



Research Article

# Church and Persons with Disability- Pastoral Care through the Lens of Person-Centred Approach

 David Jesudasan \*

Pastoral Care and Counselling (Practical Theology), The United Theological College, Bengaluru, Karnataka, India

Corresponding Author: \* David Jesudasan 

DOI: <https://doi.org/10.5281/zenodo.18347672>

## Abstract

The church, as the body of Christ, is called to be a symbol of inclusion and a beacon of hope for healing. However, the lived experience of persons with disabilities within the church is often marked by exclusion, discrimination, and structural barriers. This paper, located within practical theology, explores pastoral care through the lens of Carl Rogers' Person-Centred Approach by analysing a case of a woman with partial paralysis who faced marginalisation in her congregation. Drawing on the core conditions of unconditional positive regard, congruence, and empathy, the study examines how the lack of acceptance, genuineness, and empathetic understanding affected her sense of belonging and dignity. Integrating theology of disability with pastoral praxis, the paper argues that the church must move from treating persons with disability as objects of ministry to recognising them as subjects and active participants in worship, ministry, and communal life.

## Manuscript Information

- ISSN No: 2583-7397
- Received: 13-11-2025
- Accepted: 23-12-2025
- Published: 22-01-2026
- IJCRM:5(1); 2026: 211-214
- ©2026, All Rights Reserved
- Plagiarism Checked: Yes
- Peer Review Process: Yes

## How to Cite this Article

Jesudasan D. Church and Persons with Disability- Pastoral Care through the lens of Person-Centred Approach. Int J Contemp Res Multidiscip. 2026;5(1):211-214.

## Access this Article Online



[www.multiarticlesjournal.com](http://www.multiarticlesjournal.com)

**KEYWORDS:** Church and Disability, Pastoral Care; Person-Centred Therapy, Carl Rogers, Theology of Disability, Inclusion, Healing Community, Unconditional Positive Regard, Empathy, Congruence

## 1. INTRODUCTION

The church, as the body of Christ, is supposed to be a symbol of inclusion and a beacon of hope for healing. Yet, the lived experience of persons with disabilities within the church and the Christian community is marked by a shade of exclusion and discrimination. This paper explores the case of Mrs Praise, a woman with partial paralysis who faced exclusion and discrimination in her church. The general attitude of people towards persons with disabilities and the structural frameworks that hinder their participation are highlighted. Implications for the church as a therapist and healing community are drawn from the core conditions for therapeutic relationships of person-centred therapy and integrated with the theological understanding of persons with disabilities.

### Case

The names and exact details of the participants are altered for privacy reasons. Mr Swamy and Mrs Praise Swamy are a married couple and members of the church in Chennai. Mr Swamy has been a member of this church before his marriage to Mrs Praise. Moreover, he became a member after his father passed away. His father served for five years as a pastor of this same church. Therefore, his ties with the church run back to his teenage years. Mrs Praise is a person with disability, and has paralysis on her left side- her left hand and leg are not fully functional. It is very difficult for her to walk and nearly impossible to climb stairs. Mrs Praise said that she has lived with this condition her whole life. However, when she got married and came to this church, she was made to feel different and was excluded from worship. Mrs Praise said that she often had special treatment, which made her feel awkward and excluded, though it was meant as a welcoming gesture. Every time she had to attend the worship service, she had to be practically lifted by her husband, since the service was held on the first floor. The church building did not have either a ramp or a lift, which made attending service difficult. Despite the efforts to attend the service, she felt excluded when she was not given any chance in the worship; she could not read the bible portion since she would have to climb three steps in order to do so, and she could not be part of praying or singing in the choir. Though she expressed her desire to be part of worship (reading scripture, praying), others came forward to help her by taking her part in the worship. No changes in service or order were made. Mr Swamy approached the committee to talk about installing lifts in the church; the committee told Mr Swamy that he should be the one to contribute to the installation of the lift. These incidents made both Mr Swamy and Mrs Praise disheartened and left the church and the congregation.<sup>1</sup>

## 2. METHODOLOGY

The presenter will employ person-centred therapy to analyse the case and to draw insights for possible pastoral care intervention. The birth of person-centred therapy began through the personal

experiences of Carl Rogers during his time in the Child Study Department of the Society for Prevention of Cruelty to Children in Rochester, New York (Bruckner and Fabri, 2015). Roger criticised the traditional approaches to therapy, especially the directive approaches and wanted to focus on non-directive approaches where the core belief is that each individual has inherent ability for growth. The emotions, feelings, ability, present state and needs of the client are taken into consideration. The ultimate goal of therapy is to help individuals to become fully functioning individuals, open to experiences and organismic computation of experience (Belle, 1980).

Rogers believed that this full functioning, growth, and healing is possible only in a therapeutic relationship that must meet three core conditions. These core conditions- unconditional positive regard, congruence, and empathy- are not considered as techniques but as the attitude required out of a counsellor or therapist (Rogers, 1951). Unconditional Positive Regard- Rogers states that every individual is capable and striving for actualisation. And this actualisation tendency can be stunted or stopped altogether, and its development is dependent on the development of the self-concept (Thorne, 1992). Self-concept is developed based on how an individual is perceived by others. A therapist is required to create a space where unconditional acceptance or agape love is provided, and most importantly, communicated to the client (Rogers and Stevens, 1967). Congruence- The therapist or counsellor must be a congruent person. They must be able to be true to themselves and their internal emotions first and communicate the same to the client (Rogers, 1961). The notion of maintaining a distant professional is disregarded by Rogers (Rogers and Stevens, 1967). This, in turn, leads to a stronger degree of trust in the counsellor-client relationship (Rogers, 1961). Empathy- Rogers states that a counsellor or a therapist must be able to have a fuller understanding of the world of the client. This helps the client to form a relationship based on trust and respect (Rogers, 1961). Empathetic understanding shows that the counsellor values the client as an individual and cares about their wellbeing (Rogers and Stevens, 1967).

### Understanding Disability

Disability could be an impairment that can be intellectual, limitations, cognitive, sensory, movement, or a mixture of these. It impacts an individual's personal activity. It could be by birth or during one's lifetime. The Government of India defines disability based on an individual's interaction with persons with impairments and the social, attitudinal and environmental barriers they face. According to the Persons with Disabilities Act 1995 (equal opportunities, protection of rights and full participation), n) A person suffering from not less than 40% of any disability certified by a medical authority is considered as persons with disability.

As per the Persons with Disabilities Act 1995; Disability includes- blindness, persons with low vision, leprosy cured person, hearing impairment, locomotor disability, mental retardation, and mental illness. However, from the census point

<sup>1</sup> Interview with Mr. Swamy and Mrs. Praise, Chennai, 02<sup>nd</sup> and 14<sup>th</sup> August 2025.

of view, disability is classified into- seeing, speech, hearing, movement and mental. Disability is understood not just from the impairments of a person alone, but also from the obstructions that are present in society and the community for people with impairments.

### Theology and Persons with Disability (PwD)

Disability has been seen as an evil against humanity, and often contributed to the wrath of God for the sins of the people. Christianity and the church have viewed disability as a faulted and pitiable anomaly that needs to be extricated (Reynolds, 2008), creating a notion of divine punishment over individual sin. However, Christian theologians of disability refute the notion that disability or limits are inherently evil or divine punishment. Elizabeth Stuart states that people should not be contrasted as able and disabled but as temporarily able and disabled, pointing towards the idea that every individual is disabled but is temporarily able (Roberts, 2017). Theology of disability identifies limits as part of human finitude. Every individual has limits at some point in their life at various degrees, ranging from physical, mental and social dimensions (Roberts, 2017).

Pastoral theology urges Christians, especially the congregation, to consider the special needs of people with disabilities. The attitudinal barriers must be addressed first, as it contributes to physical and architectural barriers. The church must become a sanctuary where everyone, irrespective of their limits, must feel accepted and a servant where everyone with limits needs to be protected and served (Blair, 2008). Sanctuary and service to every human individual are necessary, as every human being has dignity through divine communion with god. Therefore, it necessitates the church to participate in providing dignity as it is not earned but inherent to every individual, irrespective of their limits and contributions to the church and society (Reinders, 2006).

### Case Analysis

The presenter will analyse the case based on the three core conditions that are considered essential elements for a therapeutic relationship. The case highlights the rejection of Mrs Praise's needs and emotional support by the congregation, resulting in her leaving the congregation due to a lack of acceptance and growth in the community. A person's well-being and growth are possible when a relationship consists of unconditional positive regard, congruence, and empathy. These core conditions are not hierarchical or ordered; they need to be present simultaneously in a relationship to make it therapeutic.

In this view, two core conditions were lacking in the relationship between Mrs Praise and the congregation or church, and Mr Swamy and the congregation or church. Both the husband and wife were affected by the events surrounding them. Mr Swamy's incident with the church committee personnel, a close friend of Swamy, led to his decision to leave the church. Since the church committee personnel and Mr Swamy share a close friendship, there seems to be a lack of congruence between their interactions related to installing a lift

for ease of access. Neither Mr Swamy nor the committee personnel express their true feelings and emotions when talking about installing lifts. This led to misunderstanding between the two. Congruence or genuineness is a crucial part of a relationship as it helps in clarifying one's thoughts and position (Rogers, 1980). In this case, there was a lack of congruence between the two, which led to misunderstanding, leading to separation.

The second core condition that was missing in the relationship between Mrs Praise and the congregation is empathetic understanding. Rogers defines empathetic understanding as agape love and the ability to feel the feelings of the individual (Mrs Praise by the congregation) and know the emotions of the individual as it is (Rogers, 2007). When Mrs Praise expressed her desire to participate in the worship by reading scripture or praying, other members stepped in to help her by taking her role. The members believed that they were helping Mrs Praise by reading the scripture of going to the front to pray; this affected Mrs Praise's feelings. The members wanted to help her by avoiding the physical strength and possibly awkwardness on Mrs Praise's part as she has to go to the front and climb a few steps to read the scripture. The congregation believed they were helping Mrs Praise without understanding her needs and wants. They lacked empathy and congruence in assisting Mrs Praise. Rogers states that a lack of communication of feelings-congruence (good and bad) and helping without understanding the inner workings of the individual can result in more damage than healing (Rogers, 1980). This was evident in the case of Mrs Praise; the congregation did not understand the inner workings of Mrs Praise, which resulted in a lack of empathy and congruence.

The special treatment that was given to Mrs Praise was not always welcomed by her, as it was directed towards her impairment and not towards her as a complete person. In a sense, she was made to feel distant and separate from the rest of the congregation that were not given special treatment. Rogers identifies unconditional positive regard as a core condition for healing and growth (Kim, 2018). In the case of Mrs Praise, she was given a conditional positive regard, the condition being her impairment.

### Implications

Dealing with the needs of Persons with disabilities is becoming highly necessary and sensitive. The pastoral community must move away from the age-old notion of a perfect body as a gift from God and disabilities in them suggest divine judgment or wrath. Holding on to such notions is neither healing nor productive to the congregation. The presenter would like to draw two major implications from the case for pastoral care. The two implications are based on the person-centred approach and its application within the context of a congregation.

### Church as the Therapist

The primary implication of the church, the congregation or the people in the church, including the clergy and the laity, must take up the role of a therapist as proposed by Carl Rogers.

Rogers states that change and healing happen, that is, permanent change and healing, occur within a relationship where acceptance (unconditional positive regard), genuineness (congruence), and empathy are expressed towards individuals (Rogers, 2007); in this case, persons with disabilities. One of the key aspects of person-centred therapy is that it can be practised in every relationship and not just within a client and counsellor relationship. Rogers opines that the unconditional positive regard, congruence, and empathy experienced by a client help them to develop a framework for healing and change. This framework that has been developed will become a tool for others that the client meets or interacts with (Rogers, 1980). Therefore, the three conditions expressed to an individual can be first absorbed by the individual, and the same will be expressed to others by the individual, therefore creating a chain reaction of permanent healing, growth, and change in individuals. While understanding the role of the church or the congregation towards their attitude towards persons with disabilities, a serious concern to be noted is the primary nature of addressing persons with disabilities. The church or the congregation often take the role of serving persons with disabilities and does not consider them as an important and integral part of ministry. Persons with disabilities are seldom used by the congregation to minister to others; they are seen as objects of ministry and not as subjects of ministry (Young, 2011). Equipping persons with disabilities to become participants of ministry will be the ultimate embodiment of the core conditions: acceptance- them as an important and integral part of ministry, genuineness- helping them to be true to themselves and not their disability, empathy- serving their needs rather than serving their disability.

### Church as healing community

The church comprises both saints and sinners, referring to the fallen nature (sinners) of saved Christians (saints) without making any division between the two (Karkkainen, 2002). The mixture of saints and sinners does not refer to two groups of people but the dual nature of every Christian. Then the church can be understood as a community that is broken and marked by sin with a potential to grow and heal (Eiesland, 1994). Therefore, there must be no distinction between the temporarily able and the disabled, in opportunity and treatment. A sense of belonging or welcome becomes paramount in the healing process and dictates an individual's self-concept (Reynolds, 2008). The church or the congregation has a unique role to play as a healer by being an agent of healing (Evans, 1995). Healing does not necessarily mean a cure; healing can be related to wellness or wellbeing. In the case of persons with disability there may never be a cure. However, they can have healing in the form of wellbeing or wellness (Blair, 2008). This healing is not an independent phenomenon or act but involves dependence on God and others. Rogers opines that the growth and healing achieved in a non-directive therapeutic relationship is not an independent achievement of the individual (client), but it is brought about through independent interdependence; by the combined efforts of both the client and the therapist (Kim,

2018). Therefore, the church must become a healing community that strives to heal those in need, especially persons with disabilities. In the process, the church can also heal and grow; independence with interdependence.

### 3. CONCLUSION

The case highlighted in the paper brings out the hindrances and barriers that persons with disabilities face; these barriers are etched into the structural framework and the attitudinal framework of the church. The lack of empathy, genuineness, and acceptance deprived Mrs Praise and Mr Swamy of their sense of belonging and dignity, pushing them away from the congregation. Carl Rogers' person-centred approach provides insights for pastoral care, where true healing, wholeness or wellness emerge out of relationships that embody unconditional positive regard, congruence, and empathy. The church must move from the attitudinal understanding of viewing persons with disabilities as the object of ministry or mission to an attitude of acknowledging persons with disabilities as the subject of ministry or mission, an active participant of ministry and the mission of god.

### REFERENCES

1. Blair WD. Christian theology and human disability. *J Relig Disabil Health*. 2008;7(3):69–79.
2. Bruckner B, Fabri A. Rogers, Carl Ransom (1902–1987). Biographical entry. *Biapsy*. 2015;1–9.
3. Eiesland NL. *The disabled God: Toward a liberatory theology of disability*. Nashville: Abingdon Press; 1994.
4. Government of India, Ministry of Statistics and Programme Implementation, National Statistics Office. *Persons with disabilities (Divyangjan) in India: A statistical profile*. New Delhi: Social Statistics Division; 2021. Available from: [https://mospi.gov.in/sites/default/files/reports\\_and\\_publication/cso\\_social\\_statistics\\_division/Chapter3\\_Definition\\_Disability.pdf](https://mospi.gov.in/sites/default/files/reports_and_publication/cso_social_statistics_division/Chapter3_Definition_Disability.pdf) (Accessed 2025 Aug 19).
5. Kärkkäinen VM. *An introduction to ecclesiology: Ecumenical, historical and global perspectives*. Illinois: InterVarsity Press; 2002.
6. Kim J. Consideration of the applicability of person-centred therapy to culturally varying clients from an East Asian perspective. *Pers Cent Exp Psychother*. 2018;17(3):201–223.
7. Reinders HS. Human dignity in the absence of agency. In: Soulen RK, Woodhead L, editors. *God and human dignity*. Michigan: William B. Eerdmans Publishing Company; 2006.
8. Reynolds TE. *Vulnerable communion: A theology of disability and hospitality*. Michigan: Brazos Press; 2008.
9. Evans AR. The church as an institution of health: Making it happen. *Interpretation*. 1995;49(2):158–171.
10. Roberts MV. *Body parts: A theological anthropology*. Minneapolis: Fortress Press; 2017.

11. Rogers C, Stevens B. *Person to person: The problem of being—A new trend in psychology*. Utah: Real People Press; 1967.
12. Rogers CR. *On becoming a person: A therapist's view of psychotherapy*. Boston: Houghton Mifflin Company; 1961.
13. Rogers CR. The necessary and sufficient conditions of psychotherapeutic personality change. *Psychotherapy*. 2007;44(3):240–248.
14. Rogers C. *A way of being*. Boston: Houghton Mifflin and Co., 1980.
15. Rogers C. *Client-centred therapy: Its current practice, implications and theory*. New York: Houghton Mifflin Company, 1951.
16. Thorne B. *Carl Rogers*. New Delhi: Sage Publications; 1992.
17. Van Belle HA. *Basic intent and therapeutic approach of Carl R. Rogers*. Toronto: Wedge Publishing Foundation; 1980.
18. Yong A. *The Bible, disability, and the church: A new vision of the people of God*. Cambridge: William B. Eerdmans Publishing Company; 2011.

#### Creative Commons (CC) License

This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution–NonCommercial–NoDerivatives 4.0 International (CC BY-NC-ND 4.0) license. This license permits sharing and redistribution of the article in any medium or format for non-commercial purposes only, provided that appropriate credit is given to the original author(s) and source. No modifications, adaptations, or derivative works are permitted under this license.

#### About the corresponding author



**David Jesudasan** is a postgraduate scholar in Pastoral Care and Counselling (Practical Theology) at The United Theological College, Bengaluru, Karnataka, India. His academic interests focus on pastoral psychology, counselling practices, human wellbeing, and integrating theology with contemporary social and emotional challenges.

#### Disclaimer

The views and opinions expressed in this article are solely those of the author(s) and do not necessarily reflect the official position, policy, or beliefs of the publisher, editors, or the affiliated institutions. The publisher does not intend to offend or undermine any religious group, faith, or belief system. The article is published purely for academic discussion and scholarly engagement.