **5.3.3 Limited shelter, accommodation or home-based care centres**

PWDs live either as persons who are homeless on the streets or in institutions and psychiatric hospitals provided by church, live with their families or live independently in their own homes alone, live with family or with roommates. Home-based care has been crucial to the life of PWDs. According to Louw (2008), home-based care is the care and support provided to a person while he or she is in the home with his or her family, friends and community i.e. family caring system. It is further argued by Louw (2008) that in this family caring system the family is the primary caregivers which is assisted by friends or the church. In the home-based care, counselling is an integral part that is done by trained as well as lay people. The study shows that much as the pastors were able to provide accommodation to PWDs, it was not possible for them to meet all the needs of PWDs in the direction of provision of shelter. The study results show that providing care to PWDs in a home-based setting has been one of the church’s role especially by the Catholic Church in order to assist these people. This is done in the quest to improve the quality of life of PWDs by giving material, emotional and spiritual support services. These homes allow PWDs and pastoral care workers to build a bond so that these people can be spiritually, emotionally and practically supported during their life. There is a trusting relationship that is born out the interaction between PWDs and pastoral care workers. The study results reveal that where it is impossible for PWDs to go to

the church, pastors bring the church to these people by holding services and scripture studies, celebrations of the church each year, like Christmas and Easter. However, the study shows that pastoral care givers experience an overwhelming numbers of PWDs who are brought to these centres. This challenge is to the church is too great in magnitude to be left to be handled by trained clergy alone.

### **5. 3.4 Lack of transport**

Pastoral care givers need transport so that they can have access to PWDs. The study results show that pastoral service providers did not have adequate transport to access PWDs in order for them to render them the much needed services. The study shows that though sporadic assistance is given to PWDs, it was found that there was non-availability of ideal transport services for pastoral care givers. Similarly, it was further revealed that transport costs to the hospital for rehabilitation services for PWDs were prohibitive to pastoral care givers. Iezzoni *et al.*(2000) reveals that pastoral care givers are in dire need of reliable and ideal public transport system so that they can easily assist PWDs to get prescribed drugs and assistive devices. Develay *et al.* (1996) hold the view that provision of transport determines utilisation of pastoral services.

### **5.3.5 Disruption of church activities by PWDs**

The findings of the study reveal that pastors complained that they were frequently disrupted by PWDs as they preached the word of God. It was brought to the fore by pastors that the presence of PWDs in church creates an atmosphere of uneasiness among the congregants. The researcher further learnt that some PWDs who were fond of disrupting the proceedings of the church were being prevented from coming to church. Kunhiyop (2012:42) confirms that “Many African Churches feel that the presence of person with disabilities dampens their acclaimed confession as living churches, and therefore efforts are made to discourage people with disabilities from continuous coming to church, or repelled from joining in the worship life of church.” Pastoral counsellors feel that praying for PWDs may either be positive or negative and this exerts pressure and responsibility on the pastors and the congregation at large. Therefore, the application of the social model of disability to this study shows that the way pastors interpret disability leads to more problems for PWDs. From the researcher’s observations, there are many pastors and lay persons who are of the view that disability is a

punishment which was inflicted upon PWDs by God as a result of sin. It is no wonder that PWDs are excluded from the social, economic, political, and spiritual demands of society.

### **5.3.6 Cultural diversity**

According to Prasad *et al.*(1997), cultural diversity denotes a mixture of cultural dissimilarities among people in a given community. The study results show that cultural diversity is posing a challenge to pastoral care givers. The researcher learnt that cultural differences have an immense effect on how people within pastoral care givers view PWDs. The study shows that there are misunderstandings of PWDs by pastoral care givers due to cultural differences. The results of the study further shows that some pastors were not prepared to work with culturally diverse communities and they said that that was the reason why they did not understand how to deal with PWDs. The misunderstanding is generally attributed to diverse congregation with different cultures of people. Thomas (2009:178) attests that “Service providers do not understand their perceptions and therefore cultural differences act as a barrier to providing adequate care.” The researcher established that in some churches disability is viewed as a form of punishment To PWDs while others view it as a curse. Miles (1995:60) confirms that “...fearful, usually a punishment for misdeeds.”

It is the contention of the researcher that cultural diversity in Zambian churches and elsewhere should not be viewed as retrogressive but it should be appreciated as being part and parcel of a society’s rich heritage. Howell & Paris (2011:42) observe that “We were designed, from the beginning, to interact with God and each other through culture. As we do culture, we should be aware of the ways in which our particular culture falls short of reflecting God’s character and priorities.”

Eiesland (1994) indicates that there are some cultures which believe that disability indicates punishment for wrongdoing and mars the divine image in humans has often barred those with disabilities from positions of leadership or stigmatized them for their presumed lack of faith. With cultural diversity that is prevalent in most African societies, there has been a lot of misunderstanding, downright rejection and paternalistic attitudes towards PWDs arising from the local communities and pastoral counsellors. However, pastoral counsellors and pastoral care givers have a crucial role to sensitise the church that PWDs are not simply people who only require physical and material assistance but also as full members of society who also need spiritual nourishment and care. The church and society at large should be made to do

away with cultural beliefs and perceptions that shape the local people's misunderstanding of PWDs. For instance, beliefs that disability is a form of curse and punishment from God should be discouraged. As a microcosm of society, church should engender values and equality in its members so that PWDs are accepted as people who have the right to live in the community despite having divergent values and cultural beliefs about disability. Augsburger (1986:19) argues that there is need for "culturally capable pastoral counsellors" with the "ability to join another in his or her culture while fully owning one's own."

### **5.3.7 Failure of PWDs to open up to pastoral care givers**

The study established that pastoral care givers are sometime looked at with some degree of mistrust and suspicion by PWDs based on their past experiences like having been raped by the very people who are supposed to give the care services. Consequently, pastoral care givers find it difficult to interact with PWDs. Even when pastoral care comes genuinely to assist them they are looked with suspicion hence creating a sense of insecurity on their part because pastoral care givers are seen to be intruders. At the other extreme, PWDs do not open up to pastoral care givers because they think that even if they closed anything to them nothing will change. An example is when pastors offer them prayers for healing the status quo remains.

## **5.4 Challenges faced by PWDs when they are offered pastoral services**

The study established the challenges faced by PWDs when they are offered pastoral services include discrimination and segregation against PWDs, mobility challenge for PWDs, social isolation of PWDs, sexual abuse of PWDs, hostile treatment of PWDs, non-availability of friendly infrastructure in church buildings or wheelchair for PWDs, exclusion of PWDs from decision making, non-provision of ecclesiastical Braille books in churches, and non-provision of ecclesiastical Braille books in churches. These will be discussed accordingly.

### **5.4.1 Discrimination and segregation against PWDs**

Discrimination is another challenge for PWDs. The study results indicate that there are rampant attitudinal barriers which hinder PWDs to come to church. It has been noted by the researcher that PWDs face a number of barriers in their quest to attend church services as church and family members dissuade them from attending church services. It has been reported that most difficult barriers have to do with attitudes other people have regarding

PWDs which keep people from appreciating the full potential of PWDs which they can achieve. The study results show that PWDs are subjected to rejection, gossip, or exclusion by church members. The study results show that people without disabilities subject PWDs to a number of prejudices yet they claim that they should be integrated into the church. The study results indicate that people without disabilities are reluctant to establish personal relationships with PWDs either as neighbours, colleagues or friends. The study results show that these unfair prejudices and attitudes have a negative influence on members of the church who discriminate against PWDs. Amir (1976) & Stephen (1978) cited in Baron & Byrne (1981:162) posit that "... one way of countering prejudice involves direct contact with the groups involved. Basically, this approach suggests that increased interaction between members of social groups will contribute to a reduction in prejudice between them."

Ault, Collins, & Carter, 2013:49) posit that it is "...right for people with disabilities to make choices about their spirituality and religious participation, it is essential that people with disabilities have the supports and opportunities to be included into their faith communities to the extent they wish to be." Newman (2011:18) reveals that "By excluding those in the body of Christ who have a disability, we cheat our faith communities out of some of God's gifts for us." Iozzio (2017:27) states that "This ideology of segregating exclusion has been inserted into nearly every social structure of human making, including the Church, and has corrupted the proclamation—by its "normative" interpretation—of the Good News in a way that defies the logic of the Incarnation." Blair & Davidson (1993) observe that with issues which are clearly articulated biblically fellowship between the people with disabilities and non-disabled people without disabilities usually suffer due to societal attitudes which are reflected in church.

There are two major reasons as to why PWDs are unwelcome to church according to Picard & Habet (2016), firstly, people with disabilities are disruptive. Secondly, people with intellectual disabilities do not understand issues to do with faith and that it is doubtful if they can benefit from being in church. In churches people seem not to be friendly to PWDs. This is evident in the way some congregants look at PWDs and their families. When one is entering the church building, it seems as if one is not known or maybe one is entering the church for the first time. As such makes both the PWDs and the families where they are coming from, afraid of coming to church next time. The study result shows that pastors were also responsible for discrimination against PWDs in church. This is confirmed by Yong

(2011:156) who opines that“...the way we read biblical texts, not the Bible itself, is what causes us to marginalize persons with disabilities.”Mutswanga, Makoni &Chivasa (2015:174) confirm that “The mainstream thinking in the Pentecostal circles in Zimbabwe have turned a blind eye to the issues of stigma to the persons with disabilities.”

#### **5.4.2 Mobility challenge for PWDs**

The study results reveal that PWDs are confronted with mobility challenges each they wanted to engage in church activities to such an extent that they fail to do so owing to the fact that churches are far from their places of residents. The study results reveal that lack of accessible transport was a major challenge facing people with, since many of them depend on transport when then they want to move from one location to another. The researcher learnt that they experience extreme difficulties each time they wanted to walk or travel to church. Due to the stigmatisation, the church does not consider their problems thereby resorting to using crutches and wheelchairs which have proved to be too expensive for them to afford them. PWDs are invariably isolated, rejected and increasingly misunderstood owing to their lack of mobility.

Respondents indicated that public transport is equally a great problem because they have to pay for the wheel chair for occupying the space. The study results show that the challenges which face PWDs were being exacerbated by poor and inadequate transport. In most cases PWDs are coming from the family that are not doing well or are poor financially. As such most of these PWDs have no transport making it very difficult to move about. The wheelchairs, crushes, and other tools used to help them move are very expensive. This has caused serious challenges on the mobility of the PWDs. Lister &Dhunpath (2016:32) attest that “to maximise profits, taxi operators may ignore the elderly, women and children and PWDs. These groups are seen as a burden because they take longer to board, compromising the driver’s ability to transport more able-bodied customers in order to improve their take-home pay.”

#### **5.4.3 Social isolation of PWDs**

The study results show that PWDs have been subjected to social isolation in the communities they live in, especially when they were in church. Wenger &Burholt (2004) define social isolation as the absence of contact with other people and it relates to the absence of contact and interaction with family, friends and neighbours at societal level or with wider society.

Gene & Joni (1987:29) attest that “A disabling condition often imposes isolation and loneliness on the person living with the condition.” It came to the fore that PWDs were did not have much contact with my friends and neighbours because they usually stayed indoors most of the time. They indicated that was reason why they stayed indoors they were afraid of being laughed at by onlookers. It was learnt by the researcher that PWDs were mostly in solitude because non-disabled people usually ignored them and it was social isolation which makes them not to attend church. Magezi (2007) also emphasises that caregivers should build a relationship based on trust in order for people to open up about their fears, anxieties and despair. Basselin (2011:48) suggests that “the church should be open to the people with disabilities to fulfil its call to take care of the disadvantaged and vulnerable.”

#### **5.4.4 Sexual abuse of PWDs**

The study results show that PWDs sometimes suffered at the hands of priests when they used their spiritual and religious positions to abuse them sexually. It was recounted by one respondent that she was abused by a pastor who told her that she was going to be healed of her condition if she touched his manhood as he was praying for her and she was told to close her eyes and ordered to keep on fondling his manhood and in the process she was raped. Still, the study results show that other PWDs were asked to make a relationship with priests but that it to be kept secret.

When it comes to sexual abuse of PWDs, the researcher discovered that the Church does not come out publically to discuss it. Sexual abuse of PWDs by some pastors causes a lot of suffering to the spiritual survival of the victims. It has been very damaging in the life of the church. The study by Sande (2018) attests that sexual abuse of PWD by non-disabled people was common. Shaw (2008) cited in Muytjens (2019:44) confirms that “it is the culture of secrecy of the Catholic institution that has made the scandal spin out of control, from the cover-ups to the transfer of priests accused of sexually abusing children.” Because the issue of sexual abuse is shrouded in secrecy, the Church has failed to address this issue of sexual abuse. PWDs feel let down by the Church for blatant violation of trust which is particularly acute. The study results show that sexual abuse takes place in institutional houses such as home-based care centres and this has been referred to as “institutional abuse” which Sobsey (1994:90) defines as “... sexual abuse that takes place in the managed institutional care of human beings.”

Swindle (2017) reveals that religious abuse can be categorized as: abuse perpetrated by religious leadership, typically an individual leader; abuse perpetrated by a religious group, directed either towards an individual or towards a group of people; and abuse in which the abuse itself has a religious component to it. Swindle (2017) shows that religious abuse manifests itself, through among other things, emotional trauma, betrayal, rules prioritized over people/devalued, abuse of power/use of the sacred to control or manipulate, spiritual transformation, isolation, healing, gender bias/discrimination, stigma, and victim-blaming. Swindle (2017) confirms that religious abuse can be categorized as: abuse perpetrated by religious leadership, typically an individual leader; abuse perpetrated by a religious group, directed either towards an individual or towards a group of people; and abuse in which the abuse itself has a religious component to it. Sexual abuse of PWDs by pastors has unmasked the extent of the evil of clericalism as they abuse their privileges and prerogatives of authority. There is more that needs to change if the Church is to restore its missionary of thrust and effectiveness in its pastoral endeavours. Cases of sexual abuse involving complainant pastors in Zambia with PWDs rarely go to court.

#### **5.4.5 Lack of friendly infrastructure in church buildings and wheelchair for PWDs**

It came to the attention of the researcher that no congregation or church building of the places he visited had the wheelchair pavement. Equally important, all the pastors who were interviewed by the researcher admitted that the issue of church infrastructure for PWDs still left much to be desired. However, most of the church buildings which the researcher visited possessed wide enough entrances for the accommodation of entrance of wheelchairs easily. However, a critical look at the church building infrastructure, it was observed that it was doubtful whether entrance ways or pavements allowed the smooth flow of the wheelchairs on the church entrance. With the availability of wheel chairs in the church vicinity it can be concluded that PWDs who use wheelchairs are cordially accommodated in the services. It also means that PWDs like those who use wheelchairs are involved in different church activities.

Another challenge which militates against PWDs is the unjust structures of churches. The study results show that churches cannot easily allow the entrance of wheelchairs. The study results reveal that toilets at places of worship are inaccessible for PWDs. Even so, the researcher noted that there were no accessible parking spaces for vehicles for PWDs. Accessible for wheelchair users was a great challenge for PWDs. Anderson (2003:59) posits

that "... people with disabilities remain excluded from worship services, whether intentional or not, by barriers of architecture and attitude. Many houses remain physically inaccessible." Webb-Mitchell (1994:101) indicates that "until our church buildings, worship, and Christian religious education programs are made inviting, accessible, and open to all who wish to enter and join in the life of a church, there is little chance that people with disabilities will be seen or heard from there...They will be more angry and bitter than ever."

It is expected outside accommodation for church should include among other things, proper parking areas which are designated for PWDs, sloped sidewalks which provide easy access to wheelchairs or other devices; well-marked guides which give directions to the entrances; pathways which are not constructed of gravel or other rough materials which may make mobility very challenging; and that areas for resting outside the church must have benches along the walkways. It is further expected that gathering areas in church should have Braille sign language throughout the church. Similarly, it is also expected that wide doorways and halls can easily be accessed by people using wheelchairs, crutches and other devices.

#### **5.4.6 Hostile treatment of PWDs**

The study results that there has been hostile treatment of PWDs in churches to such an extent that they have at times been treated as objects of pity. From the psychological perspective, treating PWDs as individuals in need of deliverance and exorcism without pointing out the causes of disability is tantamount to spiritual abuse by pastors, and in this case the PWDs have been at the receiving end of this harsh treatment. The results of the study shows that PWDs in the church in such instances as when other non-disabled people would say negative things to or about PWDs which degraded them to an extent that they even contemplated committing suicide. It was revealed that usually these devaluing attitudes that discouraged these people from participating in church activities. Other PWDs were subjected to unnecessarily attention at them. Thomson (1997:47) confirms that "Persons with disability are treated like second class citizens, and object of charity, and are never granted enough space to take part in worship in the life of the Church."

The study show that PWDs were being looked down upon each time they volunteered to participate in church activities. The study results show that PWDs were given unnecessary attention which led them to abandoning attending church activities. The study results further indicate that when others were seen carrying a child with disability; they were subjected to

harsh and hostile treatment. Most respondents from the study concurred that pastors' reaction when they encounter PWDs is anticipation for miraculous healings through divine intervention and such an attitude constructs disability as an illness that needs treatment. The researcher noticed that the pastors rhetorically stress on the need for miracles to take place in most of their sermons whenever they pray for PWDs. It seems there is a lot of frustration in the church because of the failure of pastors to 'restore' the people with disabilities to normalcy is the root cause of the church's hostile treatment of PWDs in the church. On the issue of hostile treatment of people with disabilities the Bible is instructive in Ephesians (2:14) "For he is our peace; in his flesh he has made both groups into one and has broken down the dividing wall, that is, the hostility between us."

The study results show that some people in many churches are "indifferent" and "arrogant" towards PWDs. This has been confirmed by others such as Hubach (2007) who observes that sometimes people seem to be indifferent and arrogant towards people with disabilities as they assume an attitude of superiority or arrogance when they approach people with disabilities as they talk them down. Newman (2011:9) confirms that "most churches don't set out to exclude or isolate an individual... in different situations, the problem was not a lack of acceptance-rather, the church simply didn't know what to do." Reinders (2013:31) argues that "In many ways people with disabilities and their families do not feel they are included in their communities, nor do they feel welcome to participate."

According to Leach (2010: xvii), "People with disabilities live in raw, harsh reality. They are painfully aware that their conditions and circumstances are often ugly and distasteful to other, and that their lifestyle and behaviours are sometimes interpreted as being weird, abnormal, and bizarre. As a result, they are painfully aware that the people around them are often uncomfortable or revolted." In this case, there is need to show humility, empathy and servant hood to PWDs as pastoral care givers.

#### **5.4.6 Exclusion of PWDs from decision making**

The study results show that PWDs were excluded from decision making by pastoral service providers. Respondents felt bad to be turned into objects of pity and charity by pastors in some churches. The study results indicate that most of the time PWDs were not consulted on issues which concerned them. As a result, decision makers simply forced things to be done for them which result in failure to yield desired outcomes. It should be remembered that

PWDs have potentialities which are not exploited by society. Including these people in decision-making can messenger a new lease of life in the Christian community. Brock & Swinton (2012:458) opine that “This mission necessitates that people with disabilities be incorporated into all levels of participation and decision-making.” There is no need to look at PWDs as objects of pity and charity by pastors by the church. It should be realised that PWDs are part and parcel of society. The inclusion of PWDs in church activities can help blend the relationship with other congregants.

#### **5.4.7 Non-provision of ecclesiastical Braille books in churches**

The study results show that PWDs indicated that they like reading and singing in church but they felt let down when they were not provided to them. It was revealed by both pastors and PWDs that the church failed to provide materials for PWDs which include the bibles, other books and hymn books on grounds that PWDs were rare in their churches.

#### **5.5 How pastoral services can be made available to PWDs**

It is strongly suggested that the church should have deliberate programs for visiting PWDs so that they can have a sense of belonging. It is also suggested that church councils should invite PWDs, together with their friends and family for church services and activities. These invitations for PWDs should include assistance in terms of accessing the church services, activities and pastoral care. It is further suggested that rosters should be prepared by churches indicating when PWDs can have opportunities to regularly contribute to church activities. It is equally suggested that PWDs should be integrated in the pastoral care/ministries of the church and the neighbourhoods so that they cannot feel excluded from church activities. It is suggested that PWDs should be identified, trained and integrated in church activities leadership positions in church activities. In this case, the church has a tremendous responsibility to teach the non-disabled people that PWDs are like any other people who can assume responsibility. It is also suggested pastors be trained in sign language, and braille reading. Building should be user friendly.

#### **5.6 Application of the social model of disability to the current study**

Based on the findings of the study, there is need to appreciate the application of the social model of disability to the current study. The social model of disability says that PWDs are faced by barriers in society such as the way church buildings are built by not being accessible

toilets, people's attitudes and prejudices towards PWDs such as assuming PWDs cannot do certain things. The study shows that PWDs are able to do other things like preaching the word of God.

An illustration of how the social model of disability is applied in practice in a church that is designed with wheelchairs in mind. In designing the church building in this way, PWDs who use wheelchair users would be enabled to be as independent as everyone else. Barriers are put by people in society who ignore the interests of PWDs. Public modes of transport should be made accessible like buses with lower steps so that PWDs can easily travel to without barriers. The social model of disability can be applied to experiences of PWDs subjected to harsh treatment. The social model of disability revolves around issues of equality and it is not expected that there should be discrimination and segregation against PWDs. In fact the social model was developed by PWDs to identify any signs of discrimination so as to take remedial measures in order to ensure equality and access to human right. PWDs have the responsibility to challenge their exclusion from various facets of life. The social model of disability also advocates for the inclusion of PWDs in decision making.

The social model of disability acknowledges the limitations which are placed on PWDs which make them unable to fully participate in many activities in life. The social model of disability is heavily influenced by the protection of PWDs from unfair treatment. The UN Convention on the Human Rights of People with Disabilities (2006) reveals that "The social model of disability emphasizes that persons with disabilities are prevented from reaching their full potential not because of their impairment, but as a result of legal, attitudinal, architectural, communications and other discriminatory barriers." From the foregoing, it has been demonstrated that the social model of disability seeks to identify systemic barriers, offensive attitudes and social exclusion that may either be intentional or inadvertent that make it difficult or impossible for PWDs to attain their meaningful potentials. Barton (2003) opines that the social model of disability acts as the basis for collective support and relations with PWDs. The social model of disability argues that disability is a socially constructed phenomenon. Iriarte (2016:17) opines that the social model assumes that it is "...society that actually disables the person and generates the problems associated with disability."

## **5.6 Summary of the Chapter**

The foregoing chapter was concerned with the analysis and discussion of the findings of the study based on the research questions. The application of the social mode of disability to this

study has been covered. The following chapter will give the summary, conclusion and recommendations of the study.

## **CHAPTER SIX: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **6.0 Overview**

The aim of this chapter is to highlight the purpose of the study through a summary. It will be followed by a conclusion and the recommendations of the study will wrap up the chapter. The recommendations are based the challenges which have been identified in the study.

### **6.1 Summary**

The purpose of the study was to explore how pastoral services are made available to PWDs located in Chilenje Township of Lusaka district in Zambia. The objectives of the study were: to establish the pastoral services offered in the selected churches; to describe how pastoral counselling services are made available to PWDs; to identify challenges experienced when offering pastoral counselling services to PWDs; and to suggest ways of making available pastoral services to PWDs. This study was informed by the social model of disability as the theoretical framework. The sample size involved 25 pastors and pastoral care givers. Qualitative method formed the basis of the study.

The study shows that through preaching, the pastors prohibits discrimination against people with either physical or mental disabilities. The study results have revealed that pastoral visitation is a veritable tool for strengthening family relationships. It has been shown that the pastor should be interested in the people in the community. The study results indicate that pastoral visitations are done either at home, in the hospital or in the prison. Through marital counselling, pastoral counselling enhances couple relationship because marriages are currently being affected by a number of factors as evidenced by upsurges in divorces and domestic violence. There are also issues of husbands and wives cheating on each other as well as difficulties in achieving pregnancy. The study results show that pastors in some churches are involved in child dedication. Child dedication is a ceremony which takes place in churches. During this time, the child is presented to the congregation in the presence of a pastor or priest, and vows are made to raise him or her in a Christian tradition. The child is encouraged to live Godly life and to be exemplary to society. The study results revealed that pastors administer baptism and confirmation when they are satisfied that one is a fully committed member of the church. It was also learnt that pastors are responsible for administering Holy Communion to members of the church. The results of the study reveal that some respondents were denied chances of being baptised in church owing to the fact that

they had some disabilities. The study results show that pastors are able to give words of encouragement to the bereaved Christian family which are intended to lessen the pain of their separation from a loved one. During this trying moment, the unique function of the pastor in the eyes of the bereaved family.

The study has identified the challenges faced by pastoral service providers dealing with PWDs which include lack of training by pastoral service providers, communication problems, limited shelter, accommodation or home-based care centres, lack of transport, disruption of church activities by PWDs and cultural diversity.

The study has explored the challenges which are faced by PWDs when they are offered pastoral services and the following have been thematic areas: Discrimination and segregation against PWD; Mobility challenge for PWDs; Social isolation of PWDs; Sexual abuse of PWD; Non-availability of friendly infrastructure in church buildings or wheelchair for PWDs; Hostile Treatment of PWDs; Exclusion of PWDs from decision making; and Non-provision of ecclesiastical Braille books in churches. Generally, the findings of study indicate that most Christian communities do not adequate inclusive frameworks for PWDs though it is gratifying to note that they have a positive attitude towards PWDs.

In so far as suggestions for making available pastoral services to PWDs, it has been indicated that church should have deliberate programs for visiting PWDs, it has been suggested that church councils should invite PWDs that rosters should be prepared to have PWDs contribute to church activities. PWDs should be integrated in the pastoral care/ministries of the church and the neighbourhoods so that they cannot feel excluded from church activities. Similarly, PWDs should be identified, trained and integrated in church activities leadership positions in church activities.

## **6.2 Conclusion**

The study has given a description of how pastoral counselling services are made available to PWDs, and it has identified the challenges experienced when offering PCS to PWDs as well as ways of making available pastoral services to PWDs. While the study brought to the fore the pastoral counselling services made available to PWD, the findings from this study showed that there are some barriers that militate against PWDs arising from either the congregation and community in which they live. It has been demonstrated that pastors to have the responsibility to expose these barriers such as unjust structures of church buildings,

attitudinal challenges from society, stigmatisation leading to exclusion and others. It is hoped that the various available pastoral services to PWDs will help to change the status quo. It can safely be concluded that the research objectives of this study have been accomplished.

### **6.3 Recommendations**

Based on the findings of the study, the following recommendations are made:

1. The churches should strongly prohibit discrimination against PWDs;
2. The churches should try by all means to integrate PWDs into their services;
3. The churches should arrange transport for PWDs for easy mobility;
4. The church should work hand in hand with law enforcement agents to sensitise people so that instances of sexual abuse of PWDs can come to an end;
5. The churches should restructure their buildings so that PWDs can easily access them;
6. On top of making churches structurally user-friendly to PWDs, there is an urgent need for people to change their attitudes so that PWDs are included in church activities;
7. The churches should try to make their environment as comfortable as possible for PWDs;
8. The churches should try to provide ecclesiastical Braille books in churches for PWDs;
9. Bible colleges, seminaries and other universities offering courses to various priests should structure their curriculum in such a way that it should embrace pastoral counselling;
10. As the government is the key stakeholder in implementing the needs of PWDs, it should all urge churches, through the Ministry of Religious Affairs, to follow what the government is implementing;
11. The church should become actively involved in home-based care as part of its ministry and calling to serve PWDs;
12. The public transportation system should accommodate passengers with disabilities along with their assistive devices like wheelchairs and crutches.
13. There is need to lobby the Ministry of Transport and Communication to formulate the public transports that cater the needs of PWDs;
14. There should a deliberate policy formulated to monitor the activities of home-care centres for PWDs;
15. The Ministry of Religious Affairs should take keen interest in seeing to it that church buildings are built to suit the needs of all congregants including PWDs.

#### **6.4 Areas suggested for Further Research**

1. There is need to explore the relationship between church and PWDs with the law in Zambia.
2. There is need to explore the relationship between counselling methods employed by pastors and those used in conventional research.
3. There is to conduct a study on how cultural diversity impacts on PWDs.
4. As there are many challenges which faced by PWDs, another research should be conducted on how the religious institutions have been overcoming these challenges to enable the life of PWDs to lead a comfortable life.
5. There is need to conduct a study on how religious institutions have made the life of PWDs more productive in the community.

## REFERENCES

- Akhiomen, D. (2006) *Addressing child abuse in southern Nigeria: The role of the church. Studies in World Christianity*. 12(3) ISSN 1354-9901 pp. 235-248.
- Amy, J.(2017). *Redefining Perfect: The Interplay between Theology and Disability*. Eugene, OR: Cascade Books
- Anderson, R. C.(ed). (2003). *Graduate Theological Education and the Human Experience of Disability*. The Haworth Pastoral Press, Inc
- Attride-Stirling, J. (2001). *Thematic networks: An analytic tool for qualitative research. Qualitative Research*, 1(3), 385-405. doi: 10.1177/146879410100100307
- Augsburger, D.W. (1986). *Pastoral Counselling Across Cultures*. Philadelphia: Westminster.
- Ault, M. J., Collins, B. C., & Carter, E. W. (2013). *Congregational participation and supports for children and adults with disabilities: Parent perceptions. Intellectual and Developmental Disabilities*, 51, 48–61. doi:10.1352/1934-9556-51.01.048
- Babb, D. D. (1992). *An assessment of premarital counselling practices of pastors of the Wesleyan Church (Doctoral dissertation, The American University, 1992)*. Dissertation Abstracts International. (10), 3527.
- Babbie, E. (1992). *The Practice of Social Scientific Research*. Belmont: CA Wadsworth Publishing Company.
- Banda, Z. J. (1996). *From open resistance to cautious involvement: The emergence of mission in the Nederduitsch Hervormde Kerk van Afrika*. Unpublished MTh. dissertation. University of South Africa.
- Baron R A. & Byrne, DE. (1981). *Social psychology: understanding human interaction*. 3rd edition. Boston: Allyn and Bacon.
- Barnes, C & Mercer, G. (2003). *Disability*. Polity Press, Cambridge
- Barlow, J. Powell, L. and Gilchrist, M. (2006). *The influence of training and support programme on the self-efficacy and psychological wellbeing of parents of children with disabilities: A controlled trial*. *Complementary Therapies in Practice*, (12), 55-63

- Barton, L. (2003). *Inclusive education and teacher education. A basis for hope or a discourse of delusion*. London: Institute of Education.
- Basselin, T. (2011). *Why Theology Needs Disability*. *Theology Today*, 68(1):47-57. <https://doi.org/10.1177/0040573610394925>
- Battaglia, P. (1994). *The Americans with disabilities Act*. *Internal Auditor*, 51(6), 58.
- Bawa, B. Y.(2017). *The Role of Premarital Counselling for Marriage Stability: A Pastoral Examination of the Interface between the Christian and Alago Indigenous Epawoza Concept of Marriage Preparation*, Ph D Thesis, University of KwaZulu-Natal
- Benner, D. G.(2003). *Strategic Pastoral Counselling*. Second Edition. Michigan: Baker Academic
- Berg, B.L. (2001). *Qualitative research methods*. Boston: Pearson Education, Inc
- Blair, W & Davidson, D. (1993). *To the glory of God: Hesed, hospitality, and disabilities. In And Show Steadfast Love*, edited by LH Merrick. Louisville, KY: Presbyterian Church.
- Blaxter, L., Hughes, C & Tight, M. (2010). *How to Research*. 4<sup>th</sup> Edition. McGraw-Hill/Open University Press
- Bonhoeffer, D. (1991). *Worldly preaching: Lectures on homiletics*. Fant, Clyde E (Trans.). New York: Crossroad
- Brandt, R.A & Emerson, M.Y. (2021). *The Catholicity of the church: an Interdenominational Exploration*, *Journal of Biblical and Theological Studies*
- Brink, P.J & Wood, M. J. (1998). *Advanced design in nursing research*. 2nd edition. Thousand Oaks: Sage.
- Brock, B & Swinton, J. (2012). *Disability in the Christian Tradition: A Reader*. Eerdmans Publishing Company.
- Browning, D S. (1993). *Introduction to pastoral counselling*. New York: Paulist Press.
- Brown, J.D & Rodger S. (2009). *Children with disabilities: Problems faced by foster parents*. *Children and Youth Services Review*, (31), 40–46

- Bull, A.W. (2016). *Assessing and Communicating the Spiritual Needs of Children in Hospital*. GB: Jessica Kingsley Publishers
- Burns, N & Grove, S. K. (1997). *The practice of nursing research: conduct, critique and utilisation*. 2nd Edition. London: Saunders.
- Bwesigye, T. (2002). *Caring for People with Disabilities: The Christian Community in Nairobi*. Master Thesis. University of Nairobi
- Ault, M. (2010). Inclusion of religion and spirituality in the special education literature. *The Journal of Special Education*, 44(3), 176-189.
- Canine J. D. (2012 July). *Embrace the wow! Factor. The Director*, 64-66
- Curry, M. H.P.S. (2001). *Abuse of Women with disabilities: An ecological model and review Violence against Women*.
- Chitando, E., Gunda, M.R. & Kügler, J. (2013). *Prophets, profits and the Bible in Zimbabwe*. University of Bamberg Press, Bamberg.
- Chivers, C. (2010). *Compel them to come In: Reaching People with disabilities Through the Local Church*. Special Touch Ministry
- Clifton, S. (2014). "The Dark side of Prayer for Healing", *Pneuma* 36(2), 204–225. <https://doi.org/10.1163/15700743602003>
- Clinebell, H. J.(1984). *Basic Types of Pastoral Care and Counselling: Resources for Ministry of Healing and Growth*. London: SCM Press
- Clinebell, H.J. & McKeever, B.C. (2011). *Basic types of pastoral care & counselling: Resources for the ministry of healing and growth*. Abingdon Press.
- Collins, B., Epstein, A., Reiss, T., & Lowe, V. (2001). *Including children with mental retardation in the religious community*. *Teaching Exceptional Children*, 33(5), 53-58.
- Cooper, H.M. (1998). *Synthesizing Research: A Guide for Literature Review*. 3<sup>rd</sup> Edition. London: SAGE Publication
- Coyle S, (2014). *Children with Intellectual Disabilities in Foster Care, Social Work Today*, (14), 6-22.

- Couture, P D. (1995). Partners in healing: Bridging pastoral care and public health through practical and pastoral theology. *Journal of Pastoral Theology* 5, 65-80.
- Deist, F. E. (1990). *A Concise Dictionary of theological and related terms, with English Afrikaans and Afrikaans-English list*. Pretoria: JL Van Schaik (Pty) Ltd.
- De Jongh van Arkel, J.T.(1985). "Care," In Practical Theology: only study guide for PTA 200
- De Jongh van Arkel, J T.(2000). *Caring for all: Exploring the field of pastoral work*. Pretoria: University of South Africa.
- Demmons, T.A.(2009). *Being in encounter toward a Post-Critical Theology of Knowledge of God for Persons with Intellectual Disabilities: With Special Reference to Karl Barth's Church Dogmatics III:2*. Ph D Thesis, University of St. Andrews
- Develay, A., Sauerborn, R. & Diesfeld, H. J. (1996). *Utilisation of health care in an African urban area: Results from a household survey in Ouagadougou, Burkina-Faso*. *Social Science and Medicine*, 43(11), 1611-1619.
- Doehring, C.(2014). *The Practice of Pastoral Care: A Post Modern Approach*
- Draper, S. (2009). *Coping mechanisms used by mothers when caring for their adolescent child with cerebral palsy*. Unpublished Master's thesis, University of KwaZulu Natal, Durban, South Africa
- Eiesland, N. L. (1994). *The disabled God: toward a Liberatory Theology of Disability*. Nashville, TN: Abingdon Press W. Pretoria: University of South Africa McSpadden, L.A., 2003. Meeting God at the Boundaries. Cross-Cultural-Cross-Racial Appointments. General board of education and ministry. Nashville, Tennessee: The Methodist Church.
- Eiesland, N.L. (1994). *The Disabled God: Toward a Liberatory Theology of Disability*. Nashville: Abingdon Press.
- Eiesland & Don Saliers (eds.). *Human Disability and the Service of God: Reassessing Religious Practice*. Nashville: Abingdon.
- Fennema, C. E. (1998). *On doing home visitation. Ordained Servant*. Vol. 7(2):32-34.

- Fischer, L. (2006). *Providing care and support: some reflections on disability and sexuality. The Bible in transmission*. Spring 2006. [Online] From: <http://www.biblesociety.org.uk/resources22/>
- Foster, M. (2003). *Testing the holy water: As part of a general belief in promoting the social inclusion of people with learning disabilities*, *Learning Disability Practice*, 6(7), 16.
- Galgalo, J., Kabue, S., Mombo, E. & Peter, C.B. (eds.).(2011). *Disability, society and theology: Voices from Africa*, Zapf Chancery Publishers Africa, Limuru.
- Gene, N & Joni, E. (1987). *All God's Children: Ministry to the Disabled*. Grand Rapids, Mi: Zondervan Publishing House
- Gerkin, C. V. (1997). *An Introduction to Pastoral Care*. Abingdon Press: Nashville
- Gorsuch, N. J. (1999). *Pastoral visitation*. Minneapolis: Fortress Press. Grant, C. (1997). "Reinterpreting the Healing Narratives" in Nancy Govig, S. D. (1989). *Strong at the broken places: persons with disabilities and the church*. Louisville, KY: Westminster/John Knox Press.
- Gunda, M.R. (2012). 'Prediction and power: Prophets and prophecy in the old Testament and Zimbabwean Christianity', *Exchange* 41, 36–351. <https://doi.org/10.1163/1572543X-12341237>
- Hahn, S. (2010). *Many are called: Rediscovering the Glory of the Priesthood*. New York: Doubleday.
- Haihambo, C. & Lightfoot, E. (2010). 'Cultural beliefs regarding people with disabilities in Namibia: Implications for the inclusion of people with disabilities', *International Journal of Special Education* 25(3), 6–87.
- Haythorn, T. (2003). *Different bodies, one body: Inclusive religious education and the role of the religious educator*. *Religious Education*, 98(3), 331-347.
- Hefferman, T.M. (2000). *A Student's Guide to Studying Psychology*. Sussex: Psychology Press Ltd

- Henley, C. (2001). 'Good Intentions–Unpredictable Consequences.' *Disability and Society* 16 (7) pp 933-947
- Hogan, N. (1978). *The glory of preaching*. In Warren, T & Elkins, G (eds.) 1978. *God demands doctrinal preaching, 10-15*. Jonesboro: National Christian Press, Inc
- Howell, B. M & Paris, J.W. (2011). *Introducing cultural anthropology: a Christian perspective*. Grand Rapids, MI: Baker Academic.
- Hubach, S. (2007). *Interview with by Faith magazine*. In: by Faith magazine
- Hunter, R.J. (1990). *Pastoral care and counselling (comparative terminology)*. In R. J. Hunter (Ed.), *Dictionary of pastoral care and counselling* (p. 845). Nashville: Abingdon Press.
- Hyson, P.(2013). *Coaching with Meaning and Spirituality*. New York: Routledge.
- Iezzoni, I. L., McCarthy, E. P., Davis, B. R. & Siebens, H. (2000). *Mobility impairments and use of screening and preventive services*. *American Journal of Public Health*, 90(6), 955-961.
- Iosifides, T. (2011). *Qualitative Methods in Migration Studies: A Critical Realist Perspective*. Ashgate Publishing Company
- Iozzio. (2017). *God bends over backwards to accommodate humankind ...while the Civil Rights Acts and the Americans with Disabilities Act require (only) minimum effort*. *Journal of Moral Theology*, 6, 1-9.
- Iriarte, E. G. (2016). "Models of Disability." In *Disability and Human Rights: Global Perspectives* , by EdurneGarcíaIriarte, Roy McConkey and Robbie Gilligan, 10-32. London: Palgrave.
- Irvine, A., & Lupart, J. (2006). *Social supports in inclusive settings: An essential component to community living*. *Developmental Disabilities Bulletin*, 34(1-2), 107-126.
- Jakawa, R. L. (2014). *Pastoral Ministry to Single Women in the Church of Christ in Nigeria, Giging Regional Church Council, Jos, Nigeria*. Doctor of Philosophy, University of KwaZulu-Natal

- Jamir, T.(2020). *Empowering Laity to Engage in Pastoral Care Ministry: A Proposal for Capacity Building and Supervision for Larger Congregation with Special Reference to KohimaAo Baptist Church, Nagaland, India*. Thesis
- Jacober, M.E.(2017). *Redefining Perfect: The Interplay between Theology and Disability*. Oregon: Cascade
- Joel A. J. (2016). *Relational Pastoral Care and Counselling: A Practical Theological Exploration of Relational Spirituality and Grief* .Luther Seminary thesis, Practical theology commons
- Jones, E. F. &Stahmann, R. F. (1994). *Clergy beliefs, preparation, and practice and premarital counselling*. The Journal of Pastoral Care. 48 (2), 181-186.
- Kabue, S. (2011). 'Persons with disability in church and society. A historical and sociological perspective', in J. Galgalo, S. Kabue, E. Mombo& C.B. Peter (eds.), *Disability, society and theology: Voices from Africa*, pp. 3–24, Zapf Chancery Publishers Africa, Limuru.
- Kadungure, T.P.(2017). *Experiences of caregivers caring for children with different special needs in a cluster foster care village in KZN*. Master Thesis, University of KwaZulu-Natal
- Kelly, E. (2008). *Meaningful funerals: Meeting the theological and pastoral challenge in a postmodern era*. New York: Mowbray
- Kern, W. (1985). *Pastoral Ministry with Disabled Persons*. New York: Alba House
- Kim, H. (1999). *Preaching and spirituality: A homiletical study in the light of Paul's sermons in Acts 13, 14, 17 and 20*. Th.D. dissertation. PotchefstroomseUniversiteit.
- King, S. (1998). *The beam in thine own eye: Disability and the black church*. The Western Journal of Black Studies, 22(1), 37
- Kunhiyop, S.W. (2012). *African Christian Theology*, Zondervan, Grand Rapids, MI.
- Kombo, D. K., & Tromp, D. L. (2012). *Proposal and Thesis Writing: An introduction*. Nairobi: Pauline's Publications Africa
- Kombo, D. K. and Tromp, D. L. A. (2006). *Proposal and thesis writing: An Introduction*. Nairobi: Paulines Publication Africa.

- Kamanga, C.N. (2019). *A Critical Evaluation of the Involvement of Pastors with Mental Patients: A Case Study of Saint John of God Mental Hospital in Mzuzu, Malawi*. Master in Theology, Stellenbosch University
- Leach, T.(2010). *Compel Them To Come In*. Special Touch Ministry, Inc
- Lister, H. & Dhunpath, R. (2016). *The taxi industry and transportation for people with disabilities: implications for universal access in a metropolitan municipality*. Transformation 90. 28-48.
- Longchar, W.A. (2011). 'Sin suffering and disability in God's world', in J. Galgalo, S. Kabue, E. Mombo & C.B. Peter (eds.), *Disability, society and theology: Voices from Africa*, pp. 47–58, Zapf Chancery Publishers Africa, Limuru.
- Long, T. G. (1989). *The Witness of Preaching*. Louisville: Westminster John Knox Press
- Louw D. J. (2000). *Meaning in suffering: a theological reflection on the cross and the resurrection for pastoral care and counselling*. Frankfurt, Germany: Peter Lang.
- Louw, D. (1998). *A Pastoral hermeneutics of care and encounter: A theological design for basic theory, anthropology, method and therapy*. Lux Verbi.
- Louw, D. (2008). *Cura Vitae: Illness and the Healing of Life*. Cape Town, South Africa: Lux Verbi.
- Luborsky, M. (1994). *The Identification and Analysis of Themes and Patterns*, in J. Gubrium & A. Sankar. (1994). *Qualitative Methods in Aging Research*. SAGE Publications, Thousand Oaks, CA. [PDF] Available from: [https://www.researchgate.net/publication/232539481The\\_Identification\\_and\\_Analysis\\_of\\_Themes\\_and\\_Patterns](https://www.researchgate.net/publication/232539481The_Identification_and_Analysis_of_Themes_and_Patterns) [accessed July 10 2021].
- Mabusela, M.D (2010). *An investigation of the challenges and coping mechanisms of home-based caregivers for patients living with HIV in Mamelodi*. Unpublished Master's thesis, UNISA, Pretoria, South Africa
- Magezi, V. (2007). *HIV and AIDS, Poverty & Pastoral Care and Counselling: A home-based and congregational systems ministerial approach in Africa*. Stellenbosch: SUN PReSS

- Magezi, V. (2007). *Pastoral counselling: towards a diagnostic and interpretational approach in Africa*. In die Skriflig, 41(4) 655-672
- Makgato J, M. (2010). *Challenges faced by the grandparents in caring for AIDS orphans in Koster*, Masters Dissertation, North West University, North West.
- Maldonado, J. E. (Ed) .(1990). *Guide to HIV/AIDS Pastoral Counselling*. World Council of Churches: Geneva
- Mathers, J.R. (2016). *HIV and AIDS as challenge to the Seventh-day Adventist Church in South Africa: A reflection on Home-Based Care*. Stellenbosch University
- Maynard, E & Snodgrass, J.L.(2015). *Understanding Pastoral Counselling*. New York: Springer Publishing Company
- McCloughry, R & Wayne Morris,W.(2002).*Making a World of Difference: Christian Reflections on Disabilities*.Great Britain: Bookmarque, Ltd
- McCoy, C. (2004). Assessing the multicultural competence of school counsellors: A checklist. *Multiculturalism and diversity*, 5(2), pp. 239-253.
- Miles, M. (1995). *Disability in an Eastern religious Context: historical perspectives*. *Disability & Society*, 10 (1), 49-69.
- Miller, D.(1999). “*Implementing and Evaluating a Model of Pastoral Counselling in a Church District*.” DMin, AU
- Mitchell, D. T., & Snyder, S. L. (2015). *The Biopolitics of Disability: Neoliberalism, Ablenationalism, and Peripheral Embodiment*. Ann Arbor: University of Michigan.
- Möller, C .(2012). *The Experiences of People with Disabilities in Faith Communities: A Social work Perspective*. Master Thesis, University of South Africa
- Mpolo, J &Nwachuku, D. (eds). (1991). *Pastoral Care and Counselling in Africa Today/African Association for Pastoral Studies and Counselling*. New York: Lang.

- Mulrean, J.P.(2010). *The Priest as Cultic Figure, Servant Leader and Apostle : Images from Hebrews, John and Paul*, Dissertation, Boston College University
- Mutswanga, P., Makoni, E. &Chivasa, N., 2015, '*An analysis of stories of people with disabilities who experienced stigma in Pentecostal denominations in Zimbabwe*', *International Journal of Economic and Business Review* 3(2), 173–181
- Muytjens, S. (2019). *An exploration of the existence of clergy child sexual abuse dark networks within the Victorian Catholic ChurchQueensland*. Ph D Thesis, University of Technology
- Nabwire, C.J. (2016). *Utilization and Effectiveness of Pastoral counselling in the Management of Conflicts in mainstream and Pentecostal churches in Nakuru County, Kenya*. Doctor of Philosophy in Counselling Psychology of Egerton University
- Neville, R.C.(2018).*Defining Religion: Essay in Philosophy of Religion*. New York: SunyPress
- Newman, B. J. (2011). *Autism and your church: Nurturing the spiritual growth of people with autism spectrum disorder*.
- Nuwagaba, J. (2015). *Pastoral Challenges of promoting Ministry to the deaf in the Catholic Archdiocese of Nairobi*. Master Thesis, Duquesne University
- Nyandoro, R. (2010). *Assessment of counselling skills among the clergy: A case study of The Roman Catholic priests in The Diocese of Masvingo in Zimbabwe*. Master Thesis. Pretoria: University of South Africa
- Orwenyo, S.(2014). *The Role of Theological Training in Pastoral Ministry within the Seventh - Day Adventist Church: A Case Study of the Theological Seminary at the Adventist University of Africa (AUA), Rongai – Kenya*. Master Thesis, University of Nairobi
- Oso, W.Y &Onen, D. (2009). *A general Guide to Writing Research Proposals and Report: A Handbook for Beginning Researchers*. Nairobi: Jomo Kenyatta Foundation, Kenya.

- Otieno, P. A. 2009. "Biblical and Theological Perspectives on Disability: Implications on the Rights of Persons with Disability in Kenya" *Disability Studies Quarterly*, Vol 29, No 4, pp. 14
- Parrot, D. (2008). *Your Church and the Law: A Simple Explanation and Guide*. Norwich: Conterbury press
- Pedersen, P. (2008). Ethics, competence, and professional issues in cross-cultural counselling. *Counselling across cultures*. 4(9), pp. 5-20.
- Phaswana, D. R. (2008). *Communal Pastoral Counselling: Culturally Gifted Care-Giving in Times of Family Pain—A Vhavenda Perspective*. Ph D, University of South Africa
- Phethlu, D. R & Watson, M. (2014). Challenges faced by grandparents caring for AIDS orphans in Koster, North West Province of South Africa. *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD) Supplement*, 1 (2), 348-359.
- Polit, D.F. & Hungler, B.P. (1999). *Nursing Research: Principles and Methods*. 6th ed. Philadelphia, PA, United States of America: Lippincott Williams & Wilkins. Available: <https://trove.nla.gov.au/version/46494081> [2021, March 21].
- Polit, D. F & Hungler, B.P. (1993). *Essentials of Nursing Research: Methods, Appraisal and Utilization*. 3rd Edition. Philadelphia: JB Lippincott.
- Polit, D. F & Hungler, B. P. (1995). *Essentials of Nursing Research: Methods, Appraisal and Utilization*. 4 th edition. Philadelphia: JB Lippincott.
- Prasad, P., Mills, A. J., Elmes, M., Prasad, A. (1997). *Managing the organizational Melting Pot: Dilemmas of Workplace Diversity*. Sage Publication. Thousand Oaks, C
- Purify, B.A.(2018). *Exploring Experiences of Christian Clients Integrating Faith in Psychotherapy*. Doctor of Psychology, Antioch University Santa Barbara
- Purves, A. (2004). *Reconstructing Pastoral theology: A Christological foundation*. Louisville: Westminster John Knox.

- Redding, C. R. (2005). *A study of the Relationship between parental faith nurturing variables and intrinsic Orientation of faith in fifth and sixth-grade Children in Florida's Southern Baptist Churches*. Ft. Worth, TX: Southwestern Baptist Theological Seminary.
- Rehabilitation International, 'UN Convention on the Human Rights of People with Disabilities: Ad Hoc Committee Seventh Session – Daily Summaries' (on file with the authors), 24 January 2006
- Reinders, H.S. (2013). 'Theology and Disability: What is the question?', in J. Claassens, L. Swartz & L. Hansen (eds.), *Searching for Dignity: Conversations on human dignity, theology and disability*, pp. 31–41, Sun Media, Stellenbosch.
- Reynolds, B. (2008). *The apocalyptic son of man in the Gospel of John*. Tübingen: Mohr Siebeck.
- Ross, A. (2003). *Counselling skills for church and faith community workers*. Philadelphia: Open University Press.
- Sande, N. (2018). *Pastoral ministry to Persons with Disabilities: A critical Investigation of how the Apostolic Faith Mission (AFM) church can be a safe space for meeting the needs of Persons with Disabilities (PWD) IN Harare, Zimbabwe*. Ph D. Thesis, University of Kwazulu-Natal
- Sande, N. (2019). *Pastoral ministry and persons with disabilities in the case of the Apostolic Faith Mission in Zimbabwe*. African Journal of Disability 8(0), a431. <https://doi.org/10.4102/ajod.v8i0.431>
- Sande, N. (2019). Towards inclusion: Disability and Indigenous Shona Culture in Zimbabwe. *International Journal of Education and Social Science Research*, 2(1): 1-12.
- Sansio, A. (2018). *Effective pastoral care for the sick and the dying; a strategy to enhance faith among the Catholics of Kihani Parish Mbarara –Archdiocese*. Master Thesis, Makerere University
- Shaik, S. (2012). *An exploratory study of the experiences of care-givers of children with autism in KwaZulu-Natal*. Unpublished Master's thesis, University of KwaZulu Natal, Durban, South Africa.

- Shaw, W. A.(1994). “*The Development and Implementation of a Grief Support Group Program for the Toronto East Seventh-Day Adventist Church Community.*”DMin, AU, 1994.
- Shiriko, J. (2011). ‘*Disability: Social Challenges and Family Responses,*’ in S. Kabue, E. Mombo, J. Galgalo, & C.B. Peter (eds). *Disability, Society and Theology: Voices from Africa*, 168-196. Kenya: Zapf Chancery.
- Sidhu, K. M. (2006). *Methodology of Research in Education*. New Delhi: Sterling Publishers Private Limited.
- Sigaba, A.L.(2011) *A contextual cross-cultural contribution to enrichment, growth and healing through pastoral care and counselling in the South African context, with particular focus on Methodist families in the community of KwaNdengezi in KwaZulu-Natal*. Ph D Thesis, University of KwaZulu-Natal Pietermaritzburg
- Skinner,J., Edward, A & Corbert, B. (2015).*Qualitative Methods for Sports Management*. New York: Routledge
- Sobsey, D. (1994). *Violence and Abuse – in the lives of people with disabilities: the end of silent acceptance?* Baltimore: Paul H. Brooks Publishing
- Stahl, D. (2020). “*Reimagining the Healing Service.*” *Theology Today* 77(2):165–178
- Stone, H.W. (1996). “*Sojourn in South Africa: Pastoral Care as a Community Endeavor,*”*The Journal of Pastoral Care, Summer 1996, Vol. 50, No. 2. 210.*
- Swift, C. (2014). *Hospital chaplaincy in the twenty-first century: the crisis of spiritual care on the NHS*. 2nd Edition. Farnham: Ashgate Publishing Ltd.
- Swindle, P. J.(2017).*A Twisting of the Sacred: The Lived Experience of Religious Abuse*. Ph D Thesis,The University of North Caroline
- Sue, D. W. (2010). *Micro-aggressions, marginality, and oppression: An introduction*. In D. W. Sue (Ed.), *Microaggressions and, marginality: Manifestation, dynamics, and impact (pp. 3-24)*.Hohoken, New Jersey: John Wiley & Sons, Inc
- Thomas, D. (2009). *Culture and disability: A Cape Verdean perspective*. *Journal of Cultural Diversity* 16(4): 178-186.

- Thomson, R.G. (1997). *Extraordinary bodies: Figuring physical disability in American culture and literature*, Columbia University Press, New York
- Thompson, V., Bazile, A., & Akbar, M. (2004). *African Americans' perceptions of psychotherapy and psychotherapists*. *Professional Psychology: Research and Practice*, 15(1), 19-26.
- Thomson, R.G. (1997). *Extraordinary bodies: Figuring physical disability in American culture and literature*, Columbia University Press, New York.
- Ugorji, L.I. (2004). *Making able in disability*, Snaap Press, Enugu.
- United States Conference of Catholic Bishops.(USCCB, 2005). (2005). *National directory for catechesis*. USCCB.
- United States Conference of Catholic Bishops(USCCB).(1989). *Pastoral Statement of U.S. Catholic Bishops on People with Disabilities*. Washington, DC: United States Catholic Conference, 1978 (updated 1989).
- vanLeeuwen, R., Tiesinga, L.J., Middel, B., Post, D. and Jochemsen, H. (2009). *The Validity and Reliability of an Instrument to Assess Nursing Competencies in Spiritual Care*. *Journal of Clinical Nursing*, 18 (20), pp.2857-2869.
- Ward, E.D. (2001). *The contribution of clinical pastoral education to pastoral ministry in South Africa: overview and critique of its method and dynamic, in view of adaptation and implementation in a cross cultural context*. (Doctor of Philosophy), University of KwaZuluNatal.
- Waznak, R. P.(1983). *Sunday after Sunday: Preaching the homily as story*. New York: Paulist Press.
- Webb-Mitchell, B. (1994). *Unexpected guests at God's banquet*. New York: Crossroad.
- Wendell, S. (1996). *The Rejected Body: Feminist Philosophical Reflections on Disability*. Routledge Press, New York.
- Wenger, G. C &Burholt, V. (2004). "Changes in levels of social Isolation and loneliness among older people in a rural area: A twenty -year longitudinal study." *Canadian Journal on Ageing* 23(2): 115-12

- Wilkes, H. (1980). *Creating a caring congregation: Guidelines for ministry with the handicapped*. Nashville, TN: Abingdon Press
- Wicks, R. J., Parsons, D & Capps, D.E. (Eds.).(2003). *Clinical handbook of pastoral counselling*. Mahwah, New Jersey: Paulist Press.
- Wilson, P. S. (2004). *Preaching and homiletical theory*. St. Louis, MO: Chalice Press
- Wolfensberger, W. (1988). *A brief introduction to social role valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services*. New York: Syracuse
- Wylie, K., McAllister, L., Davidson, B., Marshall, J., Amponsah, C., & Bampoe, J. O. (2017). *Self-help and help-seeking for communication disability in Ghana: implications for the development of communication disability rehabilitation services*. *Globalization and health*, 13(1), 92.
- Yeo, R & Moore, K. ( 2003). *Including disabled people in poverty reduction work: Nothing about Us, Without Us*. *World Development*; 31(3)571-590.
- Yin, R.K. (2009). *Case study Research: Design and Methods*. 4th ed. Los Angeles, CA, United States of America: Sage.
- Yong, A. (2011). *The Bible, Disability and the Church: A New Vision of the People of God*. Grand Rapids, MI: William B. Eerdmans
- Žilová, A., Novotná, A. & Joseph, M. V. (2014). *European and global contexts of poverty in the period of social and demographic transformations of the society*

## APPENDICES

### Appendix A: Interview Guide for Pastors and Care givers

1. What type of pastoral services are offered in the selected churches?

.....  
.....  
.....  
.....  
.....  
.....  
.....

2. How pastoral counselling services are made available to PWDs?

.....  
.....  
.....  
.....  
.....  
.....  
.....

3. What challenges are experienced when pastoral counselling services are offered to PWDs?

.....  
.....  
.....  
.....  
.....

4. How can pastoral services be made available to PWDs?

.....  
.....  
.....  
.....  
.....

**Appendix B: Interview Guide for PWDs**

1. What type of pastoral services are offered to PWDs in the selected churches?

.....  
.....  
.....  
.....  
.....  
.....  
.....

2. How pastoral counselling services are made available to PWDs?

.....  
.....  
.....  
.....  
.....  
.....  
.....

3. What challenges are experienced by PWDs when receiving pastoral counselling services?

.....  
.....  
.....  
.....  
.....  
.....

4. Suggest other ways how pastoral services can be made available to PWDs?

.....  
.....  
.....  
.....  
.....

Thank for participating in the study.

