

Article

The Role of Religion in the Family Life of People with Disabilities: A Legal and Social Study

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Abstract: The family holds a special place in human life. Given the importance of marriage and family for the welfare of people, the Catholic Church strives to protect these values. The Church's stance towards people with disabilities is unequivocally protective and inclusive, but it also recognises that the right to marriage and family life is not absolute. Not all people with disabilities are able to start a family or fulfil the obligations of marriage and family life. In canon law, the Church sets forth certain conditions for contracting a valid marriage, taking into account the human resources that make a person capable of such a commitment. This article examines the narratives of people with disabilities who participated in a study on religiosity, faith, and prayer, and how these can provide meaning to disability in the context of marital and family life. The research findings confirm our hypothesis that faith and religious practices provide people with disabilities with a sense of meaning in life and help them stabilise difficult moments and experiences; prayer is a source of peace, patience, and gentleness, and it improves the quality of life of both people with disabilities and their families; faith and religious practices help people with disabilities make sense of everyday difficulties, gain perspective, and overcome their weaknesses or egocentrism; religiousness is a source of meaning in life. Faith and religion play an important role in participants' efforts to accept their lives, provide care, and show love. Moreover, they have a positive impact on the rehabilitation process.

Keywords: religiosity; faith; disability; person with disability; family; marriage; canon law



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1. Introduction

People with disabilities are defined as those whose abilities and functions are impaired, which may affect their physical, mental, psychological, social, and professional performance (Wyszyńska 1987, p. 7). Disabilities may be congenital, acquired, or caused by illness or ageing. The family is the most important source of inspiration and enrichment for people with disabilities, and the attitude of family members largely influences their quality of life. The family can provide a sense of security, recognition, love, and self-esteem (Borowski 1999, pp. 111–15).

The late twentieth century saw a significant increase in interest in religion as an important factor in treatment and coping with stress and difficult situations. Moreover, the positive impact of religion has been noted by scientists, medical professionals, and rehabilitation specialists. As has been pointed out, people with disabilities and their families most frequently turn to religion to find the meaning in life-changing events that they have experienced. Man finds many situations incomprehensible and hard to explain, hence his focus on religion to seek the meaning of current events from the perspective of ultimate matters (Clark 1958, pp. 143–47). Faith appears to play a key role in helping people make sense of their lives. It is not simply a projection of their own shortcomings, but rather a fundamental life force that can help find meaning in their everyday lives and fulfil important

human needs, such as the need for security, support, and spiritual solace (Janocha 2008, p. 149). This is supported by research that shows a close correlation between religious involvement and the meaning and purpose of life (Rubin and Peplau 1975, pp. 65–89; Sorrentino and Hardy 1974, pp. 372–80; Jones et al. 2018, 2022; Wilson et al. 2017). Studies by Aydoğdu (2019, pp. 181–93) have shown that religiosity is an important factor that supports adaptation to disability and provides a mechanism for coping with difficulties. It can also facilitate a constructive change in attitude towards life. A religious perspective on disability can affect people's emotions, activities, and how they think about their disability. Longitudinal studies by Peter et al. have shown that religiosity and the meaning of life were potential determinants of adapting to disability in the long term (Peter et al. 2012, pp. 188–201). It is noteworthy that proposals for multidimensional support systems for people with disabilities are increasingly emphasising the need for spiritual support (Harris 2006, pp. 393–411; Jones et al. 2022, pp. 1409–18).

Love and strength that are based only on human will often seem insufficient. Caring for a person with a disability and a person who suffers cannot be motivated by pity or be only “task-oriented”; it must be an expression of love that has its source in the cross of Christ (Chudy 1988, p. 124). Likewise, Kawczyńska-Butrym (1994, pp. 62, 77) lists faith in God as one of the key factors motivating people to care for a family member with a disability. The importance of faith and religion for married couples in which one of the spouses suffers from a disability is a topic that has received scant attention in the literature so far. Our research fills this gap.

The relationship “disability—family—religion” is a triad that can be a strong foundation for selfless love, acceptance, and unity in the family. The family's task is therefore to nurture these values so that they are not lost, but rather strengthened.

The purpose of the research described in this article was to examine the role of religion in the family life of people with disabilities from a legal and sociological perspective, based on our own studies. Participants were asked the following questions: “What role does faith in God and religion play in your life?”; “What does prayer give you?”; and “What is the role of religion and faith in your marital and family life?”. We selected the responses that related to the issue of religiosity, faith, and prayer, and that gave meaning to disability in relation to the family life of people with disabilities.

2. Marriage and Family of People with Disabilities in Canon Law

On 22 June 2022, Pope Francis addressed the families gathered for the 10th World Meeting of Families with an important message about marriage: “In marriage, Christ gives Himself to you, so that you can find the strength to give yourselves to one another. So, take heart: family life is not ‘mission impossible’! By the grace of the sacrament, God makes it a wonderful journey, to be undertaken together with Him and never alone. The family is not a lofty ideal that is unattainable in reality”.

In his address, the Pope directly referred to the sad testimonies shared by participants of the meeting who had been rejected by the Church community. He pointed out that we humans can have the loftiest ideals and may think we can overcome all our limitations on our own, but this is not true. Only when we admit our limitations do we open ourselves to God's help in the sacraments of baptism and marriage (Francis 2022).

One of the duties of parish priests is to take care that their ecclesiastical community offers the Christian faithful the assistance by which the matrimonial state is preserved in a Christian spirit and advances in perfection. This assistance should be offered by appropriately prepared catechesis, personal involvement in preparing future spouses to enter into marriage, liturgical celebration of marriage, and help offered to those who are married (Can. 1063). Although the Canon does not refer specifically to disabled people, it draws attention to different needs that the faithful may have and the necessity for the priest to adapt to these needs. Preparation for marriage involves premarital catechesis, which is traditionally divided into proximate and immediate catechesis. Proximate catechesis, which should take place in all parishes, is important because it allows the priest to teach

young people about the importance and role of marriage. This is the right time to shape certain behaviours and prepare young people for the challenges associated with marriage.

Proximate catechesis, which is conducted in parishes, is particularly important, as the priest can provide more individualised marital catechesis tailored to specific needs. Immediate catechesis begins when a couple declares their intention to marry, no later than three months before the planned wedding date. This is an important moment, as it allows the priest to determine whether a couple is eligible to be married. The Polish Episcopal Conference has recommended that prenuptial interviews be conducted with sensitivity and discretion. A sincere conversation with the priest during the canonical examination is essential, especially if there is any reason to believe that one or both parties may be incapable of entering a valid marriage. The primary goal of the canonical examination is to prevent contracting an invalid marriage ([Konferencja Episkopatu Polski 2019](#)).

Disability is not a barrier to marriage, but not all people with disabilities are able to enter into or sustain marriage. According to canon law, the following conditions are necessary for a valid marriage: the ability to enter into a lasting partnership, the ability to fulfil the purposes and essential properties of marriage, and the ability to assume marital rights and duties ([Ioannes Paulus II 1983](#), Codex Iuris Canonici, Can. 1055). The canon law legislator enumerates three grounds for incapacity to enter into marriage: lack of sufficient use of reason, grave defect of judgment, and the inability to assume essential marital obligations ([Ioannes Paulus II 1983](#), Codex Iuris Canonici, Can. 1095).

The first ground is based on the need for future spouses to exercise their mental faculties, as the source of marriage is a validly expressed consent to enter into marriage. It is noteworthy that the legislator does not require that spouses are able to use their reason fully, but only sufficiently, meaning that they must have enough mental capacity to understand the importance of marriage. The way the legislator formulated this ground indicates that each case that raises doubts about someone's capacity should be considered individually, and that Church authorities have the exclusive right to make a decision in this matter.

A serious lack of capacity for judgment concerning the essential marital rights and obligations that the spouses mutually transfer and accept is another ground for incapacity to enter into marriage. Future spouses must have the capacity to understand, critically evaluate, and freely express their consent to marriage. The third incapacity occurs when, despite the sufficient use of reason and possession of the necessary discernment, the future spouse is unable to express valid marital consent. This happens, for example, in a situation when at the time of expressing marital consent, the person was incapable for some reason of a mental nature, to undertake and fulfil important marital obligations. Essential marital obligations concern the good of the spouses, their children, and the sacrament itself ([Góralski 1996](#), pp. 26–31).

There are some doubts concerning the capacity of people with physical disabilities to enter into marriage, but it must be emphasised that being in a wheelchair does not automatically rule out marriage. However, it is important to determine whether mobility disability also affects the ability to have sexual intercourse. For impotence to prevent marriage, it must be certain and permanent. Any doubts should be dispelled by presenting medical test results. As Pope Francis said to young people with disabilities, even though they may not always be able to have the same experiences as others, they possess amazing resources and abilities that the Lord Jesus grants them, often far above average ([Francis 2019](#), no. 149).

3. Methodology

In 2020, a nationwide qualitative study that used focus group interviews (FGIs) and purposive sampling was conducted among people with disabilities. The study included individuals with mobility impairments, hearing impairments, the blind and visually impaired, and those with intellectual disabilities. It was preceded with a pilot survey, the aim of which was to develop the final version of the scenario to be used during the interviews. The qualitative research was designed to capture the maximum variability and diversity in

the sample. This allowed us to learn about the religious life of people with disabilities of different types and degrees, living in a variety of communities. Given the subject of the research, only individuals who identified as Roman Catholic were invited to participate. However, participants' level of religiosity was not assessed at the time of recruitment for interviews, as the degree of religiousness was to be examined during the study.

The research material contains transcripts of 49 individual in-depth interviews conducted in five groups of participants: individuals with hearing impairments (7 interviews), those with mobility impairments (4 interviews), blind and visually impaired (5 interviews), those with intellectual disabilities (24 interviews), and carers of people with disabilities (9 interviews). The interviews were used to elicit how participants perceived the issues under study and enabled them to present these issues from their own perspective and in their own words. The analysis of the interviews involved reconstructing the information from participants' statements on the issues specified in the scenario. This analysis was not quantitative in nature but focused on the meanings expressed by participants. The following central topics were identified in the interviews: faith in God, prayer and Holy Mass, sacraments, involvement in liturgical ministries, involvement in parish groups, attitudes of other parishioners, expected attitudes of parishioners and priests, and barriers to participating in religious and parish community life. While transcribing the interviews, we developed a detailed description that included qualitative differentiation, such as the different types and specific characteristics of phenomena, as well as new information in the description of a given phenomenon. The following research operations were used in the analysis: coding of meanings, condensation of meanings, and categorisation of meanings. The categories were developed in two ways: (1) in connection with the central topics of the interviews, and (2) ad hoc during analysis.

The limitations to data collection and analysis arose from the specific context of the study (a diverse group of respondents with disabilities). These limitations included: the need to develop specific communication relationships and adapt questions to each respondent; the difficulty in assessing the range of spontaneous, cognitively rich, specific, and adequate responses of interview participants with disabilities; the occurrence of statements that were logically unrelated to the topic of the interview, inaccurate, brief, or prompted or suggested by the interviewer; the involvement of third parties in the interviews (e.g., mother or carer).

The interviewer's development and explanation of the thematic threads obtained in participants' responses, as well as the quality of the transcript, were satisfactory (with some minor stylistic and typographical errors, and occasional gaps in the transcripts with the annotation: incomprehensible).

4. Results

G. Kehrer (1997, p. 17) points out that religion and religiosity, in addition to other fields of science, are also of interest to sociology. Sociologists are particularly interested in human behaviour, both in terms of religious phenomena and social behaviours (Dobbelaere 2012, p. 167). For the purposes of this article, religion is understood as "a set of beliefs, norms, and explanations that regulate the relationship between man and God" (Golan 2006, p. 71), while religiosity "refers to man's subjective relation to the reality that religion describes and explains" (Golan 2006, p. 71). As Golan notes, religiosity is incorporated into all "the contents and dynamics that constitute human personality" (Golan 2006, p. 72). Religious practices are the most visible components of traditional religiosity. From a sociological point of view, religious practices are understood as religious behaviours performed by members of a religious group. Some of these behaviours are public and collective, while others are individual and personal (Janocha 2003, p. 24). Obviously, Church membership is not defined solely by religious practices, but religious practises can make people's membership of the Church more visible, enable them to meet with other believers, strengthen their sense of belonging, and deepen their motivation. Additionally,

participation in religious practices helps people solidify their beliefs and reinforces certain values-based traditions that can outlast their visible religiosity.

4.1. Sacraments

Research participants emphasise that the holy sacraments are important in their lives (“We struggled for a long time to find a priest who would marry us, but it was important to us that God bless us and be a witness”—a couple with hearing impairments; “I cannot always be in church, it’s difficult for me, our church is old, there is no wheelchair ramp, sometimes my son helps my wife to carry me, sometimes a stranger helps me. It’s difficult, but how can you skip Sunday Mass? It’s like water for me”; “Our child is intellectually disabled, there was no one to prepare him for confirmation, we did it ourselves, sometimes we went to see a priest we know, he lives far away, but we didn’t want to give up, it’s important for our son, he really understands it all. It is also important for us that he can receive the sacraments”; “If I cannot go to church, I call a priest and he usually comes. Then I confess and receive the Communion. Actually, we have Mass only for ourselves at home, because both my wife and children join in, and sometimes my wife also goes to confession. Such a home church”; “When I was little, my parents always made sure that I went to Mass, they didn’t go without me, now I don’t go without them, even though I don’t hear anything. But usually my dad signs me the readings beforehand at home, or I read them myself. The most important thing is that I can go to the Communion. If I want to go to confession, we travel to a city, even though it’s far away; our priest does not know sign language. But my parents travel with me, or sometimes I go on my own”. Participants see religion and faith as a gift and grace that must be sought after and appreciated because it makes a person feel happier, stronger, and more peaceful. In the case of people with intellectual disabilities, their cognitive ability is generally proportional to their overall intellectual development level. However, more advanced forms of understanding religious issues can also be observed, reflecting the specific experiences of those people. They talk about religious issues in a very spontaneous, emotional, and illustrative way. The research participants with mental disability could not relate faith, religion, and prayer to marriage because none of them was married. However, the context of family life certainly concerns them. Participating in religious practices is not only a source of joy for people with disabilities, but it is also associated with their mental and social well-being. Moreover, it helps them cope with difficulties in their lives. Also noteworthy are the responses that highlight the vital role that prayer and religious involvement play in providing comfort, support, and hope to families with disabled members. They demonstrate that prayer helps family members realise that a person’s existence is more important than their usefulness (“I know I’m not very helpful, but when I hear my wife and children praying for me, I see that I am still important to them”; “My mother always fights to make me feel good, she even argued with our priest to allow me to receive confirmation and she would arrange for someone to prepare me, she never gave up. I am very grateful to her, because today I feel that I am her child just as I am, normal, not worse”; “I need constant care, and I am still important to my husband, when I hear that he thanks God for me, I feel like crying”). The research participants firmly believe in the truth of their faith.

4.2. Prayer

The majority of participants pray with varying frequency, but prayer is present in their lives (“I pray at home”; “I say prayer every evening”; “I pray, I pray that God help me”). They are also aware of the obligation to pray (“You have to pray not to lose contact with God”; “If you don’t go to church, if you don’t participate in Mass, it’s as if you liked someone but never visited him, and that person was waiting”; “When I pray, our children pray, when I go to church with my husband, our children go too”) and above all, they are aware of the meaning and importance of prayer (“When I pray, it’s easier for me, and when we pray together we feel better”; “Prayer keeps us together, I make a real effort to ensure that my husband can go to confession, because it is important to him”; “If I hadn’t

trusted my life in Our Lady and Our Lord, it would be really hard for me to live and understand what is happening 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". Although participants sometimes understand prayer in a less traditional way ("I pray in my own way"; "I don't pray rosaries, but I often talk to God the way I feel like and when I feel like it"; "I just like telling God how I feel, what hurts me, that it's hard, it's like a prayer for me"; "When I lie down, when I'm alone, I think about God, sometimes I scream something in my mind, sometimes I boast, sometimes I complain, and He listens to me like this. And I feel better"), their relationship with God is always very personal and conscious. They feel they have Christian duties, such as helping and supporting others ("Sometimes when I see my sister crying, I hug her"; "I know that even though I am in a wheelchair, I have to help my mother; I have two hands, she has so much trouble with me anyway"; "My husband does a lot for me, that's why I always help him as much as I can, disability is not an umbrella, and I also want to be good to him"; "My siblings are always on my side, they pray for my health, I hear it and I'm happy, so I always help them as much as I can, even though I don't have legs").

4.3. Religious Practices and Christian Attitude

Participants often indicate that faith is related to specific behaviours. Faith and religion are not limited only to practicing rituals, but also have a practical dimension; it is alive and present in everyday life, behaviour, attitudes, and decisions. There were some responses which confirmed that prayer and faith in general give life a sense of purpose ("I pray, but only God knows what is good for me"; "He knows whether to give me something or not"; "If God has some plan, it's probably better this way. I wouldn't have chosen the accident myself, but probably there is <something> behind it"; "Thanks to faith we are still together, God watched over us and thanks to Him we can carry this cross"; "After the accident, faith gave me the strength to stay with my wife and children, faith that it all makes sense and that we can deal with it keeps me with them"; "We believe in God, we pray and that saves us, because it was really hard. But we see God's grace working all the time, it helps our family and our marriage"; "It is thanks to God that we are still together, as a married couple and as a family". The research findings most frequently included responses that confirmed the reflective nature of religious activity in both general and family contexts. The responses also confirmed the importance of being close to God and of religious practices, and their visible correlations with marital and family life. ("But I feel good with God. Or even very good. I am calmer. I hope all this has some purpose. I thank God for what I have, for my wife, children, and home. And I also thank for my disability, because it also serves some purpose"). The research participants had a strong sense of God's presence and involvement in their family life. Sample answers include: "I feel Him every day, when I lose something, when I feel bad, when we quarrel and He works, gives me strength, some wisdom that one of us will give in, that I see that she loves me that the children support me, that they are not ashamed of me"; "When He hears my prayer, when I ask Him for help, when I am helpless and people don't understand me, it makes my prayers heard, it makes me feel better"; "It is God that gives my mum strength, she prays a lot"; "yes, my family is good to me and that is probably because God is present in it"; "I know that God always watches over us. As soon as we distance ourselves from prayer, from going to church, things get worse for us, we argue more often, we don't understand each other, and we even get fed up with each other": "I wasn't always close to God, but my wife encouraged me, in fact she taught me how to pray, she took me to church. She makes sure I always go to Mass on Sunday. It's important to me now, too. This is uplifting for us. There was no problem for her to take me there, once she asked our neighbours to help with that. Today I am taking an effort to be in church, because God gives me a lot, I don't know if I would still be alive without Him"; "My children look at me and say that if I pray, they will too, but if I stop praying, they will stop it as well. So I fight for faith, for them and for myself. But also for us, because without God our family would fall apart"; "My husband and I are blind; even

though it's often hard for us to go to Mass, we pray together because it is our salvation. Not only does it hold us together, but it gives us so much peace". In this context, it should be noted that emotions play a more important role than understanding in the religiosity of people with intellectual disabilities, even more so than in the case of other respondents. It can even be said that the religious experiences of people with intellectual disabilities are more intense than those of people who are intellectually sound but have other types of disabilities (Zasepa 2006, pp. 533–45). Some responses confirm the above theses: "I pray for my mother and she has a lot of strength"; "I don't go to church very often, but I talk to God and He helps us. I even pray for my sister because she likes me"; "Yes, God always listens to me—even when I quarrel with my parents, He helps me. He sees everything. Then I hug my mum or dad and the argument is over"; "When my mother gets angry with me, I talk to God quietly, then she seems to calm down and we smile at each other". These responses illustrate the ideas that people with intellectual disabilities have about God's action and agency in everyday life and their simple gratitude for the help they receive: "I know that He can do everything, and He is always there for me"; "what would I do without God? We would probably beat each other up with my brother and sisters"; "He accepts me for who I am, I am the way He created me, so I'm probably good. My mother is not ashamed of me either, because she says that God created me this way". This faith is associated with a desire to respect others, forgive, love, and accept oneself and one's own life history.

The participants in each category of disability studied have a clear and precise definition of faith in God and prayer, and they understand their practical value. They see God, faith, and prayer as a source of understanding, wisdom, goodness, and strength in everyday life, in their worries, and in marriage and family life.

5. Conclusions

People with disabilities who declare themselves religious are guided by mature and altruistic motives in their lives. The existing literature confirms a positive correlation between the strength of religious faith and the acceptance of illness (Nowicki et al. 2020, pp. 131–37). Our findings are consistent with these conclusions. People who describe themselves as religious are largely motivated by discipline, order, and family. One possible explanation for the lesser importance that people with disabilities often place on independence and agency is their greater desire to be connected to God and to depend on Him. The conducted research provides answers to the questions posed in the Introduction of the article and indicates that in the case of surveyed people with disabilities:

1. Faith and religious practices provide people with disabilities with a sense of meaning in life, helping them cope with difficult moments and experiences;
2. Prayer is a source of peace, patience, and gentleness, and it can improve the quality of family life;
3. Faith and religious practices can help people with disabilities make sense of everyday difficulties, gain perspective, and overcome their weaknesses and egocentrism;
4. Religiousness can be a source of meaning in life, affirming the human person, strengthening acceptance, and promoting a sense of self-worth;
5. Religiousness helps people with disabilities have a better understanding of their disability and their place in life.
6. Religiousness is a source of social support and family unity, and participation and inclusion in religious life can satisfy people with disabilities' need for religious practices and provide them with a sense of belonging, brotherhood, and friendship.

The discernment of priests in the context of admitting a person with a disability to the sacrament of marriage should always have a very individual character. Canon law in this matter leaves a lot of space for the priest's own discernment. Taking into account the importance of religion, sacraments, and family in the process of comprehensive rehabilitation of a disabled person, the possibility of admitting the sacrament of marriage

should be approached with great care and the latest knowledge (including legal and medical knowledge).

The Church should provide comprehensive and inclusive pastoral care to married couples and families with disabilities, supporting them in all aspects of their lives. This is the task of both the parish and supra-parish ministry. Individual relationships with people with disabilities and their families can help them experience faith more deeply and become more involved in parish life. Special forms of pastoral care dedicated specifically to people with disabilities and their families can also be helpful for their spiritual development. However, the most important thing is to create an inclusive environment where everyone feels welcome. It is also vital that people with disabilities articulate their own needs concerning their presence and activity in the Church. Participants' responses clearly indicate that religion and religious practices significantly improve the quality of life for believers with disabilities and their caregivers in the context of marriage and family. In light of the above, it is worth asking the following questions: Does the level of activity and participation of people with disabilities in the Church community depend on the attitude and openness of the priest? Or does it depend on how people with disabilities themselves articulate their own needs and how much they are involved in becoming part of the Church community? Or does it depend on the initiative of the people who are close to the person with a disability? Should actions towards including people with disabilities come from the "bottom" (parish priest) or from the "top" (a person with a disability)? Dialogue and understanding on this issue seem to be the key to effective action for both the Church community and the presence of people with disabilities within it.

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