

CATHOLIC FAMILY MINISTRY

*The Scientific Reflection
and the Practical Ministry of the Church*

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deprived of their family environment, and he assures them that they will never regret their generosity. "Those who accept the challenge of adopting and accepting someone unconditionally and gratuitously become channels of God's love" (AL 179). Among other forms of fruitful conjugal love, the Pope's faith-based openness to society and to social responsibility (AL 181). "A married couple that experiences the power of love knows that this love is called to bind the wounds of the outcast, to foster a culture of encounter and to fight for justice. God has given the family the job of 'domesticating' the world" (AL 183).

Thus, the Church invites infertile couples to advance on the path of evangelical growth and spiritual fertility through prayer and different types of service to life. With an open and responsible attitude, the spouses should strive to discern God's invitation to act as an adoptive or foster family, to accomplish the different tasks of spiritual parenting, and to deepen their involvement in the life of the ecclesial community, especially in the field of human life and education.⁶⁹¹ Infertility can also become an opportunity for many married couples to become more involved in the mission and evangelization, through the apostolate and social work.

15.3. *Care for Families with Disabled Members*

ANDRZEJ KICIŃSKI

Parents expecting a child usually want it to be healthy, without disabilities, successful and able to develop like many other children. Whenever an abnormality is diagnosed in a newborn baby, for the parents this is a big blow, a mental shock. Earlier or later diagnosis of a child's disability poses a problem to the parents, who are often not prepared. Therefore, Pope Francis, in his Apostolic Exhortation *Amoris Laetitia*, sees concern for the disabled as a paradigm. "It is a great admiration for families who, with love, accept the difficult experience of a disabled child. They give the Church and society a valuable testimony of fidelity to the gift of life" (see AL 47). The present study will deal with the challenges facing families and the pastoral care of children with physical and intellectual disabilities.

⁶⁹¹ Cf. FC 14; DVt II.8; DDR 67.

Care for the Family with Physically Disabled Members

There are many causes for congenital malformations, including genetic, hormonal, mechanical, and chemical factors, as well as maternal infection, ionizing rays, maternal nutritional deficiencies, and hypoxia during pregnancy. In addition to birth defects, the causes of physical disability include chronic illness and sudden events such as accidents, injuries, and poisoning.

The physically disabled person, after becoming aware of his own limitations, is exposed to giving up his aspirations and setting his own life goals and spending his days in idleness. Many of these people consider it an injustice to be deprived of the right to love, to get married and have a family. Hence, alongside the different barriers to be overcome, there may also be a phenomenon of automaticalisation.

Persons with inborn physical disabilities have neither an adequate representation of correct movements and normal life nor comparative scales in the brain center, and they appear to be psychologically less disturbed by their disability, which seems more natural for them. Inborn disability affects the personality, the self-conception and self-image, the process of identifying others, and self-respect. Excessive care from the environment contributes to the worsening of negative traits resulting in limitations due to disability and may delay development.⁶⁹²

Janusz Kirenko emphasizes that in people experiencing sudden acquired disability, the psychological consequences are somewhat different from people who are disabled from birth.⁶⁹³ Physical disability, however, always causes lesser or greater disorganization in all the dimensions of human life. The extent of the impact depends on the type of disability, the degree of damage to a given organ, and the age of the disabled person.

The parents of people with physical disabilities can react strongly to their situation and experience difficulties. In general, the following stages of reaction can be identified: shock, crisis, apparent adjustment, and acceptance. The first stage is a period of shock or emotional devastation. Often parents break down when they learn about a child's disability. Their despair, grief, anxiety, hurt, hopelessness, and helplessness can be observed, and they may energetically search for "healers." They usually do not know how to deal with the child, and their relationship with him/her is overshadowed by fear and guilt, which may even persist for many years. The sense of guilt can be reinforced by misconceptions operating in the social consciousness and making

⁶⁹² A. Hulek, *Teoria i praktyka rehabilitacji inwalidów*, Warsaw, 1969.

⁶⁹³ J. Kirenko, *Indywidualna i społeczna percepcja niepełnosprawności*, Lublin, 2007, 26–34.

the parents responsible for the child's disability. Observations confirm that strong emotions felt by parents usually negatively affect their self-esteem and the child. They may experience excessive mental strain and weight, and, as a consequence, psychosomatic illness may appear.

The second period is characterized by an emotional crisis. It is often referred to as a period of depression and despair. The emotions of parents remain negative, but they are less stormy. Parents most often have a constant sense of their task, but they still cannot accept having a disabled child. They suffer from chronic sadness. Generally, this leads to the problematic fact that the child's father does not support the family, and the mother resigns from work in order to accomplish the essential tasks of caring for and raising the child.

The third perceptible stage in the experience of parents raising a child with a disability is their apparent adjustment to the situation. Pedagogues note that this period can last a long time and is often characterized by unreasonable parental attempts to adjust to their situation. They still do not trust the diagnosis, downplay it, or reject it. They produce a false picture of the child. Some parents, while accepting their child's disability, at the same time believe in the possibility of a cure.

Another phase is defined as a constructive adjustment. Parents try to look at their situation rationally. The dominance of positive feelings is noticeable. Parents recognize the child's progress, and it gives them joy. They begin to enjoy life and gain confidence in themselves. Pedagogues, however, emphasize that few parents reach this last stage.

Parents are not always able to accept the situation they encounter, and sometimes they even reject the child. Many factors affect the parents' reaction, strength, itinerary, and perseverance. The major factors are the degree of the child's disability, how they receive the announcement of the disability, the child's age, other deficiencies, the parents' culture level, their ability to educate the child, the setting in which the family lives, and its relationship to disability.

For the pastoral care of families, the challenge is to manifest fraternal concern to the parents of children with physical disabilities at the dramatic moment. The questions they face in this unexpected situation are often hard to answer. The Christian community should, in a spirit of faith, rationally support parents of children with disabilities, overcoming the stereotypical thinking about the causes of such a poor state of health.

The primary task of the Christian community, the hospital chaplain, or the pastor, to whom the parents turn with their difficulties, is to see and show the disabled child as a person. The community should accept this person

without focusing on his or her disability. This task includes supporting the family. The social support received by families with disabled children affects their self-perception, social attitudes, sense of purpose and life. Especially the fathers of children with disabilities, although they may seem strong, in fact, need spiritual support more than mothers. Specialized groups and the social and parish communities, broadly understood, has the task of supporting them.

Support primarily means being close to those who are suffering. Support groups that provide these families material as well as psychological and spiritual support should be created (cf. AL 229). Usually, one parent stops working and spends much time in a hospital with the baby; in some cases, the siblings at home need help too. It is useful to contact families who have previously experienced a similar situation and can become guides in dealing with everyday tasks and difficulties. A priest can be especially helpful in overcoming difficult times and states.

The child's return home is bound to bring new challenges. It is, then, necessary to continue making efforts to ensure that the families with disabled children do not feel alone. It may be necessary to help the parishioners to adapt their apartment to the needs of the disabled person. Pastors visit the sick on the first Friday of each month, as well as on other occasions. Holy Communion in the home of a disabled person is an opportunity for catechesis because, in times of pain, the essential questions about the meaning of one's own life resound more clearly in people's hearts. Benedict XVI recalled that "if human words seem to fall silent before the mystery of evil and suffering, and if our society appears to value life only when it corresponds to certain standards of efficiency and well-being, the word of God makes us see that even these moments are mysteriously 'embraced' by God's love. Faith born of an encounter with God's word helps us to realize that human life deserves to be lived fully, even when weakened by illness and pain" (VD 106).

A physically disabled person authenticates the openness of the pastoral ministry itself. It is, therefore, essential that there be wheelchair ramps and adequate bathrooms, as well as places where it is possible for them to receive the sacrament of penance and reconciliation discreetly. The help of young people and adults in different communities can be essential for organizing their arrival in a church or parish. In the long run, it is useful to contact the nearest community of disabled persons who live their physical and spiritual suffering in a Christian way. Organizing pilgrimages to sanctuaries, where disabled people may meet, is invaluable. With appropriate help, physically disabled people can participate in pastoral care, broadly understood.

Care for the Family with Intellectually Disabled Members

The term “intellectual disability” is very broad, both because of the degree of intellectual disability and the motor dysfunction, disorders in behavior, motivation, and the emotions, as well as the other dysfunctions that accompany it. It concerns the human cognitive sphere and marks the whole personality. “Intellectual disability” – according to the DSM-5 classification⁶⁹⁴ – is a significantly lower overall level of intelligence (IQ 70 and below) that coexists with significant adaptive behavior limitations in at least two of the following capacities: verbal communication, self-expression, self-care, home-life, socio-interpersonal skills, self-control, health and safety, schooling, and organizing free time and work. The above restrictions must appear before the age of 18.

Intellectual disability in itself is not a disease. In many cases, the specific causes of the handicap are not known; they, in fact, include a wide variety of symptoms caused by biological illness and organic damage but can also stem from complex social and psychological phenomena. Intellectual disability in a person can be identified only if, in the light of objective criteria, both the intellectual function and the adaptive behavior are disturbed. Low intelligence or adaptive behavior disorders are not enough to diagnose mental retardation.⁶⁹⁵ Intellectual disability is diversely defined.⁶⁹⁶ Authors often refer to the study of the mental retardation by E. Dolla, who proposed six criteria, considered equally important, for the definition of mental retardation.⁶⁹⁷ The division of intellectual disability into four degrees (light, moderate, substantial, and profound) serves primarily educational needs.

⁶⁹⁴ DSM-5—*Diagnostic and Statistical Manual of Mental Disorders* is a system of the nosological diagnosis of the American Psychiatric Association.

⁶⁹⁵ J. Kostrzewski enumerates five criteria for the intellectual disability: psychological, evolutionary, social, educational, and medical. During the full psycho-pedagogical examination and the medical-clinical examination of the child who is suspected to suffer from the intellectual disability, all the appropriate criteria should be taken into account.

⁶⁹⁶ J. Kostrzewski lists five criteria for intellectual disability: psychological, evolutionary, social, pedagogical and medical. During the full psychological-pedagogical-clinical examination of a child suspected of intellectual disability, all the criteria indicated must be taken into account. J. Kostrzewski, “Kryteria upośledzenia umysłowego,” in: J. Kirejczyk (ed.), *Upośledzenie umysłowe-pedagogika*, Warsaw, 1981, 71–3.

⁶⁹⁷ 1) Social immaturity; 2) low mental capacity; 3) the developmental delay; 4) inhibition lasting beyond the puberty; 5) the constitutional origin, which is the hereditary lack of the ability to achieve normal growth or condition arising as a result of adverse events that prevent normal development; and 6) the medical statement that is irreversible. E. Doll stresses that none of the above mentioned individual criteria, without considering the others, can determine the intellectual disability. Cf. A.M. Clarke – A.D.B. Clarke, *Upośledzenie umysłowe. Nowe poglądy*, Warsaw, 1969, 66–8.

In the pastoral care for disabled people, the Church has elaborated principles regarding the place of people with disabilities in society and the Church. The first principle is that a disabled person should be treated as a subject with the corresponding natural and inviolable rights, regardless of whether his/her deficiency is psychological or sensory, the degree of the handicap, and whether it is an inborn defect or the consequence of chronic illness or accident. This principle refers to each human being's inalienable dignity and inalienable value from the moment of conception, at every stage of development and regardless of the physical, mental, or spiritual state. The second principle is that someone with disabilities is a person with full rights and should, therefore, be helped to take part in the life of society and the Church, in all its dimensions and on all levels, as far as possible. The third principle emphasizes that the depth of faith and a society's level are measured by the respect and love surrounding its weakest members.

These general principles are inspired by the social standards of integration, standardization, and personalization. The standard of integration contrasts with the tendency to isolate, segregate, and marginalize disabled persons; and, at the same time, is more than just an attitude of tolerance. It underlines the commitment to fully recognize the disabled person as an individual, to acknowledge and respect his/her potential, within family life, in education, work, and generally in the social, political, and religious communities. Standardization implies the effort to fully rehabilitate people with disabilities with the help of means and techniques available today and, where this is not possible, to create living conditions and actions that are close to normal. The standard of personalization guides all the efforts aimed at eliminating disabilities, while respecting and protecting the disabled person's dignity and assuring him good living conditions and the full development of his physical, moral, and spiritual capacities. The standard of personalization obliges us to go beyond the style of environments characterized by collectivism and the anonymity to which a disabled person is often sentenced.⁶⁹⁸

The Tasks of the Christian Family

Parents' attitudes towards the birth of a child with intellectual disability vary.⁶⁹⁹ Research on the family of the child with an intellectual disability

⁶⁹⁸ See A. Kiciński, "Katecheza grup szczególnej troski," RT 50:2003, fasc. 6, 121–37.

⁶⁹⁹ The conventional concepts have been developed to periodize the different types of behavior of parents who suffer from their child's disability. See A. Kiciński, *Katecheza osób z niepełnosprawnością intelektualną w Polsce po Soborze Watykańskim II*, 136–9.

shows that parents generally find it hard to accept the fact that their child is disabled. The adjustment depends on the degree of their ability to cope with the problem and the stigma attached to it in their milieu. In some cases, the milieu looks for causes of disability in family pathologies. These stereotypes, which combine intellectual disability with pathological symptoms, make it difficult for the family to fit into in their immediate neighborhood.

The family is the first and natural environment into which a child enters through birth. Pedagogical research emphasizes that no educational institution can do as much as the family to meet the different needs of one's child. *Amoris Laetitia* notes that "a family that accepts in the spirit of faith the presence of people with disabilities will be able to recognize and guarantee the quality and value of every life, with its needs, rights, and opportunities. It will stimulate care and concern and will promote companionship and love at every stage of life" (see AL 47). The child will nowhere else receive so much disinterested love, warmth, and affection that shapes in him the desire and determination with regard to his future. In the light of Divine Revelation, the family is an essential part of salvation history, begun at creation and brought to its eschatological fullness in Christ and in the Church.

The Magisterium of the Church emphasizes the truth that "family catechesis, therefore, precedes, accompanies and enriches all other forms of catechesis" (CT 68). Parents of children with intellectual disabilities, as their first catechists, should also take special care to ensure that their offspring are baptized immediately after birth, prepared for the sacrament of penance and reconciliation as well as for First Holy Communion. Then they should see to it that the child attends religious education in school and participates in catechism in the parish, receives the sacrament of Confirmation at the right moment, takes part in religious practices, in the Church's liturgical and sacramental life, and lives in accordance with the Christian principles.

The family of a child with an intellectual disability is the first environment of his/her faith experience. The primary purpose of catechesis is to consciously awaken faith, develop it, and guide the child to full Christian life. The first form of catechesis is family prayer. This is one of the earliest and most durable forms of religious life because it is connected with the experience of God. Prayer in the family is a prerequisite for both the personal development and the effectiveness of the catechetical ministry. Only through a deep inner life can parents become credible witnesses to God's truth. They receive their energy from the Holy Spirit, who strengthens all the faithful and is a special Teacher for the parents of a child with intellectual disability. For he shapes their consciences, fills hearts, and enlightens their minds so that they understand His Word in their present situation.

Therefore, parents, as instruments of the Holy Spirit, must continually call upon him, always remain in communion with him, and understand his true inspirations (cf. PDK 157).

Experienced catechists express their conviction about the ability of disabled people to pray. They emphasize that these individuals are even capable of contemplation.⁷⁰⁰ It seems necessary to teach parents about this form of prayer. Those parents who say their child does not understand the prayers (e.g., *Our Father, Hail Mary*) forget that prayer is primarily man's encounter with God. Such a dynamic meeting, full of possibilities and content, goes beyond the recitation of memorized formulas. Parents who, through proper catechesis, will become aware that their attitude to prayer has an impact on the proper development of their child's religious life will be the best catechists.

The general reaction to the discovery of intellectual disability is a sense of helplessness in both the closest milieu and in the ecclesiastical institutions. This feeling often paralyzes all contact with the family or leads to placing a child in a specialized institution. Deficiencies in Christian attitudes may appear in the ordinary course of family life and in the celebration of the presence of God and of other persons in this domestic church. It is necessary to help this domestic church to become the home of God, who cultivates love by creating a community of persons, in the service of life and participating in the Church's life and mission. Life offers many opportunities to support a child with intellectual disabilities, e.g., through the preparation for the sacraments, presence at family celebrations (birthdays, name-days), and seasonal prayer. Elements of the liturgy that find their place within the family prolong and consolidate the action of Christ's mystery in the liturgical year. The liturgical year is a kind of canvas, where the mystery develops and embraces each person.

The domestic church, created by the family of the intellectually disabled child, must be the place for the liturgy and for celebration. Children with intellectual disabilities show an extraordinary ability to celebrate. Parents often feel anxious about the child's participation in the liturgy, expressing fear that he/she will not understand anything. This thought is constantly present in the consciousness of many Christians who separate the faith life from the sacramental life. There is also the danger of school and parish catechesis, not animated by the sacramental life, becoming purely intellectual and, hence, inaccessible to people with intellectual disabilities. There is an urgent need for

⁷⁰⁰ See A. Kiciński, "Katecheza przed I Komunią Świętą dziecka upośledzonego umysłowo. Studium przypadku," in: J. Stala (ed.), *Eucharystia-pokuta i pojednanie w katechezie*, 245-64.

catechumenal catechesis for parents, to show them a living fruitful synthesis between celebration, listening to God's Word, the professed faith, and Christian experience. This kind of catechesis would no longer be identified with the catechism. Parents would, thus, experience that the characteristic element of the liturgy is the celebration and its language that is also accessible for their children. They would then perceive the development of their child's faith, both in the Church and at home.

Each feast with its celebration is of fundamental anthropological importance because it gives particular importance to the transmission of the faith. The celebration of feast days is essential for the lives of people with intellectual disabilities and it is closely linked to the development of their religious experiences. Celebrating is also of pedagogical and catechetical importance since it is a privileged moment for confirming and interiorizing values while responding to the necessities of community life and the need to belong to one's own group, family, and nation. It has a great impact on the effectiveness of educating the sense of belonging and the community dimension of life.

An important pastoral element is showing the eschatological significance of a celebration. This is preaching and, at the same time, the anticipation of the awaited future. Typical gestures (special attire, gifts, and banquets) express the anticipation of another world, an alternative that people dream of and desire. Faith then becomes logical. In this sense, the liturgy awakens the desire and directs the person towards a new and positive future. Celebrating is a privileged way to proclaim life's fundamental values and to search for their deepest meaning. That is why it has a great stimulating and educational value. Because of its content, it conveys something deep and can become a unique tool for showing life's religious dimension. It is through the celebration of the Word and the sacraments that the Christian family becomes a domestic church (cf. FC 38).

The Christian family of an intellectually disabled child, called to be a domestic church, celebrates family liturgy at home. This will take the form of a variety of activities, from the creation of a home altar or a devotional corner, where the child can experience the constant presence of the cult, and the modification of its composing elements in harmony with the celebration of the mysteries in the course of the liturgical year. Children with intellectual disabilities like doing simple, understandable, and meaningful art work. Preparing religious symbols or talking about them at school or in the parish is a form of family catechesis. By analogy, anything done to prepare for going to church on Sundays or the preparation of solemn meals also constitute a family catechesis.

The Tasks of the Christian Community

The Christian community should prevent not only marginalizing the families of children with intellectual disabilities but also, in line with the mission of evangelization, the automaticalisation of families who, under the influence of the shock, retreat because of their problems. The Christian community may become the first to adopt an evangelical attitude and overcome the manifestations of non-acceptance of persons with intellectual disabilities, which at times include retrospective interpretation of a family's past life. It should become an understanding and supportive local community. It is not enough to limit itself only to the rights of people with intellectual disabilities, but they must be integrated into the community's social life and practice.

Religious education begins with the affirmation that people with intellectual disabilities must be given the opportunity to receive the mystery of Christ. Pastoralists stress the difficulty of assessing the psychological or intellectual level of these persons. It is also difficult to measure their ability to communicate, much less to judge their spiritual dispositions, especially in the case of severe disability. It is necessary to be patient and concentrate on important topics, including preparation for the reception of the sacraments. Focus on the basic dimensions of Christianity does imply rejecting the other elements of the Gospel message.

The pastoral care of people with intellectual disabilities is faced with the urgent challenge of correcting misconceptions. What people imagine about the disabled and their limitations, rarely coincides with reality and rarely reflects a true understanding of people with intellectual disabilities. Disabilities are too quickly identified with suffering, pain, and misery, and hence negatively associated. For many reasons, the disabled themselves experience their situation as a big handicap. This situation, in fact, creates a sense of prejudice and injustice in everyday life. However, the Church's post-conciliar documents note that there is also an unperceived positive side and beauty in the lives of people with intellectual disabilities. Their suffering cannot be idealized, denied, or downplayed. Losing a physical, mental, or spiritual capacity is painful. Moreover, the rejection and isolation they experience are a cause of suffering. Yet, given the dignity of people with intellectual disabilities, their destiny cannot be reduced only to suffering. Attention must also be paid to their joy in life and their success. Joy and sadness, happiness and pain fill the lives of all people, those who are healthy and the disabled. The wealth of every life also grows out of painful personal experiences and border situations, out of their consequences for the future.

The family is not self-sufficient, neither in medical care nor in satisfying its spiritual needs. The fundamental pastoral challenge that the whole Christian

community must undertake is to help the parents of disabled children to integrate them into the community. Letting the child participate in the life of the community gives him/her the opportunity of joining and identifying with the faithful, and thus to express his or her own attitudes and religious experiences. The parish, as a community of faith and brotherly love, is a place where every person receives the help needed to develop his spiritual life. The parish should give parents information about the catechesis, the preparation for the sacraments, and the pastoral care of people with intellectual disabilities. Catechesis is intended to prepare them for full participation in the life of the Church. This should be manifested through the inclusion of the intellectually disabled people in a variety of celebrations and their systematic access to the sacraments.

The spiritual life of people with intellectual disabilities can be developed by providing specialized pastoral care to them and their families. Some parishes have a community of individuals with intellectual disabilities. Their main aim is to lead their members to God. In pastoral practice, it should be borne in mind that no difficulty can justify refusing disabled people the possibility of full participation in the sacraments of the Christian initiation. Benedict XVI, in his concern to assure that all persons with intellectual disabilities may receive Holy Communion, emphasizes that they also receive the Eucharist in the faith of their families or of the community that accompanies them (SCa 4).

It is important that a person with intellectual disability be treated according to his/her real – rather than intellectual – age. A young person should be treated in a manner appropriate for his age and not as a life-long child. The whole parish community has the task of countering the action of people with intellectual disabilities that does not correspond to their age. These people, in fact, tend to underestimate their true possibilities. This is a consequence of repeated depreciation, either their own or in their milieu. The community's second task is to try to discover and assess the abilities of a person with intellectual disability and then stimulate them to start using them. On the pastoral side, perceiving the talents of a person with a disability is both the most important and the most demanding task. This is evangelical help, intent on discovering and multiplying the talents that the disabled have received from God (cf. Mt 25:14–23).

We find an appreciable reflection on the concerns for people with disabilities in the Apostolic Exhortation *Amoris Laetitia*. The document points to the role of the extended family in helping people with disabilities. It includes family members, friends, other families, and communities of families

(AL 196-197). The wider family can be of help in every situation and serve effectively in the Church, in a way privileged by families with disabled persons who need a lot of affection and closeness (cf. AL 197).

15.4. *Supporting the Family Faced with Illness or Death*

LEON SZOT AND MIROSLAW KALINOWSKI

Every Christian has the duty to care for the sick, and this is an integral part of the Church's mission. In the loving reception of every human life, above all, if it is weak and ill, the fundamental dimension of the mission of the ecclesial community is realized. For the believer, the loss of health, suffering, and the awareness of dying, contrary to the natural pursuit of life, are a call to look at the difficult situation through the prism of faith.⁷⁰¹ In the light of Christ's death and resurrection, suffering and the prospect of death are seen as an experience of God's visitation, designed to liberate love, produce works of charity, and transform the human world into a civilization of love (SD 30). The history of the Church and Christian spirituality brings many testimonies of transformation in the light of the Gospel, in contact with the mystery of man's death.

Illness, dying, and death are the most stressful situations in human existence. They are mentioned in the group of the most severe conditions for negative assessments of life's quality and satisfaction, which influence the family's functioning individually and as a community. It entails new duties for the community of the family, including to the need to reorganize and take on additional activities. This is most often means assuming tasks previously performed by the sick person and accepting responsibilities related to the new situation in the family. The intensity of the challenge depends on the role and position of the family member – whether child, father, mother, grandfather, or grandmother. Family's functions are most deeply disrupted when the mother or father falls ill; regardless of which one is sick, this situation always disorganizes family life and the system must be adapted to the new situation.⁷⁰² Illness, suffering, and dying are not only a threat but also an opportunity. In this difficult time, both the suffering person and the family are able to construct a new scale of values, while recognizing the potential of their resources as well as needs and possibilities that were previously not noticed.⁷⁰³

⁷⁰¹ John Paul II, Message on the First World Day of the Sick, 14:1993, no. 2, 3.

⁷⁰² Z. Kawczyńska-Butrym, *Rodziny kontekst zdrowia i choroby*, Lublin, 2000, 267–9.

⁷⁰³ In the English-speaking countries, a large variety of publications support the sick, the suffering and the dying, as well as those who have lost someone close. Among the most popular