



**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.**

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12 September 2018

## DECLARATION

I, Nomatter Sande, declare that:

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As the supervisors, we hereby approve this thesis for submission.

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- I am indebted to fellow candidates and peers at the University of KwaZulu-Natal (UKZN) Howard campus and the Apostolic Faith Mission in Zimbabwe (AFM).

## **DEDICATION**

I dedicate my work to my beloved wife Lynette, son Ndishe Emmanuel and daughter Nashe Emerald. Also, my friends Masomera, Dr Ringson, Dr Chivasa, Professor Machingura, Nyakuwa, Harold, Sandra and Josiah whose contributions through their persona were both exciting and worrying.

## **ABBREVIATIONS**

|       |   |  |
|-------|---|--|
| AFM   | - | Apostolic Faith Mission in Zimbabwe                    |
| ALMA  | - | African Leadership and Management Academy              |
| AMFCC | - | African Mount for Christ College                       |
| CDCD  | - | Church Disability Celebration Day                      |
| FGM   | - | Focus Group Male                                       |
| FGF   | - | Focus Group Female                                     |
| LWTS  | - | Living Waters Theological Seminary                     |
| IDIF  | - | In-depth Interview Female                              |
| IDIM  | - | In-depth Interview Male                                |
| NGOs  | - | Non Governmental Organizations                         |
| NLBI  | - | New Life Bible Institute                               |
| PBC   | - | Pentecostal Bible College                              |
| PWD   | - | People with Disabilities                               |
| ZAOGA | - | Zimbabwe Assemblies of God Africa                      |
| UKZN  | - | University of KwaZulu-Natal                            |
| UNCPD | - | United Nations Convention on Persons with Disabilities |
| UZ    | - | University of Zimbabwe                                 |

## **ABSTRACT**

The subject on disability is complex, especially when addressed from a theological perspective, bearing in mind that Judeo-Christian teachings have the dehumanisations of Persons with Disabilities (PWD). The Apostolic Faith Mission (AFM) is a Pentecostal church in Zimbabwe. As such, the pastoral ministry and theology in the AFM emphasises divine healings, miracles, signs and wonders for believers. Thus, the space of PWD and how PWD either connect or benefit from this Pentecostal heritage is critical to this study.

Accordingly, this study is aimed at investigating the role of the Apostolic Faith Mission (AFM) in addressing the needs of PWD. The first objectives of this study was to examine the lived experiences of PWD in Harare, Zimbabwe. The second objective was to explore the engagement of the AFM church with PWD. The third objective was to establish an appropriate theological response to PWD in the AFM. The study uses the models of disability as its theoretical framework to both intepret the findings of the study and inform the analysis of data and place the study into perspective. Consequently, this study employed the qualitative research methodology and the data was collected through in-depth interviews, focus groups and participant observations. The sample group were three pastors and chaplains, and twenty-one PWD.

This study, examines the AFM responses to disability from an empirical perspective. The results revealed emerging themes such as accomodation, employment, abuse, education, stigmatisation, mobility challenges and the expectations of PWD from the Church. As such, this study advances deconstruction and reconstruction of an appropriate theological response to meet the needs of PWD. In conclusion, the study was not undertaken to merely expose the

needs of the PWD who are members of the AFM by exploring their lived experiences, but also to develop an appropriate theological response that the AFM could adopt. The thesis will argue that the stewardship theology of disability offers a fresh theological approach to influence and impact on the lives of PWD. The study urges the AFM to show compassion and recognition towards PWD as well as treating them with dignity.



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## **CHAPTER ONE**

### **INTRODUCTION TO THE STUDY**

#### **1.1 Introduction**

This study focuses on Persons with Disabilities (PWD) with a particular interest in the Apostolic Faith Mission in Zimbabwe (AFM) Pentecostal Church. Disability cuts across race, ethnic grouping, religion, gender and social class. In other words, it is indiscriminate hence, individuals in society may have a spouse, partner, neighbour, friend or parent who is living with a disability. Disability studies are interdisciplinary, drawing on insights from humanities, sciences and social sciences. Persons with disabilities tend to experience difficulties in their attempts to be integrated into communities and become part of the mainstream society of faith-based organisations. Accordingly, White (2014) argues that one of the callings of the Church is to make sure their doors are open to everyone. Unlike earlier works on disability which focused on sources of disability and models of disabilities, the focus in this study is exclusively on the lived experiences of PWD, the experiences of PWD in the AFM, and pastoral ministry to PWD.

The centrality of the Bible, its meaning and the desire to fulfil what the Apostles described or did are part of the hallmarks of the AFM. In fact, the name AFM is a trademark to imitate and re-live the early 'Apostles in the book of Acts' as a mission and mandate. Even in this context, great complexity marks the biblical perceptions about disabilities, thereby influencing the hermeneutical position of both the pastors and the laity in the church. Satterlee (2009:34) states that faith-based organisations subtly interpret the narratives that incorporate PWD to reinforce the view that disability is the repercussion of transgression or a form of God's discipline. Many

scholars are interested in questioning the role of the Bible on disability (Hull 2000). For instance, Githuku (2011) observes that the Bible uses figurative language to refer to PWD. As such, this has created space for questioning the practices and processes of the inclusion of PWD within the AFM. Consequently, both the theoretical and academic endeavours of disability studies are necessary to capture and interpret the complexity of the lived experiences of PWD in the AFM.

The lives of PWD continue to deteriorate due to a myriad of factors. Challenges include, but are not limited to, stigmatisation, discrimination, exclusion and abuse, which have a significant bearing on the socio-cultural, religious, economic and socio-political paradigms. A report on Zimbabwe by UNICEF (2001) stated that PWD in Zimbabwe live under challenging circumstances and are vulnerable. Persons with disabilities are mostly invisible, hidden within families or in institutions (Chidindi 2011: 10). The PWD experience takes many forms, in fact, PWD experience harsher socio-economic conditions and greater poverty than their able-bodied counterparts (Organization 2011). As in any developing country, PWD in Zimbabwe struggle to take ownership of their own identity and space. As such, Chimedza and Peters (1999) argue for cultural identity and empowerment. Persons with disabilities deserve to have their Christian identity upheld in a way that is not harmful. Machingura (2012) explains that in Zimbabwe, institutions claiming the love of God reflect a poor image of PWD. Using the AFM as a case study, this study seeks to explore the AFM response to disability and how the church can deconstruct and reconstruct a theological response to alleviate the plight of PWD.



## 1.2 Background

Discoursing on meeting the needs of PWD is a form of social responsibility which Chappel (2015) describes as ‘a discursive construct of reality’. Challenges facing PWD are a shared experience across the world. As put forward by Coleridge, disability is a condition and a phenomenon that touches all, and thus can happen to anyone (1993: 6). A significant number of people know an individual within their close circle of interaction who is living with a disability. The World Report on Disability created by the World Health Organization (WHO) and the World Bank (2017) estimates that 15% of the population of the world constitutes of PWD, with 2 - 4% experiencing difficulties in functioning. Further statistics, according to the United Nations, indicate that about 25% of families in the world have at least one member who suffers from an impairment.

In line with this, findings by Watson indicate that disability is an exceptionally complex variable; it is multi-dimensional and cuts across the extent of socio-political, economic and religious life (2012: 194). My interest in disability studies was first stimulated by the work of Reynolds, who argues that faith-based organisations need a paradigm shift in the way they perceive PWD (2012: 213). Reynolds proposes that churches should honour PWD by inviting them to become participants in the community of believers. Also, Yong (2007), who looked at the connection between Christology, theology and disability, and Eiesland (1994) who discussed liberation theology as justification for the inclusion of PWD in the Church, triggered my interest in studying disability.

The dominance of Christianity in the Zimbabwean religious landscape and the near absence of PWD in religious practice and theology created the primary need for the research. According

to Oliver (1990), disability studies emerged because of the way the community is organised and because social relations are crucial in the experiences of PWD. This study offers the hypothesis that the Christian community, specifically the AFM, can be a significant contributor to ameliorating the plight of PWD if the AFM develops an appropriate theological response. For instance, most of the Zimbabwean populace are Christians in this multi-religious country. Most people confess some form of Christianity (Protestant, Catholic, Pentecostal, neo-Pentecostal). Amongst the 15.9 million people in Zimbabwe, 67% belong to Protestant Christianity (Country Economy 2016).

Like other Southern African countries, Zimbabwe has experienced exponential growth in the number and size of Pentecostal churches. As such, the Pentecostal strand has recently received considerable attention in Zimbabwe and beyond (Chimuka 2014; Musoni 2013). The AFM is viewed as the most seasoned and the mother of Pentecostal places of worship, with the highest number of members. (Togarasei 2016: 2). Across various parts of Zimbabwe, the AFM churches have an estimated membership of 2.3 million (Machingura and Chivasa 2016: 13), followed by Zimbabwe Assemblies of God Africa (ZAOGA) with one million members. The reason the AFM was selected for this study is not only because it is the most significant and oldest Pentecostal church in Zimbabwe, but also because I am a member and an ordained pastor. Since the AFM has a significant following in Zimbabwe, the findings on the plight of PWD will be representative and could easily be generalised to the rest of the Christian population, especially the Pentecostal churches. Statistics show that the disability prevalence in Zimbabwe is at 7%, amounting to 900 000 individuals (UNICEF 2013). Thus, because of this high population in the market share of the AFM, its perception about disability becomes critical to this study. In fact, Chitando argues that churches always play a significant role in socio-economic issues, whether actively or not (2007: 1).

Such a background, therefore, underlines the importance of engaging in an enquiry on the lived experiences of PWD in the AFM church. To explore these features further, this study uses models of disability and disability theology as both descriptive and prescriptive theoretical lenses. These theories tend to employ multiple sources of reality about disabilities. This is a significant strength and one of the reasons why these are perceived as essential to this study. Given that disability is a construct, the use of diverse sources of information is valuable in comprehending the lived experiences of PWD from a variety of contexts and perspectives.

### **1.2.1 First-hand Experiences and Motivation for the Study**

Ten years of active pastoral ministry in the AFM fostered the desire to study and understand the plight of PWD better. During these years, it was observed that upon seeing PWD, some people pray to God to heal such individuals. The reason for this is partly based on the notion that PWD are not normal human beings. Consequently, I was motivated to engage in a contrastive study regarding the idea of the connection between PWD and able-bodied persons in the AFM church. In this context, it is essential to comprehend the economic, social, political and religious factors that define disability and how they collectively respond to differences. Thus, the anchor of this study is the lived experiences of PWD. Unlike most writings on disabilities, which are based on the first-hand experience of stigma, marginalisation and discrimination of PWD, such as presented by Creamer (2010, 2009) and Eiesland (1994), this study is written from the position of non-disabled persons on issues of the lived experiences of PWD.

The religious factors that affect PWD are similar to the cultural aspects found in the Shona indigenous culture. Accordingly, another motivation behind this study is my experience of

PWD in Shona society. In the society in which I grew up, individuals embrace the notion that there is something wrong with PWD. Therefore, they are sidelined owing to deeply ingrained beliefs and misperceptions; disability is associated with incest and other socially deviant behaviour as well as taboo subjects in traditional Shona society. I became aware that it was necessary to understand indigenous culture in its relation to disability to understand the response of Christian churches in Zimbabwe, especially the AFM, to disability. Also, Eiesland (2002) and Satterlee (2009) argue that physical impairment, regardless of its extent, is frowned upon by believers and perceived as either a curse from God or the ancestors or a manifestation of generational sin.

Despite the role and the recognition of the Supreme Being amongst the Shona people, it appears that issues pertaining to the human rights of PWD are neglected. In the Shona society, disability is not perceived as an accidental phenomenon that manifests by itself. The cause of the disability is either the Supreme Being or ancestral spirits. The assumption is that God and ancestral spirits have the moral right to punish wrongdoers and disability is one of the signs that show that a member of the family committed some form of wrongdoing. The most common activities that warrant punishment from ancestral spirits, according to Shona custom, is the violation of social norms through acts such as incest, rape, adultery, theft or murder. Thus, disability is perceived as a penalty to point out past wrongdoings, which can then be put right to avoid something more dreadful in the future. Able-bodied persons believe that the power to mete out justice and perform restorative truth and justice lies in the supreme power of an all-powerful being. These views have contributed to the negative perceptions of and sympathy for PWD as unfortunate victims who must suffer for the sins of a family member.

There is a need to provide meaningful assistance to PWD. Therefore, understanding their lived experiences is a pressing issue because disability is a social construct showing the relationship between disability and culture, as described by Devlieger and De Coster (2009), and Wendell (1996). Although the rights of PWD have developed over a period of time, the religious freedom of PWD has remained a low priority in Pentecostalism. Confirming this, Yong (2011) argues that, based on various unclear reasons, the Pentecostal churches have lagged in the broader culture regarding issues concerning disability and the increase in interest in disability theology. Creamer (2012: 339) explains that disability theology explores both the engagements and failures of religious traditions on issues of disability, for the construction of a possible inclusive theological work.

There have been no specific and significant studies of pastoral ministries and the disabled in the AFM. In the light of the above, it is felt that the initial questions about the AFM Pentecostal theological response might be of some value to the study of disabilities. Knowing that there was already a substantial body of work, not only on liberation theology but also on theologies of suffering, this study explores the nexus of liberation theology, and theologies of suffering and disability. It is believed that this will further disability theology in a context which may eventually be of practical value to both PWD and the AFM.

### **1.2.2 Location of the Study**

The study is located in Harare, the center of communication, administration and commerce in Zimbabwe. Muronda (2008) stated that Cecil John Rhodes, the leader of the *Pioneer Column* founded Harare in 1890. The city was first named Fort Salisbury, then Salisbury, and developed later into a world-class city. Statistics show that Zimbabwe has a population of 16 million, of

which 1.5 million live in Harare. The choice of location was prompted by the assumption that there are higher numbers of PWD in the AFM churches in Harare as opposed to other parts of Zimbabwe. The AFM churches in the Harare metropolitan area were the central foci of this study. The locations used for sampling purposes were both high and medium density suburbs. These are areas with a high population and low income, as well as a middle income and middle density. The reason for this choice was determined by the mixed socio-economic status of the residents, which providing a varied life experiences of PWD. As elsewhere in the world, there are numerous types of disabilities in Zimbabwe, hence the also likelihood of diverse needs amongst PWD. The research for this study commenced in February 2014 and concluded in September 2018.

### **1.3 Problem Statement**

Divine healings, miracles, signs and wonders are central to the AFM Pentecostal liturgy. It is evident that both the AFM congregation and pastoral ministry have emphasised these divine products; however, what is not clear is the extent to which PWD have either connected with or benefited from this Pentecostal heritage. Inevitably, in such a context, PWD have either become candidates for the demonstration of the power of God, or objects to be piously sympathised over. The problem is that this has created discord and questions on how the AFM can be a spiritual home for all people, including PWD. In terms of relationships, the interaction between PWD and the non-disabled in the AFM in Zimbabwe is characterised by the dichotomy of ‘us and them’. The ‘*us*’ are pastors and the rest of the church members making up the majority, while the ‘*them*’ are the PWD who constitute the minority of church members. For this reason, , the study seeks to explore the AFM’s response to disability and how it can deconstruct and reconstruct an appropriate theological response to meet the needs of PWD.

#### **1.4 Rationale and Significance of the Study**

In the light of recent developments in globalisation, modernity and human rights, it is becoming difficult to ignore the existence of PWD in every society. Surprisingly, no extensive study has been published on disability issues in the AFM in Zimbabwe. Literature on the AFM has concentrated on the historical background of the congregation and the act of speaking in tongues; disability has not been given much consideration. For this reason, religious groups and pioneers have a significant role to play in easing the predicament of PWD. The lack of focus on the Zimbabwean Pentecostal landscape and how their doctrine, ethics and liturgy have impacted on PWD has resulted in a paucity of studies on the issue of disability in Zimbabwe as a whole. This study argues that not much has been done on disability within the AFM and the Zimbabwean context to change the negative perceptions about PWD; there is room for improvement, and this is a gap this study intends to fill.

This study attempts to expose the challenges and needs that are characteristic to PWD. Besides the spiritual needs of PWD, focusing on the material needs also provides insight into the lives of PWD. The central question is whether the AFM views the spirituality and pastoral needs of PWD as equally important to those of the able-bodied. This creates an opportunity to deconstruct and reconstruct theological underpinnings that impact on their perspectives regarding PWD. Such an approach has the potential to develop a way in which the AFM can assume a critical role in creating a space for PWD. Since issues of disability are interdisciplinary, this study employs a qualitative approach within the constructivist paradigm that advances the belief that we create the world we experience (Guba and Lincoln 2005). Accordingly, this study provides a careful analysis aimed at contributing to disability theology.

## **1.5 Objectives of the Study**

The following objectives guide this study: firstly, the study examines the lived experiences of PWD in the AFM. It seeks to identify the general and overall experiences that PWD live on a daily basis. These challenges have nothing to do with religion but deal with the day-to-day upkeep of such an individual in society. Secondly, the study explores the experiences of PWD in the AFM. This facilitates in comprehending the nature of the relationships within the Pentecostal setting. Thirdly, the study establishes an appropriate theological response to PWD in Zimbabwe. As such, the overall goal is to explore the AFM's response to disability and how it can deconstruct and reconstruct an appropriate theological response to meet the needs of PWD.

## **1.6 Key Terminology Clarification**

The following are key terms central to this study: disability; pastoral ministry; Apostolic Faith Mission; Pentecostalism. These key terms are clarified because the term disability is broad and covers a wide spectrum. Also, the terms Pentecostalism and pastoral ministry are broad and need to be limited to a specific area. Clarifying these terms and their use in this study helps to avoid ambiguity or generalisation and enables the meaning of the terms to be contextualised.

### **1.6.1 Disability**

This study uses the definition provided by the United Nations Convention on Persons with Disabilities (UNCPD). In this convention, the United Nations describes disability as all forms of impairment that limit someone's full engagement in various activities as well as conditions that restrict their participation in such activities. However, the types of disabilities are complex



to define since these can be physical, invisible, visible and / or otherwise. Notable examples used in this study are:

- a. *Physical Disability*. This type is the most common type of disability in disability discourse as well as in the context of this study. For the most part, whenever there is mention of the term disability, people refer to physical disability. The reason is that it involves mobility challenges and the use of hands and other parts of the body. Speech problems are also a form of physical disability. These types of disabilities are critical to this study since public worship uses many body parts for liturgical expression. It involves visiting the church buildings, pilgrimages, conferences and vocalisation in singing and prayer.
- b. *Sensory Disability*. This type includes visual and hearing challenges. Deafness can be partial or complete because of being born with a defect or acquiring it later in life, and the same applies to visual impairment. The Bible and the church under review refer to the blind and the deaf during the church liturgy. Hence, it is an essential category in this study.
- c. *Neurological Disability*. This type involves issues of the nervous system. Numerous physical disabilities are often neurological in cause. Headaches and cerebral paralysis, for example, result from matters in the cerebrum instead of muscles, organs or bones. The same can be said of epilepsy and other seizure disorders. The church under review views this type of disability as being caused by an evil spirit, thus needing deliverance or prayer for healing.

### **1.6.2 Pastoral Ministry**

Pastoral ministry is essential for the development of the church. Religious communities conceptualise pastoral ministry and care as a craft concentrated on overseeing both the spiritual and emotional difficulties of the believers. The Bible does not explicitly describe what pastoral ministry is: the function and ideas are part of a priestly role. An essential role of a priest is 'shepherding' the believers, and it is from this context that the idea of pastoral ministry and care emerges. Harold (2000) contends that peaceful service includes protecting the powerless, monitoring their requirements and empowering and securing the adherents. Pastoral ministry in the AFM incorporates education on the Bible in formal church settings. Church services, Holy Communion, home visits, clinic visits, baptism and christenings all entail some form of pastoral ministry. In this way, pastoral ministry is a significant sector of the AFM public worship.

### **1.6.3 Apostolic Faith Mission in Zimbabwe**

The AFM is both the oldest and largest Pentecostal church in Zimbabwe (Machingura 2011; Musoni 2013). However, the AFM in Zimbabwe has not chronologically recorded its history during its growth. The reason for the lack of these records is because the Government did not recognise the Church and those who managed it did not have much education (Togarasei 2016). The Pentecostal movement emerged from the major Christian history. It is regarded as the 'third force' considering the Roman Catholic and Protestant movement. The Azusa Street Revival marks the emergence of the Pentecostal movement. William Joseph Seymour is regarded as the main proponent for the Pentecostal Revival. From North America, the Los Angeles Pentecostalism spread to all the continents and particularly the Global South. The term Pentecostalism refers to a type of Christianity which yearns to restore the biblical miracles,

power, signs and wonders as shown in the book of the Acts of the Apostles (Musoni 2013; Machingura 2011). In Zimbabwe, Pentecostalism has recently taken centre stage, characterised by mega-churches and multiple schisms. Other competing religions are the African Indigenous Religions and Islam, as Zimbabwe is a multi-religious nation (Mapuranga 2013).

## **1.7 Structure of the Thesis**

This study comprises seven chapters. Chapter One contains the introduction, which examines the situations and context surrounding PWD and provides the motivation for the study. The rationale and justification for this study argue that not much has been done concerning disability within the AFM and the Zimbabwean context to change negative perceptions about PWD. This chapter also presents an overview of the research methodology and a summary of the chapters. Chapter Two presents the review of literature on the issue of disabilities. This chapter follows a thematic approach in discussing the causes, meaning and nature of disability. The chapter surveys relevant literature, contextualising and situating the ongoing study and utilises current research to identify gaps to be addressed in the study.

Chapter Three provides a historical background of the AFM, discoursing on its origins and the main characteristics of Pentecostalism. Chapter Four discusses the two theoretical frameworks underpinning this study. The models of disability focus on describing the lived experiences of PWD in the AFM. Regarding the engagement of PWD and their lived experiences, the discussion on pastoral ministry to PWD will use the disability theology. Thus, the models of disability and disability theology are used as both a descriptive and prescriptive framework to develop an appropriate theological response to the needs of the PWD.

Chapter Five discusses the research methodology for this study. The chapter describes the way the study was conducted and the various challenges faced. Chapter Six presents data collected through interviews, discussions with key informants and focus groups. The chapter analyses the research findings, showing possible links and divergences from the literature reviewed.

Chapter Seven presents unique contributions to this study. The chapter bases these contributions on themes emerging from the study and the models of disability and disability theology. The study suggests the stewardship theology of disability as an appropriate theological approach to alleviate the plight of PWD in the AFM. This chapter also provides a general conclusion to the study by summarising the findings of the thesis. Lastly, the chapter highlights the limitations and areas of disability that need further research.

## **1.8 Conclusion**

This chapter provides an introduction to this study. It has examined the situations and contexts surrounding PWD, arguing that an appropriate theological response presents tools that the AFM in Zimbabwe can use to meet the needs of PWD. The motivation for this study was based on the argument that the interaction between PWD and the able-bodied in the AFM in Zimbabwe is characterised by an '*us* and *them*' dichotomy. The '*us*' are pastors and the rest of the church members who fall into the category of the non-disabled, while '*them*' refers to the PWD who constitute a minority of church members. The rationale of this study argues that not much has been achieved on disability within the AFM in Zimbabwe to change negative perceptions about PWD. As such, the overall goal of this study is to explore the AFM's response to disability and how it can deconstruct and reconstruct an appropriate theological response to meet the needs of PWD, a gap this study intends to fill. Lastly, the chapter presented

an overview of the summary of chapters. The following chapter deals with the literature review for this study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

In the previous chapter, the central purpose and objectives of the study as well as problematized the space of PWD within the AFM and how the AFM responds to disability were outlined. This chapter primarily deals with literature pertinent to this study, examining critical literature on the issue of disability within Pentecostalism in Zimbabwe. This chapter follows a thematic approach to discussing relevant literature on disability. The chapter covers the following central themes: conceptualising disability; global and Zimbabwean perspectives on disability; disability, poverty and religions; disability and social inclusion; the theological views on disability; disability and the church and the Bible. The discussion in the review reveals the gaps that this study will address.

## **2.2 Conceptualizing Disability**

Many people in different communities, institutions and families misunderstand disability. The fact that some types of disability are both subtle and invisible means that they take many forms which inevitably makes them difficult to understand. This study acknowledges the diverse categories of disabilities from both global and local contexts. The literature emphasises understandings of disability definitions, causes and meanings from diverse disciplines and backgrounds. A review of the categories and how people conceptualise disability, provides an essential background to this literature review.

There is a consensus amongst social scientists and anthropologists that conceptualisation of disability must be done contextually. For example, Ginsburg and Rapp (2013: 192) have argued that disability takes shape in precise cultural locations, and as a relational category; it is shaped by social conditions and varies from one society to another. As Eskay et al. (2012: 173) observe, on the African continent, disability is perceived differently within various cultural paradigms. Such understanding requires this study to be cognizant of the indigenous Shona cultural perspectives, which may also be the basis for the AFM conceptualisation of disability.

The above discussion shows that disability is a multi-dimensional phenomenon, with its discourse drawing from different areas such as health, culture and the society where one lives. Nevertheless, the literature does not show contributions from the AFM with regards to characterising disability. Hence, this study utilises Chappell's (2015) paradigm, which perceives disability as a discursive construct. This provides a starting point for understanding how the AFM defines, conceptualises and understands disability in a context where different disciplines ascribe meaning to disability.

A growing body of literature deals with definitions of disability. Swain (2004: 54–55) explains that different cultures and languages add to the fluidity of the term disability. As pointed out by Metts (2004), there are different perspectives on the definitions and notions of disability, depending on disciplines, culture and individuals. Since definitions are diverse, this understanding of diversity benefits the study in paying significant attention to how the AFM as an institution defines PWD from their perspective. The definition of disability is essential to this study because it assists in knowing what is at stake when talking about disability. Moreover, interrogating definitions help us to understand what type of people the AFM refers to when they talk about PWD. Further, it helps us to understand how the AFM construction of disability differ from constructions of disability in the broader society.

Traditionally, disability is defined in three ways. Substantial research on disability indicates the interplay among three terms, namely handicap, impairment and physical disabilities. The International Classification of Functioning Disability and Health (ICFDH) and World Health Organization (WHO) in May (2001) adopted these terms as a method of classifying human lifestyle functions and disabilities. The ICFDH submitted that the three terms (impairments, disability and handicaps) are separate but interrelated elements.

*Impairments:* Impairment, as defined by the ICFDH, refers to something different in the body, sense, or the way the mind works. Impairments include the loss or abnormalities of psychological, physiological or anatomical structure or function.

*Disability:* Disability is an impairment that has a profound impact on how one leads one's everyday life. According to WHO (1990: 213), disability is the inability to perform an activity

deemed normal for human beings. Viewed this way, disability is defined by society. Disabilities are seen to be caused by impairments.

*Handicaps:* Impairments and disabilities are both causally linked to handicaps. Handicapped implies that a person has a severe disability, to the extent that they rely on the care of other people. Handicaps are a hindrance to functioning, and depend on factors like age and culture.

However, the way the terms disability, handicap and impairment are used is complicated, and this shows that their definitions are socially constructed. Furthermore, the definitions vary from culture to culture. The advantage of the ICFDH definition of disability is that it defines disability from a broad perspective (Smith, 2007).

It is imperative to understand that it is hard to distinguish between the three categories discussed, since they overlap. Thus, this thesis uses the definitions of impairment, disability and handicap interchangeably. However, the only person who can decide whether something is a disability or not is the person with the disability. Only this person can determine the extent to which he/she may be different and how this affects daily living.

With regard to religion and specifically religious expression in the AFM, the intrinsic relationship between various classes of disability poses challenges. As clearly presented by Wilkinson (2015), Pentecostals use many physical bodily expressions in their religious worship experience. For instance, the notion of spirituality involves ecstatic worship like speaking in tongues, prayer, dancing, falling and twirling. Visiting religious shrines or buildings requires the use of the body. Pertinent questions arise as to whether there is space for ‘impaired bodies’ in able-bodied spaces in the AFM. As such, physical disability becomes a notable case in this



study, more so than the other types of disabilities discussed above. There is a gap in the comprehension of the relationship between PWD body functionality and Pentecostal worship practices in disability studies.

Currently, there are contending meanings of disability, and it is difficult to establish a contextual definition of disability which resonates with the AFM. This section attempts to come up with a working definition of disability. There is no single adequate definition of disability, and this presupposes that each definition has a different underlying agenda and emphasis. Numerous studies have sought to explain disability, and it is important to note that the term ‘disability’ comes from a broad perspective dependent on the socio-cultural and academic disciplines used. For example, Eskay et al. (2012: 173) points out that across the African continent, a particular definition of disability in a particular context comes from distinct cultural perspectives. Examining constructions of disability in-depth, the World Health Organisation (WHO) regarded disability as a term that includes impairments, limitations in activity and participation restrictions.

A meaningful analysis and discussion of the subject by Barnes and Mercer summarises disability as the social exclusion and oppression of PWD (2005: 1). Subsequently, Yong observes that disability is “any restriction or lack” within a range considered normal (2009: 56). Scholars like Saltana (2014) and Kwiotek and McDonnell (2003) agree that the general definition of disability could be any form of inequality and oppression. Asch (2001) shares the same sentiments by stating that disability is comprehensively defined and understood, depending on the cultural, religious and social dynamics of a nation. As such, PWD constitute a social group or a community within a society that is excluded because of their condition.

Countering the above views on the definition of disability, Kabue (2011) argues that the term ‘disability’ is a creation of a modern society in its endeavour to group people with different characteristics. For him, it is not a condition that existed either in the Western or African traditions, nor is it found in the Judeo-Christian tradition. This means the definition of disability remains contested if other religions have not tackled such an important subject. As a direct result of the above contradictions, there is a gap, as currently there is no single adequate meaning of disability that has come from AFM thinking. Thus, there is a challenge for this study to come up with a working definition of disability for the AFM.

In another significant study, the World Council of Churches (Arne and Kabue 2004) introduced a definition which is insightful for this study. The WCC provides a short and precise definition in which disability is simplistically equated with the phrase “differently abled”. There is still an underlining assumption that there is a “normal” and that this group is different – making it an “other”. This definition is significant for this study because it raises questions on models of disability (as either medical/minority group/human variation) and theories of disability (deviance/deficit/ identity). In this study, disability is viewed as a variation of human function, “versus” the view that places people into binary categories of PWD and able-bodied. For example, following the WCC definition, PWD can perform where able-bodied people who are considered normal by society fail – the same way artists can do what scientist are not able to do. It is all about perceiving individual variations. Therefore, the conceptualisation of disability from various perspectives – like medical, cultural and moral – tend to overlap and complement one another. This study defines disability as a functional restriction situated within the individual, brought on by physical, mental and sensory impairment. The choice of this definition is influenced by the understanding that it will allow careful consideration of the individual lived experiences of PWD. For instance, individual bodies that have impairments

experience unique physical and social conditions such as pain, or socially uncomfortable stigma.

In the scholarship of disability, there are preferences in naming PWD, although there are disagreements about the appropriate language and terminology to be used. For example, Swain and French (2008: 9) argue that the term ‘disabled’ connotes someone who is an invalid or cannot do something. The challenge is that the terms used to describe disability suggest that there is an inherent problem with persons with disabilities. In fact, Vermeer (2014) insists that the starting point in discussing disability is the inappropriate naming of disability. According to Kanyenze et al. (2006), the social character of language and its capacity as the principal value-based instrument for human groups makes it both the ultimate divider and the ideal tool for uniting people. Disagreements on appropriate terminology in discussing disability has left some defining disability discourse as ‘persons with disability’ while others denote it as ‘the language of the disabled people’. In relation to this, Githuku (2011) observes that the Bible uses figurative language to refer to persons with disability. Therefore, understanding the power of language is critical to this thesis. Although it is difficult to create a neutral language for every culture, providing a neutral language promotes the well-being of PWD.

This study has an opportunity to propose alternative ways of reading and interpreting such biblical texts so that PWD are accommodated. It was noted by Garland-Thomson (2012) that PWD are labelled as ‘misfits’ and some people disdain PWD. Scholars like Frohmader and Ortoleva (2014), Gausel and Thørrisen (2014), Frohmader (2013), and Green et al. (2005) have shown that people treat PWD as the ‘Other’, and in some cases, they are abused and denied their fundamental sexual rights. These rights are essential to humanity as they provide people with dignity and respect.

The medical perspective informs the way people address disability. From a medical viewpoint, PWD are labelled as ‘abnormal’ (Newell 2007). The term ‘abnormal’ portrays a negative perception of PWD. On the other hand, WHO (2011) insists that almost everyone at some point may be temporarily or permanently disabled. Propositions such as that from the World Report on Disability by WHO inform this study, and indicate that people either do not know enough about disability or do not agree on the language and causes of disability. This study, therefore, explores how the AFM can use language that is inclusive and appropriate to PWD, especially in sermon delivery and liturgical services of God.

The above discussion has focused on the ways disability can be classified, its definition, meanings and appropriate language. In this section, the causes of disability are explored. There are multiple causes of disability which can be traced throughout time. However, the generalisability of the published research on the origins of disability is problematic. For example, Choruma’s (2007) propositions regarding the causes of disability in the context of Zimbabwe are challenging. In her review, she explains that in some circles in Zimbabwe, the causes of disability include harmful elements such as witchcraft, matrimonial promiscuity and curses. However, Choruma’s views are too philosophical and shrouded in abstract notions that make it difficult to ascertain the tangible causes. Unlike in Zimbabwe, the perceptions and explanation among the Baganda people in Uganda indicate that the cause of disability is a competitive spirit called *Wannema* (crippled spirit), which is the spirit of disability (Banja 2013). Spiritual explanations, appears to be the norm in many parts of the world., Murry (2011) explains that in India, babies with disability are the objects of veneration. This study notes such claims are problematic because once causes of disability assume the agency of spirits or gods/God, it becomes difficult to eliminate the bias and prejudices embedded in those views.

Evidence suggests that cultural beliefs and practices are among the most crucial factors in describing causes of disability in many African nations. Kamga (2013) argues that the marginalisation of persons with disability is often the result of traditional or cultural beliefs. An example is Swaziland, the only contemporary African monarchy in which custom prevents persons with disability from participating in certain national or cultural events. The reason is that there is a cultural belief that if PWD come into contact with a king or queen, they bring bad luck to them. In Ghana, amongst the Ashanti people, if one has a physical disability then he/she is not supposed to be a traditional leader (Munyi 2012). In light of this, Haihambo and Lightfoot (2010: 76-87) propose that myths, social convictions and states of mind must be comprehended if nations are to plan and actualise approaches and programs with the intention to enhance the lives of PWD. Insights from Haihambo and Lightfoot (2010:76-87) help in understanding that there are some structures and positions within society that persons with disability are not allowed to occupy.

Among the Shona people in Zimbabwe, disability is believed to be the act of jealous witches who do not want to see individual families having non-disabled children (Machingura 2012). Similarly, children with disabilities are a source of embarrassment to their kinfolk, who conceal them from whatever is left of the community, since they symbolise the discipline of divine beings on the family. Supporting this view beyond Zimbabwe, Combrink (2008) writes that children with disabilities are for the most part considered to represent an evil omen that may dishonour the family name. Agreeing with this argument, Stone-Macdonald (2014) states that disabilities are a result of punishment for evil deeds committed. A notable example is given by Ogechi and Ruto (2002) who opine that wrongful acts of an individual or family member may cause a child with a disability to be born to the family. These authors maintain that people perceive disability to be a punishment. Therefore, in light of such literature, this study also

focuses on other family members involved in the disability discourse. The study goes beyond the individual to include all the support structures of PWD.

It is crucial in this study to understand how the medical fraternity explains the causes of disability. From a medical standpoint, Erevelles (2011) demonstrates that many causes of disability are hereditary and are the result of accidents and illnesses. In the same vein, Choruma (2007) identifies causes of disability in Zimbabwe as originating from tuberculosis, war, defects, polio, measles and congenital disabilities. Other researchers like Solarsh and Hofman (2006) indicate that medical and social sciences show causes of disability to be dependent on age, sex, background and region.

The above discussion reveals that in addition to medical explanations, many perspectives about the origins and causes of disability in Zimbabwe and beyond emerge from myths, rituals, and taboos. These concepts will be further elaborated on in this study.

### **2.3 Global Perspectives about Disability**

The literature on global perspectives on disability is central to this study since it provides in-depth information on the subject matter. To date, several works have shown the plight of PWD within the international development community. Major conventional bodies like the United Nations Convention on the Rights of Persons with Disabilities (2006), and bilateral and multilateral donor agencies such as the Department for International Development (2007, 2000) have agreed that disability exists in every society and affects predictable as well as identifiable proportions of each population. Related to this, issues of disability have become topical in global thematic problems, and information on disability is increasing. WHO (2011) claimed that about thirty percent of the total populace has a disability, and current disability

studies reveal that one in every seven individuals on the planet has a disability. More than eighty percent or around one billion PWD live in third world countries where they encounter material hardship and social exclusion (Chouinard 2015; Meekosha and Soldatic 2011; Haihambo and Lightfoot 2010; Stein 2007). Despite concerted efforts, persons with disability remain mostly invisible in their communities and developmental activities. Since Zimbabwe is among the countries that are developing, this information promotes an understanding of the need to concentrate on this marginalised group. Together, these studies indicate that disability is a reality which exists globally.

A study by Goldstein and Ault (2015) offers a comprehensive empirical analysis of global perspectives on disability and notes a gradual appreciation of the inclusion and participation of PWD in the educational, vocational, recreational and residential sectors. As argued by Mckenzie et al. (2014), the research findings on disability in Southern Africa have not been used to challenge the exploitation and underestimation of PWD in low income and developing nations. Almost every academic paper on global perspectives on disability includes a section relating to the inclusion of PWD in society. This study has identified this gap, and asserts that Pentecostalism is fertile ground for inclusion discourses. Saltana (2014) states that recently, disability issues have begun to be addressed as mainstream developmental issues rather than a matter of separate programs and charity. In line with this, the current study endeavours to focus on how the AFM can mitigate the plight of PWD.

The first systematic framework on the equalisation of PWD was reported by the United Nations Equalisation of Opportunities for Persons with Disabilities Information (1994), which encouraged measures for equal participation by PWD in faith-based communities. This stance is valuable for this thesis as it serves as a platform to appraise how the AFM interacts with

other non-governmental institutions in dealing with PWD. This study can draw on an extensive range of resources as the Information (1994) set out diverse ways in which the church can relate to PWD. For example, the article which states that countries and faith-based organisations ought to consult with agencies of PWD when creating measures for cooperation in religious activities, is useful in pointing out the responsibility of the church towards PWD.

The Convention on the Rights of Persons with Disability (CRPD) of the United Nations (2006) notes that disability comes about because of the associations between PWD and hindrances that impede their collaboration in the community. All the elements presented in the CRPD above support the hypothesis that PWD are marginalised. The policies introduced in this convention suggest that there is room for integrating persons with disability in the society. While the affirmations contained in the CRPD article are useful and inform this thesis, there is insufficient information in the material from churches, especially on how theological responses can challenge the oppression and marginalisation of PWD. This study aims at filling this gap by focusing on the AFM doctrine, theological paradigms, and liturgical expression.

This section presents the perception of disability in different communities in Southern Africa, with the emphasis on Zimbabwe. In his study on Swaziland, Ndlovu (2016: 35) notes that until very recently, PWD were excluded from society and treated as pariahs. He highlights the fact that some blind and lame children were hidden away from the community as they were viewed as a censure and shame to their families. Persons with disabilities were also excluded from national ceremonies such as the Reed Dance. This theme of exclusion is significant in understanding how traditional discourses of disability have undermined the humanity of PWD, and has contributed to an understanding of the barriers that society must overcome to embrace PWD. Discriminatory practices in Swaziland in the past have not only been confined to those



with physical disabilities but have also been extended to include people with mental illness and albinism. Ndlovu (2016) maintains that historically, and even in more recent times, persons with albinism were viewed as sub-human and mysterious and were often rejected by their families and killed by members of society for witchcraft purposes.

In Tanzania, the belief exists that PWD are punished by the gods for their sins or evil doings in a previous life (Mallory et al. 1993). Another study, by Kisanji (1995), found that most tribal leaders believed that disability was caused by God or by witchcraft. He cites that most Wasamba people of Tanzania continue to consult traditional healers if their children have learning disabilities before taking them to the hospital, irrespective whether they are Christian or Muslim. In this society, God is additionally observed as a healer and children are thus taken to the Pentecostal and the more evangelical churches for ‘laying on of hands’ (Kisanji 1995).

### **2.3.1 Disability in Zimbabwe**

The empirical data for this study comes from Zimbabwe, therefore, it is important to understand the literature and discourse surrounding disability in the Zimbabwean context. As noted by Chengeta and Msipa (2012), the Zimbabwean Disabled Persons Act (Chapter 17:01, 1996: 51), states that a disabled person is: “An individual suffering from speech, hearing, physical or mental disability, causing cultural or social hindrances to undertake equal participation in society”. The above definition is in keeping with Section 9 of the Act, which prohibits discrimination against PWD in employment (UNICEF 1998).

The definition of disability in Zimbabwe provides critical insight to this thesis, such as the existence of significant barriers which are physical, cultural, and social that inhibit the equality of PWD with their non-disabled counterparts in Zimbabwe. There is not much information on

the impact of physical, cultural and social barriers on the lives of PWD in Zimbabwe and it is not clear which specific factors constitute these barriers. In 1982, the National Disability Survey of Zimbabwe (NDSZ) proffered a working definition of disability as being any mental or physical condition which prevents an individual from participating in activities and rights enjoyed by the general public ( Zimbabwe Department of Social Services 1982: 8). In 1986, the Disabled Persons Acts of Zimbabwe expanded the definition to include the participation of PWD in all social activities such as employment (Zimbabwe Government 1996: 51). The National Disability Survey (1982) showed that many of the PWD reside in the rural areas of Zimbabwe. Of the estimated 276,000 identified PWD in the rural areas, only approximately 2% benefit from the traditional rehabilitation centres in the cities. Lang and Charowa (2007) estimated that in the year 2007, Zimbabwe had over 1,4 million persons with disabilities. One can assume these numbers have increased since then. In the meantime, it is also difficult to find reliable statistics pertaining to those who belong to the church in general and the AFM in particular.

There is consensus amongst scholars that the perspective of Zimbabweans on persons with disability is mostly negative. Machingura (2012) submits that throughout the history of Zimbabwe, views about PWD are negative. In Zimbabwean society, disability is marginalised; for instance, it is a cultural norm to marginalise PWD. Choruma (2007) admits that despite Government initiatives, persons with disabilities remain a forgotten people in Zimbabwe. Children are more vulnerable as they do not go to school, and this affects their future economic positions. If children with disabilities attend school, they attend “special schools”. Such schools are like ghettos for people with disabilities which further alienate them from the rest of society. Schools are the most important part of socialising young people into the norms and values of society. The presence of these schools serve to perpetuate the idea that these children

do not entirely belong to these communities. While this literature is valuable, it does not provide an account of the AFM view on helping PWD to receive an education.

While efforts have been made to promote inclusive education in the Zimbabwean education system, something which would assist in negating the stigmatisation of PWD, not much has been achieved in that direction. According to Mutepe et al. (2012), there is an absence of duty by the legislature towards students with disabilities, making it difficult for inclusive education to be an ordinary reality in Zimbabwe. Chimhenga (2016) observes that there is a lack of teacher capacity to deal with inclusive education, as teacher capacity-building for inclusive education has not received attention. Deluca et al. (2014) have also carried out research in the Mashonaland province in Zimbabwe on the implementation of inclusive education and have concluded that the distance from school and the lack of teacher training regarding special needs are significant obstacles to inclusive education.

Regarding the social, economic and political context in Zimbabwe, persons with disability are ridiculed, killed, excluded, left to die, and condemned to asylums (Choruma, 2007). However, as a solution to the assertions by Choruma, Munemo and Tom (2013) state that there is a need to empower persons with disability through the Constitution of Zimbabwe, and this is enshrined in the Education Act of 1987 and the Disabled Act of 1992. Conversely, these legislations are ineffective as far as empowering PWD is concerned. As reported by NASCOH (2002), the number of PWD employed in public and private sectors in Zimbabwe does not even amount to 2% of their total population; only 8% are self-employed while 29% are involved in subsistence farming activities. Some scholars like Mdluli (2012: 1) distinguish between legislation and rules. According to Mdluli, despite the marginalisation of PWD in Zimbabwe, the legislation

and rules regarding PWD demonstrate Zimbabwe should enhance the lives of PWD and maximise their welfare through equal participation.

Understanding the literature on disability in Zimbabwe is necessary for this study as it helps to appreciate the contributions made so far by different stakeholders in the country. Drawing from the statistics on persons living with physical challenges in Zimbabwe, it appears there is little recorded information on the contributions of faith-based organisations and religious communities in mitigating the plight of PWD in Zimbabwe. There is still a lacuna concerning the responses of the AFM to issues regarding PWD in Zimbabwe. This study addresses this gap by exploring ways, if any, that the church has proven to accommodate PWD. In other words, this study, among other objectives, interrogates the extent to which the church has contributed to the political debates, policies and national education initiatives that impact the lives of PWD.

Within Zimbabwe, disabilities are still presumed by some to be of spiritual origin (Stone-Macdonald 2014). Mpofu and Harley note that disability is considered to be the work of an avenging spirit (*ngozi*: Shona), a malevolent spirit (*mamhepo*: Shona), or benevolent spirit (*mudzimu*: Shona) (2002: 28). Jenjekwa adds that the pre-Christian lifestyle was unwilling to accept any form of disability and that disabled children often had to be hidden away from society so as not to affect the rest of the community (2013: 22). Notably, this and other discriminatory practices began to ease once the missionary institutions became established (Jenjekwa 2013). One example of the influence that missionaries had on disabled people in Zimbabwe is that of Margareta Hugo, who pioneered special needs education after taking three blind people into her care, an act that later led to the establishment of the Capital School of the Blind (Hapanyengwe 2013). A study of disabled people in Binga in Zimbabwe also found that

PWD had less than equal opportunities throughout their lives. This related to status in the family, access to education and training, and employment opportunities (Munsaka and Charnley 2013). Munsaka and Charley's findings suggest that many negative connotations of disability still exists; it is a form of punishment ascribed to displeasing ancestors, ill luck or witchcraft.

The way in which disability is constructed in society is meaningful because it fosters insight into why some churches may struggle to accommodate the needs of PWD. Research suggests that PWD often turn to religious communities to get a sense of belonging but, in some instances, they are met with hostility and made to feel unwelcome (Rose 1997). Rose (1997: 397) has outlined four possible beliefs commonly held by some adherents of Jewish and Christian religions that keep their followers from seeing PWD as equal partners in the religious group:

- Disability as a potential disciplinary measure or the manifestation of Gods' revenge.
- Disability as a challenge to divine flawlessness, with the existence of PWD raising doubts about the possibility that creation is perfect.
- PWD as a matter of pity and philanthropy – concentrating on the disability rather than on the unique person.
- Disability as an indication of inadequacy; accordingly, PWD ought to be exempted from religious practices; they are unable to add to any genuine discourse on spirituality.

Assumptions such as the ones stated above give us a glimpse into the prejudices that operate within the broader community, as these assumptions in the church, and in the secular world, can feed off each other. It would be folly to disregard the impact that these beliefs have had on the discourses of disability, particularly in the African Church. Additional research also suggests that there has been a shift in the way discussions on disability is constructed in communities (Stone-Macdonald 2014). Several African countries have passed disability legislation bent on improving prospects for PWD (Mamboleo 2011). Zimbabwe is no exception, having been a signatory to the Salamanca Convention of 1994, which advocates for inclusive education and the combatting of discriminatory attitudes (Jenjekwa 2013; United Nations Convention on the Rights of PWD 2006). Thus, combined with Christianity and Westernized education and medicine, this has changed the way disability is perceived in African communities (Stone-MacDonald 2014).

Understanding the role of religion in disability is imperative to situate disability in the Zimbabwean setting. African religion is the orally transmitted lived religion of sub-Saharan Africa (Magesa 2014). In African indigenous beliefs, there is no supreme, authoritative doctrine concerning disability. There are quick and distorted lessons, attitudes, perspectives, bits of information and guidelines that can be found in any particular ethnicity of African people. Most African religions believe that with the help of prayer, healing, customs, festivities, services, moral lessons, phrases, idioms and regulating behaviour, ideas are formulated for the understanding of disability (Ndlovu 2016). In African beliefs, all physical and mental disability is viewed as correctable, using traditional therapies. The traditional worldview objectifies and stigmatises disability as either a punishment from ancestors or divinities, embodiment of sin, and social deviance (Sait 2011). Bruce (2010) argues that there is plentiful evidence about

disability coming from political, social and religious spheres, but there is no participation evident from PWD.

Devlieger (1999: 443) studied disability amongst ethnic groups in South Africa and observed that proverbs referring to PWD are positive, showing unexpected care and family connectedness. Some Shona proverbs are positive and attempt to treat PWD with dignity. But more widely, both the AFM community and society as a whole subject PWD to values which render them inferior and less worthy. It follows, therefore, that honouring the dignity of PWD means also moving in solidarity with activists contributing to social justice for PWD.

Perhaps the ideas of Ubuntu in disability are most clearly demonstrated by some of the philanthropic work undertaken in Rhodesia/Zimbabwe to ease the plight of PWD. A discussion of this would be incomplete without looking at the work of Jairos Jiri. The Jairos Jiri movement was initiated in 1950 by a man of the same name. Despite the myths that shrouded disability, Jiri was driven by the notion that if PWD were given an opportunity (through training and self-help projects), they could liberate themselves from a life of begging and lead 'normal' lives (Devlieger 1995). The initiative of Jiri helped PWD, and indeed equipped some of PWD. However, institutions for the disabled like Jairos Jiri have also been criticised for isolating/excluding PWD. Indeed, as Devlieger (1995) contended, some parents saw it as an opportunity to avoid taking responsibility for their disabled children as Jairos Jiri provided accommodation. While the idea of supporting PWD was noble, it is easy to see how this concept of providing a sheltered institution for PWD supported the traditional discourses of disability where the disabled were concealed from society.

## **2.4 Disability, Poverty and Inclusion**

Considering the negatives affecting PWD, they are synonymous with the tragedy of suffering, dependency and abnormality. Scholars such as Zimmer (2009) and Elwan (1999) argue that PWD are affected by poverty. Groce et al. (2011) and Barron and Ncube (2010) note a nuanced and complex link between poverty, health and disability. A summary from United Nations (UN) agencies, websites, and literature by Groce et al. (2011) showed that 80% of PWD live in developing nations, and 60-75% live in rural areas; however, 50% of the worldwide populace is presently urban-based. Children with disabilities do not attend school and the illiteracy rate for disabled adults is 97%, while the unemployment rate is 80%. The above analysis shows that socio-economic factors have an impact on the lives of PWD. This information is relevant to this study as it reveals the level of influence that the social and economic context of Zimbabwe is likely to have on PWD. Although democracy in Zimbabwe is now thirty-seven years old, in recent years, there has been a violation of human rights and lack of freedom of politics. Evidence suggests a lack of sustainable leadership and accountability are among the most crucial factors responsible for the socio-economic challenges. The situation is aggravated by corruption, the impact of HIV and AIDS and poverty, all of which are likely to hurt the PWD.

Disability affects a person's ability to deal with poverty, and PWD are especially adversely affected. Yousafzai et al. (2003) opine that because of poverty, most children in Africa have failed to have opportunities to go to school. Research shows that women with disability have greater difficulty than their male counterparts when it comes to overcoming poverty because of lack of employment (Kiani 2009). For instance, the stress experienced by mothers with children with disabilities is adversely connected with poverty (Mobarak et al. 2000). On the



contrary, Loeb et al. (2008) did not discover any distinction between females with disabilities and males without disabilities regarding poverty; be that as it may, they concluded that PWD have a lower mean level of education. The multi-dimensionality of poverty consolidates an assortment of elements, including access to education and training, work, medicinal services, and the capacity to take an interest in social, familial and political life (UNDP 2010). According to Boylan (1991: 73), as one advances in age, disability conditions such as changes in eyesight and weight loss occur.

## **2.5 Disability and Social Inclusion**

While there is documentation on global perspectives of disability in the Zimbabwean context, the following literature looks at the inclusion of PWD in society. The first is mainstreaming, and the second is the church and society's acceptance of PWD. Drawing on Watts (2014), PWD hanker after recognition as 'persons' first and 'persons with differing abilities' second. This study shares what Watts demonstrates as the plight of PWD. This study goes beyond the need to understand the inclusion of PWD in society, it interrogates how the politics of disability impacts on and informs the actual conditions and experiences of PWD.

PWD in society have their share of livelihood problems, if not more than their counterparts. For instance, Meekosha and Shuttleworth (2009) confront the typical situation where women with disabilities are absent from gender studies. They examine the relationship of disability with other disciplines and propose exploring the relationship between disability and bioethics. More than 325 million disabled women and girls are living in the remote parts of developing nations, yet no data on the intersection between gender and disability is available. As such, there is a need to mainstream the disability discourses in society as well as the urgency to

initiate active engagement with thematic issues in society. This perspective conforms to the concerns of this thesis as it seeks to deconstruct negative theology that hinders the social inclusion of PWD. At the very core of this study lies the need to advance and contribute positively to Meekosha and Shuttleworth's endeavour to interface disability, gender issues and other thematic issues on a global platform.

As Kaserera (2012) indicates, mainstreaming training is key to ensuring that persons with disabilities are provided with skills that prepare them for integration into the mainstream economy. She concludes that mainstreaming training not only adds to the capabilities of the disabled society, but also empowers the non-disabled to create social skills and demeanours that assist to break stereotypes of PWD as incapable and as secondary citizens. In this context, Mapuranga and Nyakudyuka (2014) discuss the challenges of including persons who have a physical disability, such as providing support, an infrastructure and an enabling environment. On the other hand, finances are cited as a stumbling block to accommodate PWD. Webb-Mitchell (2009: 81) states that by and large, it is only the more prominent, financially strong churches that can have wheelchair slopes or employ somebody to sign the sermon for individuals with hearing disabilities. Many churches cannot afford to manufacture a slope onto a building or to pay a man to work with somebody who is hearing disabled, or to rewrite the sermon into Braille, or to enable a youngster to assemble and take part in an outing.

Though there are valuable insights from the above literature, it is not altogether explicit on the aspects of inclusion; hence this thesis contests the notion that the process of inclusion needs to go beyond integration. There should be an appropriate theological response that propels PWD to the centre of the life of the AFM. Yong (2009: 185) insists that inclusion requires our conversion so that our eyes can honestly see, our ears can hear, and our other senses can be

fully activated to receive and be transformed by what such people have to offer. These insights from Yong introduce the perspective that the importance and impact of mainstreaming PWD cannot be underestimated in this study. Hence, this study is premised on the assumption that the AFM can benefit from including and creating space for PWD on its spiritual voyage.

This study is cautious to measure the pros and cons of inclusion and its complex underpinnings. For a deeper insight on 'inclusion', this study uses a definition by Reynolds (2008) how disability is trivialised. First, PWD are reduced to objects of benevolence, and this leads to condescending acts of care and assistance. Although PWD value the help they receive, the challenge arises when this attitude makes disability to be serving the common good rather than benefitting PWD. The second trivialisation of disability occurs when it is oversimplified to inspire the non-disabled; in this case, it obscures the lived experiences of PWD and their identities. Thirdly, suffering can be rationalised when PWD are regarded as 'righteously enduring or suffering', and disability is viewed as a means of blessing and the beauty and grace of God.

The thesis addresses this problem by assessing gaps, if any, that exist in the ways the church interacts with PWD. The literature on inclusion does not show how becoming an inclusive church and empowering PWD can benefit and renew the life of the church. As such, this study addresses the issue and the benefits of inclusion of PWD within the AFM by evaluating lessons learnt from other churches in other countries that have succeeded in integrating persons with disabilities with those without disabilities. The reasons why churches do not fully include PWD are complex. Collins and Ault (2010: 114) find that some churches have no idea on how to deal with and respond to PWD until they arrive at their churches. However, PWD also do not come to church if they are unable to access the church.

Scholars have suggested various structured ways of inclusion. Throop (2009) offers a three-step process for including PWD in the church. Also, Yong (2010: 89) has three principles for inclusion:

- The church is made up of people who are weak rather than the strong, placing PWD at the centre of the church.
- Every PWD has something significant to contribute to the body of Christ.
- PWD is the template for what it means to be under the power and divine glory.

However, scholars like Satterlee (2010) are not keen to take this route and instead argue that the church must not labour on the do's and don'ts about PWD but must dare to engage PWD. In line with this thought, Pierson (2010: 182) states the inclusion of PWD in the church is not dependent on mechanics or processes, but rather on the attitude of the people who make inclusion happen. With this information in mind, this study looks at how the AFM can include PWD deliberately. In fact, Webb-Mitchell (2010) advises that the burden lies on the believers to be instructed to comprehend the God-given blessings of PWD and their significance, and to adjust to the presence of PWD. Insights from Meininger (2008) are helpful to this study, especially when he states that we must be able to forsake rituals and traditions for the sake of inclusion. Thus, this study allows the AFM to be liberated from this domestication. Like the assertion of the Ecumenical Disability Advocate Network (2003:525) the defining trait of the church is that it is not an option but a necessity for the church to respond to and adequately include PWD.

## **2.6 Theological Perspectives on Disability**

Disability theology is an unfolding academic discipline relatively new to theological studies (Richie 2015). The most famous proponent of disability theology is Nancy Eiesland. She visualises new symbols for God, which show Him as disfigured on the cross and disabled. Following the effects of Eiesland's argument, what PWD are experiencing now will be a credible image when looking at a Jesus with crucifixion scars in the next life. Writing back from a sociological viewpoint, Eiesland sees her work as liberation theology, challenging the beliefs of the congregation that a flawless body speaks to the wholeness of the spirit. She advises that the focus must not be on the physical modifications of their space, but that PWD must have the same choices as non-disabled people.

Yong (2007) affirms that the theology of the Cross provides a biblical framework for pondering on the connections between Christology, theology and disability. Thus, understanding the theology of the Cross is significant to this study. According to Fast (2011), Eiesland bases her work on the Lutheran Theology of the Cross. Gillibrand (2009) also proposes that an interpreter of Scripture needs to be acutely and sensitively aware of the implications of specific biblical texts that tend to stereotype PWD. Blair (2003) states that the mindset of Jesus toward persons with physical disability warrants us to think of a doctrine of disability as an important aspect of disability theology. However, its non-appearance is troubling when viewed against the Christian socio-religious ethic of agape 'love others as yourself' from Mathew 22:39.

This literature is vital to this study as it provides a basis from which to both deconstruct and construct an appropriate theological response to the plight of PWD in the AFM. For instance, Eiesland (2009) does not subscribe to a theology that renders some human beings normal by

nature and sidelines others based on their physical constitution. She instead defines God as disabled to enable her to relate to Him.. As an alternative point of departure, Eiesland's approach to disability is helpful to this study when constructing an appropriate theology of disability. Miles (1996: 127–135) argues that the doctrine of Creation and being created in the 'perfect' image of God has impacted on individuals' perspectives of what it is to be 'normal', and has meant disability has been neglected as a feature of the original plan of creation. Thus, doctrines and traditions affect how believers formulate the image of God and His creation. Accordingly, this study provides an opportunity for PWD to state their views based on their perspectives.

A study by McNair (2007) shows that approximately 25% of the participants were not sure whether PWD are made in the image of God. In *Building a Church for Strangers*, Swinton (2001: 59) said the image of God is damaged because of man's broken relationship with God.

Society has preconceived ideas about PWD, one of which is that they must have done something terrible to deserve their fate. Another is that they are a suffering group who deserve their suffering while awaiting miraculous healing or death. This study questions what PWD should take from these assertions; should they be content that their fate is suffering because of the Cross, or not? It is therefore critical to draw insights from the theology of suffering and disability theology to understand God's will with regards to suffering, illness, disease, healing and disability. It may be true that PWD suffer in one way or another due to their limitations as well as the limitations of their living environments. However, as a caution, disability theologians warn that conflating disability and suffering can potentially paternalise, stigmatise and marginalise PWD in the same way conflating disability and sin can. The theological perspectives of Pauline suffering as evidence of God's Grace, as well as memory of the

suffering of the Cross have been the bane of the disabled, and these theologies need deconstruction and rethinking in relation to disability.

In the theology of suffering discourse, it is believed that all suffering should be endured for purposes of achieving higher levels of spirituality or perhaps seeking grace and favour from God. Probably, theology or theologies of disability can be identified as a theology of liberation for PWD in the same way that feminist and black theologies resort under the umbrella of liberation theologies. However, Eiesland (1994: 73) highlights problems that emanate from a theology of suffering, as presenting significant hindrances in the lives of PWD. As a result of internalising discourses emanating from the theology of suffering, PWD become passive recipients of all kinds of treatments from society; they silently surrender as a sign that they are obeying God. Consequently, PWD become less visible, more voiceless than before and significantly marginalised due to the theology of suffering, which has taken centre stage in their interactions in and outside of the church (Eiesland 1994: 73).

To discuss the lived experiences of PWD without referring to the theology of the Cross would be an injustice, given that the theology of the Cross offers an opportunity to engage with the visible God in all His grandeur and suffering. Just as life for PWD rotates on an axis of constant struggle and strife, so the centrepiece of the theology of the Cross is the torture, suffering and following Jesus Christ's death on Calvary. For PWD, the theology of the Cross offers hope as it states that where there is weakness, there is strength. It is in dying that there is resurrection and life.

Therefore, it follows that it is in suffering that there is happiness, given that the cross is the basis of Christian hope (Dickson 1984). Warrington (2008) discusses the cross in the light of

Pentecostals. The crucifixion emphasises Jesus' triumph over sin, suffering and the devil. Thus Jesus suffered so that believers are not required to suffer again. And rather than focusing on the misery and the torment of the cross, Pentecostals have settled on the glory related to triumph, making the cross a triumphant story. Therefore, from the above discussion linking disability, the theology of suffering and theology of the cross, the point of departure of this study is that PWD must not be content to accept that their ultimate fate is suffering because of the cross.

## **2.7 Disability and the Body Theology**

The body has increasingly become an essential focus of religious studies. Rogers (1992) defines body theology as a primary reflection on our bodily experience as a first domain of the experience and encounter with God. The framework for 'body theology' is enshrined in the works of scholars such as Isherwood and Stuart (1998), Creamer (1995), and Moltmann-Wendel (1995). From the 1990 onwards, there has been an increased focus on "body theology and disability" by scholars such as Leder, 1990; Garland, 1995; Nelson, 1992; Isherwood and Stuart (1998), Creamer (1995), and Moltmann-Wendel (1995). According to Rogers (1992), 'body theology' can be defined as a primary reflection on our bodily experience as a first domain of the experience and encounter with God. Most AFM liturgy and expression of worship involve the use of the body. Thus, understanding bodily experience is essential to understanding God and the impact of bodily expression on PWD.

Vermeer (2014) argues that disability theology is a process that involves new ways of relating to PWD, as understanding how the body relates to disability is significant. As Eiesland (2009) asserts, people should consider the humanity of persons with disabilities than



the healing of their bodies. She further suggests that the funding extended to PWD is responsible for their marginalisation (240). The theological model portrays persons with disabilities as weak, helpless and unclean (Mdluli 2012). Bushart (2012) expands on this view by stating that PWD are participating in sainthood. Bushart views the physical suffering they undergo because of their disability as necessary for this life, and as a means of one's humbling. This view raises questions in terms of divine sovereignty, when it comes to reconciling how a good God can be involved in the divine plan for the lives of PWD.

Jarvis (2015) questions why some people are born with disabilities if the society or community they will be part of shuns them. Creamer (2009) explores how the religious community has frequently been unhelpful and even destructive towards PWD. The faith-based organisations have barriers such as architecture and attitude (intentional or unintentional) which exclude PWD from worship. The clergy and leaders often use language that is insensitive to PWD, for example, 'blind to the truth', 'lame excuses', or 'I was blind, and now I can see'. Otieno (2009) advocated a 'disabling theology' when he faced multiple marginalities in his life. According to him 'disabling theology' is when a well-wisher gives to PWD out of pity or coercion. In the church, there is much teaching on being kind and showing compassion to the needy. This study utilises Otieno's understanding to establish whether the AFM perspective towards PWD is a disabling or enabling approach. The literature on the 'theology of the body' above shows that in-depth reflection is still needed on how the AFM perceives the body, especially PWD. Accordingly, Otieno's insights help to support the position of this thesis, that disability is a human variation. Therefore, the plight of PWD should be a priority and lie at the centre of the AFM missional mandate.

The human body, in every one of its structures and physical portrayals, is a carrier of meaning, customs and history (Van Huyssteen 2006: 276). Similarly, as Christian conviction is impacted on by the way people encounter themselves, as well as others, physically, (Nelson 1992: 15), it is crucial to link body theology to the concept of PWD and their reception and treatment in the church. Body theology can be described as creating theology through the body, not just about the body. It reflects critically on bodily or physical experience as the site for an encounter with God (Isherwood and Stuart 1998: 22; Nelson 1992: 42–44). Body theology uses the body as the subject of God’s revelation and how it facilitates divine encounters. As per Campbell, ableism might be characterised as “a system of convictions, procedures and practices that create a specific sort of self and body (the bodily standard) that is anticipated as the perfect and normal and along these lines fundamental and utterly human” (2001: 44). This understanding by Campbell helps this study to understand that ableists view PWD as lacking qualities that complete a human being, and if this view prevails, PWD will indeed feel rejected.

The critical issues that link this thesis with body theology emanate from how the disabled body is perceived. One cannot discourse on how PWD are perceived without drawing attention to the point of attraction, which is the disabled body itself. Here this study draws on Punt’s (2005: 371) categorisation of body theology into three distinct patterns, namely, process thought, liberation theology and feminist theory; all three constructs consider the body as an essential site for fundamental experience. Liberation theology challenges injustice and believes that all prejudices and unjust realities can be reformed. Sigurdson (2008) explores how the problems that seem to be experienced by PWD in the church stem from the expression of body theology. Furthermore, Sigurdson states the way persons speak about the body is fundamental (2008: 41). Although the current study applauds the findings by Sigurdson, the point of departure seeks to discover how the body is instrumental in AFM liturgy.

It is interesting to note the importance attached to how we speak about the body. It implies that a body is not just a mere functional entity, but is the embodiment of individual humanity with practical implications. This draws attention to the practices of the society, and the AFM, the focus of this study. Questions arise on how the disabled body of PWD is spoken about, referred to, perceived and treated. Body theology is relevant to this study in that it insists on the highly symbolic nature of all bodies. Isherwood and Stuart (1998: 10) view the body as an entity through which an individual, as well as the community, should express and love themselves while celebrating humanity.

Body theology raises some questions for individuals who are inclined to shun the body for the spirit. The challenging problem is, can one be genuinely spiritual while engaged in deliberate recognition and celebration of the physical body? Both the AFM congregants and pastors need to understand that body acceptance and celebration, or a physicalist point of view does not at all discredit the idea that people are intelligent, moral and spiritual (Murphy 2006: ix). People are afraid to accept and celebrate the body; what is likely to happen if the body is recognised and appreciated in its existing form by everyone? In this instance, the propositions of body theology, which present a useful frame of reference for this study, also offer an opportunity for the church to overturn existing doctrinal and behavioural impediments in their interaction with PWD. The above is succinctly summarised by Ammicht-Quinn and Baert (2004: 79), who state that Christian suspicion and mistrust towards the body could be an immense and tragic misunderstanding in Christianity. It implies generations of unrewarding and incorrect traditions being passed on to society and the church. In this light, the AFM status and perspective about disability needs deconstruction and reversal for the benefit of all involved.

Meiring and Müller (2010) link a conscious body theology to the integration of persons in the church. They suggest that the integration of unique individuals in the church can be facilitated by the language used to describe, discuss or refer to the body in the church, be it an able-body or disabled body. Meiring and Muller (2010) are of the view that when church and society use words that raise the perception of the body as good, they are actively encouraging self-acceptance and a positive self-concept; qualities that are often lacking in PWD. However, the opposite is achieved when negative words that depict the body as inadequate, shameful and disgraceful are used; a practice that is rife in Christian communities where the disabled body is expected to yield to healing and miracles to make it acceptable. Expanding on this information, this study critically considers the divine healings emphasised in the AFM and its impact on the pastoral ministry to PWD.

## **2.8 Disability and the Church**

Christianity is still pivotal in shaping lives and beliefs, and in giving meaning to the people of Zimbabwe. Enquiry into complex relationships between the Church and PWD is necessary before analysing the role of the Church concerning the PWD. A notable gap in the discussion on Church and disability is that the AFM has a moral obligation to see how best it can support PWD. To date, four researchers have discussed the AFM in Zimbabwe from alternate points of view. In 2005, Hwata explored the different administrations of the AFM in Zimbabwe. Chandomba (2007) gave a background of the AFM and other ministries in South Africa. Francis Machingura (2011) analysed the concept of glossolalia (the experience ecstatic speaking in different tongues) while Togarasei (2016) provided a history of Pentecostalism in Zimbabwe, including the history of the AFM. However, these studies do not adequately explore issues about disability, a gap that this thesis intends to fill. In this context, Choruma (2007)

argues that in Zimbabwe, and throughout Africa, the family is responsible for taking care of PWD. However, Gabel and Peters (2004) show that there is the dismantling of families due to urbanisation, and the changing patterns of employment. Accordingly, the problems of PWD are not worsened because of the removal of these support systems. In this study, the AFM is treated as an option for a second family since it professes to cater for the well-being of people. White (2014) argues that one of the callings of the church is to make sure their doors are open to everyone. Thus, how the AFM could complement the efforts provided by stakeholders such as the African family in dealing with PWD is an essential question in this study.

It is time the AFM engages in meaningful discussion on disability. In 2016, the AFM held a centennial celebration covering a period of approximately two generations. This timeframe should have been utilized in confronting the challenges of PWD and how it has been addressed to avoid their continuous endurance and suffering. Pentecostal churches are lagging in helping PWD as it seems that the AFM in Zimbabwe, which has celebrated one hundred years of existence in Zimbabwe, has not yet created an institution that caters for PWD. Instead, Pentecostal churches have emphasised healing and miracles as opposed to improving the well-being of PWD. Mainline churches in Zimbabwe have made strides in accepting PWD within their sacred space. Earey asserts that before setting up patterns of healing, there are both pastoral and theological reasons provided to understand disability in a healing framework (2012: 139). He maintains that that some PWD do not view their conditions as needing a cure, but prefer to see their problems as socially constructed; for example, blindness is not the problem; the problem is the society that assumes sightedness is the norm.

It is a fact that generally, church attendance is lower for PWD than the non-disabled. Explaining the concept of a church, Hegstad asserts that the word has originates from the

Greek root *ecclesia*, and from a secular usage, means a political gathering of citizens (2013: 16). On the other hand, McCormack (2011) argues that the church is ‘divinely called’ and not merely humanly constituted. The relationship between the church and PWD is complex. Fast (2011) asserts that at the root of the complexities lie the ambiguities about trust, suspicion, shame, sin and grace. In line with this view, Yong (2011) argues that based on various unclear reasons, the churches have lagged behind the broader culture regarding issues concerning disability. Reynolds (2012) suggests that faith-based communities need a paradigm shift in the way they discourse on and perceive PWD.

While many studies are mainly interested in questions concerning the relationship between disability and the church, Welie (2015) argues that the notion that PWD are created in the image of God (*imago Dei*) is enlightening because this not only reveals a trait about PWD, but speaks to the nature of God. Two pertinent questions that this thesis address are: what is a human person; and what are the essential elements of a human person to consider without which they cease to be such? Such questions in this study assist in answering the position that disability is merely a human variation.

In the same vein, Swain et al. (2004) submit that the church in Africa must develop a new mission that incorporates PWD. The church has not yet developed the infrastructure that assists PWD. As mentioned earlier, Creamer (2009) observes how the religious community has frequently been unhelpful and even destructive towards PWD. Christian communities present barriers such as architecture and attitude which exclude PWD from worship. A study by Smith examines this trend in the Church and suggests that faith-based communities need a paradigm shift in their perceptions of, and the way they refer to PWD. Nzwili (2014) examines the involvement of PWD into the church and recommends that the Church should encourage and

accept the full participation of PWD. The Church should realise that Jesus not only healed diseases but integrated all of humanity into the community of believers; hence the Church and faith must view disability as a human experience. Kröner-Herwig et al. (2010: 18) holds that PWD constitute one of the most vulnerable groups subjected to suffering in society. As early as the 1980s, Wilke (1980) assessed that the Church had participated in discriminating against PWD and failed to integrate them into their mainstream structures. Explicitly, Satterlee (2009: 34) argues that throughout its history, the Church has deciphered scriptural texts, images and narratives that incorporate PWD. Mostly this is done in ways that quietly or expressly fortify the statement that physical and developmental disabilities are caused by or are a result of wrongdoing and may even be God's discipline vented upon the sinner. This hermeneutical approach accepts that disposing of their disabilities is the central concern of PWD.

Eiesland (2002: 10) also shows that individuals with disabilities are prevented from partaking in the Eucharist. Considering such exclusions, the AFM needs to accept Webb-Mitchell's (2010) proposal that religious institutions must adapt to the presence of PWD and treat them as God's gifts offered to the church. On the same note, Meininger (2008) proposes that people must eschew traditions that exclude people with disabilities. He further elaborates that if the Church is to include PWD, like those with intellectual disabilities, in their communities, it should start acting and thinking as an inclusive *we* (348). Since the Church has a prevailing negative perception about PWD, there is a need for individuals to strategize and liberate themselves from their domestication and accommodate PWD in their churches. How then, according to the ethics of love, adoration and ministry, ought the non-disabled to live respectively with PWD, asks Blair (2003).

According to Ross (2003: 30), pastoral care is a form of helping relationship within the Church. Furthermore, pastoral counselling is a helping relationship with an expressly concurred, firm arrangement of boundaries. McClure (2012: 270) explains that pastoral care could be characterised as a type of practical theology, with a purposeful authorising and encapsulating of nearness, especially in light of anguish or need. McClure (2012: 269) shows that the term ‘pastoral’ comes from the Latin *pastorem* (shepherd), meaning to tend to the needs of the vulnerable. This definition is critical to this study since PWD are marginalised. It is an approach which aims to increase among individuals the affection for God and of neighbour. It was important in this study to question how human agency and divine agency integrate (if at all) in a model of pastoral care (e.g. Purves). White (2014) advises that when we consider Christ’s work in the world and within our lives, there is no difference between PWD and the non-disabled.

Doering (2015: xxii) argues that historically, pastoral care in Christian and Jewish communities was offered by lay and ordained individuals from these religious communities. Principles of pastoral ministry and care are proffered to individuals in periods of calamity, emergency and as daily guidance to Christians. There is a link between pastoral ministry and worship. The objective of pastoral care is to empower beneficiaries to experience the Triune God and develop in holiness and wholeness. Pembroke (2009: 1) argues that personal ministry to individuals and family is a critical component of pastoral ministry. The focus of worship is theocentric, and God is both the object and subject of worship. This study is concerned with ways that pastoral ministry can address the predicament of PWD and that an excellent way to effect this is to link textual content with the everyday world and life of the individual. Pembroke (2009: 21) refers to preachers who connect the theology of the text with experiences from scholarly debates emanating from disciplines like anthropology, psychology, sociology or



philosophy. This implies that the preachers must not only defer to the Bible, but also include notable examples and information from other disciplines to make a holistic impact on PWD.

Roberts (1995: 1) explains that pastoral ministry is based on relationships formed during a time of sickness, death, birthdays and celebrations; in fact, the function of the Church is worship and pastoral care. The pastor has a greater connection with and authority over the congregation when they share. Roberts states that pastoral ministry and care is a primary mainstay of the Church, helping it to exist and be relevant; as such, PWD also need pastoral ministry and care. The idea that both PWD and the non-disabled need pastoral care is consistent with Crosby (2010: 105) who state we are all disabled somehow. Be that as it may, the key to triumph is failing to remain the underdog. Jesus is there close to us, helping us up, driving us ahead and forward to victory. Also, Spears (2014: 146) contends that everyone has some spiritual disability and should be instructed in God's Word. Anderson (2006: 195) states that the principle point of pastoral care is to react to torment and struggle, in empathy and effortlessness, giving solace and counsel from the Bible. However, Pierson (2010) argues that when the Church turns to biblical commission to minister to PWD, they should go beyond the Great Commission (Mathew 28: 16-20), which encourages Christians to go to the entire world, meaning to everyone.

Insights that develop by considering the above literature dealing with the church and disability show that the relationship between PWD and the Church is that they both need each other. Carter (2007) explores the benefits of the community of faith forging relationships, and as people share faith, gifts are discovered and dispensed – but unfortunately, there are few PWD. Related to this, Collins and Ault (2010: 113) provide reasons why PWD need to be involved in the community of the Church. One outstanding reason is that the PWD have gifts that can

benefit the church. This study questions whether the AFM is a spiritual home for all people, including PWD. Eiesland (2009: 242) suggests that the Church needs PWD, and that the church is devastated without PWD. Thus, PWD narratives and bodies clarify that life experiences incorporate contingency, and arduous. Therefore, PWD in the church declare the presence of the disabled God for PWD, and call upon the Church to unite to become a communion of struggle.

Accordingly, Webb-Mitchell (2010: 38–39) states that the reason faith communities need PWD is that they allow the Church to become a community. Also, the findings by Morris (2010) remind us that PWD are individuals who have something valuable to offer the Church. Morris uses the analogue of any social group which includes other people who are good at different things, with some better at certain things than others. He commends that PWD must be seen as persons with endless possibilities of spiritual gifts. Also, there are benefits the Church can receive from PWD. Duck (2013: 33) suggests two gifts: firstly, PWD are a testimony that God manifests and acts in believers regardless of the challenges and difficulties. Secondly, PWD teach the Church to cry out to God, as exemplified by PWD when they face injustice and protest.

Swinton (2001) argues that the Church cannot transform PWD if they only think that they are helping them. The only meaningful changes in the lives of PWD take place when we realise that we are making a change so that the body of Christ can be made whole (57). Although Swinton's (2001) ideas curb the notion of an '*us vs them*,' mentality, the point of departure of this study is to discover how pastoral ministry may focus on ministering *with* PWD as opposed to ministering *to* PWD. The nature of the Church is that of a caring community where people find rest. Pastoral ministry is a combination of the 'pastor' and the activities of the Church.

The problem of discrimination against PWD is a constant theme in the literature, defined from different points of view (Burns et al. 2013; Shulman et al. 2008). This study is closely aligned with the definitions of discrimination by Dos Santos et al. (2014) who describes discrimination as the prejudicial handling of specific marginalised groups. Discrimination for Shulman et al. (2008) relates to “perceptions that society associates with the PWD”. The term ‘disgrace’ includes synonyms such as shame, humiliate, discredit or to dishonour. These words convey the notion that stigma is attitudinal. When associated with disability, discrimination connotes attitudes towards other people because of their physical condition. Some of those attitudes result in the rejection of PWD, gossip, or exclusion from holding church positions (Machingura 2016). Shulman et al. (2008) asserts that the primary challenge of PWD is not the ‘disability *per se*’ but how the non-disabled perceive the person. Discrimination against PWD is not unique among people in Zimbabwe. The study demonstrates the need for deconstructing perspectives of disability in the AFM and consider other factors like the impact of divine healing and miracles.

As such, Martin (2002: 87) argues that Pentecostals have succeeded in building financial resources through the Gospel of prosperity. Marshall (2009: 242) acknowledges that Pentecostalism is spreading drastically and has become a third force in Christendom. This phenomenon is evident in Zimbabwe, however, despite claims by Pentecostal denominations that Zimbabwe is mostly evangelised, the stigma associated with PWD is on the increase within Pentecostal churches (Mutswanga et al. 2015). He further recommends that church members need to be educated about PWD; the church needs to be sensitive to PWD as they are humans like everyone else; there is the need for programs that can cater to the needs of PWD; associating sin with a disability must be shunned throughout Christianity and; Pentecostals and other denominations should showcase the talents of PWD. Although the study by

Mutswanga et.al. does not describe the specific Pentecostal denominations in Zimbabwe, the recommendation that the Pentecostal churches in Zimbabwe should end their discrimination of PWD is essential to this study.

Divine healings, miracles, signs and wonders and the manifestation of the gifts of the Holy Spirit are the main characteristics of Pentecostalism (Musoni 2013: 76). Transnationalism is a phenomenon which is also identified with Pentecostal spirituality. The emphasis of Pentecostal teaching is to enact the divine miracles, signs and wonders. Musoni (2013) explains that central to the African Pentecostal is the emphasis on Spirit-filled churches. The drive is to match the standard portrayed in the book of Acts where there was baptism and re-connecting with the Holy Spirit, signs and wonders.

Jesus' mission, as detailed in Isaiah, includes healing the poor and the blind. Therefore, Pentecostals authenticate their missional mandate by healing the blind in what they call the 'demonstration of power'. The propensity for miracles and divine healings brings a reductive conception of disability within Pentecostalism. Above all, the history of Pentecostalism to claim divine healing of the body brings to the surface the interaction of the body and religion (Wilkinson 2015). Clifton (2014: 205–209) reports on some of the overwhelming spiritual encounters that PWD have endured on account of Pentecostal ministers. As opposed to helping PWD, the way Pentecostals teach and appeal to God for divine healing adversely impacts on individuals who are not mended, particularly those with a disability (Clifton 2014: 213). One of the reasons for this is postulated by Christiani (2014) who argues that the moral or religious model of disability views disability as emanating from either sin or an error committed. The social interaction, inclusion and participation of PWD within Pentecostalism presents a threat to the faith's claim of divine miracles and healing. Critics and members associate the existence

of PWD with a lack of power or the dilution of the Church, which believes that their pastors and believers should perform miracles in the name of Jesus. Gifford (1998: 332) shows that Pentecostals concentrate on a theology of deliverance, setting free the believers. Maxwell (2006: 221) argues that Pentecostalism does not focus on official political change, but believers remain aloof and pray from a distance. Such approaches by the Pentecostal church has an adverse bearing on PWD since meaningful change involves power struggles and political influence within the system. The experience of PWD in Pentecostal churches is summarised by Yong (2007: 242) that PWD are often left disappointed by the failure of divine healings. Studies about disability and the AFM from South Africa by Retief (2016) shows that ableism forms the dominant approach taken by many Pentecostal pastors and laities in how they preach about disability.

## **2.9 Disability and the Bible**

There are many ways in which the various denominations interpret the Bible, and many have established theologies that perpetuate discrimination against people with disabilities. Schuelka (2013), for example, outlines how sacred texts present disability as both a complex and often paradox phenomenon. It is critical to deliberate on how the Old and New Testament portray persons with disabilities.. As explored by Fast (2011), biblical scholars and theologians must continue to re-read and re-cast both the Old and New Testament to find a disability-friendly hermeneutic that reduces stigmatisation, marginalisation and discrimination. Examining reasons why the Bible has passages that are disparaging to PWD, women and other vulnerable groups in society help the study to comprehend why PWD are treated poorly and informs ways to mitigate their plight. Significant to this study is the observation of the continuous portrayal in the Bible of a dual cosmology of strong versus weak, light versus darkness, and superior

versus inferior. The Bible seems to work for the positives while those displaying negative attributes and vulnerability are viewed as needing help from God. According to Bryan (2006), there are forty-six biblical incidents that either refer to or view PWD negatively. It is also evident that the Bible has texts that oppress specific groups and PWD are no exception; for example, disability is biblically viewed as a disease that needs a cure. There are no passages in the Bible that present disability in a positive light (The Interpreters Dictionary of the Bible 1962; Encyclopaedia Judaica 1972). The Old and New Testaments equate disability with divine punishment, usually taken as evidence of immoral behaviour or sin. Disability is a curse that results from unbelief, disobedience and ignorance (Otieno 2009; Jewish Encyclopaedia 1920; The Talmud of Jerusalem 1956; Encyclopaedia Judaica 1972).

The Old Testament associates disability with divine punishment. The Book of Leviticus, for example, refers to many such laws. While an in-depth discussion of these laws is beyond the scope of this work, some examples are presented. Some of the laws were far-reaching, for example, Deuteronomy 23:1, which prohibited men who had sexual disabilities from approaching the Temple. They offer some challenging interpretation, such as an unequal love of God and kindness from the book of Leviticus 21:17-23:

Speak to Aaron and say: No one of your offspring throughout their generations who has a blemish may approach to offer the food of his God. For no one who has a blemish shall draw near, one who is blind or lame, or one who has a mutilated face or a limb too long, or one who has a broken foot or a broken hand, or a hunchback, or a dwarf, or a man with a blemish in his eyes or an itching disease or scabs or crushed testicles. No descendant of Aaron the priest who has a blemish shall come near to offer the Lord's offerings by fire; since he has a blemish, he shall not come near to offer the food of his God. He may eat the food of his God, of the most holy as well as of the holy. But he shall not come near the curtain or approach the altar, because he has a blemish, that he may not profane my sanctuaries; for I am the Lord; I sanctify them

There are exceptions, like Moses who was chosen by God to lead the people out of Egypt. Also, the Israelites would show kindness to blind people. Because of such acts, the people were blessed.

The pattern of discrimination and exclusion unfortunately begins with the Bible. The New Testament demonstrates a cause-and-effect connection between sin and disability, especially following the description from Mark 1:23, 1:40, 2:3 and 3:1. Alongside this view, Melcher (1998) illustrates that there is that association of disability with sin. Reinders argues that in the Roman Catholic Church, the life of a person with profound disabilities is associated with natural evil (2008: 119). Kabue (2006: 115) shows that there are impacts on the Church when connecting disability to sin. He states that an understanding and conviction among some houses of worship makes a connection between inability/affliction and sin that has created a state of mind of pity and sensitivity toward individuals who are impaired. To people who hold this view, the proximity of individuals with handicaps in the congregation is an indication that the congregation cannot fight the devil, the very wellspring of those disabilities. The reaction to this is unlimited prayers for the individuals who are crippled, and when these supplications do not yield the expected outcome, the person is rebuked for having a lack of confidence. As a result, the individual will opt to keep away from that specific church as well as from the Christian faith. This explains why PWD usually feel estranged, underestimated, humiliated and often insulted by the treatment meted out to them by the congregation.

A close analysis of Scriptures like John 5:14 and John 9:1 reveals how disability is associated with sin. There are several New Testament texts that deal with disability, these being, Mathew 9:27-33, 12:22, 15:29-31, 19:12, 21:14; Mark 7:31-37, 8:22, 9:17; John 5:6, 9:1-10; Luke 1:20-36, 7:21-23, 14:13-14, 11:14, Acts 9:8, 13:11, 14:8, 22:11; Hebrews 11:11, 11:21, Galatians

4:13-15; 2 Corinthians 12:9-12), that are used to characterise persons with disabilities in society. Referring to Paul's disability, in the form of the 'thorn in the flesh', scholars such as Kabwe (2011) and Anderson (2003) insist that Paul seems to have stigmatised his disabled condition as a demonic force or a Satanic messenger. Hence the reason he prayed yet was forced to live with his disability and the criticism surrounding it. Thus this enabled him to use his imperfection as a means of grace to others (2 Corinthians 12:9). Loader (2012) argues that Paul's correspondence reveals that they criticized him for his lack of impressiveness in his public presence and speeches, his indecisiveness and his apparent weakness (2 Corinthians 10:1; 1:17). Paul refers to his 'thorn in the flesh', which appears to be a permanently disabling condition with which he had to live and about which not much could be done other than speculation (2 Corinthians 12:7). As noted above, many churches teach that sin causes disability in an individual's life, or disability is caused by the fallen state of man. This position is helpful to this study as it situates the AFM's understanding of the cause of disability and how these positions relate to the doctrine of demonology which is prevalent within Pentecostalism.

The teachings of Jesus remain central to the New Testament, Christianity and the instruction of the Church today. Since the inception of His ministry, as demonstrated from a reading of the book of Isaiah, Jesus signified a preference for the marginalised in society. According to Gilmore, being blind was viewed as a severe disability in the communities of that time; the eyes were deemed as critical as they were instruments for learning, power, predation, predominance, and issues surrounding gender (1982). Furthermore, the exclusion of the blind from reaching the temple depicted the shame they brought to the religious communities and the parents alike (Luke 10:46-56). The Qumran documents stated that the deaf were not allowed in the congregation because they could not hear, but they had to observe the law (Guijarro



2000). All the blind people Jesus met were social outcasts; there was absolutely no incorporation of the blind in the community. Jesus restored their sight first, and then only were they incorporated. That is perhaps what has led to some of the miracle - performing pastors wanting to heal the blind before they may be fully integrated into the church community.

The Bible has numerous examples that illustrate how the Church has been involved in social responsibilities. Understanding these responsibilities is key to this study, since it helps to see the possibility that the Church can indeed extend its hand to PWD. Religion, as Anderson (2003: 50) asserts, has customarily been on the side of the marginalised and oppressed people in the community. However, the problem here lies with the interpretation of the Bible, because in the New Testament there are no PWD among the disciples. Subsequently, this in a way provides leeway for stigma to develop in the Church, particularly toward PWD (Parker 2013: 354). It was the prevalence of stigma and discrimination that motivated a need for this study so that the lived experiences of PWD in religious contexts could be interrogated and to recommend a theological response.

The following table illustrates typologies of social responsibilities of the first-century church.

**Table 1**

| <b>Book of the Bible</b>  | <b>Service rendered</b>  | <b>Targeted population</b>                 |
|---------------------------|--------------------------|--|
| Acts of the Apostles 2:45 | Property and possessions | All those in need                          |
| Acts 4:32                 | Sharing of possessions   | All those in need                          |
| Acts 6:1-2                | Distribution of food     | Jewish and Hellenistic<br>Christian widows |

|                   |   |                             |
|-------------------|---|-----------------------------|
| Acts 9:32-39      | Helping the poor with clothing                  | All poor widows in the area |
| Acts 12:29-30     | Sending gifts                                   | To the church and elders    |
| 1 Corinthians 8:4 | Contributing funds                              | To the saints               |
| Galatians 6:10    | Do good deeds                                   | To all people in the world  |
| 1 Timothy 3:5-16  | Taking care of widows, distributing resources   | Widows and the needy        |
| 1 Timothy 6:17-19 | Distribution of resources to the poor and needy | To all people               |

### **Models of Biblical Social Responsibilities**

( Source: Author :Fieldwork: 2017)

The above table and other biblical passages imply that social responsibility is an individual matter as well as a matter of concern for the entire Church. Individuals such as Tabitha / Dorcas in Acts 9 are classic examples of the role played by individuals in addressing social problems. Taking care of the poor and the needy is an ordained responsibility of the Church. The issues of both interpreting and using the Bible are mostly done by the pastors with skills obtained from theological training. PWD are silently marginalised in theological institutions. For instance, the curriculum of most theological institutions in Zimbabwe does not include disability studies

For instance, the current Living Waters Theological Seminary (LWTS) curriculum, where the AFM pastors are trained, does not offer disability studies, although teaching about disability at seminaries offers opportunities for the deconstruction of negative views on disability. The paucity of education on the experiences of PWD embodies a missing link in theological

inquiry. Anderson (2003: 38–41) argues that prospective theological students who were PWD were refused admission into theological education. Consequently, this is deliberate and unacceptable marginalisation and exclusion from the theological educational structures by the administrators at theological schools and theological seminaries. Therefore, including disability studies in theological institutions and seminaries would promote awareness of PWD. Ndlovu (2016) argues that the goal of disability theology should be to change the church and society, and set up strategies, laws, decisions and programs that confirm, secure and advance the nobility and God-given right of PWD to public worship.

## **2.10 Disability and Indigenous Religions**

Rose (1997: 397) argues that Western religious views are likely to have been influenced by early pagan attitudes towards physical and psychological differences. Stone-Macdonald (2012) also posits that cultural beliefs and attitudes are instrumental in the way disability is perceived, although there has also been a shift towards medical, social and cultural models of disability. This too has been observed to be the case in Africa, where African beliefs continue to play a substantial role in the comprehension of disability (Stone-Macdonald 2012). Ndlovu (2016) posits that African beliefs concerning disability are ambivalent, as they show disability and PWD both positively and negatively. On the one hand, disability is viewed as an affliction. This affliction is an impairment that must be remedied by diviners or healers and is attributed to witchcraft and punishment from divinities and curses. On the other hand, Ndlovu (2016) contends that there are also teachings and African proverbs that advocate for the humane treatment of PWD, and he underscores the doctrine of Ubuntu. Thus, in his study of Swaziland, this is encapsulated in proverbs that warn against ridiculing PWD as you yourself may be

disabled one day , and those that caution against making fun of the afflictions of others less fortunate than yourself.

## **2.11 Conclusion**

This chapter has shown that the issue of disability cuts across all academic disciplines. Categories such as definitions and the terminology of disability reveal elements that promote stigmatisation and exclusion of PWD. Myriads of factors are attributed to the causes of disability, the most common being cultural, medical, spiritual, and mythical causes.. This information assists this study to understand that some causal factors remain speculative and need further examination. In line with this, the global and contextual perspectives of disability are relevant to the thesis. The chapter has shown that poverty has an adverse impact on PWD as they fail to negotiate economic challenges. The chapter also revealed gaps or areas for deconstructing and constructing a theology of disability within the AFM to alleviate the plight of PWD. The next chapter discusses the history of the AFM, since it is the church under study.

## **CHAPTER THREE**

### **APOSTOLIC FAITH MISSION IN ZIMBABWE**

#### **3.1 Introduction**

This chapter provides an overview of the AFM and its principal characteristics, its origins, theology, teachings, and its common liturgical approaches. The reason for reviewing the history of the AFM is to provide an understanding of how to position disability theology within the continuum of Pentecostalism, which is at the centre of this study. Therefore, disability must be understood from a progressive point of view, especially within the Pentecostal traditions. The ritualistic nature of Pentecostalism is a principal factor in understanding the worship, practice, theology and the oral heritage of the faith (Albrecht, 1999). This chapter considers the establishment of the AFM in Zimbabwe, the AFM doctrine ethics and liturgy and the central theological beliefs within the AFM.

#### **3.2 The History of the AFM in Zimbabwe**

The AFM is arguably regarded as the oldest Pentecostal church in Zimbabwe (Murefu 2008; Machingura 2011; Musoni 2013). However, there is a paucity of written history about the AFM (Togarasei 2016). As such, this section reconstructs the history of the AFM using the following narratives: the Zacharia Manamela model; the Shona model; the Paulos Mbulawa model and the missionary model of the AFM growth in Zimbabwe. The historical emergence of the Pentecostal movement in South Africa and later Zimbabwe, however, is linked to the Azusa Street Revival. Prominent figures like Dowie, Parham, Seymour and Lake are pillars in this development. The growth of Pentecostalism within South Africa relates to the history of break-

away churches from the Zionist and the Apostolic churches. Anderson (2013: 106) explains that the Christian Catholic Apostolic Church (CCAC) set up by Alexander Dowie was vital for the development of the Pentecostalism in South Africa. Pieter P.L. le Roux and four hundred Africans went to the CCAC. Dowie sent them the periodical 'Leaves of Healings' which stressed healings and the triune immersion. The congregation, adhering to such teachings, began to grow and by 1905, had around 5000 individuals. As shown by Lossky (1991), the arrival of John Graham Lake in South Africa saw many people receiving the Holy Spirit and healings, and some of the believers came from neighbouring countries to work in mines. It is not clear what happened to the other men who arrived with J.G. Lake, but Burger et al. (1997: 109–110) believe that they formed the AFM from the Black Zionist churches. J.G. Lake recorded that 25 May 1908 marked the initiation of the AFM. Lake's leadership lasted until 1913 when he returned to the USA (Hwata 2009). The divine healings, miracles and the demonstration of the gifts of the Holy Spirit were expressions that facilitated the spread of Pentecostalism in Southern Africa. According to Hwata (2009b: 25), after the departure of Lake, the work in South Africa was given to Le Roux, who focused on the Europeans in South Africa, whereas W.F. Dugmore concentrated on the Black people in South Africa. It is believed that the work of Dugmore spread to Zimbabwe.

Maxwell (2006) and Togarasei (2005) argue that the AFM introduced Pentecostalism to Zimbabwe. The coming of the AFM to Zimbabwe was by default; it is believed that migrant workers from Zimbabwe who worked in South Africa to earn money for their livelihoods or *lobola* (bridal price), converted to Pentecostal Christianity and passed it on to Zimbabwe. They would attend the crusades in Johannesburg; leaving their places after work on a Friday evening, they would take a train from Messina, Polokwane, and arrive in Johannesburg the next morning. They would go to the church services of J.G. Lake on Saturday and Sunday; after the

service, they would head back to their place of employment, returning on Monday morning. During Christmas and New Year, they returned to their country, the then Rhodesia (around 1908) and began preaching to their kin. These migrant workers brought with them the fire of the Gospel under those circumstances, and many individuals gave their lives to Christ. However, there was nobody to baptise them, this being one of the AFM sacraments. The workers returned to South Africa and related the news to missionaries that many individuals had repented in Rhodesia, and one of the local people was sent to baptise believers in Rhodesia (between 1910-1911). At that point, Isaka Zacharia Manamela returned to Rhodesia, crossing the Limpopo at Shashe between 1910-1913.

### **3.2.1 The Zacharia Manamela Narrative**

Zacharia Manamela is a prominent figure associated with the founding of the AFM in Zimbabwe around 1915. According to Hwata (2005), Zacharia Manamela founded the AFM in Gwanda which is in the Southern part of Zimbabwe. The Kruger narratives associated with AFM only came more than fifteen years later, after the establishment of the AFM in Zimbabwe. The name 'Kruger' surfaced in AFM history shortly after 1925. Many local and indigenous names emerged and contributed significantly to the initial stages of the AFM, but most of these names are not acknowledged in the missionary historiography. Findings by Togarasei (2016: 2) provided reasons for the lack of written historical information of the AFM. These being that firstly, the church was not recognised by the government. Secondly, the church was led by unschooled laity, hence no records were kept, and thirdly, the AFM did not create any programs like building hospitals or mission schools to help the community and thereby attract the attention of the government. The work of the missionaries is emphasised and overrated, at the expense of indigenous preachers. Names such as Paulos Mbulawa and Joseph Madumeja are

mentioned as some of the first-generation preachers in 1916. The AFM executive minutes of 20 May 1914 indicated the role of Isaka Zacharia Manamela and includes reports from migrant workers who were from Rhodesia, on the growing work of the AFM, between 1910-1913 in Matabeleland South.

Manamela attended the Dugmore Outreach Ministries to obtain information about Dugmore in Rhodesia, this confirms the existence of the AFM in Matabeleland South. This data is taken from a letter written by John G. Lake to Letwaba dated 20 Sept 1913, and a letter to P.L. le Roux, dated 26 Sept 1913. It must be emphasised here that the AFM was in Rhodesia at that point, before the arrival of Isaka Zecharia Manamela, but not yet efficiently established. Manamela accompanied other men who had converted in South Africa. Manamela moved with the Gospel in areas such as Mashabani, Bambahali, Limpopo and Mpangamadi. Reports reveal that the main church was established at Mpangamadi at the home of Lukas Mathokwa in 1910; he was a Sotho individual from Botswana. Believers such as Pebele, Ezekiel Mbedzi, Petros Mushambo; Titus Mudeme, Jonas Mudeme, the Matsethu family, Mudida and Lukas Mathokwa remained behind to take care of the base branch, as Zachariah Manamela continued on to different places like Swereki, Maliberg, Nhwali, Dendele, Butulula, Zezani, Sukwi. The other baptised individuals during this period were Komiki Tshuma, the Majaunda family, the Kibe Muleya family, Siwela Samson and Nalana Ncube. Togarasei (2016: 3) argues that in 1919, the AFM purchased a farm or property in Gwanda and this was to become the base the congregation would work from during its evangelistic work. They established a primary school which was later shut down by the Rhodesian government. Gobatema was established four years after Manamela established the base in Gwanda.



### 3.2.2 The Shona “Manyika” Model

This narrative is linked to Isaac Chiwaka who originated from Manicaland and went to South Africa in 1908. He met John Graham Lake and received the baptism of the Holy Spirit, then later moved to Bulawayo in 1911. He began preaching in a railroad compound in Bulawayo in 1913, and many converts joined the AFM. Chiwaka was liked by the Europeans for preaching the Gospel to the ‘indigenous’ people in Bulawayo. Some background about Bulawayo is helpful here. Chiwaka preaching made many Shona people convert and join AFM in Bulawayo. By 1910, the Bulawayo ‘outsider’ African populace had increased to 25,086 from 11,359 in 1906, comprising Ndebele, Kalanga and others from Matabeleland expanded from 6,345 in 1906 to 12,739 in 1910. Apart from the Ndebele residents, a number of noticeable Ndebele tenants around the local area included the Manyobas (and Siphambaniso Manyoba, who turned into an unmistakable Ndebele extremist after 1929). There were also a few members of the Lobengula family; for example, Queen Moho hosted guests of this illustrious family and the offspring of Muntu (Lobengula's sibling), who abandoned their father when he became impoverished in Bulilima-Mangwe and left for Bulawayo due to ‘impropriety’. To this number a few local ladies, officially residing in Bulawayo in 1897 should be added, which the Native Commissioner Malema stereotyped as prostitutes. However, this was unfortunate because the majority of the women were in fact wealthy, having profited from rentals received from the migrant workers.

By then, Bulawayo had a ‘more than sufficient’ labour arrangement, with an ‘expansive coasting populace’ meandering between all the key focuses of business. Early pioneers of Bulawayo were mixed with ethnics and cosmopolitans. They cooperated openly in working environments, communicating through a language referred to as *lapalapa* (otherwise known as

*Kitchen worker*, a blend of various dialects and ‘broken’ English. The first evangelists utilised *lapalapa* to spread the Gospel in Bulawayo. Isaac Chikawa from Manicaland, a Shona and a worker living in Bulawayo from 1913-1929, is viewed as an essential AFM adherent who originated from South Africa and brought the Pentecostal message with him to Bulawayo in 1913. He was critically injured during a tribal battle in December 1929 in Bulawayo. His record reflects the following entry: “I heard a crowd of Matabele natives passing through my house in the Location on Thursday night last, 26th December 1929, saying they were looking for the Manyika natives, mainly the preacher of AFM” (Gomba, 2013). This was also confirmed by Msendo (2006) quoting from the report from *The Chronicle* (28 December 1929) mentioning the work of the AFM evangelist from the Manyika area.

Another key individual in the proclamation of the AFM message was Mtero, a Manyika. An article from *The Chronicle* reported that Mtero was leading a gathering in which people were speaking in another tongue. Although he lived in the Railway Compound, Mtero owned significant possessions. The Ndebele and ‘outsiders’ attacked the Railway Compound, where around 300 to 400 working Manyika (a Shona group) lived. This group of Manyikas were seen to be evangelising people in Bulawayo and locals perceived this outsider religion to be enraging the indigenous divine beings. The name AFM, connected to John Graham Lake, invariably appeared in the daily newspaper during 1928 and 1929 and was linked to the tribal savagery on the eve of Christmas 1929. The brutality which took place in Bulawayo on this Christmas eve, as detailed in *The Chronicle*, shows that the AFM, at that point, had been in Zimbabwe for a considerable length of time before 1929, yet it still required evangelist linkages to approve its operations.

### **3.2.3 The Paulos Mbulawa Narrative**

Pictures of Paulos Mbulawa and his wife in the *Missorama Magazine* in 1916 makes him a principal minister of the AFM in Matabeleland. This is the man who is accepted to have played a vital role in establishing the AFM in Bulawayo. History holds that he began preaching in Bulawayo in the mid-1930s. However, the recorded date of his entry is inaccurate and it is erroneous to accord him this status because other existing sources show that the AFM was, at that point, in Bulawayo many years before his arrival. Different perspectives contend that recorded dates depend on the segment of the groupings he worked with since the meetings were profoundly tribalized. Additionally, his appointment authentication shows that he was only appointed in 1947. This implies that he preached for over twenty-five years prior to his appointment.

### **3.2.4 The Missionary Narrative**

This perspective holds that AFM was introduced into Bulawayo by European preachers as early as 1913. This view is upheld by an article dated June 1914, discovered at the library of *The Chronicle* in Bulawayo. The article makes reference to a missionary called Golden who used to preach in Bulawayo between 1913 and 1917. This evangelist was situated in Gwanda at the Gobatema mission, but he would regularly lecture in Bulawayo, Zvishavane and Beitbridge. Indeed, even his passing is recorded in *The Chronicle* in 1917. His grave is to be found in Gwanda at Ntepe and is currently being maintained by the previous Overseer for the AFM, Rev Musinyali. The drawback of this story is that it concentrates on the work of the European missionaries to the detriment of the indigenous evangelists, preachers and laity. A few sources demonstrated that some missionaries who came to Zimbabwe, tended to pursue an own agenda to the detriment of their stated purpose.

The second account of the emergence of the AFM in Zimbabwe has been attributed to the leadership of Luttig. As indicated by Dillon-Malone (1978: 9), Luttig, a European from South Africa, and Dingiswayo (a Nyasa evangelist-preacher) established a an AFM mission in Kadoma around 1918. The work of the AFM began in Gwanda. Togarasei et al. (2010) contend that Luttig, M. Bodenhorst and W. Dingesaku presented Pentecostalism in Harare, and Enock Gwanzura continued a significant part of the work around Harare. Togarasei et al. (2010: 21) argue that through the leadership of Enock Gwanzura, the AFM was officially recognised by the government in 1934. By the 1940s, the AFM was represented in the major cities such as Harare, Masvingo, Kadoma, Mutare, Zvimba, Domboshawa and many other areas.

Splits characterises the AFM church period from 1945. From inception issues of doctrine, discipline and church liturgy were uppermost. Subsequently, according to Togarasei (2016), individuals left the AFM either through expulsion or deliberate choice. Mugodhi was ousted because of polygamy and began the 'Mugodhi Apostolic Church'. In 1945, Madida Moyo broke away and began the 'Unadulterated Apostolic Church', and Johanne Marange and Johanne Masowe began their Apostolic factions. Around 1950, Ezekiel Guti started the Zimbabwe Assemblies of God Africa (ZAOGA). Currently, notable breaks from the AFM include Emmanuel Makandiwa's 'United Family International Church'; Oliver Chipunza's 'International School of Deliverance'; Tavonga Vutabwashe's 'Heartfelt International Ministries' and Talent Chiweshe's 'Life House International Church'.

### **3.2.5 The Contemporary AFM**

Currently, the AFM has a membership of 2.3 million (Machingura and Chivasa 2016: 13). In 2015, the AFM held its centenary celebrations. Murefu (2008) argues that the Apostolic

Council is the highest governing body. The AFM church in Zimbabwe consisted of about twenty-six provinces at the time of this thesis. Each province has departments with the responsibility to host what is named 'spiritual' conferences once every year. The departments are young people's union, sisters' union and widows and single mothers' union. Over and above these provincial departments is the main provincial church board popularly known as the provincial board of elders. This board serves as a supervisory body over the affairs of individual assemblies in various communities within a province. The overall chairperson of the province is called an Overseer and is elected triennially. Assisted by a committee of seven, he is responsible for hosting provincial conferences in March, June, and October every year. Each conference usually commences on Thursday evening and goes through to Sunday, and all assemblies under the authority of the Overseer are obliged to participate. The Overseer is the Overall Chairperson of the said departments. Similarly, at national level, the AFM in Zimbabwe conducts national widows' and single mothers' conferences in February every year, a national youth conference in April every year, the sisters' union in April every year, and the general conference in August.

As discussed above concerning the structure of the AFM in Zimbabwe, conferences and revival programs are a notable liturgy. Cartledge (2010: 30) writes that Pentecostals,, are enthusiastic worshippers, and the worshipping life of believers provides them with an identity and helps them to negotiate issues of daily living. The services of the AFM are well branded and advertised on television, billboards, websites, WhatsApp platforms and newspapers. Most of the advertisements are about the services of the AFM in Zimbabwe conferences and Sunday services; prominent pastors advertise about healings, debt cancellations and deliverance. Smith (2010: 39) argues that Pentecostal worship creates room for the 'unexpected' to happen. In other words, for Pentecostals, the 'unexpected' is 'expected' (33). Shorter and Njiru (2001)

argue that Pentecostal churches are built like theatres, and the entire worship takes on the character of a theatrical performance, with spontaneous music and audience participation. It is within this structure, during conferences and local assemblies, that the AFM commit to biblical authority, spiritual gifts and miracles. They strive to emulate the spirituality demonstrated in the book of Acts.

The AFM believes that worship provides space for divine encounters. In Pentecostal services, worship is understood as a space for God to move in their midst. Using examples from Azusa Street, Robeck (2006: 131) states that worship was the response to experiencing God. An encounter with God was viewed as a life-changing moment, a transformative time that created a scope of reactions. Some moved while others bounced. Some stopped with arms raised high, yet others yelled or sang with all the zeal they could muster. Still 'others were so loaded with wonder' that 'they tumbled to the floor.' Pentecostals claim an intimate relationship with God, which can be felt and believers are moved emotionally (Warrington 2006: 219).

### **3.3 The Doctrine of the AFM in Zimbabwe**

The doctrine of the Holy Spirit in the AFM is extensive, thus this study does not attempt to exhaust all areas, but selects only those that have a bearing on disability issues. The role of the Holy Spirit, and how the Holy Spirit manifests in the life of the believer, is central to the AFM. To most of the AFM believers, this marks the distinction between the AFM and other churches in Zimbabwe. As stated by Harper (1986: 1), Christendom has three distinct strands, namely, the Orthodox and Catholic strand, with Protestantism as the second strand, and Pentecostalism as the third strand. It is noteworthy that Pentecostalism developed out of Protestantism. Thus, the AFM doctrine of the Holy Spirit must be understood from a broader perspective. Dayton

(1980: 9) suggests that the formation of Pentecostalism must not be reduced to a mere theological institution, nor to an event in Topeka, Kansas where Miss Agness Ozman (1870-1937) spoke in tongues for the first time. Instead, Pentecostalism must be placed within a variety of social, cultural and political milieus. The AFM must be viewed as a unique community with firm adherence to the founding heritage. Unlike denominations in Protestantism, Pentecostalism has no single founding father. It is a culmination of different charismatic experiences which happened in different areas and times. According to Mutswanga et al. (2015: 174) the term Pentecostalism is misleading in some instances as people often confuse Charismatics with Pentecostals. The two have the same theological roots, but they are different. The idea of having no founding father has its share of interest and drawbacks, and one is the possibility that Pentecostalism could have emerged elsewhere rather than North America. Some famous and prominent people were involved in the emergence of Pentecostalism. For instance, Alexander Dowie (1847-1907), who set up the Christian Catholic Apostolic Church, is associated with Pentecostalism. Likewise, the AFM in Zimbabwe have no founding father, but it was founded by ordinary people who encountered the movement in South Africa.

The teaching about speaking in tongues is vital to the AFM theology and praxis. One of the AFM senior pastors, Chinyemba (1999: 49), argues that glossolalia is regarded as a protective shield against evil spirits because speaking in tongues is therapeutic for the sick, and believers automatically receive blessings, joy and peace as they participate in the ritual. Anderson (2004: 34) argues that it was Charles Fox Parham who popularised speaking in tongues as the label of Classical Pentecostalism in America and Canada. Hence, in the AFM, speaking in tongues is a prized activity as it makes a believer achieve, possess and access the spiritual realm. Such a position in the AFM is associated with one of the significant persons in Pentecostalism,

namely Charles Fox Perham (1873-929), a man who had confidence in healing. The Bethel Bible School concentrated on speaking in tongues and divine interventions written in the Acts of the Apostles. Accordingly, the beginning of focusing on the Holy Ghost at the Bible school suggests the start of Pentecostalism. According to Machingura (2011: 18), speaking in tongues is central to the AFM theological curriculum; every student must exhibit the ritual upon joining the college, thereby teaching the doctrine to the assemblies they will be ministering. In most conferences and church services, people are invited for prayer to receive the baptism in the Holy Ghost. Warrington (2006: 216) argues that Pentecostals assume that God listens when they pray and are consequently expectant of His intervention in their lives and in response to their prayers.

Machingura (2011: 13–14) observes that the AFM possesses the US style of evangelism which he terms the ‘Americanisation of the Zimbabwean Pentecostalism’, which becomes vibrant through speaking in tongues, information technology, banners, and car stickers. Some critics like Burgess (2008) argues that Pentecostals have no clear interpretation of scriptures when it comes to glossolalia because they fail to listen to other contributions outside their constituency. There is a tendency of the AFM in Zimbabwe to exclude mainline churches on account of their non-speaking in tongues. In fact, mainline churches like the Catholics, Methodists and Anglicans are derogatorily called *kereke dzisina mweya* [churches without the power of God]. Hence, the doctrine of glossolalia is contested within the Zimbabwean religious landscape. Maybe Masondo (2008) is correct when he warned that behind the written text there is a real Bible that theologians and pastors must focus on, to access reality.

The AFM in Zimbabwe celebrates 25 May as the Pentecostal day for the church, and a historical narrative of how the church was founded on the power of the Holy Spirit is reiterated.



In this setting, William Joseph Seymour (1870-1922) is referred to when it comes to the heritage of speaking in tongues. He was a distinguished student from the Bethel College, remembered as a Black evangelist who contracted small-pox and lost his left eye. Kgatla (2016: 322) writes that Seymour was a Holiness Movement preacher who is credited with initiating the Azusa Street Revival, a movement that practised the laying on of hands, speaking in tongues and falling under the anointing. Robeck (2006) explains that after Seymour's baptism in the Holy Ghost on 12 April 1906, the group continued to grow and finally settled at 312 Azusa Street; this revival continued until 1909.

### **3.4 The AFM Ethics and Liturgy**

This section discusses how the AFM expresses its liturgical worship and some fundamental ethics. An analysis by Jacobson (2003: 2–7) explains that Pentecostal theology is grounded in biblical truth; they use singing, fasting, prayer and oral testimonies to show their inner belief in encounters. As indicated by Maxwell (2006: 17), Pentecostalism had various names like the Apostolic Faith, Holy Ghost Revival, and Foursquare gospel. These names are examples of Pentecostal church groups.

#### **3.4.1 The AFM Teachings about Prosperity**

The theology of prosperity is evident in the AFM liturgy, and many pastors preach the Gospel of prosperity enthusiastically. Miraculous providence and protection from loss of property, and finances (if one gives tithes and offerings) are part of this theology. Achieving wealth is viewed as the will of God and as an external manifestation of His blessings (Togarasei 2010: 30). Therefore, prosperity is regarded as the fruits of faith (Togarasei 2011: 339). Prosperity theology is specifically a Pentecostal doctrine that places emphasis on the attainment of wealth

and health (Gifford 2004). Prosperity is not only interpreted through the spiritual realm but also in the secular realm, as poverty is detested with a passion (Ayeboyin, 2011: 161). In the AFM, poverty is regarded as a sin and a lack of faith. Therefore, many prayers, fasting and generous giving ensure one's deliverance. Mate (2002: 552) attested that poverty is the work of the devil who fights against productivity, thus to move out of poverty one must be set free from the chains of poverty. The born-again experience in the AFM means one must break ties with ancestral links and a particular culture. Mate (2002) argues that the Pentecostal brand of Christianity drives believers to face modernity by breaking from the past and certain ways of living.

At the time of conducting this study, there was freedom of worship in Zimbabwe; as such, it has facilitated healthy state-religion relationships. As Togarasei (2016: 9) states, the Pentecostal type of Christianity characterises the Zimbabwean religious scene, and even mainline places of worship are slowly beginning to tolerate such religious expression in their churches. New developments appearing on the scene are slanted toward Pentecostalism (Chitando et al. 2013: 9). The AFM and other youthful Pentecostal churches preach a prosperity gospel and miracles of varying levels of sophistication. According to Biri (2012), the new emerging Pentecostals in Zimbabwe strategically lure converts from mainline churches (Methodist, Church of Christ Seventh-day Adventist and others) by offering something different to them, mainly miraculous healings. Furthermore, they employ psychological games and emphasise the influence of 'evil spirits' on marital problems, diseases, finances, barrenness, unemployment and many other social issues that affect Zimbabweans daily.

There is dissatisfaction amongst critics that some of these miracles are stage-managed by the founders of the churches. Regardless of this, the AFM attracts many people to their services.

Corten and Marshall-Fratani (2001: 22–40) distinguished modern Pentecostalism as having an affinity with the ‘well to do’ of society, especially the moderately educated. However, the AFM is responsible for giving birth to some of these break-aways. Further, these emerging Pentecostal ministries are a product of young, very articulate charismatic preachers, with fashionable leadership styles, and who are educated in various academic disciplines, which enable them to address others and speak eloquently (Anderson 2001: 19).

Following the same line of thought, Hollenweger (1997: 12) adds another dimension – that Pentecostal liturgy has contributed by offering societal and innovative ways of empowering the marginalised. This holds true for Zimbabwe, since some people flock to AFM churches because of economic decline, loss of responsibility; the laxity of the rule of law in Zimbabwe has also pushed people to look for spiritual solutions. Coltart (2004: 1) argues that from 2008 up to now, Zimbabwe has been going through an economic meltdown, the life expectancy has declined and the impact of HIV and AIDS is devastating. As noticed by Dete (2009), many people in Zimbabwe who are living on a shoestring budget, or who are trying desperately to make ends meet, are embraced by Pentecostal churches that offer hope to the desperate.

This situation has brought about religious extortion in both the AFM and the emerging Pentecostal churches. There have been significant protests of how the ‘man of God’ has been hoarding riches. Subsequently, this has resulted in plundering, impoverishment, and adherents being conned out of their monies, fortunes and properties. Ostensibly, this is done under the guise of getting a gift or escaping the scourge of poverty. However, regardless of the economic meltdown and this seemingly distorted brand of Christianity, Zimbabweans from both rural and urban areas are identifying with Christianity. Kay (2009: 59) argues that the theologising

of the divine-human encounter in Pentecostalism makes it ‘revivalistic’ and as such, patterns of revival behaviour have become part of Pentecostal worship.

Some AFM pastors are guilty of lavish and materially extravagant lifestyles, including the latest luxurious cars. The founders of the mega-churches in Zimbabwe have spiritual healing powers that few can rival, and seem to be able to bless followers materially, including the Gospel of prosperity. According to Gunda (2012: 344), the miracles and prophecy of the emerging Pentecostal churches remain controversial among Zimbabweans, especially when it involves their authenticity. Shoko (2013: 228) comments that it is difficult to establish the difference between the Christian preachers and traditional healers. Nonetheless, as of late, the Pentecostal churches in Zimbabwe have been reprimanded for their political and financial instability, and there is a contention that pioneers have lost God in the quest for materialism. The longing for eminence and realm-building is responsible for many of Pentecostal splits. What is both intriguing and troubling, is that it is young Pentecostal founders, between the ages of 22 and 40, who are bringing about these breakaways and benefiting from them. It is evident that most of these young ministers come from the AFM – some are students trained by the AFM but who failed to be absorbed by the church, and some are those who have fled from discipline.

Togarasei (2005) termed the phenomenon ‘modern Pentecostalism’. This is presented by churches which include, but are not limited to, the Apostolic Faith Mission and Full Gospel Church. Maposa and Marongwe (2015: 1) argue that in Zimbabwe, there is a new brand of Pentecostal worship which is manifesting as the ‘materialisation of Pentecostalism’. In response, Mbiriyamveka (2013) claims that Pentecostal churches in Zimbabwe have become what is called ‘gosprenurships’ whereby the churches and Pentecostal prophets are running

lucrative businesses and wealth generating entrepreneurship. In light of the above discussion on the prosperity teachings, the AFM pastors and laity are no longer seen to be those who bring 'good news' from the Bible, but are viewed as pastors craving fame, money and fortune.

### **3.4.2 The AFM Concept of Divine Healing**

The AFM framework of divine healing is credited to Alexander Dowie (1847-1907). Scholars like Anderson (2013: 31), who are interested in questions concerning the founders, have argued that Dowie focused on divine 'healing' and spearheaded a magazine called *Leaves of Healings* which was distributed worldwide. Healings later became a pivotal practice in Pentecostalism. In this way, the roots of faith healing in Pentecostalism can be associated with Alexander Dowie.

Similarly, Dillon-Malone (1978: 9) argues that divine healing and emotional expression of worship are prevalent traits of the AFM. In fact, the AFM is known for its faith healing, glossolalia, witchcraft eradication and exorcisms, writes Hwata (2005: 28). Divine healing is the hallmark of the AFM within its preaching and praxis. Health is a critical concern for the people of Zimbabwe and Africa at large, and the indigenous religion is concerned about it. However, Burger et al. (1997: 167) argues that one of the reasons people joined the AFM was because of the healing they received, or that was testified to them. One of the founding fathers of the AFM, J.G. Lake (1870-1935), gave some profound teachings on divine healing. Reidt (1981: 54–55) argues that J.G. Lake based his theology of healing upon a triad of biblical values:

- The cause of illness is Satan and demons; this does not glorify God but when healing occurs there is glorification and worship of God.

- The biblical teaching is that there is healing in God, and the Church must practice such promises.
- Adequate faith is a prerequisite for healing to take place.

The teaching about illness is broad and is based on psychophysiological premises. Nel (2008: 14) argues that the correct treatment of disease entails accurate diagnosis. Thus the AFM pastors who administer healing have not succeeded in putting in place a systematic theology of faith healing, such that, although the Bible teaches about healing, there is much to learn in this area. For instance, the healing ministry from the church centres on the reality of the spiritual pain in people but not on the biological manifestation. Togarasei (2009: 37) observes that biblical stories inform healings in Pentecostal churches in Zimbabwe.

Such an approach to divine healing by the AFM inevitably links to deliverance. The AFM believes that the devil and demons are not part and parcel of the believer. Thus some sicknesses and disability are said to be caused by the demons and Satan. Therefore, the theology of deliverance and demonology are original teachings in the AFM. Togarasei (2005) declares that the Shona people in Zimbabwe believe that evil spirits cause some of the diseases and problems. Consequently, since the Shona people in Zimbabwe are familiar with evil spirits and how they affect individuals and families, the teaching of deliverance, spiritual warfare and divine protection is readily accepted in the AFM. Shoko (2006: 9) argue that Africans believe that witchcraft and ancestral spirits cause all misfortunes, sickness, death, mental illness, convulsions, epilepsy, haemorrhage and paralysis.

On the other hand, prophets within the contemporary Pentecostal church claim that they heal all manner of diseases, including weight loss, HIV and other chronic diseases. Many

testimonies from the AFM confirm that they had witnessed miraculous signs and wonders being performed through the Word of God. The lessons about the origins of demons are taken from scriptures like Revelation 12:9,12 and 2 Peter 2:4 which explains that these are angels who had sinned. The New Testament teaches that the function of demons is to oppose believers and cause sickness (Ephesians 6:12, Mathew 8:1, Luke 4:40-41 and Acts 5:16). In some instances, divine healings are administered in the context of deliverance. The global South Pentecostal liturgical expression should not be treated as homogeneous. Christianity from the global South is exceptionally varied; it focuses on miracles and divine healings. Liberation and exorcism are vital to the AFM and most Christian ecumenism in the south of the world. The AFM believes that deliverance is necessary and most Christians spend much energy searching for God who identifies with the difficulties they face.

Mayrargue (2010: 2) explains that deliverance, prophecy and miracles are labels ascribed to sub-Saharan Pentecostalism. African Pentecostalism is regarded as an imported religion, and its roots are exogenous. However, African Pentecostalism must not be considered as Americanisation of the local religious life. In fact, African Pentecostalism has undergone local reinvention, growing in complexity. Mayrargue (2010: 5) shows that the impact of re-interpretation, innovativeness and giving autonomy to churches have helped African Pentecostalism to forge and follow its own path.

The AFM focuses on the four-square Gospels which deal with healing. Woodall (2016) argues that the earliest Gospel, which was the focus of Pentecostalism, was four-fold. It spoke about Jesus' ability to save humanity, that Jesus has the power to heal, Jesus baptises people in the Holy Ghost, and Jesus will return as King. In the same line of thought, Musoni (2013: 76) argues that Pentecostalism seeks to re-establish the miracles and Holy Spirit baptisms of the

New Testament. It relies on the Holy Spirit and gifts of the Holy Spirit, and longs for remarkable encounters, healings and deliverances (Anderson 2004). Pentecostals yearn for the infilling of the Holy Ghost which is associated with bringing power into the everyday lives of the believers as attested by 1 Corinthians 12:8-10. Dayton (1994: 26) argues that the Pentecostal experience holds that divine healing attests to the fact that God is present in the believer's life. Morality and testimonies are qualities of Pentecostalism and are some of its most profound characteristics. The Pentecostal religious rhetoric is passed on through prayers, declarations, music and sermons. Hollenweger (1999: 36–39) contends that 'oral liturgy,' is a narrative theology which incorporates dreams, visions, healings and the interests of the entire group in worship. Thus, the AFM has a culture that communicates orally to develop a theology. The roots of oral culture make testimonies prominent in Pentecostalism, and these are formulated through narratives rather than abstract propositions (Cartledge 2010: 17). However, Macchia (2003: 1120) maintains that the word 'oral' does not encompass the written testimonies used by the early church at Azusa Street Revival, so he prefers the term 'non-academic theology'.

Additionally, there is a component of 'spontaneity' in the Pentecostal spirituality. Thus, there is an assumption that the Holy Spirit directs the church and inspires the believers. As such, the believers wait on the Holy Spirit and desire to function under the spiritual gifts. The laying on of hands is essential, and the Holy Spirit provides the directions for missions. Another component of the AFM is an expansive sense of flexibility and adaptability. Consequently, this is reflected in its capacity to conform to different social settings. As demonstrated by Harvey Cox, one unique feature is that Pentecostalism can merge with parts of the culture (Cox 1995: 5–15–81). Pentecostalism is also commendable for its ability to adopt language, music and



culture. This adaptability has allowed Pentecostalism to resonate with the indigenous population in Zimbabwe, finding form in the AFM church, among others.

#### **3.4.2.1 The AFM Transnational Missiology**

The AFM claims to be a missional church (Poorta 2016). The nature of a missional church portrays a tradition of a loving and caring community. In Zimbabwe, the AFM's influence is noticeable in both the private and public lives of the populace. Most prominent preachers in the AFM have attempted to proffer solutions to the understanding of gender, sexuality, health and disability issues. Zimbabwe qualifies to be called a multi-religious country, although, there are no accurate statistics which show exact and reliable religious demographics. Findings by Chitando (2011: 43) reveals that Zimbabwe as a nation is approximately 84 % Christian. The classification of the Christian groups is as follows: 10 % are Catholic, 16 % Mainline Protestants, 17 % Pentecostals, 33% Apostolic sects, and 8 % other Christians (Religions in Zimbabwe 2012). The AFM follows the findings by Burgess (2009: 256) who argues that Christianity from the global South is involved in reverse missions.

The reverse missions are traced from the origins of the Azusa Revival as the most abundant source for understanding the missiology of Pentecostalism. As indicated by Robeck (2006: 16), the Azusa Revival managed to curb issues of race, as well as social and cultural differences and allowed Pentecostalism to go beyond them. Possibly, transcending race, sex and religious obstacles allowed Pentecostal Christianity to reach into new regions effectively. Karkkainen (2009: ix) marked the 1906 Azusa Revival as the source and birthplace of Pentecostalism, spreading after that to essential areas like Africa, India and Korea, with the Holy Spirit baptism, miracles and manifestations of the spiritual gifts pivotal to its theology. In the United States,

the epicentre of Pentecostalism is arguably Los Angeles (Kalu 2008: 11). There are likely to be more areas which are not covered by the media that will provide a picture of the origins of Pentecostalism.

While the missiological drive made Pentecostalism a multi-million religious movement, currently, Anderson (2005: 261) argues African Pentecostalism has moved beyond mission to civic engagement. For example, Marshall (1993: 242), contends Nigerian Pentecostalism aims at bringing 'social change' and leaving a mark on the society. Maxwell (2006: 3) defines the missiology of Pentecostalism as 'transnationalism', illustrating how Pentecostalism has moved across continents and nations. For instance, its transnationalism includes the establishing of churches in Europe, Africa and throughout the world. What is important is to note that Pentecostalism has stirred the flow of global Christianity, so that it is moving from Africa to Europe. Likewise, currently the AFM has also succeeded in sending missionaries from Zimbabwe to the United Kingdom, Australia, Canada, and Dubai as a thrust for the reverse mission. Te Haar argues that this movement is currently known as a 'reverse mission' (2001: 13). Another notable example is given by Burgess who notes that the 'reverse mission' has changed the religious landscape of Europe, and transnational African churches have populated most parts of the global North (2009: 255). Jenkins described this as the 'Southernization of European Christianity' (2008: 91). Adedibu argues that since 1962, Europe has been reconfigured with the presence of Black and Caribbean churches (BMC), and in Britain, the Redeemed Christian Church of God (RCCG) has established over six hundred churches (2013: 156).

Williams (2012: 7) observes that a significant attribute of Christianity in the south of the world is its propensity toward seductive Pentecostal religiosity. Christians in the global South are

convinced that God is still involved in the daily inventory of the general population and is strengthening the Holy Spirit to perform unprecedented miracles like those found in the Scriptures. Asamoah-Gyadu (2005: 298) has shown that Pentecostalism is beginning to influence politics, social and economic issues. A good example is the Synagogue of All Nations in Nigeria which several South Africa politicians have visited for future forecasts and blessings by T.B. Joshua. This clearly shows that there is a great belief in the power of the Holy Ghost, miracles, and speaking in tongues, to open doors for the spread of Christianity from the global South. One of the attributes of the Pentecostal Christianity is the 'enthusiasm' in their religious praxis.

In this case, the AFM in Zimbabwe believes in the restorative revivalism and the divine encounter. This belief is premised on the notion that both the Azusa Street Revival and contemporary Pentecostalism views "themselves as restoring an ineffective or a compromised church to its former state" (Robeck 2006: 121). In this case, Pentecostalism is viewed as a restorationist movement. According to Courey (2015: 10), restorationism is an effort to recapture the vitality of New Testament Christianity, by returning to the apostolic ways. Blumhofer (1993) notes that early Pentecostals rejected the church tradition/creeds and relied on Scripture for divine acts of God, through the divine agency while historical creeds were of human agency. Therefore, restoration came through revivals, and this gave rise to a doctrine that God revives the Church.

Accordingly, the AFM believes in divine encounter, which renews God's people and restores them to the New Testament Church, a time when it excelled spiritually. By this, the AFM looks at earlier times in Scripture rather than taking part in what the Spirit is working on currently. In this review, the issue of exponential development is another characteristic of Pentecostalism.

It is not to say that there is stagnation in the Roman Catholic, Anglo-Catholic and Protestants strands of Christianity, but Pentecostalism has a growth curve which is astonishing. According to Dayton (1980: 9), in the 19<sup>th</sup> century there were precursors pointing to the emergence of Pentecostalism which broke in 1906 at the Azusa Street Revival. Anderson (2013: 45) contends that Pentecostalism grew beyond racial, class and doctrinal differences, aiding its spread. By 1950, McLoughlin (1967: 43) shows that membership of Pentecostalism had increased five-hundred percent, whereas the Catholic Church grew by ninety percent and the Protestants seventy-five percent. In 1991, Barrett (1991: 25) estimates that by the year 2003, the number of Pentecostals would be about 500 million, and they would be found in most countries the world over. Since Barrett's findings in 1991, new evidence confirms this prediction. Remarking on the number of Pentecostals, Anderson contended that they constitute a quarter of the Christian populace, followed by the Roman Catholics (2013: 1).

According to Anderson, Seoul, Korea had about 700,000 people around 1990, whereas Lagos remained the greatest Pentecostal metropolitan; Buenos Aires Argentina had divine stirrings; Birmingham, England, and Chicago, Illinois accepted Pentecostalism (2013: 1–9). Dayton showed the trajectories of Pentecostalism from the Azusa Revival, to South Africa and other continents (1980: 10). Olofinjana argues that today Pentecostalism has created a new Christian religious expression (2016: 60). Also, Barrett predicts that by 2025, the number of Pentecostal Christians would reach 1.140 million (1997: 24). These estimates reveal that Pentecostalism is growing at a tremendous rate, and will be recognisably one of the most significant worldwide advancements, with the lion's share of Christian adherents. Mayrargue (2010) argues that African Pentecostalism has grown to become 'mega-churches' holding tens of thousands, and includes inter-denominational movements.

While the global South is having a substantial impact regarding advancing Christianity in the North, this reality is not unilaterally accepted by the Euro-American churches. Jenkins (2006: 8) assert that the centre of global Christianity would be in Africa and the African diaspora communities by 2050. Agreeing with this view, Colson (2012: 1) proposes that by 2050, seventy-five percent of Christians will be coming from the global South; in fact, Christianity will be for the Africans and the African diaspora. Adogame (2013: 101–109) discovered that African Christians in the diaspora have a social, and socially significant capital. Adogame uses the example of the African Christians in diaspora who are characterised by vibrant relationships, a sizable population, good qualities, and groups that get together for special occasions. This shows that the problems of diaspora and development problems are incredible forces influencing the spread of Christianity from the south of the world.

### **3.4.3 The AFM Ritual of Prayer and Fasting**

Prayer and altar calls are distinctive elements in the AFM. At the beginning of every year, the church embarks on ten days of prayer and fasting. However, most zealous pastors do forty to fifty days of prayer and fasting. The reason for such intense prayers is to pray for the unseen challenges that may befall them in the New Year. The Azusa Street Revival portrays Pentecostalism as a place for a divine encounter. In fact, Robeck concludes that “Prayer was probably the centrepiece of the revival” (2006: 139). Furthermore, Seymour was described as the ‘man of prayer’ who prayed the Azusa Street Revival down; everything about Azusa Street Revival was steeped in prayer. As such, Pentecostals believe that God responds to prayer for revival to occur (Warrington, 2006: 214). Therefore, prayer was also used for the baptism of the Spirit. Robeck noted that prayer for healing also became a staple of the mission for Pentecostals. If God does not intervene, Pentecostals continue to intercede until the prayer is

answered, or resort to the idea that God hears prayer even when they are not answered as they had hoped (Menzies 2004).

An altar is a sacred place of divine encounter. Tomberlin (2010) remarks that from the Azusa Street Revival, Pentecostals believe that the altar is the significant place where people meet God. Robeck explained that at Azusa Street Revival, believers were encouraged and taught to spend time at the altar or seeking God in the upper-room for an encounter. (2006: 168). Engelbert and Fay (2017: 99) summarise the importance of the altar in Pentecostalism as signifying: acts of humility to God and people present; a physical demonstration with one's whole being communicating the need to meet with God; a pre-designated place for meeting with God; and a bodily sign to the Divine that 'I need you'.

The AFM supports that transformation authenticates the divine encounter. Neumann (2012: 149) argues that early Pentecostals held "that observable, physical phenomena would evidence the Spirit's activity". Neumann gives verifiable proof of transformation, especially when the Holy Spirit is working, as physical and / or emotional (e.g. tears and laughter). Besides these phenomena, Pentecostals are not confident that the Holy Spirit is working. Cartledge (2007: 25–27) argues that Pentecostal worship hinges on the 'search-encounter-transformation cycle' whereby the divine encounter results in a change in an individual in areas such as cleansing, healing and edification.

In the AFM, reporting of incidences of divine encounters is commonly known as 'testimony'. Rebeck shows that at the Azusa Street Revival, testimonies would take up to two hours, with believers explaining and declaring what God has done in their lives; sometimes written testimonies would be read in the church (2006: 154). According to Smith, testimonies are still

a hallmark of showing Pentecostal spirituality and the reason is that the narrative is central to Pentecostal identity (2010: 50). As stated by Cartledge, through testimonies, the Pentecostal ‘worldview is both legitimated and energised in the community’ (2007: 17). Thus, testimonies can be viewed as a way in which Pentecostals theologise. Land remarks that testimonies form the theology of a person’s experience with God and it oscillates on three hinges (from testimony to doctrine to theology and back again) (2010: 36).

### **3.5 The AFM Theology**

The theology that sustains Pentecostalism is critical to this study. As stated by Retief (2016), in Pentecostalism, pneumatology is central to all its theological reflection. The theology of Pentecostalism is multi-dimensional. Dayton explains that Pentecostalism is rooted in the doctrine of the New Testament, especially the works of the Holy Spirit (1980: 35–37). Dayton claims three discrete foundations underlie the theology of Pentecostalism: the first is Methodism as the precursor for Pentecostalism; the second is the Roman Catholic and the Anglo-Catholic principle of affirmation with a division between the Holy Spirit baptism and water baptism; and third is the Puritanism instruction of the Holy Spirit (1980: 35–37).

While a comprehensive discussion of the factors that triggered the emergence of the theology of Pentecostalism is too broad for the scope of this thesis, as mentioned earlier, one recorded event and the unusual phenomenon was the Azusa Street Revival, where people received the Holy Spirit (Anderson, 2013: 19). Throughout the history of Christianity, there is no such recorded flow of the Holy Ghost except in the Acts of the Apostles. The dominant theology of Pentecostalism is premised on four attributes: that Jesus is responsible for saving; healing belongs to Jesus; the Holy Spirit baptism is from Jesus, and there is the second coming of Jesus.

The theology of healing is a fundamental dogmatic formulation of classical Pentecostalism (Ukpong 2008). The methods of divine healing are the same in most Pentecostal movements. Information technology has also brought print, listening (to radio, cell phones or internet), and placing hands on the transmitting devices while touching the location of the diseased body part to receive healing. As stated by Nkomazana and Tabalaka (2009) healing includes anointing with oil, faith prophecies, and the laying on of hands in Jesus' name. This is confirmed by Musoni (2013: 76), who asserts that Pentecostalism is inspired by the events shown by the Holy Spirit in the book of Acts and that miracles, signs and wonders are central to the movement.

Today, Christianity from the global South has carved out a unique theology impacting global Christianity. However, Pentecostalism from the global South must not be treated as a homogenous movement. Clifford (2012: 2) noted a difference in the way that systematic theology is interpreted between the global North and South. The global South has found an occasion to advance a contextual theology aimed at discussing issues peculiar to context and people. It is common that most people responsible for developing theology in Africa and Asia and other global South nations were the laity, who had no theological training. A notable example in Africa is the development of African theology, which sought interpretations of Christianity, using lenses from African culture and paradigms. In this case, African theologians reacted to the theologies of missionaries and evangelists from the global North which failed to interpret and engage the lives of Africans and their indigenous traditional religions. Thus, African theology was developed in Africa and was to address and develop in sync with the Africans. For instance, Mbiti argues that African theology allows Africans to convey their Christian persuasions using the indigenous culture as building blocks (1979: 83). De Gruchy (1997: 58) warns of the existence of a gap between the theologian's approach to theology and



how the community of the people of God in Africa interpret the Scriptures. He further explains that the Bible remains a book found in homes, and it gives direction to the lives of the people.

### **3.5.1 The AFM Scriptural Interpretation**

The Pentecostals regard the Bible as authoritative and infallible. Arrington (1991: 101) argues that Pentecostals believe in the inspiration of the Word of God. Scripture, biblical prophets, and apostles work together with the Holy Ghost; as such this makes the Bible 'core' to the faith and praxis of Pentecostals.

However, findings by Jenkins (2006b: 67), shows that there is a difference in the way the Bible is interpreted between the global North and South. The global North uses the liberal approach to interpret the Scriptures, while the global South is more literal and conservative. Goldman (2005: 210) observes that the people in Africa understand the Bible quickly because it gives a vivid pictorial vantage point, for example, the wandering prophet, poverty, snakes and prostitutes. In fact, Jenkins (2006b: 68) observes that the Old Testament means more to Christianity in the global South than it does to Christianity in the global North. The Old Testament is more meaningful to the people in the global South because it identifies with their indigenous culture. The Christians from the global South have people who are ready to accept healings, miracles and deliverance. One common reason for this is the similarities of the Pentecostal liturgy to the existing indigenous culture.

Therefore, the Old Testament makes much more sense to Africans. Masenya et al. (2001: 145) argues that it is almost impossible for Africans not to identify with the Old Testament, because there are some similarities in most of the rituals and rites of passages in African indigenous culture. Thus, the interpretation of the Bible is literal in this case, the stories are taken with one

meaning, and there is no room for alternative interpretations. As a result, the Bible is wholly trusted and is real; stories like the Israelites crossing the Red Sea, and Jesus walking on water are taken at face value. Such positions have challenges regarding interpreting challenging issues today, like homosexuality and gender issues in Africa and beyond which are cemented by culture and patriarchy. For instance, Moyo observes that women in African churches are prone to violence, since they are taught to be silent about their marriages (2005: 133). Perhaps Macchia (2003: 1120) was correct in stating that Pentecostals have always favoured testimonies, choruses, and prayers over intellectual or critical reflection as the means by which to interpret the Gospel.

Schoffeleers (1988: 103) argues that African traditional religions must be treated as precursors for the planting of Christianity in Africa. The position of God in Africa is a transcendent being, who can intervene and overcome the laws of nature. William (2012: 7) argued that Christians in Africa have no option other than to believe God since basic needs like medicines and safe drinking water are lacking, and there is a lot of poverty. Therefore, everything must be centred on God who is both a keeper and a provider.

#### **3.5.1.1 The AFM Pastoral Ministry and Care**

In the AFM, pastors are revered, and their ministry has a special role in the church. Pastoral care is a fundamental area of Christian ministry (Roberts 1995: 1). Roberts shows that pastoral ministry is a reliable tool used by the clergy to maintain a steady congregation. Although pastoral care provides logical answers for Christians, some cases are too severe to alleviate; for example, homosexuality within the Church in the South of the world. In the North of the world, the nomination of gays in the Anglican Communion in 2003 has faced the resistance of the

church from the South. Pastoral care in Christianity in the South should consider the difficulties encountered by women in Latin America, Africa and Asia. The role and position of women from both the church and society in the global South are servile. Machingura and Nyakuhwa (2015: 94) observed that African women both in church and society are treated as subordinate to men. Women have a different order of proselytism and mission to men. The promise of the Pentecostal church to proffer divine solutions to such problems enables women to accept the Gospel and fellowship in Pentecostal churches. In this way, women have become central conduits for conveying and spreading Pentecostal spirituality. Williams (2012: 9) states that regarding numbers, women are in the majority in the Pentecostal church and they contribute most of the financial resources for the ministries. Also, they have the task of instructing, preparing and sustaining the Christian faith.

### **3.6 Conclusion**

This chapter has shown that Pentecostalism is a ‘third force’ in the history of Christianity, following Roman Catholicism and Protestantism. Pentecostalism does not have a founding father, but its source is the Azusa Revival and prominent figures like Dowie, Perham, and Seymour. The spread and expansion of Pentecostalism is overwhelming, to the extent that Pentecostalism is associated with the mark of Christianity of the global South. Literal biblical interpretations, reverse missions and transnationalism are essential characteristics of Pentecostalism. This chapter also showed that the AFM drew its identity from the Azusa Street Revival and was established in 1915 in Zimbabwe. Contemporary Pentecostalism in Zimbabwe is branded with miracles and prophecy. As a result, many people are attracted to Pentecostalism. The next chapter deals with the theoretical framework for this study. Thus, this

study utilises both the models of disability and disability theology as descriptive and interpretive lenses.

## **CHAPTER FOUR**

### **THEORETICAL FRAMEWORK**

#### **4.1 Introduction**

In the previous chapter, it was argued that the AFM subscribes to the Pentecostal heritage of the Azusa Street Revival. The AFM in Zimbabwe strives to manifest the healings, miracles, signs and wonders as exemplified in the Acts of Apostles. As such, prominent teachings include prosperity theology, deliverance and demonology. This chapter provides a discussion on the theoretical framework that guides the researcher in the interpretation of findings in this study. It informs the analysis of data and places the study in perspective. This study utilises three main theories. The first section of this chapter deals with the models of disability. The models of disability selected for this study are moral/religious, medical, social, limits, identity, economic, cultural and charity. These models offer holistically useful insights to describe the nature and views about disability in the present study. This chapter provides an overview of eight models of disability as interpretive tools for understanding the AFM's perspectives on disability. This section explores these models from a descriptive perspective and shows how this will guide this study. Both the central arguments and the disciplinary perspective of the disability models will assist in identifying the nature, needs and plight of PWD in the AFM.

The second section of this chapter discusses disability theology as the second theoretical framework of this study. Since disability studies are multi-disciplinary, disability theology offers supportive tools to draw insights from disability studies. The third section of this chapter

links disability theology to fundamental theologies that are prominent within the AFM, such as liberation theology, the theology of suffering, and the theology of the Cross. Since this study is on the AFM theological response to disability, such linkages create room for the deconstruction and the reconstruction of an appropriate theology to meet the needs of PWD in the AFM. Stewardship theology is the third theory which will be used in this study as prescriptive theory for the AFM response to disability. Accordingly, a detailed prescriptive stewardship theology is given in chapter seven as a unique contribution of this study.

## **4.2 Models of Disability**

There are a number of ‘models’ of disabilities that have been developed over the past years. In this study, some are employed, especially those with direct benefit to this study, taking into consideration the context of the study.

### **4.2.1 The Moral Model of Disability**

The moral/religious model has its roots in ancient Greek and ancient Israel and perceives disability as evidence of divine wrath and sin. It is the oldest model of disability, permeating several religions (Pardeck and Murphy 2005: xvii). This model views disability as a punishment meted out by a divinity or God when someone has either committed a crime or the community has committed an offence. In this belief system, the bodily defect is a visible sign of divine punishment. Henderson and Bryan (2011: 7), tracing the cause of the sin discussed in the moral/religious model, find that it goes back to the sins committed by parents and ancestors. This negative impact of the moral or religious model has a ripple effect on the family of the PWD. As Rimmerman argues, the curse of such stigmatisation may defame the entire family and prohibit everyone from social and civic participation (2013: 24). Henderson and Bryan

explain that in the moral/religious model, some individuals, albeit very few, believe that disabilities are the consequence of the failure to adhere to social mores and/or religious declarations cautioning against participating in specific conduct (2011: 7). Additionally, some beliefs presume that disabilities are the consequence of discipline from God. The conviction is that it is a demonstration of discipline for transgression against religious decrees.

It is clear from the above explanation that the moral or religious model is suitable for evaluating the perspectives of the pastoral ministry aimed at PWD in the AFM. Theologians and scholars of religious studies have explored how disability is appended to moral values in the Scriptures. For example, the Old Testament shows that PWD were prohibited from participating in religious worship. A notable example comes from the blind theologian John Hull whose findings showed that Mr Maxwell (one of his participants who was blind) believed that if he obeyed God, his sight would be restored. He also believed that sin had caused his blindness; in fact, sin lay in the protection and pride of humanity in declining to comply with the expression of God, and to do God's bidding. (Hull 2013: 18). However, the metaphor presented by the moral or religious model that disability is the 'will of God' is misleading. The will of God can take any form, like testing the faith of the PWD, the suffering of PWD is redemptive, or is for the punishment of sins. Although the meaning of God's will varies, the moral or religious model of disability underlies the AFM pastoral ministry which affirms that God is also willing to heal PWD.

Another crucial distinctive feature of the moral or religious model of disability deals with faith and salvation. Niemann argues that people and families are specifically chosen by God to have a disability and are given the chance to make up for themselves through their endurance and piety (2005: 106). Such a perspective presupposes that God deliberately chooses individual

PWD as test cases for a unique calling. Therefore, the faith of PWD is tested through how they are healed; in other words, disability is associated with the lack of faith. Olkin (1999: 25) elaborates that in this case, the community's faith, especially that of the family, is also tested. This metaphor of disability dealing with faith accounts for the way AFM preachers refer to disability as something to be endured, and PWD must continue holding on to their faith since it is there to test their faith.

One of the critical agendas of mainstream Christianity and the AFM alike, as contained in Matthew 28 verse 19 of the Christian Bible, is "to make disciples of all nations". Thus, pastoral ministry to the PWD and non-disabled is one of the critical components in the attainment of this objective. However, McClure shows that the moral or religious model has had a negative influence on preaching, evident in the hermeneutical practice that interprets disability – blind, deaf, lame – as well as demon possession, caused by human sin (2007: 23). This is echoed by Black who states that pastoral ministry and preachers employ metaphors (of blindness, deafness, paralysis, muteness), loosely equating disability with sin or disobedience to God (1996: 54–55). In this study, the interdisciplinary approach of the moral or religious model of disability is grounded in pastoral theology and biblical interpretations. As such, how the AFM perceive PWD depends ultimately on the hermeneutical and theological training they received from the Living Waters Theological Seminary, the training wing of the AFM. Therefore, contemporary AFM theological thinking about disability requires a critical reflection on pastoral ministry and some official church teachings about disability. Moreover, awareness of the theological nature of the moral or religious disciplinary perspective is useful for the AFM as it forms an appropriate theological response to meet the needs of PWD.

Another trait of the moral or religious model of disability is premised on redemptive suffering. Black (1996: 30) puts it plainly, that PWD who endure life in light of physical, or dysfunctional behaviours and restrictions are closer to God spiritually because of their circumstances. They are reclaimed through their anguish and much suffering. In the same line of thought, Tada (2011: 17–18) states that God rewards those who endure their suffering, and that a Godly life can overcome death. Thus, death never triumphs, and neither does the endurance of suffering. Christ has made suffering significant for salvation as well as for purification, and that is the best part. It reveals that we are no longer alone in our hardships, or our disabilities. PWD, unlike others, are headed for the cross by the conviction that they have no place else to go.

The central arguments of the moral or religious model of disability centres on the certainty that disability is caused by or permitted by God for a specific reason. These cases are pivotal in understanding how the AFM approaches both sickness and divine healing and help this study to explain the divine purpose of a person's life. In this case, the moral/religious model acts as an evaluative tool to look at PWD and ascertain that they are individuals who require freedom to lead their lives.

#### **4.2.1.1 The Medical Model of Disability**

Reid-Cunningham and Fleming (2009) argues that the medical model of disability interprets disability as a challenge within the individual with a disability. The medical model is a hegemonic model, which identifies people in terms of their medical diagnosis or impairment. In fact, for most of the 20th century, the medical model has dominated the understanding of disability (Priestley 2005; Hargrass 2005). For example, a person with autism, or Down syndrome, the victim of muscular dystrophy, the mentally retarded, the person with paraplegia



and so forth. All these descriptions are rooted in the medical model of disability. In this study, the medical model of disability furthers the understanding of the inequalities and social injustice that prevails in attaching labels and derogatory names to PWD. Creamer (2009) argues that the premise of the medical model is the idea that a PWD is anyone whose body parts do not function properly. She concludes that these names show how this model defines disability as a biological problem. In this study, these observations are instrumental in understanding certain attitudes that lead people to perceive disability as a deviation from normalcy and therefore requiring medical intervention.

The focus of the medical model of disability is not on the kind of disability but rather on the person with the disability. The model portrays and uses disability as an issue located within the lives of PWD. It is not seen as an issue of stress to anyone other than the individual influenced. For example, if a wheelchair-bound individual is not prepared to enter the church due to the presence of steps, the medical model of disability would propose that this is an issue with the wheelchair and user as opposed to the means.

In the context of the medical model, disability is the failure of a part of the body that must be put right because only normality is acceptable (Shakespeare 2007: 51). The medical model of disability regards challenges related to disability as the responsibility of PWD, and that they should adjust to fit into society. In this study, with regards to the AFM, the medical model of inability can be used to describe PWD because the goal of pastoral ministry is the same as that of the medical model of disability; that is to 'fit' the PWD into the society by treating their disability, while pastoral ministry focusses on healing their disability. Kamchedzera (2010) emphasised that disability is a medical problem requiring medical solutions. Therefore, the root analogy of the medical model of disability is that disability is an ailment. This is important in

describing how the AFM views disability and individuals who subscribe to the medical model of disability. In this situation, the PWD needs healing, and many AFM pastors and clergy believe that disability can be healed, managed or overcome. The medical model of disability has elements of healing which are also found in the Pentecostal heritage of divine healing.

Though medical intervention is essential, disability studies interrogate connections between medical practices and stigmatisation. A body becomes disabled because of the presence of impairments. Therefore, the overall meaning of disability in the medical model of disability causes PWD to be considered different from the non-disabled. In clarifying the concept of the medical model of disability, Basselin (2011) cites references to PWD as abnormal and unproductive. What emerges from this model points to the fact that the 'PWD are imperfect' and needing help and a solution. It implies that there is something wrong that needs fixing in the body of PWD. One of the significant contributions emerging from this model is the individual-to-society dichotomy. Hargrass (2005) asserts that PWD, in various contexts, have been treated as victims in need, to be pitied, sympathised with, and treated as charitable objects. This medical model of disability explores how the families and those who support PWD contribute significantly to their lived experiences. Accordingly, this implies that the goal of the medical model of disability is to integrate PWD successfully into the society. As Oliver and Barton (2000) further note, the medical model is known as the 'personal tragedy theory of disability'. This concept of 'personal tragedy' is essential in showing how PWD end up being treated as persons who need sympathy and charity. Exploring the medical model of disability offers excellent opportunities for coherent and constructive scholarly work that can produce an appropriate theology to assist PWD in the AFM.

The medical model exerts considerable power in deciding who is normal and who is not. It appears that no one contests this power; rather, it is accepted, and thus power can become an issue. Relating to the context of the AFM, the medical model of disability shows a weakness here, since it fails to correct the imbalances between PWD and the non-disabled because the Church should strive to stand for equality. The model does not only identify disability but also identifies bodies as having something wrong with them. Thus, from the start, PWD are identified as being different from those who are “normal”. Further, weaknesses in the medical model of disability are put forward by Creamer (2009) and Basselin (2011) among other scholars. The major weakness is that the medical model of disability is fraught with pre-fundamentalism. For example, it classifies PWD as misfits in society, yet these classifications are culture-specific, as mentioned above. As such, these classifications are built upon the values and social norms of a social group. Creamer adds that by focusing on dysfunctional body parts, the medical model downplays contextual factors that may have contributed to the perceived tragedy.

Similarly, the perception is that disability is a conflict between what is normal and abnormal. This deviation from normalcy is construed as a conflict that exposes PWD to stigmatisation. This implies that PWD have no freedom or opportunity to choose to lead one type of life or another. Within this framework, rehabilitation is the ideal mechanism to respond to the abnormality. In other words, PWD are considered legitimate candidates for rehabilitation. In that sense, rehabilitation is the only known route to restoring a PWD to normalcy because disability is a personal tragedy, denoting a person suffering from a deficit. Thus, Johnstone (2012: 16) states that the medical model of disability extends a dualism which tends to categorise the able-bodied as ‘better and superior’ to PWD. Since the focal contention of the medical model contends that ‘disability is an issue that dwells in an individual’, in this way, the

AFM pastors and laity who subscribe to this view see PWD not as people who are eager and ready to serve and worship, but as individuals requiring the assistance of the experts (ministers, and helpers) to help them in the church. In this situation, PWD cannot contribute their financially and their spiritual gifts are sidelined.

#### **4.2.1.2 The Social Model of Disability**

The social model of disability is complicated, but it is a reaction originating from the experiences of PWD who challenge the medical model (Hargrass 2005; Shakespeare 2006). The social model of disability provides a fascinating and valuable point of view since it situates disability within the environment. The social model further challenges the medical model. Wendell (1996), Devlieger and De Coster (2009), and Haihambo and Lightfoot (2010) concur that disability is a social construct based on culture and history. The social model of disability suggests it is the society that disables individuals. Accordingly, disability does not originate from the individual, but rather the environment disables the person. Dissimilar to the medical model of disability, the social model relocates the duty of disability from the individual to society (Priestley 2005; Shakespeare 2006).

The pivotal idea in the social model of disability is the understanding that PWD are affected by externally imposed restrictions. Thus, disability is something that is created by barriers that exist within the society. For example, if a man has a learning, physical or tangible impairment, the disability appears when the individual is prohibited because of their impairment. In other words, if the barriers are removed, PWD do become enabled, but the impairments have not changed. The social model of disability helps in understanding how external factors such as social, political, ideological, economic and psychological factors impact on PWD in Harare,

Zimbabwe. The social model of disability suggests that a great deal needs to be done to remove the barriers. In the context of this study, this is the task and the responsibility of the AFM community rather than PWD.

Hargrass (2005) explains that the social model of disability has provided PWD with a powerful device with which to convey to the attention of policy-makers, the impediments of the conventional medical model of disability and its deductions about disability. In this study, the social model of disability states that every society has its own understanding about disability that relies upon its socio-cultural convictions. Within this framework of the social model of disability, there is an opportunity to understand unjust structures, attitudes and perceptions that society holds as rights about PWD. The social model of disability helps to view disability as a society failing to remove or address social barriers that affect PWD. Eiesland (1994: 5) suggests that the non-disabled and the PWD should be seen cooperating to remove boundaries in their organisations and relations. Furthermore, she observed that there are already existing barriers between the non-disabled and the PWD, most of which are informed by religion. Collaboration between the non-disabled and the PWD is a simple option to combat triumphalist theologies. A display of solidarity between the non-disabled and PWD and an acknowledgement of the strength found in disability challenge triumphalist theologies (Basselin 2011). When using the social model of disability to both understand and describe PWD, it becomes evident that central to disability theology is the removal of institutional barriers. Removing institutional barriers means moving away from stigmatising, demeaning, and triumphalist theologies which label disability as abnormal. In this case, PWD may not be part and parcel of these removals since they lack education, skills, access to the economy, and face non-conducive environments.

Thus far, it is evident that by using the social model of disability to analyse PWD, are made aware that by making adjustments we can ensure that PWD are not excluded, and that PWD can enjoy equal opportunities in the AFM. An essential principle in the social model of disability is that the individual is an expert in their own requirements and these should be respected regardless of whether the disability is visible or not. Hence, accepting the position of the social model of disability, that disability is socially constructed, automatically raises questions that help this study to analyse how the AFM constructs disability.

However, the social model of disability has its share of weaknesses. Shakespeare (2006) has documented criticism of the social model. The most prominent shortcoming according to Shakespeare (2006), is that it does not cater for all the challenges of PWD. Although the model of disability helps this study to recognise oppressive societal structures that ‘disable’ PWD, removing these barriers does not necessarily mean that all PWD will be accommodated.. It is about supporting people’s needs – it is for this reason that this study focuses on the lived experiences of PWD. Taking cognisance of this weakness helps this study to focus on a multi-factorial approach that takes the physical, social, psychological and economic aspects into consideration, because not all disabilities are visible or deal with physical entities. As Barnes et al. (2010: 163) argue it is society that is responsible for disabling PWD. Since pastoral ministry is one of the tools that the AFM uses to teach the congregation, the pastoral ministry must actively contribute to the formulation of theologies that speak holistically to PWD.

The social model of disability helps this study to highlight the importance of ableism and the structural level, for instance, this study questions whether the AFM has a deliberate policy which helps in the inclusion of the PWD in the church. However, in as much as the social model of disability places its explanation within society, each society has its own understanding

of disability. Eskay (2012) submitted that various cultures across the African continent perceive disability differently. Therefore, in this study, the AFM, being a religious community, needs to be investigated on how it perceives the PWD.

#### **4.2.1.3 The Limit Model of Disability**

Creamer argues that the limits model of disability questions what it means to be ‘normal’ versus ‘disabled’ (2012: 341). This suggests that in this study the AFM must redefine its position on being normal or disabled to aid in the freedom of PWD. Again, the limits model of disability suggests that impairment is unsurprising; it is a human condition experienced at some point in our lives. A notable example is that when we age we all progress towards impairment. In fact, the limits model of disability characterises all the experiences of human life, for both PWD and the non-disabled. Therefore, in the limits model of disability, it is an illusion to consider the concept of normalcy. The model advocates seeing disability or limits as normal and sometimes even useful. Sharma and Dunay (2016) have called the model the Functional-Limitation model to capture the relationship between limitations and human functions. The description by Sharma and Dunay takes an anthropological approach as this supports the concept that all humans experience limitations at some point in their lives.

Barnes has come to understand disability theology as an orientation in which disability should be perceived “as a natural part of human diversity” (2014: 98). Barnes goes further to explain that through disability theology, the experience of PWD should be celebrated and considered valuable. In this case, disability theology and the limit model of disability share some aspects. Barnes concludes that it is not accurate to perceive disability as a sickness requiring a remedy/cure. That being the case, the implication is that the limits model of disability is a

change in underlying assumptions that should prompt the AFM to begin to embrace disability as a normal human experience rather than an abnormality. This aspect propelled by the limits model of disability is central to the current study to deconstruct and construct an appropriate disability theology that can help in transforming the attitudes of the Church in Zimbabwe towards PWD.

Since the limits model of disability provides the idea of seeing someone as different from what is perceived as normal, this idea makes it clear that the limits model of disability can be used in this study to discuss the dichotomy between the PWD and the non-disabled. For instance, if one perceives someone as different from them and what they assume as normal, they themselves become disabled. Hence, the limits models of disability brings disability studies to the fore by helping to identify others as different. However, when we identify someone as different, it reveals something about them and something about us and that which we call normal. Swain et al. (2004: 34) discourages the insistence on normalcy, as it has its challenges. People assume that PWD need to be normal without finding out from them what they want. To be normal presupposes independence and the ability to adjust to the societal situation, but at the same time may incur disabling expectations that are strenuous to PWD. It can be argued that the non-disabled identity has meaning in the construction of the identity of PWD as the 'Other'. Therefore, in this study, the limits model of disability provides a theoretical foundation for deciding whether to call disability a condition or a human variation.

Another critical aspect of the limits model of disability comes from the central root metaphor called 'embodied experience'. To refresh the meaning of embodied experience vividly, McFague (1993:86) states that whatever else encounter may imply, it incorporates bodily experience as a primordial reality, joining us in regularly augmented concentric circles with



the whole planet in all its assorted, rich types of embodiment. Since this thesis addresses the lived experiences of PWD in the AFM, such a perspective of the limits model of disability indirectly helps to develop a framework that celebrates disability as humanness. A notable weakness of the limits model of disability is its failure to account for the fact that all humans experience some levels of limitations in their daily lives (Creamer 2009: 109). This failure may explain why some pastors and laity uphold the notion that PWD need healing to be considered as normal. This point is important because, since the limits model of disability centres on the experiences of the people, this study can explain the need of the AFM to understand the unique experiences of PWD and how the Church can help them. This conception of the limits model of disability negates awareness of ableism in the local church. It provides the theological framework for the AFM to engage in pastoral ministry with PWD and teach that ‘everyone has limits’ and that we are all going to die, both the PWD and the non-disabled. In this case, the limits model of disability overrides the experiences of PWD and equates it with those of the non-disabled.

#### **4.2.1.4 The Economic Model of Disability**

The economic model of disability is premised on the continuum of economics. For instance, Armstrong et al. (2006: 151) question the impact of disability on labour and employment. The economic model of disability looks at the impact of those PWD who are unable to work and the social policy for provisions (Barusch 2015: 252). Even though there are critical issues such as accommodation and civil rights of PWD, Smart argues that the economic model of disability looks at the estimation of how PWD can work and realise economic resources. From the economic model of disability, it is evident that PWD are limited in choice and freedom on how their lives may be enhanced (2004: 37).

The economic model of disability is prominent as a tool in government to improve policies (Jordan 2008: 193). However, scholars like Aylward et al. (2013) and Smart (2004) point out the weakness of the economic model of disability as selective. It focuses only on the cost-benefit analysis without considering a myriad of other factors that affect PWD. It is a reality that some factors that affect PWD are health, psychological issues and others. This weakness is critical to take cognisance of in this study because the AFM should not simply initiate policies to help PWD, but also need to assess the implications that policies have on PWD. The danger associated with the economic perspective is that of reducing PWD to objects when considering the cost-benefit analysis. With the prominent gospel of prosperity within the AFM and Pentecostalism in Zimbabwe, the pastors are tempted to do their pastoral ministry for those who can contribute meaningful 'goods and services' to the Church.

The root metaphor worth noting for this study in the economic model of disability is the issue of productivity. The concept of productivity is directly linked to the notion ableism. This is made apparent by Griffin et al. (2007: 342) who states that societal assumptions about monetary efficiency and independence devalue people who are not ready to work, and pay little respect to different commitments they may make to family and group life. This explanation by Griffin et al. helps to explain why some AFM pastors and other members of the church view PWD as challenging in terms of financial liability. Thus, regardless of the AFM being a community of faith, the economic model of disability suggests the possibility that PWD are viewed from an economic perspective, without the ability to contribute to the church. Since the disciplinary perspective of the economic model of disability is premised on economics, it follows thus that PWD can be reduced and viewed from economic perspectives which centre on production, distribution and the consumption of goods and services. This characteristics of the economic

model of disability makes it clear that this approach can be used in this study to address some of the challenges of PWD relating to poverty and sustenance.

#### **4.2.1.5 The Charity Model of Disability**

The charity model of disability views PWD as victims of circumstances needing to be pitied. Duyan (2007: 71) explains that the impairments make their circumstances a struggle, hence they are suffering. He further advises that the non-disabled must assist and offer specialised services and institutions like schools, because PWD are different. Another trait of the charity model of disability is the humane treatment of PWD (Henderson and Bryan 2011: 7–8). In this case, the focus of this study is to act on behalf of PWD and consider what PWD can do so that they can function adequately within the society and on behalf of their families. Seale (2006: 10) points out the following as shortcomings of the charity model of disability – that it presents PWD as helpless and dependent on other people or systems. Thus, the charity model stereotypes PWD and makes them out as failures in contributing to socio-economic development. This means that the charity model of disability provides an analytical approach for developing strategies for the AFM to assist PWD to become independent and take pride in themselves rather than rendered as beggars.

Accordingly, the root metaphor which befits the charity model of disability is victimhood. Victimhood may result from a variety of factors, including abuse, loss or injury or suffering from natural disasters. In this study, the use of the charity model of disability creates liberty for the assessment of the lives of PWD. From a disciplinary perspective, the charity model aligns itself with practical theology as well as social work. There is a close relationship between practical theology and pastoral ministry, hence the charity model contributes the this

study by highlighting the needs of PWD in the AFM. Through understanding the lived experiences of PWD, the charity model of disability creates the opportunity for recognising and addressing the challenges of PWD. For example, the challenge of ableism is to think that productivity, independence and autonomy cannot be attained by the PWD. Such thinking presents PWD as people who are there to drain resources, and this attitude marginalises PWD as helpless and dependent on charity. Griffin et al. (2007: 336) argue that the non-disabled frequently channel sentiments of sensitivity and pity by providing for charity as opposed to attempting to remove social and environmental barriers that limit PWD.

#### **4.2.1.6 The Cultural Model of Disability**

The cultural model of disability explores how issues of disability and non-disability function in a specific culture. Junior and Schipper argue that the cultural model of disability focuses on a scope of social components which may incorporate but not restricted to the medical and social elements (2013: 23). As stated by Snyder and Mitchell (2006: 3), cultural locations of disability have been made in the interest of PWD. In this manner, for this study, the importance of the cultural model of disability is its universal value, and it can be used when dealing with the issues PWD are facing in Zimbabwe.

In this study, ‘culture’ is the root metaphor central to the cultural model of disability. Because of this, the meaning of culture in this study includes the inherited conceptions, whether in symbolic forms or expressions perpetuated in developing attitudes towards life. Such understanding of culture is essential in this study to highlight that some PWD choose a particular perspective of their shared culture. As such, both the AFM pastors and the

congregations are challenged by culture to engage with a particular model of disability. In this case, both the Shona indigenous culture and the AFM Pentecostal liturgical culture may share a marginal boundary on their perspective of PWD.

A brief reflection on the indigenous view of disability helps us to comprehend the background to the issue at hand. Rose argues that Western religious views are likely to have been influenced by early pagan attitudes towards physical and psychological differences (1997: 397). Stone-Macdonald (2012) also posits that cultural beliefs and attitudes are instrumental in the way disability is perceived, although there has also been a shift to more medical and socio-cultural understandings of disability. Accordingly, this too has been observed to be the case in Africa where African beliefs continue to play an influential role in the comprehension of disability (Stone-Macdonald 2012). Ndlovu (2016) posits that African beliefs concerning disability are ambivalent, as they show disability and PWD both positively and negatively. On the one hand, disability is viewed as an affliction. This affliction is an impairment that must be remedied by diviners or healers and is attributed to witchcraft, punishment from divinities and curses. On the other hand, Ndlovu (2016) contends that there are also teachings and African proverbs that advocate for the humane treatment of PWD, and highlights the doctrine of Ubuntu. Accordingly, in Ndlovu's study of Swaziland, this is encapsulated in proverbs that warn against laughing at PWD as you may be disabled later, as well as those that warn against making fun of others' affliction. It will also guide on the appropriate solution to the needs of PWD and help this study to understand how disability is perceived in different communities in Southern Africa, with the emphasis on Zimbabwe.

Devlieger (1999: 443) studied disability amongst ethnic groups in South Africa and observed that proverbs pertaining to PWD are positive, showing unexpected care and family

connectedness. Some Shona proverbs in Zimbabwe are positive and attempt to treat PWD with dignity. Therefore, the cultural model of disability helps this study to understand that both the AFM community and society as a whole should not subject PWD to cultural values which render them inferior or less valuable. It follows, therefore, that honouring the dignity of PWD means also to run in solidarity with activists contributing to their social justice.

This background information not only guides this study in seeking a way to deal with cultural issues, but ideas such as Ubuntu in disability are most clearly demonstrated by some of the philanthropic work that was established in Rhodesia/Zimbabwe to ease the plight of PWD. A discussion of this would be incomplete without considering the work of Jairos Jiri. The Jairos Jiri movement was initiated in 1950 by a man by the same name. Despite the myths that shrouded disability, Jiri was driven by the notion that if PWD were given an opportunity (through training and self-help projects), they could liberate themselves from a life of begging and lead 'normal' lives (Devlieger 1995). The initiative of Jiri helped PWD, and indeed equipped some of the PWD. However, institutions for the disabled like Jairos Jiri have also been criticised for isolating/excluding PWD. Indeed, as Devlieger (1995) contended, some parents saw it as an opportunity to give up responsibility for their disabled children as Jairos Jiri provided accommodation. While the idea of supporting PWD was noble, it is easy to see how this idea of providing a sheltered institution for PWD played into the traditional discourses of disability where the disabled were concealed from society.

In his study of Swaziland, Ndlovu noted that until very recently, PWD were excluded from society and treated as pariahs (2016: 35). He highlights that many disabled (blind and lame) children have been concealed from society as they were a censure and shame to their families. PWD were also excluded from national ceremonies such as the Reed Dance. This theme of

exclusion is significant in understanding how traditional discourses of disability have undermined the humanity of PWD and helps us to understand the barriers that society must overcome to embrace PWD. Discriminatory practices in Swaziland in the past have not only been confined to those with physical disabilities but also extended to those with mental illness and albinism. Ndlovu (2016) maintains that historically, and even in more recent times, persons with albinism were viewed as sub-human and mysterious and were often rejected by their families and killed by members of society for witchcraft purposes.

In Tanzania, the belief exists that disabled people are being punished by the gods for their sins or evil done in a previous life (Mallory et al. 1993). A study by Kisanji (1995) found that most tribal leaders thought that disability was caused by God or by witchcraft. He cites that most Wasamba people of Tanzania continue to consult traditional healers if their children have learning disabilities, before taking them to the hospital, whether they be Christian or Muslim. However, in this society, God is also seen as a healer and children are therefore also taken to the Pentecostal and more evangelical churches for 'laying on of hands' (Kisanji 1995).

Within Zimbabwe, disabilities are still presumed by some to be of spiritual origin (Stone-Macdonald, 2014). Mpofu and Harley note that disability is considered to be the work of an avenging spirit (*ngozi*: Shona/ Ndebele), a malevolent spirit (*mamhepo*: Shona), or a benevolent spirit (*mudzimu*: Shona) (2002: 28). Jenjekwa added that the 'traditional pre-Christian way of life was averse to any form of disability' and that disabled children often had to be hidden away from society so as not to affect the rest of the community (2013: 22). Notably, this practice and other discriminatory ones began to ease once the missionary institutions were established (Jenjekwa 2013). One example of the influence that missionaries had on disabled people in Zimbabwe is that of Margareta Hugo, who pioneered special needs

education after taking into her care three blind people in an act that later led to the establishment of the Capital School of the Blind (Hapanyengwe 2013). A study of disabled people in Binga in Zimbabwe also found that PWD had less than equal opportunities throughout their lives. This related to status in the family, access to education and training, and employment opportunities (Munsaka and Charnley 2013). Munsaka and Charley's findings suggest that many negative connotations of disability still exist; as such, it is a form of punishment for displeasing ancestors and may be seen as bad luck or witchcraft.

The way in which disability is constructed in society is meaningful because it helps us to understand why some churches may struggle to accommodate the needs of PWD. Research suggests that PWD often turn to religious communities to experience a sense of belonging but, in some instances, they are met with hostility and not made to feel welcome (Rose 1997). Rose (1997: 397) has outlined four possible beliefs commonly held by some disciples of Jewish and Christian religions that keep the followers from seeing PWD as equal partners in the religious group:

- Disability as an indication of discipline or potentially Gods' revenge.
- Disability as a test to divine flawlessness, with the proximity of a PWD raising doubt about the possibility that creation is perfect.
- A PWD as an object of pity and philanthropy – concentrating on the disability as opposed to the person as a unique person.



- Disability is an indication of inadequacy and, accordingly, PWD ought to be exempted from religious practices; they are not equipped to add value to any genuine talks of spirituality.

Assumptions such as the above help to give us a glimpse into the prejudices that operate within the broader community, and in the secular world, which can at times appear to feed off each other. It would be folly to disregard the impact that these beliefs have had on the discourses of disability, particularly in the African Church. Notwithstanding, other research also suggests that there has been a shift in the way talks about disability are constructed and discussed in communities (Stone-Macdonald 2014). Several African countries have passed disability legislation bent on improving prospects for PWD (Mamboleo 2011) and Zimbabwe is no exception, having been a signatory to the Salamanca Convention of 1994, which advocates for inclusive education and the combatting of discriminatory attitudes (Jenjekwa 2013; United Nations Convention on the Rights of PWD 2006). Consequently, this, combined with Christianity and Westernised education and medicine, has changed the way disability is perceived in African communities (Stone-MacDonald 2014).

Understanding the effect of religion on disability is imperative to situate disability within the Zimbabwean setting. African religion is the orally transmitted lived religion of sub-Saharan Africa (Magesa 2014). In the African indigenous religions, there are no supreme, authoritative doctrines concerning disability; rather, there are quick and distorted lessons, demeanors, perspectives, bits of information, and guidelines that can be gleaned from what particular ethnicities of African people do and say, with the help of prayer, healings, enchanted customs, festivities, services, moral lessons, phrases, idioms and regulating behaviour (Ndlovu 2016: 34).

In African beliefs, all physical and mental disability is viewed as correctable, using traditional therapies. Bruce (2010) argues that there is abundant evidence about disability coming from political, social and religious spheres, but there is no voice from PWD. It would appear that the disciplinary perspective of the cultural model of disability favours the social anthropology more than the theological paradigm. Social anthropology uses human cultural variation as a lenses to engage with social organisations, subsistence practices, economics, politics, conflict, technology, and religion. The use of social anthropology inevitably brings in the various socio-cultural aspects of disability. In this study, it follows therefore, that the cultural model of disability is key in reflecting on the stigmatisation, exclusions and labels associated with PWD in the AFM. Accordingly, the cultural model of disability invites the AFM pastoral ministry to engage with salient aspects of the believers' culture that may be explicitly or implicitly contributing to creating a safe space for PWD in the AFM.

#### **4.2.1.7 The Identity Model of Disability**

The identity model of disability borrows elements from the social model of disability. The outstanding factor is that “disability is a positive identity” (Brewer et al. 2012: 5). Furthermore, the identity model of disability presents disability as a unique type of experience in the world. In this case, disability is viewed from a minority perspective, in the same way issues of gender and race are treated. Therefore, using the identity model of disability in this study focuses on giving positive definitions of disability experiences situated in the context of the recognisable minority group called PWD.

The following approaches that shape the identity of PWD are taken from Swain and French (2000: 577–578) :

- ❑ An affirmation of the socially constructed dimension of disability particularly as enunciated by the social model.
- ❑ Motivating PWD to have a place with a campaigning group, which helps in the advancement of a collective identity.
- ❑ The joint articulation and expression of ‘dissatisfaction and outrage’.
- ❑ An acknowledgement that there is nothing wrong with PWD holding onto the identity as an ‘outsider’, yet PWD ought to have the privilege to be ‘insiders’ if they so desire .
- ❑ The confluence of PWD has inspired them to fight for their civil rights and equality.

A positive aspect about the identity model of disability is noted by Darling and Heckert when they aver that the model inspires the disability community to have a positive mental self-image that commends disability pride (2010: 207). However, Fraser notes a negative aspect of the identity model disability, this being giving rise to a solitary, streamlined group identity, which precludes the complexity and variety of human life, , and the cross-currents of their different affiliations (2003: 26). This study conceptualises identity as a social concept, and this model helps to show how PWD can be identified positively, especially when the pastors and clergy are naming people, or using appropriate language to create a positive identity for PWD. Pate and Hardin cautions that referring to somebody as ‘disabled’ might be viewed as an example of ‘disabling language’ (2013: 360). Also, Patterson and Witten notes the impact of ‘disabling language’, as carriers of myths and stereotypes about PWD continue to use outdated language

and use nouns instead of adjectives to describe PWD (1987: 245). On the contrary, some scholars like Purtell think that the term ‘disabled people’ is necessary for making the people aware of the oppressive social forces that affect PWD (2013: 26). Be this as it may, the AFM can use pastoral ministry as a favourable opportunity to celebrate the identity of the PWD.

### **4.3 Disability Theology**

This study uses John Swinton’s definition of disability theology. According to Swinton (2011: 274), disability theology is an attempt by both PWD and non-disabled persons to comprehend the biblical, anthropological and theological positions about disability, proffering a voice to the experiences of PWD.

Disability theology is a recent development, and the philosophical premise of disability theology is anchored in analysing practices of preaching, religious education and biblical interpretation. Swinton (2011: 175) argues that disability theology is a multi-disciplinary study benefitting from insights from disciplines such as theology, philosophy, anthropology, and sociology. Hence the entry point of disability theology is the notion that disability is a stable element of life that warrants theological reflection. Vermeer (2014) argues that disability theology is a process that involves innovative ways of listening to and reflecting on PWD. The theology is developed against the background of marginalisation of PWD in the context of religion. In other words, disability theology functions as the basis for appreciating the difference by allowing the participation of PWD (Eiesland 1994: 5). Creamer (2012: 339) shows that disability theology explores the engagements or (failures) of religious traditions on issues of disability and impairments for the construction of possible inclusive theological work. Thus, disability theology provides lenses for analysing and interpreting the experiences of

PWD in the light of Christian tradition. Disability theology observes that experiences of PWD are significant elements of human life deserving of theological reflection (2012: 339).

Furthermore, no single approach satisfies disability theology, considering the various settings and styles or kinds of theologies. Regardless, fundamental roles fuel insightful theological reflection. It furthers the conviction that the experiences associated with disability is right, and supports the vow to do justice for PWD. Therefore, a sound relationship between theology and disability is essential since this can help in understanding the plight of PWD. Ndlovu (2016) argues that the goal of disability theology should be to change the church and society, and to set up strategies, laws, decisions and programs that confirm, secure and God-given right of PWD of equal access to social, economic and spiritual resources, opportunities and activities in all areas of life.

For McReynolds, disability is a crisis that has no end. In other words, this scholar perceives disability as a permanent negative experience, implying that there seems to be no point in the life of a PWD where positive life experiences can be witnessed (2016: 169). According to McReynolds (2016), this experience of disability affects PWD and their families. Within this framework, the premise of McReynolds's disability theology is the notion that God and the Church should support PWD because they are facing a life-long crisis. As such, disability theology serves as a framework for the Church to take responsibility for PWD. Assuming responsibility for PWD means that "the Church should be open to the PWD, to fulfil its call to take care of the disadvantaged and vulnerable" (Basselin 2011: 48). If McReynolds' argument is valid this study argues that the AFM in Zimbabwe is facing a mammoth task. One of the tasks is to take responsibility for PWD. This responsibility does not involve the 'altar call' and 'laying on of hands' on the lame, blind and deaf, among others, but includes accepting and

creating space, an enabling environment for PWD in which to feel secure, acknowledged and to be viewed as normal human beings. For instance, Eiesland (2002: 11) notes that traditionally the Church has adopted demeaning attitudes towards PWD. She recognises that these views emanate from the interpretation of some biblical texts, which seem to suggest that physical disability is a distortion of the image of God.

In this study, disability theology can help to inform the AFM leadership as well as the ecumenical movement in Zimbabwe, to embrace disability as part of the human experience in this life. The emergence of disability theology is a bonus for churches such as the AFM in Zimbabwe, which has for several decades viewed disability from a deficit model. In this study, the disability theology can help to discourse openly on the comfort zones, perceptions, attitudes and practices of modern Christendom to consider accommodating PWD as human beings. Another prominent issue emerging from the description of disability theology is that disability theology can challenge Christian theology on disability, which holds that PWD must be cured by prayers of the Church (Basselin 2011: 51). For the purpose of this study, disability theology provides the theoretical foundations for basic legitimate principles that should be respected when dealing with PWD.

This study pursues disability theology since it is helpful in acknowledging that disability is a reality and is a constant reminder that all human beings are vulnerable and dependent. This concern is crucial to this study, bearing in mind that vulnerability does not only mean susceptibility to harm but also to good, joy and fulfilment. Therefore, disability theology states that real humanity is not only limited to the cult of normalcy, but vulnerability is also part of being human. Such sentiments must not be regarded as lesser or inferior, as it can teach the AFM to acknowledge its weakness, thereby removing a sense of insecurity and exclusion

against PWD. This thesis supports the thrust of disability theology, of compelling every individual to accept that disability can be experienced at any level and by any person, notwithstanding age, race or status. For instance, the vulnerability of human beings towards disability suggests that every individual can experience disability despite having sinned or not. Thus, disability theology portrays the extent of discrimination of PWD, whereas, being non-disabled should be treated as a means to an end – all should be treated as heading for disability.

Since it can be said that disability is a social construct based on cultural beliefs, then disability theology gives this study the idea that PWD are vulnerable to stigma and discrimination. Disability theology recognises the alienation and exclusion suffered by PWD but goes on to argue that there is a need to address these social problems and the Church is one of the institutions that are better situated to address the alienation and exclusion suffered by PWD (Basselin 2011; Reynolds 2012a). Thus, disability theology seeks community transformation, and the Church is part of the community. This theology is a deliberate shift from viewing disability as a ‘tragedy’ requiring a solution to considering disability as part of being human, a state that calls for support and care. It asks the church to embrace transformation, and should move beyond the binary – the normal versus the abnormal – to embrace the notion that all human beings have in common vulnerability (Reynolds 2012). Such an approach lays down the philosophical framework for understanding the lived experiences of PWD, and use it to formulate ethical ideas for developing an appropriate theological response to the needs of PWD.

Further, Reynolds (2008) cited in Basselin (2009:1) argues that “disability is a profound symbol of human brokenness” (2008). Disability theology helps the church to view disability as a symbol of humanity’s vulnerability to brokenness. This idea by Reynolds can be

convincingly used in this study to argue for the centrality of all human life in the missional approach of the AFM. However, viewing this brokenness should not be negative but a sign of our humanness and solidarity with Jesus on the cross. Basselin (2011) refers to the example of Jesus on the cross as the basis of human vulnerability and dependence. She submits that Jesus on the cross is a symbol of a disabled God, as propounded by Eiesland (1994). In her argument, Basselin states that Jesus on the cross is a classic example of a God who identifies with his people through the vulnerability of suffering. Hence, the death and resurrection of Jesus is a symbol of a God broken for his people. Thus Basselin (2011: 53) emphasises that “Christ as disabled is the starting point for any theology of disability”. The point that disability theology is making is accepting disability as a normal human experience and, therefore, a reality of life. This aspect is central to this study, as it provides a political principle to include the human rights of PWD within the AFM Constitution, theology and liturgical praxis.

#### **4.3.1 Linkage of Disability Theology and Contextual Theologies**

In order to develop the AFM’s appropriate theological response to disability in this study, there is a need to link prominent contextual theologies used by the AFM with disability theology. Another significance for the linkage of disability theology to other contextual theologies is that some contextual theologies (like liberation theology, the theology of suffering and the theology of the Cross) point positively to PWD, but it is also evident that some are more relevant than others. If this linkage is pursued it will go a long way to enhance the AFM theological response to PWD. Thus, the process of development must expose significant commonalities and divergences as useful tools that can be adapted to enhance a meaningful AFM disability theology. For instance, against the current understanding of disability, Eiesland (1994; 2002) has advocated for a liberating theology of disability that emancipates the PWD. Relating this



concept to the AFM, the church should deliberately take this responsibility to house almost every member of the community; the wealthy, poor, children and their parents, the disabled and non-disabled. Eiesland (1994; 2002) submitted that the church needs a liberation theology of disability to transform the perception, from 'disability as a tragedy' to 'disability as part of being human'. The thesis suggests that disability theology should be seen as a form of liberation theology and as such it is crucial that disability theology borrows heavily from the premise of liberation theology.

Since liberation theology focuses on destroying social, economic and political injustices, this implies that disability and poverty are close associates, and poverty is experienced by both the PWD and the non-disabled. Within that framework, liberation theology seeks to fix the situation of the poor and oppressed people, but disability theology accepts the weakness and vulnerability faced by PWD. Although liberation theology acknowledges that God is on the side of the oppressed, it does not position God as someone vulnerable to oppression. The experience of Jesus on the cross, according to liberation theologians, was a sign of his identifying with the vulnerable, but the resurrection presents Jesus as overcoming evil and suffering. In other words, liberation theology presents a God who is powerful but has identified himself with the poor, weak and oppressed. From this perspective, this study argues that liberation theology is based on triumphalist theologies. Thus, liberation theology is double-edged in this case, looking at the issues of marginalisation and the victory of the cross. In the same vein, disability theology must use this approach; for instance, while the pastoral ministry in the AFM may claim the victory of the Cross (healings to the PWD), it must also identify itself with those PWD who are not healed or whose needs are not met.

Basselin (2011) emphasises that the vulnerability, weakness and brokenness of God is a dimension hidden from every human being because we prefer a mighty God who conquers weakness. This line of thought provides this study with how PWD can be accepted in AFM. Disability theology challenges triumphalist theologies which portray disability as abnormal and requiring a mighty God to change the fortunes of the disabled. Overall, disability theology acknowledges the strength that lies in brokenness-disability as opposed to liberation theology which seeks for the extraction of the weak and oppressed from suffering and vulnerability. It can be noted that this study embraces Paul's expression of lived experiences of disability as the basis of a theology of disability in 1 Corinthians:

But God chose the foolish things of the world to shame the wise; God chose the weak things of the world to shame the strong. God chose the lowly things of this world and the despised things—and the things that are not—to nullify the things that are, so that no one may boast before him (1 Corinthians 1<sup>27-28</sup>).

Although this biblical text does not directly address issues of disability, using the disability theology lens, the current study concurs with Paul that the church should move away from the perspective that disability renders the person experiencing it helpless, weak and deficient; rather, PWD should be considered as normal human beings (Quinn et al. 2002). Degener (2016) proposes that state parties have a huge role to play in making sure that both direct and indirect discrimination against the disabled is prohibited by law. The crucified, dead and resurrected Jesus is a reference point that brokenness does not suggest helpless, weak and deficient. Coleridge argues that the non-disabled must regard themselves as temporarily able-bodied (1993: 219). It can be noted that when Coleridge's ideas are taken into consideration in this study, they are significant in creating equality between the PWD and the non-disabled.

Thus disability theology can use a theology from the margins, from the context of the lived experiences of PWD. Hence, this can help this study understand how the AFM can use or develop a theology from below, starting with the lowly experiences of PWD. Avila (2010) contends that liberation theology deals with certain settings and reacts to issues and difficulties originating from this background. Consequently, the rise of liberation theology stems from the encounters of the lives of poor people in Latin America. As such, liberation theology uses the Bible to approach the everyday challenges of the people, which entails moving from orthodoxy to orthopraxis.

In this study, the liberation element in the disability theology is framed by the emancipation of PWD. The ‘liberation theology’ of disability theology in this study must be concerned with the inner-personal salvation, and the outer-person (inclusion of bodies) within the place of worship. This study understands liberation theology as embracing both reconciliations as a dimension of liberation theology and praxis. As Otieno (2009) states, Eiesland’s (1994) liberation theology is about justice and the inclusion of PWD. With this as background, it can be noted that the liberation aspect of disability theology can be used in this study so that the AFM must not produce new oppressors but create a community of worship based on justice and reconciliation. This study thus employs disability theology as a ‘praxis theology’ whereby the focus is on transforming the AFM perceptive and beginning to meet the needs of PWD. Disability theology must then be developed among PWD as they struggle for their freedom. In this sense, theology and practice cannot be separated.

#### **4.3.2 The Nexus of Disability Theology, Theology of Suffering and the Cross**

This section is not meant to explain why there is so much suffering in the world, but to bring to the fore the reality of suffering as it relates to PWD. The theology of suffering is premised on the notion that suffering is inevitable, and that enduring is the key to achieving higher levels of spirituality or perhaps seeking grace and favour from God. However, Eiesland (1994: 73) highlights the problems that emanate from a theology of suffering as presenting significant hindrances in the lives of PWD. Therefore, the conceptualisation of suffering is internalised and this makes PWD passive, submitting to all kinds of abuse in the bid to obey God. It is difficult to measure the occurrence of suffering, but understanding the concept of suffering helps this study as it is a springboard from which the theological arguments arise. PWD become less visible, more voiceless than before and significantly marginalised due to the theology of suffering, which has taken centre stage in their interactions in and out of the Church (1994: 73). The linkage of the theology of suffering to disability theology is the starting point to redress the bias directed at PWD. In doing so, this section distinguishes a theology of suffering from black and liberation theologies. The emphasis in this study is on investigating how a theology of suffering has over the years helped PWD to cope with their condition. Understanding how suffering is perpetuated in the church under review and how the study seeks to mitigate the problem is critical. Apparently, there are merits and demerits of accepting disability as a form of suffering. However, it will guide this study in the process of developing a theological response to challenges facing PWD.

This study brings to the fore the notion that suffering is not a contextual experience, unlike black and liberation theologies. Society has preconceived ideas about PWD, one of which is that they must have committed some wickedness to deserve their fate, while the other is that

they deserve their suffering while awaiting miraculous healing or death. Applying these notions to the preceding discussion of this study, it is, therefore, critical to draw insights from the theology of suffering and disability theology to understand God's will with regards to suffering, illness, disease, healing and disability. It is only through this approach that the hermeneutical skill to interpret Scriptures like 2 Timothy 3:12, Mathew 8:19-20, Romans 8:17, Psalms 34:19, Acts 14:22, 1 Corinthians 15:19,31 becomes vital to this study as these passages support the theology of suffering. While it may be true that PWD suffer in one way or another due to their limitations as well as the limitations of their living environments, disability theologians warn that conflating disability and suffering can potentially paternalise, stigmatise and marginalise PWD in the same manner that conflating disability and sin can.

Therefore, the theological perspectives of Pauline suffering as evidence of God and grace as well as the remembrance of the suffering of the cross as the bane of the disabled, need deconstruction and rethinking. The above is aptly summarised by Eiesland (1994: 22) as virtuous suffering. To discuss the lived experiences of PWD without referring to the theology of the cross would be an injustice, given that the theology of the cross offers an opportunity to engage with the visible God in all his grandeur, suffering and wounds. Just as the axis of life for the disabled rotates on constant struggle and strife, so the centrepiece of the theology of the cross is the torture, suffering and subsequent death of Christ Jesus on the cross of Calvary. For the PWD, the theology of the cross offers hope as it states that it is in weakness that there is strength; and it is 'in death' that there 'is resurrection and life'. Therefore, it follows that it is in suffering that there is happiness, given that the cross is the basis of Christian hope (Dickson 1984). Consequently, the critical inference that one can make in this study is that both the theology of suffering and the theology of disability helps disability theology to explore the lived experiences of PWD in Zimbabwe.

#### **4.4 Conclusion**

The chapter has outlined models of disabilities and disability theology as the theoretical framework that guides this study. It has demonstrated that the models of disability discussed in this chapter are useful in explaining the perspectives of disability held by the AFM believers and the pastoral ministry to PWD. The model of disability brought to the fore the different disability metaphors; such as disability viewed as an act of God, disease, socially constructed, identity, culture, victimhood, productivity and embodied experience. This chapter has also argued that the following models of disability (moral/religious, medical, social, limits, economical, charity, identity and culture) holistically provide conceptual lenses which assist in comprehending the lived experiences of PWD.

Secondly, using disability theology in this study will guide us in understanding how the pastoral ministry engage with PWD. Furthermore, disability theology enables both PWD and non-disabled Christians to engage the Gospel, God and humanity in the light of PWD, thereby giving voice to the diverse theological meaning of the human experience of disability. As such, disability theology helps this study to understand how the AFM perspective of the Pentecostal heritage impacts the religious traditions to engage or disengage with PWD using the experiences of PWD as a starting point. Since disability is interdisciplinary, disability theology can borrow useful tools and glean insights about the AFM Pentecostal theological heritage; and the pastoral ministry may help in interpreting perspectives of disability in the Church. Also, linking disability theology to prominent contextual theologies (like liberation theology, the theology of the suffering, and theology of the Cross) will enable us to be accurately guided in developing an appropriate theological response to meet the needs of PWD in the AFM. The following chapter discusses the methodological underpinnings of this study.

## **CHAPTER FIVE**

### **RESEARCH METHODOLOGY**

#### **5.1 Introduction**

In the preceding chapter, the models of disability and disability theology were introduced as the theoretical framework for this study. The models of disability (moral/religious, medical, social, limits, identity, economic, cultural and charity) are interpretive tools for understanding the AFM perspectives on disability. Disability theology not only draws insights from different disciplines (theology, anthropology, disability studies) to understand how the AFM pastoral ministry perceive issues of disability, but also provides a platform for the deconstruction and the reconstruction of an appropriate theology to meet the needs of PWD in the AFM. The chapter highlights the research approach, design and data collection methods. It discusses the data analysis issues and ethical considerations for this study. This chapter describes the research design and methods employed in conducting this study. Qualitative research techniques have been used due to the nature of the study. Data were collected from members of the participating congregations and the local leadership through the aid of questionnaires, focus group discussions and structured interviews.

## **5.2 Research Approaches and Procedure**

This study employs a qualitative research approach since it seeks to comprehend or clarify behaviour and convictions, recognise forms and embrace the position of individuals' experiences (Hennink et al. 2011: 17). The constructivist paradigm in this study shows that the realities of PWD need to be interpreted, looking at multiple viewpoints of PWD and the non-disabled. The lived experiences of the research participants (Lichtman 2014: 114) are a serious consideration in this study, as well as the lived experiences of PWD in the AFM. As such, insights gleaned from both the disabled and non-disabled can directly influence the belief systems, attitudes and traditions of the AFM in Zimbabwe and future research on how religious contexts treat PWD. Correspondingly, since this study is underpinned by exploratory empirical research, a qualitative research approach is particularly fitting (Chang 2014: 23).

### **5.2.1 Research Procedure**

#### **5.2.1.1 Sampling Method**

The sample for this study was drawn from Harare in Zimbabwe. Harare is a densely populated city with over 1.5 million people, and most people live with their families in the suburbs. Statistics show that in Zimbabwe about 900 000 people live with a disability (UNICEF 2013). The AFM assemblies in Mbare, Mabelreign and Borrowdale were the focus areas due to practical considerations vis-a-vis the interview process. The three areas fall under three provinces in Harare, namely Harare East, Harare West and Harare North. A province comprises some assemblies under it. In the current study, the population consisted of the various constituent levels involving mostly the PWD and the non-disabled. Therefore, the nature of the recruitment strategy for this study was guided by several variables. Purposive sampling was



used and participants were carefully selected for their unique contribution to this study. Babbie (2012: 73) argues that purposive sampling must be done on the premise of learning about the populace, its components, and the reason for the study. To increase the richness of the data, the research participants (pastors and chaplains) were asked for information about their pastoral ministry experience, training, and the necessary demography of their congregations. The study relied on how PWD would describe as their disabilities since they are various types of disabilities. The UN (2006) noted different types of disabilities that exist, including but not limited to, physical, mental, intellectual and sensory. Variables such as the nature of the disability, age, sex, place of residence, social class and profession were also taken into account..

The total size of the sample used in this study was thirty-six. It was anticipated that this number would reach data saturation even before exhausting all the participants. Data saturation is achieved whenever further sampling provides no new themes or patterns of data (Suri 2011: 72). However, sample size determines accuracy (Kumar and Phrommathed 2007: 23). Thus, a sample of thirty-six participants were deemed to be compatible with this study. The selected participants were information-rich sources on the lived experiences of PWD.

#### **5.2.1.2 The AFM Pastors and Chaplains**

Due to time constraints and geography, participants practising as pastors and chaplains in the church under review were selected because they are mostly concerned with pastoral ministry, leadership development, and policy-making. There were no PWD among the pastors interviewed. Three pastors were strategically selected from Mbare (high-density suburb), Mabelreign (middle-density suburb), and Borrowdale (low-density suburb), as.. the social status of the people in these churches differed. Differences in the congregants resulted in

different and compelling data for this study. Also, three AFM chaplains participated in this study.

### **5.2.1.3 The People with Disabilities (PWD)**

The sample of PWD consisted of thirty participants. The sample was divided into three age groups, namely the adolescent, adult and elderly. To deal with the complexity of the categories of disability, impairments, physical disability and handicaps were considered, including the cross-section of the interplay of these three groups.

The intention was to interview thirty-six people but in the end only twenty-one people were interviewed. A sample which consisted of PWD who were school-going adolescents particularly those in primary and secondary education in Harare, was used. This age group was from ages thirteen to twenty years (13-20). The second sample, the Adult Group (21-40), consisted of ten PWD participants, five males and five females. This group comprised the working class and those completing their vocational studies. The last group was the Elderly Group composed of people (41-65).

## **5.3 Research Instruments**

There are many data collecting tools for empirical research and Osmer (2008: 54) highlights six methods, namely, interviews, artefact analysis, spatial analysis, demographic analysis and focus groups. In this study, only three of the six were used, namely interviews, focus groups and participant observations. Mouton (2001) states that data collection methods are processes of gathering data on a topic as well as concrete steps taken to collect information about a research topic (Mouton 2001; Bloor and Wood 2006).

### **5.3.1 In-depth Interviews**

In-depth interviews were used to collect data for this study. Mouton (2001) states that an interview is an interaction between the researcher and informant about the informant's experiences on a topic. In-depth interviews are interactive in that the researcher can probe for more information on the subject (Dooley, 2001: 123). An interview guide was used to keep focused during the interviews. Importantly, semi-structured interviews helped to focus on the scope of the questions to be asked, at the same time allowing flexibility to probe other areas.

### **5.3.2 Focus Group Discussion**

Three focus group discussions (FGs) were conducted, with ten members in each FG so that it would be easy to sustain and control a discussion. The first Focus Group (FG) consisted of ten members of the Adolescent Group (13-20). The study explored the lived experiences of five males and five females. The second group, the Adult Group (21-40), consisted of ten 'physically disabled' participants from the AFM church in Mbare, Marloborough and Borrowdale assemblies. In this group, five males and five females participated and shed light on their lived experiences. The third group, the Elderly Group (41-65), focused on disabilities in old age.

### **5.3.3 Participant Observation**

The objective of the participant observation was to observe how the pastors interact with the PWD. Participant observation involves interaction with the people under study as well as a professional distance to observe and record data (Fife 2005: 71). The researcher attended three AFM National Conferences in 2016 and observed the AFM worship services, prayer sessions and teachings that were linked to issues about disability. A field journal was kept that was used

to record events and observations during the study period. As an ordained clergy of the AFM, the researcher considered participatory observation useful. Nadar (2004) argues that there is no neutrality in research as it is motivated by the reader, writer and researcher's ideological context. Further, she opposes the concept of a 'disinterested, objective researcher', favouring the idea of a postmodernist subjective approach. Every researcher is not objective but 'paradigmatic', influenced by what they see or discover. Thus, the orientation as a clergy of the AFM strategically positioned the researcher to understand the position of PWD from an insider's point of view. As Uba argues, this provides the advantage of being "the outsider within" (2013).

## **5.4 Data Collection Procedures and Processes**

### **5.4.1 Process and Challenges Encountered**

The process of conducting the interviews unfolded as follows; WhatsApp and mobile messages were used to find potential participants. If any participant indicated an interest, subsequent access to both the pastors and chaplains was made through calling and physical visits to explain the purpose of the study. During each visit, an appointed time for the interviews was booked and the areas of the questions that was going to be focusing on during the interviews were supplied. Thus, it was easy to organise and conduct interviews with both pastors and chaplains.

However, several challenges were encountered during the fieldwork planning for the focus groups meetings. Initially, the research proposed to conduct the focus groups meetings in three selected locations, namely, Emerald Hill School of the Deaf (EHSD), Danhiko Vocational Training College (DVTC), and Jairos Jiri Association (JJA). The reason why these institutions were selected was because many AFM members attended these institutions, so it would be

easy to find groups in one location as this would cut costs and time. However, midway toward arranging access to these private academic institutions, there were a few advancements that affected the proposal. To start with, at the time of beginning contacts, in three of the proposed institutions, the members in charge promised to provide access to the people in charge. Both Headmaster and Principal for EHSD and DVTC proved to be cooperative during the visits at the proposal stage of this thesis in 2014, however, there were new difficulties when conducting the fieldwork in 2016. The researcher was responsible for going to all the venues to conduct the interviews. There was no compensation for the participants' time or inconvenience, and there were no financial benefits. The EHSD Headmaster, though initially willing to help, was not keen to involve the focus did not cooperate.

The consequences of these developments led to the utilisation of the AFM churches and the focus groups were interview there. Therefore, after the interviews with three pastors from Mbare, Marlborough and Borrowdale, the interviews with the focus groups were conducted on their premises. The visits occurred on Sundays mostly because this was where the pastors and the congregation could be met. The pastors mostly provided the opportunity to preach to the church on these visits and explain the study to the congregation, and invite the participants to take part in the study. As a result, the preliminary appointments for focus group meetings would take part during these initial visits. Due to many other programs being offered at the church, the interviews and focus groups took a long time as the appointments were spread out and only twenty-one participants could be interviewed. Some pastors assisted in helping to identify the PWD within their assemblies first, and PWD from nearby assemblies were also approached to attain the intended numbers. This was not difficult since in these locations there were other assemblies within a reasonable distance. For instance, in Mbare there are three assemblies, in Marlborough area, two assemblies, and in Borrowdale area, two assemblies.

However, the challenge of setting up focus groups was reflected in the amount of time that it took to conduct the fieldwork. Three members of the Elderly Group (41-65) left the study, and only seven members, five women and two men, participated in this study. Also, four from the Adolescents (13-20) left the study, and the focus group had five members instead of the original ten members proposed. The participants promised to come but failed to attend the discussions. In total, twenty-one (21) PWD participated in the focus groups.

Therefore, the data presented, analysed and discussed in Chapter six of this study, emerged from:

- Six interviews with key informants drawn from three AFM pastors and AFM pastors working as Chaplains.
- Three focus group discussions held at AFM Mbare, Mabelreign (Greater Grace Assembly) and Borrowdale (Ebenezer Assembly). A final total of twenty-one (21) PWD participated in the study. The detailed coding of the informants and participants is discussed below in the Data Analysis and Procedure section.

The interview period of the research commenced by orchestrating personal interviews with pastors and chaplains, followed by the focus groups. During the interview, the informed consent document was distributed and the participants were asked if they had questions and areas they would need clarity about. The research clearance letter from the AFM in Zimbabwe was used to confirm the purpose of the research and what was involved. Verbal permission to record the proceedings was obtained, as indicated on the consent forms. Structured interview guides purposely developed for the interviews were used as discussed above. Furthermore, a

cordial and friendly atmosphere was created with both the PWD and the non-disabled to ensure a fruitful interaction during the data collection process. Each session followed a set pattern, following the order of questions on the interview guide. Prior to the interview the interview guide was distributed the participants were informed what was required so that they had time to think through the set of suggested questions. On an appointed day, interview sessions with each participant took place.. Each interview session took an average of sixty minutes as advised by Creswell (2009: 198). Note-taking complemented the audio recordings, capturing all the non-verbal cues.

#### **5.4.1.1 The Questions Asked and Interview Guide**

It is important to discuss the interview guide and the type of questions employed in this study. The preformulated questions to guide the interviews were used in a semi-structured way to deal with interviewing (Hesse-Biber and Leavy 2011: 102). The semi-structured format helped to facilitate the interviewing of PWD, to establish the response of the church to their needs. The formulation of the research questions was to discover the lived experiences of the participating PWD and active pastors in ministry – for example, pastoral ministry to PWD or the engagement of the AFM with PWD. Galletta (2013: 1–2) showed that a semi-structured approach gives the researcher flexibility to adapt the questions as the interview develops.

The essential themes were attended to during the conducting of the interviews.. It was possible that there would be increased challenges in organising data from only open-ended questions, but the respondents were given a certain amount of freedom in developing their answers, in order to get an accurate status of the lived experiences of PWD. The responses of the participants to both taking part in the study and their reaction to specific questions were of

interest. For instance, there was hesitation on the questions which dealt with both the pastors and chaplains as crucial custodians of the pastoral ministry; their mandate was assumed to be that of offering holistic support to the spiritual, emotional, psychological and physiological needs for all believers. Thus, interviews are necessary because the researcher can determine non-verbal cues from the respondents (Zhang and Wildermuth 2000: 70).

This study follows the steps used by Patka (2014: 90–92) to formulate the interview guide. First, the primary issue in the interview was tended to; second were the relevant questions, reserving the more sensitive questions for the latter part of the interview when the participant was more comfortable; and third, possible probes to some of the questions were considered. Probes were used as prompts that may be occasioned by answers given to the questions in the interview guide. In the probing, it showed that the researcher is listening to the discussion and avoids probes to interrupt the debate.

During the interviews, the participant were reminded of the primary goal of the interviews. Patton's (2001: 375) comments that praises and comforting words will help influence the interviewee to feel that the interview procedure is advantageous and bolster continuous rapport were focussed on. During the interviews, time was of the essence questions that formed the the centre of the study were focussed on.

## **5.5 Ethical Considerations**

Since this study involved subjects, in the form of the disabled and non-disabled people, strict research principles were followed. Furthermore, since the interpretive paradigm informs this study, in-depth interviews, focus groups and participant observations were considered the most appropriate instrument. Gorard (2013) defines ethics as standards within a field or profession



that guide its operations. Therefore, ethics were considered when conducting the fieldwork. Informed consent was secured individually from both disabled and non-disabled participants to ensure that they participated in the study willingly, and from an informed position. Also, permission was obtained from the participants to publish the research results.

The participants were informed of the purpose and objectives of the study. Accordingly, to conform to the informed consent principle, the advice by Creswell (2009) and Marshall and Rossman (2006) was adopted, that in research, informants should not be coerced to secure their participation. Two supporting documents were made available; first from the University of KwaZulu-Natal for perusal by each informant, to obtain agreement from both disabled and non-disabled participants. Rapport was established and the involvement and responsibility of the participants were explained to them. However, it was emphasized that participants could withdraw from the study at any time should they feel the need to do so, without stating any reason for their decision. Permission was obtained from the AFM in Zimbabwe to conduct this research.

With regards to any benefits for the participants, it was made clear that there was no financial benefit from this study. The interviews were held during times where the participants were not busy. However, it was envisaged that the participants would benefit from the feedback they would receive at the end of the study, as well as the contribution this research will make towards transforming the lives of PWD. It is hoped that some insights into the situation of PWD would inspire the AFM for the full inclusion of PWD in their churches. Copies of the final document after the examination would be made available to the participants as part of their benefits, which would be available at the University of Kwazulu Natal Library.

Confidentiality and protection from harm for each participant was guaranteed. To achieve this, a coding system was designed to provide security and protect the PWD from harm. Babbie (1992) asserts that a coding system involves the use of symbols assigned to key informants that participate in research. This was effected to ensure confidentiality, protection from harm, and that the integrity of the principal sources were adhered to as required in any empirical study (Creswell 2009). The participants were guaranteed that the recordings would be erased once the research procedure was completed.

## **5.6 Data Analysis Procedure**

When the data collection was completed, all fieldwork notes were written down and audio recordings were committed to paper at the earliest opportunity after the end of the interview. Kahn and Best (1993) argue that data collected using questions and interviews or any other method remain microscopic until they are analysed and evaluated. The transcription procedure of the interviews started after interviewing the AFM pastors, chaplains and focus groups. Most of the participants spoke in Shona, and this was translated into English. The audio recording of the interviews were transcribed into transcripts. At the point when any word, expression or sentence of the audio recording was vague, the audio recording of the same was consulted to establish verification.

After transcriptions, data gathered in this study was coded. Data coding refers to a process of assigning or grouping segments of data together, using letters and numbers – also called thematic analysis. This process was guided by Kolb's (2012: 84) coding approach, who suggested three areas of coding (open coding, axial coding, and selective coding). In this case, open coding included looking at data and ceaselessly making enquiries regarding the clarity

of what was comprehended. Axial coding includes finding the connections between the codes recognised amid the open coding process, and appropriate coding at that point includes finding the core themes that keep running all through the data. This approach ensured that the participants' transcripts were read several times.

Open coding was used, utilising all the data from both interviews, and focus groups. The data was analysed and refined at every stage as there was a process of constant comparison. In this process axial coding was used whereby an attempt was made to discover relationships among the codes, at the same time identifying casual conditions, consequences and intervening conditions. After several applications of the axial coding, the data was further refined by employing the selective coding process whereby core themes running through the data was sought.

Names of participants were replaced with codes such as FG2F3 (where F=Focus, G= Group, T=Two, F= Female, 3= participant number 3). This pattern was followed for all participants in the study, including all the research instruments. The demographic profile of the informants and participants for the discussion in the Data Presentation, Analysis and Discussion chapter (chapter 6) was designed.

**Table 2: Codes for Participants**

|   | Research Instruments | Code Description      | Participant Codes | Gender | Age   |
|---|----------------------|-----------------------|-------------------|--------|-------|
| A | Interviews           | Key Informant Pastor1 | KIP1              | Male   | 40-65 |
|   |                      | Key Informant Pastor2 | KIP2              | Female | 40-65 |

|   |              |                          |       |        |       |
|---|--------------|--------------------------|-------|--------|-------|
|   |              | Key Informant Pastor2    | KIP3  | Male   | 40-65 |
|   |              | Key Informant Chaplain1  | KIC1  | Male   | 40-65 |
|   |              | Key Informant Chaplain2  | KIC2  | Male   | 40-65 |
|   |              | Key Informant Chaplain 3 | KIC3  | Female | 40-65 |
| B | Focus Group1 | Focus Group1 Girl1       | FG1G1 | Girl   | 13-20 |
|   |              | Focus Group1 Girl2       | FG1G2 | Girl   | 13-20 |
|   |              | Focus Group1 Girl3       | FG1G3 | Girl   | 13-20 |
|   |              | Focus Group1 Girl4       | FG1G4 | Girl   | 13-20 |
|   |              | Focus Group1 Boy1        | FG1B1 | Boy    | 13-20 |
|   |              | Focus Group1 Boy2        | FG1B2 | Boy    | 13-20 |
| B | Focus Group2 | Focus Group2 Female      | FG2F1 | Female | 21-40 |
|   |              | Focus Group2 Female      | FG2F2 | Female | 21-40 |
|   |              | Focus Group2 Female      | FG2F3 | Female | 21-40 |
|   |              | Focus Group2 Female      | FG2F4 | Female | 21-40 |
|   |              | Focus Group2 Female      | FG2F5 | Female | 21-40 |
|   |              | Focus Group2 Male        | FG2M1 | Male   | 21-40 |
|   |              | Focus Group2 Male        | FG2M2 | Male   | 21-40 |
|   |              | Focus Group2 Male        | FG2M3 | Male   | 21-40 |
|   |              | Focus Group2 Male        | FG2M4 | Male   | 21-40 |
|   |              | Focus Group2 Male        | FG2M5 | Male   | 21-40 |
|   | Focus Group3 | Focus Group3 Male        | FG3M1 | Male   | 41-65 |
|   |              | Focus Group3 Male        | FG3M2 | Male   | 41-65 |
|   |              | Focus Group3 Male        | FG3M3 | Male   | 41-65 |

|   |                       |                       |       |        |       |
|---|-----------------------|-----------------------|-------|--------|-------|
|   |                       | Focus Group3 Female   | FG3F1 | Female | 41-65 |
|   |                       | Focus Group3 Female   | FG3F2 | Female | 41-65 |
| C | Participant Observant | Participant Observant | PO    |        |       |

Source: Author (Fieldwork 2016)

This coding of data facilitated the identification of key themes emerging from the data. The presentation of data was done according to major themes and sub-themes. The identification of themes was through data coding. Also, the analysis involved a comparison of the reviewed literature with the findings for possible links and differences. Where there were no possible links or differences, this was noted and these trends were brought to the fore. The interpretation of data involved a comparison of research findings and previous studies on the lived experiences of PWD. Data from interviews were presented using descriptive techniques in which the words of informants were taken verbatim to interpret them in their natural context. The presentation of data from key informants' interviews was compatible with qualitative research, which embraces detailed descriptions that are the process of recording direct words from key informants, intending to capture their point of view. Data from official documents were presented using tables and graphs and analysed using descriptive and inferential statistics were deemed appropriate.

### **5.6.1 Validity, Reliability and Credibility**

Muaz (2013) defines validity as the degree to which an instrument measures what it intends to measure. O'Donnell (1992) elaborates that validity assumes that what is studied can be measured or captured to confirm the accuracy of findings. As such, conclusions are trustworthy, and methods warrant the conclusions. In the social sciences, the connection

amongst markers and measures and the hidden ideas they are utilised to quantify is regularly challenged (Raj 2005). The reason is the general idea of qualitative research, which can be subjective and difficult to measure and depends emphatically on individual interpretation of data. A portion of the data gathered cannot be evaluated.

#### **5.6.1.1 Reliability**

O'Donnell (1992) describes reliability as being concerned with internal consistency, which is whether data collected are the same in repeated trials. Reliability is the level of consistency or precision with which an instrument measures the aspect it is intended to quantify. To guarantee that the examination instruments are trustworthy and legitimate, questions that justified the objectives were asked. The enquiries, addresses and sequencing continued as before to guarantee that respondents answered similarly, to guarantee composed reactions. However, follow-up questions relied upon issues brought up in responses. Furthermore, the validity and reliability of instruments were not used separately; each was subsumed under the other. Therefore, validity and reliability are quantitative terms. In this study, Cohen and Manion's (2004) terminologies were adopted to replace these words. O'Donnell (1992) advises that the researcher is responsible for ensuring that the data collection tool selected is valid and reliable. Thus, the validity and reliability of any data collection tool depends entirely on its appropriateness to the type of data that the research intends to collect. It is important that the results should be compatible with the steps employed during the data collection process. In other words, the results of the study should be credible.

### **5.6.1.2 Credibility**

Cohen et al. (2013) contend that guaranteeing credibility is critical in setting up trustworthiness. In this study, triangulation of data was employed. It involved the use of two research instruments as mentioned earlier in this chapter. In this study, the use of the main informant interviews and focus groups was meant to achieve triangulation. According to Cohen et al. (2013), the utilisation of various strategies makes up for their limits and stretches their advantages. In this investigation, supporting information was obtained from archives to provide a foundation to help clarify the mentalities and practices of those in the gathering under investigation, and to confirm points of interest that members provided. Reports were inspected which were alluded to by witnesses amid the interviews or focus groups. Furthermore, this study achieves credibility through member checks.

Cohen et al. (2013) consider member checks as the most critical provision that can be made to bolster a study's credibility. For instance, checks for accuracy take place either during the study as 'on the spot' or at the end of data collection. In this study, participants read transcripts of the discussions they participated. The informants considered whether their words matched what they had intended to communicate. The use of an audio recorder helped to capture articulations accurately. At the end of the study, a printed summary of the results will be given to each informant for feedback and affirmation of their accuracy and completeness. As such, this will ensure that the data obtained is both valid and reliable. The researcher provided a detailed description of the phenomenon under scrutiny. Houser (2014) considers that detailed descriptions encourage credibility by providing the actual situations investigated, giving the reader the ability to determine the truth of the findings. As part of the description in this study,

some participants, the location of the study, restrictions of the participants, data collection tools and lengths of data sessions were identified.

### **5.7 Research Limitations**

There were limitations to this study. The time limitation constrained the scope of the study to the AFM church and no other churches. The relatively small sample of participants used in the current study may be limited from representing the full picture of the lived experiences of PWD in Zimbabwe. However, given the nature of the study, which is predominantly qualitative, there was no option but to select a small sample because it is compatible with qualitative research. As such, these results may not be generalised to the entire Christian community across the globe since the study was based on the PWD in Harare, Zimbabwe. Pentecostal theological reflections on disability deserve further investigation and refinement of methodology, themes and even terminology. The informants did not engage with voices from other religions especially non-Christian faiths and theologies.

### **5.8 Conclusion**

This chapter focused on research methodology. It discussed the research design and the methods used in collecting data. The study is informed by the constructivist philosophy, which emphasises the existence of multiple sets of knowledge. It was pointed out in this chapter that constructivism is predominantly qualitative, and for that reason, it was considered an appropriate paradigm for a study such as this that seeks to understand the meanings that different people ascribe to their daily experiences around disability in the AFM in Zimbabwe. Three research instruments were described: in-depth interviews, focus groups, and participant observation. Given that the study involves human subjects, ethical standards that include



protection of critical informants from harm, and securing their confidentiality and informed consent were described in this chapter. The following chapter presents findings of this study and discusses the literature review.

## **CHAPTER SIX**

### **RESEARCH FINDINGS AND ANALYSIS**

#### **6.1 Introduction**

The previous chapter discussed the methodology of this study. It explained the data collecting methods and the challenges that were faced during the process. Data analysis procedure and ethical considerations were explained. The primary goal of Chapter Six is a combination of thematic data presentation, analysis using models of disabilities and a discussion in the light of the reviewed literature in Chapter Two. This chapter is divided into three segments to facilitate the structuring of the findings, informing contextual discussions, interpreting perceptions and reconstructing the AFM theological response emanating from the analysis. Although there is an abundance of data, this chapter only utilises information relevant to the primary aim of this study because of the time and space constrictions. The demographic profiles of the informants and participants represented by coding in this chapter are shown in detail in Chapter Five under the subtitle Data Collection Procedure. The first section provides the lived experiences of PWD, and will expose the challenges of PWD evident from the findings of this study, using the models of disability. There will be a discussion on the emerging themes from the data analysis like accommodation, employment, abuse and education.

The second section explores the interaction between the AFM and PWD. This section is imperative because it provides for holistic Christian worship by allowing the unique contributions of PWD. The emerging themes discussed in this section are stigmatisation, mobility challenges, hostile treatment and expectations of PWD from the church. It discusses how the experiences of PWD in the AFM has contributed to the creation of barriers that are

responsible for the poor participation and integration of PWD. Also, it examines the conditions of PWD using the models of disability as interpretive lenses.

The third section investigates the contributions of the pastoral ministry to PWD. This thesis intends to discover how pastoral ministry to PWD inhibits both the inclusion and participation of PWD in the AFM, using disability theology as an analysis tool. Thus, this section discusses liturgical participation and space; rights to worship; and creating a safe social space as emerging themes from the data analysis. Accordingly, this will help establishing a foundation for the AFM's theological response to PWD. The sources of field data presented in this chapter emerge from the data collected using tools discussed in Chapter Five. However, this chapter utilises the demographic profiles of informants and participants as discussed in detail in Chapter Five, under the subtitle Data Collection Procedure.

## **6.2 The Lived Experiences of PWD in Harare**

The current segment presents the findings, and discussion of the data found from the first objective of this study, which aimed at examining the lived experiences of PWD in Harare. This focused on the general and overall experiences of PWD on an everyday basis. The anticipation was that these would be many and varied. Most respondents and focus-group participants mentioned different problems that they were facing. These challenges had nothing to do with religious persuasions but dealt with the daily upkeep of an individual in society. In this case, the examination of the plight of PWD is part of the socio-economic and socio-political challenges in Zimbabwe. The following themes emerged from the needs of PWD; accommodation, employment, abuse and education.

### 6.2.1 Accommodation

Most participants mentioned that finding accommodation that meets their needs is a challenging and frustrating endeavour. For instance, FG2M3 stated; *“E-ee-eh! accommodation is a thorny issue in the cities for us because we are poor and most of us do not work”*. Such sentiments show that the challenge of accommodation for PWD is compounded by other factors such as poverty, a poor infrastructure and inconsiderate landlords. The socio-economic situation in Zimbabwe compels landlords in Harare to mostly focus on money. Overall, responses from participants strongly emphasised the notion of discrimination when one wanted to rent a house in town and one was disabled. Vital contributions came from FG3F2 and FG3M1 who chronicled the difficulties when trying to find accommodation. FG3F2 stated that: *“a-a, accommodation is an issue. When you look for a place to rent it’s as if you have committed a crime. People start to interrogate you, and they want to know why you moved from where you were staying all along”*.

Similarly, FG2M5 explained that; *“They will ask you whether you can afford to pay per month before they provide you with accommodation to rent. That irritates me so much.”* These findings provide valuable insight into how hard it is for PWD to find accommodation. It particularly turns into a crisis when PWD are not ready and able to secure accommodation for themselves and their families. Additionally, an imperative to consider is the specific attitudes of a few landowners, which brings about the frustration of the PWD. However, the study could not establish the link between the failure of PWD to pay rent and the perceptions of landlords about them. These findings corroborate the results by Barnes and Mercer who conclude that disability implies social exclusion and oppression experienced by people with impairments (2005: 1).

Again, the structures of the houses in most suburbs in Harare, both city council houses and individual houses, do not accommodate PWD. FG3M3 revealed that: *“Some of the available homes, for example, flats, are not suitable for us. Therefore, we are requesting places that are exclusively reserved for us to stay in but it is not forthcoming”*. A possible explanation might be that the challenges of accommodation are beyond the control of PWD. However, such findings present one of the leading characteristics of the barriers that PWD face, which is linked to Government housing policies. This finding resonates with Agarwal and Steele (2016) who argue that PWD are at risk of social exclusion from participation in, and contribution to, society because the infrastructure is inaccessible. Also, the finding confirmed the thrust of the social model of disability which seeks to encourage equality; for example, buildings must have ramps and elevators to accommodate PWD. Oliver (2013) postulated that the social model of disability is the initial stage to understand how society views disability. In this regard, the way in which the housing infrastructure is organised in Harare promotes the exclusion of PWD. Therefore, an inclusive and accessible infrastructure opens the possibility of PWD having independent living and equal participation in the society.

Most participants mentioned that a myriad of challenges faced PWD, and poverty was one of the most pressing challenges. The participants indicated that they were living below the poverty line. This is correct, because Zimstat (2016: 1) analysed the socio-economic conditions in Zimbabwe and estimated that the Total Consumption Poverty Line (TCPL) for five people for each family unit remained at \$481.00 in April 2016. Such statistics suggest that the impact on PWD in comparison to the non-disabled were worse because of their disabled condition in the first place. The issue of poverty is consistent with data obtained by Mitra et al. (2011: 6), who argue for a link between poverty and disability in developing countries. Their findings show that disability might prompt the accepting of the *status quo*, as destitution negatively affects

education, employment and expanded consumption identified with disability. For example, FG2F3 confirmed this by emphatically stating that:

*When it comes to visiting hospitals, we must pay for our x-rays and scans because the assistance we get only covers free medication. Where to get funds to pay for x-rays is the most significant challenge. Most of us fall sick easily, so we need extra care. Subsequently, some of us must take medication thrice a day, which is expensive and annoying.*

It seems evident from this sentiment that poverty is a threat to the livelihood of PWD. The issue of poverty among PWD is further compounded by the reluctance of many employees to employ PWD. The unemployment of PWD is arguably greater in low to middle-income countries (Wiggett-Barnard 2012) such as South Africa and Zimbabwe. Since 2000, Zimbabwe has been undergoing a period of high socio-economic crisis and political upheaval (Robertson 2013; Dansereau and Zamponi 2005). The PWD are likely to be poorer in such a context.

Poverty is also a major constraint in the lives of PWD, particularly children. Respondents in Chidindi's (2011) study noted that a lack of financial resources meant that many parents of PWD were unable to afford resources to support their children. Hence, this might be the reason FG2F2 asserted that *"A few of us never again have companions. Since you are debilitated, you wind up losing companions and relatives, and nobody will cook for your youngsters."* These findings resonate with the social model of disability, in which Hughes and Paterson indicate that as an epistemological necessity, disability should incorporate the domain of history, culture and meaning (2006: 3). To this, FG1G4 added that:

*[interjection] it is true. I hear that someone who went for physiotherapy is now able to do those things that he was not able to do before. The problem is our parents do not have money to get us to those places where we can get assistance.*

Poverty, coupled with a weak family support system, worsens the socio-economic situation of people with disability.

### **6.2.2 Employment**

PWD struggle to find employment in Zimbabwe because of the ongoing discrimination in companies to employ them. As stated by Naidu et al. (2005), disability significantly reduces opportunities for education and work training experience. Hence, this has a negative influence on the lives and living standards of PWD. Contributions from participants that relate to employment, especially remarks from FG2F5 stated that; *“We feel let down by the employment sector: for some of us feel that we have a responsibility to take care of our families but there is no employment because of our disability.”* Such sentiments show the extent to which PWD are affected by challenges of employment which is not easily recognised. There are attitudinal and behavioural challenges during job selection processes, resulting in less respect for PWD. In fact, PWD experience harsher socioeconomic conditions and poverty than the non-disabled (WHO 2011). In the context of this study, PWD experience exclusion when it comes to accessing employment, health care, and education. Consequently, this signifies that, like any developing country, PWD in Zimbabwe struggle with identity and space for PWD in the employment sector.

Besides the fact that Zimbabwe has high unemployment rates, when employment opportunities present themselves, PWD often have no success. Results provided by Wiggett-Barnard and Swartz (2012) show that not enough was done to recruit PWD actively, and many buildings were inaccessible. Several challenges are cited and one such problem observed is the

competitive nature of the Zimbabwean society. This is also reflected in the findings by KIP2's who submitted that:

*Owing to the competitive nature of our society, PWD often have limited chances to prevail and excel in the job market, for instance, making it difficult for them to compete with non-disabled people. At times, some PWD would have had limited opportunities to acquire skills due to the parents and society's general lack of commitment to expose them to relevant institutions offering such skills or to specialists who can assist such populations.*

A possible explanation for this may be the fact that PWD are often ignored from an intellectual and physical point of view, and judged mostly on the potential of their bodies. Therefore, by focusing on their physical inabilities, most people consider the impairment of the body as being equivalent to that of the mind.

Employment has overarching links to other issues like poverty and failure to pay the rent, as discussed above. The current study found two primary reasons for the exclusion of PWD from mainstream employment. Firstly, FG2F5 indicated that “[amid much laughter] people do not accept us as we are; even if you have an experience in doing a certain job, we are not allowed. Most firms say that we are expensive to employ because we will always need an assistant.” It is certain, as Wiggett-Barnard and Swartz (2012) have suggested, that the non-employment of PWD is greater in low to middle-income countries because of the high rate of limited training and a poorly skilled workforce. Although this research was conducted in South Africa, it is relevant to the Zimbabwean context since issues of employment are challenging to both countries and some Zimbabweans migrate to South Africa to seek employment. It is with this understanding that FG2F2 noted, “[interjection] Yah true. No one wants to work with us, which is hard for us to get attachments”.



Secondly, the challenge of addressing similar concerns is worsened by the partiality of the governments on issues affecting PWD. FG2M4 stated that; “*Our challenges are made worse by the fact that the government is concentrating on petty issues like people with HIV and AIDS, not the PWD who need help*”. One disturbing indication from the data is that PWD feel isolated, ignored and that their challenges need more attention than other challenges the government was focusing. The PWD seem not to be worried about the impact of HIV and AIDS. Such findings contradicted Chakuchichi et al. (2011: 23) who found that in Zimbabwe, PWD are aware of the risk of the cultural practices that make them vulnerable to HIV and AIDS and suggested that access to counselling centres mitigated the effect of HIV and AIDS on young PWD.

### **6.2.3 Abuses**

A recurring subtheme in the interviews was that of abuse. More than half of the participants in this study reported having experienced a form of abuse one way or the other. Notably, sexual, family and verbal abuse are cyclic among the PWD. Other indirect forms of violence included intolerance to PWD and the expectations that PWD need to perform like able-bodied people. The assumption that people want PWD to be as normal as possible positions them in a negative light, described as normative violence.

#### **6.2.3.1 Sexual Abuse**

Findings from the participants showed that sexual abuse of PWD by non-disabled people is common. Most girls with disability in this study reported either to have knowledge of or to have suffered from attempts of rape. This is in line with what was observed by Naidu et al. (2005) who shows that females with disabilities are prone to sexual abuse. FG1G1 stated that

*“[shaking her head] We are abused, and its worse for us girls. The non-disabled people are raping some of us because they know we won’t be able to explain or say it out.”* The results from Tuso (2013) report that in Zimbabwe, despite the countersignature of the United Nations Convention on the Rights of People with Disabilities, women with disabilities are abused on a daily basis. In this study, the participants showed that most instances of rape and sexual abuse occur on public transport where ‘touts’ (hooligans who shout for transport at the market) take advantage of women with disabilities.

While this finding did not confirm the role of parents/guardians and the police on rape, it did partially substantiate that disabled young people experience abuse from the public. This finding is in agreement with Kunambura (2016) who explained that in Zimbabwe many perpetrators go free because of the nation's skewed justice framework. He further noted that the investigative and judicial procedures fail to meet the needs of PWD; for example, some courtrooms are physically inaccessible to them. Such findings create room for the Church, for example, the AFM, through pastoral ministry, to provide moral support and counselling to victims of rape and other abuses and perhaps facilitate the cooperation of the police to bring the perpetrators to book. According to Boylan (1991: 54), women with disabilities are perceived as dumb and available for sex. Many reasons for sexual abuse were cited by the participants. KIC3 said; *“Lack of food, soap and for the grown-up girls, it’s even worse because they need toiletries. They need people with love and who can associate with them well. People look down upon them, and it destroys their self-esteem.”* This sentiment shows that the girl child is more vulnerable than her male counterpart.

### 6.2.3.2 Family Abuse

Families are central to the lived experiences of PWD. FG1B2 explained that “*People accuse our parents of causing our disability, and the society cannot accept us.*” Over half of the participants also indicated that the family treated the PWD as sub-human. They mentioned that at times they are made to do difficult house chores, and some were not permitted to move out of the house. In some cases, men ended up divorcing their wives because of giving birth to a child with a disability. Some children remained without birth certificates, and parents treated them like people of no value. This resonates with results from Kabue (2011: 209) who noted from an insider perspective, that the lived experiences of PWD were a “life sentence”; “...we are alive yet trapped, judged and sentenced for being women with disabilities....” A report on Zimbabwe by UNICEF (2001) submitted that children with disabilities in Zimbabwe live under particularly troublesome conditions and are defenceless as they live with contrary dispositions, convictions, names and marks of disgrace that militate against them. They have restricted access to facilities, and their primary rights, for example, education and health, are frequently compromised.

Some disabled children are reported to be neglected by their parents because they are ashamed of them. It is interesting to note that in all these findings, family treatment of the PWD portrays traumatic and psychological abuse of the PWD. These findings corroborate with Machingura’s (2012) work which found that the Shona people in Zimbabwe view disability as an act of witchcraft, and parents hide their disabled children from the community. However, the findings of the present study do not bolster the previous research by Engelbrecht and Kasiram (2012: 6) who found that communities and families with *Ubuntu* as an underpinning philosophy support the PWD. A possible explanation for this disparity is the cultural model theory of disability,

which asserts that culturally biased views and shared negative attitudes of communities, fail the PWD. Thus, the cultural model theory provides an understanding that culture produces dual perceptions about disability – it can be both negative or positive.

Zimbabweans hold marriage in high esteem. However, the findings of the study demonstrate that women with disability seem to dread their lives. One participant noted that:

*When it comes to marriage, it makes you sometimes wonder why God made you a woman because only males can marry. For us women, it is a challenge because the world expects us to get married to a PWD, which does not help because we both need someone to cater to us.*

This participant expresses concerns about how the disability affects issues of marriage. Thus, cultural understanding of marriage often leads to sexual prejudice. The findings reveal two notable challenges concerning marriage; who to marry and, if married, how to nurture the children. It suggests that there is need to address distortions about issues of marriage among PWD. The findings of Emasu (2014: 1) submit that many families, especially parents, believe that PWD are not sexually active. A statement like “*I desire to get married to a person who is non-disabled because children need food and I need to live like any other woman in the world*” needs closer scrutiny as it shows an inherent feeling of inadequacy brought about by being a woman with a disability. A study in Kenya by Tembo (2015: 2) shows that more PWD are averse to marriage than non-disabled individuals, and that 15.5% of the PWD are divorced, in contrast to 5% of non-disabled persons.

Taking care of children with disabilities is a challenge, as evident from the statement of FG2F2:

*Aaah children!! [Laughter!] When it comes to children, each one must look after her children. Don't ever think that someone, except your mother, will take good care of your children. No one helps you even when you are on the bus and will end up not travelling because no one will be willing to assist. I experienced this one day when I travelled to Chegutu to visit my sister there.*

The attitudes and action of people towards a person who has a disabled child reveals a lack of support, not only for the children but also for the parents. FG3M3 states: *“In my experience, I have learnt that some people do not feel comfortable living with the PWD. Even in church, very few people would want to share a seat with the PWD”*. Consequently, this suggests that even church members are reticent, revealing their lack of understanding regarding issues surrounding disability. In the same vein, FG1G2 submitted that *“We struggle to associate with people of our age because they look down upon us, so we will end up playing around among the disabled provided they live close-by”*. The possibility of a safe space for PWD is questioned by the actions described above; what is clear is that both the families and congregants shun PWD. Of significance are KIP1's views on the challenges of PWD in high-density suburbs. KIP1 narrated that:

*There are prevailing harmful cultural ethics in families that PWD encounter. For instance, a child born with disabilities does not receive full care and often experiences discrimination. At times, they do not receive full parental love from both biological parents and other members of the family. They are usually side-lined, depriving them of privileges they ought to be receiving as a full member of that family.*

Thus, the proliferation of the indigenous culture is noticable. For instance, Machingura (2012) highlights that the Shona people in Zimbabwe perceive children with disability as a disgrace to the family and parents, since these children are the embodiment of God's punishment. On the other hand, non-disabled persons reportedly harass PWD. Although the nature of harassment is debatable, for instance, FG2F2 explained that the non-disabled people harass their children. Another common view from participants who focused on harassment was

summed up by two participants. FG2F5 stated; *“Aa!! Ah, you are talking about harassment. Some of our relatives look down upon us. They do not tell you immediately if a funeral occurs, they will tell you after everyone else has been told.”* The sentiments clearly reveal the marginalization of the PWD. They are made to be excluded from family involvement and are treated as secondary family members. This confirms that stigma is attitudinal; discrimination is “about actual behaviour” as argued by NAM Aidsmap (2012: 5) cited in Machingura 2016. FG2M1 stated *“[frowning] I am embarrassed by the way people look at me; even public transport drivers will slow down only when they see me, and I end up becoming the centre of attention for everyone.”* Whilst not condoning the actions of drivers and people who stare at PWD, this finding illustrates that the PWD may be over-sensitive. For instance, FG2M1 stated: *“Sometimes I become angry but not always. I am stable, and sometimes I become violent not because I do it intentionally, but I cannot control their anger when some children of my age look at me as if I am not a person.”* This finding shows a reactionary response to what is suggested to be harassment. In this case, it is evident that responding to anger and aggression indicates an attempt by the PWD to reassert their power and reclaim their dignity.

In response to the discriminatory practices noted above, people with disabilities in Zimbabwe remain mostly invisible, hidden within families or in institutions, to fight for their rights; they and their parents know that they are vulnerable (Chidindi, 2011: 10). This study of PWD by Chidindi (2010) found that PWD prefer to learn at special schools where they experience less segregation, although access to these schools is difficult. Children with disabilities in Chidindi’s study also reported that they were faced with exclusion and or rejection by the family, at school, and in the community in general, and felt that their potential and contributions were trivialised.

#### 6.2.4 Education

The school dealing with PWD in Harare is the Zimcare Trust. This is a non-governmental organisation with fourteen schools in Harare. In the three suburbs where the interviews were conducted there were no Zimcare Trust or Government schools for PWD. Over three-quarters of the participants who took part in the present study reiterated that the unavailability of many special education schools that cater for PWD is one of the contributing factors to their plight. This study could not establish why the Government does not provide sufficient facilities for the PWD. Possible explanations are that there are not enough resources, even for ordinary schools, and their needs take precedence over the needs of PWD. Caution needs to be exercised when contemplating isolating PWD into special schools, especially when they live in harmonic inclusivity with their families. Also, no information was available on how schools educate the non-disabled children on disability, nor on how they deal with disputes resulting from disabled children being harassed.

Most participants in the adolescent focus group reported experiencing challenges at school while interacting with their peers. Condescending behaviour towards PWD appears to start at the school-going age, as children with disabilities are considered abnormal and called names. Participant FG1B1 stated that “*the way you are looked at sparks a fight to protect oneself...*”. Interpreting such emotions is difficult; FG1B1 may be misguided in believing that fighting will help to protect him from public perception, but at the same time perhaps he should be taught coping mechanisms. However, this contribution shows the need for interventions to address such challenges, which is where pastoral ministry can come in to deal with psychological and emotional challenges.

This study has established that there are challenges in accommodating PWD in the normal schools. Considering that most of the PWD are not employed and are impoverished, sending their children to normal schools would be a challenge as they would struggle with tuition fees. On average, primary schools in the suburbs cost USD \$50 per term, while the secondary schools cost USD \$100 per term. Some participants lamented that they had not been able to complete their schooling due to the lack of tuition fees, as the fees charged were beyond the reach of their parents. FG1B1 submitted that:

*Also, because we are disabled, we cannot socialise with other students. If we attend the same school with them, other pupils often get to laugh at us. Because of this, we don't feel comfortable around other kids at school.*

This view is reinforced by Ndlovu (2016: 30), who argues that within any community, the PWD seek to be empowered, self-reliant and free.

The discussion on education led to participants raising other issues concerning their welfare. For example, one participant referred to transport problems and proposed that it would be better if transportation that catered for PWD were made available to make life easier for them. The more PWD relied on the non-disabled to alight from buses and other activities, the more they were open to disrespectful treatment. Another participant mentioned entrepreneurship, which was challenging in terms of finding the capital to initiate the project.

### **6.3 The PWD Experiences in the AFM**

This section presents data and discusses findings on the second objective of the study aimed at exploring the experiences of PWD in the AFM. The presentation and discussion are done under the following themes; stigmatisation, mobility challenges, hostile treatment and



expectations of the PWD of the Church. This way the study endeavours to understand the experiences of the PWD in the AFM.

### 6.3.1 Stigmatisation

In this regard, Engelbrecht and Kasiram (2012: 443) have pointed out that PWD are prone to abuse and stigmatisation in the communities. PWD experience much verbal abuse at the hands of the people around them. They are called various names and such name calling is supported by the use of the same terms found in Shona cultural expression and in the Bible. Most of the participants were aware of the names society used to describe them. For example, as FG1G1 stated : “[Interjection] Tell you what. Non-disabled people insult us, sometimes by calling us all sorts of names because of our disabilities”. It is apparent from the way they referred to these incidences that some PWD take offence when they are called names. From the data gathered, It was difficult to establish the main reasons for name calling by the non-disabled. However, it would not be incorrect to suggest that it paints a picture of sustained stereotyping of PWD according to their disabilities, authenticating the dichotomy between PWD and non-disabled persons. Such findings resonate with Machingura (2016) who shows that there is an ‘us and them’ attitude that sustains stigmatisation in Zimbabwe. It is crucial therefore to show how the Shona social group, which constitutes most of the AFM members, has a broad range of terms and phrases for describing PWD, and these terms are tailored to express their attitudes towards PWD. This study explores how theological discourses shape constructions of treating PWD humanely. The fact that one significant stigma indicated by the participants, is an example of how people in the church perceive PWD. For example, FG2F5 stated that:

*For me, I believe that the church has a tremendous responsibility to teach the non-disabled people not to look down upon the PWD. I think this is where the*

*challenge is. If you walk around you will be shocked because people do not even regard the PWD as human beings. I blame the church for that.*

Such findings agree with the views by Yong (2011) who submits that it is difficult to understand why churches have lagged in integrating PWD into the fold. A quandary exists when the Church perpetuates stigmatisation and at the same time professes to represent God on earth. The implication, therefore, is that the Church does not seem to have experienced the suffering endured by PWD firsthand KIC2 states that:

*So, I believe that the PWD suffer a lot regarding being looked down upon and were prohibited from functioning like everyone else, especially in praise and worship. Also, the PWD need to be treated as human beings irrespective of the nature of the disability they have.*

It is obvious that PWD feel humiliated by being sidelined from participating freely in the worship ministry of the Church. Welie (2015) rightly argues in such a case that the Church has not yet come to terms with the notion that the PWD are made in the image of God. To a certain extent, the lack of understanding or prejudices, often triggered by fear, lead to the maltreatment of others. If the Church, or a section thereof, promotes negative images of disability, this amounts to discrimination as it creates barriers to the full membership of people who have disabilities. KIP3 stated that:

*What I have picked is that if there is no acceptance of the PWD in a place, it distorts everything about them. In fact, they end up suffering from what we call stigmatisation. I believe it affects them strongly, mainly if it (stigmatisation) is happening from Christians per se who proclaim that the love of God does not stratify people, it accepts everyone as they are no matter where they are coming from or who they are.*

From these findings, one may say the relationship between the Church and PWD has constructed a space for creating a poor self-image amongst PWD. This suggests that there are internalised stigmas within the Church which have long-lasting effects on PWD. What makes this difficult is when stigmatisation is perpetuated by people who are perceived to be a member of the same group. Thus, one of the most significant problems singled out was that they did not receive the support they deserved from organisations, and this is traumatic for them.

It follows, therefore, from the trend in the data, that spending time and sharing gifts with PWD is one way in which individual members of the Church can make a significant difference. A small contribution can also make a considerable difference if given with love and motivated by a caring heart. Accordingly, this is expressed mainly by KIP1, who said that:

*Sometimes it does not always entail that we spend too much on PWD, what they need for them to make their lives better may be within our reach. It could be things that we have stored which we might not be currently using, things we store in our garages and other places. We have kept these things thinking that nobody would ever want to use them but I think some interaction would be a revelation to many people in the church and the church will be able to reach out to these communities and explore opportunities for helping and assisting PWD.*

Furthermore, data also indicated that there is a need to reflect on the possibility that no one is immune to disability. KIC1 pointed out that; *Where people fail to recognise PWD because of a thing or disability, what is that nobody chooses to be disabled; these are things that just happen, and we notice that some people can be born without any disabilities, but later in life, they might end up disabled.*” In the same vein, commenting on disability in Africa, Swain et al. (2004) confirm that the Church needs to create another mission that incorporates PWD. Perceptions are sustained ways of thinking that can easily be influenced, primarily by the Bible-wielding

ministers. It is arguable that the Church has the potential to change the public perceptions of PWD.

The PWD blame the Church for the continued negative public perception of PWD. There was a general consensus among the participants that their existence in the Church was not meaningful. For example, FG2M2 noted:

*I don't think our church can help us. If you listen to programs by the secretary in the church it's as if we do not even exist in that church at all. Maybe it's because we are few in our churches and that is why they don't even think of coming up with programs specifically for us.*

The most apparent understanding to emerge from these finding is that the Church does not prioritise the inclusion of PWD. Similarly, Goldstein and Ault (2015: 4) suggest that investment in comprehensive communities of faith requires dedication to the community as a whole. They further state that PWD have diverse needs, and the community of faith needs to be prepared to develop individual programs that enhance the fundamentals of faith and advance support within the Church.

The main problem identified by PWD was that the non-disabled were inconsiderate, in that they failed to acknowledge PWD as a unique group, separate from the non-disabled. They mentioned that sometimes PWD were not even noticed, which resulted in the Church not caring for them. Accordingly, this suggests that inclusion is a form of exclusion; as soon as you identify someone as disabled, you have already excluded them.

However, contrary to the findings discussed above, a few participants indicated that there were people in some communities that had changed the way they treated PWD. FG3F3 elaborated

on this by stating; “*I think we must not blame the church too much because we need to have our associations. In Zimbabwe, no organisation caters for PWD*”. Sometimes they receive words of encouragement, and some churches show love by organising and celebrating Christmas with them and buying them gifts. Some churches support them by paying fees, providing food and socialising with PWD. Issues of accessibility have also been mentioned in studies of how the Church accommodates PWD as a hindrance to inclusion (Hobbs et al. 2016).

### **6.3.2 Mobility Challenge**

The PWD face mobility challenges as they want to engage in the church activities; as such they often decide to meet in churches which are built in different locations. K1C3 reiterated that:

*We suffer from mobility and experience extreme difficulties when we want to walk or travel to church activities. Due to the stigmatisation, most people do not quickly consider our problems. Some of us face the problem of getting crutches and wheelchairs. They are very expensive, and we cannot afford them. Hence, we are homebound all the time, but we want to move around and go to church like anyone else. Yah! But even if you have a wheelchair we have troubles travelling on damaged roads especially with no one to assist us.*

and FG1G3 that:

*We need to be monitored all the time because we cannot do things on our own. For example, if we need to eat and to travel to go to church someone should accompany us. Also, you travel to some place, and you get into a commuter transport they charge our wheelchair. These commuter owners, you don't even understand how they reason. So, it's costly to travel around.*

Indications from these contributions are that there are links between mobility, perceptions and poverty. PWD struggle and are in need of the support of the AFM.

However, what is somewhat disappointing in these findings is that no participant mentioned the use of Information Communication Technology (ICT), which continues to transform society. For example, the submission by FG2M2 that: *“I have learnt that in some cases people expect a disabled person to visit the church or go to them in search of help, not knowing that some cannot even travel or do not have access to reach them”* portrays the need to explore ICT to close gaps in travelling or visiting. They suggest that the AFM may need to establish a mission through social media. Mobility can easily be replaced with the use of technology like cell-phones, computers and / or the internet. Kardo (2015: 68) observes that ICT could create more knowledge-intensive, interdependent and internationalised societies. Therefore, the availability of assistive technology can help PWD to move and create social networks that will help them communicate with each other within the Church. Besides theological literature and training, it is imperative to take note of that in much scholastic writing, disability is viewed negatively. In literary studies, Creamer (2012: 340) argues that disability is polarised as either great or terrible. For example, a villain is pictured as someone scary, with a scar or a disability and sometimes deserving pity because of an impairment. Also, Davis (2006: 168) argues that PWD are seldom portrayed on TV, in movies or fiction as being responsible for their lives – in control or efficiently searching out and acquiring what they want and need. Theological institutions, similarly, assume a critical role in shaping the congregation’s grasp of disability. Both mass and social media have the potential to enhance the social context of friends and family for PWD, in the same way it does for non-disabled people. Emerging from these findings, and of critical importance, are intriguing questions on how the contribution of cyberspace impacts on the politics of identity or informs new definitions of disability in a virtual reality context. The concept of the able-disabled person emanates from society and entails that PWD must overcome the barriers they face and strive to contribute to the

community beyond their differences. By so doing they are proving to be normal. As such, Chimedza and Peters (1999) argue for cultural identity and empowerment. This study supports the notion that PWD deserve to have their Christian identity recognised, an identity which is not harmful.

### 6.3.3 Hostile Treatment

A smaller number of the participants suggested that the society in which PWD live is most often hostile. K1P2 remarked that PWD reach a state of denial, and a considerable populace of displeased PWD exists because the general public do not regard them as human beings, but primarily as the PWD. The findings suggest that there is no deinstitutionalisation of PWD in the Christian community. It is thus prudent to resort to those practices that promote the integration of PWD into the community of faith. A vital contribution to consider is the following:

*Among the supposedly non-disabled people in the church, some audaciously say out negative things to or about PWD, things that degrade PWD. So, the PWD has suffered a lot of dehumanisation throughout their lives, a situation that has led to some PWD committing suicide (KIP3).*

What is crucial here is how these negative words reconcile with biblical texts which are used to inform the transformation of language. Hence, this shows that the choice of language is responsible for the existence of the varying perceptions of disability.

KIC2 posited that “*Some of the PWD have lost their identities, they cannot hold on for a long time because someone has condescendingly talked to them that they cannot do such and such*”. This statement not only highlights tendencies of hostile treatment but also seems to suggest

that PWD are dehumanised by the non-disabled during their interactions. Overall, the faith community should be aware of the psychological harm imposed upon some of the PWD. To solve this, FG3F1 proposed that the Church take a leading role in changing public perceptions about PWD. It always seems to come back to the Church, most likely because the Church is a leader in what is acceptable moral and Christ-like, placing it in a unique position to guide the public.

A fundamental question sought a response on the expectations of the PWD from the Church. The question was; “*What do you think the Church should do to address the challenges faced by PWD?*” Most participants felt that the Church should treat PWD as human beings like all other people because PWD was created in the image of God. This resonates with Genesis 1 verse 27, which reads: “*So God created human beings in his image, in the image of God he created them; male and female he created them*”. Given an operational framework like this, Anderson’s (2008) interpretation of the meaning of the preceding text is valid.. He says the image of God includes spiritual, physical, emotional and mental aspects (Anderson 2008: 49). Thus, participants voiced their concerns that PWD should be treated as humans like everyone else. The concept of a person among the Shona people of Zimbabwe is also ingrained in the doctrine of *Imago Dei* (human beings created in God’s image). Therefore, many Shona people believe that the life of a human being is a sacred gift that should be preserved, supported and taken care of; this belief derives from their culture and tradition (Masango 2005: 916). By implication, a disabled person deserves to be treated with respect because s/he was created in the image of God. If this is what tradition says concerning humanity, then it may be logical to argue that the problem lies with the Church. Machingura (2012) explains that in Zimbabwe there is a negative image of PWD in institutions which claim the love of God. This line of thought is evident in the literature, which confirms that the challenge of stigma and



discrimination of PWD lies within the Church because it has failed to engage with PWD, and this limits the Church's possibilities for growth and wholeness (Anderson 2008: 49).

Regarding what the Church can do to minimise hostility and foster the integration of PWD within social and church activities, Anderson (2008) believes that one of the ways is to make an empowering domain for PWD to be self-reliant. On self-reliance, KIP3 was quick to respond as follows :

*I think it begins with helping PWD to become self-sufficient and self-confident so that despite them having disabilities they are full human beings who are free to associate with anyone. It should, however, begin at our church by creating spaces for them with various levels of leadership such as teaching Sunday school classes, cell groups, leading youth committees, etc. When they start from the church, they will most likely be able to confidently involve themselves in problem-solving initiatives within their families and even in the larger society.*

Giving positions to PWD in the church seems a uniquely important starting point in recognising them as equal humans created in the image of God and able to minister to others. Since the church is the benchmark for public opinions, the public perception of PWD will be transformed immensely and will spread to the rest of the society.

Reaching out to PWD should involve visiting them and spearheading programs that promote interaction between the non-disabled and the PWD. KIP2 stated:

*I want to believe that those who are non-disabled should be able to reach out to PWD, for example by visiting them at the places they will be staying such as special homes, etc. The church should have programs for visiting those people and maybe interact with them in the sense of being able to know what sort of challenges they go through in a day, what it is that they face, what it is that they think the church should do to mitigate their plight.*

It is social interaction that will make a difference rather than merely dispensing to PWD. Without interaction, the givers remain faceless to PWD. Informant 3 recognised the link between exclusion and disassociation with PWD by some members of the Church. The informant perceived social interaction as a mechanism that can bridge the gap between exclusion and discrimination.

Thus, if the AFM embraces the limits model of disability, then Reynolds' (2013) perception of disability theology as a shift in which the Church perceives disability as a reality that should be accommodated and tolerated and treats PWD as valued members of the community, becomes important. Thus, this shift in understanding disability should help to inform the practice of the AFM towards disability and to treat PWD as people entitled to receive gifts. Reynolds (2013) further emphasises that disability theology was developed for the Church because a church is a home for every member of the community. It is not for the select few who are non-disabled. For that reason, a church is a mirror of community values and social norms.

The AFM in Zimbabwe is not for non-disabled members who belong to the said church; it should house PWD and non-disabled people. Overall, disability theology seeks to transform the attitudes, behaviours and traditions that the Church has embraced over the years and begin to welcome a new perspective that disability is not an abnormality. Adopting this point of view means treating PWD with dignity and respect, just like any other person. There should be a revision of the tendencies in some Pentecostal churches to pray for PWD and channel this energy to other avenues such as taking responsibility for the needs of PWD, and treating them as normal human beings. The profound societal construction that puts disability theology into context is binary: PWD versus the non-disabled. In the recent past, efforts by both the disabled

and non-disabled culminated into what is now popularly known as disability theology (Christiani 2014).

### **6.3.4 Expectations of the PWD from the Church**

Findings showed that the majority of PWD concur that the Church had not done anything to help PWD, while a few participants pointed out some sporadic assistance that PWD have received from the Church. For instance, in his assessment KIP3 concluded that “*The church has done something, but it is not enough, it can do more*”. The question, therefore, relevant to this study is what are the expectations of PWD from the Church and how can the Church fulfil its social responsibility? The critical issues that arise in this case are financial aid, the Church as home, the Church as an employer and the provider of food and clothing.

#### **6.3.4.1 Financial Aid**

During the study and interviews, there was no indicator of how the government of Zimbabwe is assisting PWD financially. Despite the economic hardships in Zimbabwe, PWD feel the Church is still in a position to assist them. The central emphasis regarding finances stated by FG2F4 is that “*In Zimbabwe, churches could offer financial help to PWD every month without waiting for a situation to arise in order for them to help*”. What is evident from this submission is not that the church coffers being unable to support PWD, but it is about making a platform for the people in the church to be able to make meaningful contributions and support PWD. These views demonstrate that the Church has the capacity and is better placed to assume a dynamic role in addressing the plight of PWD than any other institution. What is emerging, in this case, therefore, is observed by FG3F1 who commented about her financial expectation from the church and stated:

*Associations are there, but the church is one of the agencies that should facilitate and lead by example. Government people are concerned with politics; it is only the church where we can find a refuge that is why I am blaming it for not taking an active role.*

This statement shows that PWD have expectations from society, government included, but mainly from the Church, the church is where the hungry and the needy ordinarily turn to. The Church is usually the leader in issues concerning social responsibility, which raises the expectation that it should be the leader in helping the needy, PWD included. The teachings of the Church, for example, about helping the needy, places it in a position where the needy naturally expect assistance from the Church.

Findings indicate that it is the non-active participation by the Church that further intensifies the complicated situation of PWD. Other organisations in the corporate world also expect the Church to play a leading role in assisting PWD or the needy in general. Subsequently, this is captured in the response from FG2M5 that *“When we visit some organisations, we are told to visit other centres which can help. For example, at one point I was told after explaining my problem that I must go to church and explain so I can get assistance”*. Organisations and individuals, it would seem, routinely refer PWD to the Church. The implication is that the Church is the first charitable organisation that most people would think of, putting the Church in the forefront. The data reveals that the Church has not done much to take up this obligation as PWD are often ignored even when they are in the Church. Analysis has shown that PWD are not recognised even in the churches they worship. The literature in Chapter Two also indicates that when the Church sees PWD, it sees candidates for healing and displays of power, and not candidates for leadership posts, for material and psychological assistance. According to the participants, the indication is that the Church’s assistance is limited to spiritual

interventions, which is hardly sufficient . Even then, the data indicates it does not necessarily follow that when there are economic hardships, and there is nothing material the Church can give to PWD, there is no interaction, as PWD still need psycho-social support. It is evident that the form of assistance rendered by the Church to PWD, such as prayer, moral support and encouragement, is reasonable, but PWD expect the Church to play a leading role in assisting PWD in other forms for all their needs.

In the discussion on finances, KIP2 made a significant point that:

*The church should broaden its perspective and base for supporting PWD. It should get to a point where it moves away from the hand to mouth approach to a stage where PWD can get assistance systematically and consistently as this will ensure that they always have what they need.*

Although, the KIP2 did not explain much about forms of assistance, what was emphasized was that PWD expected that any assistance from the Church should be consistent and reliable. However, from these submissions there appears to be no indication what PWD will do in return for the assistance from the Church. There is also silence on self-sustaining and economic projects that PWD can carry out in their backyards. So far, the submissions portray PWD as charity cases, which contributes in strengthening the stereotypical perceptions about them.

Participant FG2M2 raised an issue regarding food and clothing, which seems to be a consistent expectation of PWD from the Church. The participant said: “*During the winter the church should be seen supporting PWD with warm clothes and blankets because we easily fall sick. So, we need extra help.*” The persistent reference to the Church and PWD expectations from the Church suggests that PWD are not getting much assistance elsewhere. This possibility points towards a potentially massive vacuum in the welfare of PWD, increasing the pressure

on the Church to continuously and actively respond to the needs of PWD. However, there are some churches that have set aside specific times of the year wherein they channel accumulated resources to PWD; for instance, every three months, they distribute food and money set apart for this purpose.

Evidenced in the contribution below, PWD understand and compare the assistance provided to them by the different denominations. This indicates that churches elsewhere in the world are playing an active role in assisting PWD. Examples given include the following, for instance, FG2M2 stated :

*Joyce Meyer, for instance, shows through the Television how she is helping less privileged people, some of whom reside outside her country, where she drills boreholes to ensure that people get easy access to clean water as well as organising people into groups so that they become self-reliant through the grants she provides. In Nigeria, we see Prophet T.B. Joshua is involved in food handouts on a regular basis as well as providing wheelchairs.*

The excerpts above emphasise that PWD in Zimbabwe have more expectations of the Church than any other institution, even more than the Government.

Findings indicate that the support rendered to PWD in most communities in Zimbabwe is from hand to mouth, a situation Key Informant 1 believes can easily be changed by the Church. The participant states:

*Systems should cater for walk-ins, that is, people who just walk into the church premises in need of help. Considering where my church is situated in Mbare, a high-density suburb very close to a major bus rank that connects most of the destinations in Zimbabwe, we often have people walk in requesting for assistance, some just having been released from prison for instance with literally nothing to their name.*

*Subsequently, in cases like these, if the church has funds set aside, such people can be helped with great ease and efficiency.*

Reference is made here not only to PWD but to all in need, and this uniquely positions the Church in the centre of tending to the welfare of people from all walks of life. The Church is expected to provide a home for all, PWD included, provide food, security, spiritual care and all other forms of welfare. FG2F3 argues that the church should engage in fundraising activities so that it can set funds aside in preparation for walk-ins. This finding resonates with the argument by Ndlovu (2016) that the real challenges of PWD do not stem from their impairment, be it physical, sensory or otherwise, but from environmental barriers that prevent them from participating fully in life and their inclusion in society. These barriers are not only physical but may also relate to the cultural, social and religious fields.

Participants explained that people in the Church donated to PWD for different motives, some for publicity and some for personal gratification. . In this regard, FG3F2 stated :

*In our church, some people give us privately, and they tell us that please don't give testimony in church because I don't want the pastor to know and even other people to know it's between you and God. At times the church finds itself torn apart between the desire to help PWD and at the same time wanting the public to know that they are rendering such support, thus distributing the foodstuffs and clothing within the church so that everyone sees and acknowledges. As such, this negatively affects the recipients as they find this publicity embarrassing as they would prefer that that be done discretely rather than openly. The PWD tend to find this as a form of discrimination.*

The impression created is that the Church is a double-edged sword. On one hand, it can help, and on the other, it has created fertile ground for discrimination against PWD. This creates a need for the Church to rethink its approach concerning PWD. What the Church gives out to PWD is just as important as how the giving is done and where it is done correctly. These

arguments are in line with Eiesland (1994: 73–74) who also contends that treating PWD as charitable objects segregates them. She submits that such charitable activities weakens the full empowerment of PWD and their social, economic and political participation. This complicates the entire process of engagement between the Church and PWD.

The participants indicated that compounding the challenges of PWD is the fact that, unlike other groupings in society, they could not rely on each other for assistance. They said this was due to the reality that PWD did not have much at their disposal. One participant said:

*Usually, PWD has very few things such that when they do meet, it will mostly be for sharing the challenges they will be encountering in their lives. Here and there, they will find individuals who can motivate the others to continue with life despite their challenges.*

Turning to each other for help for especially material things is not an option for PWD. However, as indicated in the excerpt above, PWD often give each other moral support and motivate each other, giving meaning to each other's lives.

Further, data indicate that PWD have problems mobilising each other to discuss and address their challenges for several reasons. As pointed out by participants, a significant challenge was the issue of mobility, which was difficult in terms of both impairment and resources. Hence, this seems to be mainly problematic when help is offered from outside the community boundaries, where the PWD do not reside.

#### **6.3.4.2 Church as a Home**

The AFM church has set up orphanages for vulnerable children. While this move by the Church is praiseworthy, FG3M2 highlighted that the Church had not targeted PWD saying;



*“These days churches concentrate more on widows and orphans who can work, learn and have a home, and PWD are left out”.* This suggests that within the various departments/groups in the church, PWD should also be given a priority since they are regarded as vulnerable, the same as orphans and widows. Accordingly, this is not far removed from the observation by Owen (1991: 15–16), that PWD are discouraged from looking to the Church to provide a spiritual home because of the purported connection between spiritual righteousness and physical perfection, which excludes them. However, FG3M2 stated that “[interjection] Ehe! The churches are more concerned with orphans and the PWD are not noticed and even by the community. They should cater for both. If the church ignores us, no one in society can think about us.” On the other hand, KIP1 shared what he considered as a central issue, saying:

*That level of awareness and responsiveness is one of the things that I picked, and we have a lot to learn. Fortunately, when we were building our church I said that we need to take cognisance of things such as the toilet and other ablution facilities, what are the PWD going to do? We needed to accommodate their unique needs in whatever we planned, and we look at this thing as a ministry, not as something that comes at the last or something that we remember when we have done everything else.*

What the participant intended is comprehensive planning that entails that even when constructing the church buildings, there is a consideration for PWD and the facilities they will need to use, and not as an after-thought.

Participant KIP3 went on to draw comparisons between Zimbabwe and other countries he had visited. KIP3 states that:

*One of the things I picked when I went out of the country was the consciousness of the church’s responsibility for PWD, which the church must take care of their brothers and sisters who are differently abled. Such mindset extends to the point*

*when they are putting up a building, for instance, they factor in questions such as how will PWD enter the church. They put wheelchair ramps in the church and all those things to make PWD feel comfortable when they come into the church as well as make provisions for people with speech difficulties to sit in appropriate places where sign-language services, for instance, are provided.*

This seems to be a holistic approach to the needs of PWD, worrying about their welfare in advance of structures being put up. This is the idea of a Church as a home that some participants pointed out their desire for; dealing with all the needs of PWD, physical, moral, material and spiritual. Such a church is inviting and accommodative to PWD, even of their material needs, and other needs are attended to. It is open to the participation of PWD in religious actions and serves as a way for PWD to relieve some social burdens. Christian traditions encourage believers to cast their burdens upon Jesus as he cares for them. Schulz (2005) argues that many PWD find spirituality a critical resource. However, Blanks and Smith (2009) shows that the spirituality of PWD has been ignored by communities of faith and educational systems.

The competition in job markets, scarce resources and the economic decline in Zimbabwe, force PWD to expect the church to create employment for them. FG2F5 argued that the church should help through “*creating opportunities for grown-ups because when school finishes, we will be just sitting at home and doing nothing. Instead, we can use our hands to look after ourselves*”. Some evidence shows that employment practices favour the non-disabled people. The Centre for Disability Rights (2007) pointed out that this trend prevents PWD from contributing to production in society and to their up-keep.

The data indicate that some PWD are willing to work for their upkeep and do not want to be charity cases. For example, FG4F3 said:

*Many always want things done for them. For me what is important is to be employed, so you do not go about expecting people to help you. We need to be employed. Churches have many things that can be done by us and we get our pay every month no matter how small but I will be able to plan my life.*

Being employed, PWD will need less and less from the Church and other people. The question remains; in an economy like Zimbabwe, where will the Church obtain the money to pay such employees? Participant FG2F3 insisted; *“For me, I can see, I can walk with my crutches so I can clean the church windows and sweep and take care of the church-yard and get money at the end of the month”*. It is duty of the Church, all the same, to make the broader community understand that PWD are not useless beggars but can earn their living, should they be given employment without being discriminated against.

Another participant, FG2M3 also believed that there is much the church can do to ensure that PWD are not reduced to mere beggars but can earn their upkeep and contribute to the economy of their country. The participant states that they have *“heard that in Botswana a company was formed for the PWD to work, which is encouraging and they will be able to earn their money without begging”*. The researcher has not been able to establish the particulars of the company in question, but the underlying point in this submission is that some PWD want to earn their up-keep through employment as opposed to begging. These aspirations find support in both the United Nations Convention on the Rights of Persons with Disability (2006) and the Zimbabwe Disabled Act (1992). Both Acts expect PWD to participate in all aspects of society and underline their rights to business and employment.

The challenge is how to create employment that would introduce economic freedom to PWD, especially in a struggling economy like Zimbabwe. FG2M4 stated:

*Ah, these days it's tough to get employment at the church. It's better to sell airtime if you are able especially if you can count change. You don't move around you sit strategically and sell your airtime. You don't trouble yourself as to whether the church will pay you on what date. I feel that we must help ourselves start our small businesses; start with the little you have and save.*

Even though the Church has failed them, FG2F3 stated “... *the only thing that the church can do is to help our parents get some piece jobs at church. If our parents get money, I don't believe that they will fail to put us in a place where we can get assistance*”. Specific to the context of this study, PWD seem to develop a sense of insecurity and failure. However, some indicated that they were aware that their salvation did not lie with begging but through working in whatever way was possible, depending on their individual impairment.

#### **6.3.4.3 Schools**

Most responses indicate that PWD feel they are entitled to the assistance of the Church. They also felt that the Church should provide appropriate schools for PWD. It would seem PWD still expect the church to provide even those facilities and infrastructures that are ordinarily supposed to be provided by the Government. FG3M1 submitted that “*For me, I wish the church can open schools for the disabled only and employ qualified teachers so that our children can learn like any other child in the world*”. This is contrary to the current discourse on inclusive education where the goal is to avoid discrimination by allowing PWD to attend the same schools as the non-disabled. However, FG3M2 believed differently and stated that; *[interjection] Ah, open schools yes but first things first. Churches can also buy food, clothes, crutches, wheelchairs, or anything that is useful to a disabled person to help them. Because even those children, they need food and clothes for them to attend school.*” The suggestion

here is that whilst constructing schools for PWD is essential, there are yet more important considerations, such as, what will the children eat and how will they pay for their tuition

Even though there are laws that ensure that education for all is provided, data indicate that PWD have lost confidence in these laws. Furthermore, it remains unclear whether the best approach is to pursue a comprehensive education, where children with disabilities and non-disabled children are taught the same classroom and ignoring individual needs, or to keep children with disabilities isolated from their non-disabled counterparts. Both could prove to be disastrous. From the data, some participants referred to inclusive education while others suggested separate schools for PWD. Some of those who were opposed to inclusive education stated that they were not happy with the way some non-disabled learners viewed PWD in some of the mixed schools. Moyo (2015) argues that findings from the National Survey on Disability and Health show that of the 900 000 PWD in Zimbabwe, approximately 39% fail to proceed beyond Grade 7 because of poverty.

The Church may consider the possibility of building schools for PWD. The Church can also take into consideration the support from the family and society in general when deciding when and how much it should give to various individuals. Individuals without any other source of support find themselves having to rely exclusively on the Church. Thus they will be assisted differently from those receiving help from other sources.

As a practising minister of religion, KIP3 felt strongly that the church seems to lag in assisting PWD. He cited his experiences:

*I can admit that my church has not yet reached that level of setting up an account or fund for periodically channelling money for the assistance of PWD. We are striving*

*to get there, though. The church may be able to assist in one way such as helping with food, clothing, and money but neglecting on other critical issues such as the designing of church buildings with the special needs of PWD in mind. Things such as wheelchair ramps, a feature that is conspicuously amiss in most of our church buildings, having stairs only. The church should, therefore, be encouraged to consider including such features for the convenience of PWD.*

The above statement shows that the key informant identifies with the PWD and whatever challenges they face. His words seem to call to mind the reality that disability is a lived experience that defines society and should, therefore, be thought of in all societal processes, including the infrastructure.

Furthermore, some of PWD seem to have problems with their image in public. This is evident in statements where they blame the non-disabled for regarding them strangely. For example, FG1G3 stated: *“We struggle to participate in sporting activities because those girls of my age cannot accept me. Even at church, some girls shun me”* while FG1B2 stated, *“Yeah, the way one looks at you ignites a fight to protect the self”*, and FG1G1 expressly stated that they *“wish to have local schools which are specifically for us”*. This indicates a desire to be set apart from the rest of the community, which presents its own set of challenges and contradicts the current trend to have inclusive education evident in the research of scholars such as Mutepfa et al. (2007), Chimhenga (2016) and Deluca et al. (2014). Since this group was from the 13-20 age group, it prompted a critical examination because of the transitional stage of physical and psychological human development. Their lived experiences as PWD, compounded by the stress of adolescence, was of particular interest to this study. On the other hand, the impact of HIV and AIDS and other attendant challenges cannot be under-estimated in the lives of such a group. Thus, the AFM can deal with these challenges during Sunday School or the Children’s Ministry.

## **6.4 Pastoral Ministry to PWD**

The following section deals with the experiences of PWD regarding the pastoral ministry of the AFM.. The data is presented under the following themes: liturgical participation and space; rights to worship and creating a safe social space, to understand the experiences of PWD within the pastoral ministry. The section relates to the third objective of this study; establishing an appropriate theological response to PWD in Zimbabwe, with specific attention on the AFM church.

### **6.4.1 Liturgical Participation and Space**

It is important to elaborate on the situation and praxis of pastoral ministry regarding PWD. In fact, PWD are usually viewed as objects in our ministry, not ministers *to* and *with* us' (Tada 2005). Contributing ideas that can either be listened to or accepted in a faith community is vital to the self, be they a PWD or a non-disabled person. KIP2 observes that *"the non-disabled people are not very patient to listen to PWD, whether they have a crucial point to put across or not"*. A quick assumption the non-disabled people seem to make is that no PWD can make meaningful contributions. Accordingly, this resonates with the findings from the study by Melcher (1998) who argues that the Bible teaches that the perfection of the body is equal to the perfection of the soul. The causes of such behaviour are related to religion, and theological interpretation is responsible for shaping ways people socialise with PWD. These findings concur with what Eiesland (1994) established as a theological meaning of 'perfection'; that there is a connection between physical flawlessness and spiritual beauty in many religious orientations. Paterson (2013) states that PWD lack opportunities to participate in church activities and form superficial friendships. In fact, besides the architectural barriers, there are attitudinal barriers from church members. This thesis therefore critically reflects on the needs

and issues affecting PWD in Harare in Zimbabwe. It addresses this problem by constructing an appropriate theological response that may foster the integration of PWD within social and church activities.

It would seem that the non-disabled are blinkered by physical disability, even though disability may not have anything to do with capacity – as the popular maxim suggests, ‘disability does not mean inability’. Unlike the teaching that PWD need perfection and that they symbolise incompleteness (Wenham 1981: 292), data indicated that it is essential to pay attention to valued ideas from PWD. When the views of PWD are not taken into consideration by the Church, it is evident that the church community focuses on their weaknesses rather than their strengths. Hence this contradicts the reality that disability does not imply inability. Anderson (2003: 37) stipulates that society needs the voice and the immediacy of PWD to understand a richer disclosure of God and ourselves. The present study raises the possibility that PWD need an enabling environment for them to display their expertise and skills. Theological education is not an exception, as Anderson (2003: 41) found that theological education structures remain difficult to access for PWD, both physically and programmatically. Hence, this suggests that space for PWD, as part of their rights to worship, is essential. Accordingly, this is because the view of worshippers toward PWD is informed by religious foundations and their faith-driven convictions on disability.

Another interesting issue raised in the data on liturgical participation is the notion that PWD want to lead and share their prayer requests with the church, similar to the non-disabled. This sentiment implies that PWD desire to be included in the service. Such opinions can only make sense in a context where the community removes conventional thinking that PWD are useless. These results seem to be consistent with research undertaken by Anderson Kelli (2012) which



found that a cultural shift towards the acceptance of PWD can start with one family when the minister of a congregation has the vision to assist PWD and their unique needs. FG2F4 submitted that “*Above all, I think the greatest thing is love. PWD need love and care and the best place to get these is at church*”. The data presented so far seems to raise the question: are love and care for PWD present in the AFM in Zimbabwe? These results support the idea of Wilkes (1980: 40) that the Church itself is in confusion; it is ambivalent about the presence and acceptance of PWD in society.

Further to the above, concerns raised by KIP3, that “*The church should treat PWD with respect and from the creator’s point of view*” questions the existence of love and care for PWD in the Church. The phrase the ‘creator’s point of view’ is a construct which can mean different things to many people. It is evident that the above comment is illustrative of the possibility that disability does not require God’s intervention, as it is a normal condition. . The implication is that the non-disabled person should not call for God’s intervention in the lives of PWD because they are normal. The reality of God creating both PWD and non-disabled persons establishes religious imagery that influences theological thinking, questioning how a good God can create PWD. In the same way, Ndlovu (2016: 37), in articulating the role of theology, argues that the goal of disability theology is to change the congregation and society by setting up arrangements and projects that ensure the dignity of PWD. Therefore, referring to the creation narrative as a starting point in the quest to understand disability, places a stronger emphasis on God rather than on humanity’s responsibility to treat PWD humanely. Inherent in the above statement is Kunz’s (2011: 104) question: “what, exactly is the theological difference when both PWD and non-disabled are created by God and both are needing salvation?”

The church has developed constructs against PWD based on its interpretations of specific biblical texts like Leviticus 21:17-21, John 9:1, 2 Corinthians 12:9-12. Such interpretations seem to have aggravated a crisis regarding liturgical participation and space for PWD. Thus, this study reconsiders these beliefs that, according to data in this study, have inadvertently left PWD with no voice and space in the Church. KIP1 states , “*Due to feelings of inferiority, PWD usually fail to exhibit their giftedness and dexterity*”. Biblical interpretation about PWD has had a negative impact on how the non-disabled view PWD and on how PWD feel and perceive themselves, forcing them to withdraw into themselves. Satterlee (2009: 34) echoes that the faith communities interpret subtle narratives that include PWD, reinforcing the view that disability is an after-effect of transgression or God's discipline. He further explains that the hermeneutical approach advocates getting rid of disability. The church should work together as a body, implying that every part of the body has a role to play. Hospitality and friendship are acts of solidarity and creates a positive self-image. According to Shulman et al. (2008), most theological schools have not significantly, if at all, included educational content on disability in their curricula.

Sentiments prevailing in the data indicate that it is essential to PWD to be able to participate in every activity in the church. FG2M5 lamented:

*[interjection] Yeah, for some of us are looking forward to playing piano in our church, but we get no chances. Yes, pastors should come up with programs that cater to young disabled people like us so that we feel that we are part of the church.*

It is easy to be critical of the church about procedures for creating the participation space for PWD. However, such findings show that discussions needs to go further than that. The idea is reinforced by Pierson (2010: 182) who asserts that it is not mechanics or processes that

facilitate the participation of PWD, preferably it is the attitudes of people that make it happen. Hence, the AFM should offer guidance and direction to the faith community to bring about this change.

KIP1 indicates that the church has lost considerable talent by sidelining PWD from activities in the Church, including such activities as praise and worship and the playing of instruments. Participant FG2F1 submitted that it is difficult for PWD to get through the vetting to join the praise team, as team leaders often hold negative perceptions about the ability of PWD. Thus, PWD are sidelined from participating fully in the social life of the Church. Webb-Mitchell (2010: 257) pointed out that members of the Christian community need to be instructed to comprehend the God-given gifts and endowments of PWD, and the need to adjust to the presence of PWD. FG2F3 added: *“We also want to participate in singing together with other youths in church and to mix with them without being discriminated against”*. Providing space for the PWD to participate makes it easier for them to be accepted and to be in control. However, data indicates that PWD are thought of as subjects to be prayed for. Prayer and faith are significant (Wilkes 1980: 21) but participation in activities in the Church would arguably uplift the faith of the PWD the same way it does to that of the non-disabled.

KIP2 indicates that absence of spaces for participation has ripple effects on the well-being and self-esteem of the PWD. KIP2 informant submitted that the way the PWD are treated affects their well-being and self-esteem. He said:

*Sidelining them reduces their capabilities, potential and their giftings, leading to a sense of inferiority complex – in areas where they were supposed to perform excellently they often do not excel because of these bad cultural ethics. As such they often fail to rise to their fullest potential thus failing to achieve their destinies.*

Yong (2010: 89) pointed out that the inclusion of PWD in the church has three benefits. Firstly, it places PWD at the centre rather than on the margins. Secondly, regardless of the severity of disability, PWD can contribute some aspect to the body of Christ, and finally, PWD portray living in the power of God and his awe-inspiring glory.

Ministers of religion in particular have essential positions in the lives of both the PWD and non-disabled. However, there is need to educate the pastors about disability and how to deal with PWD. KIP3 believed this can be rectified through interaction and dialogue. The participant stated:

*I want to believe that a few of us do have a full appreciation of what is taking place in the community of the PWD. These are unique challenges that they go through, and I believe that if we could have platforms that would allow those who are non-disabled to interact with the PWD the situation would improve.*

KIP3 recognised the link between spending time with PWD and getting to know and understand their needs better. He feels that failing to interact with PWD will not help the Church at all. Furthermore, he believes in social interaction, sharing jokes, a meal, a football match, or any other social activity. This suggests that the rights of worship can only make sense in a context where there is interaction between the PWD and non-disabled people. Shakespeare's (1998: 148) assertion is also evident in the statement made by KIC2; that disability is a structural issue that requires removing the disabling structures.

KIP2 referred to his experience as a minister of religion to argue that *"The PWD are made in the image of God although I find some of them ending up having negative self-perceptions, looking at themselves, not from the creator's point of view. They will be looking at themselves from how people will be reacting to their level of disability"*. KIC2 was of the view that

although PWD are created in God's image, people treated them otherwise. Nevertheless, it is not clear what he meant by the image of God here, though from his argument, he seems to lobby for equality of people regardless of physical or mental condition.

From the above, it is evident that the right to worship forms an integral part of the liturgical participation and space for PWD. Some biblical texts have been interpreted in abusive ways, and these keep on reinforcing exclusion and the marginalisation of PWD in the religious life of the society. There are several issues identified in the context of spiritual abuse; a recurring one is that PWD are treated as sinful. All six pastoral ministers who participated in this study believed that disability was a curse and that the source of disability was Satan and not God. In general, therefore, it seems that theologically, pastors in the AFM view disability as an agent of Satan that needs to be exorcised. Kabue lamented that some exorcisms are abusive since they may involve beatings or lashings (2011: 14).

According to Gifford (2004), Pentecostal exorcisms include casting out evil spirits. Such hermeneutics are at best suspicious, and the pastoral ministers need to re-interpret biblical narratives about PWD. As Amanze (2014: 264) rightly contends, a Christian theology of disability must demonstrate that God is in favour of PWD since they reflect the image of the 'Disabled God'. KIP3 submitted that "*The Church's first reaction upon encountering the PWD is an anticipation for miraculous healings or eradication of the disabilities through divine intervention*". PWD are thus always a case of the display of the power to heal on the part of ministers. These results match those observed in earlier studies by Woodall (2016) who shows that in Pentecostalism, while many may receive healing and miracles, other unwavering adherents stay without answers in spite of much prayer supplication, and sadly these people feel segregated and endeavour to conceal their disabilities on account of shame or feeling

individual sentiments of judgment from a congregation which emphasises miracles and divine healing.

From personal observations, the AFM church conferences in Zimbabwe are usually where the 'us' and 'them' dichotomy is played out.. Common rhetoric used by the clergy at these conferences, especially when praying for the sick and PWD, is that they should activate their faith and expect a miracle because today is their day. This observation resonates with the experiences of Eiesland (1994) who was raised in a Pentecostal church, and, while valuing the Pentecostal routine with regards to the laying on of hands, she has encountered the pessimistic emotional side as if she was in charge of the required 'cure', as the congregation's point was the normalisation of PWD. However, the impact of testimonies about healings in Pentecostalism encourages PWD to participate in the Church since healing is taught as motivated by love, compassion justice and liberates one from the burden of diseases. On the other hand, it was observed that many AFM preachers, who are predominantly pastors and lay workers, create the impression that disability is the work of the devil. This stereotypes PWD as weak and vulnerable to Satanic attacks while at the same time fabricating and bolstering the superiority complex of the non-disabled majority. These results corroborate the idea of Retief (2016: 7) who suggests that present-day Pentecostal teachings identifying disability with incapacity is of an ableist nature.

Many testimonies of deliverance and healing were given at the conferences; the candidates were awarded the time to describe their conditions and how the power of God had healed them, and the people would cheer and glorify God. It is difficult to explain this result, but the representative acts of healings and deliverance inevitably have meaning to PWD, especially on how God hates illness and suffering. These results agree with Clifton's (2014: 213) findings

which shows that rather than helping PWD, the way Pentecostals teach and appeal to God for faith healing contrarily impacts individuals who are not healed, particularly those with a disability.

Another outstanding feature I observed during the conference is how the AFM use music as a tool of worship. Although the songs seemed to connect the believers with the supernatural world, the content of the message was noteworthy. The content of some hymns uses physical blindness as a metaphor for spiritual liability, an example being the following the AFM hymn:

*“Mweyamustve WaMwari (Spirit of God)  
Rega kundipfuura (Do not pass me)  
Ngandione ndiri bofu (Let me see I am blind)  
Taurai Izwi rinesimba<sup>3</sup> (Speak a powerful word)....”*

Such liturgical expression suggests that the AFM acts without carefully considering the impact it may have on PWD. Albrecht remarks that “The tone and the words of the [more meditative] songs help to move the worshipers into a more ‘intimate communion’” (1999: 159). The Exegesis of Luke 14:12-24, especially verse 21 is vital to this study, as it argues that “...go out quickly to the streets and lanes of the city and bring the poor and the crippled and blind and lame.” The verse shows an immediate welcome of PWD into the sacred space. Webb-Mitchell (2009: 84–85) proposed such narratives are crucial to understanding the biblical mandate for shaping disability-friendly churches. Verse 13 suggests that whenever there is a feast, the lame, crippled and the blind must be invited, although Evans (2011: 222) argues that this verse is referring to the eschatological Kingdom. This suggests that the AFM must always leave a safe space for PWD and must focus on the crippled, lame and blind during missiological campaigns. Therefore, this is in line with Anderson (2013: 45) who challenges congregants to focus on reaching out to PWD. In addition, “[T]he music of the Pentecostal song service ... seeks to

help usher the congregation into the presence of God” (1999: 159). This is in line with the findings of Earey (2012: 11) who contends that the language of some songs and hymns marginalises PWD. For example, for PWD who live in darkness (visually impaired) as a normal state, equating darkness with sin has a negative impact. Another liturgical expression observed during the participant observation was that the phrases ‘let us raise our hands to the Lord’, ‘let us close our eyes’ presuppose that everyone has hands, eyes, legs. Warrington (2006: 219) argues that “Pentecostals expect to experience an intimate relationship with God in which he is felt, and they are moved emotionally”.

Biblical texts need to be explored in the light of rights to worship. The fact that there are some Christian biblical texts which seem to imply a restriction of PWD from participating in worship exacerbates the problem. One of the primary books is Leviticus 21:18-20 which states that:

For no one who has a blemish shall draw near, one who is blind or lame, or one who as a mutilated face or a limb too long, or one who has a broken foot or a broken hand, or a hunchback, or a dwarf, or a man with a blemish in his eyes or an itching disease or scabs or crushed testicles.

Based on this and other biblical texts, the church traditionally views disability as an abnormality. As such, individuals with a disability, such as the lame, crippled, dwarves, the visually impaired, or any other disfigurement, are denigrated. What complicates the whole scenario is that religion is at the centre of denigrating PWD as attested to by the Christian Bible. Also, the proliferation of Pentecostalism among the Shona indigenous culture which views disability negatively also serves as a source for the negative understanding of disability. Moreover, findings by Swoboda (2011) argue that Pentecostals fight against demons and



diseases but struggle to face broader social evils such as poverty, political and monetary debasements, and the ecological emergency. Again, most of the AFM Pentecostal conferences advertise the theme of disability – that the lame should walk, the deaf and dumb should speak, the blind should receive their sight – as primary characteristic features of the bulk of sermons. Also, while listening to and participating in sermons, and observing the manner in which disability seems fortified in the attitudes, beliefs and traditions of the AFM in Zimbabwe over the years, seems abnormal.

Eiesland's (1994: 73–74) findings showed that treating disability as a sin creates the belief that disability is a punishment for wrongdoing. Therefore, there is the belief that the devil has attacked PWD and the Church must restore them. This understanding links closely to the medical model which considers disability as an abnormality requiring a solution to restore it to normalcy. KIP3 reiterated:

*However, when such miracles don't happen as such conditions could have just been ordained by God to be like that they then start to perceive PWD as useless people that they can't accommodate. PWD continue to experience poor self-image because of 'altar prayer' for healing which mostly does not go as promised by the man of the cloth. The man of the cloth habitually declares that 'today you will be healed' and such healing hardly happens.*

It would seem to imply that the church's frustration that it cannot 'restore' the PWD to what is held to be normal is the source of the church's adverse treatment of PWD in the Church. This apparently would make PWD continue to suffer perceptual and identity problems. As per Nzayabino (2005: 27), religion assumes a critical role in moulding the character of people. The continued interpretation and belief that there is a relationship between sin, sickness and disability suggests an attitude of sympathy towards PWD. This may explain why the Church

embarks on endless prayers towards restoring PWD. This confirms the theological model of disability, as stated by Mdluli (2012: 5), who said that the theological model portrays PWD as weak, helpless and unclean. It is apparent from this finding that the hamartiology prompts a perspective of disability that can debase PWD, if not disparage them. Religion, as Paterson (2013: 24) asserts, provides people with an identity that is more commonly accepted by society. PWD should not just be objects of care and sympathy but should minister to other people. The men in Luke 5:17-19 refused to leave their friend outside the walls of the building while they worshipped alone. This is so because that person also had skills, gifts and abilities to minister to other people. Hence, this suggests that there is a need to re-align pastoral ministry (Shulman et al. 2008). The AFM has a responsibility to demonstrate to the broader community what it means to include everyone within its community. Christiani (2014: 45–46) shows that it is the theologians who prevent PWD from being ordained as ministers of religion.

What complicates the situation is that beliefs such as above seem to be supported by Scripture, which substantiates the church's assertion of what to expect of PWD. The informant emphasised that such circumstances have ripple effects on the psychological well-being of PWD. KIP2 submitted that *"The downstream effects of the deprivation of parental and brotherly love and care often manifest in low self-esteem, a situation that even negatively affects their academic performance"*. Significant therefore in the discourse about ministering to the PWD is the emphasis given to a theology of 'demonstration of the power of God'; the belief that PWD are in that condition to allow the power of God to be displayed. Such thinking on the 'demonstration of power' is strong among the AFM clergy. Contrary to this belief, Belser (2015: 177) suggested that the goal of disability theology is to respect the nobility of PWD's lives and to act in solidarity with activists taking a stab at disability justice. Thus, Pentecostals should care about the salvation of souls, even of PWD. However, Pentecostal

social justice as it emanates from both disability and liberation theology is shaped by many indigenous cultures, ethnicities, and theological traditions of the African Independent Churches (AICs). Perhaps because of these factors, Mutswanga et al. (2015: 174) correctly observes that mainstream thinking in the Pentecostal circles in Zimbabwe has turned a blind eye to the issues of stigma of PWD.

Data indicate that most of the challenges in the PWD engagement with the non-disabled people emanate from the non-disabled treating the disabled as people who are not normal and the church failing to condemn this attitude. The findings of this study help establish where the exclusion and discrimination of the PWD is emanating from. It is apparent that faith discourses about PWD not only lie in theology but in cultural discourses as well. This study underlines the need to consider the proliferation of cultural myths relating to the theology of disability. It is within this context that Magesa (1997: 57–58) describes African Religion as a lived religion involving the whole life of African people, including their social traditions, norms, ethics, knowledge, rituals and taboos. Findings suggest that PWD feel isolated, excluded and ignored owing to a lack of adequate resources. Theology, culture and morals influence individual relationships as to what they will (and will not) do for PWD, thereby forcing an examination of the overall effects of the choices to worship.

Given the above, it is not surprising to see how Christian heritage and cultural beliefs combine to strengthen the negative perceptions of PWD. These findings corroborate those by Jenjekwe (2016) who also found that PWD face isolation and exclusion. For Grant (1998: 77), the healing stories of Jesus have additionally acted as the ethical proof of PWD. The extent to which healing discourses emanate from the church emphasise their view that PWD are ill and need treatment. Hence, this suggests that the Church needs to be more explicit about whether it is

humane to treat PWD as people requiring healing today. These results further support the idea of Gaiser who argues that in the Bible, healing is both a communal and social affair (2010: 56); however, Woodall shows that religious beliefs enhance the marginalisation of PWD (2016). From antiquity, both the *Interpreters Dictionary of the Bible* (1962) and the *Encyclopedia Judaica* (1972) show that common diseases in the Bible are dumbness, deafness and blindness. It follows, therefore, that the nexus of disability and sin approves the religious model and theory of disability. It views disability as punishment from God on families and individuals because of sin. However, Jesus' ministry challenges this position in John 9:2 and argues with the crowd, making it clear that disability is not because of sin.

Hull (2004: 11) argues that the existence of PWD is a continual reminder of fallen humanity, who is imperfect and hoping to be redeemed. While some theology does suggest that PWD need healing, the situation for Africans with PWD is compounded by African beliefs that also have crept into the Church and view disability as being caused by curses or witchcraft. Shoko (2013: 93) points out that the Karanga people of Zimbabwe treat mental illnesses as a disease treated by the *n'anga* (diviner) by removing the spirits or magical charms that have been cast on the victim by ill-wishers. Biri (2012) argues that the Pentecostal movement in Zimbabwe only resonate with the historical and cultural dispositions of the believers and there is nothing 'new' that they can offer. Thus, in this study, the African religious cosmology is vital to pave the way for the Pentecostal understanding of disability.

Concurring with the above findings, Wolfensberger (1988: 15–16) has advised that the marginalisation of PWD comes when people view them as objects of charity needing healing. He further points out that the Christian community devalues people with disabilities by viewing the disabled as the "other" or "alien". This implies that the Christian community sees

disability as a transitory distress that must be endured to earn heavenly rewards. This is in line with the findings of Dempster (1993), who argues that premillennial eschatology has caused the Pentecostals to forget social issues and concentrate on soul-saving. The Christian community has urged PWD to assent to social hindrances as an indication of compliance to God and to disguise below-average status inside and outside the congregation. KIP1 presented that:

*At church, PWD encounter the same problems they encounter outside; in fact, such a person will be having layers of disadvantages: from the family, the society and the church with discrimination constituting the most significant percentage of those drawbacks.*

In a similar case, Eiesland, using her experience on disability, explained that apart from architectural barriers, unreflective speech and ritual practices, she was also prevented from partaking in the Eucharist by the church ushers (2002: 10).

For KIP2, the appointment of PWD into leadership positions allowed them to represent others. For him, the Church has two extra significant tasks. In the first place, the church should, “*create a disability day and teach the non-disabled how to interact with the PWD*”. And secondly, it should “*Encourage the non-disabled to play games and sports with the PWD so that they do not feel left out*”. However, the problem of adverse treatment is not limited to the Church. The implication is that the Church should take a leading role in the efforts to correct these negative attitudes towards PWD. This is because most of the attitudes and sentiments have their roots in religious doctrines.

#### 6.4.2 Creating a Social Safe Space

The theme that emerges from the engagement of the Church with PWD is that of creating a socially safe space for PWD. Participants noted that there are challenges of stigma, hostile environment, exclusions and biblical narratives that condone and perpetuate negative perceptions about PWD. Another study on the living experience of students with a disability at one of the schools related to the University of Malawi, found that the practical needs of students were spiritual needs, support, accommodation, participation and interaction (Kamchedzera 2016). While the college tried to create a conducive environment for PWD, respondents reported that there was a need for more to be done to provide accessible accommodation and to foster more interaction and association.

The concept of social responsibility dominated the responses of the participants. Also, the participants argued that the Church should take responsibility to mobilise resources for PWD, to mitigate their plight. For example, they felt that churches should establish orphanages, special education centres, provide psychosocial support, food, and clothing, among other necessities. *Now, people in the church*, argued FG2M1, *“even ignore us, and this is not encouraging. I used to think that the church should be a very safe place but hey it is not so”*. This suggests a significant level of lack of acceptance of PWD by the church community, and it reveals the weakness of the Church. Perhaps, if the AFM embraces vulnerability, then it allows PWD to express of the qualities that can be accomplished through agony and endurance and acknowledge that God occasionally remains silent in our torment. The results of this study do not explain the concept of suffering within Pentecostalism. They concentrate on victory and glory as a result of the cross. On the contrary, Paul, reveals more of his suffering and weakness as a means to explain the power of God.

Participants firmly believed that the Church has both human and material resources at its disposal and as such it was better placed to take responsibility for the welfare of PWD. In fact, as Christian (undated) observed, disability knows no ethnic boundaries; it is a phenomenon that is visible in almost every society, creating the need for the Church to intervene. In light of the reality of disability and other social problems, the Church is summoned to help others – serving the afflicted, providing for the needy, mitigating suffering, and removing a social injustice. There are various Christian scriptural references on social responsibility. For example, the book of 1 John 3 reads:

We know that we have passed from death to life because we love one another. Whoever does not love abides in death. All who hate a brother or sister are murderers, and you know that murderers do not have eternal life abiding in them.

The above text is one of the essential passages that compel Christians to take care of their fellow brothers and sisters by way of providing material and other needs. The word ‘love’ here implies that Christians are expected to be more practical than theoretical, and they should minister to the material and other needs of fellow Christians. The problem with this text is that social responsibility seems to be confined to members of the Christian community, which creates confusion because society does not only host Christians – there are Hindus, Moslems, Krishnas and African Traditionalists, among others.

The book of James also provides a central scripture that can be utilised efficiently by the Church to deal with the challenges of PWD. A passage reads:

What good is it, my brothers and sisters, if you say you have faith but do not have works? Can faith save you? If a brother or sister is naked and lacks daily food, and one of you says to them, “Go in peace; keep warm and eat your fill,” and yet you do

not supply their bodily needs, what is the good of that? So faith by itself, if it has no works, is dead.

Although James is talking about the Christian community without giving reference to all members of the society, his words form some of the classic texts on social responsibility. It has been noted in other studies, including those of western societies, that acceptance, support and understanding are essential factors in helping PWD engage with communities (Hobbs et al. 2016). Participants in the current study did not mention the book of James, but they frequently referred to issues of food, clothing, and other physical needs in which the church and community at large were taking a back seat. Therefore, an implicit procedural negotiation may take place between the PWD and the Church. This co-construction – the contribution that PWD and Church make together – can further improve the lives of PWD.

Also, social responsibility is one of the criteria for one to be worthy of the kingdom of God. This is stated in the book of Matthew chapter 25:35-:

*For I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.’ Then the righteous will answer him, ‘Lord, when was it that we saw you hungry and gave you food, or thirsty and gave you something to drink? And when was it that we saw you a stranger and welcomed you, or naked and gave you clothing? And when was it that we saw you sick or in prison and visited you?’ And the king will answer them, ‘Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.’*

What is clear from this passage is that acts of compassion, mercy and giving are considered as criteria for entering the kingdom of God. Most churches refer to these and other passages as a biblical basis to practice acts of love, taking care of the needy, addressing social injustice and the plight of PWD. Yong (2011) trusts that established Pentecostals need to return to the



underlying foundations of their baptism in love if they are to be in spiritual solidarity with PWD. Thus, churches such as the AFM in Zimbabwe, which claim to be a giant in Pentecostalism in Zimbabwe, should be at the forefront with the provision of such services to PWD. However, analysis of data in this study has indicated that the church is not doing enough. Specifically in the AFM, social responsibility is at the infant stage, mainly where the PWD are concerned. KIP2 emphasised this strongly:

*I believe the church has to be practical, for instance, if you look at Christ who is the ultimate example of Christianity, the way he responded to people with situations that needed help. He was efficient in some situations, and this is where I think in my view it is a question of emphasis. Does the church really put emphasis on some of these issues or do we get carried away with what we deem to be our core business as a church, just focusing on other programmes that we are doing as a church and we end up not even considering or seeing that we are leaving such a huge gap that we could have been filling as a church.*

The fact that, as the data indicate, even the church buildings have not been constructed with PWD in mind; this points to the fact that much still needs to be done by the church to accommodate PWD. It can thus be suggested that the church attitude and response towards PWD are critical, whether the PWD attend the church or not; but the Church has a mandate for responding to the needs of the society.

## **6.5 Conclusion**

This chapter introduced findings gathered through fieldwork and drawn from interviews and focus groups. The findings of the study took after the order of the objectives of this study. Three themes emerged from the lived experiences of PWD, namely, accommodation, employment, abuse and education. The findings confirmed that the PWD live in underprivileged conditions and face significant problems which are exacerbated by poverty

and the political and economic meltdown in Zimbabwe. In respect of the engagement between the AFM and PWD, the themes that emerged were stigmatisation, mobility challenges, hostile treatment and the expectations PWD held from the Church. The main challenges that were mentioned include but are not restricted to lack of basic needs, stigma, discrimination and exclusion even by the Church. Although a few participants indicated that they received handouts from the church, there was sufficient evidence to conclude that PWD expected the church to meet their needs. Regarding pastoral ministry to PWD, the following themes emerged; liturgical participation and space, rights to worship and creating a safe social space. The study established that the perception that PWD deserve healing, PWD are not normal, the cause of disability is sin and Satan and that PWD demonstrate the power of God were the most critical areas in the pastoral ministry to PWD. It was evident that both the pastoral ministry and congregants lack competence and a strategy to minister to PWD. The final chapter presents the important contribution of this study; it uses both the models of disability, the disability theology and the emerging themes of this chapter to suggest an appropriate theological response to meet the needs of PWD.

## **CHAPTER SEVEN**

### **TOWARDS A STEWARDSHIP THEOLOGY OF DISABILITY**

#### **7.1 Introduction**

The previous chapter presented the findings of this study. It presented data using the thematic approach, guided by the objectives of this study outlined in Chapter One. In this chapter, after analysing the findings and discussions in Chapter Six, a ‘stewardship theology of disability’

is suggested as an appropriate theological response to disabilities based on both models of disability. As such, this will not only contribute to the theology of disability but also on how the AFM can deal with the issue of PWD differently and humanely. The chapter also discusses why a stewardship theology of PWD is essential to the AFM to promote the needs of PWD. Furthermore, it utilises emerging themes of the above analyses such as human dignity, compassion and recognition, to suggest the stewardship theology of disability as the AFM response to disability. The emerging themes can help to outline some practical suggestions for meaningful benefit to both PWD and the AFM.

## **7.2 Contextualizing Stewardship**

This section suggests the ways in which the AFM can respond to disability. To place this into context, stewardship will be defined from the Christian context as the guiding principles, goals and actions aimed at managing and distributing resources for God's glory and to the benefit of His creation. This section commences with a discussion on the importance of the stewardship theology of disability to this study. Emerging themes from the above analyses such as human dignity, and compassion will be used. The emerging themes helps to outline some practical suggestions to meaningfully benefit PWD in the AFM.

### **7.2.1 Theological Basis of Stewardship Theology and PWD**

This study underlines the urgency of addressing disability in the AFM in Zimbabwe which currently subscribes to a theology of exclusion. Being cognisant of the models of disability and disability theology assists in the construction of an appropriate theological solution to the challenges of PWD. The combination of disability theories, disability theology and the mediation of emerging themes effectively provide strategies to alleviate the plight of PWD.

Thus, the principle of stewardship theology of disability in this context is about managing one's life, the law of love-harmony within oneself, seeking truth, peace, and happiness, to be a steward to oneself and others, and learning to respect others if one wishes to manage one's life well.

Therefore, it is suggested that emerging themes such as human dignity and compassion for PWD characterise the stewardship theology of disability. From the findings in the preceding chapter, the principle of stewardship of others is still lagging in the AFM. The principle of stewardship of disability in this context is taken to mean the management of life and all its resources, the practice of the law of love-harmony within oneself and others, to mention but a few. As such, the AFM in Zimbabwe should make it a requirement to include PWD in all their activities, programs, and missional approaches. Subsequently, this is what it means to be stewards of other people. Several dynamics are at play when embracing stewardship of others.

The first involves the inclusion of PWD. Inclusion offers people "safety, support and a sense of belonging" (Paterson 2013: 26). Secondly, the biblical concept of 'one body' with many parts is an essential theological response to the difference between the PWD and non-disabled. For instance, the Church should work as a 'body', implying that every part of the body is critical. Thirdly, hospitality and friendship are acts of solidarity which have a positive impact on self-image (Paterson 2013: 44). Taken together, these practices form a theological base from which the AFM in Zimbabwe can treat PWD as human beings. While this study acknowledges that the AFM in Zimbabwe currently provides psycho-social support to PWD, the study goes further to register a concern that more needs to be done than just praying for healing miracles. Accordingly, a stewardship theology of disability based on the emerging themes of Chapter Six, and the models of disabilities and disability theology, is provided in the next section

### 7.2.2 The Human Dignity of PWD

Whilst there has already been much work done concerning PWD in Zimbabwe (Ndlovu, 2016; Stone-MacDonald 2014; Mpofu and Harley 2002; Machingura 2012), closer scrutiny look reveals that no study has explored the lived experiences of PWD within the AFM, and how both the pastors and the congregation in the AFM view and treat PWD. This study recognises that the moral or religious model of disability contributes to negative views about disability; as discussed *supra* in the findings, the AFM view PWD as needy and require healing. The metaphor of the moral or religious model, as suggested by McClure (2007: 23), shows that the moral or religious model has had a negative influence on preaching; transparent areas are seen in its exclusionary hermeneutical practice which presents forms of disability – such as to be blind, deaf, lame and demon possessed – as caused by human sin. Accordingly, this then signifies that if the AFM is to minister to PWD, there is a need to focus on these people with human dignity. In this case, the AFM is called upon to serve God and others. In the current study, provision of services such as food, hospital fees, tuition and accommodation became thorny issues as most of PWD complained that they lacked these necessities. Hence, provision of these needs restores the human dignity of PWD. This study foregrounds non-monetary value which involves emotional issues. The AFM leaders and the church should recognise in PWD an opportunity to value their human dignity.

This study has also shown the continuity and sustainability of definitions and discourses of disability within Zimbabwe in general and the AFM church in particular. It is evident from the responses of the participants that some continue to view themselves as disadvantaged and marginalized and in need of humane intervention. No doubt traditional definitions of disability and culture have had a strong bearing on how some PWD perceive themselves. For pastors too,

the unease of how to deal with PWD is all too apparent. The study contributes to understanding how the AFM can remove barriers, meet the needs of PWD and create space for them. When the barriers are removed, the Church is then positioned to create an equal group for Christian ministry.

The most prominent challenge is about attitudes, actions and words, as most participants revealed that (de)valuation and vulnerability are the everyday experiences of PWD. This suggests inequality and disadvantage with regards to opportunities for PWD. Furthermore, it is critical to take note that PWD are powerless against and vulnerable to abuse and violence. Rape and verbal abuse negatively impact on PWD psychologically, creating a window to low esteem. Such lived experiences provide a foundation for theological reflection and confront the negative challenges that affect PWD. The AFM Church should be made aware that the entire Church has a part to play in changing attitudes towards PWD, as everyone imparts ideas and communicates in some way; as such, this will create a safe space for the PWD.

Furthermore, increasing awareness levels in communities from the Living Waters Theological Seminar (the training wing of the AFM), and suggesting possible ways of understanding humanity, have the potential to yield gains for PWD. The AFM should make room to accept PWD so they can enrol and receive theological training. Thus in this study, theological seminaries have the mandate to train and equip a pastor holistically to deal with challenges of marginalised groups like the PWD.

Similarly, removing barriers, changing mindsets and encouraging PWD to participate in the worship community is also helpful. By refraining from using demeaning language, the AFM will create a living space for PWD; the Church must also resort to employing more respectful

language, like directly referring to a person's name, rather than to 'the blind man, the deaf or cripple'. Reynolds (2012b: 212) argues that access to inclusive spaces is difficult for PWD. Even though there is no legal mandate prohibiting discrimination against PWD, the conscience of the AFM should:

- ☐ Be more sensitive to the real needs of PWD who are fellow brothers and sisters.
- ☐ Discover hidden possibilities to meet the needs of PWD.

#### **7.2.2.1 Recognition as Part of Human Dignity**

Human dignity is enhanced through the way society acknowledges people. The feedback from the PWD about the AFM pastoral ministry and the way they are treated by this ministry cannot be shelved away but must act as the starting point to a healthy recognition of PWD in the AFM. Such recognition of PWD will provide the African Pentecostal church with a platform from which improvements on disability and equality policies within the AFM can be made; the AFM is invited to make a mental shift to take responsibility for PWD. In the same way, the non-disabled in the AFM in Zimbabwe should reflect and make some mental changes in the way in which they treat PWD. This cannot be accomplished overnight, as it requires church leadership to review and shift their belief systems, traditions, and sermons to make a difference in the way people treat PWD. One of the ways to prepare for this mental shift is for the Church to reflect on some of the lessons suggested forward in this study.

The non-disabled need to develop empathy for the PWD if a mental shift is to take place at all.. Put differently, the non-disabled should identify with PWD as this can be a good entry point for making a mental shift. Also, the non-disabled should invite the PWD rather than to wait

for them to come to their crusades. Since the Church is part of the community, it may be appropriate to document the number of PWD within their locality and suggest ways to make a difference in their lives. Paterson (2013: 25–26) argues that to embrace the inclusion of PWD, the Church must continually adapt to the changing needs in order to effectively address the issues of individuals like PWD.

Thus, analysing how disability is addressed in the AFM has assisted in understanding how hegemonic discourses of disability in the Church are constructed and perpetuated. Furthermore, it has provided insight into how these polarising discourses can be reconstructed to promote equality and inclusion. This study also shows the implications of special educational institutions for the disabled. It is clear from the responses of PWD in this study that most of them prefer a system of separate education. While this may have its advantages, it also promotes a society that separates the ‘normal’ from the ‘abnormal’, a state that does not foster the inclusion of PWD in the long term. However, one must give them a space within which they are comfortable at all times as there will always be able-bodied people who will be cruel and unkind to them. Thus, integration of children do not want a pie-in-the-sky approach but changing a mindset which can develop over time, if ever.

The spirit of recognition of PWD is a much needed feature in the AFM. Thus, based on the findings of this study and principles of disability theology, this study argues that although issues about disability are complex, the AFM stakeholders must work together towards the realisation of a full and productive life for PWD. Hence, the recognition of PWD has the potential to acknowledge the characteristics of PWD. Accordingly, this will help to discourage the unhealthy perception of the ‘us’ and ‘them’ dichotomy and create a situation of inclusion and positivity. As argued by Reynolds (2012b: 221), inclusion must prioritise access to all



spheres of life, such as spiritual, emotional and physical, thereby prioritising accommodation, creating relationships and moving into communion. Therefore, the inclusion of PWD in the AFM should go beyond the rhetoric of acceptance and offer practical steps to acknowledge PWD, their needs and how to include them in the AFM structures, especially the pastoral ministry. Since the AFM believes that the Holy Spirit empowers their missional and evangelistic work, the pastoral ministry must minister to PWD, and the congregation must actively accept them.

From a theological standpoint, the study has shown that there is a hermeneutical deficiency; hence an improved theology must aim at elucidating the plight of PWD from their lived experiences. In this case, faith and experience should form the basis of any theological reflection about PWD. As Killen and De Beer (1994) states, theological reflection explores the experiences of both the community and the individual in conversation with the insight of a religious tradition. Since theological reflection is a valuable tool in the construction of any theology, it is proposed that the AFM pastors and laity must dialogue with literature that approaches the Bible from a disability perspective to enhance both their art, the impact of preaching and their sensitivity to the lives of PWD. Also, they should use positive scripture that embraces disability tactfully as acceptable by God and by the AFM. It is also recommended that the LWTS seminary must develop a homiletical and hermeneutical module which is mandatory for students.

There is a richly different story in the lived experiences of PWD and their views about God which can benefit the community of the Christian faith. The congregational songs and hymns must make PWD comfortable and feel welcome in the Pentecostal setting. It is hence suggested that the AFM should revisit the contents of the hymnal handbook and focus on a content that

will be encouraging in the lives of PWD. This entails an honest dialogue with Christian heritage mixed with the lived experiences of PWD on the part of the AFM, to provide alternative understandings of disability. The study showed that PWD and the non-disabled have more in common than differences, such as the socio-economic challenges and cultural burden, yet people tend to focus on the differences. Pastoral ministry should reflect on deliberate and sound homiletics regarding PWD since they are regarded as the orators and the congregations are the audience. As Amanze (2014: 264) rightly contends, a Christian theology of disability must demonstrate that God is for and in favour of PWD since they bear the image of the 'Disabled God'. Dealing with the challenges facing PWD requires a 'theology from below', where the voice of the PWD constructs theology and praxis. Therefore, a deliberate formulation of a theology whose agenda is to view the church as a Community of People with Disability is necessary. The church should be viewed as consisting of a people of God who all have a disability that goes beyond the physical to the disability of our wicked hearts and sinful natures, all needing salvation. Such a community is conducive to understanding and identifying with PWD, and equally sharing in their needs. The foundation of becoming a responsible church lies with the level of understanding disability. Thus, placing disability in the continuum of sin and wickedness of heart will assist in enabling the Church to treat the PWD as permanent members of a Community of people with disabilities rather than as the Other.

The concept of man being created in the image of God does not take into account the PWD. The idea that everything God created was 'good' causes the church to shun all other forms of the image of God. The creation theology in Genesis presents a normal being without any disabilities and the Church perpetuates this ideal through praying for the sick and healing them. Without the experience of PWD, the Church falls short of the glory of God Ecumenical Disabilities Advocates Network (2003: 512). In this case the idea of the image of God is limited

since accommodating the PWD requires them to be healed first. Thus, the image of God should entail the complexity of human experience and this is seen in how the AFM represents the interests of PWD. The AFM can redefine their understanding of the image of God by focusing on making everyone affirm their total contribution to the holistic image. Similarly, Yong (2009: 175) said the redemption of PWD is not when they are healed but when their social, structural, economic, political and religious barriers are removed.

Consequently, the plight of PWD presents a theological opportunity to respond to both the needs of PWD and to create a safe space for them in the community, rather than focusing solely on the divine healing of PWD. Investing and removing social barriers as proposed by the social model, is also a possibility for the Church. For example, the disabling impact of blindness can be eliminated by using alternative formats such as digital texts, and braille in the church, provision of listening devices for the hearing impaired, and so forth. The AFM can easily overcome these barriers if the leadership is prepared to cooperate likewise. . In fact, willingness to change is one of the solutions this study has exposed as important. This is critical for complementing the agenda of the Rights of Persons with Disability. Therefore, using the disability theology, the AFM can deal with challenges facing PWD in a humane way. It follows, therefore, that honouring and recognising the dignity of PWD means also being in solidarity with activists taking a stand for social justice for the PWD. Both the AFM community and society subject PWD to their values which renders them inferior and less valuable, which can be reversed through the deliberate refocusing of spiritual and material priorities. The AFM should take social inclusion as a human rights issue, and the Church has a social responsibility to work toward such inclusion. Christiani (2014) states it is possible to develop a disability theology, and this theology should be a theology for, with, of and by persons with disability. For instance, the pastoral ministry approach to reading and interpretation of the passages that

involve PWD should relate more fully to social, political and ideological forces. It is suggested that the AFM must encourage and consider PWD to be full-time ministers; this will proactively empower PWD to create an own theology that will meet the challenges they are facing.

It is difficult to talk about the acknowledgement of PWD without elaborating on the economic status of the AFM. The findings show that PWD expect the Church to support them financially and provide other economic benefits. However, the emphasis of prosperity theology in the AFM has some bearing on how PWD participate in the economics of the Church. Material, health and financial blessing are gifts given to the Church (Togarasei 2010: 30). Thus, the economic model of disability creates an interplay between poverty and the sustenance of PWD. The AFM believes in divine intervention as well financial contributions in terms of tithes, offerings and physical work. Some of these expectations have a bearing on PWD since most of them are poor and cannot work, also the failure of the divine intervention not materialising will seem as though they are not close to God, hence they fail to participate. Thus, the challenge of relying on divine provision is that it leaves the already marginalised PWD feeling hopeless when this does not materialise. The AFM should render practical assistance to PWD without this assistance often being misconstrued as an admission of weakness.

### **7.2.3 Compassion to PWD**

The AFM can transform the experiences of congregants with disabilities by bringing to the fore the views of the PWD within the church. Chapter Six discussed some of the challenges of the engagements of the AFM with PWD, and the following were some of the findings of this study: stigmatisation, exclusion, and adverse treatment by the non-disabled. These challenges are

inhibiting both the participation and inclusion of PWD in the AFM. Hence, for PWD to participate meaningfully in the AFM, compassion will open the door for PWD.

Thus, compassion to PWD in this context involves both non-monetary and monetary values. The economic model of disability is helpful in this context since Griffin et al. (2007: 342) argues that societal assumptions about financial profitability and independence devalue people who are not ready to work, paying little respect to different commitments they may make to family and community life. As such, the AFM must be prepared to invest financial capital, be involved in the educational support to PWD, and help in developing adequate skills for PWD to participate in the economy. With regards to education, PWD should be provided with inclusive education. The AFM should identify the needy children and help with fees, and also be able to help with life skills.

Since the social model of disability perceives that there is social stigma attached to disability, this needs to be broken down. Findings in Chapter Six showed the existence of barriers in the AFM, and this calls for critical thinking about disabling environments and eliminating these barriers so that PWD can work alongside their non-disabled peers on equal footing. Apart from prayer, fasting and divine interventions, in this globalised world, technology, medicine and culture can be used to the extent that the AFM may develop schools which offer cooperative mainstream learning, community-centred learning as opposed to competition, as well as special training and expertise. However, special schools for PWD create isolation that may magnify the disabilities, considering that these people come from homes that practised inclusivity.

I suggest that the AFM must ensure they remove architectural and attitudinal barriers, in fact, a policy and procedures documents on buildings and ethics must be developed and adhered to.

The AFM must consider and teach issues of sexuality, gender and cultural perception about (who to marry whether a PWD or a non-disabled). Voices of the church must be heard especially on the abuses that girls with disability face in the society. As such, this study suggests that it is essential for the AFM to give careful consideration to the girls living with disability as they are the most neglected yet the hardest hit.

The AFM have been successful in running an orphanage home for vulnerable children. However, the findings from FG3M2 highlighted that the Church had not targeted PWD ; “*These days churches concentrate more on widows and orphans who can work, learn and have a home, and PWD are left out*”. Therefore, the AFM needs to learn from other Pentecostal churches in Zimbabwe about how they are responding to the needs of PWD. The fact that the AFM in Zimbabwe has celebrated one hundred years of existence in Zimbabwe presupposes they should by now have created an institution that caters for PWD. Instead, the AFM have emphasised healing and miracles as opposed to improving the well-being of PWD. Providing education, health and home care services are areas that the AFM can make a difference in the lives of PWD. In Pentecostal circles, the Zimbabwe Assemblies of God Africa (ZAOGA) has established a ministry which caters for PWD (Biri, 2013). The ministry not only focuses on PWD but includes the non-disabled and all collaboratively work together. Thus, it is evident that some churches have positive perspectives about disability; hence they are creating structures of which the primary objective is to address the needs of the disabled.

Another critical aspect of compassion to PWD must be derived from the biblical narratives, which argue that this body is temporary and will change according to 1 Corinthians 15:54. The AFM can successfully use such discourse to elicit empathy rather than emotion. The AFM needs to accept that PWD are people living in a different world , and disability is a characteristic

of human experience. Just as Jesus said, 'the poor are always with you', in the same vein, there will always be PWD, regardless of ethnicity, race, gender, class or social status. This thesis recommends that the AFM congregants will have to make a sacrifice if they are going to acknowledge PWD. In this case, the AFM can be a safe place to house PWD, tending to their spiritual, psychological and sociological needs. In fact, the AFM must intentionally implement policies that create space for PWD to minister and demonstrate their spiritual gifts.

Charity is a by-product of compassion and it is an important virtue when dealing with PWD. Several aspects need to be addressed in this case, like the association of pity and mercy. In this study placing charity alongside compassion can solve the challenges of PWD exclusion. The Church should be involved in charitable works for PWD. The theological argument is that the marginalised are not usually a priority. The principles in Acts 6:1-7 where the neglected, marginalised Greek widows are not only recipients of care but are a representation of the minority in their community who are in need of help. Such an example can provide an alternate model for how the Church can treat PWD. The charity model of disability perceives that the non-disabled frequently channel sentiments of sensitivity and pity by providing for charity, as opposed to attempting to take out social and environmental barriers that limit PWD (Griffin et al. (2007: 336). Hence PWD need not be recipients of charity from others but instead, they should be included in the community and be given space for participation.

The reality is that whether one believes in God or the indigenous Shona culture and destiny, or some mixture of those, it is noteworthy that human beings are diverse. The AFM can stop attempting to cure diversity and embrace every believer as unique and impressive. The PWD and non-disabled can be progressively viewed as interdependent through teamwork in the church, to develop a socially inclusive community in which everyone is an asset, and there are

no liabilities. The AFM should move beyond the concept of becoming a charity but instead work in solidarity with PWD. The AFM should;

- Not remain aloof, superior and waiting for PWD to come to them.
- Descend from their lofty positions and socialise with PWD.

Through an understanding the lived experiences of PWD in the AFM, the charity model of disability opens up opportunities for recognising and addressing the challenges of PWD. Therefore, it is suggested that the AFM congregation must depart from its perceived superior status and establish committees and appoint PWD as leaders. This will show the Church as embracing the challenges for PWD. Celebration days and collections reserved for PWD are proactive ways of showing compassion.

A hinderance to compassion for PWD is created through the relationship between stigma and culture. The findings in Chapter Six showed that the primary forms of exclusion are based on culture, customs and Christian beliefs. Hence stigma mars the lived experience of PWD. A close analysis shows that stigma is enshrined in culture, thus disability is a social construct grounded in history and culture. Scholars like Haihambo and Lightfoot (2010), concur that there are many perceived disabilities because people view disability from perspectives that involve cross or multi-cultural contexts. Therefore, the AFM represents a cross-cultural platform informed by both the cultural and the socio-religious factors that influence disability. The Shona indigenous cultures and the culture of the AFM Pentecostal community promote the conceptualisation of disability differently. Thomas and Loxley (2001) submitted that the



construction of disabilities is created through interpretations based on social values as well as beliefs.

### **7.3 CONCLUSION OF THE STUDY**

This section presents the general conclusion of the study by assessing whether the objectives of this study were met or not.

#### **7.3.1 Objectives**

This study focused on three objectives as outlined in Chapter One. The discussion takes place after demonstrating the degree to which these objectives have been accomplished.

- To examine the lived experiences of PWD in Harare, Zimbabwe.
- To explore the engagement of the AFM with PWD.
- To establish an appropriate theological response to PWD in the AFM.

##### **7.3.1.1 Research Objective 1:**

Addressing the question of the nature of lived experiences of PWD, the current study showed that PWD in Zimbabwe in general and the Church under review are subjected to stigma, discrimination and exclusion. Various forms stigma and discrimination were discovered that involved intolerance by the non-disabled. These include treating PWD as cursed individuals showing a lack of care in the home, church, and society. Also, they are perceived as abnormal; deprived of their fundamental human rights; not welcome to compete in the job market; judged as sinful; and subjected to name-calling by the non-disabled who look down on them. The economic model of disability helped to examine the experience of PWD through the lenses of

economic productivity. PWD are regarded as unable to contribute to their own wellbeing, as well as towards tithes and offerings in the AFM.

Exclusion was another lived experience of PWD in the AFM Church in Zimbabwe. Results showed that exclusion took the form of PWD not being allowed to participate in church activities. Correspondingly, it also involves treating PWD differently; they have been treated harshly, and church infrastructures are not user-friendly to PWD. It was worth noting that in many cases PWD lack adequate food, accommodation, school fees, there is a shortage of funds to cover hospital costs, the unavailability of special education facilities, and children are not able to complete their studies. The evidence indicates achievements of this objective in this study. There are barriers within the society which impact on PWD. Viewed from both the social and economic models of disability, it is apparent that the AFM regard the experiences and needs of the non-disabled to be more important than the experiences of PWD. None of the pastors who participated in this study was aware of any AFM policy or resources to meet the needs of PWD.

#### **7.3.1.2 Research Objective 2:**

This question sought to find out how the AFM has engaged with PWD. In some circles, it appeared that the AFM in Zimbabwe have done nothing to engage PWD. In other quarters, the church under review has engaged with PWD. The engagement in this context is holistic, involving ministry to the spiritual, emotional, and psychological needs of PWD. Thus, pastoral ministry, which consists of caring for the spiritual or emotional needs and shepherding PWD and those who live with them, is not adequately covered in the AFM.

It emerges that the Shona society in Zimbabwe has negative attitudes towards PWD. As such, churches sometimes fail to engage with PWD because of negative attitudes towards PWD. However, the participants, key informants, and focus group participants believed that the era of stigma against PWD would eventually pass, much like other negative periods such as the slave trade which construed black people as inferior to the white race. This objective was achieved, although evidence points to the fact that there is still a long way to go for churches and societies to address the problem of stigma and discrimination. The charity model of disability is apparent in the assumptions found among the AFM congregants, as they treat PWD as needy and reliant on others for help and assistance. In this way, the Church fails to recognise the proactive role of PWD in contributing to meaningful public worship.

### **7.3.1.3 Research Objective 3:**

This question required finding an appropriate theological response to PWD in the AFM. Understanding the pastoral ministry, the theological teachings and beliefs showed how the AFM perceives disabilities. The AFM contemporary theology about PWD relies on the biblical interpretations that discriminate against PWD and their inclusion in public worship. They view PWD as either sinners or people who are sick and need deliverance. They consider PWD as candidates for the demonstration of the power of God. Therefore, the basis for the construction of an appropriate theological response should be on good practices, which would see PWD included in their activities, programs, and the missional approaches.

The moral or religious model of disability has a metaphor that disability is the will of God. This helped to explain the pastoral ministry to PWD; in this case, that PWD need physical healing. Some pastors view PWD as candidates for the demonstration of the power of God.

Notions of biblical miracles, signs and wonders are understood to be implying the miracle of physical healing of PWD. However, this approach ignores the holistic approach to salvation.

The medical model of disability helped to explain the view that disability is a challenge inherent within PWD. Pastoral ministry and preaching sermons pointed to the idea that disability is abnormal and undesirable. The medical model forwards the concept of disease which preachers can eradicate by rebuking the evil spirits. Such an approach diminishes the participation of PWD in the AFM, as PWD are regarded as people needing help rather than able to minister to others.

Considering the above discussion, which shows how each of the three objectives were addressed in this study, it can be concluded that the objectives of this study have been accomplished. Utilizing the stewardship theology of disability will help to create space for PWD within the Church by emphasising the human dignity of, and compassion for PWD.

#### **7.4 Limitations of the Study**

A few limitations of this investigation should be considered. For example, the researcher's reflexivity with regard to moulding the consequences of this examination as a non-disabled person may have affected the way some aspects related to PWD were interpreted and approached. To limit bias, interpretations made in this study were supported by an examination of existing literature. No single examination would ever sufficiently incorporate or thoroughly investigate the lived experiences of each PWD in the AFM, and this investigation is no different.. However, it does make a modest contribution, as discussed in Chapter Seven. The study acknowledges some limitations regarding generalising empirical findings from the qualitative research (O'Reilly and Kiyimba 2015). Considering that disability studies have

developed into an academic discipline, no thesis can comprehensively address all the requirements of all areas on the subject of disability. As such, this ambitious study focused on developing an appropriate theological response to meet the needs of PWD.

## **7.5 Recommendations for Future Research**

This thesis stimulates further proactive areas of research for other researchers. For instance, an examination of the impact of disability rights in the social, cultural, religious and political context. To develop a comprehensive understanding of the relationship between disability and human rights, additional studies that explore, for instance, how institutions formulate policies that support the participation of PWD, need to be undertaken. In future investigations, it might be possible to use different methodologies to explore data obtained from the fieldwork. For example, utilising sermon discourse, deliverance sessions, television evangelism, and crusades which focus on the healing of PWD would raise rich and stimulating data for the emancipation of PWD.

Furthermore, during the data collection of this study, only the pastors and PWD were interviewed for their perspectives and lived experiences of disability. Perhaps including and interviewing the non-disabled members of the AFM could yield related results. It is likewise proposed that future researchers consider the contributions of the non-disabled members from the AFM and those who take care of PWD. The study used a sample size of thirty-six participants to understand the lived experiences of PWD, the engagement of the Church with PWD, and the pastoral ministry to PWD. A thorough analysis of the non-disabled is, however, to yet to be made. It is proposed that future researchers consider a related approach with other ecumenical denominations in Zimbabwe.

Secondly, developing a theoretical framework is a critical issue for future research. As noted in this study, commonly used theories were used as the models of disability and disability theology. There are still many unanswered questions about disability which current theories of disability are unable to fully explore. Other research questions worth asking could include understanding disability as a deviance, deficit and identity issue, and how do these variances relate to the church structures, church governance or to the willingness of church members to support the challenges of PWD. Future research could consider examining how the church can empower PWD. The existence of information technology and our increasingly globalized world can be an area to start pondering about how to help PWD. The present research proposed the stewardship theology of disability as the church's response to the lived experiences and engagement of PWD with the church. It is recommended that future researchers consider constructing safe spaces and environments for PWD within the church.

In closing, it is suggested that, for the sake of stability and continuity of the church tradition, strategies must be rooted in the Pentecostal heritage and praxis, considering how the stewardship theology of disability should look in Zimbabwe.

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## APPENDICES A: INFORMED CONSENT



Social Sciences, College of Humanities

University of KwaZulu-Natal

Pietermaritzburg Campus

Dear Participant

### INFORMED CONSENT

**Pastoral Ministry to the People with Disability (PWD): A Critical Investigation of How the Apostolic Faith Mission (AFM) Church can be a Safe Space for Meeting the Needs of PWD in Harare, Zimbabwe.**

I, Nomatter Sande, a doctoral student at the University of KwaZulu-Natal, Howard Campus, South Africa, am inviting you to participate in the empirical part of my thesis research. This study is being supervised by Dr Sibusiso Masondo and Dr Beatrice Okyere-Manu. The purpose of this consent form is proffer necessary information so that you may decide whether or not you wish to participate in this study.

### **Aim and objective of the proposed study**

This study aimed at investigating the role of the Apostolic Faith Mission (AFM) by deconstructing and reconstructing an appropriate theological to meet the needs of PWD. In order to achieve this research aim, the proposed study utilises the following objectives:

- To examine the lived experiences of PWD in Harare Zimbabwe.
- To explore the engagement of the AFM church with PWD.
- To establish an appropriate theological response to PWD in the AFM.

### **The nature of participation in the study**

The participation in the study includes an interview and focus groups lasting between 60-90 minutes. At the beginning the question will ask few questions regarding your disability, role in the congregations, basic demographics and the reason you have decided to participate. This will be followed by specific questions about your lived experience as PWD, as well as how you have engaged with the AFM church and

the pastoral ministry that have impacted your life. However, you are free to answer or refrain from any question.

I ask your permission to make an audio recording of the interview for the record of my interview. The interview will be transcribed and assigned a code so that no name or anything identifying you will be used.

For any queries about my position or right to conduct the research you may contact the University of Kwazulu Natal Ethics Research Committee a Mr Prem Mohum, University of Kwazulu Natal

Research Office: Ethics, Govan Mbeki Centre, email- [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za), +27312604557, fax 27312604609. Also, my two supervisors can be of help regarding anything to my research. My main supervisor is Dr. Sibusiso Masondo who is located at the School of Religion, Philosophy and Classics, Howard campus of the University of KwaZulu-Natal. Contact details: email: [masondosi@ukzn.ac.za](mailto:masondosi@ukzn.ac.za), Phone number: +27 312607290. My Co-supervisor is Beatrice Okyere-Manu, [okyere-manu@ukzn.ac.za](mailto:okyere-manu@ukzn.ac.za); School of Religion, Philosophy and Classics, Pietermaritzburg campus of the University of KwaZulu-Natal. The researcher can be contacted at I can be contacted at [pastornomsande@yahoo.com](mailto:pastornomsande@yahoo.com) or phoning at Cell: +263772980184 or +263733336347.

### **Declarations**

I acknowledge I have received a copy of this consent form:

- ☐ I grant permission for the researcher to audio record my interview.
- ☐ I do not grant permission for the researcher to audio record my interview.
- ☐ I grant my consent to be interviewed.

**Participant printed name**

.....

**Participant Signature**

.....

**Date**

.....

## **APPENDIX B: INTERVIEW GUIDE**



### **COLLEGE OF HUMANITIES**

#### **MASTERS/PHD RESEARCH PROPOSAL AND ETHICAL CLEARANCE APPLICATION**

#### **(HUMAN AND SOCIAL SCIENCES)**

**Pastoral Ministry to the People with Disability (PWD): A Critical Investigation of How the Apostolic Faith Mission (AFM) Church can be a Safe Space for Meeting the Needs of PWD in Harare, Zimbabwe.**

### **INTERVIEW GUIDE**

#### **Introduction**

The interviews of this study will be based on the following three topics to be covered. Guidelines of open-ended questions to be asked are listed below. Probing questions from these will be allowed to glean important information where necessary.

**The following three topics will be covered**

- A. Examination of the lived experiences of PWD in Harare Zimbabwe.
- B. Exploration of the engagement of AFM on PWD.
- C. Establishing an appropriate theological response to PWD in Zimbabwe in general and AFM in particular

**Questions to be asked to cover the proposed objective**

1. Tell me about your social experiences as a PWD.
  - ☐ Probe further about their experience that made them want to contribute to this research.
  - ☐ What is your understanding of disability and the type of disability you have?
  - ☐ From your understanding how do you perceive yourself as PWD? Probe to see their perceptions as i. Christian, ii. Human beings, iii. Image of God.
2. How have perceptions of people in the church about disability affected you?
3. In your own opinion what has been the churches response to PWD?
  - ☐ Are there scriptures in the Bible that are used to explain disability and how do pastors minister to your needs?
4. What support have you received from the church to help you cope with your social life?
5. What gaps if any, do you see exist within the way(s) the church interacts with PWD?
6. In your opinion what can the church do to foster the integration of PWD within social and church activities.
  - ☐ Do you think there are any activities targeting PWD. If the answer is yes or no; probe for an elaboration.
7. In what way(s) do you think you can contribute to the church activities?
8. Are there some lessons that can be drawn from other churches you know who have integrated PWD in their congregations?
9. If they are any question that you would want to ask besides what we have discussed about feel free to ask?

