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RELIGIOUSNESS OF PEOPLE WITH DISABILITIES

Disability in Poland has recently become a frequent subject of research and investigation. But the studies have mainly focused on psychological issues, as well as a social support of the disabled and their families. A disabled person's religiosity has been hardly ever investigated, and particularly there is hardly any evidence of research on how religion helps to experience disability. The impressive number of studies conducted in the United States, Canada or other countries clearly indicate that religion plays a key role in living a traumatic situation. For the disabled and their families both the individual and social dimension of the faith are of paramount importance; the individual dimension includes prayer and faith in God, the social dimension comprises community meetings, discussions, and intercessory prayers. These practices, in addition to the salvific and spiritual dimension, have a positive effect on improving mental condition of a person, they support treatment and encourage the pursuit of full ability.

This article will analyze the role of religion in the lives of people with disabilities. It will focus on three functions of religion: religion as a source of meaning and sense, religion as a source of spiritual support and religion as the means of integration.

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From the Christian perspective suffering makes sense only when it is interpreted in the light of the passion of Jesus Christ, when it encourages overcoming one's limitations, when it leads to perfection, when it cleanses the spirit and when it fosters the ability to understand others¹. John Paul II wrote: „In order to discover the profound meaning of suffering, following the revealed word of God, we must open ourselves wide to the human subject in his manifold potentiality. We must above all accept the light of Revelation not only insofar as it expresses the transcendent order of justice but also insofar as it illuminates this order with Love, as the definitive source of everything that exists. Love is also the fullest source of the answer to the question of the meaning of suffering”². John Paul II mentions the „fruitfulness” of suffering, which manifest itself in charitable values, such as: maturity, wisdom, kindness, sensitivity, understanding, solidarity³.

From a supernatural point of view, disability and suffering are not useless. Quite on the contrary, by embracing one's own suffering with the suffering of Christ, a sick person may implore graces for the world and be an apostle in this world. Disability may thus become a vocation to accept one's pain and cross in order to include it in the Sacrifice of Jesus Christ the Saviour or the World⁴.

Religion is also a source of support for people with disabilities and their families. Disability causes a lot of stress. Disabled people try to cope with this stress in a variety of ways. Some resort to psychological methods and try to change their way of thinking: they redefine their situation, promote self-confidence and engage into activities that help to keep up positive thinking⁵ Others focus on their inner characteristics (e.g. intelligence), skills and abilities⁶.

¹ K. S a j d o k, *Cierpienie a wiara*, [in:] W. T u r e k, J. M a r i a ń s k i (Eds.), *Kościół w służbie człowiekowi*, Olsztyn 1990, p. 249.

² J a n P a w e ł II, *Salvifici doloris*, vol. 13.

³ J a n P a w e ł II, *Krzyż Chrystusa fundamentem nadziei*, General Audience of 30.03.1983, „L'Osservatore Romano” 3(1983), p. 18.

⁴ J a n P a w e ł II, *Cierpienie stawia was w sercu Kościoła*, Homily of 5.06.1983, „L'Osservatore Romano” 5-6(1983), p. 32; more about pain during illness and disability: K. Z i e l i ń s k a - K r ó ł, *Ból duchowy jako główna przyczyna wyboru eutanazji*, [in:] U. D u d z i a k, J. J ę c z e ń, *Życie czy śmierć*, Lublin 2013, s. 102-103.

⁵ J. K i r e n k o, *Wsparcie społeczne osób z niepełnosprawnością*, Ryki 2002, p. 247.

⁶ B. J o h n s t o n e, B. A. G l a s s, R. E. O l i v e r, *Religion and Disability: Clinical, Research and Trainig Considerations for Rehabilitation Professionals*, „Disability and Rehabilitation” 29(2007), p. 1155.

The following model by Linde Treloar presents a role of religion in the experience of disability.

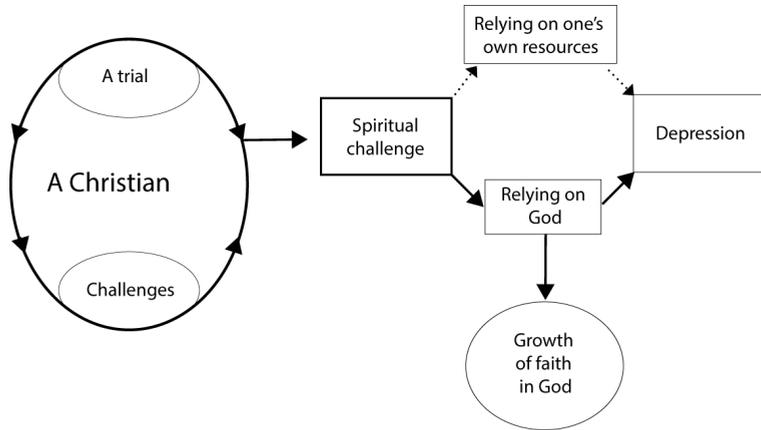


Figure 1. Reliance on God as a way of coping with disability
 Source: T r e l o a r, *Disability, Spiritual Beliefs and the Church: The Experience of Adults with Disabilities and Family Members*, p. 598

Many people look for an explanation of their condition relying on their own resources, but when these prove insufficient, they begin to rely on God and His power. Their actions largely depend on what they believe. By choosing God they refuse to surrender to helplessness and depression. Instead, they experience peace and hope. Faith in God brings them and their families spiritual order⁷.

A disabled person may feel helpless and without a sense of control over his/her condition particularly at the beginning of his/her illness. Religion brings back a sense of control: taking the problem before God makes it easier to bear it⁸. Through prayer, participation in the liturgy and in the life of a religious community, a person has a feeling of being in control of one's life⁹. It is particularly important for those who are disabled and terminally ill. For them, faith and prayer seem to be the most essential mechanisms of coping with the disability and the awareness of dying. The level of religiosity

⁷ L. L. T r e l o a r, *Disability, Spiritual Beliefs and the Church: The Experience of Adults with Disabilities and Family Members*, „Journal of Advanced Nursing” 40(5)(2002), p. 597.

⁸ H. G. K o e n i g, *An 83-Year-Old Woman with Chronic Illness and Strong Religious Beliefs*, „Journal of the American Medical Association” 288(4)(2002), p. 487-493.

⁹ J. K a y e, S. K. R a g h a v a n, *Spirituality in Disability and Illness*, „Journal of Religion and Health” 41(2002), vol. 3, p. 238.

corresponds to the attitude of openness, the need and the desire to share one's fears and concerns. People who have faith feel an extraordinary power coming from the prayer. Moreover, they hold hope for the future. The belief in eternal life is the goal for their further struggle and it gives a meaning to suffering and death¹⁰.

Religion has a very important integrative function. Through religion disabled people integrate with religious community and the rest of the society. Émile Durkheim argued that the Catholic religion imposes on its believers a system of beliefs and practices that permeate all aspects of their lives. Thus they form ties stronger than in a Protestant community. Catholics are less likely to lose the bonds with a religious community they belongs to, because they are constantly reminded of its presence through categorical rules that refer to various aspects of life. Catholics do not need to ask anxiously about the meaning of their actions: their actions are focused on God, because most of them are directed by God, and by the Church which is His visible body¹¹.

The participants of the research feel that membership in religious groups is different from participation in secular groups. Ordinary communities are based on sharing common values and their goals are often concentrated on helping others. A community of believers, on the other hand, refers to itself as a „body of Christ”. Being one in Christ makes the members of the group one family joined in love. Christians seem to draw additional power from the fact that they know that this family exists, and this group of people share similar values, are united, experience the same problems and deal with them together¹². This image reminds us of the words of St. Paul in the First Letter to the Corinthians: „Do you not realise that you are a temple of God with the Spirit of God living in you?” (1 Cor. 3: 16-17).

¹⁰ K a y e, R a g h a v a n, *Spirituality in Disability and Illness*, p. 233.

¹¹ É. D u r k h e i m, *Samobójstwo. Studium z socjologii*, Transl. by K. Wakar, Warszawa 2006, p. 470.

¹² B. G a i l (F r a n k e l) P e r r y, *The Relationship between Faith and Well-Being*, „Journal of Religion and Health” 2(1998), vol. 37, p. 128.

THE RELIGIOSITY OF PEOPLE WITH DISABILITIES
– RESEARCH RESULTS

From November 2008 to March 2009 sociological research has been carried out investigating a social support of families with disabled members. One of the modules of the study was related to the religiosity of disabled people and their families. 720 families from the Świętokrzyskie region participated in the research. The families taking part in the research had to meet the following criteria: the parents were without any disability, a child/children had a physical or/and mental disability, a disabled child was a person up to 44 years of age¹³. The sampling process comprised two stages: first, out of 120 municipalities of the Świętokrzyskie region, 30 were selected for the study. The population of these 30 municipalities represented the proportions of urban and rural population of the region. Next, lists of families with a disabled child/children were prepared. Out of these, a number of families were randomly chosen in a draw and they became the study sample. This sampling procedure ensured that results obtained were representative of the Świętokrzyskie region.

Information about disabled participants of the study were collected by Poviats Family Support Centres, Social Welfare Centres, non-governmental organizations supporting the disabled, hospitals, rehabilitation centres, parishes, etc. Data collection took place in three stages. The first stage was a pilot stage which was carried out on a sample of 70 families. The second stage was the main study carried out on 720 families. The third stage consisted of 50 in-depth interviews with selected families.

In the conducted research the participants were asked the following question: „What is the role of faith in God in your life?” Eight possible answers had been envisaged and also the participants were allowed to express their own opinions. Each of the following statements had to be marked as true or untrue. The results are presented below:

¹³ This age has been adopted as the limit because, on average, the parents are unable to take care of their children at this age, or they are already dead.

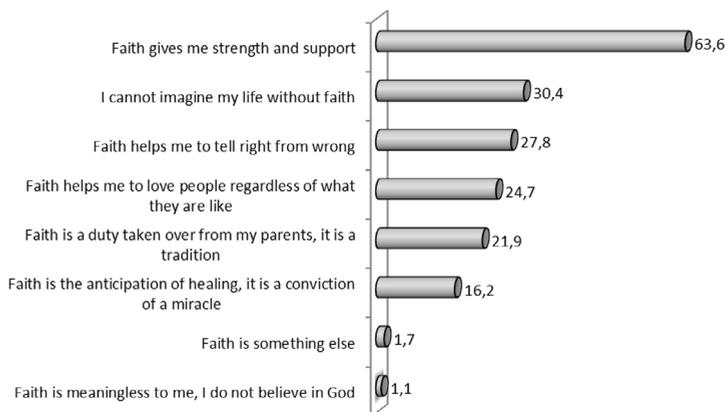


Figure 2. The role of faith in God (data in %)

Source: my own research

One response stands out significantly, that is the statement that „faith gives me strength and support in life difficulties.” It seems understandable that this answer was frequently chosen, because in the face of disability and the limitations of medicine, God remains the only consolation and hope and only in Him a person can find the meaning of his suffering. On the other hand, a great number of participants chose the response that „faith is the anticipation of healing, it is a conviction of a miracle”. In the case of an ordinary illness, medicine gives some hope for health improvement. In the case of disability, it is only God’s intervention that holds a promise for regaining full ability. Only a few people declared that they do not believe in God at all. And more than one in every five participants pointed out that they treat faith as an obligation taken over from their parents and a tradition which they have to observe¹⁴.

The next question was about religious practices: „How often do you participate in the Holy Mass?” People with disabilities cannot participate in the mass and church services as often as they would wish, due to their mobility limitations and also because of lack of architectural facilities in churches. Therefore, it seemed appropriate to add one more answer, that is „I participate in the Eucharist broadcast by radio or TV”.

¹⁴ W. Janocha, *Religijność osób niepełnosprawnych i ich rodzin. Studium socjologiczno-pastoralne*, Lublin: Wydawnictwo KUL 2011, p. 230-231.

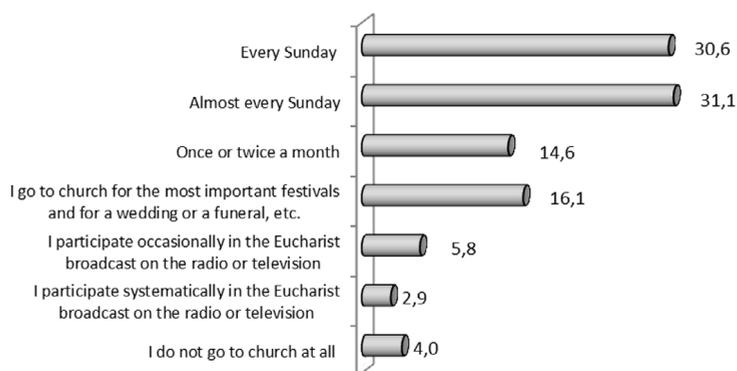


Figure 3. Participation in the Eucharist (data in %)

Source: my own research

Nearly 62% of the participants go to the Holy Mass almost every Sunday. Together with those who attend the mass once a month, almost three quarters of the participants systematically or nearly systematically attend the Eucharist. Interestingly, one of the earliest questions revealed that only 1,1% of the participants declared lack of faith in God, while now 4,0% say that they do not attend church at all and they do not participate in the Eucharist broadcast on the radio or television. So there are a few per cent of people who declare their faith in God, but nonetheless do not engage themselves in religious practices. All in all, only 25,1% of disabled people and 74,9% of their carers participate in the religious life of their community. The following question calls for further consideration: why do only a small number of disabled people attend the Eucharist, while only 1% of them claim that they are non believers?¹⁵

Individual prayer is not an obligatory religious practice. It is a manifestation of personal experience of faith, it cannot be controlled from the outside and can hardly be tested empirically. Although individual prayer is not a compulsory religious practice, many Catholics consider it compulsory to pray, under penalty of mortal sin. Some Catholics treat it as a source of strength in life; it is a fundamental act of worship and it is a manifestation of a personal contact between God and man. Through prayer a person approaches God as the giver of all goodness and through prayer God bestows His

¹⁵ Ibid., p. 234-236.

love and graces on the person. As John Paul II wrote: prayer is a conversation, and in this conversation it is Christ who is the most important – He, who sets the creation free from the slavery of corruption and leads to freedom, to the glory of the children of God. It is the Holy Spirit who is the most important – He, who „comes with the help in our weakness.” We always begin a prayer with a conviction that it is our initiative. And yet, it is always God’s initiative; it is God’s initiative in us. This initiative restores the humanity and dignity of man¹⁶.

In order to examine what prayer is for the participants, a question was posed: „What is the role of prayer in your life?” There were seven possible answers; the participants could agree or disagree with each of them.

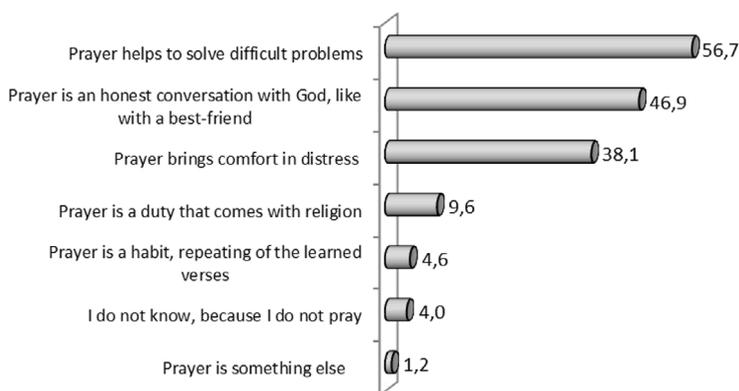


Figure 4. The role of prayer in the life of the participants (data in %)

Source: my own research

Relatively frequently prayer is seen as help in solving problems and as comfort in distress. This distribution of responses seems prevalent among people with disabilities. The results show that only 1% of the participants claim, that they do not believe in God, while 4,0% responded that they do not pray at all. 4,6% indicated that prayer is just a habit, repeating of the learned verses. Summing up, over 5,0% of the participants, who declare their faith in God, do not pray or believe that prayer is merely a repetition of the

¹⁶ J a n P a w e ł II, *Przekroczyć próg nadziei*, Lublin: Wydawnictwo KUL 1994, p. 34.

learned verses. It is a very specific group whose views and behavior would require further investigation¹⁷.

One of the questions in the questionnaire focused on how the participants perceived disability. The question was the following: "Do you see any sense in your disability/ the disability of your child? There were three possible answers and the distribution of results is as follows:

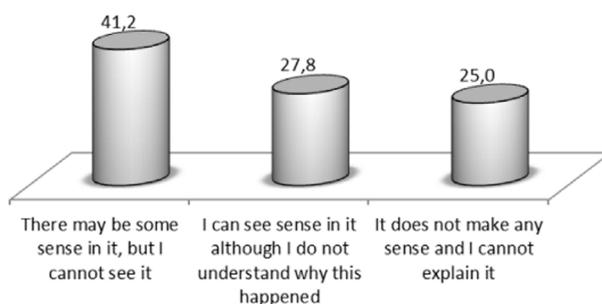


Figure 5. The sense of disability (data in %)

Source: my own research

The vast majority of the participants say that disability makes some sense, or they feel that it makes sense although they cannot quite see it. Many of them refer to such things as God's Providence, God's will, destiny. Some 18,6% of the participants state clearly that disability in their family makes no sense; we may assume that they are either parents or the disabled themselves who are still at the beginning of the adaptation stage, trying to accept or reconcile with their condition. Confronted with questions, they look for answers, but so far they have not found any logical explanations about the meaning of their disability.

Disability definitely makes sense! It empowers spirit and makes it stronger. It also teaches resistance to future failures. It teaches how to be humble. (Interview 11. A male with a considerable disability, 34 years of age).

Disability does not make any sense. It is terrible and often difficult to bear, but this is life. (Interview 30. A male with a mental disability, age not given).

(Source: my own research).

¹⁷ J a n o c h a, *Religijność osób niepełnosprawnych i ich rodzin*, p. 240-241.

In the correlation between a total level of religiosity and a view on the meaning of disability the significance of diversity proved to be very strong $p < 0,000$. This is represented by Figure 6.

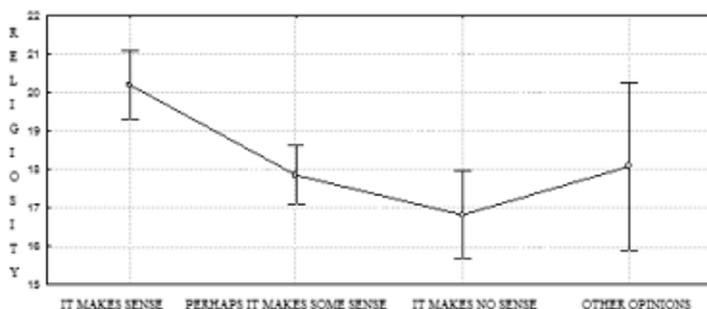


Figure 6. The level of religiosity and the meaning of disability

Source: my own research

With the exception to the category „perhaps it makes sense” and „other opinions” for all the pairs of groups the differences are statistically significant. It turns out that the most religious participants can see the meaning of their own disability or the disability of their loved ones, even though they do not understand why this happened. The least religious participants are those who find the entire situation to be senseless and find no explanation for it. From the responses obtained, it is not clear whether it has to do with giving religious meaning to disability, or any other interpretation of it. However, on the basis of data collected earlier, we can deduce that it refers to a religious meaning, which can also be supported by the following interdependence: the higher degree of religiosity in a participant, the more likely he/ she is to say that disability makes sense.

My disability makes sense only from the perspective of my faith. If I wasn't a believer, my disability wouldn't make any sense to me. I couldn't agree to this injustice that became part of my life. I think that my disability was God's intention and it did not happen by accident (A male with a disability caused by a traffic accident, 32 years of age).

(Source: my own research).

The next question in the questionnaire was: “Do you see any sense in the suffering of a disabled person/ Do you see any sense in the suffering caused by disability?” The order of responses according to the frequency of their

occurrence proved to be the same as for the previous question, except for some differences in numbers.

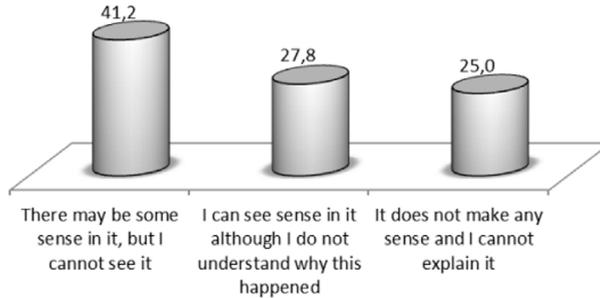


Figure 7. The meaning of disability (data in %)

Source: my own research

The analysis of the distribution of the responses shows that when speaking about disability in general, rather than suffering, more people tend to choose the “I can see sense in it” answer. In the case of the „it makes no sense” response, one in four participants denied the sense of suffering, which is more often than in the case of denying the sense of disability itself. It can be deduced from the results that some people find „some” sense in disability, but the accompanying suffering makes no sense to them.

In the correlation between the variables there are no statistical dependencies. In this case the significance of diversity was $p < 0,000$. This is represented by Figure 8.

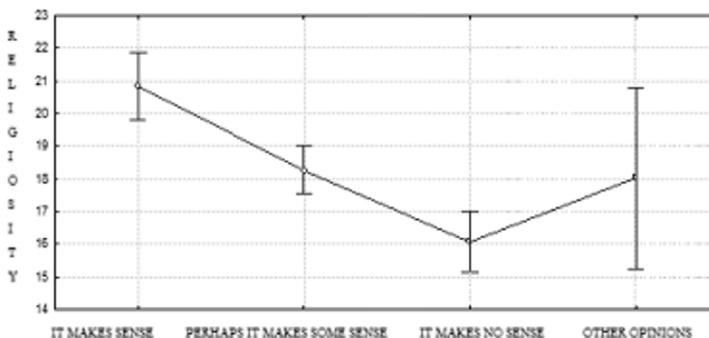


Figure 8. The level of religiosity and the sense of suffering

Source: my own research

With the exception to the „perhaps it makes sense” response and „other opinions”, the differences between all pairs have statistical significance. The relationship is clear: the higher the level of religiosity, the more often people claim that suffering makes sense, and vice versa, the lower the level of religiosity the more often people say that suffering is senseless.

CONCLUSION

Coping with disability through religious practices may take various forms and may be more or less intense. K. I. Pargament states that religious coping may take a passive or active form. In a passive approach, a disabled person leaves one’s problems to God without undertaking any efforts to change one’s situation. An active approach consists in intensifying one’s prayers, religious practices and greater involvement in the life of a religious community.

For other people, religious coping with disability may be personal, for instance when it involves pleading with God to intervene; or it may be interpersonal, when it involves seeking support from the clergy and members of the community. Additionally, there is also a problem-oriented approach, in which a person is focused on his/ her problem and tries to work out various strategies of solving the problem in order to overcome one’s disability or in order to adapt oneself to the situation. Also, there is an emotional approach, in which a person focuses on emotions, seeking emotional support from God and striving to accept one’s disability¹⁸.

The study results clearly indicate that religiosity plays a great role in the life of the disabled participants. In the process of accepting disability, people with higher levels of religiosity are more likely to see God’s action and will, which they feel, they should fulfil. This attitude helps them to accept their condition. The religiosity plays also a very important role in exploring the meaning of suffering and disability. It turns out that the higher the level of religiosity, the greater likelihood of finding sense in one’s own suffering and disability or the suffering and disability of the loved ones.

During treatment and rehabilitation, people with disabilities should have an easy access to a priest and spiritual support; they should be able to

¹⁸ K. I. P a r g a m e n t, C. R. B r a n t, *Religion and Coping*, [in:] H. G. K o e n i g (Eds.), *Handbook of Religion and Mental Health*, San Diego: Academic Press 1998, p. 111-128.

participate in the sacraments. They bring an essential spiritual support for them, and as many studies show, they also support the process of physical treatment and rehabilitation.

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RELIGIOUSNESS OF PEOPLE WITH DISABILITIES

S u m m a r y

Disability in Poland has recently become a frequent subject of research and investigation. But the studies have mainly focused on psychological issues, as well as a social support of the disabled and their families. A disabled person's religiosity has been hardly ever investigated, and particularly there is hardly any evidence of research on how religion helps to experience disability. The impressive number of studies conducted in the United States, Canada or other countries clearly indicate that religion plays a key role in living a traumatic situation. For the disabled and their families both the individual and social dimension of the faith are of paramount importance; the individual dimension includes prayer and faith in God, the social dimension comprises community meetings, discussions, and intercessory prayers. These practices, in addition to the salvific and spiritual dimension, have a positive effect on improving mental condition of a person, they support treatment and encourage the pursuit of full ability.

Key words: disability, religious, persons with disability, faith.

RELIGIJNOŚĆ OSÓB NIEPEŁNOSPRAWNYCH

S t r e s z c z e n i e

W ostatnich latach można zaobserwować w Polsce dynamiczny rozwój badań w obrębie problematyki niepełnosprawności. W przeważającej mierze eksploracje te dotyczą zagadnień psychologicznych, wsparcia społecznego i rodziny osób niepełnosprawnych. W dalszym ciągu niezbadanymi pozostają zagadnienia dotyczące religijności osób niepełnosprawnych, a zwłaszcza roli religii w doświadczaniu niepełnosprawności. Imponująca liczba badań przeprowadzonych w Stanach Zjednoczonych, Kanadzie czy innych krajach jednoznacznie wskazuje, iż religia pełni kluczową rolę w przeżywaniu sytuacji traumatycznych. Zarówno wymiar indywidualny wiary, jakim jest modlitwa, zawierzenie Bogu, jak i wymiar wspólnotowy: spotkania, rozmowy, modlitwy wstawiennicze, mają niezwykle znaczenie dla osób niepełnosprawnych i ich rodzin. Praktyki te, oprócz wymiaru zbawczego czy duchowego, wpływają także na poprawę kondycji psychicznej, wspomagają leczenie, motywują do większego zaangażowania w dążeniu do pełnej sprawności.

Słowa kluczowe: niepełnosprawność, religijność, osoby niepełnosprawne, wiara.