Pastoral Psychology
https://doi.org/10.1007/s11089-026-01356-1

Pastoral Perspectives on God's Role in Causing Disability

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Received: 11 May 2026 / Accepted: 8 July 2026
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Abstract
Questions about why disability occurs often arise in the context of a prenatal diagnosis. Pastors are frequently called upon to offer theological interpretation and pastoral care in response to such questions. Yet, little is known about how they understand the causes of disability and the ways these beliefs might shape their responses. In this qualitative study, we examined how 25 pastors responded to questions about God's role in causing disability using a vignette involving a couple who received a prenatal diagnosis of Down syndrome. The pastors' responses reflected four primary patterns: rejecting divine causation, emphasizing God's permission, affirming disability as part of the divine design, or reframing such questions as unhelpful or unanswerable. We discuss implications for pastoral counseling and future research aimed at equipping faith leaders to support families encountering genetic disability for the first time.

Keywords Disability · Pastoral counseling · Theodicy · Qualitative research · Prenatal diagnosis

Many parents of children with disabilities are seeking faith communities that welcome their children and are attentive to their needs and gifts. Research shows that religion and spirituality are important to many people with disabilities and their families and that these families flourish when they are loved and accepted within their faith communities (Boehm, 2022; Carter, 2021; Liu et al., 2014). Unfortunately, many parents report that

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their churches have not been as welcoming and loving as they hoped (Carter et al., 2025; Pearson et al., 2024). In response to these concerns, a growing body of research describes church practices that foster inclusion and belonging for people with disabilities and their families (Carter et al., 2016, 2017; Huggins & Copeland, 2023; Miller & Skubik-Peplaski, 2020).

Pastors can play a central role in shaping how congregations understand and respond to disability (Carter et al., 2026; Patka & McDonald, 2015). Through their preaching, teaching, and counseling of parishioners, pastors may influence the beliefs, expectations, and practices that surround people with disabilities and their families. What pastors believe about disability will, therefore, influence many aspects of their pastoral role. However, surprisingly little is known about the theological beliefs pastors hold related to disability (Carter, 2023; Leavey et al., 2016). Understanding pastors' attitudes toward disability, particularly their views regarding the causes of genetic disabilities, may help disability researchers and theologians understand the religious context in which many families encounter others' attitudes about disability.

Questions about genetic disability and divine causation often arise in the context of prenatal diagnosis. Modern medical testing allows for some disabilities, such as Down syndrome, to be identified during prenatal care. While the apparent causes of disabilities from accidents, illness, or aging may seem obvious, the causes of genetic disabilities may seem more hidden. Some parents may struggle to make sense of a prenatal disability diagnosis and seek counseling or guidance from clergy (Goff et al., 2013). In such moments, parents' questions may extend into theological and existential areas: Why did this happen? Is this part of God's plan? What does this mean for our child's life? As a result, beliefs about God's causal relationship to disability will be particularly important to families who receive pastoral counseling following a prenatal diagnosis of disability.

In this study, we asked pastors how they would respond to a couple who received a prenatal diagnosis of Down syndrome. The news is unexpected, and the couple comes to their pastor asking whether Down syndrome is part of God's design for their child. Studies show that it is not uncommon for Christians to ask questions about why their child has been diagnosed with Down syndrome (Gotay, 2025). This question is often asked amid stress and anxiety about an unknown future. Many parents report that their most difficult and stressful experiences with their child with Down syndrome came when their child was first diagnosed (Pillay et al., 2012). How pastors answer "why" questions can shape parental attitudes toward their children for years to come. Parents remember the consoling as well as the harsh or dismissive words of those who talk about their prenatal diagnosis with them (Goff et al., 2013; Hodgson & McClaren, 2018). For example, a small study of mothers of children with Down syndrome showed that acceptance of the child by their church community and religious leaders was among the most influential factors in the mother's perception of their child's disability (Gotay & Nishimura, 2024).

If pastoral attitudes toward genetic disability can shape parents' perceptions of their children as well as their ability to cope with stressful events, then it is especially important to understand how these attitudes influence pastoral counseling. Our research questions were: How do pastors understand God's role in causing genetic disability? How do these understandings shape the pastoral guidance they imagine offering to families? We addressed these questions through qualitative interviews with 25 pastors, centered on a vignette involving a couple who received a prenatal diagnosis of Down syndrome. In doing so, we sought to understand the theological frameworks pastors

draw upon and the pastoral implications of those frameworks for families encountering genetic disability. This study was part of a larger mixed-methods research project that explored pastors' views on a range of practical and theological questions related to disability.

Method

Participants

We interviewed 25 pastors serving congregations within Texas. To be included, participants had to be at least 18 years old and hold a position as a lead pastor, associate pastor, or equivalent at their church. Twenty-one participants identified their role as pastor or senior pastor; two served in associate/pastoral care positions, one was a transitional pastor, and one oversaw administration and community outreach. Participants reflected a range of ages (from early career to over 70), racial and ethnic backgrounds, and ministry experience (ranging from less than 2 years to more than 25 years in pastoral roles). Although most held formal theological training, including seminary degrees (80%), we did not inquire about official ordination status. Several reported personal or family connections to disability or prior work in disability-related fields. Additional participant characteristics are reported in Table 1.

Participants served congregations that varied widely in size. Specifically, eight described their church size as less than 100 people, seven said 100–249 people, five said 250–999 people, and five said 1,000 or more people. Their churches represented 12 denominational traditions: seven were Southern Baptist; four were nondenominational; two each were Episcopal, Lutheran, or Methodist; and one each was Assemblies of God, Baptist (other), Catholic, Church of Christ, Mennonite, Metropolitan Community, Presbyterian (PCUSA), and United Church of Christ. Fifteen of the churches were described as predominantly White, seven as multiracial, two as mostly Black/African American, and one as mostly Hispanic/Latino. Thirteen pastors described their church as theologically conservative, seven as theologically moderate, and five as theologically progressive. Their churches served suburban ($n = 17$), urban ($n = 12$), and/or rural ($n = 7$) communities.

Recruitment

We designed our recruitment strategy to engage pastors from a wide range of ministry and personal backgrounds within a shared regional context. We began by randomly sampling 50 congregations from a comprehensive list of 233 Christian churches in a single region of Texas. After drawing this sample, we supplemented it with six congregations with established disability ministries to ensure some representation of pastors with direct exposure to disability ministry. This approach allowed us to include pastors with varying levels of experience and exposure to disability while minimizing the likelihood of a sample biased toward those already thinking extensively about disability and ministry.

We contacted prospective participants by email and/or phone and invited them to participate in a study exploring the experiences and perspectives of pastors serving congregations that include people with disabilities. Our recruitment materials emphasized our interest in hearing from pastors across denominational traditions, church sizes, and levels of

Table 1 Demographics of participating pastors

Variable	*n*	%
Age		
30–39	5	20
40–49	4	16
50–59	10	40
60–69	3	12
70 or above	3	12
Race/ethnicity		
Black or African American	5	20
Hispanic/Latino	3	12
White	17	68
Sex		
Male	23	92
Female	2	8
Position/title in current role		
Senior pastor	9	36
Pastor (solo)	12	48
Director of pastoral care/outreach	3	12
Interim pastor	1	4
Formal training related to role[a]		
Certificate related to area of ministry	5	20
Undergraduate degree related to area of ministry	10	40
Seminary degree related to area of ministry	20	80
Some other degree related to area of ministry	6	24
Prior work experience outside a church related to area of ministry	7	28
Other	3	12
Years in this role at current church		
2 years or less	3	12
3–5 years	7	28
6–10 years	4	16
11–15 years	5	20
16–20 years	2	8
21–25 years	2	8
26 years or more	2	8
Years in this role at any church		
2 years or less	2	8
3–5 years	1	4
6–10 years	5	20
11–15 years	4	16
16–20 years	3	12
21–25 years	5	20
26 years or more	5	20

Table 1 (continued)

Variable	*n*	%
Disability-related statements		
I have a disability	2	8
I have a child with disabilities	4	16
Someone else in my family has a disability	2	8
I previously worked in a disability-related profession	2	8
None of these are true	14	56
Prefer not to answer	1	4

[a] Multiple options could be selected; totals may exceed 100%

familiarity with disability. We focused on a single geographic region to support in-person interviewing. Conducting face-to-face interviews allowed us to build rapport and foster more open, reflective conversations, given the sensitive and personal nature of the topics discussed. Recruitment continued for 4 months and concluded after 25 interviews, when thematic saturation on the study's primary questions was reached. All procedures were approved by our university's Institutional Review Board.

Interview procedures

For each interview, we presented a series of seven vignettes that invited the pastors to imagine providing pastoral counseling to people with disabilities or their family members. Our goal in crafting these vignettes was to provide realistic scenarios in which parishioners come to their pastors with disability-related questions. The current paper examines responses to just one of the seven vignettes. Specifically, we posed the following scenario to pastors:

> A couple in your church came to you, expecting a baby. They did some prenatal testing and found out their child will have Down syndrome. They are swirling with questions. How could this be? Is this part of God's plan?

We asked pastors how they would respond, including the Scripture or theology they would draw upon and the resources or guidance they would give the couple.

Our interviews began with a standardized introduction that outlined the study aims, described confidentiality safeguards, and encouraged candid responses. Each interview opened with background questions about the pastor's ministries and congregational contexts, then proceeded through a semi-structured protocol anchored by the seven vignettes. The vignettes varied the type of disability and how it was acquired, as well as the age and gender of the person described. This approach was designed to prompt theological reflection through realistic pastoral scenarios rather than abstract doctrinal debate. Follow-up probes encouraged clarification and elaboration, and participants were invited to share additional relevant experiences at the end of the interview.

All interviews except one (done by phone) were conducted in person, lasted 34 to 85 min ($M = 63$ min) in total, and were facilitated by members of the project team (a faculty member, program director, senior research associate, and a psychology graduate student) whose expertise spanned theology, organizational leadership, bioethics, and special education. Interviews were professionally transcribed, de-identified, and checked for accuracy.

Data analysis

A five-person analysis team conducted a multi-stage thematic analysis. The team included all four interviewers and one additional graduate student. Initially, two team members independently performed close readings of each transcript and generated descriptive codes to capture pastors' practical responses, theological interpretations, and references to pastoral resources. From these readings, the team developed a consolidated coding framework through consensus with shared code definitions.

In the second stage, coding pairs independently applied the framework to all transcripts and then met to compare interpretations, resolve discrepancies, and refine code definitions. New codes were created inductively as needed, and relevant transcript excerpts were tagged accordingly. Although most coding for the present analysis focused on responses to the prenatal diagnosis vignette, pastors occasionally expressed their views on God's role in causing disability elsewhere in the interview protocol.

After coding was completed, the full team reviewed and organized emerging themes, paying particular attention to theological nuance and linguistic variation. A final transcript review confirmed consistent application of codes and fidelity of the thematic structure to participants' intended meanings. We used Dedoose to organize codes and summarize findings.

Findings

The pastors' responses to our hypothetical couple seeking guidance on how to understand God's role in causing their child to have Down syndrome coalesced around four themes. The most common theme from pastors was that they did not believe that God caused disability. These pastors then offered alternative explanations for how a genetic disability like Down syndrome might be caused, including the effects of the Fall, demonic influence, and biological diversity. A second theme focused on God's passive allowance of disability. These pastors noted that while God does not directly cause disabilities, God still allows them to occur to accomplish another goal or for some greater purpose. A third, less frequently addressed theme affirmed that God purposefully created or designed disability into creation. Most of these pastors believed that God did this for benevolent rather than malevolent reasons. A fourth theme among the pastors was the view that the causes of disability were mysterious or that it was wrong to seek to answer the question "Why does my child have Down syndrome?" in terms of divine causation. Such pastors said they would try to redirect parents away from questions about divine causation and toward other considerations (e.g., how they would care for their child).

Although these four themes provide a useful framework for organizing responses, the pastors did not always express internally consistent or mutually exclusive positions. Although those pastors who clearly affirmed or rejected divine causation were relatively distinct, other pastors moved fluidly across themes as they reasoned through the scenario. For example, some pastors initially denied that God had anything to do with causing or designing disability but later clarified that God permits children to be born with disabilities for a greater purpose. Likewise, some pastors who denied that God causes disability or said that God passively allows disability also stated that asking about causation is asking the wrong question and that they would not answer that question directly in a pastoral counseling session. Therefore, our analysis is best understood as identifying patterns within pastoral reasoning rather than categorizing pastors into discrete theological positions.

God does not cause disability

Nearly half ($n = 12$) of the pastors indicated that they did not believe that disabilities are caused or designed by God. These pastors provided multiple alternative explanations for the existence of disability. Most ($n = 8$) believed that disabilities were related to original sin, also referred to by pastors as the Fall. Two pastors raised the possibility that disabilities were caused by evil forces or demons, and two suggested that disabilities are part of humans' biological diversity, which God may have set in motion but does not directly cause. Considered together, these pastors' responses reflected an effort to preserve divine goodness by distancing God from disability's origins. However, this theological move sometimes appeared to rest on an implicit assumption that disability is primarily a harm, tragedy, or situation requiring explanation.

Disabilities are a result of the fall To explain how disabilities could exist if God did not cause them, many pastors referenced the Fall. Pastor Jake explained, "I can't imagine a scenario where God would design disability into his creation. Creation was never disabled. It was fully functional. And when God created, in his own image, mankind, it wasn't until sin entered the world that Adam and Eve and mankind itself became unable or disabled in any respect.... I think the disability is a result of a sinful creation, a broken creation that's being restored." Pastor Jake said that if he were to counsel the parents in our scenario, he would tell them directly, "God's plans are always good for us, so Down syndrome's not part of his plan." For Jake and other pastors, Down syndrome is an imperfect condition that could not have existed in God's original Edenic paradise.

Pastor Mikeal likewise compared Down syndrome to other aspects of creation that could only exist after the Fall, adding that the couple was asking a question about theodicy. "Original sin let things creep into the world. I mean, in the Garden of Eden, did the animals eat one another? I don't think so.... Why is there pain? Why is there illness? Why are there hurricanes? Theodicy. Problem of evil. Man fell in the garden of Eden, and that released sin into the world." Within this subtheme, pastors positioned disability as a "bad thing" that happens to people. Bad things, like hurricanes, predation, and disability, are antithetical to God's goodness. Pastor Clarence explained, "I do not subscribe to categorizing [Down syndrome] as God's design because God is all good. He created everything and said it's good. But... things are no longer perfect. So all of us human persons, whether in the world or still in the womb, were conceived with... original sin." For Pastor Clarence, a genetic condition like Down syndrome is proof that no one, not even the unborn, can escape the effects of original sin.

The pastors who believed disability was a result of original sin rather than God's design for human life were also quick to state that God was not punishing people with disabilities like Down syndrome. Moreover, they noted that God would still be active in their lives. For example, Pastor Mikeal imagined prompting the couple with questions about how they were going to cope and draw closer to God after their child's diagnosis. "The more we turn to [God], the better it will be for activating the fullest potential despite what has happened genetically, medically, physically, mentally, trauma-wise.... So, God doesn't cause bad things to happen, but he will use what happens for your good." The Fall corrupted God's perfect creation, but God has not abandoned creation. According to many of these pastors, therefore, disabilities are an example of a tragic result of fallen creation. Yet, they maintained that God can transform tragic situations for human benefit.

Demons Two pastors referenced the influence of demons or demonic forces as causing disabilities or being in any way related to disability. For example, Pastor Mark considered whether demonic forces were at play in causing some of the significant disabilities he had encountered in the past.

> But at the same time, like, do I think [such disabilities are] demonic? I don't know. I've seen some kids in severe and profound [states], because I'm telling you I've seen in 'em across different landscapes. And some of them I've looked at and thought, "I don't know if this is their cognitive thing, but that kid looks possessed." And I don't know what that is. Because I'm . . . I normally don't lean in that position. I've never prayed for a demon to leave anybody. But, like, I came into contact with some of them that scare me.

Pastor Richard mused,

> I don't attribute [disability] to God or the devil, though I'm sure there's got to be some interplay. I believe in angels, I believe in demons, God's at work, the devil's at work. So, somehow there is some interplay, but we don't have any control over that, so I don't find it helpful [to speculate on causes].

For both pastors, demons or demonic forces are active in the world and can cause bad things to happen. And while both pastors understood disability as a bad thing that could happen to a person, they were ultimately unsure whether demons caused disabilities like Down syndrome.

Biological diversity Two pastors referred to biological forces as the primary causes of disability, including genetic disabilities such as Down syndrome. Unlike the pastors above who said disabilities were not caused by God, these pastors did not frame disability as a "bad thing." Rather, they tended to speak of disability as a natural phenomenon, without making judgments about its goodness or badness for an individual. Pastor Deborah, for example, imagined explaining to the couple how Down syndrome might occur biologically and what it might mean for their child:

> So, if they were coming and saying, "How does this sort of thing happen?" I mean, they've got a lot of answers about why it happens. So, I'm going to say, "I have a hunch that you know how some of this happens. Some of this is genetic. Some of this is a split-second difference in the biology of the creation of life. Some of it's happenstance. . . . Some of it is the particular experiences that you bring, the expectations that you have for life that gives rise to this intensity for you. This is intense. And then, what does this mean? A shorter lifespan, a different sort of intellectual engagement."

Pastor Deborah sought to describe Down syndrome neutrally while also acknowledging the intense feelings the couple may be experiencing.

Pastor William also speculated that some disabilities are caused by evolutionary forces. "Evolution is right in there," he said, "And the thing is, evolution... random things happen." Unlike other pastors who believed that the Fall created the conditions in which disabilities could occur, Pastor William speculated that the Fall attached suffering to disabling conditions but that disabilities themselves might not be caused by the Fall. "I think that the

question becomes, if we're allowed to speculate about prelapsarian reality, I don't think it's necessarily the case that there wouldn't have been physical disabilities or mental disabilities absent the Fall.... I don't carry around a doctrine of native immortality of the body before the Fall." For Pastor William, it was important to clarify that "the reason people suffer from their disabilities is because of sin" but that disabilities in and of themselves are not necessarily bad or related to sin.

God permits disability

More than a third of the pastors ($n=9$) explained that while God does not directly cause disability, God allows or permits disabilities to occur. Pastors whose responses fell within this theme maintained that God was ultimately in control of creation, even though God did not design disability into creation. Pastor Clarence, for example, reasoned, "Could [God] have changed this condition in the womb or whatever? Yes, he could, but he allowed it to proceed." Similarly, Pastor Gary mused, "Did God cause this? It's a complicated question.... Personally, my sense is that no, God did not directly cause this child to have Down syndrome. He certainly allowed it."

Many pastors whose responses fell under this theme understood disability as a "bad thing" and thus against God's original design for creation. Nonetheless, the pastors who acknowledged God's permission for disability believed God could use disability for good. For example, Pastor David explained:

> I don't believe that God created mistakes. His word says everything that he's created is good. So even in our mess, even in our sin, even in our mix-up, God again will take it, and he will use it for his honor and his glory. . . . And so I just, again, would redirect them to understand that if God has permitted this child to be born and with this disability, there's a purpose, and there's a reason. . . . God knew what the future was for this child, what your ability or inability would've been.

Pastor David reasoned that nothing happens to people without God's permission. But because God is good, God will use things that are less than good, like disability, for a greater purpose. He continued, "And so if God has allowed this to happen, there has to be purpose, and there's reason."

Pastor Nathaniel made a similar point,

> In theological terms, we talk about God's antecedent will and his consequent will. His antecedent will is: "Before time, what did he will?" And then his consequent will is like, "Well, now that this happened, what do I do with that?" And so I would say, as part of his consequent will, God can take things like disabilities—and he does—and use them for people's good and for his glory as well. So I would distinguish, I guess, between it being part of his design, which was perfect in creation and didn't involve anything like that, and then the way that he uses the effects of sin now in spreading the gospel and bringing glory to his name.

The distinction between God's antecedent and consequent will is a way for theologians to make sense of evil in the world. For Pastor David, God's original, perfect design for creation accorded with God's antecedent will and did not include disabilities. After the Fall, however, God permits disabilities as a consequence of original sin. Even after the

Fall, however, God continues to use disability for his purposes as part of God's consequent will.

In addition to bringing glory to God, pastors also speculated that God may allow children to be born with disabilities for the benefit of their families and communities. Pastor Charles, who has a son with autism, stated that he did not know why God allowed his son to have a disability but that his son was special and displayed a particular kind of love within his family.

> I have a son who is on the autism spectrum. So that is in itself very challenging in many ways, but at the same time, it's also a blessing in many ways. We don't know why God allowed that to happen. I would definitely go the direction of "God did not make this, did not cause this to happen, but he did allow this to happen." There's a special human being that is being formed through your marriage, also, a special human being with a special type of love. God knows the future. He sees the bigger picture, and he knows why.

Pastor Charles believed God allowed his son to have autism and that his son showed his family a particular form of love. Similarly, Pastor Jordon, who has a disability himself, remarked that children born with disabilities could teach the community about compassion: "We have to learn what compassion is. And if we all [are] walking around looking well, then how can we say what compassion is? If all of us is doing well or... we have to have something that would make us rise to the level of what true compassion is and understanding."

Pastor Micah, who has a child with a disability, hypothesized that God may allow some couples to have a child with a disability to test parents' faith and to help them grow in God.

> God allows things for us to be tested. And I don't know if . . . a child that has been born with that disability . . . I don't know if it would be fair unless the parents were really in tune with God and they were able to say, "I just know God gave us this child because of our relationship, of how much we love the Lord, of how much we depend on him, knowing that life as a Christian is not easy street." But I don't think God uses the disability of a child as punishment at all but as growth for whoever's caring for that child.

For Pastor Micah, God allows children with genetic disabilities to be born, knowing that the challenges this family would endure would help them to grow in their faith. Pastors whose responses fell under this theme generally understood disability as contrary to God's original design for creation but as a condition that could nonetheless lead to a positive outcome, revealing God's glory or resulting in increased love, compassion, or caregiver growth.

God creates disability

A smaller group of pastors ($n=4$) expressed a distinct theological perspective, affirming that God purposefully creates or designs disability. Unlike the previous themes, which located disability outside of God's direct creative intent, these pastors understood disability as, at least in some cases, part of God's intentional design. Pastor John mirrored much of the logic described previously but added that he believed that after the Fall, God both permits and sometimes designs disability into creation.

> I would always say that we all live under the weight of a fallen world and have since Genesis chapter 3. And yet I also believe that God in his sovereignty, and even in his creativity, will allow children to be born and/or adults to experience situations in life that would cause them to come to a place where they are children with special needs or adults with special needs or children with disabilities or parents with disabilities. And so, I do believe that ever since Genesis chapter 3, we live under fallenness. And yet God still allows and even designs men and women and children to walk through disability.

Like many of the pastors, Pastor Derek located disability within a fallen world. Unlike those pastors, however, he also affirmed that God purposefully creates some people with disabilities within that context. Pastor Derek also has a child with a disability. He pointed to John 9 (Jesus' healing of the man born blind) as showing that God creates people with disabilities so that "God's glory might be revealed in them."

Other pastors whose responses reflected this theme did not view disability as a fallen condition. Instead, they saw it as neutral or even positive by adding to the diversity of creation. When asked if he believed disability could be part of God's design, Pastor Andrew responded,

> I absolutely think it's part of God's design. I think that there are aspects of the gospel that we cannot understand without help and learning from folks who have different abilities. There's nothing inherently holier about having working legs than having legs that don't work or working eyes or eyes that don't work because that just heightens the other senses and it helps you hear better, it helps you taste better and smell better. So, yeah, I absolutely think differing abilities are part of God's plan.

Pastor Andrew was one of the few pastors we interviewed who said that he had read books by disability theologians. He noted that a factor shaping his views was that many of these authors rejected the assumption that there was something inherently wrong with their bodies.

Pastor Francis referenced Psalm 139 when considering how to respond to our case scenario. He interpreted the psalm as implying that God purposefully creates or "knits" us in our mother's womb. If God knowingly creates people with disabilities, then it is up to Christians to welcome them into the world just as they are. "I don't think the problem is with [people with disabilities]." He continued, "The problem is with a society that tries to pigeonhole a person. And I think society puts its stamp on people with mental disabilities, and if we just allowed them to be who they are, we might learn a whole lot from them. Well, I don't think there's any might about it. We would learn a whole lot if we were open to it." For Pastor Francis, God does not create people with disabilities so that others might learn from them, but if we could overcome our stereotypes and stigma, nondisabled people would learn from people with disabilities. Whereas pastors in the previous themes generally saw disability as a fallen condition that God could use to bring about good things, pastors here located the "problem" of disability as a problem of stereotypes, stigma, and low expectations.

Mystery/wrong question

In our case scenario, the couple who find out their child has Down syndrome asks the pastor directly, "How could this be? Is this part of God's plan?" Eight of the pastors we interviewed resisted speculating on the cause of disabilities altogether. Rather than

offering explanations for the existence of disabilities, these pastors chose to reiterate and reflect on the topic's complexity. Some pastors suggested that the causes of disability are mysterious, or at least not easily known. For example, Pastor Doug responded, "This is always the thing about divine providence.... We would like to have answers to these questions that we can't answer. What we do know for sure is that we serve a God who loves and cares, who loves and cares for his people." God's providence, or God's governance of the created world, is mysterious, but Christians can know that God loves all people and cares for them.

Pastor Carlos also resisted answering the couple's question about God's plan, noting, "I think with all the questions of God's will and all that stuff, I think our first response would be just grief and compassion on the scenario, like hopefully anybody would.... I just feel like we would all just sit with the questions and go, 'We don't know, but how can we... what can we do when the baby's born? What resources can we give you to make this easier?'" For Pastor Carlos, the question this couple brings to their pastor about God's plan is really a response to their grief. The precise question, therefore, needs to be reframed to respond compassionately to their grief.

Pastor Bruce, who has a child with a disability, related the question about God's plan for the couple's child to Job.

> Since Job, this question has been dealt with unsuccessfully and unhelpfully for a long time. I think the book's genius is to not really answer the question. I think there's just a lot of stuff we don't know and almost any attempt to answer it, you get into really deep waters that are not always the most pastorally helpful. I would affirm that God loves them, that God loves their child, and that we, the church, will be with them through all that is about to take place, and we're here for you.

Pastor Bruce, like Pastor Doug and Pastor Carlos, believed that asking why difficult things, like disabilities, happen is a question humans cannot answer. Therefore, a proper pastoral response should not be to speculate about causes but to reassure this couple of God's love and the church's ongoing commitment to their family.

Other pastors specifically stated that parents who asked whether Down syndrome was part of God's plan were asking the wrong question. Even if one could understand the causes of disability, they felt this would not help people with disabilities or their families live better. Pastor Adam works alongside an associate pastor, Brad, who has muscular dystrophy. In conversation with Brad, both concluded that asking whether God planned for Brad to be disabled is "the wrong question to ask" because understanding the causes of disability would not help Brad or anyone else live better with their disability. "Even if we somehow mine the mysteries of the universe and we find out, 'Okay, well, this was God's plan and God's design,' what does that change? Or if we somehow mine those mysteries and find, 'This wasn't God's plan and God's design,' it doesn't change the current reality." Instead, Pastor Adam said that it was more important to understand that all people are created in God's image and have gifts to share. The role of the pastor, then, is not to speculate about causes but rather to discover how God is working in the life of a disabled person. The pastors whose responses fell into this theme did not directly answer our hypothetical couple's question about how Down syndrome could be part of God's plan. Instead, they redirected the conversation to what they did know about God's love, and they went on to reassure the couple of their continued concern and care for their family.

Resources

As a follow-up to the vignette, we asked pastors what Scripture or theology they would draw upon and the resources or guidance they would give the couple. Some of the scriptural passages pastors explicitly mentioned or drew upon have already been mentioned in the excerpts above. John 9, the story of the man born blind, and Psalm 139 ("you knit me together in my mother's womb," NRSVue) were the most cited passages of Scripture mentioned by pastors in our study. Only one pastor drew upon the story of Job to discuss the mystery of God within creation. Another pastor mentioned that Jesus' welcoming little children to himself (Matthew 19:14; Mark 10:14; Luke 18:16) was the correct posture to take when welcoming an unborn child into one's family. Only one pastor in our study could name a theological text (in any medium, including written, audio, or visual) they might recommend to the couple, which was *The Disabled God*, written by Nancy Eiesland.

Four pastors said the best resource they could offer the hypothetical couple was the congregation, including other families with children with disabilities. An additional four pastors said they would refer the couple to a specialized disability ministry within their congregation or to another pastor who was better prepared to answer their questions. Four pastors also mentioned that they knew of, or would seek out, public services for the couple, including special education teachers, support groups, nurses, and pregnancy resource centers. By far, the most common response from the pastors when asked specifically about additional resources was that they were unaware of any such resources. Most, however, indicated they would take it upon themselves to find theological resources relevant to this couple.

Discussion

Pastors are frequently called upon to provide counsel and direction to congregants as they navigate life transitions and challenges (Allen, 2020). The theological beliefs pastors hold inevitably shape the kind of guidance they offer in these moments. Given the sensitive nature of prenatal diagnosis of disability and the vulnerable position in which parents find themselves, it is important to better understand the kinds of beliefs pastors hold about the causes of genetic disabilities such as Down syndrome.

We interviewed 25 pastors from diverse denominational and personal backgrounds. We found that most of the pastors in this study rejected the idea that Down syndrome was part of God's design for a child, and they were willing to say so in a pastoral counseling session. Many believed disability to be an undesirable condition that a good God would not design. When explaining how Down syndrome exists, pastors tended to point to the tragedy of the Fall and its disordering of creation. Some then went on to explain that God could intervene to prevent disability but chooses not to. Some pastors described God's reasons for permitting Down syndrome as mysterious, while other pastors speculated that God could use the negative experience of disability to accomplish good things in the world. Disability scholars often refer to this framing of disability as the "religious model of disability," in which disability is understood as a punishment from God, either for an individual's sin or for collective human sin (Henderson & Bryan, 2011). All the pastors in our study rejected the idea that God punishes individuals by making them or their children disabled. Yet many explained the "badness" of disability by reasoning that it is a product

of original sin. At the same time, the impulse to say something positive to the hypothetical couple was nearly universal. The pastors often said they would remind the couple of God's love and care for them and their child, as well as the congregation's commitment to their family. Based on these findings, three issues warrant closer consideration.

First, most of the pastors understood the couple's question about God's design for their child within the context of theodicy. In theology, theodicy is the attempt to make sense of how God can be both all-good and all-powerful if evil and suffering exist in the world. Some pastors in our study, such as Pastor Mikeal, explicitly referenced theodicy when they explained God's causal relationship to Down syndrome. Like hurricanes or other natural disasters, Down syndrome was considered only possible after the Fall. For most of the pastors who expressed the first and second themes (God does not cause disability and God permits disability), there was an often implicit and sometimes explicit assumption that Down syndrome was a disorder, imperfection, or a state of suffering that God did not and would not purposefully design. Two pastors in our study understood disability as a neutral condition caused primarily by natural or biological factors that were outside the scope of God's immediate actions or control. Three others understood disability as a potentially positive feature of a person's life. Most, however, saw disability as a condition made possible by the Fall and, therefore, a "natural evil." Natural evils are natural occurrences that are not caused by an individual's sin but do cause human suffering.

Disability scholars warn that framing disability within the context of theodicy risks misrepresenting the experience of disability and can reinforce prejudices against disability (Eiesland, 1994; Timpe & Cobb, 2017). Positioning disability as a kind of natural evil leads many to assume that the experience of disability is inevitably one of suffering and hardship. Not all disabling conditions cause suffering, however, and many people with a disability do not understand their condition as making them worse off (Campbell & Stramondo, 2017). People with Down syndrome and their family members, for example, do not tend to rate their lives as any more miserable or full of suffering than people without Down syndrome (Ijezie et al., 2023; Lee et al., 2021). By assuming that Down syndrome is a "bad thing" or a natural evil, pastors may reinforce expectations that parents will have a negative experience with their child or that their child's life will be marked by hardship. Interestingly, while parents express shock and confusion in our case scenario, they do not explicitly frame the diagnosis as a bad thing or a tragedy. Yet this seemed to be how most pastors we interviewed interpreted the situation.

When certain lives are viewed as tragic, there is also a tendency to respond with pity. Disability scholars often refer to the framing of disability as a pitiable tragedy as the "charity model of disability." Within this frame, people with disabilities are viewed as suffering and in need of special care and services (Masters, 2022). Disability activists have long argued that pity fosters low expectations for people with disabilities and works against their full inclusion in society (Shapiro, 1994). Many parents later come to resent the pity expressed by people who learned of their child's prenatal diagnosis. For example, parents of children with Down syndrome often report that they felt like their health care providers pitied them and omitted any positive portrayals of Down syndrome (Artal et al., 2024). As a result, parents experienced additional fear and anxiety about their child's future. By contrast, when health care providers discussed Down syndrome in a more neutral tone, prospective parents were more likely to report a positive or neutral screening experience (Meredith et al., 2025). Although pastors occupy a different role than health care providers, their words may similarly shape how parents interpret the diagnosis and imagine their child's future.

Positioning some people as uniquely representing humanity's tragic original sin also risks unnecessarily stigmatizing disability and viewing disabled people as lesser than nondisabled people (Stahl, 2020). Disability theologians, such as Tom Reynolds (2008), encourage Christians to view disabilities such as Down syndrome not as a pitiable tragedy or evil to overcome but as part of the normal variety of human existence. All humans are made in the image of God and have the capacity to represent God's goodness to their community. By speaking about Down syndrome neutrally and emphasizing the rightful place of people with Down syndrome within the church, pastors can help parents imagine a future where their family will be accepted and embraced rather than pitied.

Second, pastors emphasized accompaniment over explanation. Even among those who felt strongly that disabilities were caused by sin, natural evil, or demonic forces, few believed it was important to dwell on these causes when counseling couples on disability. Several pastors resisted causal speculation and redirected the couple in our scenario toward God's love and the community's care. Whether they saw disability as a bad thing or as mysteriously caused, pastors also overwhelmingly believed that the couple's child would receive God's love and was deserving of dignity. It may appear incompatible for pastors to believe that disability is bad but nonetheless loved by God, but many pastors emphasized that while disability may be a tragic result of the Fall, they also held that disabled *people* are loved by God because God loves all people. Many others emphasized that God is always working amid tragedy for our good. For these pastors, disability is but one "bad thing" that God is working to make good. Likewise, many pastors then implicitly saw it as their role to accompany families who may also be suffering when confronted with the news that their child has a disability. They indicated that they would sit with families in their grief, provide them with the resources they had or would find, and, in time, help them reframe their theological questions.

By emphasizing God's love and communal care of people with disabilities, pastors tended to avoid another danger present in theodicy—the temptation to treat suffering as a philosophical problem rather than a need to be met. The unborn child in our hypothetical scenario was not described as suffering, and a genetic diagnosis of Down syndrome itself does not determine that someone's life will be marked by greater suffering than others' lives. It may still be the case, however, that the parents are suffering as they anticipate an unknown future. In his book *Raging with Compassion: Pastoral Responses to the Problem of Evil*, John Swinton (2007) argues that theodicy is an abstract mode of theology that attempts to explain evil and suffering rather than resist or transform those experiences (p. 4). Theodicy can rescue God from accusations of creating evil, but it cannot relieve the anxieties of those who are suffering.

In the case scenario, the parents come to their pastor asking if Down syndrome is part of God's plan for their child, and so it makes sense that many sought to answer this question directly. Yet many of the pastors, particularly those who fell into our final theme (i.e., mystery/wrong question), understood that the parents' question was likely not one about causation or providence but one born of existential anxiety. Eventually, most pastors reached the point where they reassured the couple that all would be well. Providing this reassurance without first framing disability as an evil thing may help to combat negative expectations around what it is like to raise a child with Down syndrome.

At the same time, few pastors indicated that social stigma or related health challenges might make parenting a child with disability difficult or how they or their congregations might work to overcome these challenges alongside the parents. Within our larger study, only three pastors explained how society itself can disable people through stigma, inaccessible architecture, and low expectations. Disability scholars often refer

to this framing as the "social model of disability" (Oliver, 1981). Within this model, the "problem" of disability is recast as a social problem rather than the problem of individual bodies. None of the pastors we interviewed offered a social model of disability perspective when responding to parents in our scenario related to prenatal testing. Those who spoke about disability in a more neutral tone or as a potential blessing for their community, such as Pastor Charles, did so while acknowledging that disability can also be challenging. None of the pastors in our study responded to the hypothetical parents with positive reassurance alone. Had they done so, and the parents were feeling anxious or fearful, this might have also created a sense of dissonance in the pastoral relationship.

Finally, along these lines, we noticed that most pastors lacked the theological resources to draw upon when advising the couple, regardless of how they responded to the parents in our case scenario. Indeed, after each of our seven vignettes, we asked pastors what resources they used to help their own thinking on disability or that they would recommend to their parishioners, such as Scripture passages, theological writings, or other media (blogs, podcasts, etc.). As our findings indicate, pastors often struggled to identify appropriate theological resources. Other studies suggest that most clergy cannot identify resources related to disability for parents who request them (Carter, 2023). In some respects, this finding is not altogether surprising given the paucity of accessible, pastor-facing resources at the intersection of disability, theology, and congregational care. Helpful resources could include parent narratives that reflect theologically on raising a child with a disability (e.g., Becker, 2011; Hubach, 2020), books that invite pastors to think about disability through new ecclesial and theological lenses (e.g., Brock, 2021; Hardwick, 2021), and a growing number of practical resources developed by disability ministry organizations (e.g., Baylor Center for Disability and Flourishing; Disability Ministry Network). This resource gap may limit pastors' ability to provide informed, empathetic, and practical support beyond platitudes. If most couples are in a vulnerable and anxious state shortly after an unexpected prenatal diagnosis, pointing them to additional resources may be a way for them to digest important information at a more thoughtful pace.

There is an enduring need for training in disability theology within pastoral training programs, including in seminaries. Faith leaders rarely receive education on how to work with or include people with disabilities or their families in congregational life (Annandale & Carter, 2014; Webb, 2026). Additionally, when seminaries do offer disability-related content, disability is often positioned as a form of suffering or a medical condition requiring referral to a health care specialist (Webb, 2026). This may help explain why so many of the pastors we interviewed assumed Down syndrome was a kind of suffering. Those who did not view disability as a bad thing were the same pastors who explicitly referenced works in disability theology. Annandale and Carter (2014) found that 90% of theological school leaders anticipated that their students would encounter people with disabilities in their careers, yet very few of those seminaries offered any substantive disability-related education. The implicit message religious trainees receive is that disability is predominantly a medical condition and not meaningfully connected to theology or church practice. Disability theology has been a recognized field for over 30 years, but it seems that books and other resources in the field have not been meaningfully taken up by pastors or those responsible for their training. Pastors in our study led congregations near a multidenominational seminary and a Christian university that is home to a growing disability research and training center. At least in the region where this study took place, there remains a need to bring disability theology resources into congregational settings.

Although few pastors in our study could name specific resources in disability theology, many had experiential knowledge of disability. Several reported that they had a disability,

had a child with a disability, or led a church with an established disability ministry. These experiences may shape how pastors think about God's role in causing disability, but our limited sample did not reveal clear patterns. For example, pastors with personal or familial experience of disability, as well as those leading disability ministries, expressed a range of views; some said God permits disability but does not cause it, others described God's role as a mystery, and others attributed disability to divine purpose. Future research should examine more explicitly how pastors' own experiences of disability, family life, and ministry leadership shape their theological interpretations and pastoral counsel.

Limitations and future research

Several limitations of our study suggest needed directions for scholarship. Our study involved interviewing 25 pastors from a single mid-sized county in the United States, limiting the generalizability of the findings to pastors in other regions, cultural contexts, or national settings. Although the sampling strategy combined random selection with the purposeful inclusion of congregations with disability ministries to increase variation, the final sample size and geographic concentration constrain external validity. Any associations (or lack thereof) we identified between pastor demographics and their views in this small sample cannot be generalized. Our sample was predominantly male and White, and while this mirrors national trends in pastoral leadership, it nevertheless reflects a narrow range of perspectives. Female pastors may have unique perspectives on prenatal counseling that are not reflected in our study. Future research should draw on larger sample sizes to compare demographic and contextual features of pastors to their disability theologies and ministry practices. Additionally, surveys based on the thematic patterns identified in these interviews could quantify the prevalence of different theological framings among a larger, more representative sample of church leaders.

Using a single prenatal vignette (among the seven vignette topics overall) elicited theological reflection on God's causal relationship to disability, as intended. However, reliance on a single scenario cannot capture the full nuance of pastors' beliefs or their actions in real counseling contexts. Future research could present pastors with additional scenarios that vary the type of disability in question and other key features of the case to see whether this would elicit different responses. Although some pastors in this study shared their own stories of counseling parishioners through prenatal decision-making, future researchers can also ask more specifically about how pastors have navigated these questions in the past and whether they felt they had sufficient training to do so. Additional research also is needed to examine contextual factors that may shape pastoral responses to diagnoses of genetic disability. For example, pastors' responses to a scenario about prenatal testing may have been shaped by their assumptions about pregnancy continuation, abortion, and the legal context in which the counseling occurred. In our interviews, pastors rarely addressed abortion explicitly, but future studies should examine how state laws and denominational teaching shape responses to similar scenarios.

Summary

Pastors who accompany families through a prenatal diagnosis occupy an important position of meaning-making and care. Their responses can shape how parents interpret disability

and imagine their child's future. Our interviews suggested that pastors seek to respond with compassion and reassurance. Yet many lacked the theological and practical resources needed to speak about disability in ways that avoid reducing it to suffering, limitation, or a problem requiring explanation. Pastoral formation should incorporate disability theology, first-person accounts from people with disabilities and their families, and practical guidance for supporting families in moments of uncertainty. When pastors move beyond explaining disability as a problem to be solved and instead affirm the belovedness and dignity of each child, they can offer care that is both theologically faithful and pastorally life-giving.

Author Contribution Devan Stahl drafted the article, revised, and helped to interpret the data. Sam Davidson offered critical feedback and helped with the data collection and analysis. Jason Le Shana offered critical feedback and helped with the data collection and analysis. Kate Rojales helped with research design, data collection, and analysis. Erik Carter helped with the research design and offered critical feedback and revisions to the manuscript.

Declarations

Competing interests The authors declare no competing interests.

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