

AN ANALYSIS OF STORIES OF PEOPLE WITH
DISABILITIES WHO EXPERIENCED STIGMA IN
PENTECOSTAL DENOMINATIONS IN ZIMBABWE

Phillipa Mutswanga¹, Eunice Makoni² & Norman Chivasa³

*¹Snr Lecturer, Department of Disability Studies and Special Needs Education,
Zimbabwe Open University, +263, P.O. Box MP 1119, Mt Pleasant, Harare, Zimbabwe,*

*²Department of Medicine, Kursk Medical State University, Medical Student
Kursk, +79, Russia.*

*³Adjunct Lecturer, Department of Peace, Leadership and Conflict Resolution
Zimbabwe Open University, +263, P.O. Box MP 1119, Mt Pleasant, Harare, Zimbabwe
Zimbabwe.*



ABSTRACT

Employing the qualitative natural informal conversation approach to collect data the study examined the extent of stigmatisation of people with disabilities in selected Pentecostal Churches in Zimbabwe. Pentecostalism is a fast growing religious phenomenon amongst all major sections of Christendom. Religious commentators viewed it as the third force in the Christian world both in Africa and even worldwide. The conversations the authors had with interested participants revealed that despite the majority of people's level of education and Pentecostal knowledge their cultural values and belief systems influenced the way they related and treated people with disabilities resulting in stigmatisation in most instances. Despite the fact that Pentecostal Churches claimed to resemble the life lived by Jesus Christ, the study found the majority of these members taking part in the stigmatisation of people with disabilities. The study recommended that Pentecostal Churches should practice what they preach and they should be obliged to live according to goals and should not be seen to shirk their responsibilities. Cultural values should not be used as weapons to deny people with disabilities their religious rights. It is therefore the wish of this study to afford insights rather sight in the welfare and accommodation of people with disabilities in Pentecostal Churches and other denominations through the lived shared experiences in the Appendix section. Many lessons were learnt from the study. One of the key lessons was that all people are equal before God, thus Pentecostal Churches and other denominations should equally view people with disabilities without stigma.

KEY WORDS: Stories; people with disabilities; stigma; Pentecostal Denominations; Zimbabwe

1.0 INTRODUCTION

This study is based on the hypothesis that despite claims by some major Pentecostal denominations that Zimbabwe has been largely evangelised over the past decades, the prevalence of stigma associated with people with disabilities (PWDs) is high and seems to be on the increase within the Pentecostal circles. If this hypothesis is anything to go by, it means that the prevalence of stigma in some Pentecostal denominations is totally against the 'Pentecostal message of purity and holiness' (Machingura, undated: 308). The concept of holiness is closely associated with brotherly love. Brotherly love is taken to mean unconditional commitment to someone regardless of sex, colour of skin, physical or psychological condition.

Nevertheless, mainstream thinking in the Pentecostal circles in Zimbabwe, seem to have turned a blind eye over the issues of stigma against PWDs. This trend was also prevalent among some Jewish theologians as reflected in John chapter 9 verses 1 to 12. The basic belief expressed by some of Jesus' disciples is that blindness as another form of disability is associated with personal or generational sin and therefore it needed immediate remedy. Jesus' response to the question reflects sentiments in Exodus chapter 4 verse 11 in which God urged Moses who had attempted to excuse himself from taking responsibility based on a stammering condition to take up the insurmountable task so as to emancipate Israel out of bondage. For Moses, such a task was not suited for a person with a physical condition such as his but God does not consider physical condition of primary importance than the task. In that scenario God went on to argue with Moses saying: "Who has made man's mouth? Who makes him mute, or deaf, or seeing or blind? Is it not the Lord?" In that sense, physical or psychological condition should not take precedence over and above participation in every aspect of life that seeks to promote human welfare.

1.2 RESEARCH QUESTIONS

The following research questions attempted to address the study:

- 1) What perspectives do Pentecostal Churches have people with disabilities?

- 2) What are the experiences of people with disabilities in Pentecostal Churches?
- 3) What lessons can Pentecostal Churches and other denominations learn from the experiences of people with disabilities?
- 4) How can Pentecostal Churches and other denominations improve in order to decrease the stigmatisation of people with disabilities?

2.0 LITERATURE REVIEW

This section reviews literature related to disability and Pentecostalism. The study is underpinned by Goffman's Theory of Stigma.

2.1 Erving Goffman's Theory of Stigma:-

In many countries patterns of disability are characterised in prejudice and debasement of their social status. According to Murphy (1987), that is manifested in its most extreme forms by avoidance, fear, and outright hostility. As Erving Goffman notes in his 1963 book, people with disabilities (PWDs) occupied the same devalued status as ex-convicts, certain ethnic and racial minorities and the mentally challenged, just to mention a few. Regarding that, Erving Goffman proposes that whatever a person with physical impairments may think of self, he/she is given a negative identity by society and much of his/her social life is a struggle against this imposed image. It implies that stigma is less a by-product of disability than its substance. That explains that the greatest impediment to a person's taking full part in his/her society is not his/her physical flaws but rather the issue of myths, fears and understandings that society attaches to them. It is for these reasons that Erving Goffman's Theory of Stigma is selected as the best theory which could guide this study. It helps in understanding some of the behaviours displayed by PWDs and also stigmatisers to question their behaviours towards PWDs.

2.2 What is Pentecostalism?

The term Pentecostalism is misleading in some instances as some people tend to confuse the term Charismatic's with Pentecostalism. The bottom line is that these two theological orientations cross paths but they do not mean the same thing. The former orientation is characterised by heavy

emphasis on healing through the use of material objects/substances and the works of the spirit in the area of prophesy while the later emphasises the glossolalia (Holy Spirit empowered ability to speak in a foreign tongue) (for further discussion on Glossolalia, see Machingura, 2011).

2.3 Conceptualising stigma and disability

This study subscribes to the definition of stigma by the New Oxford Dictionary of English (cited in Machingura, undated). According to this dictionary, stigma is a mark of disgrace associated with a particular circumstance, quality or person. The term disgrace can mean different things to many people. According to the World Report on Disability (2011), disability on Disability (2011) "an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)." These impairments, limitations or participation restrictions takes different dimensions according to the condition that a particular individual is experiencing. This is a real life experience which can happen to anyone regardless of size, sex, colour of skin or status.

2.4 Impacts of Stigma on Christianity

Traditionally, disability was understood in the negative terms where it was perceived as a tragedy; and object of charity and as an individual's problem. According authors that is likely to have formed the foundation to the existing systems of stigma. As highlighted in the Conversations and supported by previous studies, stigma reduces the participation of a person leading to withdrawal and isolation of the particular individual. Other studies which were also supported by behaviours portrayed in this study showed that beliefs and cultural backgrounds influenced the way people related and considered PWDs despite the obtained high education. This is supported by Rukuni (2007:03) who proposed that, "You can take the Afrikan out of the village, but you cannot really take the village out of the Afrikan."

2.5 The Theology of Disability and Pentecostalism

Regarding the above, at what point do cultural stigmas begin, where do influences of nature and medicine stop or draw line? Abrams (2014) proposes that, impairment or disability as an organic malfunction is the preserve of medicine while disability as the product of oppressive social structure is the concern of disability studies. So where can lines be drawn between medical and social model? How can PCs use these models to help explain disability stigma?

3.0 METHODOLOGY

This study is based on qualitative approach. A qualitative research was employed in the study as the best choice because it falls in the realm of phenomenology where informal conversations on lived experiences of PWDs with PCs gave feedback to this study. The study recognised PWDs as the experts of their own experiences as to how members of the PC related to various PWDs in Zimbabwe. Supportively, Bawalan and Ballad (2012) took phenomenology as a term that describes the meaning of lived experiences of an individual or several people.

3.1 Population:-

The study population included people with disabilities who are members of various Pentecostal Churches and were prepared to narrate their experiences in those particular churches.

3.2 Sample:-

The study did not have a determined sample but point of saturation was employed as a measure which marked the adequacy of the elicited information. This was marked by the elicitation of repeatedly similar information and was described as point of saturation in this study. Over and above, six narratives were captured for purposes of this study.

3.3 Instrumentation:-

Data was collected through semi-structured open ended in-depth interview questions, observations, probes and questioning literature related risings during data collection sessions.

3.4 Triangulation:-

Triangulation refers to the use of more than one approach to investigate a study in order to enhance confidence in the obtained findings. Thus, according to the authors, that gave credibility and trustworthiness to the collected data and the study findings. That is equally recognised by Mathison (1988:13) who posits that, *a good research practice requires the researcher to triangulate*, that is, to use multiple methods of data sources and researchers to enhance the validity of the research findings. Triangulation enabled the authors to probe misunderstood concepts and variations. The study findings were augmented through questioned observations and the extent to which they matched existing related literature. All that helped to minimise biases and the preconceived notion that, study samples of qualitative research are in most cases not representative enough of the study sample because of the smallness of the studied participants. While in agreement to that, the authors argued that, the idea that, in this particular study generalisation could be made because responses came from varied types of disabilities who were studied in-depth and whose responses were transcribed verbatim after some in-depth interrogations means depending on use of the study results generalisations of qualitative study findings are in some instances possible. On the other hand, literature findings authenticated the findings.

4.0 FINDINGS AND DISCUSSION

This section presents collected data conversations as they were revealed and experienced by the study participants so as to give rich insights to the topic [See the Appendix section]. After each conversation themes that emerged from the conversations the discussed and explained findings are guided by Erving Goffman's Theory of Stigma. Through analysis, the authors identified the shared and/or divorced lived experiences amongst the selected study participants. The idea was to locate the essence of the experiences and interpret what was generally experienced. The authors made sense of the lived experiences through discussing key matters through emerging themes and patterns. The study examined what could be learnt from the

interviewee insights. The collected data was content analysed into emerging themes which were synthesised from the various study respondents.

4.1 The lived experiences of being disabled:-

We feel that it is important to put this theme first because it is central to the stories narrated by people with disabilities and how they cope with the disability conditions in their various PCs and how other PC members were controlled by their belief systems. These beliefs pose positive or negative perceptions towards one and others. This is often the case for people with disabilities. Majority of them suffer from the experiences of being disabled because of what they believe about their conditions. For example, Conversation, 1 expresses an experience of being disabled through a particular condition:

My condition is invisible. It was only one day that I went into seizure attacks that church members got to know that I was epileptic. I used to go to the prayer line every Sunday to have my condition prayed for and I was somehow satisfied that my condition was improving so much that, the day I went into seizure attacks I was surprised. It made me realise that my condition had not been arrested as I thought because it had been quite a well before I got into seizure attacks [Conversation, 1].

Another expressed similar experiences when he said:

I always occupy front seats because I depend on speechreading and reading body language when I am in church. I could also be using my hearing aid but I cannot use it in the church environment because I won't benefit from using it. Even though I occupy front seats to enable speechreading this is in most cases less helpful because preachers or announcers sometimes talk while moving about or giving back to the congregation and that makes me fail to speechread [Conversation, 3].

Similarly, another experience of disability is expressed when he remarked that: I have progressive low vision thus; I depend on large print and Braille in written communications [see **Conversation, 4**].

One of the major reasons why we have attempted to capture the lived experiences of people with disabilities is to advance the notion that PWDs usually are interested in sharing their experiences of disability with persons without disabilities (Verhagen, undated). Accordingly, the interest to share experiences should not be perceived as bitterness or otherwise but as a strategy that helps to create awareness to other people that life is full of varieties. Hence, the maxim: variety is the spice of life. Coming from this framework therefore, we want to argue that the narratives captured in this study are meant to create awareness that PWDs are a special variety that is full of life and excitement for the enrichment of humankind.

4.2 Expressed experiences of the perceptions of others with regard to disability:-

It is often said that perception is everything and in this case, here is an individual who has experienced disability and the question is how that individual responded to perceptions from the significant others. This informant expresses her feelings about the perceptions of other Pentecostal members:

Although I ignored all these comments and I became at ease and felt isolated. There are no differences in the way I am treated at church and the way people in the locations treated me. I looked forward to be welcome and to be accepted at church but my life seems equally the same whether at church, in the locations were I live, at workplace and even when I walk about in town. It is only when I go to bed that I feel free from those talking eyes and comments. [Conversation, 1].

It is crystal clear from the above sentiments that this informant suffers rejection and what does this suggests about the significant others, who in this case are fellow Pentecostal members. One may

be pardoned to conclude that they are not caring because a feeling of isolation tells a story about whether the group to which he/she belongs is caring or not. Being in church and engaging oneself with God means a lot to a number of people. The assumption is every individual who engages him/herself with God is well-advised.

Nevertheless, reality in terms of how PWDs are treated has proved otherwise. Another said: "Although, I enjoy going to church, I feel isolated because nobody communicates with me." [see **Conversation, 2**]. In a different Pentecostal context, one informant remarked and expressed the following sentiments:

Few elders in this church acknowledge my presence and it is me who should in most instances greet them first. I feel church A was developed without PWDs, especially physical disabilities in mind. So it is a church for the able-bodied and not for all people. To me that makes the beginning of exclusion [Conversation, 5].

By and large, what can be concluded is that in this day and age where the majority of people are moving from one church to another, all in search of healing and deliverance, most Pentecostal churches have become biased towards PWDs. They tend to generalise PWDs as people who are basically seeking for assistance in all aspects including healing. Many people have been healed from all kinds of afflictions and diseases but this should not be the reason to label people with disabilities as the "needy". Most Pentecostal churches offer extraordinary support to people with disabilities in terms of provision of the essential needs but they are still yet to consider the active participation of people with disabilities in various areas of interest. Stigmatisation can be ruled out if PWDs get the opportunity to fully integrate with everyone and showcase their talents.

4.3 The influence of religious beliefs on the treatment of people with disabilities:-

In particular, beliefs associated with epilepsy include that this condition is caused by witchcraft or spirit possession. Kabir et al (2005:108)

define epilepsy as “a chronic brain disorder ...” This definition does not connote witchcraft or demon activity as the main cause of epilepsy. Because of its association with witchcraft and demon possession by society at large, some members of Pentecostal denominations were reported to say: *“The majority in this church seems to be of the belief that, epilepsy is contagious and since then, I began to lose friends. Some questioned why I did not receive my healing yet other people with similar cases had received their healing”*[Conversation, 1]. The belief that epilepsy is contagious and shameful is also supported by Kabir et al (2005:108). Machingura (undated), although not directly addressing the issues of stigma against people with disabilities, he acknowledged that some Pentecostals can pass judgment and condemnation particularly on PLWHA. Similarly people with disabilities have been subjected to exclusion as reflected by one informant.

Machingura (undated:310) talks about a theology of spitting with reference to PLWHA. But the same can be applied to people with disabilities when one listens to the narrative by this informant. He says:

My disability is very visible. Because of this physical outlook people keep eyes fixed on me and always reminds me that I am less human than them. Thus, church members always give me queer quizzes each time I pass by or get into church or walk about in church. People seem to have failed to get used to my condition. I feel so awkward and out of place. I have received hand shakes from very few people. Besides that, very few people talked or made day-to-day conversations with. I have young children taking fun in me and calling me all sorts of names [Conversation, 2].

A theology of spitting creates an dichotomous relationships in which people with disabilities are perceived as ‘them as sub-human’ and ‘us as fully-human’ persons. This perception fits closely with the question which was asked by the disciples about a man who was born blind in John chapter 9. “Who Sinned?” Under this

framework, a sinner and similarly a disable person is perceived not as a full human with intrinsic value and dignity but something in-between the two extremes of sub-human and a full human, if ever the sub-human category ever exists in its true sense.

In our view, the problem faced by PWDs is a problem that emanates from the source of disability as reflected in the John 9 discourse. Instead of perceiving disability as part of the variety of life it is often perceived as a result of sin which requires an immediate remedy yet it is not the reality according to God the creator of all people.

4.4 Stigma and discrimination:-

Kabir et al (2005:108) concur that religious beliefs have greater influence regarding the treatment of people that experience mental disorder through epilepsy. As a result of religious influences, individuals experiencing the epilepsy condition have suffered discrimination in areas such as education; marriage; employment; recreation and extra. As the findings of this study reflect, religious discrimination is also one of the emerging areas of discrimination against individuals who have an epilepsy condition.

Furthermore, Kabir et al (2005:108) argues that epilepsy is subjected to stigma and discrimination across societies. Nevertheless when individuals go to church such as Pentecostals they expect the terrain to be different. In other words, people expect those Pentecostal church members to be accommodative and tolerant but reality has proved otherwise. Conversation, 1 who suffered stigma and discrimination in a particular Pentecostal denomination goes on to say: “People who were close to me withdrew their close distances and I became sought of isolated. Born again church members seem not to be divorced from stigmatising and excluding people with disabilities just as non church members or goers.” The truth of the matter is Pentecostal church members who are distancing themselves from an individual with such a condition are actually acting on misconceptions about epilepsy. Studies by Kabir et al (2005) found singled out some of the misconceptions such as that epilepsy can be contagious through contact and that epileptic should be avoided. It is on the basis of

these misconceptions that that some Pentecostals are distancing themselves. This is a form of stigma and discrimination at its height. As such low knowledge and misconceptions held by some Pentecostals members suggests that educational programmes should be taken on-board as this will potentially lessen stigma and discrimination. On the other hand, Rukuni (2007:...) could be correct by proposing that, you village..... That may reveal that Pentecostal Churches may attempt to transform their churches but their cultural backgrounds are likely to influences their day-t0-day mindset about anomalous issues and situations as implied by the lived experiences of Conversation, 1.

4.4.1 Analysis of Conversation, 1

Overall, lack of knowledge and detailed understanding of a variety of medical conditions associated with disability is likely to partly contribute to development of factors of stigmatisation towards PWDs in Pentecostal Churches. Medically epilepsy is a recurrent tendency to spontaneous intermittent, abnormal electrical activity in part of the brain which manifest as seizures.(Oxford Handbook of Clinical Medicine). It is a neurological disorder and it is not contagious. This does not only apply to Pentecostal Churches but it extends to the community at large due to cultural beliefs that consider epilepsy as a contagious condition. Although a paradigm shift is reported in the belief system, where Pentecostal Churches claim to have nothing to do with cultural beliefs and values, they still subconsciously revert to their African tradition. That again brings in Rukuni (2007)'s point discussed above. As revealed by this study, Pentecostal Churches advocate for healing of all kinds of diseases while at the same time they indirectly segregate people with different medical conditions which are disabling but invisible in nature. In this case segregation is due to fear of contracting similar disabling medical conditions. In essence, stigmatisation is being masked by one's cultural values and fear of the unknown circumstances about disabilities.

4.4.2 Analysis of Conversation, 2

In this conversation, the PWDs admit that there is a remarkable extent of stigmatisation in Pentecostal Churches which is overlapped by inadequacy in education on various key areas of disability. Most Pentecostal Churches put emphasis on acquiring social skills in view of it as a necessity in building strong relationships with PWDs. Pentecostal churches should engage in short courses on various disability issues so as to acquire the basic knowledge concerning the development of certain disabilities. In most cases growth retardation is presented as a form of an irreversible disability. It is due to a variety of causes related to heredity, hormonal disorders, malnutrition and childhood chronic diseases. It is not related to any extent with most of the African superstitious beliefs. Hence Pentecostal churches should acquire adequate knowledge about the background of a majority of the disabling conditions so as to be able to handle both people with temporary and permanent disabilities. Attaining adequate knowledge will result in an increase in the level of acceptance of PWDs which implies a decrease in the extent of stigmatization. However in some instances, PWDs equally stigmatize themselves as they resist from active interaction with everyone else due to inferiority complex. As a result they also need to be educated on various disability issues.

4.4.3 Analysis of Conversation, 3

As revealed by conversation 3, to some extent some Pentecostal churches have adapted ways of accommodating PWDs. They have given them the opportunity to participate in their various areas of interest and they engage in discussion with PWDs as well. However, taking into consideration, the deaf community, what would be questioned is the method of communication used to relay information to the deaf. Barriers to the universal use of sign language pose a negative impact to the deaf community. Establishment of effective communication skills with the deaf through learning sign language, could provide a better environment for the deaf community

4.4.4 Analysis of Conversation, 4

In this era, through training attained at different levels, the blind can work as scientists, professors, farmers and even any other high skilled job. A defect in the sense of sight is not a limitation in carrying out other tasks. Disability does not mean inability. It is important to note that most Pentecostal churches are still misinformed and thus they fail to comprehend that people with disabilities can be specially gifted in various area of interest. One of the existing challenges is that people with disabilities are often placed in specialized institutions to receive greater attention which is often misinterpreted by the community at large (which includes the Pentecostal churches) as “special care”, whereby the Pentecostal churches practically provide and do everything for people with disabilities. In a way, they appear to provide the best care while in reality they are underestimating the capabilities of people with disabilities.

4.4.5 Analysis of Conversation, 5

In this day and age where the majority of people are moving from one church to another, all in search of healing and deliverance, most Pentecostal churches have become biased towards people with disabilities. They tend to generalize people with disabilities as people who are basically seeking for assistance in all aspects including healing. Many people have been healed from all kinds of afflictions and diseases but this should not be the reason to label people with disabilities as the “needy”. Most Pentecostal churches offer extraordinary support to people with disabilities in terms of provision of the essential needs but they are still yet to consider the active participation of people with disabilities in various areas of interest. Stigmatization can be ruled out if people with disabilities get the opportunity to fully integrate with everyone and showcase their talents.

4.4.6 Analysis of Conversation, 6

This conversation is a good example of how faith transforms situations. As considered by the authors, it shows relevant revelations that medical practitioners and medical practices are God given. In other words, medical practices through the

guidance of God may cure some ailments but it is God who heals. By giving Mary Magdalene in the Bible as someone who maintained her source of deliverance, the participant seems to communicate that, for one to maintain his/her healing one needs to stay in close range with the source of salvation or deliverance as Mary Magdalene did. The conversation also suggests that testimonies are likely to strengthen the faith of other people in similar predicaments. It also emphasizes pray centres for PCs should disability friendly and accessible to all people both PWDs and those without. There are many lessons that can be learnt from the conversations in this study (See the Appendix section).

5.0 CONCLUSION

The study explored the experiences of people with disabilities in some Pentecostal churches in Zimbabwe. Evidence has shown that people with disabilities suffer extreme stigma and discrimination in the said denomination. Stigma and discrimination is due to some misunderstanding and misinterpretation of certain portions of the Bible by other people purporting to be Christians. The belief that disability is a result of a curse or sin by someone or a member of the family of an individual living with disability is as old as mankind. However, evidence still point to the fact that lack of education on disability is a contributing factors. In addition, some denominational traditions which associate disability with sin are also factors to be considered.

6.0 RECOMMENDATIONS

The following recommendations were deduced from the study findings:

- ◆ Church members need to be educated with regards to people with disabilities.
- ◆ Churches need to be sensitive to people with disabilities as they are also human beings like anyone else.
- ◆ Programmes that are specially design to cater for people with disabilities should be taken on board in order to avoid infringement of people with disabilities

- ◆ The belief that disability is a result of sin should be shunned at every level in Christian
- ◆ There is need for Pentecostal Churches and other denominations to take a leading role in helping people with disabilities showcase their capabilities, creativity and talents in their communities with a view to minimise or blot out their stigmatisation.

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Appendix: Authors' Bio data

1) Phillipa's Bio Data

Ms Phillipa Mutswanga is a senior lecturer teaching at Zimbabwe Open University (ZOU) in the Faculty of Applied Social Sciences, in the Disability Studies and Special Needs Education department. She holds a Masters degree in Educational Psychology and Bachelor of Education in Special Needs Education. She specialised in Deaf Education and has high interest in Disability Studies and Sign Language issues. She is currently a final year Doctor of Philosophy candidate. Phillipa has authored and co-authored a number of course modules published by ZOU in Counselling, Disability Studies and Special Needs Education and Early Childhood Education programmes. She has content reviewed a number of modules too. Phillipa has also developed New Programmes for the university. She has also published and co-authored a number of research articles in referred journals.

2) Co-author's Bio Data

Eunice Kudzai Makoni is currently a final year medical student at Kursk State Medical University in Russia. She is an enthusiastic middle aged lady who has great interest in carrying out researches in various fields that have been over-looked in the past years. She advocates to bring change into the world in a way that is beneficial to the present community and future generation. As future medical personnel, she enjoys interacting and working with professional people from various academic fields in order to gather and gain new facts and information that may help to improve knowledge and provide solutions to different challenges in the field of health in today's world. She recently co-authored with Dr Bishau and Phillipa Mutswanga a research in press, entitled, "A critical reflection of the place of persons with disabilities in Pentecostal Churches in Zimbabwe.

3) Co-author's Bio Data

Norman Chivasa is a PhD Candidate in Conflict Resolution & Peace Studies with the University of KwaZulu-Natal, Durban, South Africa. He has published a book under the title: "The nature, extent causes and consequences of conflicts involving pastors" through LAMBERT ACADEMIC PUBLISHING [ISBN NO. 978-3-659-16246-6]. He has also co-published four (4) peer reviewed Journal articles. He has also written two modules for the Zimbabwe Open University under the titles: BSDS 301: Community Rehabilitation; MSPL 521: Theory and Practice of Leadership. Norman Chivasa is a holder of a Masters in Conflict Resolution & Peace Studies with University of KwaZulu-Natal, 2008; a Post-graduate Diploma in Development studies with Lupane state Univeristy, 2010; a Bachelor of Theology, 2004; Bachelor of Theology (Hons) with Theological college of Zimbabwe, 2005; and a diploma in theology with Living waters Theological Seminary, 1997. He is currently associated with Southern Peace Review Journal which is run by the Southern Institute of Peace building (SIPD), where he is currently serving as assistant editor.