Hermeneutic Empowerment: Centring Disabled Testimony in Faith-Based Accessibility Research and Practice

Emma Albanese[1], Justin Carriere[1], Deanna Fraser[1], James Huh[1], and Honey Starr[1]

Abstract

This study investigates how disabled individuals navigate faith, particularly concerning structural and theological barriers to faith practice and belonging, as well as how the intersection of faith and disability shapes their identity, based on their narrative accounts. Participants (N = 111) filled out a five-question open-ended survey with various questions about their experiences with disability and faith-based identity (Figure 4). We conducted a qualitative thematic analysis of responses from disabled individuals regarding their experiences in religious and faith-based spaces through a lens of hermeneutic injustice, a type of epistemic injustice in which members of marginalized groups are disadvantaged in making sense of or communicating their experiences due to gaps in the shared interpretive resources caused by structural identity-based exclusion. Responses that fit the inclusion criteria (n = 59) revealed that many disabled participants had predominantly negative experiences within religious, faith-based, or spirituality-focused communities. Only when these communities were accessible and actively considerate of disabled individuals were these spaces positive experiences for participants. Our results complicate research that predominantly suggests religion improves the well-being of disabled individuals. Based on these findings, future research on the intersection of disability and religious participation should focus on centring lived experiences and incorporating mixed-methods approaches to record structural barriers and personal narratives that cannot be captured by quantitative research alone.

Introduction

The intersection of disability and religion occupies a complex territory shaped by both spiritual belonging and systemic ostracism. Current research often highlights the psychological benefits of religiosity for disabled individuals, but these studies can overlook the structural and theological obstacles that can challenge those benefits. This study investigates how disabled individuals navigate faith communities, with particular attention to how inaccessible practices, exclusionary doctrines, and stigmatizing beliefs shape their experiences and self-concept. Using a qualitative lens, we investigated our research question: What role does hermeneutic injustice—the exclusion of a subset of experience-based knowledge from the collective societal understanding (Fricker, 2007)—

---

[1] Undergraduate Student, Honours Social Psychology Program, Faculty of Social Sciences, McMaster University, Hamilton, Ontario, Canada

play in the self-conceptualization of disabled people who have previously or continue to engage in faith-based practices?

Literature Review

Disability Theology

Christian theology has historically framed disability through narratives of sin, punishment, and spiritual lack (Aquinas, 2006; Bultman, 1955; Block, 2002; Eiesland, 1994; Gould, 2018; Zahl, 2020). Augustine, quoting passages from Genesis and Romans, interpreted bodily suffering as evidence of God's wrath resulting from Adam's fall (cf. Gen. 2:3; Rom. 6:23) (Zahl, 2020). Medieval theologians such as St. Thomas Aquinas continued on this line of thinking by portraying the Christian's ultimate transformation in heaven as a perfect conformity to God's image—where all weakness, infirmity, and defect, understood as consequences of sin, are removed (*Summa Theologiae*, I q. 93 a. 4). These frameworks position disability as something to be overcome. On the other hand, suffering is honoured as a form of holiness–an imitation of Christ's passion–according to ancient medical texts like the Asklepieion inscriptions of Hippocrates and Galen (Moss et al., 2011). In many Christian traditions, disabled people are either invisible or objectified: symbols of sin, lessons of virtue, or examples for others' spiritual growth. According to Rudolf Bultmann (1955), healing stories in the Gospels often revealed Jesus' divine glory rather than centring the experiences of disabled individuals. Modern scholars such as Jeremy Gould (2018) argue for an understanding of disability that encapsulates disability as a form of suffering for God's people, insisting God's plan draws on capitalist ideals of functionality in a way that disability actively betrays. These understandings of disability, with harmful claims of demonic entities, divine punishment, optimal functioning, and sinful betrayal, take an individualistic model of blame over a systemic one for the difficulties disabled people experience (Lloyd, 2024). Gould's (2018) arguments follow a medical model of disability from a religious lens rather than the medical system itself (DasGupta, 2015), yet fails to encompass a social (Cameron, 2014b) or charity model (Cameron, 2014a) of disability, bringing into question whether there is an appropriate level of language available to describe the experiences of disabled people's complex relationship with God, religion, and faith.

Disability theology emerged in the late 20th century as a direct challenge to the traditional Christian frameworks that pathologized or spiritualized disability without consulting disabled voices. A pivotal text in this movement is Nancy Eiesland's *The Disabled God* (1994), where she recounts a moment of theological recognition in Luke 24:39–40: the resurrected Christ appears bearing the wounds of crucifixion, not healed or hidden, but intact. "I beheld God as a survivor, unpitying and forthright," she writes, recognizing in Jesus "the image of those judged 'not feasible,' 'unemployable,' with 'questionable quality of life'" (Eiesland, p. 89). For Eiesland, this disabled God subverts centuries of theology that conflated disability with sin and weakness, rejecting reductive binaries that position disabled people as either "defiled evildoers" or "spiritual superheroes" (p. 71). Courtney Wilder (2023), drawing on Sharon Betcher's work, insists that one's relationship with the Divine is "incomplete without the perspectives of disabled people" (p. 83). As Sharon L. B. Creamer notes (2006), theology has too often offered only superficial access to disabled people, while disability studies have ignored the constructive possibilities of religious thought.

Hermeneutic Injustice

The concept of hermeneutic injustice offers a powerful lens through which to understand how religious communities may perpetuate marginalization, particularly of disabled people. Fricker (2007) coined the term hermeneutic injustice as "[t]he injustice of having some significant area of one's social experience obscured from the collective understanding owing to a structural identity prejudice in the collective hermeneutical resource" (p. 155). In theological contexts, this means that entire categories of human experience—like disability, trauma, or mental illness—may be misinterpreted, diminished, or excluded from official or communal religious understanding. These injustices are not simply a result of individual biases but stem from institutionalized views that uphold the dominance of powerful groups. Because these views benefit those in power, there is little motivation to search for a better interpretation (Dotson, 2012).

Panchuck (2020) deepens this critique in religious contexts, noting that such injustice is often perpetuated through "normatively laden" language that is inaccessible or meaningless outside specific communities. These shared meanings affect what people believe is possible. For example, in a Catholic community, a woman claiming a divine call to priesthood is likely to be dismissed not because it is linguistically incoherent, but because the shared hermeneutic denies the legitimacy of women's ordination (Panchuck, 2020).

When communities lack the interpretive tools to name exclusion, those who suffer it may come to believe their pain is personal failure rather than systemic harm. Panchuk calls this biblically argued marginalization "religiously informed identity prejudice" (2020, p. 612). Kathy Black (1996) exemplifies this problem in her theological reading of Mark 7:31–37, where Jesus heals a man traditionally understood to be deaf and mute. Many disabled readers, she notes, observe that the man's speech impairment implies he was not deaf from birth, thus challenging the assumption that this story reflects a normative model of healing. Furthermore, some clergy have even used the passage to argue that God prefers speech over sign language—a conclusion that privileges able-bodied norms and has actively harmed the Deaf community (p. 94).

In religious settings, instead of elevating marginalized voices, the shared community hermeneutic may erase or skew negative experiences with positive language. Wellwood calls this phenomenon "spiritual bypassing" (1984) in reference to religion or spirituality. For example, the pervading Evangelical view holds that demonic manifestations, sin, or lack of faith are the cause of mental illness; if the illness persists, the sufferer is not praying enough (Lloyd et al., 2022). Lloyd also refers to this line of thought as "spiritual reductionism" (2024, p. 112), arguing that when it comes to mental health in religious environments, it is the discomfort brought on by people with negative interpretations, attitudes, and assumptions projected onto people that is the most pervasive disability (Lloyd, 2024), not the disability itself.

Religion as Beneficial to Disabled Individuals

While exclusionary theologies and hermeneutical injustice exist, religion also remains a meaningful and empowering resource for many within the disabled community. For many disabled individuals, religion can be a source of great comfort. Studies have shown that religion can promote resilience and connectedness with others (Iannello et al., 2022) and correlates with higher subjective well-being and life satisfaction for religious disabled folks than non-religious disabled folks (Kim, 2020; Marinić and Nimac, 2021). It has also

been shown to provide a sense of purpose for religious caretakers of disabled children (Zriker et al., 2024).

Perfectionism, Scrupulosity, & OCD

As previously discussed, religion can be both a source of healing and harm for disabled individuals. But this duality becomes especially pronounced in the intersection of religion and mental health. One such intersection involves scrupulosity—a form of religious or moral perfectionism often associated with obsessive-compulsive disorder (OCD), though it can also appear independently as a personality trait (American Psychiatric Association, 2013). This can manifest in religious contexts as repetitive prayers, confessions, and excessive efforts to seek forgiveness (Allen et al. 2023). In religious environments, a scrupulous person may just appear devoted. However, these compulsions negatively impact overall well-being through an increase in anxiety, guilt, and shame, sometimes leading to an aversion to God. Disabled individuals may even be more susceptible to scrupulosity if they have internalized the religious belief that their disabilities are due to sin or moral failing, as they may feel pressure to alleviate these feelings that spur anxiety with confession or prayer (Allen et al., 2023).

While scrupulosity can have damaging consequences, its severity and impact are shaped by how individuals engage with their faith. The relationship between religiosity and mental health is not uniform; instead, it varies based on internal versus external motivations for religious practice. This distinction becomes key in understanding how religious beliefs influence well-being among disabled populations.

Intrinsic vs. Extrinsic Religiosity

A growing body of research suggests that the psychological and spiritual outcomes of religiosity are less about belief itself and more about the motivation behind it. A scoping review by Iannello et al. (2022) emphasizes that religiosity's effect on individuals—whether positive or negative—largely depends on whether it is approached intrinsically or extrinsically. Intrinsic religiosity refers to engaging in faith for its own sake—motivated by personal conviction, internalized values, or a sincere relationship with the divine. In contrast, extrinsic religiosity reflects outwardly motivated practice—such as participating in religion to meet social expectations, please family members, or avoid community rejection (Steffen, 2014).

This distinction is especially relevant for disabled individuals. Steffen (2014) found that those who were intrinsically religious reported significantly lower levels of negative affect related to their faith experience. In contrast, extrinsic religiosity was correlated with maladaptive perfectionism and increased emotional distress. While adaptive perfectionism—characterized by intrinsically motivated goal-setting and personal growth—can be beneficial, maladaptive perfectionism, often rooted in external pressure and self-criticism, intensifies anxiety and shame (Steffan, 2014). Disabled individuals who feel compelled to conform to religious ideals or prove spiritual worthiness may experience their faith as an additional burden rather than a source of comfort. This distinction reinforces the need for religious spaces to cultivate authentic, supportive engagement with faith, especially for those navigating disability and spiritual identity simultaneously.

Research Question

What role does hermeneutic injustice—the exclusion of a subset of experience-based knowledge from the collective societal understanding (Fricker, 2007)—play in the self-conceptualization of disabled people who have previously or continue to engage in faith-based practices?

Rationale

Overall, we found a distinct lack of papers that engage critically with the intersections of religion and disability. Although researchers worked with disabled participants, papers we encountered were rarely written by and with disabled academics, aside from when the papers focused on disability theology. Since disability theology is an emerging field, there is a systemic lack of critical perspectives in papers that discuss the benefits and harms of religion on disabled people.

Scientific rationale aside, several members of this research team have their own lived experiences with the intersections of disability and religion, faith, and spirituality, and felt as though the existing research did not encompass their own experiences within these communities and theologies. Rather than applying a reductive approach to our own lived experience accounts, we allowed these experiences to guide our way through the project while remaining reflexive. Several members of the research team ensured reflexive practices were present throughout the project and challenged when certain analyses of data were biased, allowing us to both embrace our lived experiences and ensure an unbiased analysis. These experiences, alongside previous scientific research and perspectives, provided us with the necessary rationale to engage in this project.

Methods

Participants & Procedures

Participants included 111 individuals from various locations within North America, who were recruited through two main sources. The first source focused on Facebook groups that contained previously religious individuals or individuals who were currently religiously practicing. This method took on a convenience and snowball sampling technique, with these groups being asked to share the "call for participants" post, which was made on a personal account belonging to one of the researchers. The post received 51 total shares, 6 from Facebook groups and 4 from Facebook pages. The second source involved sharing a research poster on our personal social media accounts to garner attention from McMaster University students and peers, which also utilized a convenience and snowball sampling technique.

We conducted our qualitative survey through the Qualtrics platform. Once participants were screened for eligibility, they were either directed out of the survey or to our open-ended questions (Figure 4). The survey was created using Qualtrics and posted on Facebook and personal Instagram pages on January 22nd, 2025. The survey was closed on February 8th, 2025, after 17 days, as while we anticipated leaving the survey open longer, we decided to close our survey after considering the time constraints of this project alongside our capacity as students. Each survey took an average of ~18 minutes to complete when excluding outliers over 166 minutes/10000 seconds (n = 4). Participation in the survey was entirely voluntary, as no compensation was provided to participants for completing the survey.

Of the 111 total participants, 59 were selected for inclusion in the study. Those who were excluded (n = 52) were excluded due to ineligibility to participate (not disabled, not currently/previously religiously practicing, could not/did not consent) or because they did not respond to a minimum of one of the open-ended questions asked. Therefore, our final sample in our thematic analysis included 59 participants' responses to our open-ended questions.

Demographics

As visible in Figure 1, the average age of our sample (n = 59) was 41.8 years old, with our youngest participant being 19 and our oldest being 72. Our standard deviation (13.4) has a low coefficient of variation (CV = 0.32), indicating that most participants' ages are close to our mean (41.8 years old). Visible in Figure 2, the most prevalent gender identity reported by respondents in our study was female (66.1%), followed by male (18.6%). We received quite a high number of non-binary[2] respondents to our study (15.8%), a group that has remained absent in previous research on the relationship between disability, well-being, and religion (Kim, 2020; Marinić and Nimac, 2021). Our sample, while having a high heterosexual (42.4%) demographic, was also relatively highly bisexual (18.6%), followed by asexual (8.5%). Our sample tended to be most commonly married (32.2%), single (23.7%), or dating one person (18.6%). Despite the variety in gender, sexuality, and relationship status, our sample highly identified as European/white (88.1%), with the next highest identified racial identities being our self-identification category (3.4%) or multiracial (3.4%). Most participants reported having obtained a 4-year college or university degree (32.8%), with the next highest being a Master's degree (27.6%), followed by some college/university experience (19.0%).

Table 1: Descriptive Statistics of Age of Participants (n = 59)

	N	**n**	**Missing**	**Mean**	**Median**	**SD**	**Min**	**Max**
Age	111	59	52	41.8	41	13.4	19	72

Table 2: Frequency Table of Reported Demographics (n = 59)

	Counts	**% of Total**	**Cumulative %**
Gender			
Man (cis- or transgender)	11	18.6%	18.6%
Woman (cis- or transgender)	39	66.1%	84.7%

---

[2] Neither male nor female.

Non-Binary	3	5.1%	89.8%
Genderqueer	1	1.7%	91.5%
Prefer to self-identify:	5	8.5%	100.0%
Sexuality			
Lesbian	3	5.1%	5.1%
Gay	1	1.7%	6.8%
Bisexual	11	18.6%	25.4%
Pansexual	2	3.4%	28.8%
Straight (heterosexual)	25	42.4%	71.2%
Asexual	5	8.5%	79.7%
Queer	4	6.8%	86.5%
Questioning	3	5.1%	91.6%
Prefer to self-describe:	5	8.5%	100.0%
Relationship Status			
Single	14	23.7%	23.7%
Dating my partner exclusively	11	18.6%	42.3%
Common-law	3	5.1%	47.4%
Married	19	32.2%	79.6%
Divorced	7	11.9%	91.5%
Prefer to self-describe	5	8.5%	100.0%
Race			
East Asian (e.g., Chinese, Taiwanese, Japanese, Korean, etc.)	1	1.7%	1.7%
South Asian (e.g., Afghan, Nepali, Tamil, Bangladeshi, Pakistani, Indian, Sri Lankan, Punjabi)	1	1.7%	3.4%
European/White	52	88.1%	91.5%
Latin, South or Central American	1	1.7%	93.2%

Prefer to self-identify:	2	3.4%	96.6%
Multiple options selected*	2	3.4%	100.0%
Education			
Less than high school	1	1.7%	1.7%
High school/GED	2	3.4%	5.1%
Some college/technical school/university	11	19.0%	24.1%
2-year college/technical school/university degree/diploma (e.g., AA, AS)	2	3.4%	27.5%
4-year college/university degree (e.g., BA, BS)	19	32.8%	60.3%
Master's degree (e.g., MA, MS, MEng, MBA)	16	27.6%	87.9%
Doctorate degree (e.g., PhD, EdD)	3	5.2%	93.1%
My highest level of education is not on this list (please specify):	4	6.9%	100.0%

* We allowed some individuals to choose multiple options to best describe their race. However, only a few respondents chose to do this, so we have combined them into one group here.

Measures
Definitions & Inclusion Criteria
Disability.

For the sake of our dataset, we refrained from defining disability to our participants to accommodate the many ways disability exists in various societal hermeneutics. For a participant to meet the inclusion criteria of 'disabled' for our survey, we asked if the participant a) self-identified as disabled and b) could freely and, under legal definitions, consent despite their disability. This allowed us to include individuals in our sample who may have difficulties accessing official diagnoses (see: Overton et al., 2023) or individuals who may hold stigmatized diagnoses that they would be otherwise unwilling to disclose and therefore be dissuaded from participation (Rüsch et al., 2005). Therefore, if an individual identified as disabled and could freely consent, they met the inclusion criteria for our study.

Experience with Faith-Based Practices.

We required participants to claim that they had experience with faith-based practices. We asked, more specifically, if the participant had any past or present religious affiliation (currently religious, religious in the past, raised in a religious family, etc.). After receiving feedback from some participants, however, we realized that there were important differences in terms like *faith*, *religion*, and *spirituality* that we failed to consider when drafting our demographic and open-ended questions. Below are clear definitions of each term based on a review of relevant literature and suggestions provided by participants that we used to inform our thematic analysis and our discussion.

Table 3: Distinctions Between Faith, Religion, and Spirituality

Term	Definition
Faith	"based in obedience" (Gartenberg, 2025); "a firm and certain knowledge of God's benevolence towards us" (Bishop & McKaughan, 2023), a state of trust towards a figure. While religious institutions can act as a guiding force for the development of faith, faith can occur outside of religious institutions as well and exist independently of religion.
Religion	"the search for significance that occurs within the context of established institutions that are designed to facilitate spirituality" with goals that may be "psychological (e.g. anxiety reduction, meaning, impulse control), social (e.g. belonging, identity, dominance), and physical (e.g. longevity, evolutionary adaptation, death), as well as those that are spiritual" (Pargament et al., 2013, p. 15)
Spirituality	"the search for the sacred." Applying to God and also to "other aspects of life that are perceived to be manifestations of the divine or imbued with divine-like qualities, such as transcendence, immanence, boundlessness, and ultimacy" (Pargament et al., 2013, p. 7).

Questions & Intentions

Due to the nature of previous research, our study remained exploratory and therefore did not rely on any pre-existing measures. Because our goal was to explore and center the reported lived experiences of religiously practicing disabled participants, a goal absent in quantitative research of similar topics, we chose a qualitative research design. Since our focus was not on the extent to which individuals were disabled or engaged in faith, religion, and spirituality, but instead on the respondents' experiences, we did not take measurements of the strength of these identities through scales. Survey questions were created by all researchers through a collaborative effort, who rigorously critiqued biased or confusing phrasing.

We administered 5 open-ended questions to participants, followed by a list of neutral prompts to help individuals find a way to respond to questions that best fit their personal experiences. The decision to list 5 questions allowed us to gather enough information

from participants without risking participant drop-off. Leaving questions open-ended allowed participants to write as much as they deemed appropriate for each question.

Table 4: List of Open-Ended Research Questions

Question	Intention	Response rate (n = 59)
What does/did your faith mean to you? *(Prompts: How important is/was it to you? How does/did it impact your daily life? How does/did it impact your sense of self?)*	Intended to measure the level of importance of faith in the respondent's life. Taken into consideration in coding: Did the respondent engage in religion because of pressure or because of personal values? etc. Intended to provide insight into the respondent's identity with religion/faith.	98.3%
How do you feel your disabled identity/disability has shaped your relationship with your faith or spirituality, or vice-versa? *(Prompts: Has it played a role? Was it beneficial, or harmful? How? Does your disability enhance your faith, or feel like a barrier to it?)*	Intended to prompt participants to discuss the ways their faith/spirituality interacted with their disability, and the type of relationship existent. Was the relationship positive? Was it negative? Included prompts for both positive and negative experiences in hopes of mitigating any potential bias. Also intended to gather information on the reported impact of both religion/faith and disability on identity.	96.6%
How have religious teachings, practices, or communities responded to your disability? *(Prompts: Does/did your religious community include and represent your disabled identity/disability? Has your religious community had the proper language or understanding to talk about or address disability? How did/do you perceive your religious community to view your disability? Do they look at it as a positive or negative thing?)*	Intended to gather insight about the general accessibility of reported religious communities/spaces. Hopes of informing why these spaces may not be considered beneficial to some individuals, which would contradict previous research on well-being, disability, and religiosity. Also curious about the language being utilized in religious spaces, given previous concerns about including hermeneutics in theologies.	94.9%

Is there anything else you would like people and the general public to know/understand about your experience with religion as a disabled person/person with a disability?	Intended to try and receive/prompt 'doorknob confessions', where an individual might have more to say but held off until the end of the survey. Because our main survey was only 3 questions, this added question serves as a catch-all for anything we may have missed that participants might reportedly find important.	69.5%
Is there anything else you would like the researchers to know?	Intended to receive feedback about the survey, receive information about other areas of concern for participants to inform future research, etc.	40.7%

Results

Coding Process

Once data collection was completed, each researcher went through all results individually and developed a personal codebook for round one. Each coder was provided with a transcript on Delve containing all responses for each of the five questions and went through the data without consultation from other coders. All responses for a given question were grouped under one transcript rather than separated by individual participants. Coders were informed to keep a journal of notes and to flag their emotional states so they could be aware of how this may impact their codes. Coders were not allowed to talk to each other about their codes. This process lasted about two weeks.

Once round one was finished, all coders met and discussed their findings, working together to identify common themes which were developed into the final codebook (Figure 5). Once the codebook was solidified, coders went back through the transcripts and coded the data accordingly in a second round. Due to time constraints, each coder was only assigned 1-2 question transcripts to code in the second round. This round, in contrast to the first, was collaborative: coders would look over each other's codes, ask questions to clarify whether codes applied or not, and were critical of each other's codes. Coders were informed not to stray from the codebook in this round.

Table 5: Codebook

Code **Theme**/Code/*Subcode*	Description
Individual Codes/No Specific Theme	
Neurodivergence impacted respondent's relationship with religion.	Respondent indicated that they are neurodivergent specifically and related their relationship with religion to their neurodivergent identity.

Retrospective reflections on experience with faith/community.	Respondent reflected on parts of their practice that they didn't think about while practicing/before taking the survey.
No relationship.	Respondent indicated that their faith had no impact on their disability/vice-versa.
Interesting quotes	A code used by coders for statements made by respondents that may be beneficial later but do not have coding significance.
Importance of Faith	
Religion as an important aspect the respondent's life.	Respondent indicated religion is a critical aspect of importance/meaning in their life.
No longer important.	*Respondent indicated that religion was a critical aspect of importance/meaning in their life, but that is no longer the case.*
Faith never important.	Respondent indicated that faith was not important to their life, despite practicing/having practiced.
Form of Faith	
Religion as structured/routine.	Respondent indicated that religion was heavily structured and followed some sort of routine every time, regardless of whether this was a positive or negative aspect of the practice to them.
Self-Guided Religion/Spirituality	Respondent indicated that their faith wasn't necessarily religious but based within themselves and their individual practices.
Distance from organized faith made respondent closer to individual faith.	Respondent expressed that religion was harsh, but once they distanced themselves from an organized practice, it was a more positive experience.
Faith provides moral framework for worldview.	Respondent indicated that faith provides a guidebook on how to live and work with others and the world.
Negative Associations Within Faith	
Scrupulosity	Respondent expressed that they monitor their behaviour/thoughts on a moral judgment because of faith.
Shame/Guilt	Respondent expressed a feeling of shame/guilt within faith.

Trauma	Respondent indicated that they developed a form of trauma because of faith. Due to the nature of this code, trauma-based language must be explicit and not implied.
Ostracization/hermeneutic exclusion within the church community due to disability.	Respondent indicated that they were ostracized from the community because of their disability. Occurs from the side of the religious organization itself; active action.
Unintended ignorance	Respondent indicated they were unintentionally ostracized from the community due to ignorance around their disability.
Faith/community avoids disability	Respondent indicated that their faith/community openly avoids talking about/to disability.
Structured, hermeneutic injustice around disability.	Respondent indicated that organized religion/faith/etc. is just not organized to support disabled followers. Structural/foundational issue.
Barriers to practice faith because of lack of accessibility.	Respondent indicated that they were unable to access the church because of barriers in their way; passive action.
Testimonial Injustice around disability.	Respondent indicated that the church/faith diminished their experiences as a knower of their disability.
Positive Associations Within Faith	
Faith as a coping mechanism for disability.	Respondent indicated that faith was a coping mechanism for disability. Indicated that faith was a form of survival when they felt hopeless about their disability/health.
Faith as a coping mechanism for negative parts of life.	Respondent indicated that faith was a coping mechanism for negative parts of life, and not necessarily disability.
Disability as an enhancement of faith.	Respondent indicated that disability enhanced faith and made them feel closer to God.
Disability-inclusive faith.	Respondent indicated that their community was inclusive/supportive of disability.
Religion brought community.	Respondent indicated that religion brought a sense of community and belonging in a way that they appreciated
Spiritual Bypassing	

"I'll Pray for You/Pray Away" mentality in others.	Respondent indicates that other followers insisted on prayer as a form of cure for disability.
Disability viewed as weakness; result of sin/lack of faith.	Respondent indicated that disability was viewed as a lack of faith or weakness of faith, even as a punishment from God as a result of sin.
Identity	
Disability as identity.	Respondent indicated that disability is an important facet of their identity.
Faith as identity.	Respondent indicated that faith is an important facet of their identity.
Identity conflict between faith and disability.	Respondent indicated that there was a conflict between religion and disability that caused them an identity 'crisis' / distress.
Disability as a Tool	
Performative Allyship/Activism	Respondent indicated that their religion/community doesn't/didn't actually engage in disability justice practices despite aiming to help people with disabilities; goals were performative in nature and did not actually help.
Charity Model	Respondent indicated that the organized religion utilized disability to their own advantages, like being perceived as more charitable.
Motivations Behind Practice	
Extrinsic motivation	Respondent indicated there were external pressures to join/practice faith. Practice came from external.
Intrinsic motivation	Respondent indicated there were internal factors to join/practice faith. Practice came internal.

Thematic Analysis

After reviewing codes, we were able to come up with 6 core themes present in the dataset: *negative experiences with faith & religion, positive experiences with faith & religion, disability as a tool for organized religion, faith as a tool for the individual, neurodivergence & faith, and no relationship reported.* For each theme, we provide a handful of anonymized quotes from our dataset below. This is done to place disabled voices at the forefront of this research, given that testimonial injustice in religious communities was highly reported by respondents in our data set.

Negative Experiences with Faith & Religion.

Our data set predominantly consisted of individuals who were frustrated with their experiences and expressed having a difficult time practicing because of the treatment

towards disabled identities/disability in religion and faith. This contradicts research that shows these religious spaces were beneficial to the well-being of disabled and able-bodied people (Iannello et al., 2022). The sentiment shared by most respondents–that religious spaces and theologies were unsafe for and hostile toward disabled followers–was common in literature created by disabled theologians (Eiesland, 1994).

Scrupulosity, Guilt, & Shame.

Many responses contained discussions expressing feelings of scrupulosity, guilt, and shame that were created by and perpetuated in religious spaces and theologies and tied into their disability, especially for respondents with general anxiety. The idea that *"God can see all of [their] thoughts"* led respondents to report feeling like *"total garbage and doomed to hell"* especially when they were forced to confess their sins. Respondents who disclosed identifying with OCD or autism particularly dominated this subtheme:

> *"My OCD has made it harder for me to access a spiritual connection to any god or religion due to moral concerns and overthinking."*

> *"In some ways, religious teachings also had a negative impact on my OCD in particular. We were taught that God can see all our thoughts and they can also be sinful. As someone with intrusive thoughts as a result of my OCD, this led to internal compulsions as a response to guilt for thoughts that I now know are outside of my control."*

> *"I do feel like my [a]utism played a huge role in my relationship with religion in my youth. I did try to take things at face value. So when my priest told us that even thinking a bad thought was a sin, I believed him. I have intrusive thoughts alot, and did even back then. That convinced me I was committing horrible sins all the time, and couldn't make myself stop even when I wanted to. This led to me guilt, anxiety, profound depression."*

Testimonial & Hermeneutical Injustice.

Many respondents also indicated that experiences of hermeneutical and testimonial injustice toward their disability were prevalent in faith and religion. Respondents indicated that in religion and faith, disability was viewed as sin and that *"in heaven, all [bodies] would be made perfect and new ... any physical impairment would fade away"*. Disability was not considered a natural form of human existence in many theologies, which led respondents to report that their disability *"[was viewed as] a result of sin in [their] life and not a legitimate disability issue."* One respondent, who was an ordained minister, stated that religion's *"[i]nability to be open and accept[ing] regarding [their] disabilities was a major contributor to [their] leaving."* Particularly for mental health problems, individuals reported that treatment options present outside of religion and faith were demonized, and invisible illnesses were delegitimized. One participant mentioned how *"dehumanizing [it is] to discover post-disability how little regard the church now holds you in."*

Ostracization & Barriers.

Respondents most commonly reported that because of their disabled identity and need for accommodations, they were ostracized from religious communities for their needs and

the countless barriers in their way. Many participants stated being generally unable to engage in the typical practices expected of followers because of a lack of accommodations provided for their (mostly physical) disabilities:

> *"I no longer attend in person church because of the lack of accessibility and after being told I could just watch church through a window since they could not accommodate me."*

> *"My disability is invisible--I live with chronic pain and fatigue. I felt strongly judged for being too tired to do meetings/services while working full time. I received a lot of comments about how I would just feel better once I push myself to go, even though I would feel even more exhausted after."*

> *"Accommodations were rare, and over time it made me trust my church less and less."*

Conflict Between Faith and Disability.

Respondents also reported feeling a conflict between their religion-, faith-, or spirituality-based identity and their disabled identity because of the way they were treated as disabled persons in both religious spaces and theologies. Some respondents stated that they no longer felt comfortable calling themselves both religious/faithful and disabled at the same time, reporting that their *"disability and [their] faith were sometimes at odds"* and that their disability *"caused [them] to question [their] beliefs."* Some participants made statements beyond just disability identity conflict, going as far as to state:

> *" … religion is an inadequate lens through which to view the self or the human person in all its complexity, and glaringly inadequate for understanding and accepting disability in general."*

Positive Experiences with Faith & Religion.

Although most respondents provided us with negative testimonies about their experiences in religious spaces and faith, a minority of participants mentioned that faith, religion, and spirituality were beneficial to their disabled identity.

Community.

Respondents indicated that faith and religion brought a sense of community and belonging that they were unable to achieve elsewhere. Participants stated: *"[it] helped me form community and friends, which also impacted my sense of self," "besides the higher power [,] having the support of a community is so very helpful," "[m]y disability has allowed me [to] go connect to people in my church. I have been open about it and find others with similar challenges,"* and that *"the many prayers of my faith family helped greatly to save my life. The many cards reminded me that even though I was not present, I was not forgotten."*

"Disability Enhances my Faith."

Some respondents indicated that their relationship with faith and spirituality was enhanced by their disability rather than hindered. Participants made statements such as:

" … my disability has influenced my faith/spirituality by having me heavily motivated to explore disability theology and follow other neurodiverse people of faith; my faith/spirituality has helped me to accept my disability and to look for ways that my disability can be put into the service of the Divine."

Participants also stated that their unique relationship with God was fulfilling to them:

" … my belief that I am wonderfully made by God means that he made me this way, in his image, disabilities and all, and loves me all the same. I find the thought that this is how I am made to be and still in the image of God comforting."

"With faith, even disability finds meaning and purpose. I have learnt far more about myself, my relationships and my trust of God through disability than I would have if I was able bodied."

Disability-Inclusive Faith.

Some respondents indicated that their religious communities were making a genuine effort to include disabled followers or to practice what we described as 'disability-inclusive faith':

"I feel like recently there has been more supports available for disabled individuals, including culturally-sensitive therapeutic spaces (community circles, therapy sessions, mindfulness exercises, etc) for individuals with disabilities. I've also noticed a recent shift away from the ""pray it away"" approach to mental health in Canadian Muslim communities."

"At Mass you will see the priest walk to those who can't to let them receive the Eucharist. There is an effort to include people and their life is just as important as anyone else's."

Disability as a Tool for Religion.

Some respondents indicated that, although there were attempts to accommodate them, they felt as though their and others' disabilities were being used as a tool of moral profit for the religious organization. Concerning both theologies and religious spaces, respondents made claims that tokenism and saviour complexes were prevalent, stating more specifically:

"I have observed a sense of tokenism when I have seen people with visible disabilities in faith circles--people who speak to them out of a desire to be seen as good, as opposed to actually wanting to get to know them."

"I often felt there wasn't room to be neurodiverse/mentally ill as an adult, as the focus was on disabled children and a savior complex around disabled children and their families."

"I found in my church community that people wanted to "help" with lots of things. But that this often led to saviorism."

In addition, participants indirectly referenced how the charity/pity model of disability was prevalent in religious spaces and theologies. Respondents stated that *"many religious people take on a 'pity-based' approach to disabled people, which rubs me the wrong way,"* or that *"[d]isabled people not being able to do things made them need to be saved … and that the rest of the faith community would recognize their good deed of helping a disabled person."*

Faith as a Tool for the Individual.

On the other hand, some respondents reported that faith was a beneficial tool for them in surviving the world. In the same way, someone with chronic pain may use a cane or a student may use accommodations, faith became a way for these respondents to cope with the day-to-day challenges of disability. This theme falls in line with the narratives present in current well-being research on disability and faith/religion/spirituality (Iannello et al., 2022).

Structure/Organization.

A surprisingly prevalent subtheme in our dataset was our respondents' enjoyment of the structure and organization that religious practices brought them. Not surprisingly, however, was the higher rate of disclosures of autism and OCD associated with this subtheme. Respondents stated that they frequently attended religious services, sometimes multiple times a week, and that *"[their] faith [offered them] a routine."* This routine and structure was *"a reason for enjoying practicing [their] faith,"* and *"[b]eing able to come back to traditional practices despite the rapid changes in [their] life provided security … [they] felt [they were] able to remain grounded and connected to [themselves]."*

Coping with Life & Disability.

For quite a few respondents, both their faith and religious communities brought a sense of comfort that allowed them to cope with the daily stressors of life and disability in general. *"[R]eligion provided a sense of familiarity when [they were] dealing with health issues in the long term."* Respondents also stated:

> *"My faith was my past, present, and future, the source of truth, and a place of warmth and safety and virtually all of my identity."*

> *" … faith has been very important to me … in the context of hope and joy, not … through a lens of criticism or condemnation."*

> *"Faith is just one of many methods that disabled people can use to find hope in a world that often seems bent on preventing a future for those with disabilities."*

Interestingly, some respondents also used faith/religion/spirituality as a means to express the difficulties of living with disability in an ableist society. Some respondents disclosed that they had used religion to *"[pray God] would just let me cease to exist"* and that religion was *"an expression of the pain and difficulty I experience in society and internally that helps me process it."* For one respondent, this sentiment was especially clear:

"I would instead BEG God to just unmake me. I suppose, in a way, this kept me alive. I wanted to die, but knew that if I killed myself, I would go to hell. Since God was all powerful, as miserable as I was, I was certain that God could make hell somehow even worse. So, instead, I prayed he would just let me cease to exist."

Neurodivergence & Faith.

Although we did not ask respondents to disclose the nature of their disability, we received disclosures of respondents' neurodivergent identities and how these identities particularly related to their faith and religion. For Autistic respondents, sentiments were shared about how their *"logical thinking approach [made] matters of faith challenging to reconcile"* and that *"[they] took all theology literally and as seriously as a matter of life and death, since that's how it was presented."* For participants with ADHD, their disorder *"[made them] a sensitive person with a need to have personal investment and creativity in [their] faith practice."* As mentioned previously, many respondents with OCD grappled with the difficulties of scrupulosity pervasive in religious theologies. For neurodivergence more broadly, one respondent stated that *"[they are] a parent to a child who is [n]euro divergent and [they] wouldn't classify the church or religion in general to be a safe place for them."*

No Relationship Reports.

Some respondents reported that there was no relationship or impact between their disabled identity and their faith, religion, or spirituality. While this theme was small amongst our dataset, it is still important to consider how faith, religion, spirituality and disability do not intersect for some individuals. They reported that *"[t]he disability is annoying but hasn't affected [their] faith"* or that *"[they] didn't notice any overlap between the two."* For some participants, existing as both disabled and religious was *"[n]either a positive or negative. It just [was] - deal with it as such."*

Discussion

Faith-based communities have the potential to be powerful, deeply meaningful, and enriching communities. At the same time, they have the very real potential to impart lasting harm on their community members. The majority of participants in this study reported experiencing significant barriers within their religious communities. These barriers, as seen in the dataset, arose both from theological frameworks and physical inaccessibility, contributing to the physical and hermeneutical exclusion of disabled individuals from religion and faith.

Although negative reviews predominated, some of the data aligned with previous research on positive intersections of disability and religion, which suggests religion and faith act as a source of improved well-being for some disabled participants (Kim, 2020; Marinić and Nimac, 2021).

Experiences of discrimination are shown to negatively impact the well-being of individuals through their self-esteem, life satisfaction, depression, and more (Schmitt et al., 2014). For disabled individuals in religious or faith-based spaces, the stakes are often quite literally heaven or hell. The previous research on this topic acts as a foundational framework for this study; however, previous research comes predominantly from quantitative analyses, while this project takes an exclusively qualitative analysis. As a

result, this study is uniquely positioned to capture more personal testimonial accounts that may not be fully represented in existing quantitative research surrounding this topic.

Qualitative research provides disabled individuals with the space to defy expectations of ability that are not achievable in quantitative research. Data injustice is a term used by disability advocates to express a general distaste toward quantitative data practices that discriminate and exclude disabled perspectives because of their inaccessibility (Charitsis & Lehtiniemi, 2023). Automated systems and code rely on individuals who fit strict criteria, who do not stick out, and who abide by the rules, expectations which are typically defied by disabled research participants. When considering the research that explores relationships between well-being, religion, and disability, this research is dominated by quantitative approaches that fail to encapsulate the holistic disability experience, one full of creativity, defiance, complexity, and difference (Jones, 2022). Our focus on qualitative over quantitative data, in consideration of unjust data practices towards disabled participants, may therefore explain why our results included alternative perspectives to existing research on the topic.

Methodological concerns aside, the responses we received were important to consider for those looking to create a disability-inclusive religion and faith. Many respondents came with complaints about the physical and theological barriers that prevented access to faith, religion, and spirituality. This limited their ability to contribute to dominant hermeneutic resources and reportedly increased experiences of testimonial injustice and levels of shame, guilt, and anxiety. Symbolic interactionism, which states that the meanings we hold are generated through our repeated interactions with both symbols and each other (Carter & Fuller, 2015), would posit that the theological approaches to disability play a role in the meanings ascribed to disabled people in religion and faith. This links the hermeneutic resource from which they are excluded to their personal source of meaning within disabled identity, allowing them to be used as mere objects of pity usable to increase the moral standings of able followers instead of allowing them to reap the benefits of social inclusion that come with participation in religion.

In addition, System Justification Theory posits that regardless of the harm caused to individuals by dominant systems, there is a pressure to uphold oppressive systems and practices to maintain order (Jost & Toorn, 2012). In religion and faith, where disability is often viewed as a failure on the individual's part or as a test to be endured, disabled individuals may internalize these meanings. This could lead to reports of self-doubt, diminished confidence, and lower self-esteem. When negative beliefs remain unchallenged due to their theological dominance, discrimination may continue as a norm in religion and faith.

As previous research predicts, the reported factor that allowed individuals to have positive experiences and relationships with God, faith, religion, and spirituality was the extent to which their own experiences were valued in the core hermeneutic resource, or theology, of their religion and faith. The disability theologies that Betcher (2007) and Wilder (2023) stated would be beneficial to disabled followers were highly prevalent in positive responses to our survey questions, such as the idea of God being disabled or disability being considered an alternative way of life rather than sin. When disabled people were physically included in services and practices, and the spaces and practices were made accessible, they were reportedly beneficial in the respondents' relationship with religion, faith, and their disabled identity. Considering the negative impacts ostracization has on well-being (Wesselmann & Williams, 2017), it is fitting that disability-inclusive faith,

religion, and theologies would reportedly have a beneficial impact on disabled respondents. Therefore, it is essential that faith communities be shaped by the voices, needs and values of disabled people to create safer and more supportive communities that are inclusive of everyone.

Limitations

While this study makes valuable initial progress in understanding the complex intersection of disability and faith, it is not without its limitations. Participant recruitment may be subject to bias, given that the majority of participants were recruited from ex-religious communities and support groups specifically oriented toward religious disengagement, trauma, and healing. As a result, the sample may lean toward more negative perceptions of religious and faith experiences, ultimately impacting participant responses. This study also relied on self-reported data collected through surveys, which can be subject to social desirability bias or recall bias. The nature of self-report bias may have also led participants to provide certain responses based on their perceived expectations of the study. Finally, there was limited diversity regarding religious affiliation and race, as the vast majority of participants identified with Christianity as their primary faith or as white. As such, the present study may not fully account for the lived experiences of all disabled people of faith, especially within less institutionalized religious practices such as Indigenous faiths. Future research should seek to address these limitations and use mixed methods approaches that combine qualitative and quantitative data for a more well-rounded understanding of the barriers that impact disabled individuals.

Conclusion

This study begins to address a significant gap in the existing research on the experiences of disabled individuals within faith-based spaces, an area that has been unexplored. Within faith and religion, disabled individuals face significant barriers that keep them from fully participating in and reaping the full rewards of these communities. These barriers come in two distinct forms: structural/physical barriers and theological/social barriers. Our findings suggest that these spaces often fail to be truly inclusive for disabled individuals, with physical inaccessibility and harmful theological frameworks contributing to stigmatization and harm. When these spaces are accessible and open-minded, they have the potential to offer positive experiences. This research highlights the importance of rethinking how faith-based spaces and narratives of disability are designed. Future research on this topic must continue to consider the lived experiences of disabled individuals.

References

Allen, G. E. K., Norton, A., Pulsipher, S., Johnson, D., & Bunker, B. (2023). I worry that I am almost perfect! Examining relationships among perfectionism, scrupulosity, intrinsic spirituality, and psychological well-being among Latter-Day Saints. *Spirituality in Clinical Practice (Washington, D.C.)*, *10*(4), 316–325. https://doi.org/10.1037/scp0000273

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. https://doi.org/10.1176/appi.books.9780890425596

Aquinas, T. (2006). *Summa Theologiae* (T. Gilby, Trans., Vol. 10). Cambridge University Press. (Original work published ca. 1274).

Betcher, S. V. (2007). Monstrosity, miracle, and mission: Religion and the politics of disablement. In *Spirit and the Politics of Disablement* (pp. 48–67). essay, Fortress Press.

Bishop, J., & McKaughan, D. (2023). Faith. *Stanford Encyclopedia of Philosophy.*

Black, K. (1996). *A healing homiletic: preaching and disability*. Abingdon Press.

Bultmann, R. (1955). *Theology of the New Testament*. SCM Press.

Cameron, C. (2014a). Charity. In C. Cameron (Ed.), *Disability studies: A student's guide* (pp. 24-26). SAGE Publications Ltd. https://doi.org/10.4135/9781473957701

Cameron, C. (2014b). The social model. In C. Cameron (Ed.), *Disability studies: A student's guide* (pp. 137-140). SAGE Publications Ltd. https://doi.org/10.4135/9781473957701

Carter, M. J., & Fuller, C. (2015). Symbolic interactionism. *Sociopedia. isa*, *1*(1), 1-17.

Charitsis, V., & Lehtiniemi, T. (2023). Data ableism: Ability expectations and marginalization in automated societies. *Television & New Media*, *24*(1), 3–18. https://doi.org/10.1177/15274764221077660

Clare, E. (2017). *Brilliant imperfection: Grappling with cure*. Duke University Press.

Creamer, D. (2006). Theological Accessibility: The Contribution of Disability. *Disability Studies Quarterly, 26*(4). https://doi.org/10.18061/dsq.v26i4.812

DasGupta, S. (2015). Medicalization. In R. Adams, B. Reiss & D. Serlin (Ed.), *Keywords for Disability Studies* (pp. 120-121). New York, USA: New York University Press. https://doi-org.libaccess.lib.mcmaster.ca/10.18574/nyu/9781479812141.003.0041

Dolmage, J. (2017). *Academic ableism: Disability and higher education*. University of Michigan Press.

Dotson, K. (2012). A cautionary tale: On limiting epistemic oppression. *Frontiers: A Journal of Women Studies*, *33*(1), 24–47.

Eiesland, N. L. (1994). *The disabled God: Toward a liberatory theology of disability*. Abingdon Press.

Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.

Gartenberg, Z. M. (2025). Spinoza's Definition of Faith. In D. Rutherford (Ed.), *Oxford Studies in Early Modern Philosophy* (Vol. 12, pp. 36–65). Oxford University Press.

Gould, J. B. (2018). Christian faith, intellectual disability, and the mere difference/bad difference debate. *Philosophy and Theology: Marquette University Quarterly*, *30*(2), 447–477.

Iannello, N. M., Inguglia, C., Silletti, F., Albiero, P., Cassibba, R., Lo Coco, A., & Musso, P. (2022). How do religiosity and spirituality associate with health-related outcomes of adolescents with chronic illnesses? A scoping review. *International Journal of*

Environmental Research and Public Health, *19*(20), 13172-. https://doi.org/10.3390/ijerph192013172

Jones, D. R. (2022). Reclaiming disabled creativity: How cultural models make legible the creativity of people with disabilities. *Culture & Psychology*, *28*(4), 491-505. https://doi.org/10.1177/1354067X211066816

Jost, J. T., & van der Toorn, J. (2012). System justification theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (pp. 313–343). Sage Publications Ltd. https://doi.org/10.4135/9781446249222.n42

Kim, D. (2020). The effect of becoming disabled on the subjective well-being of religious and nonreligious people. *Journal of Religion and Health*, *59*(2), 816-827.

Lloyd, C. E. M., Mengistu, B. S., & Reid, G. (2022). "His main problem was not being in a relationship with God": Perceptions of depression, help-seeking, and treatment in Evangelical Christianity. *Frontiers in Psychology*, *13*, 831534–831534. https://doi.org/10.3389/fpsyg.2022.831534

Lloyd, C. (2024). "Prayer is fine, but don't then quickly move on, as if you're done and dusted": How can the Evangelical church better support those with mental illness? *Journal of Disability & Religion*, *28*(2), 110–131. https://doi.org/10.1080/23312521.2023.2173712

Marinić, M., & Ćučković Nimac, J. (2021). The correlation of some characteristics of religious identity with the quality of life of persons with disabilities. *Bogoslovni Vestnik*, *81*(1). https://doi.org/10.34291/BV2021/01/Marinic

Moss, C., Schipper, J., Schipper, J., & Moss, C. R. (2011). In Sickness and in Health: Ancient "Rituals of Truth" in the Greco-Roman World and 1 Peter. *In Disability Studies and Biblical Literature* (pp. 185–203). Palgrave Macmillan. https://doi.org/10.1057/9781137001207_12

Overton, G. L., Marsà-Sambola, F., Martin, R., & Cavenagh, P. (2023). Understanding the self-identification of autism in adults: A scoping review. *Review Journal of Autism and Developmental Disorders, 11*(4), 682–702. https://doi.org/10.1007/s40489-023-00361-x

Panchuk, M. (2020). Distorting concepts, obscured experiences: Hermeneutical injustice in religious trauma and spiritual violence. *Hypatia*, *35*(4), 607–625. https://doi.org/10.1017/hyp.2020.32

Pargament, K. I., Exline, J. J., & Jones, J. W. (2013). *APA handbook of psychology, religion, and spirituality (Vol 1): Context, theory, and research* (pp. xxvii-740). American Psychological Association.

Prus, R. (1996). Studying human lived experience: An introduction to the intersubjective enterprise. In *Symbolic interaction and ethnographic research*, Chapter 1. New York, NY: Suny Press.

Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, *20*(8), 529-539.

Saroglou, V. (2011). Believing, bonding, behaving, and belonging: The big four religious dimensions and cultural variation. *Journal of Cross-Cultural Psychology*, *42*(8), 1320-1340.

Schmitt, M. T., Branscombe, N. R., Postmes, T., & Garcia, A. (2014). The consequences of perceived discrimination for psychological well-being: A meta-analytic review. *Psychological Bulletin*, *140*(4), 921.

Steffen, P. R. (2014). Perfectionism and life aspirations in intrinsically and extrinsically religious individuals. *Journal of Religion and Health*, *53*(4), 945–958.

Wellwood, J. (1984). Principles of inner work: Psychological and spiritual. *Journal of Transpersonal Psychology*, *16*(1), 63–73.

Wesselmann, E. D., & Williams, K. D. (2017). Social life and social death: Inclusion, ostracism, and rejection in groups. *Group Processes & Intergroup Relations*, *20*(5), 693-706.

Wilder, C. (2023). Disability and embodied theology. In *The Routledge Handbook of Religion and the Body* (pp. 69–85). essay, Routledge.

Yorulmaz, O., Gençöz, T., & Woody, S. (2009). OCD cognitions and symptoms in different religious contexts. *Journal of Anxiety Disorders*, *23*(3), 401–406. https://doi.org/10.1016/j.janxdis.2008.11.001

Zahl, S. (2020). Sin and bodily illness in the psalms. *Horizons in Biblical Theology, 42*(2), 186–207. https://doi.org/10.1163/18712207-12341412

Zriker, A., Freund, A., Erlich, R., & Shoker, Y. (2024). "Faith comes and removes all questions. Faith helps me a lot": The unique perspective of mothers of children with intellectual and developmental disabilities in the ultra-orthodox society. *Journal of Disability & Religion*, *28*(3), 437–452. https://doi.org/10.1080/23312521.2024.2320645