THE PURITY MYTH: A FEMINIST DISABILITY THEOLOGY OF WOMEN’S SEXUALITY AND IMPLICATIONS FOR PASTORAL CARE

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Abstract
The purity ideology is used to inform the cultural and religious constructions of women’s sexuality. The ideology is further used to discriminate against the female body and disabled body, limiting the participation of both abled and disabled women in cultural and religious spaces. This article, written from a feminist disability theology perspective, highlights the emerging politics of sexuality on the ability-disability divide between women, and the purity myth ideology that further excludes women from cultural and religious spaces. It argues that the purity ideology is a myth that should unite women in resisting oppressive and patriarchal constructions of sexuality regardless of ability and disability. In conclusion, feminist disability theology is applied to discuss how sexuality that subjects women to the purity myth has negative implications for the pastoral care ministry.

Keywords: sexuality; African women theology; women with disabilities; feminist disability theology; purity myth; pastoral care

Introduction and background
Sexuality is a key component of human identity; it encompasses how we define ourselves as women, men, lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ +) etc. Alexander (2008:1) defines sexuality as a key component of how we personally organise ourselves collectively and understand ourselves politically. Tamale (2011:16) argues that sexuality is linked to the meanings and interpretations of gender systems and cannot be separated from religion and culture (cf. Tamale 2014). The body is used to define and interpret a person’s sexuality. Michel Foucault (1990:105) articulates that the body and sexuality are cultural and social constructs rather than natural. As a result, our sexuality is largely linked to our body shapes, sizes, and shades of colour.

Our sexuality is also defined by performativity, conformity, and accomplishment. Moreover, over the years it has emerged that women’s sexuality creates an arena for power struggles between men and women, shaped and dominated by patriarchal conceptions of gender (Foucault 1990:92-95; Moyo 2004; Butler 1990). The female body and differently abled body (body with a disability) are often discriminated against through the hermeneutics of a purity-impurity, morality-immorality binary. This limits both abled and disabled from participating in cultural and religious spaces. Written from a feminist disability theology perspective, this article highlights the reasons why women should resist the politics of sexuality that promote the ability-disability divide among them, arguing that the Old Testament Leviticus code and African cultural hermeneutics
on purity generally exclude women from cultural and religious spaces, and this should be motive enough to unite women in resisting oppressive and patriarchal constructions of sexuality regardless of the ability and disability of their bodies.

This article is divided into four sections. Firstly, it will present the feminist disability theology approach as the theory guiding this article. Secondly, it will discuss the politics of sexuality on the ability-disability divide between women and how the purity myth ideology excludes women from cultural and religious spaces. Thirdly, the purity myth of women sexuality as a factor that can unify women regardless of identity and class, will be addressed. Fourthly, the feminist disability theology will be applied in discussing how sexuality that subjects women to the purity myth has negative implications for the pastoral care ministry. Using feminist disability theology, the article presents an inclusive pastoral care approach that rejects binaries and dichotomies in sexuality.

**Feminist disability theology perspective**

Feminist disability theology was conceptualised by women theologians with disabilities after experiencing exclusion in the broader feminist theology movement. The works of Nancy L. Eiesland (1994a: The Disabled God); Jennie Weiss Block (2002: Accessible God); and Kathy Black (1996: Inclusive God) were used to develop a feminist disability theology that embraces the identity and dignity of women’s differently abled bodies. As the name implies, feminist disability theology addresses how women with disabilities (WwDs) relate to God and the world around them as equal creations in the image of God. WwDs bring their experiences of gender to their reflections about God. This theology challenges both patriarchy and societal prejudice of people with disabilities. Schumm (2010:132) says “feminist disability theology reimagines disability through both feminist and theological prisms”. Thus, feminist theologians with impairments, particularly Eiesland, reimagine God as a disabled God and a God who understands all forms of human suffering and oppression. Eiesland’s theme of “things not seen” (1998) suggests that society should reimagine God in multiple and diverse variations of the human form. For her, traditional images of a God who perceives disability as negative are inadequate because such a God does not understand disability and is not meaningful for people with disabilities (Eiesland 2002:13).

A woman with a disability is not different from any other oppressed person, because her perceptions of God are informed by her lived experiences. As a result, feminist disability theology is crucial in highlighting the reasons why women should resist the politics of sexuality that promote the ability-disability divide among them. It further highlights the weakness of dividing women according to ability/disability in the fight against women oppression. Wilhelm (1994:106) reasons that the exclusion of WwDs by able-bodied women begins when WwDs are seen as disabled beings and different from abled women due to their bodily impairments. The ability-disability dichotomy tends to contradict women’s communal responsibility which emphasises interconnectedness and shared humanity. Feminist disability theology campaigns for harmony and solidarity, and argues that women experience discrimination due to their sexuality is uniform, because all women, regardless of class, race and identity, are sexual and affected by purity and morality theology.
The exclusion of women’s bodies from cultural and religious spaces and the purity myth

Culture and religion condemn the female body as dirty, impure, immoral, deformed, and susceptible to sin. Women’s bodies are what Michel Foucault calls “docile bodies” “that may be restricted, used, transformed and improved” (1995:136). In our African cultural and religious traditions, the female body is “the devil’s den”; the opposite of what is believed to be holy and pure. This perception increases as a woman’s body develops into puberty and maturity. During this stage the female body is constantly under surveillance and subjected to regulations in order to monitor her and prevent her from committing sin or violating the traditional laws of the land.

Women are aware of this surveillance and at times use maxims that are linked to their bodies to humiliate the spectators. In my village among the Ndebele of Matetsi in Zimbabwe, when women are angry about the patriarchal system or men’s control over their bodies, they use the following strong words to remind men that it is only God who has authority and power over their bodies: *UNkulunkulu wangigamula ngehlhola ukuthi ngophe inyanga zonke, wena lawe sufuna ukuzenza uNkulunkulu, uzenza bani?* meaning “God cut my genitalia with an axe so that I bleed every month, are you trying to be God, who are you?” When a woman says this, she is very angry and may strip naked to humiliate males who abuse their power. This means that although women’s bodies are often excluded in religious and cultural spaces as a result of patriarchal systems, women have formulated sayings that give them power to resist this exclusion. This power formulation is highlighted by Susan Bordo as she explains that “dominant discourses which define femininity are continually allowing for the eruption of ‘difference’, and even the most subordinated subjects are therefore continually confronted with opportunities for resistance, for making meanings that ‘oppose or evade the dominant ideology’” (1993:193). This resistance is “creative agency” by the dominated. Women’s search for agency is often linked to their bodies, appearances (Bordo 1993:195), and performances (Butler 1990:175). The body becomes a tool of power, protest, and contestation, giving the voiceless a voice. Bordo (1993:193) asserts that Foucault’s analysis of power and the body focuses on normalisation, discipline, and bio-power.

For Bordo (1993:183) normalisation is the dominant discourse in the politics of women’s bodies. In African contexts, particularly my village in Matetsi, Zimbabwe, the female body is abnormalized due to its “biological” impurity, a perspective resulting from discharges that are regarded as dirty, such as menstrual blood, abnormal vaginal discharges and breast milk (the last obviously refers to women who recently delivered a baby). The Leviticus Code describes a woman who is menstruating or who just gave birth to a child as unclean. Immediately after giving birth, a woman is unclean, and this period of uncleanness depends on the sex of the baby: a boy child makes a woman unclean for 40 days and girl child doubles the period to 80 days (Lev 12:1-8). During this period a woman is not allowed to participate in public and religious spaces. This informs cultural communities in formulating purity laws, extending impurity to lactating.

Breast milk is considered dirty in some communities. Among the Ndebele of Matetsi a breastfeeding woman may not cook or serve people food, neither is she allowed to participate in communal religious spaces because she is considered dirty. For a specific number of days after giving birth, a woman is not allowed in public, as she is considered
unclean; some people make it an offence if a woman who just delivered a baby is seen in public spaces or breastfeeds in public.

Purity laws are also extended to people living with a disability. According to the Leviticus Code (Lev 21:17ff), if a person has an impairment, they are considered abnormal and unfit to enter sacred and religious spaces. This is not a question of ability or disability, but a question of purity, which affects both men and women alike, although women are doubly affected because of their female bodies.

Female bodies are subject to discipline and control in order to conform to religious norms, for example the purity ideology. According to Foucault (1995:125), disciplined bodies are subjected to transformation and improvement in order to conform to the normative. The categorising of breast milk as a purity issue has resulted in some women avoiding breastfeeding in public spaces by resorting to bottle feeding milk formula. Women who supplement breastfeeding with milk formula conform to patriarchy which defames and shames women who breastfeed in public spaces.

Bordo (1993:196) seems to suggest that women are complicit to their own oppression since they are the ones who “discipline” and control their own bodies. They do this by supressing the body’s biological function to produce breast milk and feed their babies anytime and anywhere in order to conform to the norm through the normalisation process. Some women hate menstrual blood to the extent that they opt for early menopause. Some use fertility control technologies to temporarily stop the menstrual cycle and some women opt for such technologies in order to feel in control of their bodies. Another form of bodily improvement women perform is the use of strong deodorants or herbs to curb vaginal discharge smells; HIV debates indicate that such measures can cause sexually transmitted infections which increase women’s vulnerability to cervical cancer and HIV infections (Hilber, Kenter, Redmond et al. 2012:1312).

Foucault explains control of the body in his discussion of bio-power where “the administration of bodies and the calculated management of life” (1990:140) is a form of power by the self over the spectator. According to him, bio-power is a normalisation process where “biology is reflected in politics” (Foucault 1995:185). In these politics there is tendency to self-surveillance and self-discipline, and thereby subjugating the self to the normative as prescribed by patriarchy. Self-surveillance and self-discipline lead to self-monitoring and self-regulation, where, due to the purity myth, women regulate the self not to move into public and religious spaces when they are menstruating or breastfeeding. The purity myth invokes a sense of self-retrospection, thereby creating docile bodies. This then raises the question of whether women sexuality and the purity myth unite all women regardless of class, identity, and disability-ability politics, as they engage in self-oppression and normalisation discourses?

**Purity myth: questioning the disability-ability dichotomy in women**

Women’s sexuality is linked to the idea of purity that affects all women irrespective of whether they are disabled or abled, heterosexual or homosexual. As long as someone has female genitalia, she is affected by purity theology. As a result, all women’s bodies are disabled by society and religion based on their sexuality more than the appearances of their physical bodies. Disability-ability dichotomy is challenged by disability feminists such as Kamba (2013:3), who argues that every human has a disability, whether apparent
or not. Her argument resonates with Eiesland (1994a:24) and Stuart (2000:167-168) who posit that disability and ability are only temporary, because the aged body (beyond 65) shows us that the body can weaken, becoming disabled according to societal norms. The aged body sometimes requires assistance to be mobile, eat, bath, use a toilet, etc. According to Eiesland, the disabled may be a minority group, but others can (perhaps even will) join this group at any time without warning (Eiesland 1994b:116). For Eiesland, all women, regardless of disability or ability, should reflect on issues of disability, because a woman’s body is a “body in trouble” (Eiesland 1994b:116). This challenges us to be inclusive in campaigns against women oppression because all women are affected and dehumanised by the androcentric interpretations of religion and culture that disable the female body. The female body is disabled by the purity teachings on sexuality, long before it is disabled by physical impairment. This indicates that all women’s bodies are disabled, and those with physical impairments experience threefold disability, firstly, by the purity teachings on the female sexual body, secondly, by the physical impairment and thirdly, by societal disabling barriers limiting the capability of the body.

The spiritualisation of purity as a religious issue is unfair to the female body, because it limits women’s freedom to enjoy the gift of their beautiful bodies. Obsession with the spiritualisation of purity was used by the patriarchal systems in the Middle Ages to control women’s sexuality. The medieval church advocated celibacy as the only way to stay pure from sin. This sin was mainly feminised, as it was believed that women were weak in terms of their vulnerability to sexual sin; that they were not able to control their lust compared to men. According to Ashely Just (2014:6), the medieval church believed that women in their weakness and lustfulness, were a danger to men, because they led them into sin, affecting both their own as well as men’s salvation. Medieval church theologians did not interpret the theology of purity fairly, thus Jessica Valenti (2009) refers to it as a “purity myth” in her book titled: The purity myth: How America’s obsession with virginity is hurting young women. In her book Valenti argues that the promotion of chastity that promotes virginity is seen as an easy ethical road map by some Americans. For Valenti the overemphasis on young women’s abstinence from sex overlooks the ethical character and the behaviour of a person. In fact the promotion of chastity and abstinence from sex has to do with the gender of a person rather than ethics and moral standards for all.

In Africa religious and cultural teachings constantly conflate women’s sexuality and disability with purity. Thus, women who do not fit these teachings are identified as unclean and unfit to participate in religious and cultural rituals. This exclusion of women not only affects WwDs, but all women. Doreen Freeman (2002) offers an insightful argument regarding how women’s experiences of exclusion are similar, regardless of the ability-disability dichotomy. According to Freeman, “there are similarities between the androcentric interpretations of the merits of women’s sacrifice and the suffering of the bodily pains of the disabled” (2002:75). The androcentric interpretations enforce the purity myth according to which every woman is dirty because she has female genitalia and menstrual cycles, may be penetrated by a penis, falls pregnant, gives birth, breastfeeds etc. Just because it has female genitalia the female body is always under religious and cultural surveillance that monitors it for any traces of impurity and contamination.
The Leviticus Code describes the emission of bodily fluids as uncleanliness, for example blood and semen (Lev 15:1-33). The moment a body discharges a fluid it is regarded as unclean because it is not normal. A female body is considered unclean if it is menstruating or engages in sexual intercourse. During sexual intercourse the female body receives unclean fluids from the male sex. The fluids are unclean because they are “out of place”.

This begs the question whether women in menopause and living a celibate life can be regarded as unclean as it is not clear if it is the female body or genitalia that are unclean, or whether it is the fluid that enters the body through the genitalia that makes it unclean. If uncleanliness refers to absorbing fluid via a sexual encounter, does this exonerate those of a queer female sexuality and those who use condoms, as a sexual encounter does not involve the exchange of bodily fluids? If it refers to female genitalia, then the issue of impurity or uncleanliness includes all female bodies regardless of age and (dis)ability. It is important to highlight that in some contexts, women in menopause and virgin girls who do not menstruate, seem to be excluded from the purity myth. This emphasises the complexity of the purity ideology in terms of who is pure and who is not and why? For women with disabilities, the impairment of the body is regarded as uncleanliness, therefore, even if they have reached menopause and are celibate, their bodies are still excluded from religious spaces due to the impairment. The purity myth is articulated clearly by Ackermann (2008:117), who states that the female body is “not only diseased but it also becomes the focus of stigmas… Ignorance, prejudice, stereotypes, issues of power and dominance all conspire to stigmatise the woman’s body and in so doing to label them and to distort their true identities” (own emphasis). Some religions and cultural traditions do not allow a contaminated female body to enter the so-called holy places.

Some African independent churches in Southern Africa, particularly Zimbabwe, do not allow women to attend church when they menstruate, after sexual intercourse, in the first days after childbirth and some throughout the breastfeeding period. Such women are culturally prohibited from farms, because it is said that they will burn or destroy the farm produce. Thus, one way or another, a woman as a sexual being is bound to be found unclean by either culture or religion. This analysis of the female body makes it difficult to separate women in terms of dichotomies such as abled/disabled; white/black; fat/skinny; heterosexual/homosexual etc. Bennett (2012:427-28) notes that the Hebrew Bible teachings makes it difficult to separate able-bodied women’s bodies from those with disabilities. The reason for this is that writers in these traditions agree that women bleed, and are irrational and unclean, and hence unfit to participate in a patriarchal society. It is clear that women’s sexuality is viewed as unclean in terms of both their physical bodies and genitalia. This challenges women to unite in rejecting, contesting, and destabilising the religious and cultural androcentric interpretations of their sexuality and physical bodies that promote the purity myth. The purity myth also has negative implications for women and pastoral care, as will be discussed in the next section.

A feminist disability theology of women’s sexuality
Although feminist disability theology critically embraces the voice and lived experiences of WwDs, it does not include WwDs from the African continent and African traditional cultures. This section applies feminist disability theology to discuss how sexuality and
the physical body that subject women to the purity myth have negative implications for the pastoral care ministry in African contexts. It proposes an inclusive and accessible pastoral care ministry that rejects binarism.

A pastoral care approach that is inclusive and accessible rejects patriarchal constructions of the female body that perpetuate the gender divide. Borrowing from feminist disability theology, pastoral care should acknowledge that God is inclusive (Black 1996) and accessible (Block 2002) for all creation. A woman’s sexuality and bodily limitations do not alter the image of God, neither does it exclude her from proclaiming the Word of God. Limiting human beings to binary terms confines God’s purpose for creation in which human beings are all created equal in God’s image and explicitly depend on God’s love and grace to flourish. Pastoral care that rejects the purity myth is inclusive and accessible.

Inclusive pastoral care

Dualism creates a safe space for constructing the purity myth which limits pastoral care by women and to women and men. The purity myth, which is used to exclude WwDs from religious spaces due to their impairments or disabilities, affects all women, abled and disabled, because it is not only applied to the physical body, but also to the sexuality of women. This understanding of purity affects women’s ministry as pastoral caregivers and clergy who administer the sacraments. Although African women theologians’ campaign for justice and equality between men and women in cultural and religious spaces, they explicitly acknowledge that women are primary caregivers in communities and religious spaces (Dube 2007:358; Kanyoro 2002). This confirms that all women are primary pastoral caregivers in communities and churches (Chisale 2018:7). So, if their bodies are excluded from religious spaces due to the purity myth, God’s creation is impaired because the primary caregivers are excluded from the pastoral care ministry.

In religious spaces, healing is a holy ministry; participating in the healing of God’s people requires a person to be pure and clean. Thus, a person should spiritually remove their shoes before entering the healing space, because the healing space is a holy ground. Healing is a pastoral care function and considered the most significant function of the church. Healing is synonymous to pastoral caregiving, and caregiving is generally a female role. Confirming this, Gilligan (1982:21) says that women embody the characteristics of care and well-being. So, if women are affected by the purity myth that considers them periodically unclean, does this then deem women unfit to extend healing ministry? The physical disability of the body is considered unclean, thus WwDs are excluded not only on the grounds of sexual purity theology, but also of the purity theology that focuses on the perfect body.

What is a perfect body? Which bodies qualify as perfect bodies? Did God reveal a perfect body through the prophets? The focus on the perfect body ignores the diverse bodies of people. The perfect body image is ambiguous because it is not defined. Leviticus 21:16-23 is used to discuss the theology of a perfect body, generalising that disability is the opposite of the perfect body. We have diverse bodies, so if the perfect body theology is connected to the image of God, it implies that God does not have a physical body. Thus, we cannot use a binary of perfect and imperfect bodies when referring to the image of God. The image of God is an inclusive image; everyone is made in the image of God. Therefore, no-one should be excluded from participating in the
pastoral care ministry based on the purity myth or perfect body theology because in pastoral ministry we acknowledge the inclusive love of God incarnate.

The exclusion of women from holy spaces based on the purity myth is a hermeneutical question. It depends on which spectacles are used to interpret the question of women’s inclusion in holy spaces. A gendered analysis of the ordained ministry shows that women want to partner with men as servants and stewards of God’s Word on earth. Thus, condemning and excluding a female body and disabled body from pastoral ministry creates divisions in the church and contradicts the purpose of Christianity which is about inclusive love and interdependency. Black argues that Christian faith invokes love and inclusion where “we are all interconnected and interdependent upon one another so that what we do affects the lives of others and the earth itself” (1996:34). Interdependency reminds the church that all are dependent on God rather than human interpretations of the laws. As humans we experience the inclusive love and grace of God as we depend on each other. Church cannot be a church if it excludes some children of God.

The inclusion of Christianity is proclaimed through Christ’s inclusive love on the cross and resurrection. Christ’s death reconciles everyone to God, where “There is neither Jew nor Gentile, neither slave nor free, nor is there male and female [nor abled and disabled], for you are all one in Christ Jesus” (Gal 3:28, emphasis added). Pastoral care ministry is about transformation from the disempowering effects of patriarchy towards God’s Kingdom and seeks to facilitate healing, reconciliation, liberation, and empowerment of all. In the Kingdom of God, the most holy space one can imagine, none are excluded; everyone is welcome, empowered, and liberated by the grace of God. Therefore, excluding those with female and disabled bodies from holy spaces where they are also supposed to participate in the ministry of God’s Word on earth, is a sin that contradicts God’s purpose for creation.

Feminist disability theology can be used to deconstruct the binaries in pastoral care ministry, because it campaigns for the inclusion and equality of all creation irrespective of differences in physical bodies. Graham (1996:174) says pastoral care “enables women to speak their lives authentically in a world where they are frequently ignored, belittled or misunderstood”. Rather than defining humanity according to their limitations and differences, pastoral care ministry should reject this by acknowledging the inclusive strength of women in healing and liberation of God’s creation. Pastoral care theologians have borrowed from Bonnie Miller-McLemore’s idea of a “living human web” (1996) where humans exist in social relations to reject binaries in pastoral care ministry. Feminist theology of disability provides us with a framework of inclusion when it argues that social constructions that are used to discriminate against the female and disabled body are human rather than God’s creations, because God is disabled (Eiesland 1994a) and understands what it is to be disabled. According to Eiesland, Jesus’ scars reveal the body of a disabled God and show that the divine and human form of God are fully compatible with the lived experiences of people with disabilities. Eiesland uses this image to contest ableism and patriarchal interpretations of God as the only relevant interpretation. Eiesland’s use of the striking image of the disabled God can be used to campaign for inclusion in pastoral care ministry where men and women experience God’s love equally. Such interpretations of God’s incarnation conclusively change the way we encounter the Christian story and resonate with the imaginations of African
women theologians where inclusion is key. An inclusive God is accessible to all and hence does not accept the discrimination of others based on the purity myth.

**Accessible pastoral care**

The purity myth suggests that God is accessible only to the pure and clean. Those who do not meet the requirements of purity are then excluded from God’s presence, grace, and love. Jesus challenges this in the gospels as he becomes accessible to all, including those who are deemed religiously unclean, for example the healing of the haemorrhaging woman (Mk 5:25-34). This woman accesses a sacred space and touches the most sacred person in her condition of impurity, something that was forbidden by the Leviticus laws. This confirms that using the purity myth to deny women access to the sacred space of God is erroneous. God incarnate in Christ is an accessible God and God’s love is accessible to all, regardless of identity. But access does not mean inclusion; some churches are accessible yet not inclusive of all people. The haemorrhaging woman provides the church with a pastoral care model that is accessible to outcasts and allows them to participate in pastoral care. She becomes a model of faith, preaching through her actions to highlight that accessing the inclusive love and grace of God means participating in the ministry by acting against such prohibitions. Her action of taking charge and contravening the purity laws that prohibited her from being in a public, sacred space and touching Jesus, a sacred person, gives women fresh hope to be able to access and participate in holy ministry without limitations.

Paul highlights that we access the love and grace of God through Christ (Rm 5:2; Eph 2:18), who came so that those who were denied spiritual access to God (also due to the purity myth) will enjoy both spiritual and physical access without limitations, for example women who are referred to as the female disciples of Christ such as Martha and Mary (Lk 10:38-42); Mary Magdalene (Lk 8:1-3); Mary the mother of Jesus and many women (Mk 15:40-41); the Samaritan woman at the well (Jn 4:4-42); a woman who anoints Christ with expensive perfume (Mt 26:6-13); and many more women in the Bible. These women broke the barriers of accessing the love and grace of Christ. They rejected the purity myth by following Jesus, sitting at his feet, touching him, and proclaiming the good news about him to nations. This confirms Paul’s teaching that the love and Grace of God is accessible and sufficient for all. Block in agreement explains that accessing God lies in “the mystery of God’s love and the great paradoxes of the Christian message” (2002:22). Accessibility is not architectural only; it is also behavioural and attitudinal. The attitudes of people when a woman accesses sacred spaces while menstruating, after giving birth or living with a disability, deny such a person access to the inclusive love and grace of Christ. According to Block, behaviour and attitudes deny other people access to God (2002:122). Access is mainly denied on the grounds of the hermeneutics of the purity laws in the Hebrew Bible. This challenges women and men, abled and disabled, to unite in re-interpreting purity, because it affects all, forcing some to miss out or be excluded from participating in the inclusive pastoral care ministry where love and grace are unconditionally sufficient for all.

**Conclusion**

Pastoral care is an inclusive and accessible ministry of the church that is the pillar of every church and community. This article argues that the gender division and binaries
that exist between abled and disabled women hinder the pastoral care ministry of the church. The article highlights that rather than focusing on the ability-disability binary, women should focus on what unites them in the fight against patriarchal and oppressive constructions of their sexuality. The female body and sexuality should unite women to deconstruct the purity myth that excludes them from religious and cultural spaces. The article argues that the purity myth affects all women because all women have female genitalia. As a result, they are hindered from participating in holy ministries, including the pastoral care ministry, because they are considered unclean to take up holy duties. The article suggests that women should borrow from feminist disability theology in constructing inclusive and accessible pastoral care ministry spaces, because feminist disability theology affirms that God is contextual, and reimagines God in multiple and diverse forms of human variation. The significance of feminist disability theology is that it rejects the inequality of excluding women, perpetuating the ability-disability dichotomy, and the purity myth that is imposed on women’s bodies, hindering them from participating in or accessing the pastoral care ministry. Clearly, feminist disability theology’s campaign for total inclusion of women regardless of their limitations is important in acknowledging the strength and role of women in the holistic healing ministry of congregants and communities.

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