



A priest as a person supporting the mental health of the faithful and protecting them from suicide

Ksiądz jako osoba wspierająca zdrowie psychiczne wiernych i chroniąca przed samobójstwem¹

<https://doi.org/10.34766/fetr.v4i52.1139>

Mateusz Barłóg^a, Marlena Stradomska^b

^a Mateusz Barłóg, PhD, <https://orcid.org/0000-0002-3966-159X>, WPS University of Social Sciences and Humanities

^b Marlena Stradomska, PhD, <https://orcid.org/0000-0002-2294-856X>,

Department of Clinical Psychology and Neuropsychology, Institute of Psychology, Maria Curie-Skłodowska University, Lublin

Abstract: Suicide is a multifaceted problem that is always directly or indirectly related to the functioning of at least a dozen people. The Roman Catholic Church generally condemns the issue of suicide as annihilation is against religious principles and commandments. In a civilization where people suffering from mental disorders are often stigmatized, people seek help from their loved ones or where there is a secret (e.g. confession), so the church can and does have a significant role in the prevention of suicidal behaviour. Religion is important in shaping the awareness and identity of believers, and a priest can be a mentor showing the way of development, caring for the well-being and strengthening the mental health of an individual. On the basis of research conducted among 65 priests, the article discusses stressors related to the priestly service and related to supporting the mental health of the faithful and the church's ability to life protection and protection against the decision to attempt suicide.

Keywords: helping, suicide, faith, mental health prevention

Abstrakt: Samobójstwo jest wieloaspektowym problemem, które zawsze pośrednio lub bezpośrednio wiąże się z funkcjonowaniem, co najmniej kilkunastu osób. Kościół rzymskokatolicki generalnie potępia kwestię związaną z samobójstwem, gdyż unicestwienie jest działaniem niezgodnym z zasadami i przykazaniami religijnymi. W cywilizacji, w której bardzo często dochodzi do stygmatyzacji cierpiących na zaburzenia natury psychicznej, osoby te szukają pomocy wśród najbliższych lub tam, gdzie obowiązuje tajemnica (np. spowiedzi), zatem kościół może mieć i ma istotne znaczenie w profilaktyce zdrowia psychicznego oraz ochrony przed zachowaniami samobójczymi. Religia jest istotna w kształtowaniu świadomości i tożsamości wierzących, a ksiądz może być mentorem wskazującym drogę rozwoju oraz dbającym o dobrostan i wzmacniającym zdrowie psychiczne jednostki. W artykule na podstawie badań przeprowadzonych wśród 65 księży omówiono stresory związane z posługą kapłańską oraz kwestie odnoszące się do wspierania zdrowia psychicznego wiernych, a także możliwości kościoła w profilaktyce życia i ochronie przed decyzją o podjęciu próby samobójczej.

Słowa kluczowe: pomaganie, samobójstwo, wiara, profilaktyka zdrowia psychicznego

Introduction – the role of the priest in the prevention of mental health

The causes of suicides are varied, and therefore, there is no single effective method of prevention that would be adequate for every person (Hołyst, 2021; Stradomska, 2022²). Despite numerous social campaigns and preventive actions, the problem remains unresolved and every year suicides include people of all age and social groups, and children, adolescents

and seniors are particularly at risk (Biechowska, 2022; Chotkowska, 2022; Hołyst, 1983; Malec, 2022; Stradomska, 2019a, 2019b; 2022; Ruczaj, 2020; GUS, 2017³).

Unfortunately, the subject of suicide is so complex that many people are unable to predict a suicidal situation among their relatives (Gmitrowicz,

1 Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Barlog.pdf>

2 <http://zobaczjestem.pl/samobojstwa-u-mlodziezy-liczbach>, (access: 9.10.2022).

3 <http://statystyka.policja.pl/st/wybrane-statystyki/zamachy-samobojcze>, (access: 9.10.2022), <https://statystyka.policja.pl/st/wybrane-statystyki/zamachy-amobojcze/63803,Zamachy-samobojcze-od-2017-roku.html> (access: 15.10.2022).

2022, Zieliński, 2002), and at the same time, various psychological mechanisms may operate in stressful situations (Terelak, 2001): "applies and never will", "there are no suicides in my family", "get a grip, others have it worse"⁴.

For an individual in a difficult life situation, his or her individual psychological resources related to the effectiveness of coping with stress are important, such as self-esteem, emotional intelligence (Ogińska-Bulik, 2006), personality traits (Ogińska-Bulik, Juczyński, 2010), strategies or psychological defenses (Senejko, 2010), the level of satisfaction of life needs, or the sense of meaning in life (Barłóg, Stradomska, 2018a; Klamut, 2004; Maslow, 2019; Yalom, 2008). Also, deep religiosity is a strategy for coping with stress (Pietkiewicz, 2010) and the risk of suicide (Durkheim, cited in: Hołyst, 2012). Environmental resources are equally important: the family and further social environment supporting the development of the individual (Bronfenbrenner, 1979; Etekal, Mahoney, 2017), including the ability to flexibly deal with difficult events, which is observed both in children (Ogińska-Bulik, Juczyński, 2011; Ogińska-Bulik, Zadworna-Cieślak 2013), adolescents (Ostaszewski, 2014, Vinayak, Judge, 2018), and adults. The social support received is significantly related to functioning after a difficult experience (Bonanno, Brewin, Kaniasty, La Greca, 2010; Bzdok, Dunbar, 2020), and a well-functioning support network is one of the foundations in the treatment process (Barłóg, Barłóg, 2022). This is why in order to increase the effectiveness of mental health prevention, further social or professional groups are included in preventive activities (WHO, 2018).

The main role of this article is to indicate the role of the priest as a person who can support the mental health of the faithful and, consequently, protect against suicide. Priests can be one of the people creating the described support network, because they are people who have frequent contact with the suffering. In the Catholic denomination—the priest

is the trustee of people's sins. It is possible to tell him anything, because he is God's representative on earth, and an insincere confession does not make sense. A priest should have knowledge, not only on topics related to theology, his ministry and functioning in specific social roles, but he should have multidimensional, interdisciplinary knowledge (Brodniak, Urban, 2016). A priest must be prepared for many human problems – he is a specialist who can be both the first and the last person to hear about human suffering, so he can participate in the prevention and diagnosis (Barłóg, Stradomska, 2018b) of the first difficulties and notice suicidological symptoms because many people choose suicide as a way to cope with difficulties (Hołyst, 1983, Brodniak, 2007). The priest can also motivate the faithful to participate in religious groups, because it is associated with receiving emotional support and establishing bonds, which protects against the decision to commit suicide (Dua, Padhy, Grover, 2021; Sisask, 2010).

The role of the priest in the prevention of mental health should also be considered from the other side, priests are a group that may have difficulties in dealing with the problems reported by the faithful. Threatening factors are elements such as: constant pressure, treating a priest like God, as a person who should not make mistakes or sin. The problem is exacerbated by the deteriorating opinion of priests among Polish youth (Marianski, 2022). At the same time, there are social myths – "a priest has no problems", "a priest cannot be depressed"⁵. The exact number of people who commit suicide in monasteries or while serving is not known. Only occasionally do such notifications reach the public opinion. The good news is that there are organizations or associations like that e.g. Life is Worth Conversations (pol. Życie Warto Jest Rozmowy) operating at the Polish Suicidological Society, which deal with suicide prevention in every social group, also among the clergy⁶. For example, Fr. J. Urban and W. Brodniak (2016), then secretary of the Polish Suicidology Society, in cooperation

4 <https://zwjr.pl/> (access: 15.10.2022).

5 <https://deon.pl/intelligent-zycie/wygrac-z-depresja/depresja-i-samobojstwa-ksiezy-to-temat-taboo-in-the-church>, 528575 (access: 15.10.2022).

6 <https://www.lazarski.pl/pl/nauka-i-badania/instituty/wydzial-prawa-i-administracji/polskie-towarzystwo-suicydyczne/>, 15.10.2022, <https://zwjr.pl/> (access: 15.10.2022), <https://wiadomosci.wp.pl/kosciol-będzie-rozpoznawał-potencjalnych-samobojcow-powstal-pierwszy-w-polsce-poradnik-dla-kaplanow-6067029792621697a> (access: 9.10.2022).

with representatives of the Diocese of Płock, wrote a guide for priests entitled “Life affirmation – about preventing suicidal behavior. Guide for the clergy of the Roman Catholic Church”.

What is more, it is worth noting that the described role of the clergy in the prevention of mental health is consistent with the care of the Catholic Church for human life from conception to natural death, while suicide as an act is treated as a sin⁷, and in society as a taboo subject (WHO, 2006). The Catechism of the Catholic Church states that every person is “responsible before God for his life which he has given him. God remains the supreme Lord of life. We are obliged to accept them with gratitude and protect them for the sake of his honor and for the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. We do not dispose of it” (Brodniak, Urban, 2016, p. 8). Suicidal behavior is contrary to the truths of the faith of the Catholic religion, but “severe mental disorders, fear or serious fear of trial, suffering or torture may reduce the responsibility of the suicide” (Catechism of the Catholic Church, 2015, 2282).

1. Research method

The aim of the study was to analyze the perception by clergy of their role as a person supporting the mental health of the faithful and protecting against suicide, as well as the perception by priests of the function of the church in the discussed issue.

The respondents are priests (n = 65) from the Lubelskie, Świętokrzyskie, Mazowieckie and Małopolskie provinces. The study group is related directly or indirectly with the Polish Suicidological Society (PTS). Priests working in the school often report to PTS representatives to consult on some related cases with the pupils. In general, over 100 people related to the Roman Catholic Church were examined with the qualitative method. However, 65 responses were included in the final analysis. The remaining clergy were excluded from the research group because they did not want any possibility of

identifying them. Others asked for their material to be turned off because they were talking about very personal issues (depression, loneliness, suicide attempts, ethical issues). Other people did not receive their supervisor’s consent to comment on suicidal behaviour or mental problems.

The research method that will be presented in this paper is the author’s structured interview, which consists of 15 questions. The questions were focused on areas such as: presuicidal symptoms in the faithful observed by clergymen, methods of supporting the faithful, practical possibilities related to introducing presuicidal prophylaxis by the church, difficult behaviour of students/believers having suicidal consequences, ways of coping with one’s stress and emotions related to helping, psychological burden of priests related to helping the faithful. Research topics were selected due to the need to reduce the number of research questions. The opinions of the competent judges were used. The interviews were conducted in research institutions, schools and parishes.

2. Analysis of the results

As a result of the analyses, the following research topics were distinguished:

- difficult situations in the ministry of priests
- psychologically aggravating factors for priests
- methods of supporting the faithful
- mental health prevention

3. Difficult situations in the ministry of priests

The subject of suicide often has a negative impact on the clergy themselves, as evidenced by the statement of one of the priests from the Świętokrzyskie Province (40 years old): „*We are talking about various crises related to life. It’s clear. Unfortunately, often we, as our profession / service, are so tired and broken, that*

7 <https://kosciol.wiara.pl/doc/6308717.Between-suicide-and-giving-your-life>, (access: 5.10.2022).

we do not have the strength to fight. Well, a few days ago, my fellow priest ended his life this way, like none of us would like to end, he hanged himself. It is not talked about, and depression is often not mentioned or not admitted at all. After all, a priest is a man who has no problems—understood as problems of a normal person, e.g. choosing the right school for children or marital problems. Well, yes. And there are plenty of other things that are often exhausting. In this friend's case, there was also the question of a woman who was doing him a very negative PR as he was to be having an affair with her. He could not stand the pressure. For him, this tabula rasa was the most important..."

The priests also believe that the intensity of the faithful's problems negatively affects their functioning, they are often overloaded with work, they have no motivation to help. A priest (32 years old) can illustrate this issue: *"Sometimes there are so many human difficulties that sometimes I do not have the strength to listen more. I am a priest; I am bound by the secret of confession. There are some things I can't fix. Especially in the villages, women are beaten and abused, when I talk to her, she doesn't want to run away from her husband, she doesn't want to let herself be helped. He believes that this is the cross he must bear. Because for faith he is able to survive everything, and they promised before God that they would be together for good and for bad. When I cannot help those who are suffering, I feel that my ministry does not matter to others, that it does not make sense."*

Priests bear the responsibility for the faithful, which is often too great and may result in many clinical factors that directly affect the life and health of an individual.

4. Mentally aggravating factors for priests

Chart 1 shows the factors that may burden the study group in everyday functioning. These variables have been grouped into 4 categories that identify the most important elements.

Most of the respondents (49%) stated that the problems of the faithful, which are often unsolvable, are a very aggravating factor. This is evidenced by



Chart 1. Mentally burdening factors for priests

Source: own study

one of the structured interviews: *"There are times when there are not enough words to speak and console a man who suffers so much. I am talking about death, murder of relatives, loss of all property, family problems, catastrophes and accidents. Often this suffering is unbearable"*. This element is associated with another one, which was chosen by 25% of respondents, where the pejorative factor affecting them is the lack of a sense of agency, i.e. the possibility of providing real help to people in need, e.g. due to lack of funds or opportunities. For 19% of respondents, organizational burden is a serious problem—it can be proved by the statement of a 29-year-old priest: *"Sometimes you have to reconcile work at school, requirements related to the ministry, but also your own problems, which sometimes overwhelm you, for example, if there is a problem in your immediate family. I get a fatal disease, like my mother's, to whom I owe everything, sometimes there is also a breakdown, depression. It's harder to get out of this and show outside that it's great"*. Loneliness for 7% of respondents is a serious problem and a threat to their comfort and mental well-being.

5. Methods of supporting the faithful

Chart 2 shows the methods and possibilities of help that can be proposed by priests.

The largest number of respondents (35) stated that the easiest and most effective thing they can do for a person in need “here and now” is a conversation. Respondents believe that support, understanding, and listening with empathy often help those in need. In some cases, it is necessary to propose contact with a specialist, e.g. a psychiatrist, or a psychologist. Although, according to the respondent, it is not a simple initiative at all. Priest, 36 *“It depends where we serve. In some places, people do not know the institution of a psychologist or psychiatrist at all. And if they already know, this profession is treated very badly. Which makes it impossible to get help.”* If a given difficulty occurs at school, then it is easier. All respondents believe that contact with the child’s parents is very important and often helps parents to understand what the child is going through (12 people). Institutional support is proposed by 12 priests—this category is unclear, as it is possible to distinguish assistance in obtaining the support of a lawyer, addiction specialist, doctor, police, etc. Some priests mention that they help financially and materially, if they have such a possibility and have the appropriate resources.

6. Mental health prevention

The surveyed priests stated that they learn about situations related to suicide or thoughts of resignation during confession. It is important then to pay attention to human suffering, but also to explain the being related to functioning. Sometimes the phenomenon related to self-destructive thoughts is so great that workshops (“talks”) on this topic are proposed. Some priests organize such lectures cyclically, however, it is a negligible number (5 people). During an individual meeting – often at the parishioner’s home – it is possible to talk about mental difficulties and talk about the fact that there are institutions or other organizations that can provide help. According to the respondents, the most frequently recommended places are: Życie Warto Jest Rozmowy website (www.

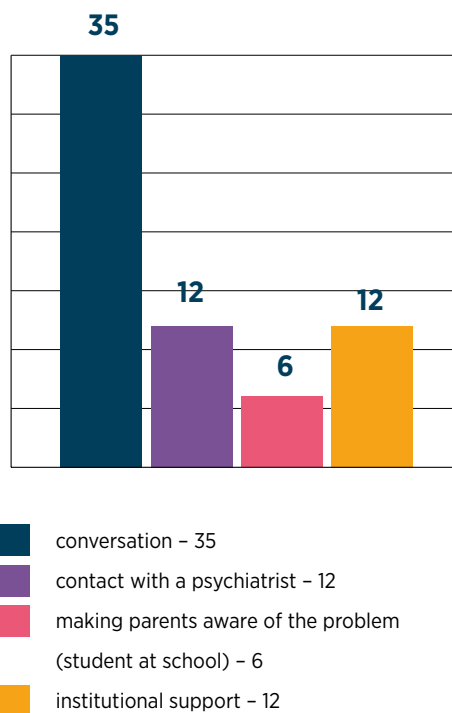


Chart 2. The methods and possibilities of help that can be proposed by priests

Source: own study.

zwjr.pl), helpline numbers or those used in situations of threat to health and life 112. Additionally, Crisis Intervention Centers, the Foundation are also recommended. We give Children Strength, the Nagle Sami Foundation or local associations.

As the 42-year-old priest said: *“A few years ago I had such a situation, that within a year a person lost almost all loved ones. What this person was going through was very difficult for the whole community—then apart from trying to help with words, I took them to a psychiatric hospital so that something worse would not happen than had already happened. The person tried to commit suicide.”* Important topics are those related to informing people that they can benefit from the help of psychologists, psychotherapists, psychiatrists or educators at school. About what in an interview, a 30-year-old priest recalled: *“I am afraid that this social taboo will have results in future generations. I try to educate you that mental health is important, but some of my colleagues believe that a lot of things depend on God – I agree with that, but I’m afraid that when there is depression, unfortunately nothing can be done without drugs, and waiting for a miracle can be deadly.”*

Priest encountered life-threatening situations:

- at school (those who conduct catechesis),
- during the preparation for Communion or Confirmation (the parents of these children often had a crisis),
- during the Holy Confession,
- during the retreat,
- after workshops (“talks”) organized by the school or church,
- during pilgrimages,
- during “carol walking”,
- during administrative activities, e.g. ordering Mass for a loved one,
- after the funeral of a loved one or during its preparation.

These situations affect the fact that a person who has contact with a priest may, apart from formal or spiritual matters, raise personal issues that may turn out to be invaluable in helping a person who is often in crisis. Sometimes the person is also unaware of where to find help and how to deal with personal problems.

Summary

So far, there is little research on the issue of coping with stress related to priestly service (Eagle, Hybels, Proeschold-Bell, 2019; Edwards, Bretherton, Gresswell, Sabin-Farrell 2020; Pietkiewicz, Bachryj, 2016, Pietkiewicz, 2016; Prusak i in. 2021). On the other hand, the role of the priest as a person supporting the mental health of the faithful and protecting against suicide is important, because believers often look for explanations of their difficulties referring to faith (Cook, 2015; Pietkiewicz, Kłosińska, Tomalski, 2021; Pietkiewicz, Kłosińska, Tomalski, van der Hart, 2021). Key conclusions from this work indicate that difficult situations in the priestly service related to the mental health of the faithful have an impact on the functioning and mental health of clergymen. Burnout in the priestly service leads to a decrease in the level of motivation to help the faithful, and in addition to the difficulties reported by the faithful, among the key stressors of priestly service are: loneliness, a multitude of organizational tasks and a sense of powerlessness and nonsense (which accompa-

nies listening to the problems of the faithful). It is also worth noting that due to stereotypes related to the role of a psychologist or psychiatrist, the faithful prefer to report to a clergyman, burdening him with his problems. Priests, on the other hand, see their role in educating the faithful, organizing workshops for children and youth, or for their parents. Sometimes in crisis situations they have to act as an intervener.

The conducted study may be a pilot for subsequent studies in which the sociodemographic issues (age, parish size, “professional” experience) that may be related to the ways of coping with (such as experience or the level of professional burnout). It seems interesting to analyse specific occupational stressors (Le Blanc, De Jonge, & Schaufeli, 2007; Terelak, 2001) accompanying priestly service. From this perspective, it is important to address the issue of strengthening the psychological competences of priests in the church, because psychological resources (e.g. self-esteem, emotional intelligence, personality traits) are important variables in the level of coping with stress (Ogińska-Bulik, 2006; Ogińska-Bulik, Juczyński, 2010), but are also important for building relationships and coping with the expectations of the faithful, as is the case in other areas of help and treatment (Barłóg, Barłóg, 2022; Małecki, 2018; Małecki, Nowina Konopka, 2018, Nowina Konopka, 2016). The role of superiors is also important, to the extent that they can understand the level of such competences as motivation and experience that evolves along with the priestly service, and thus how much the way of managing the team should change (Blanchard, 2016) of the priests making up the parish.

In a crisis and suicidal situation, communication and the ability to conduct a conversation are most important, which may turn out to be something that can help and take your mind off suicide (Stradomska, 2020). It is worth making the research a step towards implementing changes, in accordance with the Design Thinking procedure, i.e. designing solutions together with the people who will use these solutions (Kelley, Kelley, 2019; Michalska-Dominiak, Grocholiński, 2019). In this way, one can discuss while listening to the priests’ voice about the need to implement training in psychological first aid, crisis intervention, or to talk about the need to conduct supervision for clergy.

Bibliography

- Barłóg, K., Barłóg, M. (2022). Inter-professional and patient communication as part of the personalized treatment process. Patient–doctor–pharmacist–pharmaceutical plant relationship model. *Kwartalnik Naukowy Fides et Ratio*, 50(2) 117-122. <https://doi.org/10.34766/fetr.v50i2.1069>
- Barłóg, M., Stradomska, M. (2018a). W trosce o życie: filozofia, psychologia i pedagogika ochrony i poczucia sensu życia. Ujęcie integralne na przykładzie działalności. Polskiego Towarzystwa Suicydologicznego. *Kwartalnik Naukowy Fides et Ratio*, 1(33), 251-262.
- Barłóg, M., Stradomska, M. (2018b). Diagnoza, jej metody i składowe oraz terapia psychologiczna jako etapy procesu wsparcia. *Studia Pedagogiczne*, 31, 107-118.
- Biechowska, D. (2022). Rozpowszechnienie i czynniki ryzyka samobójstw wśród osób starszych: dane na lata 2012-2021. (W:) B. Hołyst (red.) *Zapobieganie samobójstwom. Zachowania suicydalne osób starszych*, 71-88. Warszawa: Difin.
- Blanchard, K. (2016). *Przywództwo wyższego stopnia*. Warszawa: PWN.
- Bonanno, G.A., Brewin, C.R., Kaniasty, K., La Greca, A.M. (2010). Weighing the Costs of Disaster: Consequences, Risks, and Resilience in Individuals, Families, and Communities. *Psychological Science in the Public Interest*, 11(1) 1-49. <https://doi.org/10.1177/1529100610387086>
- Brodniak, W.A. (2007). Ocena ryzyka zachowań samobójczych wśród osób z zaburzeniami psychicznymi. Analiza porównawcza wybranych badań z lat 2000-2006. *Suicydologia*, 3, 83-88.
- Brodniak, W. Urban, J. (red.), (2016). *Afirmacja życia – o zapobieganiu zachowaniom samobójczym. Poradnik dla duchownych Kościoła Rzymskokatolickiego*, 5-40. Płock: Płocki Instytut Wydawniczy.
- Bronfenbrenner, U. (1979). *The ecology of Human development: Experiments by nature and design*. Cambridge: Mass, Harvard University Press.
- Bzdok, D., Dunbar, R.I.M., (2020). The neurobiology of social distance. *Trends in Cognitive Science*, 24, 717-733. <https://doi.org/10.1016/j.tics.2020.05.016>
- Chotkowska, K. (2022). Doświadczenie przemocy w dzieciństwie – skutki w życiu dorosłym. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 21(1), 57-76.
- Cook, C.C. (2015). Religious psychopathology: the prevalence of religious content of delusions and hallucinations in mental disorder. *International Journal of Social Psychiatry* 61, 404-425. <https://doi.org/10.1177/0020764015573089>
- Dua, D., Padhy, S., Grover, S. (2021). Comparison of religiosity and spirituality in patients of depression with and without suicidal attempts. *Indian Journal Psychiatry*, 63(3), 258-269. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_246_20
- Główny Urząd Statystyczny, (2017). *Zamachy samobójcze w 2016*, (from:) https://stat.gov.pl/files/gfx/portalinformacyjny/pl/defaultaktualnosci/5746/5/1/1/zamachy_samobojcze__w_2016_r..pdf (access: 9.10.2022)
- Gmitrowicz, A. (2022). Ciche samobójstwa u osób powyżej 65. roku życia. (W:) B. Hołyst (Red.) *Zapobieganie samobójstwom. Zachowania suicydalne osób starszych*, 41-51. Warszawa: Difin.
- Eagle, D.E., Hybels, C.F., & Proeschold-Bell, R.J. (2019). Perceived social support, received social support, and depression among clergy. *Journal of Social and Personal Relationships*, 36(7), 2055-2073. <https://doi.org/10.1177/0265407518776134>
- Edwards, L., Bretherton, R., Gresswell, M., Sabin-Farrell, R. (2020). The relationship between social support, spiritual well-being, and depression in Christian clergy: a systematic literature review. *Mental Health, Religion & Culture*, 23(10), 857-873. <https://doi.org/10.1080/13674676.2020.1838459>
- Ettekal, A., Mahoney, J.L. (2017). Ecological Systems Theory. (In:) K. Pepler (Red.), *The SAGE Encyclopedia of Out-of-School Learning*, Publisher: SAGE, 239-241. <http://dx.doi.org/10.4135/9781483385198.n94>
- Fundacja Zobacz Jestem, Samobójstwa u młodzieży w liczbach, (from:) <http://zobaczjestem.pl/samobojstwa-u-mlodziezy-liczbach/> (access: 9.10.2022).
- Hołyst, B. (1983). *Samobójstwo – przypadek czy konieczność*. Warszawa: PWN.
- Hołyst, B. (2012). *Suicydologia*. Warszawa: LexisNexis.
- Hołyst, B. (2021). Model motywacji zachowań samobójczych. (W:) B. Hołyst (Red.) *Zapobieganie samobójstwom. Motywacja zachowań samobójczych*. Warszawa: Difin.
- Katechizm Kościoła Katolickiego (2015). Poznań: Wydawnictwo Pallottinum.
- Kelley, T., Kelley, D. (2019). *Twórcza odwaga. Otwórz się na Design Thinking*, Warszawa.
- Klamut, R. (2004). Źródło motywacji podmiotowej – potrzeba sensu życia, *Zeszyty Naukowe Politechniki Rzeszowskiej, Ekonomia i Nauki Humanistyczne*, 14, 49-60.
- Le Blanc, P., De Jonge, J., Schaufeli, W. (2007). Stres zawodowy a zdrowie pracowników. (W:) N. Chmiel (Red.), *Psychologia pracy i organizacji*. Wyd. 2, Gdańsk: GWP.
- Maslow, A.H. (2019). *A theory of human motivation*. General Press.
- Malec, N. (2022). Zamachy samobójcze osób starszych w Polsce w latach 2010-2021 w świetle statystyki policyjnej. (W:) B. Hołyst (Red.) *Zapobieganie samobójstwom. Zachowania suicydalne osób starszych*, 55-68. Warszawa: Difin.
- Małecki, Ł. (2018). Radzenie sobie z oczekiwaniami pacjenta. (W:) M. Nowina Konopka, W. Feleszka, Ł. Małecki (Red.) *Komunikacja medyczna dla studentów i lekarzy*, 123-140. Kraków: Medycyna Praktyczna.
- Małecki, Ł., Nowina Konopka, M. (2018). Budowanie relacji. (W:) M. Nowina Konopka, W. Feleszka, Ł. Małecki (Red.), *Komunikacja medyczna dla studentów i lekarzy*, 41-49. Kraków: Medycyna Praktyczna.
- Mariański, J. (2022). Tomasz Adamczyk. Autentyczność i duchowość – księży w opinii polskiej młodzieży – analiza socjologiczna. *Społeczeństwo. Studia, prace badawcze i dokumenty z zakresu nauki społecznej Kościoła*, 1(157), 163-170.
- Michalska-Dominiak, B., Grocholiński, P. (2019). *Poradnik Design Thinking – jak wykorzystać myślenie projektowe w biznesie*. Gliwice: Onepress.
- Nowina Konopka, M. (2016). *Komunikacja lekarz-pacjent. Teoria i praktyka*. Kraków: Instytut Dziennikarstwa, Mediów i Komunikacji Społecznej, Uniwersytet Jagielloński.
- Ogińska-Bulik, N. (2006). *Stres zawodowy w zawodach usług społecznych. Źródła-konsekwencje-zapobieganie*. Warszawa: Difin.
- Ogińska-Bulik, N., Juczyński, Z. (2010). *Osobowość, stres a zdrowie*. Warszawa: Difin.
- Ogińska-Bulik, N., Juczyński, Z. (2011). Prężność u dzieci i młodzieży: charakterystyka i pomiar – polska skala SPP-18. *Polskie Forum Psychologiczne*, 16(1), 7-28.
- Ogińska-Bulik, N., Zadworna-Cieślak, M. (2013). Percepcja postaw rodzicielskich a osobowy wzrost po traumie u dzieci i młodzieży – ofiar wypadków drogowych. *Psychologia Rozwojowa*, 18(1), 57-68. <https://doi.org/10.4467/20843879PR.13.004.1016>

- Pietkiewicz, I. (2010). Strategie copingu religijnego w sytuacji utraty – implikacje do terapii. *Czasopismo Psychologiczne* 16(2), 289–299.
- Pietkiewicz, I.J., Bachryj, D. (2016). Help-seeking attitudes and coping strategies among Roman Catholic secular clergy. *Psychology of Religion and Spirituality*, 8(1), 13–24. <https://doi.org/10.1037/rel0000019>
- Pietkiewicz, I.J. (2016). Reaching a decision to change vocation: a qualitative study of former priests' experiences. *International Journal for Educational and Vocational Guidance*, 16, 379–404. <https://doi.org/10.1007/s10775-015-9318-2>
- Pietkiewicz, I.J., Kłosińska, U, Tomalski, R. (2021). Delusions of Possession and Religious Coping in Schizophrenia: A Qualitative Study of Four Cases. *Frontiers in Psychology*. <https://doi.org/10.3389/fpsyg.2021.628925>
- Pietkiewicz, I.J., Kłosińska, U, Tomalski, R., van der Hart, O. (2021). Beyond dissociative disorders: A qualitative study of Polish catholic women reporting demonic possession. *European Journal of Trauma & Dissociation*, 5,(4). <https://doi.org/10.1016/j.ejtd.2021.100204>
- Policja, Zamachy samobójcze. (from:) <http://statystyka.policja.pl/st/wybrane-statystyki/zamachy-samobojcze> (access: 9.10.2022).
- Policja, (2021). Zamachy samobójcze od 2017 roku, (from:) <https://statystyka.policja.pl/st/wybrane-statystyki/zamachy-samobojcze/63803,Zamachy-samobojcze-od-2017-roku.html> (access: 15.10.2022).
- Prusak, J., Kwapis, K., Pilecka, B., Chemperek, A., Krawczyk, A., Jabłoński, M., & Nowakowski, K. (2021). The quality of life, meaning in life, positive orientation to life and gratitude of Catholic seminarians in Poland: A comparative analysis. *Archive for the Psychology of Religion*, 43(1), 78–94. <https://doi.org/10.1177/0084672420983488>
- Ruczaj, J. (2020). Doświadczenie żałoby po samobójczej śmierci bliskiego – zagrożenia i metody wspierania pozostawionych, *Annales Universitatis Mariae Curie -Skłodowska. Sectio J. Paedagogia-Psychologia*, 33(2), 285-300. <http://dx.doi.org/10.17951/j.2020.33.2.285-300>
- Rudnicka, E., Witkowska, H. (2020). *Autodestrukcja. Sytuacje graniczne we współczesnej kulturze*. Warszawa: Wydawnictwa Uniwersytetu Warszawskiego. <https://doi.org/10.31338/uw.9788323542735>
- Senejko, A. (2010). *Obrona psychologiczna jako narzędzie rozwoju. Na przykładzie adolescencji*. Warszawa: PWN.
- Sisask, M., VÅrnik, A., KÅplves, K. Bertolote, J.M., Bolhari, J., Botega, N.J, Fleischmann, A., Vijayakumar, L.,Wasserman, D. (2010). Is religiosity a protective factor against attempted suicide: A cross-cultural case-control study. *Archives of Suicide Research*, 14(1), 44-55. <https://doi.org/10.1080/1381110903479052>
- Terelak, J. (2001). *Psychologia stresu*. Bydgoszcz: Oficyna Wydawnicza Branta.
- Stradomska, M. (2019a). Determinants of suicide attempts in a group of students – a preventive program at the university, *Psychiatria i psychologia kliniczna*, 19(3), 293–307. <https://doi.org/10.15557/PiPK.2019.0031>
- Stradomska, M. (2022). Praca wolontaryjna z osobami starszymi na przykładzie Stowarzyszenia mali Bracia Ubogich – ujęcie suicydologiczne. (W:) B. Hołyst (red.) *Zapobieganie samobójstwom. Zachowania suicydalne osób starszych*, 247-255. Warszawa: Difin.
- Stradomska, M. (2019b). Communication in the assistance relationship – the suicidological aspect. *Journal of modern science*, 43(4), 31–52. <https://doi.org/10.13166/jms/117971>
- Stradomska, M. (2020). Komunikacja w sytuacji leczenia – biały personel a pacjent – ujęcie suicydologiczne. *Journal of Modern Science*, 44(1), 29-42. <https://doi.org/10.13166/jms/117848>
- Vinayak, S., Judge, J. (2018). Resilience and Empathy as Predictors of Psychological Wellbeing among Adolescents. *International Journal of Health Sciences and Research*, 8(4), 192–200.
- World Health Organization, (2006). Preventing suicide: a resource for counsellors. World Health Organization, (from:) <https://apps.who.int/iris/handle/10665/43487> (access: 9.10.2022).
- World Health Organization, (2018). *National suicide prevention strategies: progress, examples and indicators*, (from:) https://www.who.int/mental_health/suicide-prevention/national_strategies_2019/en/ (access: 9.10.2022).
- Yalom, I.D. (2008). *Psychoterapia egzystencjalna*. Warszawa: Instytut Psychologii Zdrowia.
- Zieliński, Z. (2002). *Katolicyzm, człowiek, polityka: przeszłość i terażniejszość*. Lublin: Towarzystwo Naukowe KUL.