

Krzysztof Mikołajczuk*
Thierry Le Goaziou
Katarzyna Zielińska-Król

*Faith as a Factor in the Self-Acceptance
Process in the Narratives
of People With Disabilities:
A Legal and Social Study*

ABSTRACT

The discourse on the experience of faith and the participation of people with disabilities in religious practices and catechesis has undergone dynamic changes. These changes are intertwined with the overall transformations associated with promoting normalization and integration trends in relation to many areas of the functioning of people with disabilities. In the context of these transformations, the issue of participation of people with disabilities in a wider range of existential experiences, including participation in religious communities and rituals, participation in catechesis and the availability of the sacraments, has also become present. Self-acceptance, self-esteem, meaning of life, a sense of self-dignity and a sense of agency are the result of many factors, including faith and religious practices. The availability and possibility of practising religion are important not only in the existential and spiritual dimensions, but also in the therapeutic and health dimension.

The study examines the significance of faith and participation in the Holy Sacraments in the process of accepting one's disability. The aim of the article

* Correspondence regarding the paper should be sent to: Krzysztof Mikołajczuk (ORCID: 0000-0001-9624-6934), Faculty of Law, Canon Law and Administration, John Paul II Catholic University of Lublin, Poland, e-mail: kmikolajczuk@kul.pl; or Thierry Le Goaziou (ORCID: 0009-0008-3046-8292), Lyon Catholic University, France, e-mail: 8thierry@gmail.com; or Katarzyna Zielińska-Król (ORCID: 0009-0007-7885-2042), Faculty of Theology, John Paul II Catholic University of Lublin, Poland, e-mail: kzielinska@kul.pl.

is to answer the question: Does faith and participation in the Holy Sacraments affect the acceptance of one's disability?

KEYWORDS: disability; person with a disability; faith; religion; religiosity; self-acceptance; sacrament; Holy Sacrament.

INTRODUCTION

The number of those believing in God who declare that religion plays an important role in their lives exceeds 70% in Europe and the United States. In Asia, Africa, Latin America and Oceania, it is even higher (Zarzycka, 2017). Research conducted in Poland shows that until 2005, the number of people who believed in God amounted to 96%. Although over the last ten years, a very slow but steady downward trend could be observed, it still stays at a very high level of 91% (as of 2020, Zaręba, 2008). While there are no corresponding statistics for people with disabilities who declare to believe in God, it can be assumed that their percentage is similar as that for the general population.

In addition to the social environment, type and onset of disability, personality factors and other factors (Borowiecki, 2015), the literature on the subject mentions religion and religious involvement as important elements for accepting one's disability. In studies on religiosity, religious practices are mentioned as one of the basic parameters of religiosity and they include a number of indicators such as: attending the Holy Mass, being aware of the obligation to attend Sunday Mass, the need to pray in communion with the Church, going to confession, receiving the Holy Communion, observing fasts, having a church wedding, the importance of having a Catholic funeral, the importance of prayer, participation in optional church services, observance of religious customs and others (Piwowski 1996). The Holy Sacraments (later on in the article referred to as the sacraments) are the foundation of practis-

ing the Christian religion, they provide a sense of purpose and meaning, and shape the spiritual growth of a person. The issue of people with disabilities participating in the sacraments from the perspective of pastoral work, was addressed by Janocha (2020).

The literature on the correlation of faith, religion, and spirituality in the context of disability, has grown in recent years. However, no studies have yet examined the importance of participation in the sacraments for people with disabilities in the context of their own self-acceptance. Therefore, it seems reasonable to look at this issue in relation not only to faith but also to participation in the sacraments. While the sacraments of baptism and anointing of the sick are generally accepted as being available to people with disabilities, other sacraments that require a certain level of awareness and preparation (on the part of both the priest and the person receiving the sacrament) can be more problematic and raise some difficulties or doubts on both sides.

1. RELIGION AND RELIGIOSITY AND THE CONTEXT OF DISABILITY

From a sociological perspective, we may distinguish various functions of religion contributing to solving the problems of human coexistence. The role of values, spirituality, and religion in the lives of people with disabilities has been the subject of research in both foreign and Polish literature. The analysis of studies on this issue that were conducted among Christians, which is consistent with the assumptions of our research, allows us to identify, among others, the following problem areas related to faith and religion: the role of religion in the lives of people with disabilities (Büssing et al., 2005; Matheis et al., 2006; Schulz, 2005; Janocha, 2011; Korczyński, 2009), and the role of religiosity in the process of adapting to disability (Brennan et al., 2001; Giaquinto et al., 2007; Glover-Graf et al., 2007; Johnstone et al., 2007; Campbell

et al., 2010; Waldorn-Perrine et al., 2011). The literature suggests that people with disabilities, regardless of the type of disability, are now considered to be unquestionable, important, and valuable subjects who deserve care for their faith and spiritual growth.

Religiosity is a complex and multidimensional phenomenon. In the literature, it is defined, briefly speaking, as a form of personal religious experiences of a person. A religious experience is understood as the basic element of a person's relationship to God. A religious experience can be seen as an expression of religiosity, which is an attitude or disposition, while the natural complement to a religious experience is action (Szydłowski, 2019). In this context, it is particularly important to develop mature religiosity, which would fulfil the person's spiritual needs and would be strongly related to the quality of their life (Krzemiński et al., 2014). An important foundation for this development is participation in the sacraments. When attempting to characterize individual religiosity, one should take into account not only its traditional aspects (beliefs, practices), but also feelings and preferences relating to acceptance, experiencing and expression (Zarzycka & Tychmanowicz, 2015). It is worth referring here to the concept of the centrality of religiosity developed by Huber. He put forward a model in which religiosity was captured by means of motivational and structural aspects. According to Huber, religiosity is the ability to perceive elements of the surrounding world, taking into account religious meanings. The more often a person uses religious meanings to interpret the reality, the more religious they are, and at the same time the more rationalized, understood and accepted their reality becomes. Many researchers (e.g., Koenig, 2007) claim that religiosity is an important motivational and regulatory force in human life. Mature belief in God and transcendental reality can give people a sense of life's meaning, even when they suffer from a disability. The sacraments, which are the foundation of mature faith, play an important role in this. Contemporary studies also suggest that religion plays

a key role in how people interpret and cope with chronic pain. The available research demonstrates an important role of what has been termed in the literature as “positive framing of pain.” Thanks to their belief in God, research participants found the strength to understand and cope with pain (Edwards et al., 2016). It has been shown that there is a positive correlation between the strength of religious faith and the acceptance of illness (Nowicki et al., 2020). It is also worth noting that interpretations of pain and chronic suffering in the context of faith vary depending on religion; that is, some religions acknowledge suffering as an element of life on earth in accordance with God’s will, a part of human spiritual growth, while others do not. Disability can violate the most valuable human values, such as health, physical fitness, and the ability to fulfil basic social roles. This can often make it difficult to achieve one’s goals, and lead to problematic situations, crises, and increased suffering. However, studies have shown that a strong system of values can help people with disabilities adapt socially and psychologically (Korczyński, 2009). People with disabilities often turn to religion to find meaning in the events that have shaken their lives, especially those that are difficult to understand. The attitude towards one’s disability; i.e., accepting or not accepting this disability, is related to the time when a person became disabled. Nevertheless, it is often only in the light of faith and prayer that people with disabilities are able to make sense of and identify a meaning in their disability (Marini & Glover-Graf, 2011). The literature on the subject indicates that religion can be also a therapeutic factor. It allows the integration of personality by freeing it from all irrelevant conflicts; it also plays an important role in treating neuroses; the sacrament of penance also has therapeutic significance, and, what is more, religious involvement can bring remission (Janocha, 2003). Brennan et al. (2001) confirmed that religiosity was an important coping mechanism for blind and visually impaired people, while Yampolsky et al. (2008) showed that religiosity was a predictor of coping strategies. They estab-

lished that higher levels of religiosity in the visually impaired coexisted with a preference for adaptive coping strategies. On the other hand, Brennan and MacMillan (2008) noted that religiosity could motivate people to achieve rehabilitation goals, as it was a factor that stimulated action. Research has shown that people with illnesses or disabilities often turn to spiritual and religious support to help them cope with the emotional challenges of their illness or disability, but not necessarily to improve their physical health. According to Nowak, religion removes the basis of mental depression. This can be understood in the following way: if a person has profound faith and actively participates in religious practices, then they can better understand and accept God's will – also in relation to their own situation, difficulties, challenges and problems. This decreases the feelings of depression, and makes them more willing to understand and accept difficult and crisis situations. Illnesses, worries, disappointments, and conflicts can take on a different meaning when they are seen as a means of spiritual growth in accordance with God's plan. Identifying with God's will brings a sense of peace and respite (Nowak, 1992). It is also worth referring to the research by Idler and Kasl (1992), who show the importance of religious involvement in reducing depression among men and women with disabilities. These studies also confirm that religious involvement, religious practices and experiences, and participation in the sacraments have a strong impact on the health of the elderly and people with disabilities.

For clarity purposes, we need to define what is meant by 'disability' and 'person with a disability'. Disability usually results in the inability to fully function in society and includes various limitations resulting from the impairment of the ability to perform a specific activity in a way considered normal and typical in a given society. These limitations affect a person with a disability in different ways: physically, mentally and socially (Kirenko & Gindrich, 2007). Commonly, the following types of disabilities can be distinguished:

1. Sensory disability – involves damage to the sense of sight, hearing, as well as speaking.
2. Physical disability – involves damage to the musculoskeletal system.
3. Mental (intellectual) disability – mental retardation or mental illness.
4. Chronic diseases – e.g. cardiovascular and respiratory diseases, diabetes, epilepsy, cancer (Borowiecki, 2015).

In the European Union countries, the following definition of a disabled person is adopted: “A disabled person is a person who, due to an injury, disease or congenital defect, has serious difficulties or is unable to perform activities that a person of the same age is able to perform.” A similar definition can be found in the Charter of Rights of Persons with Disabilities (Resolution of the Sejm of the Republic of Poland of 1 August 1997).

2. SPIRITUALITY OF PEOPLE WITH DISABILITIES: THEOLOGICAL CONTEXT

The European Convention on the Rights and Duties of Persons with Disabilities reminds us that vulnerability arising from an irreducible difference, such as disability, must be respected.

This is part of a continuous process of acknowledging the full dignity of a person with disabilities as an individual, a citizen, a social actor, a human being with desires, and as a person with different ways of knowing and being.

In this case, the person with disabilities, who may be diminished, weakened, or have an impaired body, must be able to access and develop their intimacy, citizenship, autonomy, and ability to act (self-determination principle), even if their means of communication are atypical and different from a stable, established, and reassuring communication space.

What about their right to spirituality? Their prayerful movements? Their posture of prayer? Their life of faith? And what about their status as a finite and limited creature in the face of the infinity of the God of Horeb, revealed by his Son?

For several decades, we have witnessed a growing body of work in disability theology, which is diverse in its approaches. It explores the lineaments of a universal relational anthropology, which is able to take into account the specific experiences of people with disabilities while also affirming their place in the institutional, ecclesial, and social world.

Far from praising weakness, these approaches seek to clarify the conditions for a successful relationship between a person who cannot speak, has failing rationality, and cannot give consent, and an accessible and loving Trinitarian God.

They also address the questions of pastoral ministers about how divine descriptions and images of God are challenged and transformed by the ever-unsettling encounter with disability.

Contemplating the possibility that God can tolerate, admit, consider, and integrate deficiency and disability within his mysterious plan for creation puts Christian anthropology at risk of having to justify the unjustifiable. Disability theology is sometimes in danger of becoming a “disabled theology.” Obviously, we must support architectural efforts to improve accessibility of churches and make it possible for people with disabilities to participate fully in worship and community life.

Furthermore, considering the Passion of Christ as a possible self-limitation of God’s power rightly reminds us that the Son of Man lived in dependence on the human condition.

A theological reflection that is informed by tradition and ecclesial wisdom on bodily and psychic limitations can help us develop a more critical approach to perfection and excellence. From this perspective, disability theology is a field of research that invites us, perhaps more than any other field of theological knowledge, to humility.

Nevertheless, these conceptual approaches come up against an aporia which is hardly addressed and which deserves a more systematic exploration; in fact, how can we account for the complexity and richness of the inner lives of people with disabilities, in particular those with multiple disabilities or those diagnosed with ASD-TND?

It is certainly possible to postulate the existence of a full and entire inner life for these beings, who are both different and similar, without being able to demonstrate its truthfulness or liveliness in any way. This hidden prayerful life would thus join the permanent prayer of the universal Church, and this is undoubtedly the case. However, do we not risk falling into a permanently duplicitous posture? This posture would be characterized by a denial of reality and a rejection of the inevitable uncertainty of existence, the human condition, and all forms of spirituality.

Another option would be to reject a problem that is considered indemonstrable (i.e., accounting for the inferiority of a rationally and psychically defective person) and to simply set it up as a mystery to be contemplated. To use Gabriel Marcel's categories, this would mean remaining on its threshold, thus conveniently enclosing it in a beautiful preliminary space.

The notion of liminality captures the fundamental reality of a social group that is artificially separated from the rest of society, trapped in a space that is neither one thing nor the other, halfway between segregation and integration. Analogically, this notion can be applied to the spiritual life of people with disabilities. They often find themselves caught between two worlds: that of a disturbing resemblance and that of an unassimilable difference. This can be a difficult and confusing place to be. It can be difficult to imagine how a person with a disability can have a spiritual life that is just as rich and meaningful as the spiritual life of someone who is not disabled. How can they pray?

The critical thinking that arises from liminality challenges the boundaries between the different worlds, as it forces us to

question our assumptions about what is normal and what is not, and challenges the barriers that narcissism erects to shelter itself. What happens in the social ethos can sometimes be reflected in the church.

However, there is a third way, which is to “accept the unacceptable,” in the words of Paul Tillich. This way acknowledges the inexpressible but real inner life of people with disabilities, and recognizes their prayer as a kind of riddle that invites us to step outside of our normative representations and ordinary spiritual conceptions. This path invites us to join people with disabilities in their acceptance of their own incomprehension of God’s mystery. We share with them a fundamental restlessness, whether we are disabled or not, as fallible beings who try to reach out to God in a dynamic relationship that is both unique and universal.

It is through the eradication of the false self, this “fiction” according to Thomas Merton, that the Christian progresses in divine union. This ongoing work of conversion engages the whole being. From this perspective, all human sensitivity participates in it. The riddle of prayer as designed and lived by a person with a disability invites those who wish to meet them to accept things as they are, without reducing otherness, without amplifying similarity, and to question the obviousness of certainties. If the Triune God hears and listens to the prayers of those who cannot verbalize them, express them, or even conceive or measure them, just as he hears and listens to the most beautiful prayers of the Divine Office, then the believer, following Christ, must agree not to lock himself or herself in his idealized projections. In this way, the believer is able to live in their true home and get a double benefit: a clarified connection with things, the world and others, and a peaceful and balanced interior attitude, neither too dark nor too bright, far from the duality of valid and invalid.

This middle way allows the believer to reduce the risk of an “emptiness of the spiritual life,” as Monique Piettre accurately puts it: “always possible, never desirable.” This allows the believer

to expand the content and dynamism of their own spiritual life on the path to the light of God's transcendence.

3. ACCEPTANCE OF ONE'S DISABILITY

The sense of dignity, i.e. being aware of one's own value and having respect for oneself, is one of the most elementary human experiences, and it constitutes the essence of humanity. Self-acceptance means living a dignified life with the belief that you have the same rights and opportunities as everyone else, regardless of your disability. The term 'acceptance of a disability' has long been used in the literature on rehabilitation, mainly in the context related to the process of adapting to living with an acquired disability. Most often researchers analyse this term in reference to the process of adaptation or adjustment. However, the concepts of "adaptation" and "adjustment" are not clearly defined in the literature on rehabilitation. Accepting a disability and its consequences means adapting to the complex changes that come with losing some abilities. The complex nature of this process involves reorganizing the way people perceive their abilities, social requirements, and the interactions between these two (Li & Moore, 1998). According to Wright (Gabrys, 2020), disability acceptance cannot be seen as resigning oneself to limitations and surrendering to the inevitability of the world. Disability acceptance means only or as much as accepting "loss." Acceptance of loss is an extremely complex and multidimensional process, yet it can be implemented when certain conditions are met. It is a process of changes in the person's value system. The literature on the subject also deals with the relationship between disability acceptance and other variables (psychosocial, disability-related and socio-demographic). Among others, it has been found that there is a positive correlation between acceptance of a disability and self-esteem and emotional support (Li & Moore, 1998), as

well as between declared religious beliefs and social integration (Snead, Davis, 2002).

Self-acceptance is based on how we perceive ourselves. As Kudłacik (1999) notes, self-acceptance is the degree to which a person's "actual self-concept" and "ideal self-concept" are aligned. The "real self" is identified with "actual self-perception," while the "ideal self" is identified with "ideal self-concept." The actual self-concept is how the individual sees themselves now, while the ideal self-concept is how they would like to see themselves. The degree of correlation between these two is indicative of self-acceptance and determines the level of self-esteem: the higher the difference, the lower self-esteem a person has. Self-esteem consists of two interdependent elements. The first is a belief in our own effectiveness – understood as trust in our own mind, our ability to think, learn, make choices and take decisions. The other factor is self-respect, that is, our belief that we have the right to be happy and successful, that we are valuable individuals who deserve to be able to fulfil their needs and desires. It also means achieving what is important to a given individual (Borowiecki, 2015). Religious coping strategies are most frequently used by people who believe that religion plays a crucial role and who perceive it as something important in their lives. Religious coping strategies are easily available to them, and solving a problem in a religious context can help them feel more in control of their situation and increase their self-esteem. Such people are very often deeply religious, and involved in religious groups. It can therefore be assumed that self-esteem is an attitude towards oneself, one's features, capabilities, abilities, and defects. It is an emotional component of self-image, which is a set of judgments and opinions that individuals hold about themselves and that relate to their physical, mental and social characteristics. It is worth referring here to the research by Janocha (2020), who demonstrated that low self-esteem, along with isolation, is one of the two main reasons why people self-exclude themselves from participation in the life

of the Church. These findings confirm Krause's thesis (2009) that the "force of gravity" of marginalization is shifting towards taking responsibility for one's own life. Nowadays, it is increasingly believed that it is not only the social environment that is responsible for marginalizing an individual, but it is the individual who largely contributes to this marginalisation (Zielińska-Król, 2015). Therefore, all available mechanisms leading to self-acceptance should be fully employed.

4. ACCESS TO THE SACRAMENTS AND PREPARATION OF PEOPLE WITH DISABILITIES FOR THE SACRAMENTS IN THE DOCUMENTS OF THE CATHOLIC CHURCH

Since its beginning, the Catholic Church has embraced disabled people in their suffering. Christ Himself showed a special loving concern for them, and His teachings have become the foundation for treating people with disabilities in the Church. Every human being is created in the image and likeness of God, and disability cannot deprive a human being of their innate human dignity. Fulfilling its task of evangelization, the Church undertakes a range of activities in order to adapt pastoral activity to the needs of people with disabilities. The Catholic Church had not issued any official documents specifically addressing people with disabilities until the Second Vatican Council. Only at that time, the Council made a decision to address people with disabilities directly and to develop guidelines for how to involve them more fully in the life of the Church (Prośniewska, 2013).

The Holy See's Letter for the International Year of the Disabled (1981) is an important document that provides a synthesis of Catholic thought on disability. It contains clearly defined principles and guidelines for action, and examines the problems of people with disabilities from a spiritual and moral perspective. The document states that a person with a disability is a human

subject in the full sense with all the innate rights that this entails. Its basic premise is that the quality of society should be judged by how it treats its weakest. Disability affects not only an individual, but also the entire society, and hence every person has been entrusted with the mission of helping disabled people to take their rightful place in society. Apart from supporting people with disabilities, the role of the Church is to shape social attitudes towards such people, regardless of their situation. Importantly, the letter addresses the issue of placing people with disabilities in closed institutions, which effectively removes them from society. This is particularly harmful and immoral because it creates the perception that there is only room for healthy individuals in the modern world.

The pontificate of Saint John Paul II was marked by references to people with disabilities. In his pastoral work, the Pope often spoke about the sick and encouraged to create favourable conditions for the integration, normalization and personalization of people with disabilities. The Pope encouraged to take concrete steps to help families in which a child with a disability was born, or which faced the challenge of caring for a person who became disabled (Dettlaff, 2001). The Church stands for the defence of life, which was clearly expressed in the encyclical *Evangelium vitae*: "Man is called to a fullness of life which far exceeds the dimensions of his earthly existence, because it consists in sharing the very life of God. The loftiness of this supernatural vocation reveals the greatness and the inestimable value of human life even in its temporal phase. Life in time, in fact, is the fundamental condition, the initial stage and an integral part of the entire unified process of human existence. It is a process which, unexpectedly and undeservedly, is enlightened by the promise and renewed by the gift of divine life, which will reach its full realization in eternity." These words are important in the context of the right to life of children born with disabilities; the Church and society

should strive to accept them into the full Church community with the sacraments of Christian initiation.

During his visit to Canada in 1984, John Paul II referred to the right of the mentally handicapped: "The handicapped person is a fully human subject with corresponding inherent, sacred and inviolable rights. This is true whether the person be handicapped by physical disability, whether due to birth defect, chronic disease or accident, or by mental or sensory deficiency. It is true too no matter how great the person's affliction might be. We must facilitate his or her participation in all facets of social life and at all possible levels: in the family, at school, at work, in the community, in politics and religion. In practice, this presupposes the absolute respect of the human life of the handicapped person from his or her conception through every stage of development" (John Paul II, 1984).

It is commonly believed that people with intellectual disabilities cannot benefit from the grace of the sacraments because they lack the appropriate qualifications and discernment. This is not the right way of thinking, and it certainly does not follow the letter of canon law. The Church recommends that people with disabilities receive the sacraments, as they are signs of God's love for a person, even when such person is not aware of the power and importance of this love. One should bear in mind the spiritual consequences of not granting sacramental grace to a person with a disability (Lijka, 2004). It is also wrong to administer the sacraments to people with disabilities without proper preparation. This can be seen as an assumption that people with disabilities, especially those with intellectual disabilities, are not aware of what they are doing (Kiciński, 2009).

In his encyclical *Centesimus Annus* (1 May 1991), which is the foundation of the Catholic social teaching, John Paul II referred to the role that the state should play in improving the living and material conditions of disabled people, among others. The state should not limit itself to material assistance, but it should meet

deeper human needs by taking actions that will allow people in a worse life situation to develop their skills to the extent that they can make the best use of their capacities and become independent. The Pope draws attention to the negative effects of an overly caring state, which makes people less willing to act and develop.

To mark the establishment of the International Day of Persons with Disabilities by the United Nations, the Holy See prepared an extremely important document which identified ten postulates for the Church to improve the situation of people with disabilities. First of all, the Church should work to project a positive image of people with disabilities as full members of society, and not only the object of charitable actions. It is also necessary that the Church be engaged in medical assistance to promote the sanctity of life and to prevent activities that devalue the life of a person with a disability. The Church's influence on health protection should be broad and it should also include providing people with disabilities with appropriate spiritual care; what can be noticed is that secular authorities often belittle the initiatives undertaken by church groups. The Church has the duty to support all initiatives and social movements that work to remove physical barriers which impede access to the life of the Church. This entails, in particular: removing architectonic barriers in churches, providing translations in Braille and handbooks for persons with learning difficulties; holding celebrations accompanied by interpreters for the deaf, or using suitable terminology adapted to the needs of people with disabilities. The Church has an important role to protect disabled children from their conception to adulthood and further life. The Church must take action above all in those regions where the state does not guarantee persons with disabilities the means for living a dignified life. It is also important to protect the right of people with disabilities to marry and start a family, as everyone has the inherent right to choose their own way of living. The last three postulates refer to the cooperation between the Church and state authorities for the benefit of people with

disabilities. The Church cannot wait for the state authorities to act; on the contrary, it should initiate, and then monitor and influence the authorities in order to improve the living conditions of people with disabilities. A huge role in these activities rests with dioceses and Catholic organizations, which in all their activities should take into account the good of people with disabilities (Holy See, 2000).

The Pope's concern for people with disabilities is evident in the 2001 Directory for Catechesis of the Catholic Church in Poland. In paragraph 152, the bishops of Poland, taking into account the pastoral and catechetical situation in the country, developed appropriate lines of catechetical formation for various categories of catechists, including catechists for people with disabilities. In paragraph 156, the bishops emphasize the role played by catechists in the formation of people with disabilities and the importance of developing the attitudes and skills that are necessary when working with people with disabilities.

Embracing the needs of the disabled, the Church cares about family ministry, because the family as a basic social unit, responsible for shaping human attitudes. It is extremely important that the Church and parents of disabled children work together in the common task of their growth in Christian life. The teaching of the Catholic Church has always stressed the full inclusion of people with disabilities in the Church community through the sacraments. Any form of isolating them only deepens their isolation and suffering, whereas the primary task of the Church is to care for the spiritual rights of people with disabilities. In its teaching, the Church undertakes to participate in the effort of upbringing and caring for disabled children.

Three of the seven sacraments constitute the foundations of the Christian life: baptism, confirmation, and the Eucharist. According to the provisions of the Code of Canon Law, "parents are obliged to take care that infants are baptized in the first few weeks; as soon as possible after the birth or even before it, they are to go

to the pastor to request the sacrament for their child and to be prepared properly for it (can. 867 § 1). The law requires parents to baptize their children, regardless of the child's disability. The parents' intention is what matters, not the child's disability. Simply suspecting that the child may be disabled does not release the parents from this obligation; not baptising such a child would also be contrary to the will of Jesus, who tells his disciples not to keep children from coming to Him, because the Kingdom of Heaven belongs to such as these (Mt 19:14). The Church does not place any legal barriers to baptism for people with disabilities. Every person who has not yet been baptized is eligible to receive baptism (can. 864, 1246 CCC). The Catechism of the Catholic Church points out to the unity of sacraments of Christian initiation. Although baptism itself is valid without confirmation, every baptized person not yet confirmed, can and should receive the sacrament of confirmation (1306 CCC). People with disabilities are not excluded by law from receiving confirmation. However, what is important here is that they receive proper catechesis that is adapted to their needs and takes into account the degree and type of disability (Kurzydło, 2017). In order to enable people with disabilities to participate in the sacramental life, the Catholic Church allows receiving some sacraments at home; e.g., the Eucharist and anointing of the sick (Lijka, 2004).

Every person has the right to choose their path of life, this applies in particular to choosing life in marriage or choosing priesthood. When it comes to accessibility and preparation of people with disabilities for the sacrament of Holy Orders, the issue is complex. According to canon law, one of the requirements that a candidate for ordination must meet is possessing necessary intellectual ability and mental and physical health (can. 241). The legislator entrusts the assessment of the mental and physical abilities of the candidate to the proper bishop, who, importantly, does not have to rely on the advice or judgement of an expert. However, he must take into account the nature of priestly service and

the hardships it entails (Pastuszko, 2007). Preparing people with disabilities for the sacrament of matrimony was also discussed during the Synod of Bishops held in the Vatican in 2015. In the final report for Pope Francis, the Synod expressed a profound belief that only cooperation and support for relationships, as well as family education, will help people with disabilities in their proper growth and in forming proper relationships in the family based on the awareness not only of the challenges that the disability of a family member can entail, but also on understanding the gift of marriage and of having support of the other person (Synod of Bishops, no. 21). In the General Decree of the Polish Bishops' Conference (2019) on holding canonical and pastoral talks with couples preparing for marriage, the bishops instructed priests to draw attention to the problem of health of prospective spouses, as well as to the knowledge about possible diseases of the future spouse. The role of a priest is to prepare couples for marriage, he should be sensitive to and understanding about their situation, but at the same time prudently assess their ability to receive the sacrament of matrimony, not making them feel that they are excluded from the sacramental grace due to their disability.

The Catholic Church upholds the inherent dignity of every human being, but is particularly sensitive to people with disabilities, who are considered full members of the faith community. The Church has never denied sacramental grace to people with disabilities, ensuring, however, that the sacraments are received with dignity. The Church's teaching also points to the need for social sensitivity to the needs of people with disabilities and the importance of preparing special catechetical programs that are tailored to them.

5. RESEARCH METHODOLOGY

The narratives in the article come from a nationwide qualitative study that used focus group interviews (FGIs) and purposive sampling to gather data from people with disabilities who identify as believers. The study involved people with mobility impairment, the deaf and hard of hearing, blind and visually impaired, and those with intellectual disabilities. The research was carried out in January and February 2020, and it was preceded with a pilot survey at the end of October and beginning of November 2019. The purpose of the pilot study was to develop the final version of the survey to be used during interviews.

The study involved 15 homogeneous focus groups (consisting of people with the same disability type) which represented different types of disabilities, 7 heterogeneous focus groups (different types of disabilities in the same group) – 1 in each of the dioceses under study, 5 focus groups that consisted of family members/carers of people with disabilities, and 3 focus groups that included members of pastoral groups and Catholic activists with disabilities.

The qualitative research was designed to capture the maximum variability and diversity in the sample. To do this, the researchers ensured that the sample was as varied as possible, including people with different types of disabilities and from different types of localities. This allowed us to learn about the religious life of people with different disabilities and living in different parishes.

Additionally, the study was limited to people who identified themselves as Roman Catholic, as this was the focus of the research. However, the religiosity level of the participants was not assessed at the time of recruiting for the study (except for the group of Catholic activists), as the degree of activity in parish life can be subject to discussion.

Table 1. Structure of sample selection for qualitative research by group category and diocese.

Diocese	PILOT STUDY	Homogeneous groups	IDI – developmental disorders, autism	IDI (deaf people)	Heterogeneous groups	Groups of “Catholic activists”	Groups of families/carers
warszawska	1	2			1		1
szczecińsko-kamińska	1	2			1		1
opolska	1	2			1		1
kielecka		1	8		1	1	1
warmińska		1	8		1	1	1
białostocka		2		3	1	1	
tarnowska		2	8	3	1		1
TOTAL	3	12	24	6	7	3	6

6. FAITH AND PARTICIPATION IN THE SACRAMENTS AS NARRATED BY PEOPLE WITH DISABILITIES

In order to understand the religious activity of people with disabilities and their participation in the sacraments, we have to take a closer look at their attitude towards faith. It seems that people with disabilities have a specific, personal understanding of spiritual matters. This may be due to the fact that faith is to some extent correlated with mental or physical deficits. It should be emphasized here that the specific way of experiencing and practising religion is strongly correlated with the disability type and onset of disability. The issue that appears in the answers of both participants with disabilities and their carers is that of the

reason and meaning of disability. People who experience suffering often ask themselves about its meaning and seek answers in prayer. Faith gives them a sense of meaning in life, hope, understanding of their situation, as well as gratitude for life (even though it is a life with different disabilities). It helps them reduce tensions and strains resulting from different limitations related to their disease that significantly affect their everyday functioning and the quality of life. On the other hand, the possibility of receiving the sacraments fulfils the need for intimacy with God and acceptance of one's life.

Participant 1: "I like going to church. I believe in God. And if I hadn't just put my life in the Mother of God and in God's hands, it would be really hard for me to live and understand what is going on in my life. What is good and what is not good. Five years ago, I experienced a great deal of stress. Being close to God helps me a lot." (person with visual impairment)

Participant 2: "I had a hard time. But I pulled through. I go to church. Sometimes I make a lot of noise. But I feel good with God. And even very good. I am calmer. I hope all this has some purpose." (person with hearing impairment)

As mentioned above, the life stories of people with disabilities differ significantly. One of these differences is related to the time of becoming disabled – people with congenital disability vs those with acquired disability. The lives of those who have an acquired disability can be divided into two periods. They remember their life before they became disabled and thus are able to reflect on their realities before and after becoming disabled. According to participants, the experience of disability is associated with a greater need to seek contact with God and practical implications of this contact. When talking about the period before their illness, they

make hardly any references to faith and spiritual reflection. Even if faith was present in their consciousness and everyday practices, it was certainly not as strong as it was during and after the illness.

Participant 3: "I am 50 years old. I have been struggling with a disability for 8 years. Once I was an athlete and had my hip replaced. I also have a hip endoprosthesis. I felt really bad after that. My life was lost. When I was about to go into surgery, I felt resentment towards God, I didn't want to know Him, I thought that He didn't care, that I didn't matter to Him, that He wouldn't help me. Anyway, I didn't go to church much then. Now my life has changed completely. I am anxious to meet Him. I make an effort to be able to go to confession and receive Communion. This gives me strength. I like my life. I don't feel worse." (person with mobility impairment)

Participant 1: "In the past I did not feel at home in the Church. But now, it is different. I needed to talk to someone. I met God after I had almost completely lost my sight. It was a shock. It gives me a lot of strength to have someone to talk to, someone who listens to me. Yes, He listens to me. It helps me a lot."

Participant 4: "My name is Marek. I've been disabled since 2005. I suffered from a severe back pain when I was working in a warehouse. After being on a long sick leave, I was fired from the company. In an instant, I became useless, lonely and disabled. Before that, I didn't go to church very often – only sometimes. But after the accident I had nothing to do with my time and someone invited me to the community. So I went, out of boredom. But this invitation changed everything. I met there people who wanted good for me, who understood me. And that's when I met God. With time,

just being part of the community was not enough for me. Someone encouraged me go to confession. Then I received the Communion. I still suffer from pain. Ever since (the accident), I have been struggling with back pain, there is some degradation, some vertebral discs, very strong pain, I take a lot of painkillers, but this pain is not my whole life. I see some meaning in it. And I like people and my life.” (person with mobility impairment)

Participant 5: “Faith is very important to me. When I lost my sight, I felt as if I had found God. And it is on God that I base my life and my inability to see. And my faith helped me a lot. Now I start every day with a prayer and only after that do I leave my house. God is like my guide on the paths of life, but it was not always like that. When I could see, they called me a night owl. Without God, I went where I wanted. But now it is different and I can say that I lost my sight, but I found God in my life and I wouldn’t trade what I have now for the time when I could see and when I used to walk at night. And today I am a happy man because I have someone who loves me. It wasn’t until I lost my sight that I received the sacrament of confirmation. The Eucharist is very important to me. I am often in church. I found God and that’s the most important thing that happened to me in my life.” (person with visual impairment)

Based on the participants’ narratives, it can be concluded that before they became disabled, they had not taken part in religious practices frequently, their faith had been weaker and they had paid less attention to participating in the sacraments. Their responses indicate that the experience of disability changes the outlook on life, relationships with relatives and the concept of one’s own life. When people experience a disease and psycho-physical limitations associated with it, they often require constant

care and support, also emotional support. Acquiring a disability can open up a space for people with disabilities to seek meaning in life and in their experiences through the Church, spirituality, and religious practice. This can lead to a transformation in identity, as people with disabilities come to see their reality in a new light. It is also the time of asking questions and seeking answers. They quite often say that they regained their faith or embarked on a new stage in life that is based on stronger faith and active participation in religious practices. Therefore, faith and practising religion – also by participating in the sacraments – brings them comfort and strength.

The narratives of many research participants suggest that the spiritual transformation associated with a turning point in their lives often stems from the spiritual guidance and support of others. This support can help people to replace their old belief system with a new one, in which physical and emotional experiences related to disability are seen as an integral part of life. This process of acquiring a new identity is usually spread over time and is not always linear, as it is the case with people with congenital disabilities. As the participants' responses suggest, spiritual transformation often involves moments of doubt, searching and struggling.

People who have lived with a disability since birth may have come to terms with their disability and learned to live with it, as suffering and all the deficits have always been part of their identity. Their narratives show that they grew up with the conviction that religion and God play a special role in their lives because their family members and carers reassured them that it was necessary to believe in God and entrust everyday burdens and cares to Him. Understandably, it is difficult to find a single defining moment that significantly changed their commitment to faith or the quality of their faith. Their attitude towards faith and its importance is more likely the result of a gradual process of personal growth in faith.

Researcher: What is important to you in the Church?

Participant 6: "I am a parishioner of Saint Stanisław Kostka Church. I am a very religious and practising person. I used to go to the school for blind children in Owińska [Street] and you were not allowed to go to church there. Well, but you cannot forbid people to do some things. I almost got kicked out of school for bringing a group of pupils for confirmation. But I can't imagine forbidding someone to receive confirmation. It gives strength. It is important – just as the First Communion is important for a child. That's why I fight for other blind people, because they often hear that there is no one to prepare them. What does that mean there is no one? Then, it was possible somehow. So I keep fighting for others. Well, I go to church, too. I like going to church. I don't know how I would live without church and the Communion. My life would be meaningless then." (person with visual impairment)

Participant 7: "Basia says she even brings her hearing friends to church. She believes in God, in Christ, she goes to Communion and that's why she has Him in her heart, it's important to her and that's why she participates. She feels important and loved there. She likes being alone in church, she is calm there." (carer of a person with intellectual disability)

Participant 5: "(I wish)... that my closeness to God was not obligatory, but rather a matter of my own free will, that the Holy Mass, confession, and Communion were intended for me and for God. I do not go to church to demand things from God – God, I want this and that, etc. We just need to be able to thank God for what we receive from Him. We remember to observe holidays, fasts and sacraments. I don't

know how you can live without Communion. It gives me so much strength. I don't feel worse. We have to show that despite our suffering... I don't know how to say it... we are by His side, we are with Him and we remember about Him. That's it for now." (person with mobility impairment)

Participant 7: "In the same way, He shows us the way or the wisdom of life." (person with mobility impairment)

Participant 8: "It was in the Church that I learned that there is much to thank God for; that I am here and also for health, because we are alive. And we are doing fine, and it doesn't mean a thing that someone is disabled. Everyone has something." (person with mobility impairment)

Participant 7: "I will also mention that, in general, the Holy Mass gives us faith, hope for resurrection and eternal life, and hope that our lives are on the path to holiness. Because we are all called to a life of holiness and God gives us the path to holiness. He also gave us free will and it depends on us which way we follow, the bad one or the good one. Our life here, on earth, is a moment, a moment compared to eternity. And death is the door to eternity, either heaven or hell. That's why I go to confession and Communion. And I am not afraid of death when I think about it because I know that we are called to eternal life in future." (a person with mobility impairment)

Participant 8: "I believe in God.... In fact, I have a kind of support, because God is like a friend to me. And this support is not only for the future, but every day. I just wake up and I'm happy that I can just talk to God, that I'm alive, because I talk to God, I tell Him my regrets, just like I would

tell my friend, it's just easier, this gives me energy." (person with mobility impairment)

In the context of this discussion, it is also worth considering the type of disability as a differentiating factor. While people with mobility, sight or hearing disabilities may have a conscious and task-oriented attitude towards faith and sacraments in the context of accepting their own disability, people with intellectual disabilities may have a different understanding of faith. Faith is usually more unconditional for them. These two groups differ in terms of their independence, level of reflection and decision-making autonomy, level of participation in parish life, and motivations for participating in religious practices.

Researcher. What does belief in God give you?

Participant 19: "It makes me feel better, feel like a better person. I also know that God loves me the way I am." (person with hearing impairment)

Participant 20: "Accepting Christ into my heart proves that I am in communication with Him, thanks to this I can fully experience my spiritual connection with God, I feel that I will cope with everything when He is with me." (person with visual impairment)

Participant 11: "For me it is important not only to be in church, but also to be able to go to confession and to receive Christ."

Participant 21: "When my eyesight got worse, I felt resentment towards the whole world and God, too. But now I know that when I am with Him, He is also with me. I feel

neither better nor worse, just like His child." (person with visual impairment)

Participant 9: "I need it. Because it just calms me down. If I have a strong belief in God, it just strengthens me in spirit." (person with mild intellectual disability)

Participant 10: "For example, I need [faith] very much in life in general, but especially during moments of breakdown, my small crisis. Overall, I am a very cheerful person." (person with mild intellectual disability)

Participant 10: "But there are also times when I feel bad."

Participant 9: "It's hard. That's when I want to be with God because He understands me."

Participant 11: "And then it helps. Then I sometimes talk with Him." (person with moderate intellectual disability)

Carers of people with disabilities believe that faith and religious practices are compatible for those in their care. Thus, faith is more than just attending church. It also means having the opportunity and access to all forms of religious practice. This living presence in church helps people with disabilities to endure hardships more easily and to understand their suffering in terms of hope and comfort, which in turn makes them feel better and discover the meaning of disability and faith.

Researcher: Does faith help people with disabilities?

Participant 12: "It gives hope." (carer of a person with severe intellectual disability)

Participant 13: "Yes." (carer of a person with severe intellectual disability)

Participant 14: "It helps." (carer of a person with severe intellectual disability)

Participant 12: "It also explains some issues, because a person is wondering why they were born with a disability. They can somehow explain it to themselves, whether something is happening, why it is happening, why they are disabled. This question 'Why me?' is most often asked. What have I done, is this some kind of punishment? Why did fate or God treat me like this?"

Participant 13: "I see my daughter's eyes sparkle – with joy – when she receives Holy Communion. She is calm."

Participant 15: "Yes, it is visible. It is important to these people. They are waiting for this moment. They are joyful. They know that God is coming." (carer of a person with severe intellectual disability)

Participant 16: "Participation gives you a more positive outlook on life. I don't worry about my health or my appearance, because God sees me in His own way. Whether I am good or bad." (person with hearing impairment)

Carers of people with intellectual disabilities believe that faith is of particular importance to this group. Faith translates into the imperative of action and ritualization of activities that constitute broadly understood religious practices. Sometimes people with intellectual disabilities may react quite emotionally to any deviations from a set way of doing things, and they may take any negative reactions from others very seriously, even neurotically.

It should therefore be pointed out that when dealing with those people, we must be very careful and considerate when expressing critical remarks or reactions. This refers to the full participation of people with disabilities in religious life, including their preparation for and access to the sacraments, especially confession and Holy Communion.

Researcher: Are people with disabilities more religious?

Participant 13: "Perhaps they are religious differently. They experience religion more intensely. They are more open in expressing their experiences, and they are more involved; we may think that they are not fully conscious, but this is not the case. They feel everything perfectly. My son has Down Syndrome and once when he was late for the Mass, the priest wouldn't let him come to the altar to serve. It was a heavy punishment for him. Since then, Paweł sometimes comes to church an hour before the Mass begins. Once he could not go to confession because there was no priest to confess. He was sad, irritable, and insisted on staying after the Mass to go to confession and to receive Communion. He couldn't be persuaded. He finally got his way; our priest is kind. And it was a great joy for him when he went to confession."

Participant 12: "Yes, that is often the case. You can see that their commitment is 200%, that their joy is so great and authentic, they don't pretend anything. I would even say that in general my child is calmer, smiling, more lively after that. I don't know how much he understands about what is going on in church or what the Communion is, but the change is plain to see."

It is important to note, however, that while many people with disabilities may want to participate in Church practices, their desire to do so does not always translate into their real presence. This is due to many factors (e.g., unpleasant experiences or misunderstandings with priests or the community, feeling different from others, health problems or physical barriers that make it difficult for them to take part and be involved in religious practices). It should also be borne in mind that people who have problems to function independently, need others' help every time they want to leave the house. Despite the difficulties they face, many people with disabilities do not give up contact with God and their minister, and the sacrament of penance and Holy Communion. The majority of research participants report that they have good or fairly good access to places of worship and other religious facilities. They emphasize that even though the arrangements are not always perfect, the positive attitude of priests and their own initiative help them overcome many barriers.

Researcher: Do you always go to Mass?

Participant 7: "I depends. If my mummy is feeling well, then I get onto the wheelchair and we go to church. If she feels bad, then we don't. Then she joins the prayer on the radio or on the TV, like that. And of course, a priest comes once a month, talks, listens to my confession and gives me Communion, and that is uplifting to her."

Participant 4: "No, sometimes I do not feel well. Sometimes there is no one to take me to church, but we have a priest who will visit me or I will call him and he will come with the Lord Jesus."

Participant 2: "It's really hard to find a priest who can use sign language. Once I couldn't go to confession because the

priest was shocked that he had to find someone who used sign language. I had to go to another city. When there is a will, there is always a way.”

Participant 10: “A priest often visits me. We talk. He gives me Communion or hears my confession. I don’t always go to church. Sometimes there is no one to take me. Sometimes we go when there are no people in church. Then no one is looking at me. God doesn’t forget about me. And I don’t forget about Him.”

It is also noteworthy that some people with disabilities find it problematic to “show up.” In-depth interviews and group interviews have revealed that people with physical disabilities, especially significant ones, rarely get involved in parish life, even when there are no health contraindications. Frequently, they are reluctant to get involved because they are concerned about how they will be perceived by other parishioners. They feel like they do not fit the “model” of health. Because of their appearance or age, they withdraw from active participation in Church life. Moreover, people with disabilities have their own ideas about how they may be perceived by other “healthy” people. Some of them believe that people with certain limitations caused by their disease (e.g., those with cerebral palsy) may negatively affect others who are in the vicinity or make them feel less comfortable. This way of thinking may lead to “self-stigmatization” and “self-exclusion” based on how they are supposedly perceived by “healthy” people. In this case, the person’s faith and religiosity can also affect their self-acceptance, but if their convictions about the negative social image of a disabled person are strong, they can prevent them from fully participating in religious practices.

Participant 3: “Altar boys are always quite young people, so I don’t even see myself as an altar server because of my

age, appearance and being different. But I always go to church and to Communion, too. I don't try to be someone I'm not. But I don't skip Communion." (person with mobility impairment)

Participant 17: "For example, in my parish there are people in wheelchairs or with cerebral palsy; if there is a person who shouts or makes various sounds during the Mass, then other people feel strange. It's a discomfort. Such person in a way disturbs the silence, but I understand it, because they also have the right to participate in the Holy Mass. They have the right, but others experience discomfort and it can be a problem for them. Sometimes I also prefer to stay at home and watch Mass on TV not to disturb others." (person with mobility impairment)

Participant 18: "I know that others may be disturbed by my appearance. I can't do anything about it. It's better not to go and not to make a fuss. But I understand it, everyone wants to concentrate. I went to my first Holy Communion alone because there was no point in making a spectacle of myself. But my mother wanted me to go. I wanted, too. There was no problem." (person with mild intellectual disability)

The participants' responses indicate that people with disabilities are interested in religious issues, in participating in the sacraments and growing in faith. Having contact with God, a priest, and participating in religious practices can give them strength and a sense of purpose and meaning in life. This also shows that every life is precious, even if someone's body is not perfect. At the same time, it should be noted that there are still many barriers that hinder or prevent people with disabilities from practising their faith. It is difficult for deaf people to participate in catechesis, sacraments or even Mass. Although, following the world's standards, sign

language is recommended for liturgical communication with the deaf, it is still a much neglected area in the Church. There are also architectural barriers, social stereotypes, and a lack of understanding of the specific needs of people with disabilities.

Based on the research results, it can be concluded that both faith and its sacramental expressions significantly help in accepting one's life, disability or imperfection. Viewing one's situation through the lens of faith and its practical implications makes it more meaningful. The participants often express a sense of being understood, loved, and needed, as well as a sense of peace that their faith provides. It gives them strength to believe that God is behind every situation and that He loves all people despite their limitations.

FINAL REMARKS

Accepting a disability as a new feature that is inextricably linked to an individual and with which this person has to live makes the process of adaptation faster and more authentic. It also facilitates social contacts that condition a normal life. The feeling of being rejected or even discriminated against that people with disabilities experience is both the cause and the effect of all kinds of barriers that hinder social integration and the normalization of the individual's personal life. Thus, a disabled person's need for confirmation of their own life through faith is a powerful motivator for accepting their disability-related situation. Faith, religion and its practical implications can be significant stimulators of changes in the process of self-acceptance. The narratives of research participants, although not uniform in terms of meaning and quality, demonstrate that practising faith is highly important for them. Focusing on the sacraments in this context is relevant as the sacraments constitute the foundation of growing in faith. Obviously, these narratives concentrate mainly on the sacraments

of confession, Communion, and less often on confirmation (the decision about baptising was probably made by the participants' parents, so it is difficult for them to see baptism as the sacrament that strengthens them at this point in their lives). In addition, it should be remembered that all the research participants identify themselves as believers (all members in the study group are Christians), so religion is close to all of them, they may only differ in their commitment and reflection.

Both the conducted research and available literature indicate that faith levels need to be correlated with disability experience and acceptance levels. It should also be emphasized that religiosity is an important factor that motivates those with disabilities to achieve rehabilitation goals. It is associated with beliefs, hope and one's ability to transcend immediate experience (DePalo & Brennan, 2005, as quoted in: Brennan & MacMillan, 2008). This is very clearly noted in foreign-language literature, which points to the links between religiosity and rehabilitation (e.g., Johnstone et al., 2007; Brennan & MacMillan, 2008; Dilorenzo et al., 2008; Serpanou et al., 2020).

Both the empirical data and available literature support the need to make the issue of religiosity of people with disabilities an integral part of the rehabilitation process. It seems that religious studies could be a valuable addition to the methodologies used in studies on disability.

REFERENCES

- Borowiecki, P. (2015). Samoocena osób z niepełnosprawnością w świetle wybranej literatury i badań własnych. *Niepełnosprawność – zagadnienia, problemy, rozwiązania*, 2(15), 109–126.
- Brejniak, P. E. (2012). Wychowanie religijne osób niesłyszących. *Forum Pedagogiczne UKSW*, 2, 239–254.
- Brennan, M., Horowitz, A., Reinhardt, J. P., Cimarolli, V., Benn, D., & Leonard, R. (2001). In their own words: Strategies developed by visually impaired

- elders to cope with vision loss. *Journal of Gerontology and Social Work*, 35(1), 63–85.
- Brennan, M., & MacMillan, T. (2008). Spirituality, religiousness and achievement of vision rehabilitation goals among middle-age and older adults. *Journal of Religion, Spirituality & Ageing*, 20(4), 267–287.
- Büssing, A., Ostermann, T., & Matthiessen, P. F. (2005). The role of religion and spirituality in medical patients in Germany. *Journal of Religion and Health*, 44(3), 321–340.
- Campbell, J. D., Yoon, D. P., & Johnstone, B. (2010). Determining relationships between physical health and spiritual experience, religious practices and congregational support in a heterogeneous medical sample. *Journal of Religion and Health*, 49, 3–17.
- Catechism of the Catholic Church. Libreria Editrice Vaticana. [Polish edition] Pallottinum, 2020. https://www.vatican.va/archive/ENG0015/_INDEX.HTM
- Codex Iuris Canonici autoritatae Ioannis Pauli PP. II promulgatus (25.01.1983). AAS 75 (1983), pars II, 1–317. English translation available at https://www.vatican.va/archive/cod-iuris-canonici/cic_index_en.html. Legal state as of 18 May 2022.
- Detlaff, R. (2001). O godności ludzi z upośledzeniem umysłowym w nauczania Jana Pawła II. *Studia Gdańskie*, 14, 297–311.
- Gabryś, A. (2020). *Akceptacja niepełnosprawności u kobiet z uszkodzeniem narządu ruchu*. Wydawnictwo UMCS.
- Giaquinto, S., Spiridigliozzi, C., & Caracciolo, B. (2007). Can faith protect from emotional distress after stroke. *Stroke*, 38, 993–997.
- Glover-Graf, N. M., Marini, I., Baker, J., & Buck, T. (2007). Religious and spiritual beliefs and practices of persons with chronic pain. *Rehabilitation Counselling Bulletin*, 51(1), 21–33.
- Holy See. (1981, March 12). Statement on the International Year of Disabled Persons. [In Polish] Dokument Stolicy Apostolskiej na Międzynarodowy Rok Osób Upośledzonych. *Ateneum Kapłańskie*, 76(1), 8–19.
- Holy See. (2000, July 17). *The person with disabilities: The duties of the civil and ecclesial community*. https://www.vatican.va/jubilee_2000/jubilevents/jub_disabled_20001203_scheda5_en.htm.
- Janocha, W. (2003). Religijność a poczucie sensu życia u osób niepełnosprawnych. *Kieleckie Studia Teologiczne*, 2, 24–31.
- Janocha, W. (2011). *Religijność osób niepełnosprawnych i ich rodzin. Studium socjologiczno-pastoralne*. Wydawnictwo KUL.
- Janocha, W. (2020). *Duchowieństwo katolickie w Polsce wobec osób z niepełnosprawnością*. Towarzystwo Naukowe KUL.

- John Paul II. Encyclical Letter *Centesimus annus* (1 May 1991). Libreria Editrice Vaticana. https://www.vatican.va/content/john-paul-ii/pl/encyclicals/documents/hf_jpii_enc_01051991_centesimus-annus.html
- Johnstone, B., Franklin, K. L., Yoon, D. P., Burris J., & Shigaki, Ch. (2008). Relationships among religiousness, spirituality and health for individuals with stroke. *Journal of Clinical Psychology in Medical Settings*, 15, 308–313.
- Karta Praw Osób Niepełnosprawnych. Monitor Polski 1997, no. 50, item 475.
- Kiciński, A. (2009). Katecheza przed Bierzmowaniem osób z niepełnosprawnością intelektualną. *Roczniki Liturgiczne*, 1(56), 181–191.
- Kirenko, J., & Gindrich, P. (2007). *Odkrywanie niepełnosprawności wzrokowej w nauczaniu włączającym*. Wyd. Akademickie Wyższej Szkoły Społeczno-Przyrodniczej im. Wincentego Pola.
- Koenig, H. G. (2007). Religion, spirituality and medicine in Australia: Research and clinical practice. *Medical Journal of Australia*, 186(10), 45–46.
- Korczyński, M. (2009). *Wartości w przystosowaniu osób niepełnosprawnych*, Wyd. Akademickie Wyższej Szkoły Społeczno-Przyrodniczej im. W. Pola w Lublinie.
- Krause, A. (2009). Współczesne podłoże marginalizacji – tezy wprowadzające. In J. Rutkowska and A. Krause (Eds.), *Obszary społecznej marginalizacji*. Wydawnictwo Olsztyńskiej Szkoły Wyższej.
- Krzemiński, K., Dąbek, A., Sztramski, A., Pałasiński, P., Malec, G., Witkowska-Krych, A., Laddach, A., Włoka, A., Wodniak K., Kowalski. K., & Flakus, M. (2014). *Człowiek – istota religijna, Vol. 3: Religijność w ujęciu humanistycznym*. Wydawnictwo UMK.
- Kudłacik, E. (1999). Akceptacja siebie i innych ludzi a umiejętności społeczne młodzieży upośledzonej umysłowo w stopniu lekkim. *Rocznik Naukowo-dydaktyczny WSP w Krakowie*, 202, 125–134. Prace Pedagogiczne 21.
- Kurzydło, D. (2017). Bierzmowanie osób niepełnosprawnych intelektualnie. *Studia Koszalińsko-Kołobrzeskie*, 24, 231–242.
- Li, L., & Moore, D. (1998). Acceptance of disability and its correlates. *The Journal of Social Psychology*, 138(1), 13–25.
- Lijka, K. (2004). Niepełnosprawni i Eucharystia. *Teologia Praktyczna*, 5, 69–80.
- Marini, I., & Glover-Gra, N. M. (2011). Religiosity and spirituality among persons with spinal cord injury: Attitudes, beliefs and practices. *Rehabilitation Counselling Bulletin*, 54(2), 82–92.
- Matheis, E. N., Tulsy, D. S., & Matheis R. J. (2006). The relation between spirituality and quality of life among individuals with spinal cord injury. *Rehabilitation Psychology*, 51(3), 265–271.

- Nowak, A. J. (1992). Psychologiczny aspekt nadziei. In W. Słomka (Ed.), *Nadzieja w postawie ludzkiej*, 79–94. Towarzystwo Naukowe KUL.
- Nowicki, G. J., Ziótek, R., Deluga A., Bartoszek, A. B., Szadowska-Szlachetka, Z. C., & Ślusarska, B. J. (2020). Związek siły wiary religijnej i duchowości ze stopniem akceptacji choroby w grupie pacjentów objętych domową opieką paliatywną. Część 2. Siła wiary religijnej i jej uwarunkowania oraz wpływ na akceptację choroby. *Medycyna Paliatywna*, 12(3), 131–137. <https://doi.org/10.5114/pm.2020.99280>
- Pastuszko, M. (2007). Nieprawidłowości i przeszkody do święceń (kanony 1040-1049). *Pravo Kanoniczne: kwartalnik prawnohistoryczny*, 50(34), 117–227.
- Piwowski, W. (1996). *Socjologia religii*, Wydawnictwo KUL.
- Polish Bishops' Conference (2001). *Dyrektorium Katechetyczne Kościoła Katolickiego w Polsce*. Wydawnictwo WAM.
- Polish Bishops' Conference (2019). Dekret ogólny Konferencji Episkopatu Polski o przeprowadzaniu rozmów kanoniczno-duszpasterskich z narzeczonymi przed zawarciem małżeństwa kanonicznego. *Akta Konferencji Episkopatu Polski*, 62, 27–49.
- Prońiewski, A. (2013). *Osoba niepełnosprawna w nauczaniu kościoła posoborowego*. Wydawnictwo Ojców Franciszkanów Niepokalanów.
- Schulz, E. K. (2005). The meaning of spirituality for individuals with disabilities. *Disability and Rehabilitation*, 27(21), 1283–1295.
- Snead, S. L., & Davis, J. R. (2002). Attitudes of individuals with acquired brain injury towards disability. *Brain Injury*, 16(11), 947–953.
- Synod of Bishops (2015, October 24). The Final Report of the Synod of Bishops to the Holy Father, Pope Francis. https://www.vatican.va/roman_curia/synod/documents/rc_synod_doc_20151026_relazione-finale-xiv-assemblea_en.html
- Szabała, B. (2021). Religijność dorosłych osób słabowidzących w kontekście struktury i uwarunkowań. *Niepełnosprawność. Dyskursy pedagogiki specjalnej*, 4, 198–215.
- Szydłowski, P. (2019). *Style poznawcze a religijność*. Liberi Libri.
- Waldorn-Perrine, B., Rapport, L. J., Hanks, R. A., Lumley, M., Meachen, S. J., & Hubbarth, P. (2011). Religion and spirituality in rehabilitation `outcomes among individuals with traumatic brain injury. *Rehabilitation Psychology*, 56(2), 107–116.
- Yampolsky, M. A., Wittich, W., Webb, G., & Overbury, O. (2008). The role of spirituality in coping with visual impairment. *Journal of Visual Impairment & Blindness*, 102(1), 28–39.
- Zaręba, S. H. (2008). Praktyki religijne jako jeden z głównych wymiarów polskiej religijności. *Uniwersyteckie Czasopismo Socjologiczne*, 2, 4–19.

- Zarzycka, B., & Tychmanowicz, A. (2015). *Wiara i siła. Religijność w procesach koherencji*. Wydawnictwo UMCS.
- Zarzycka, B. (2017). *Zmagania religijne. Uwarunkowania i funkcje*. Wydawnictwo KUL.
- Zielińska-Król, K. (2015). Automarginalizacja jako bariera w adaptacji i readaptacji społeczno-zawodowej osoby niepełnosprawnej. *Roczniki Teologiczne*, 62(1), 69–83.