


Growing a Healthy Church: A Theological Reflection on Disability Inclusivity in Ghana



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ABSTRACT

The interplay of medical, social, cultural and religious factors has led to stigma and marginalization of people with disabilities (PWDs) in the Ghanaian context. Observable church beliefs and practices render the relations between so-called abled-bodied people and people with disabilities (PWDs) as an ‘us and them’ relationship. Ironically, the church is supposed to be a place of welcome, restoration and integration. However, with its emphasis on ‘healing before integration,’ the church space has become a place of exclusion for many PWDs. The study argues that the various ways of modelling disability, and the contemporary Ghanaian Christian response to disability are inadequate and lead to the exclusion of PWDs. The study being a qualitative one used both primary and secondary sources. Observations were made at traditional healing centres and healing and revival church services of some churches in the Kumasi Metropolitan Area (KMA) where PWDs were present. Also, journal articles, books, unpublished dissertations, and church documents on the subject matter were consulted. The study points to the fact that a disability-friendly theology must be constructed in order to guide the church to be disability inclusive and hence engender full participation of PWDs in the various ministries of the church in Ghana. The study recommends ways of constructing a disability-inclusive theology in view of the intersection between Akan traditional religion and contemporary Christian response to disability. This article seeks to contribute to the debate on disability inclusivity in the contemporary Ghanaian church, focusing on its importance in promoting comprehensive healing and inclusion for PWDs.

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INTRODUCTION

Many images have been used to describe the church of God in the Bible. Specifically, in the New Testament, one such popular image is the “body of Christ.”¹ In First Corinthians chapter 12, Paul describes the church as the body of Christ in the context of discussing spiritual gifts. Paul appears to have been speaking about a situation in which people who used their spiritual gifts were asserting their superiority over others and those who did not felt unnecessary as a result of their lack. He then continues, going into great depth, to explain how the body works to express oneness among them. Paul was merely advocating

¹ The Apostle Paul uses the imagery of the church as the body of Christ extensively in 1 Corinthians 12:12-27.

for believers to have a symbolic bond. It is crucial to note that Paul had attested earlier that to “each one the manifestation of the Spirit is given for the common good.”² And that it is God who “has arranged the parts of the body, *every one of them just as He wanted.*”³ It implies that every member of the church has a part to play. Unfortunately, the contemporary church in Ghana excludes PWDs as cultural and religious beliefs, especially from Pentecostal/neo-Pentecostal perspectives about disability making PWDs to be seen as ‘unable’, ‘unqualified’, ‘sinful’, ‘faithless’ or ‘cursed.’ The Ghanaian church lacks an adequate disability-inclusive theology to guide its engagement with PWDs.

The study sets as its objective to propose a theology of disability to improve the inclusivity of Persons with Disabilities (PWDs) in Ghanaian churches, guide their engagement in public spaces, and encourage them to use their talents in church and society.

Disability is part of the human experience. In human life experience, almost every person is exposed to and may experience temporal or permanent disability at one stage in life. The World Health Organization (WHO) has noted that disability is “any restriction or lack of ability to perform an activity in the way or within the range considered normal for a human being.”⁴ Ajobiwewa and Odewenwa have posited that “Succinctly, to have a disability implies that one has a fundamental difficulty in accomplishing a task owing to malfunctioning of an organ of the body.”⁵ The church’s quest to understand disability has been a struggle that has resulted in varied responses sometimes negatively and other times positively. This struggle ranges from attempts to welcome PWDs who are the largest minority group in the world into participation in the church to virtually ignoring disability issues altogether. It is in this bewildered context that this article seeks to advocate for disability inclusivity in the ecclesiastical space in Ghana. To this end, the article first reexamines the various ways in which people with disabilities are modelled. Second, it looks at a theological understanding of the human body in terms of disability and third suggests practical ways in which PWDs can be fully integrated into and allowed to fully exercise their gifts in the ecclesiastical context in Ghana.

LITERATURE REVIEW

There is a growing literature on Pentecostalism/neo-Pentecostalism and its effect on attitudes to well-being in the Ghanaian public space. This literature assessment is predicated on the premise that underlying Akan traditional beliefs regarding disability, support Pentecostal/neo-Pentecostal emphasis on metaphysical causes attributed to disability. The ensuing search for a cure for PWDs, frequently through miraculous or supernatural healing as a requirement for their inclusion in church life, leads to abuse, stigmatization, and exclusion of PWDs from African society and churches including the church in Ghana. As Opuni Frimpong has observed, “There is a prevailing tension between the Christian faith and the Akan cultural world.”⁶ In this light, Opuni-Frimpong advocates that in order to prevent foreign churches from setting up shop in Akan cultural territory, the church needs to explain the conflict and breakdown in Akan Christian conversion and address the need to have the church firmly and deeply rooted in Akan culture. This is a laudable quest. However, Opuni-Frimpong and others who hold this view are prone to lose sight of the fact that certain Akan belief systems which underpin contemporary ecclesiastical practices lead to the marginalisation of PWDs.

As Asamoah Gyadu⁷ has averred, since Pentecostalism and Neo-Pentecostalism have had such a profound effect on Ghanaian Christianity, no modern Christian in Ghana can be considered an “outsider” to these movements because historic churches are also “pentecostalizing,” incorporating these movements’ practices into their otherwise formal liturgical framework in order to survive.⁸ This is reinforced by Omenyo who posits that “the nature of the Charismatic renewal is such that it cuts across all

² 1 Corinthians 12:7.

³ 1 Corinthians 12:17, emphasis mine.

⁴ WHO, “Disability,” 2023, <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>.

⁵ A. I. Ajobiwewa and O. J. Odewenwa, “Concept of Disability: Types, Causes and Prevention ,” in *Perspectives in Disability: A Resource for Theological & Religious Study in Africa*, ed. H. Ishola-Esan, I.D. Ayegboyin, and S. Kabue (Ibadan: Baptist Press, 2016), 1–6.

⁶ Kwabena Opuni-Frimpong, “Christian Faith and Akan Culture in Ghana: A Review of Major Works of Sidney George Williamson,” *Journal of Mother-Tongue Biblical Hermeneutics and Theology* 3, no. 2 (September 10, 2021): 21–31, <https://doi.org/10.38159/motbit.2021321>.

⁷ J. Asamoah-Gyadu, *Pentecostalism in Africa, Experiences from Ghana’s Charismatic Ministries* (Augsburg: Fortress Press, 2021) pp1-10.

⁸ Johnson Kwabena Asamoah-Gyadu, *Pentecostalism in Africa: Experiences from Ghana’s Charismatic Ministries* (Augsburg Fortress Publishers, 2020), 1-10.

denominational boundaries. No church can shield itself from it.”⁹ Asamoah-Gyadu further opines that “the Pentecostal healing and deliverance ministry has become popular in African contexts such as Ghana because it takes the African worldviews of mystical causality seriously. This Christianity promises Christian alternatives to the search for security that drives people into the courts of other religious functionaries.” Oftentimes, religion has a conceptual impact on health and disability among native Africans. Accordingly, those in charge of providing healthcare are regarded as “sacred persons.”

Akan traditional beliefs are frequently blended with Pentecostal/neo-Pentecostal beliefs and activities in Ghana. Such a link can have both advantages and disadvantages. One such detrimental effect is the stigmatization and prejudice that arise from views about disabilities.

The “prosperity gospel” preached by African Pentecostals and the traditional African conception of life are strikingly comparable. A life of physical well-being is essential for both groups. It is believed that the actions of outside spiritual powers are responsible if a person does not experience this kind of well-being, as in the case of a disability. According to Peter White, “Although African traditional religion is not against a Western medical way of treatment or healing process; its followers believe that there are some diseases that Western medicine cannot treat, and therefore need spiritual attention, as it is sometimes practiced in churches.”¹⁰ Therefore, the majority of Pentecostals and Neo-Pentecostals believe that PWDs must first be healed in order for them to be permitted to meaningfully participate in church life. The World Council of Churches, in its Interim statement on disability, in articles 13 and 14, is of the view that :

13. As has been noted above, disability has historically been interpreted as loss, an example of the tragedies that human beings can experience. The Gospel stories about how Jesus heals persons with different diseases and disabilities are traditionally interpreted as illustrating how human beings are liberated and empowered to live a richer life.
14. In this understanding, people with disabilities are seen as weak and needing care. As a result, they are viewed as objects for charity, those who receive what other persons give.

Thus, people with disabilities cannot meet other people in the churches on equal terms. They are regarded as somehow less than fully human.¹¹ Pentecostal/neo-Pentecostal attitudes, practices, and traditional beliefs about disability are combined with African traditional ideas about disability, which results in PWD abuse, stigma, and discrimination. Pentecostalism is actually largely responsible for the stigma and discrimination that PWDs face.¹² This study concurs with Sandieson that the stigmatization of people with disabilities causes society to dread and avoid people with disabilities. Furthermore, because healers serve as both accusers and cure givers, both traditional and Pentecostal healers take advantage of PWDs. While many people attest to the marginalisation of PWDs, they often treat it as a human rights issue without a thorough theological attempt to address it. Exclusion of PWDs is a theological issue and theological problems require theological solutions.

Theological literature on disability inclusiveness is few. Even though Hankela hasn't published anything, particularly on disabilities, she was aware of the few resources at her disposal to help her fulfill her goal of giving her underrepresented study subjects a voice. As a result, she has made an effort to do theology using both systematic theological methodology and anthropological methodologies.¹³ Views of illness and disability correlate with religious and spiritual beliefs. Families often rely on their spiritual traditions to help them interpret disability.¹⁴

Many scholars have described the abuse that PWDs endure in their attempts to get healing and deliverance. For instance, Amenyedzi describes a typical scene of deliverance and healing in Ghana as follows:

⁹ Cephas N Omenya, *Pentecost Outside Pentecostalism: A Study of the Development of Charismatic Renewal in Mainline Churches in Ghana* (Zoetermeer: Boekencentrum Publishing House, 2006), 291.

¹⁰ Peter White, “The Concept of Diseases and Health Care in African Traditional Religion in Ghana,” *HTS: Theological Studies* 71, no. 3 (2015): 1–7.

¹¹ World Council of Churches, “Interim Statement on Disability,” 2013.

¹² Rain. Sandieson, “Culture and Emerging Stigma Towards Children with Development Disorders in Geode, Ethiopia” (University of East Anglia, 2019), 15-17.

¹³ Elina Hankela, *Systematic Theology at the Grassroots* (Helsinki: Brill, 2011), 217-218.

¹⁴ Jill L Cunningham, Beverly A Mulvihill, and Patricia M Speck, “Disability and the Church: How Wide Is Your Door?,” *Journal of Christian Nursing* 26, no. 3 (2009): 140–47.

“Ten people with different kinds of diseases and disability were brought forward to be prayed for during the service. Two people got healed instantly; the preacher concluded they were healed because of their faith. A man with impairment in one eye had not yet been healed. The preacher laid hands on him, nothing happened; he then concluded that he lacked faith. The man explained he had a brain tumour which was the cause of the blindness. The preacher then laid hands and prayed again but the man did not see with the impaired eye. Then the man said he felt some lightness in the head. The preacher finally acclaimed: God heals whom He wants to! He continued to pray for the others when I went off.”¹⁵

Unfortunately, Amenyedzi does not give a theological critique of her observation. She does what many scholars do, highlighting the plight of PWDs but always falling short of prescribing a theology of disability. Leow Wen Pin hit the nail on its head when he opined “If we are not informed by a biblical Christian theology, we will be deficient in our role of loving and caring for those with disabilities.”¹⁶ Pin continues by pleading with Christians to include PWDs as integral members of their faith community. He does not, however, make an effort to develop a theology of disability inclusiveness. There is therefore an existential gap in the church for a theology that guides a comprehensive engagement of PWDs.

This brief literature review highlights the connection between theology and disability, highlighting the stigma and exclusion of persons with disabilities (PWDs) from church ministry positions. It highlights the lack of available theological literature on disability inclusiveness and calls for the development of a contextual African theology of disability inclusivity.

METHODOLOGY

This research which is a qualitative one was pursued through primary and secondary sources. The primary sources were observations which were done in indigenous Akan communities, traditional healing centres and at healing and deliverance services where PWDs were present and interacted with both traditional healers and Christian religious leaders within the Kumasi Metropolitan Area.

Also, textual and discourse analyses were used. Discourse analysis is used to examine how individuals communicate with one another, while textual analysis is the process of interpreting a written text. Therefore, in order to ascertain "why" and "how" people have certain views toward people with disabilities, the research examined Pentecostal/neo-Pentecostal literature, including sermon recordings, books, and articles, as well as writings on healing and deliverance. Additionally, the study examined some conventional approaches to disability and made theological inferences. Through observation of the interplay of Akan cultural values and Christian faith and practices within the Kumasi Metropolitan Area, the study identified the need for the development of a theology that is both inclusive of and friendly to people with disabilities, which will direct public and church responses to disability in Ghana.

FINDINGS

In this article the author will not use real names in order to hide the true identity of PWDs, traditional healers and Christian religious leaders for ethical reasons. The first major finding of the study is that PWDs are believed to be under the influence of evil spirits. Kwame¹⁷ who has challenges with mental health was sent to a traditional healer at Heman near Santasi in the Kumasi metropolitan area. The traditional healer, Nana Ahuntahunu¹⁸ said that the grandparents of Kwame had offended the river spirit of the stream that is close to their house and that is why Kwame was under the spell. Despite the traditional healer's incantations and recommendations, Kwame continues to have challenges with mental health. So Kwame was next taken to a revival and healing service of Prophet Paul¹⁹ at Santasi. There, Prophet Paul also believing that Kwame's mental health was as a result of demon possession, tried in vain to “cast out the demons.” Later when Kwame's mother was explaining the unfortunate situation to the author, Kwame was there and said movingly, *Osofo ɔmo se me wɔ homhom bɔne, nanso ente saa* which translates, Pastor, people say I have evil spirits but that is not true. Kwame's case shows a widespread belief in metaphysical causes of disability.

¹⁵ Seyram Brigitte Amenyedzi, “Equity and Access for Theological Education in Ghana” (Stellenbosch University, 2016).

¹⁶ Leow Wen. Pin, “Why Disability And Theology Need Each Other,” *BGST*, October 2018, 7–11.

¹⁷ Not his real name.

¹⁸ Not his real name

¹⁹ Not his real name.

The second finding of this study is that PWDs face stigma. James²⁰ who limps when walking was playing football with children in the neighbourhood. He served as the goal keeper for one team. As the game went on the author observed three adults who passed by and upon seeing James as a goalkeeper, made these comments. The first adult said *Ah na apakye na ɔye mo keeper?* (Ah so is it a lame man who is your goalkeeper? The second adult commented *Na mo keeper yi ye yarefoɔ yi deɛ se ye be hye moo o* (Since your goalkeeper is a sick person definitely you will lose the game). At this the other members in James' team shouted at him to leave the post and be replaced by a more 'complete' person. James was pushed out and started crying. Then the third adult arrived at the scene. He enquired why James was crying and when he was told the reason for his replacement, shockingly the adult said to James *na wo kwasea, kwasea wonpe wo baabi ntena?* (You foolish person won't you keep your place and mind your business?).

The third finding of this study is that PWDs are discriminated against. They are often taught of as less qualified or not able and unfit due to their disability. And unless they are healed often miraculously, they are not generally accepted in Ghanaian society to perform in the public space. Quayesi-Amakye²¹ in his article *Christ, Evil and Suffering in Ghanaian Christian Liturgy* was apt to observe that Ghanaian Christians are adamant about the power of Jesus' name, as some of their hymns illustrate in their everyday lives. In order to highlight the holistic impact of one such song on human life, three essential verbs are used: cleaning, seeing, and walking. It also emphasizes the three main disabilities—blindness, lameness, and leprosy—that are despised in Ghanaian society. These disabilities render their sufferers helpless, impoverished, and successful in isolating them.

The case of Kofi Kyere²² illustrate the point above. Though Kofi Kyere is blind he plays the piano very well. He has been playing at Apostle Miracles²³ church to the delight of many church members and people in the surrounding area. However, when prophet miracle decided to host the district youth group singing competition in his church, he suddenly stopped Kofi Kyere from playing and brought a less adroit person to play the piano. When the elders asked Pastor Miracles why the sudden change, he told them the Bible says "The blind cannot lead the blind". For Apostle Miracles the real reason to him was the disability of Kofi Kyere not his skill at the keyboards. He just could not show the group coming to his church that his lead piano player was blind. He felt uncomfortable and so discriminated against him.

DISCUSSION

The study uses a qualitative approach to expose vital statistics on disability as well as investigate Akan and contemporary Ghanaian Christian beliefs about the cause of disability and how those beliefs affect the cure and management of disability. The study's findings are consistent with theories of illness causation, which maintain that patients' and society's interpretations of sickness are deeply ingrained and greatly impacted by practices, conventions, and beliefs.²⁴ Many people in Ghanaian society attribute evil spirits or curses as the causative agent of disability.

Furthermore, The study focused on how people with disabilities are stigmatized in Ghanaian society. The biggest obstacle preventing people with disabilities from leading "normal" and productive lives is stigma. The term "stigma" describes the unfavorable and discriminatory labels used to individuals who have disabilities. There are several causes of stigma. Superstition and ignorance, a lack of understanding and empathy, outdated belief systems, and a propensity to shun and reject others who are viewed as different are a few of these.

Acts of disdain and prejudice against PWDs have the potential to cause a person to be marginalized in society, to be bullied, to become aggressive, to be ridiculed, and to lose value in themselves. People with disabilities who are subjected to this kind of discrimination face oppression in many facets of life, including housing, employment, education, meaningful relationships, and the standard of living that is available to all citizens.

²⁰ His real name has been changed to hide his identity.

²¹ Joseph Quayesi-Amakye "Christ, Evil and Suffering in Ghanaian Christian Liturgy" *PentecoStudies* 14 no. 1 (2015): 17, accessed July 2, 2024, <http://dx.doi.org/10.1558/ptcs.v14i1.9>.

²² His real name has been changed.

²³ Not his real name.

²⁴ Patience Gyamenah Okyere Asante, Chloe Z Tuck, and Deborah Atobrah, "Medical Pluralism, Healthcare Utilization and Patient Wellbeing: The Case of Akan Cancer Patients in Ghana," *International Journal of Qualitative Studies on Health and Well-Being* 18, no. 1 (2023): 2238994.

Disability is defined as an uneven connection in which people with impairments have little or no attention for their needs within society. Disability is not a personal characteristic because it is the outcome of interactions between people with disabilities and environmental and attitude barriers that prevent them from fully and equally participating in society. It's possible that the disability is a social construct brought about by cultural systems that deeply ingrained views have occasionally unwittingly created. Improving people with disabilities' social participation thus depends on removing these obstacles that they face on a daily basis.

World Health Organisation (WHO) Figures

An estimated 1.3 billion people – or 1 in 6 people worldwide experience significant disability. This is about 16% of the global population. Some persons with disabilities die up to 20 years earlier than those without disabilities. Persons with disabilities have twice the risk of developing conditions such as depression, asthma, diabetes, stroke, obesity, or poor oral health. Inaccessible health facilities are up to 6 times more difficult for persons with disabilities. Persons with disabilities find inaccessible and unaffordable transportation 15 times more difficult than those without disabilities. Health inequities arise from unfair conditions faced by persons with disabilities, including stigma, discrimination, poverty, exclusion from education and employment, and barriers faced in the health system itself.

Ghana Statistics on Disability

The situation in Ghana is equally gloomy. The 2010 Population Census in Ghana was the first time questions on disability were fielded in a national census and it revealed some startling statistics about disability: 3% of the population then (737,743 out of 24,658, 823) were PWDs of which 46.0% were in the urban and 54.0% in rural centres.²⁵ The ratio of male to female PWD was 90.3 to 100 respectively. Also, there was 42.0% illiteracy among PWD as compared to 25.9% among non-PWDs. And 72% of PWDs were economically not active. It was also observed that some forms of disability increased with age, especially visual impairment. The United Nations has stated that PWDs are the largest minority group in the world.²⁶ Furthermore, PWDs have been identified as one of the largest oppressed people groups in Ghana.²⁷

It must be noted that the statistics above may not capture a significant number of PWDs in Ghana due to certain traditional and religious beliefs. PWDs are sometimes kept hidden from the public view by their family members since they are deemed to bring 'shame' to the family. Though disability is not an inability yet because there is low or no deliberate investment in the development of the human resources of PWDs, the disability will eventually turn into inability as evidenced by the low level of education and employment engagement of PWDs in Ghana. Furthermore, various estimates give varied figures. For instance WHO estimated in 2010 that the prevalence of disability was 12.8%²⁸ against the Ghana Statistical Service figures of 3%. To complicate matters, in 2012 Human Rights Watch came out with the estimate that PWDs in Ghana were 5 million making it one-fifth of the total population then. Human Rights Watch estimated further that 2.8 million out of the 5 million had mental disabilities.²⁹ The disparity in estimates demonstrates two disturbing realities. Firstly, as Ocran points out, the disparity in figures shows that the 2010 estimates by the Ghana Statistics Service may be an underestimation.³⁰ The second disturbing reality is that various groups define disability differently. It is significant to note that the

²⁵ Ghana Statistical Service, *2010 Population and Housing Census District Analytical Report: Adenta Municipality* (Accra: Ghana Statistical Service, 2014).

²⁶ <https://www.un.org/disabilities/documents/toolaction/pwdfs.pdf> accessed June 21, 2023

²⁷ Joseph Ocran, "Exposing the Protected: Ghana's Disability Laws and the Rights of Disabled People," *Disability & Society* 34, no. 4 (2019): 663–68.

²⁸ World Health Organisation, World Bank (2011). *World Disability Report*. Technical Appendix A. Page 273. Data for this estimate was collected between 2002 and 2004.

²⁹ Human Rights Watch, "Ghana: Disability Rights Convention Ratified People With Mental Disabilities Need Protection, Community-Based Programs," Press Release, August 22, 2012, <https://www.hrw.org/news/2012/08/22/ghana-disability-rights-convention-ratified>.

³⁰ Joseph Ocran, "Exposing the Protected: Ghana's Disability Laws and the Rights of Disabled People," *Disability & Society* 34, no. 4 (2019): 663–68, 663.

Population census in Ghana in 2021 put the percentage of PWDs as being 8% of the total population of 38 million.³¹

Divers Definitions of Disability

Finding a universally accepted definition of disability has proved to be evasive. There is an increase in the sources of literature that attempts to define or construct disability. Due to the fact that perceptions of disability differ, one cannot find an overarching way of defining disability. In this way, disability can be more “described” rather than defined.³² However, there exists an “umbrella” that covers all sorts of “impairments, activity limitation and participation restriction.”³³ PWDs may have physical, mental, emotional, psychological, developmental conditions, or a combination of two or more of these conditions. The study now looks at various definitions of disability which show the perspective of the source attempting to define disability.

To the World Health Organization (WHO), disability is “an impairment or abnormality of psychological, physiological or anatomical structure or function: a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in a manner or within the range considered normal for a human being...”³⁴ It is obvious that WHO defines disability from a medical perspective but does not consider the socio-cultural underpinnings of disability in its definition.

However, Disabled Peoples International consciously defines disability as “the loss or limitation of the ability to take part in the normal life of the community on an equal level with others due to physical and social barriers” This definition places emphasis on the negative attitudes of societies towards PWDs. Evidently, such attitudes promote and lead to exclusion, marginalisation and inequality. Society, therefore, excludes persons from their normal life due to their disability.

An Anecdote

To illustrate the point just made above, the researcher hereby tells a sad anecdote of his maternal great-grand uncle who was a paramount chief and suffered such an exclusion.³⁵ In his quest to defend his people and their ancestral lands, he received deep machete wounds on his right hand from his enemies who sought to assassinate him. Unfortunately, he was later forced to abdicate by the very people whose interest he was defending because culturally the people thought it was a “disgrace” for their paramount chief to be “deformed”. So in such a case physical defects and cultural attitudes to disability led to stigma and exclusion. Such attitudes permeate Ghanaian society. For instance, Tweneboah asserts that the sacred office of the chief must not be ‘contaminated with any physical impairment.’³⁶ If this was the level of rejection of a high-profile person like a paramount chief then you can imagine what ordeal ordinary PWDs go through.

Various ways in which Disability is Modeled

There are diverse ways in which disability is modelled. Marno Retief and Rantsoa Letsosa outlined nine prevailing ways in which disability is modelled.³⁷ They outline these models of disability: Firstly from the Medical Model, they model disability as a disease that needs curative attention. PWDs are therefore seen as ‘sick’ people who need help in order to improve their inadequacies.³⁸ It must be noted sometimes the ongoing disability experienced by a PWDs does not necessarily prevent him/her from performing daily duties. Yet the Medical Model categorises all PWDs as sick. Secondly from the Social Model, disability

³¹ Ghana Statistical Service, *Population and Housing Census District Analytical Report: Adenta Municipality* (Accra: Ghana Statistical Service, 2021).

³² Helen Ishola-Esan, “Introduction: Defining Disability and Related Concepts,” in *Perspectives on Disability: A Resource for Theological and Religious Studies in Africa*, ed. Samuel Kabue, Helen Ishola-Esan, and I.D. Ayegboyin (Nairobi: EDAN, 2016), 96–97.

³³ Helen Ishola-Esan, “Introduction: Defining Disability and Related Concepts,” in *Perspectives on Disability: A Resource for Theological and Religious Studies in Africa*, ed. Samuel Kabue, Helen Ishola-Esan, and I.D. Ayegboyin (Nairobi: EDAN, 2016), 96.

³⁴ World Health Organisation, *International Classification of Impairments and Handicaps*. (Geneva: World Health Organisation, 2013) 213.

³⁵ He was once the paramount Chief of Manso Nkwanta traditional area in the Amansie West District of the Ashanti Region of Ghana.

³⁶ Seth Tweneboah, “Pentecostalism, Witchdemonic Accusations, and Symbolic Violence in Ghana Some Human Rights Concerns” *PNEUMA* 37, (2015) 375–380, accessed October 5, 2021 brill.com/pneu.

³⁷ Marno Retief and Rantsoa Letšosa, “Models of Disability: A Brief Overview,” *HTS Teologiese Studies/Theological Studies* 74, no. 1 (2018).

³⁸ Anne Llewellyn, David Mercer, and Lorraine Agu, *Sociology for Social Workers* (Cambridge: Polity, 2008).

is perceived as a socially constructed phenomenon. It is what society sees that defines disability. In this sense disability is contextual. For instance in Ghana, a PWD cannot become a chief.³⁹ The third model, which is the Identity Model, constructs disability as a positive identity' where PWDs become members of a recognized minority group that forge a positive 'identity based on experiences and circumstances.'⁴⁰

The fourth model is The Human Rights Model: In this model, disability is viewed as a human rights issue. PWDs are thus encouraged to develop self-pride and fight for equal rights. The fifth model is the Cultural Model: Disability is perceived from a cultural perspective. It portrays PWDs as people who have been 'deposited' often contrary to their will, to be 'managed through various institutional locations.'⁴¹ The sixth model is The Charity Model: where disability is modelled as 'victimhood'. PWDs are seen as another set of people who need special services and special needs.⁴² Though this model calls for human treatment of PWDs it models them as helpless and a burden on others. Such a model is resented by PWDs because it pushes them to the margins of societal life. The seventh model of disability is the Economic model where disability is seen as a challenge to productivity. The economic model looks at disability from the perspective of 'disabling effects, ... labour and employment capabilities of PWDs.'⁴³ Though it seeks to promote respect, accommodation and human rights of PWDs, as Smart has observed it often questions the productivity and usefulness of PWDs.⁴⁴ This model only looks at the economic interest of PWDs and neglects other important aspects of life such as dignity and social inclusion.

In addition to the above, there are two more models of disability which can be categorized as theological models of disability. The first of these which is also the eighth model of disability is The Moral or Religious Model which sees disability as an act of God. This is believed to be the oldest model of disability including the Judeo-Christian religions. Disability is seen as a 'punishment' or a 'blessing' from God. On one part, disability is seen as a 'punishment' for the sin of the PWD, his /her parents, or even ancestors.⁴⁵ People holding on to this view in their teaching and preaching associate certain disabilities with sin and evil or as pointed out by McClure due to religious ineptitude.⁴⁶ Proponents of this view posit that the Old Testament understanding of disability is that it is a 'curse' due to sin, unbelief, and disobedience which brings the wrath of God on the person or his/her family. In this way, PWDs are seen as 'impure' and therefore were banned from the sanctuary of God (Leviticus 21:16-23). Furthermore, they hold that the New Testament also associates sickness with sin. They argue that Jesus seems to connect sin to disability. For instance, a few minutes after healing the PWD at the pool of Bethesda, Jesus said "See, you are well again. Stop sinning or something worse will happen to you" (John 5:14). This religious position is prevailing in the Ghanaian church space because the belief in sickness as a result of sin is very entrenched in both Christian and traditional beliefs and practices. Esther Akua Gyamfi has poignantly stated an alarming phenomenon:

The desire to avoid whatever is associated with evil has affected people's attitudes towards people with disabilities, simply because disability is erroneously associated with evil. These mere misconceptions have produced negative attitudes that stem from a lack of proper understanding of disability and how they affect functioning. For instance, some religious leaders indicate that persons with disabilities, especially those with mental disabilities, are possessed by evil spirits. These religious leaders subject people with disabilities to mental and physical pain as a means of exorcising the spirits.⁴⁷

³⁹ Kwabena Opuni-Frimpong, *Indigenous Knowledge and Christian Missions: Perspectives of Akan Leadership Formation on Ghanaian Christian Leadership Development* (Accra: SonLife Press, 2012),56.

⁴⁰ E. Brewer et al., "Introduction, Background and History," in *Arts and Humanities*, ed. B. Brueggemann (Thousand Oaks, CA: Sage, 2012), 1–62.

⁴¹ S.H. Snyder and D.T. Mitchell, *Cultural Locations of Disability* (Chicago: Chicago University Press, 2006), 4-5.

⁴² V. Duyan, "The Community Effects of Disabled Sports," in *Amputee Sports for Victims of Terrorism*, ed. Centre of Excellence Defence Against Terrorism (Amsterdam: IOS Press, 2007), 70–77.

⁴³ Sarah Armstrong, Mindy Noble and Pauline Rosenbaum, "Deconstructing Barriers: The Promise of Socio-Economic Rights of People with Disabilities in Canada" in *Economic Rights in Canada and USA*, Rhoda E. Howard-Hassmann and Claude E. Welch Jr. eds. (Philadelphia: University of Pennsylvania, 2006), 151.

⁴⁴ J. Smart, "Models of Disability: The Juxtaposition of Biology and Social Construction," in *Handbook of Rehabilitation Counselling*, ed. T. Maki and D. Riggart (New York: Springer, 2004), 24–49.

⁴⁵ George Henderson and Willie E. Bryan, *Psychological Aspects of Disability* (Springfield: Charles Thomas Press, 2011), 7.

⁴⁶ J. McClure, *Preaching Words* (Louisville, KY: Westminster John Knox Press, 2007), 7.

⁴⁷ GhanaWeb, "Negative Attitudes towards Persons with Disabilities," 2023, [https://www.ghanaweb.com/GhanaHomePage/features/columnist.php?S=Esther Akua Gyamfi](https://www.ghanaweb.com/GhanaHomePage/features/columnist.php?S=Esther%20Akua%20Gyamfi).

Unfortunately, those who connect sin to disability have not had a thorough understanding of such biblical injunctions such as ‘You shall not curse the deaf or put a stumbling block before the blind, but you shall fear your God: I am the Lord’ (Leviticus 19:14). Or Jesus emphatic statement concerning the healing of a man born blind when Jesus answered his disciples “Neither this man nor his parents sinned. But this happened so that the work of God might be displayed in his life” (John 9:3).

Interestingly, others see the Moral/Religious Model as favourable to PWDs in that disability is seen as a ‘blessing’ from God. For them, disability could be a test of faith. PWDs are therefore called to endure and exercise faith in their disability. If they receive miraculous healing then that is the proof of their faithfulness otherwise, they are faithless or ungodly.⁴⁸ Still, others allege that PWDs are given some special heightened sense to compensate for their physical disability.⁴⁹ So in this sense PWDs are thought of as blessed by God. The usual approach, therefore, is to seek intervention as the remedy for disability. This way of modelling disability fails to address issues of social injustice, harmful remedy attempts, insecurity in the workplace, poverty, inaccessible health care and many other factors that engender ill health and disability.

The ninth and final model that this article outlines is the Limits model which models disability as Creamer puts it as an ‘embodiment’ and ‘limit ness.’⁵⁰ This model lays emphasis that all humans suffer disability or limit-ness of varying degrees at one point or another in their lives and therefore disability is a common human experience. In this sense, this model frowns on categorizing humanity as ‘disabled’ and ‘able-bodied’ or ‘normal body’ or ‘abnormal body.’ Furthermore, the model stands against the overemphasis on disability issues from mainstream societal life.⁵¹ Contrary to the moral/religious model, the Limits model does not see disability or limits as a necessary good but rather advocates that PWDs may seek to improve their disability even if they cannot totally eradicate it.

A Dualistic Construction of Disability

The various models discussed above reveal a dualistic construction of disability in the Ghanaian context. For instance: while the medical field seeks to ‘help’ PWDs, they are deemed inherently sick and thus marginalized. The social model projects PWD to be ‘abnormal’ and thus pushed out of the public space. The Religious or moral model sees PWDs as cursed, sinful, or faithless. Proponents only emphasize Jesus’ healing of infirmities and not the fact that he restored relationships and projected PWDs as the ‘sons and daughters of Abraham’. It is obvious that all the models of disability, as seen above, are inadequate to address the injustice that PWDs face daily. The models are therefore full of resultant challenges such as stigma, marginalization, discrimination and exclusion.

Stigma, Marginalization and Discrimination

It is common knowledge that PWDs face stigma, marginalization and discrimination. In the thinking of the Sightsavers Social Inclusion Strategy, stigma and discrimination must be addressed as a prerequisite to achieving ‘equitable inclusion’ for PWDs.⁵² Amenyedzi posits that PWDs are a marginalized group in Ghana.⁵³

Stigma entails stereotyping and showing negative attitudes towards a particular group of people. Discrimination involves the unjust treatment of people due to factors bordering on race, tribe, social class, or disability. In most cases, stigma and discrimination, though quite different, feed and reinforce each other. There is a growing literature on the effect of stigma and discrimination on PWDs. Rohwerder has pointed out that PWDs and their families largely experience being discriminated against and isolated because of stereotypes, prejudice and stigma.⁵⁴ On his part, Scoir proposes that stigmatization often

⁴⁸ Kathy Black, *A Healing Homiletic: Disability and Preaching* (Nashville: Abingdon Press, 1996), 26.

⁴⁹ Rhoda Olkin, *What Psychotherapists Should Know about Disability* (New York: Guilford Press, 2001), 25-26.

⁵⁰ D. Creamer, *Disability and Christian Theology: Embodied Limits and Constructive Possibilities* (Oxford: Oxford University Press, 2009), 57.

⁵¹ Michael Mawson, “Subjectivity and Embodied Limits: Deborah Creamer’s Disability and Christian Theology,” *Journal of Religion, Disability & Health* 17, no. 4 (2013): 409–17.

⁵² Bhavisha Virendrakuma et al., *Disability-Related Stigma & Discrimination in Sub-Saharan Africa and South Asia: A Systematic Literature Review* (Haywards Heath: Sightsavers, 2021).

⁵³ Amenyedzi, “Equity and Access for Theological Education in Ghana.”

⁵⁴ Brigitte Rohwerder, *Disability Stigma in Developing Countries* (Brighton: Institute of Development Studies, 2018), 2.

disempowers the stigmatized and leads to negative responses like pity, anxiety, isolation and hostility. In extreme cases, outright hatred and disgust can be the resultant response.⁵⁵ For people in developing countries such as Ghana, it has been observed that stigma combines with poverty and other factors to negatively affect the rights of PWDs. Often, several social, traditional and religious beliefs serve as drivers of stigma. In Ghana, PWDs experience systemic negative attitudes which results in them being pushed to the fringes of communal space and life.⁵⁶ A body without blemish is what Ghanaian society has constructed as the expected picture of well-being. So when PWDs do not meet this socially constructed ideal, they are less valued and isolated. This results in a sort of double isolation as PWDs are forced to develop low self-esteem and self-isolation. So there is societal isolation of PWDs which pushes PWDs to self-isolation in order to avoid public humiliation and abusive attitudes and actions towards them.

Exclusion

Stigma, marginalisation and discrimination result in exclusion. Exclusion projects the situation of being shut down, pushed aside or kept out of mainstream societal activities. This article understands the exclusion of PWDs to mean that they are marginalized, that they are often denied opportunities, that they often face discrimination and that their rights have continuously been of less interest to mainstream society. PWDs are therefore pushed to the periphery of society. Niewohner et al have described 'the systematic exclusion' of PWDs as a 'devastating' development.⁵⁷ Furthermore, Nico Koopman has made the alarming observation that PWDs experience both social vulnerability and theological vulnerability.⁵⁸ What this means is that the combination of cultural, societal and theological misunderstandings of disability leads to the loss of dignity of PWDs.

It is obvious from the above that a proper theological understanding of disability is key to ending stigma, discrimination and exclusion of PWDs from the church space. In what follows, an attempt will be made to suggest a disability-friendly theology.

Emphasis on the concept of the broken body in theological construction

Theology has the great potential to play a key role in order to encourage human understanding, changing negative attitudes and promoting inclusivity. Developing inclusivity of PWDs in the church is very important. As Kondrath has observed, "the kinds of privilege and access to resources that come from simply being members of one particular group within a category (for example, race, gender, educational level, socioeconomic class, ordained or lay status, and so on). Conversely, belonging to other groups within that category...may mean that we are targeted to receive fewer goods, privileges, and access to resources."⁵⁹ In likewise thinking, Creamer has observed that PWDs who often find themselves "from this position on the margins ... can first make apparent and then challenge the assumptions of the center."⁶⁰

Nancy Eiesland has given a lot of insight into formulating a theology that is disability friendly and that elicits disability inclusivity. In her book, *The Disabled God: Toward A Liberatory Theology of Disability*, she points out the following which will be relevant to our discussion in this study: Eiesland calls for 'de-ideologization of scriptures, a pragmatic interpretation of experiences, a critical theory of emancipation and enlightenment, and a social theory of transformed praxis.'⁶¹

⁵⁵ K. Scior, "Towards Understanding Intellectual Disability Stigma: Introduction," in *Intellectual Disability Stigma: Stepping Out From the Margins*, ed. K. Warner and S. Scior (Palgrave: Macmillan, 2016), 5.

⁵⁶ Christopher M Amissah et al., "Contextual Analyses of Attitudes toward Persons with Physical Disabilities," *Current Research in Psychology* 7, no. 2 (2016): 27–35.

⁵⁷ Jessica Niewohner, Shannon Pierson, and Stephen J. Meyers, "'Leave No One behind'? The Exclusion of Persons with Disabilities by Development NGOs," *Disability & Society* 35, no. 7 (August 8, 2020): 1171–76, <https://doi.org/10.1080/09687599.2019.1664053>.

⁵⁸ N. Koopman, "Hope, Vulnerability & Disability'? A Theological Perspective," in *Searching for Dignity: Conversations on Dignity, Theology & Disability*, ed. J. Swartz, L. Hanson, and L. Claassens (Stellenbosch: Sun Media, 2013), 43–54.

⁵⁹ William M. Kondrath, *God's Tapestry: Understanding and Celebrating Differences* (Herndon: The Alban 16 Institute, 2008), 35.

⁶⁰ Deborah Beth Creamer, "Embracing Limits, Queering Embodiment: Creating/Creative Possibilities for Disability Theology," *Journal of Feminist Studies in Religion* 26, no. 2 (2010): 123–27.

⁶¹ Eiesland, *The Disabled God: Toward A Liberatory Theology of Disability*, 22.

Divine Existence in Unexpected Bodies

For Eiesland, disability should not be perceived as ‘incomplete’ nor should the difference be seen as ‘dangerous.’⁶² There must be a new understanding that any assistive device for a PWD is part of the embodiment of their body. God himself, according to Eiesland disrupts the ‘social symbolic’ order and appears in the most ‘unexpected bodies.’⁶³ She alludes to the parable of the Good Samaritan to show how Jesus contrasted the social symbolism of the Jews as righteous people and the fact that contrary to popular views, it was rather the outcast Samaritan who demonstrated godliness by helping the person in need. In the same vein, the contemporary humanly constructed models of disability as earlier discussed in this article, fall short of God, the Creator’s standards. God exists in unexpected bodies such as PWDs through His image and likeness in them (Gen 1:27).

The Disabled Saviour

At the centre of Eiesland’s argument for a disability-friendly theology is the disabled Jesus. The biblical narratives present a disabled Messiah. Isaiah tells us he was *pierced* for our transgressions, he was *crushed* for our iniquities (Isaiah 53:5).⁶⁴ Jesus could not be the Saviour until His body was disabled. He was crucified and resurrected with holes in his hand and a sword wound at his side (John 20:20, 25, 27). It was this disabled, resurrected body that could go through locked doors! For centuries constructed Christian theology has presented the abled body as the ‘theological norm’, but as Eiesland poignantly shows us, at the heart of the Christian story is a disabled Redeemer.

A careful theological reflection of Christ’s incarnation and ministry shows that he could save us only through his broken body. Jesus commands His disciples to remember Him in gathering together and sharing bread and wine, with these words “This is My body broken for you” (Luke 22:19) and “This is My blood shed for you.” (Luke 22:20).

It is when believers see themselves as weak and broken that God can use them. For it was after Paul had fallen down to the earth and was blinded on the road to Damascus (Acts 9:4ff) that he sought the Lord and was enabled to minister. It was when he experienced the ‘thorn in his flesh’ that he depended on the sufficient grace of God. It is for this reason that he delighted in weaknesses, in insults, in hardships, in persecutions, in difficulties. Because he gained strength in weakness (2 Corinthians 12:10). Hence, he gives many useful insights about the body. He encourages all parts of the developing church to accept one another, in the knowledge that all belong to the Body of Christ, each bringing their various gifts, limitations and life experiences. “For just as we have many members in one body and all the members do not have the same function, so we, who are many, are one body in Christ, and individually members one of another” (Romans 12:4-5).

Suggestive Ways to Ensure Disability Inclusivity

The Church of Christ encompasses all believers no matter their physical or social status. PWDs must be accepted as an integral part of the church and be allowed to be full participants in the Church of Christ. For Christ himself through his incarnation and death on the cross, identifies with our broken bodies. Until every member of the church is allowed to exercise their gifts and play their unique roles, the church cannot fulfil its mission in the world. Furthermore, comprehensive church growth will remain just an illusion. In order to incorporate PWDs into the mission and ministry of the Church, there must be an interplay of conceptual theology of disability that will drive religious and societal change in attitudes towards disability. There must be a deliberate praxis of disability inclusivity based on that theology of disability inclusivity. Therefore, this study suggests the following, in order to, ensure disability inclusivity in the Church in Ghana.

A. A Friendly Theology of Disability

Talitha Cooreman-Guittin and Armand Léon van Ommen cite Swinton’s definition of the theology of disability as “Disability theology is the attempt by disabled and non-disabled Christians to understand and interpret the gospel of Jesus Christ, God, and humanity against the backdrop of the historical and

⁶² Eiesland, *The Disabled God: Toward A Liberatory Theology of Disability*, 47-48.

⁶³ Eiesland, *The Disabled God: Toward A Liberatory Theology of Disability*, 100.

⁶⁴ Emphasis mine.

contemporary experiences of people with disabilities. It has come to refer to a variety of perspectives and methods designed to give voice to the rich and diverse theological meanings of the human experience of disability.”⁶⁵ A friendly disability theology must therefore have the following features:

1. All humans as created in the *imago Dei* (Gen 1:27, 31; Ex 4:11)

The term *imago Dei* is the Latin Vulgate translation of the image and likeness of God as found in Genesis 1:27. It is recorded in Gen. 1:27 that God created male and female in God’s own image and likeness. It must be noted that the description only referred to humanity and not to the rest of the creatures. Theologically, the *imago Dei* has two implications. Firstly, it denotes the self-actualisation of Divinity through humanity. Secondly, it implies the loving care and concern of God for all humans.⁶⁶ All people including PWDs have intrinsic value and are given the cultural mandate to rule over the other creatures. Furthermore, humans have the potential ability to enter into a personal relationship with the Almighty God Himself. It follows from this understanding that PWDs do not lose the *imago Dei* due to their disability. They are therefore entitled to human dignity and respect just as the rest of their abled-bodied brothers and sisters. God uses PWDs as bearers of His image and likeness to accomplish His purposes. The church through its theology must understand and promote this.

2. All believers must be guarded by the Concept of *Imitatio Christi*

Imitatio Christi is the Latin for imitation of Christ. It implies that all believers must endeavour to live and act as Christ did when He bodily lived on earth for 33 years.⁶⁷ Though it is not possible to perfectly imitate Christ due to the effect of the fall of humanity, it must be the desired goal to live a Christ-like life. This can be done with the help of the Holy Spirit who helps believers in their weakness. Jesus identified with the human body through His incarnation (John 1:14) and took the form of humanity (Philippians 2:8). Christ himself had a broken body through which He died to redeem mankind. Christ identified with PWDs by touching them and allowing them to touch Him. A case in point was the woman with the issue of blood (Luke 8:43-48). PWDs at His time were outcasts just as it is today in the Ghanaian context, but Jesus associated with the PWDs of His day and welcomed them and gave them the needed attention and support. For instance, Jesus exemplified this in the encounter with Blind Bartimaeus where Jesus had him brought to him, interacted with him, healed him and allowed him to be one of His followers (Mark 10:46-52). This all happened when the people around the blind man had made all efforts to stop him from getting Jesus’ attention. If Jesus interacted with and accepted PWDs like blind Bartimaeus and others, then it is incumbent on us to imitate Jesus’ example and accommodate and incorporate PWDs in the church and public space.

3. The Church as One Body with Many Parts

Another feature of a disability-friendly theology must be the recognition of the Church as one body with many parts. The Apostle Paul illustrated this by emphasizing that just as the human body is one but with many different parts coming together to form the body, so also the church is one body with different people forming the one body/church (1 Corinthians 12:12). Like the different parts of the body, each member has his/her unique gift, ability and role without which the body will be incomplete and cannot function adequately. Furthermore, no part of the body can say that it does not need the other. Neither can any part of the body play the role that it was not designed for. The church must therefore understand that without PWDs being fully recognized and being allowed to play their unique roles, the church remains incomplete both as a body and in its functionality and impact on the world.

B. A Loving Christian Fellowship

A good theology should lead to a good praxis. If the church develops a theology of disability with the aforementioned features, then it must be seen as a place of loving Christian fellowship where PWDs are

⁶⁵ Talitha Cooreman-Guittin and Armand Léon van Ommen, “Disability Theology: A Driving Force for Change?,” *International Journal for the Study of the Christian Church* 22, no. 1 (January 2, 2022): 1–4, <https://doi.org/10.1080/1474225X.2022.2046760>.

⁶⁶ Xie, “Understanding People with Disabilities within the Biblical Concepts of *Imago Dei* and *Imitatio Christi*,” 14.

⁶⁷ Xie, “Understanding People with Disabilities within the Biblical Concepts of *Imago Dei* and *Imitatio Christi*,” 15.

welcomed and allowed to fully participate. If this is to happen, there must be a deliberate effort to remove obstacles that prevent PWDs from fully participating in the church space. The healing of a PWD as recorded in Mark 2:1-12 and Luke 5:17-26 provides valuable guidelines for ensuring disability inclusivity in the Church in Ghana. In the narrative recorded in Mark and Luke, a PWD wanted to see Jesus but all access to Jesus was blocked by the crowd that had surrounded Jesus. The friends of the PWD creatively removed the roof of the building and lowered the PWD directly in front of Jesus. This brought a healing and liberating encounter to the PWD from Jesus. In the same way, many obstacles in the church have excluded PWDs in Ghana. This study, therefore, calls for a loving Christian Fellowship that will remove obstacles to disability inclusivity.

RECOMMENDATIONS

This study recommends the following:

1. Accessibility to Church/Fellowship Facilities

Many church facilities are just not accessible to PWDs. The church must consciously consider whether the siting and design of church buildings isolate or include PWDs. The church must be guided by the joy of the pilgrim when he said ‘I rejoiced with those who said to me, ‘Let us go to the house of the Lord.’ Our feet are standing in your gates...(Psalm 122:1-2). Facilities must be sited and designed to be disability friendly so that both PWDs and non-PWDs can easily and joyfully access them. In many churches in Ghana today, when active members become PWDs through old age, accidents or illness, they are mostly labelled ‘invalids.’ These ‘invalids’ are isolated at their homes and do not enjoy the usual church fellowships. The only fellowship they enjoy is the periodic communion that is administered to them at their homes. The Persons with Disability Act of 2006 (Act 715)⁶⁸ was passed by the Parliament of Ghana to ensure the comprehensive rights of PWDs. If the church is to be accessible to PWDs then every effort must be put in place to enforce Acts 6 and 7 of that Act which states in Act 6. ‘The owner or occupier of a place to which the public has access shall provide appropriate facilities that make the place accessible to and available for use by a person with a disability.’ And Act 7 states ‘A person who provides service to the public shall put in place the necessary facilities that make the service available and accessible to a person with disability.’

2. Sensitive Language

Words are powerful and can make or unmake a person. They can lift up a person’s spirit or make him/ her downcast. Oftentimes, PWDs are labelled in Ghana as *yarefo* literally meaning a ‘sick person.’ It denotes that PWDs are sick and therefore unfit to play key roles. Furthermore, an often word used to call believers to stand during worship is *sore gyina wo nan so* which means ‘stand up on your feet.’ Another way to describe somebody who is active or doing well in anything at all in the church is *ogyina ne nan so* literally means ‘he/she is standing on his/her feet’. How does a PWD feel if s/he hears such words in the community of faith? Such insensitive expressions discourage PWDs and make them see themselves as not capable of doing anything good in the church. In line with the biblical injunction that ‘Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen’ (Ephesians 4:29), this study recommends that Christians must be sensitive in their choice of words so that they will not embarrass or belittle PWDs. In this way, PWDs will feel welcomed in the church and be free to play whatever roles their gifts and abilities enable them to.

3. Participatory Liturgy

Liturgy involves prayers, music, reading of the word of God, preaching, teaching and other things that guide the community of faith to worship God and fellowship with each other. An inclusive and PWD-friendly church must make sure that the liturgy of the church is such that PWDs can fully participate. For instance, the use of the Braille Bible and the use of sign language must be

⁶⁸ Persons with Disability Act 2006 (Act 715) (GH).

incorporated into the worship of the church to ensure the full participation of PWDs. The church must consciously be alert that PWDs are part and parcel of the community of faith and therefore everything in the church whether, physical, spiritual or emotional must be disability inclusive. It is in this vein that the words of Sarah Nettleton give a very useful insight:

Please include us. It hurts to be excluded. A quick hi and a hug are not enough. We need real inclusion. When will you understand? We are all members of the body of Christ. Some of us communicate in different ways. Some of us see differently. Some of us behave in ways we can't control. Some of us learn at different speeds. Some of us need wheelchairs. Some of us walk differently. Some of us hear less. Some of us never get to come to church. Some of us are just left out. We are all members of Christ's family. Why can't you be more welcoming? We are all in need of a church which welcomes and accepts us for who we are. We are made in God's image. When you forget to include us you are forgetting to include God. Access is more than ramps and accessible bathrooms. The hearts of everyone need to be open and welcoming. When hearts are open we can really be a family in Christ. Open your heart and let us in.⁶⁹

CONCLUSION

In this study, an attempt has been made to highlight the exclusion of PWDs in the public space especially within the Christian Church in Ghana. This has been done by pointing out what appears to be alarming statistics of PWDs in Ghana and also how problematic PWDs are modelled from various perspectives and showed how these lead to stigma and exclusion of PWDs. The study has identified the correlation between Akan cultural beliefs and Pentecostal/neo-Pentecostal attitudes to disability that lead to the exclusion of PWDs. It has been emphasized that the church is incomplete if PWDs are excluded from playing their unique roles in the Church. This has sought to challenge readers to recognize that a theology of a broken body is consistent with the incarnation, the redeemer work of Jesus Christ who is the Lord of the church. This serves as a challenge to the church to reconsider its ways and to develop a theology of disability inclusivity thereby suggesting ways in which the church in Ghana can fellowship as a community of faith that embraces PWDs. It is anticipated that this article will contribute to the clarion call for the Church in Ghana to endeavour to become a disability-inclusive church in order to fulfil its mandate of reaching and disciplining all for Christ.

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