

**THE CHURCH AND INJUSTICE AGAINST PERSONS WITH DISABILITIES IN NIGERIA:
A PSYCHOLOGICAL PERSPECTIVE**

By

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Abstract

To date, religious institutions are a significant group in Nigeria's society but, it is a fact that people with physical disabilities still are facing an incredible socio-economic marginalization, stigmatization and infrastructural exclusion. Often mistakenly, society collapses a person with a disability to a “mere object of compassion”, and not a “subject of equal human rights. This study essentially examines the church of Nigeria critically in terms of its capacity and responsibility of addressing this entangled injustice against equality. The objectives in this study are to compare the theological perspectives of the churches towards disability; to explore factors that impede people with disabilities to participate and to review the churches attitude towards persons with disabilities in relation to socio-political advocacy within the local church community; and to identify action points that enable each church to practice on a regular basis within the framework of faith. The major finding was an over-arching paradox; the church is far more influential in its moral aspects and on the ground socially, but has made more disproportionate contributions towards short-term palliative, than long-term empowering and systemic changes. Furthermore, research has demonstrated churches are not only good epicenters for de-stigmatizing a community but must adopt an inclusive theology and make themselves accessible to the body. The paper posits that the church is strategically called to become a voice that connects social injustice and social equity; that it has not a mandate to just be superficial and make trivial gestures of charity; but has a prophetic mandate that demands for social equity. There is a strong call to have comprehensive disability inclusion in training of church personnel, to have infrastructural accessibility requirements for all worship centres, and to use the extensive civic platform used by church leaders to stand up for the nation to enforce its disability rights act.

Keywords: Social Justice, Disability Rights, Nigerian Church, Ableism, Faith Based Advocacy.

1. Introduction

Religion has become one of the most potent of the socio psychological forces that affect society and social consciousness in contemporary Nigeria and is an essential part of the country's cultural legacy (Adeola and Ugwuanyi 1-22). This is because Christianity and Islam are dominant religions with more

than 90 per cent of Nigerians identifying as Christians and Muslims, who have high status, psychological influence and social capital. The church of Christ was actively involved in providing education, health and social service provision services in the country during both colonial and post-colonial times (Nganwuchu et al. 260; Nnaji, Introduction to Christian Philosophy 134-44). Despite these significant contributions to social development, marginalisation of persons with physical disability remains true in Nigeria, leading to a high degree of socio-spatial marginalisation and socio psychological invalidation as reported by Nnaji (Psychocosmic Analysis of Suicide 163-70).

The World Health Organization (WHO), reports about 16 per cent of the world population with at least a disability of which most in developing countries like Nigeria live in the country (WHO). Ahmed says that there are between 25 and 30 million PWDs in Nigeria with over 10 million of these having mobility impairment such as paraplegia and cerebral palsy (CP) (Ahmed 45). Psychocosmic Analysis of Suicide indicates a continuing process of stigmatisation, psychological victimisation and emotional stressors, and that these are disproportionately affecting these individuals who also suffer socio-economic deprivation, unemployment and poor educational opportunities (Nnaji, Psychocosmic Analysis of Suicide 163-70).

The Church is an institution divinely instituted and humanly organized, Christ-created and Christ-directed and is rooted in the biblical mandate of inclusiveness in Christ's kingdom (Nnaji, Introduction to Christian Philosophy, 134-44). Academy staff actively promotes the vision of a people's movement that seeks to ensure vulnerable populations have access to opportunities to participate and enjoy rights to be heard in the courts of the world. The community of faith is consistently reminded in Scripture to stand up for the poor and speak out to remove impediments to participation and concern for the people who are vulnerable to society's actions. However, there are still several indigenous churches across Nigeria who practice several modalities of exclusion. Thus, people with disabilities are often denied admission into society via inaccessible physical space, marginalized through patronizing social stances and further disfavored by theological misconceptions mistakenly equating physical sickness with moral unrighteousness (Nnaji, Introduction to Christian Philosophy 134-44). In order to regain its credibility and to ensure its holistic and enhanced contribution to the psychological healing, the church needs to progress beyond an attitude of paternalistic charity and make an explicit statement of the dignity and rights of the disabled person.

At present, several churches in Nigeria offer some kind of compensation to PWDs, in form of food items, aids for movement and money. The church, however, nearly ignores the structural and psychological discrimination that exclusion this kind of person from full participation in church and society, continues to perpetuate. This contradiction is a church that is both a care provider and a marginalizing socio-spatial, attitudinal and emotional institution.

The lack of inclusion of the principles of universal design or disability-friendly infrastructure in the design space of most of church auditoriums, administrative buildings, and fellowship building in Nigeria can be said to be the architectural problem in Nigeria today. As a result many worshippers with disabilities experience blocking worship in buildings with steep steps to enter, narrow entrances to buildings and inappropriate restroom facilities. These barriers send a signal of implicit rejection and are a denial of their dignity and sense of belonging (Oladoye, Adeola, and Nesta 102–16).

Moreover, in many Pentecostal and Charismatic churches, physical disability is looked down upon as an indication of spiritual weakness, preadoption sin, lack of faith, or demonic attack. (Hampton 78; Nnaji, *Introduction to Christian Philosophy*, 134-44). Because of this, prayer lines, deliverance session and healing crusades are very common pastoral practices. If the physical healing does not ensue, the affected people may perceive that they have weak faith, resulting in the profound psychological trauma, low self-worth, identity crisis and psychocosmic despair caused by the trauma (Nnaji, *Psychocosmic Analysis of Suicide* 163–70).

The Federal Government of Nigeria has passed the Discrimination Against Persons with Disabilities (Prohibition) Act and while church leadership has taken limited initiatives to leverage on its immense social capital resources to mobilize awareness and implementation of the Act, it has failed to do so. There has recently been very little ongoing ecclesial engagement to push for disability rights (apart from isolated initiatives in a few congregations). Rather, churches focus more on issues of national politics, economic instability, insecurity, and other public issues, while neglecting the systemic and daily injustice felt by persons with physical disabilities, as well as the psychological violence (Nnaji, *Psychocosmic Analysis of Suicide* 163-70).

In light of this backdrop, this study aims to critique and analyze the theological orientations and dynamics of the Christian church in Nigeria, discuss the physical, psychological and attitudinal impediments to disability inclusion, and offer a theology-based model to promote disability inclusion which is consistent with what God has said about justice, human dignity and true nation-building. Specifically, the purpose of the study is to critically evaluate the psychological capacity, theological responsibility and performance of the Christian church in Nigeria's engagement with and overcoming of the ableist systemic injustice of persons with physical disabilities. Specifically, this study aims to:

1. Assess the prevailing theological stances of selected churches in Nigeria regarding physical disability and human dignity.
2. Identify the specific architectural, infrastructural, and communication barriers confronting physically challenged persons within local church contexts.
3. Examine the attitudinal barriers, psychological impacts, and socio-spiritual stigmas exhibited by clergy, church administrators, and lay members toward physically challenged individuals.

4. Propose a practical, faith-based framework for psychological de-stigmatization and structural inclusion to guide the church's socio-political engagement in Nigeria.

This study is of great academic, pastoral and socio-political importance. On the academic level, it adds to the growing body of literature and related scholarship in the area of African Disability Theology, Pastoral Psychology, Disability Studies, providing an empirical contribution in the Nigerian setting where there is scarce literature on this topic within this context.

The results of the research serve as a mirror to church leaders, the clergy, and theological educators to help them rethink their current theological education programs, the nature of pastoral care and how it is offered, and missional spaces to ensure the mental health and spiritual integrity of everyone within the church context.

Backward Socio-politically, it provides a solid theological and empirical base for bringing about a fairer legal and psychological framework for the implementation of the national disability rights law, from the church being a passive dispenser of palliatives to becoming an active catalyst for change in the system.

We would say here that in geographic extent, this study is limited to selected Protestant, Pentecostal and Catholic churches in a cross section of the entire Christian denominations in Nigeria in the Federal Capital Territory (FCT), Abuja. For purposes of this study, the themes focus on people who use assistive products or equipment for mobility (such as walkers, crutches, wheelchairs, etc.) to examine architectural accessibility, physical ableism and related psychological correlates in a focused way. Although the issue of what are visual, auditory and cognitive impairments, these are not covered in the prime focus of this research in order to have in-depth analysis of the physical and environment structural barriers.

2. Methodology

The research used mixed-methods research design consisting of a qualitative phenomenological approach and quantitative descriptive surveys. The qualitative component was used to allow the researchers to explore deeply into lived experiences, perceptions, psychological effects and theological understandings of both the church's clergy and physically challenged members in the church. For a larger sample of church leaders and members, the quantitative component was used to measure the prevalence of architectural barriers, attitudinal stigma, and policy awareness.

The study was carried out in the Federal Capital Territory (FCT), Abuja Nigeria. Abuja is an administrative capital of the nation with the headquarters of most of the nation's major Christian denominations including the historic mainline Protestant churches (Anglican Church, Methodist Church, Presbyterian Church) and large Pentecostal churches and ministries (Dunamis International Gospel Centre, Redeemed Christian Church of God, Living Faith Church), as well as sets of Roman

Catholic parishes. This provision of different religions in Abuja is a perfect place to examine the national practices of the church in Nigeria.

The subjects of this research were three categories of their students:

Theological Teaching Staff: People who have received a clergy calling and are qualified in teaching theology. Pastoral Staff: People who have received a pastoral call and are qualified to undertake this ministry.

Church Administrators: Ushers: People who are accountable for maintaining the condition and structure of the church, the spatial arrangements and the order in religious services.

PWCM: Physically Challenged Church Members – those who regularly attend church services who have a mobility impairment.

The respondents consisted of 10 of the main congregations, in which 120 samples of respondents were drawn from three major church denominations of the protestant, Pentecostal and catholic churches. The purpose and convenience sampling method were used. Twenty clergy and thirty church administrators/facilities managers are selected using Purposive Sampling as they have the most direct impact on church policies and spatial use. Seventy PWD using mobility aids (chairs, crutches, or walkers) were recruited using Convenience and Snowball Sampling methods and were able to talk directly about the barriers and psychological pressures they encountered.

Table 1: Denominational Distribution of Sampled Population

Denominational Type	Clergy (N=20)	Church Administrators (N=30)	Physically Challenged Members (N=70)	Total
Mainline Protestant (4 Churches)	8	12	26	46
Pentecostal/Charismatic (4 Churches)	8	12	28	48
Roman Catholic (2 Churches)	4	6	16	26
Total	20	30	70	120

Source: Field Survey Data (2026).

Three types of instruments were used to gather data:

Semi-Structured Interview Guide (Qualitative): This was used to interview the 20 clergy to explore their ideas on theology of disability, pastoral response to disability and their awareness of disability legislation.

A structured questionnaire which includes Disability Accessibility and Attitude Factor (DAAQ - Quantitative) conducted to the 30 administrators and 70 physically challenged members. The DAAQ adopted a 4-point Likert scale (Strongly Agree, Agree, Disagree, Strongly Disagree) for assessing contacts' responses about issues of physical access, social stigma, and policy enforcement in their home churches.

Physical Facilities Checklist: The researchers visited the ten churches that were selected, making on-site visual observations about the presence and condition of ramps, elevators, restrooms and set aside parking.

The face and content validation of the instruments (Interview guide and the questionnaire) were conducted with experts in the Department of Christian Religious Studies and the Department of Special Education, University of Abuja to achieve a high degree of face and content validation. The responses they gave helped to clarify and adjust the wording and structure of the questions. The quantitative method, in the form of a questionnaire was pre-tested on 15 respondents, in a non-sampled church in Gwagwalada, Abuja, to determine its reliability. The Alpha coefficient of Cronbach was computed and reliability coefficient was 0.84, which was very reliable for the study.

This was a six-week period for data collection by the researchers and two trained research assistants. The interviews received were conducted in face-to-face manner within pastoral offices and audio-recorded with the voluntary consent of the interviewees and transcribed in its entirety. Direct surveys were used to administer quantitative questionnaires to the respondents either before or after services are conducted every week. Participants were all assured anonymity and participant consent was voluntary.

Thematic Analysis technique (Braun & Clarke 77) was used for analyzing qualitative interview data. The researchers then read and reread the transcribed text and started to make initial codes, which were then grouped into larger thematic categories based on the main aims of any particular part of the study, like "The Healing-Wholeness Tension", "Spiritualized Ableism", and "Palliative Apathy". The quantitative questionnaire data were coded and analyzed statistically using descriptive statistics (frequency, percentage and mean score) through statistical software program. The percentage compliance rates were generated from the visual audits.

3. Findings and Discussion

The qualitative interviews with the 20-clergy revealed one greatest difference between what they claimed to believe (orthodoxy) and what they actually did (orthopraxis). All 20 clergy members affirmed that all humans are Imago Dei and impart equal dignity to all physically challenged persons. When asked what the theology meant in practice, 75% of the clergy recognized that there was not any formal church policy, budget or ministry which was specifically dedicated to the active inclusion of physically challenged people, or to providing psychological support or leadership.

Moreover, one particular issue that arose repeatedly in the Pentecostal clergy was the conflict between “Pastoral Inclusion” and “The Theology of Divine Healing”. Five Pentecostal ministers highlighted that they will accept disabled persons; however, they still pray for their general deliverance. One pastor says in an interview:

We love and receive them, yet we still have to trust God for their healing. Eventually we'd like them to get up off these wheelchairs, AFTER they are moved by the Holy Spirit. This view is born of good intentions but it also has the deleterious effect of changing the focus from pastoring the person's current situation to eradicating the impairment of that person. This puts the physical disability in the “remediable” camp, rather than the “accommodating” camp – and can lead to significant depression and spirituality deficits for the affected person. The quantitative examination of the 70 physically challenged church members and the survey instrument's physical facility checklist created a negative picture of physical exclusion.

Table 2: Physical Facility Audit (N = 10 Churches)

Physical Facility Inspected	Available and Compliant (%)	Available but non-compliant (%)	Entirely Absent (%)
Entrance Ramps (Standard gradient 1:12)	20%	40%	40%
Wheelchair Accessible Restrooms	10%	10%	80%
Designated Accessible Parking Spaces	0%	20%	80%
Elevated Pulpit / Altar Access (Ramp/Lift)	0%	10%	90%
Sign Language Interpretation / Braille Liturgy	10%	0%	90%

Source: Field Audit Data (2026).

The facility audit showed that two of the 10 churches had entrance ramps meeting the safety gradient requirements (1:12 slope). Four churches were equipped with ramps that were too steep, too narrow or ended in a step, all of which were very dangerous to use independently. There were too many churches without accessible restrooms: 80% of them did not have any accessible restrooms, and for 20% of the churches there, a physically challenged member had to go back home or receive assistance not appropriate for the dignity of the person using the restroom during extended services.

88.6% (n=62) of the 70 physically challenged respondents agreed or strongly agreed that the physical layout of their church makes it hard or impossible to move around on their own. Additionally, 94.3% (n=66) indicated the pulpit, choir loft and altar were all totally inaccessible to them, which in turn has a negative effect on their overall religious self-efficacy.

Attitudinal stigma experienced by the 70 physically challenged respondents was classified into three main themes: Most of the respondents (78.6%, n=55) said they were treated mainly as objects of pity instead of other believers who have prophetic gifts. Church members will often give them money without the necessary personal relationship or pray for their healing without building personal relationships. One wheelchair using respondent commented:

Every Sunday, someone approaches me and puts a 1000 naira note in my lap and pats my head and says “God will heal you. They are not acquainted with my name, my gifts, my profession. There is only one beggar in their sight.

Furthermore, 62.9% (n=44) said that they had been judged or blamed for their illness by other members of the church or pastors. They have shared stories where they were told that their disability to walk is because they lack faith, they have sin in their lives or they have ancestral covenants. This is the spiritualization of disability, and it causes great psychological distress; for people with disability, it is an ongoing spiritual burden, continuing to cause shame, guilt and emotional depression.

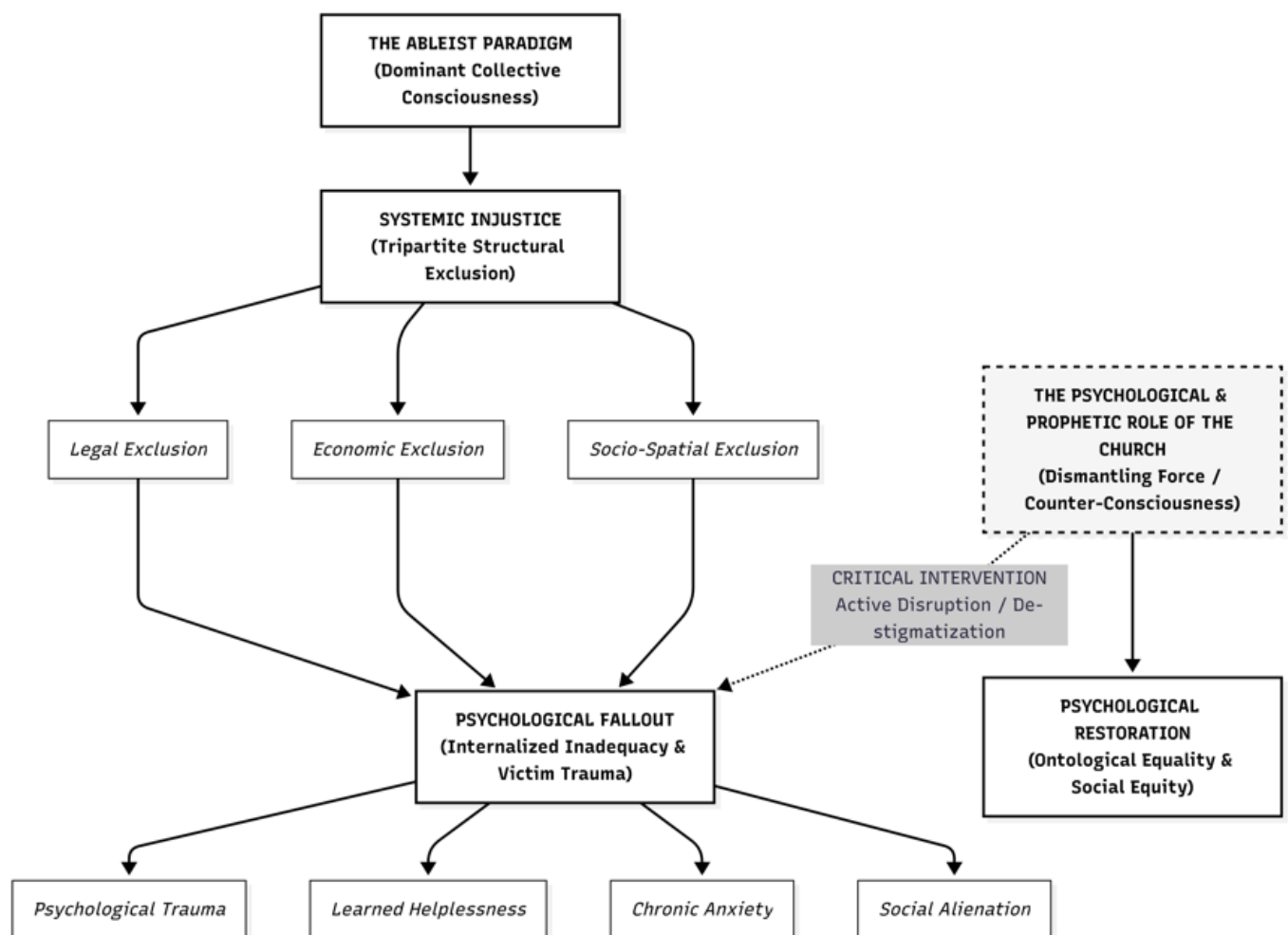
Moreover, 71.4% (n=50) of those responding said that they experienced social isolation in the church, were not often invited to attend church committees, leadership teams, or home fellowship groups. Many of these smaller fellowship groups are met in homes that are not physically accessible and are excluded structurally and emotionally from the important social support systems of the church.

The awareness and enforcement of the Disability Act 2018. The biggest surprise from this research is the lack of national disability law knowledge amongst church leaders. Of the 20 clergy members were interviewed, only 3 clergy members (15%) knew the details of the Discrimination Against Persons with Disabilities (Prohibition) Act of 2018. None of the 10 churches which were audited had undertaken an internal assessment to ensure their buildings and employment practices were in line with the requirements of the Act, which called for a 5-year period from when the Act came into force in January 2019 for all public buildings to transition their facilities to meet the requirements. In interviews 85% of

the clergy were surprised to learn that religious buildings are in the definition of public buildings in the Act and are subject to compliance regulations and penalties.

The Psychological and Prophetic role of the Church: The Conceptual findings of this study begin with the Psychological and Prophetic role of the Church. In Christian theology and pastoral psychology, the role of the church extends beyond ritual performance to acting as the primary shaper of collective consciousness and social behavior (Agha). The church's responsibility involves addressing systemic injustice, oppression, and corruption, which inherently carries a profound psychological dimension (Agha). When the church speaks truth to power, it modifies the societal psyche, challenging deeply rooted prejudices and behavioral patterns that marginalize minority groups (Nwachukwu). Amos establishing that ritual piety is empty without social justice underscores the need for structural equity that respects the psychological and spiritual sanctity of every individual (Amos 5:24).

Fig.1: Conceptual Framework of Ecclesiastical Psychological Intervention



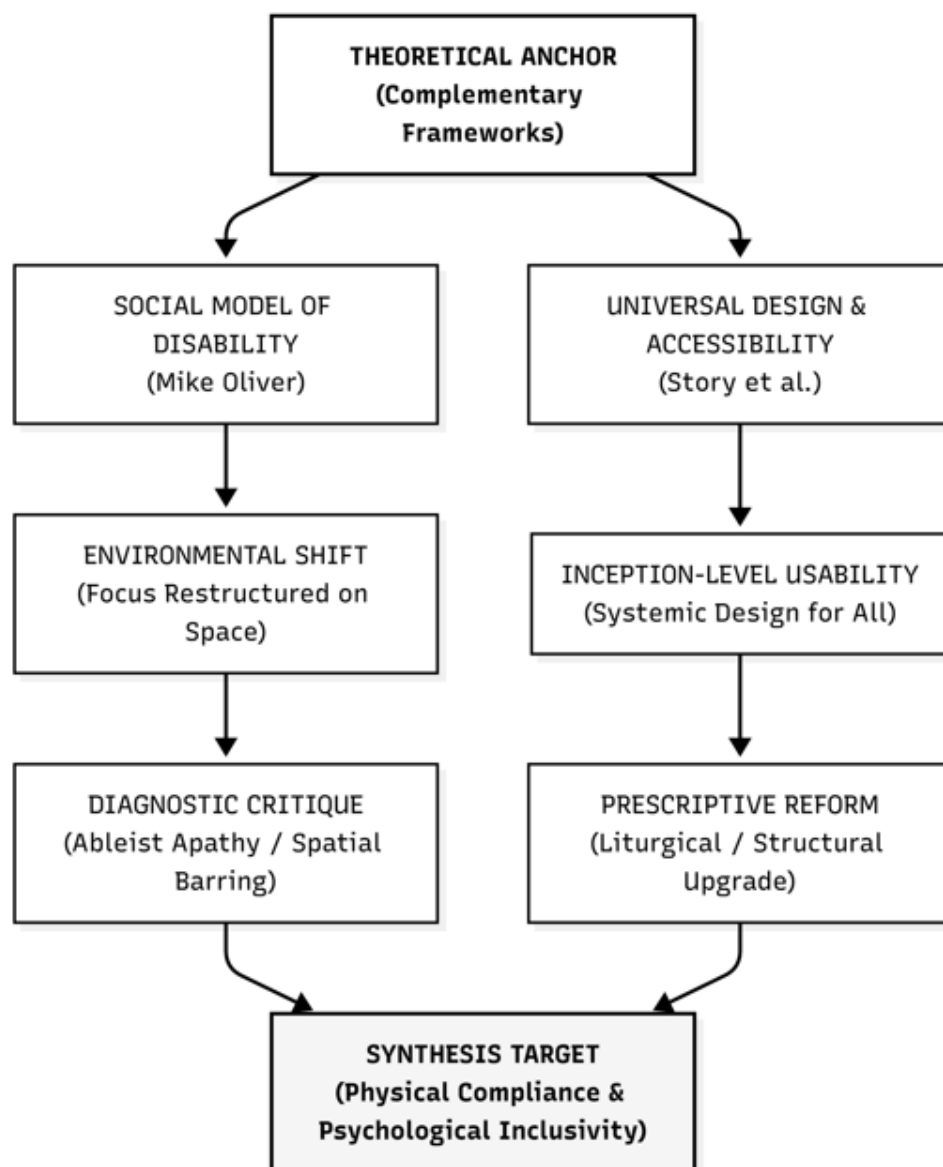
When considering issues of disability, the church's mission isn't just to provide pity, how tends to reduce the person's overall dignity, but to question the systemic laws, architectural designs and cultural ideals that causes the internalized inadequacy among the physically challenged people (Nwachukwu). It means that it is sinful when it breaks the body of Christ and causes psychological harm to those who are a part of it, because of structural ableism. It requires the recognition and condemnation of structural ableism as an evil that divides the body of Christ and wounds its members psychologically.

Another concept is - Systemic injustice. Systemic injustice is the regular, predictable, and disproportionate impact of certain members of society over others, based on marginalized norms, models, policies and institutional structures (Young). Unlike prejudice violations occurring from person to person, systemic injustice happens automatically within social networks and structures when they are not disrupted (Young). These are manifested as a combination of three overlapping exclusions in Nigeria: legal/exclusionary enforcement of rights, socio-spatial – environment designed for able-bodied, and economic – employment discrimination. Learned helplessness, chronic anxiety, and social alienation are some of the psychological implications of this three-parted structure.

Ableism and Physical Disability is also another important concept. Ableism is an attitude, or suite of attitudes, that manifests as a process or even a practice by which a particular type of self and body becomes the norm, the model for the rest of humanity to aspire to be, and that is left out of discussions of full humanity (Campbell). As such, those who do not meet this created standard are considered to be less than human (Campbell). In a worldview of ableism, having a condition like physical disability is a personal tragedy or a spiritual curse. There is conscious and unconscious ableism which pervades architectural requirements, language, social expectations, and theological understanding, culminating in the physically challenged person becoming another who is incomplete, deficient and mentally broken.

This study is anchored on two complementary theoretical frameworks: The Social Model of Disability and the concept of Universal Accessibility / Universal Design as shown in Fig.2.

Fig.2: Conceptual Mapping of the Dual Theoretical Framework



The Social Model of Disability was introduced by disability theorist/scholar Mike Oliver, who made the basic drawing that there is a fundamental difference between impairment and disability (Oliver). This distinction between impairment and disability is put forwards as biological or physiological impairments that limit the functioning of an individual (disability) is linked to a contemporary social organization which either ignores or makes little allowance for people with a physical impairment and thus fails to accept them in the mainstream of social activity (Oliver).

The Social Model moves the emphasis of analysis and intervention away from the individual's body and towards the outside world. It states that not using a wheelchair is not the problem for a person using this mobility aid but the fact that the society that creates buildings with no ramping. In this study the psychological exclusion and architectural barring of physically challenged persons from the worship

center as noted further above, can be attributed to the ableist spatial design and apathy of believers' institutions.

Universal Design (UD) is a design system that seeks to create products, environments, programs and services usable by all people, to the greatest extent possible, without adaptations or specialized design (Story et al.). As it applies to the church, Universal Accessibility involves the design of liturgical spaces, altars, restrooms, pulpits and digital media from the beginning that will support all human physical differences. It offers a practical template of analyzing the physical accessibility of Churches in Nigeria and suggestions for practical architectural changes which can work towards psychological inclusion within those Churches.

The Ontology of Equality - *Imago Dei*. Doctrine of *Imago Dei* (meaning “the Image of God”) is the cornerstone of a Christian theology of disability. Genesis 1:27 states that God created humankind in his likeness: “God created them in the likeness of God, male and female he created them; (New Revised Standard Version, Gen. 1.27). This theological statement is a claim that the value and dignity of the human person is not functional, but ontological, meaning that it is based on God's act of creating a person. Individuals don't acquire value from the basis of economic productivity or physical athleticism. Every structure that devalues or excludes a person on the basis of his/her physical impairment is a direct attack on the image of God in human being by which it affects a person's psychological and spiritual identity (a believer-Echeta).

Christological Model: Reclaiming Agency and De-stigmatization. The public ministry of Jesus Christ is a direct critique of the socio-religious exclusion of the disabled people of first century Jewish society. In this period, because of these physical difficulties people supposed that the guy had sinned or that the difficulties were because of the lack of the quality in his family tree; therefore, the disciples asked, “Rabbi, who sinned this man or his parents that he was born blind?” (John 9.2). He denied that such was the case, pointing to the fact that neither this man nor his parents were guilty of sin, but instead the man was born blind for the works of God to be manifest in him (John 9.3).

Moreover, Jesus' healings were social and psychological restorations. Jesus healed the blind, lepers and the paralyzed, thereby breaking down the socio-spatial barriers preventing them from coming to the temple and community, and giving them back their social agency, dignity and their active voice. In Luke 14:13-14, Jesus offers a stark picture of social inequality as he challenges social norms: “When you give a party, invite the poor” Jesus challenges the social norms – “When you give a party, invite the poor, the crippled, the lame, the blind” (Luke 14.13-14). The Christological model requires the church to move away from pity, to bring physically-challenged people into its center, into its fold of caring and sharing.

Pauline Ecclesiology: The Interdependent Body. The Apostle Paul in 1 Corinthians 12 applies the metaphor of the human body to give an understanding of the nature of the Christian community. In 1

Cor., Paul's strong stance is that there is no hierarchy of value in the church, that is, "the eye cannot say to the hand, 'I have no need of you,' nor again the head to the feet, 'I have no need of you' (1 Cor. 12.21).

As is important, Paul refutes the ableist thinking: "The members of the body that are the weakest are all the more indispensable, and the members of the body which we consider less in honor we dress more in honor" (1 Cor. 12.22-24). The Pauline ecclesiology is a body of parts dependent on each other. So, if a "handicap person" cannot enter the building – because it was designed like that, or it is "attitudinal" due to his particular disadvantage then his whole body is severed and only one part is finished, for all other people of other kinds across the body of the church, a psychological split.

Though some studies were conducted on religious organizations in Nigeria, the findings showed that though churches are very active in offering social welfare services, yet they entail more "charity paradigm" (Bila and Lawal 45). During religious festivals, churches usually hold welfare drives, giving out food packets, used clothing, wheelchairs and financial support to PWDs especially at the festivals (Bila and Lawal 48). But this focus is on the palliative level, rather than addressing issues of systemic exclusion, and is psychologically reinforcing dependency and inferiority. Very little empirical evidence exists of large-scale activities of church denominations in public advocacy, litigation or policy lobbying for accessibility in public transportation and infrastructure, or for enforcement of national disability rights (TAF Africa).

Such architectural survey of public area for accessibility has been found to be consistently under-developed in recent years in Nigeria. Popoola and Taiwo (89) found that more than 85% of religious buildings in Southwestern Nigeria had no ramp access or had very small ramps and lacked doorways, or when they did exist, they were very small, in addition to the multi-story design with small doorways accessible only through steep staircase complexes. Accessibility rarely features in the master plan in newly built Cathedral and megachurch complexes, even in cities such as Abuja. Frequently physically handicapped members rely on family members or ushers to lift them by clutching on to the side of the pulpit to get up steps. This is risky as well as undignified and perpetuates their dependence and vulnerability.

Perceptions of disability in Nigeria are so much interwoven with spiritual explanations. The abductions are thought of as ancestral curses, supernatural forces, violation of cultural taboos by parents or God's punishment (Ihuoma and Abaa 123). In the church these cultural superstitions are often Christianized. Pentecostal and Charismatic churches are known for the "health and wealth" gospel in which physical health or good health becomes the ultimate measure of faith and divine blessing. So physical disability is interpreted as a lack of faith or a remaining stronghold of demons. This theological approach gives rise to "spiritualized ableism", and brings about an eradication exercise, exorcism and public scorn of the PWDs, resulting in the lack of integration into the community after their "cures" (Ihuoma and Abaa 130).

While there is an emerging body of literature on the sociological challenges of disability in Nigeria, and a separate track of research on general Christian social responsibility, very few studies explore the intersection of the church's psychological and pastoral mandate with the concrete structures of systemic ableism in Nigeria. Most existing religious literature on disability is purely theoretical or homiletical, lacking empirical validation. This study bridges this gap by providing empirical data on the architectural and attitudinal realities of local churches in the Federal Capital Territory, Abuja, and constructing an actionable, psychologically informed prophetic framework for ecclesiastical reform.

This study reveals a basic paradox of the Nigerian church's social involvement. The church is, on the one hand, a highly visible actor on the ground, distributing wheelchairs, crutches and welfare packages to physically challenged people. On the one hand the church is very visible; as a compassionate actor, it dispenses wheelchairs, crutches and welfare packages to physically challenged people. Conversely, the church has no words to offer about the systemic and structural factors that foster this dependency. The church concentrates on palliatives and not the structural disease, ableism.

This is a palliative approach that is congruent with the challenge offered by the Social Model of Disability. The church is also active in the unconsciously reinforcement of the marginalization of PWDs by attributing the problem to the body of the disabled and not the environment. The church is more a patronizing benefactor who keeps physically challenged persons physically dependent on the church rather than an advocate who demands their structural empowerment, legal rights and self-determination. On the psychological level, this can result in a sense of learned helplessness, where individuals come to feel that they are not active participants in the process of receiving help, but rather are passive recipients.

The attitudes and the spiritualization of disability found in this study are a fusion of traditional African superstitious beliefs and selective interpretations of the Bible. Many traditional African perspectives believe that physical disabilities are a punishment for someone's moral sin or for the sin of his/her ancestors (Ihuoma and Abaa 123). These beliefs are brought into Christian contexts and fused with a triumphalist version of healing and physical wealth as a theological truth, and result in the construction of physical disability as an ontological deficit.

The Nigerian church should go through a process of decolonizing its ideology and psychologically reforming its theology in order to dismantle this systemic ableism. There has to be a shift from a theology of cure to a theology of access and accommodation. A reformed theology acknowledges that a disabled body is not a broken body that needs a miracle to be valued; a body that was created *Imago Dei* and now disabled by a broken, ableist society! The main pastoral and psychological role of the church should no longer be to ask the body to change its form and shape, but to ask the church to change its form and attitude and to change its emotional structure.

5. Summary, Recommendations and Conclusion

This study investigated the psychological and structural contribution of the Christian Church in Nigeria to the eradication of the systemic injustice and ableism facing physically challenged persons in the local Church context in Abuja. The study employed a mixed-methods research design, which included auditing the physical infrastructure of ten major churches, conducting surveys of 70 physically challenged members of the churches, and interviewing 20 clergy members and 30 church administrators.

From the key findings, it is concluded that:

1. A massive mismatch exists between church theological orthodoxy (asserting the dignity of PWDs) and church orthopraxis (lacks any policy, budget or inclusive structures).
2. Architectural exclusion is widespread, 80% of the churches audited have inaccessible toilets, and 90% have no pulpit or altar access for people with disabilities which leaves them out of the role of liturgy.
3. The psychological and spiritual trauma suffered by physically challenged persons continues to be caused by attitudinal stigma, paternalistic pity and accusations of a spiritual nature, which suggests that the lack of faith and sin are to blame.
4. The church leadership has almost no awareness of the Discrimination Against Persons with Disabilities (Prohibition) Act of 2018 and hence no compliance to the national law.

Recommendations

Based on the above findings, the following practical and policy interventions are recommended for a psychologically supportive, truly inclusive model:

1. Churches need to have Disability Resource and Advocacy Desks at the national and parish levels. The desks are expected to be able to coordinate the inclusion initiatives, to carry out regular accessibility audits, and to actively recruit physically challenged members of the church to be part of the leadership, administrative boards and liturgical ministries, thus restoring their agency and psychological worth.
2. Denominational headquarters must insist on 100% accessibility of all new church buildings to the universal accessibility standards of the 2018 Disability Act and will refuse to accept building plans without ramp access, elevators and accessible restrooms. For existing parishes, there should be a fast timetable for their reworking, where they will install wheelchair-accessible pulpits and standard entrance ramps to reduce psychological trauma of the exclusion.
3. Disability Theology and Pastoral Psychology should be part of the main courses of study in the theological institutions, seminaries and bible colleges all over Nigeria. Future Pastors and Church Workers need to be educated about the Social Model of Disability, inclusive Bible interpretation,

and specialized Pastoral Care, so they can challenge spiritualized stigmas and create psychologically safe and inclusive Faith Communities.

4. The leaders of the various churches, including the Christian Association of Nigeria (CAN) and the Pentecostal Fellowship of Nigeria (PFN), have a tremendous civic platform, which they should use to compel the federal and state governments to seriously enforce the Discrimination Against Persons with Disabilities (Prohibition) Act of 2018. There is a need to raise the awareness of the church through its influence for the availability of public transport, inclusive national education and the strict application of employment quotas in every sector for PWDs.

Conclusion

Nigeria's Christian communities have always been strong advocates of democracy, human rights and social justice. Yet it has not been proactive in promoting the rights and psychological welfare of physically handicapped people, a significant lacuna in its spiritual commitment. The church has actively supported the ableist systems that have excluded disabled people from a full life in the community and civic sphere by minimizing its response to disability as palliative handouts and spiritualized healing crusades. This systemic injustice is not a second priority, a welfare question; it is an inherent part of the Imago Dei, Christ's ministry of restoration, and Pauline ecclesiology. This is a time for radical paradigm shift in the church if it is to be the true body of Christ. It must move from a charity model, to a model of justice; make its worship centres accessible to all; make its theology inclusive and celebrate mental and physical differences; and make its vast civic platform the vehicle for securing the mental health and legal rights of all physically disabled people in Nigeria.

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