

Attitudes of representatives of the contemporary clergy of the Catholic Church towards the phenomenon of suicide in Poland: research report

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ABSTRACT: Since St. Augustine declared that suicide is the worst sin and an act of defiance against God's will, there have been debates among Christian leaders about imposing penalties on suicides and their families. The influence of the Church on society has resulted in centuries of stigmatisation of people in suicidal crises. Only the development of psychological sciences brought about changes in thinking, ultimately leading to destigmatisation. In this article, I have summarised my own research conducted on Catholic clergy concerning contemporary attitudes towards suicide and their willingness to provide support to people in suicidal crises. In the last chapter, I present proposals for preventive support involving the Catholic Church, which arose from the clergy's statements.

KEYWORDS: suicide, Catholic Church, mental support, stigmatisation, suicide prevention

INTRODUCTION

Suicide is a phenomenon that has been a topic of discussion in many scientific fields for centuries. Despite progress in the development of psychological and psychiatric areas, increased public awareness and better prevention, the number of people in suicidal crisis is not decreasing. The scale of help, despite the willingness and commitment of many people, remains insufficient, and people in crisis do not get this support in time. For many centuries, the Catholic Church referred to suicide explicitly, treating it as the worst act of defying the will of God, and suicides were condemned. Contemporary theological reflection and pastoral care emphasise the role of faith as a protective factor in suicide

prevention.

World Health Organization statistics show that one person takes their own life every 40 seconds, while on average, there are 727,000 suicides per year. According to WHO data, in 2021, suicide was the third most common cause of death among 15-29 year olds. Moreover, for every death by suicide, there are 20 suicide attempts (World Health Organization, 2025).

This article was written to present research results conducted from November 2024 to April 2025 and other studies about religion and suicide. The research aimed to find out the attitudes of representatives of the contemporary clergy of the Catholic Church towards the phenomenon of suicide in Poland. In addition, I focused on comparing them with the doctrines and catechisms of the Catholic Church that have been preached over the centuries and determining if there is a difference in attitudes depending on the clergy's origin. The research analysis also allowed me to find out about the readiness and preparedness to offer intervention support to people in crisis, as well as to extract a proposal for preventive action using the tools available to the Catholic Church.

RELIGION AND SUICIDE

Analysing different historical sources, we can find various approaches to suicide, depending on the era and geographical location. For example, in ancient Rome and Greece, suicide and the theme of death were of great significance. Focusing on suicide, however, it was legal as long as it had adequate justification. For the Greeks, loss of honour and death in disgrace was a far worse scenario than suicide (Skóra, 2022, p. 256). One philosopher who especially emphasised in his works that suicide was morally permissible was Lucius Annaeus Seneca. Seneca is, next to Socrates, one of the more famous philosophers who took his own life on his own terms after being sentenced to death by his pupil (Kempys, 2008, p. 213-214).

Focusing instead on a religious approach, the early theologians Lactantius and Clement of Alexandria ranked suicide on par with murder (Czabanski & Pryba, 2022, p. 52). St Augustine, on the other hand, in his work *De Civitas Dei*, showed a negative attitude towards suicide by pointing out that the commandment 'Thou shalt not kill' also applied to oneself. St Augustine also condemned taking one's own life to avoid the stain of honour after rape, emphasising that the burden of sin is on the abuser and not on the victim, pointing to the case of Lucretia, who took her own life after rape. In this way, he showed that no case can justify the act of bargaining for one's life. (ibidem, 2022, p. 54). St Thomas Aquinas, in the "Summa Theologica", continued these ideas, adding three arguments against suicide: Theological—life belongs to God; Social—suicide harms the community; Personalistic—it destroys the dignity of the person as a rational being (Michalska-Suchanek, 2011, p. 29).

It is also essential to demonstrate the individual reformations concerning suicide at the various Synods:

Synod of Arles (452)	Official prohibition of suicide.
Synod of Orléans (533)	Suicide is a sin worse than any other crime (ibidem, 2022, p. 55)
Synod of Braga (563)	Prohibition of funeral rites, eucharist and recognition that suicide is only acceptable in the case of martyrdom, caused by asceticism or in defence of virtue in the case of women.
Synod of Toledo (693)	Order of ex-communication for suicides (Holyst, 2012, p. 112)
Synod of Nîmes (1248)	Prohibition of burying suicides on consecrated ground (ibidem, 2022, p. 55)

As psychological and psychiatric science progressed, the Catholic Church's approach changed. In the 1994 Catechism of the Catholic Church, it says in subsection 2283:

Hope concerning the eternal salvation of persons who have taken their own lives should not be lost. God, in His own known way, can give them the possibility of salvific sorrow. The Church prays for people who have taken their lives. [Nie powinno się tracić nadziei dotyczącej wiecznego zbawienia osób, które odebrały sobie życie. Bóg, w sobie wiadomy sposób, może dać im możliwość zbawiennego żalu. Kościół modli się za ludzi, którzy odebrali sobie życie.] (ibid., 2022, p. 61)

There are still voices among the clergy that suicide is a sin, and the approach of the Catholic Church is unchanged on the matter, while special attention is focused on factors and motives and whether the person has shown acts of faith in their own life. These elements can have a major impact on absolution and give the suicide a chance of salvation.

Authors analysing translations regarding practices towards suicides have described various procedures that the Church sanctioned. From the sixth century, the Church officially denied suicide burial on consecrated grounds. In practice, bodies were buried at crossroads, away from churches and cemeteries. It was also believed that the spirit of the suicide could stray and haunt the living. To this end, bodies were staked through; stones were put to their faces or thrown into rivers. For example, in seventeenth-century England, bodies were hung for the public, dragged by horses through the streets, and the corpse could only be removed by authorised officers—to show how suicides ended. Also, hanging by the legs, throwing into barrels and drowning the barrels with the bodies were used (Alvarez, 2011). In the 18th century, suicide began to be seen as the result of mental illness, which led to the cessation of all stigmatising practices (Dekoster, 2020), and officially, this practice was ended by a Burial of Suicides Act in 1823. From that moment on, suicides were buried at night and without funeral ceremonies (Davis et al., 2017).

METHODOLOGY OF RESEARCH

The research was conducted using a qualitative method, a method of phenomenological inquiry, i.e. investigating a phenomenon by experiencing it, without any assumptions or pre-hypotheses of their own (Pilch & Bauman, 2001).

The subject of study is the attitudes of clergy towards the phenomenon of suicide. This assumption results from the influence of Christianity on various areas of life in society, including the perception of suicides. This analysis explores how contemporary clergy of the Catholic Church formulate their views on suicide, how their position has changed based on historical sources and collected responses, and how clergy today respond to emotional crises among the faithful. The main research question is: What is the contemporary attitude of the clergy of the Catholic Church towards suicide, especially suicide among children and young people? A review of research and literature on similar topics is also included in the article.

The research work is maintained in an interpretative paradigm, which focuses on an individual's subjective view of a given phenomenon, reality, without objectively evaluating social structures. In this paradigm, society is assumed to function as a collection of individuals rather than a creation (Burrell & Morgan, 1979). The research method I have used is a case study, which includes the phenomenon of attitudes of representatives of the clergy of the Catholic Church towards suicide. A case study is an in-depth qualitative method of research that focuses on an individual, a group of people, a phenomenon, or an organisation in a real-life setting (Pilch & Bauman, 2001). Moreover, it allows us to identify differences and ask questions: 'How?' and 'Why?' an advantage over other methods.

Due to difficulties in recruiting respondents, the study was conducted using a written, structured interview in the form of an anonymous online form. The script included open-ended questions and a metric to classify participants by age, origin and place of work. In total, 30 priests participated in the research, including one seminary lecturer who addressed the clerical formation issue.

RESULTS AND OTHER STUDIES

While analysing the research material, the respondents' answers were grouped into four thematic categories, which organised the interpretation of the data: personal feelings and experiences, personal knowledge, declared readiness to provide support, and the role of the Church in suicide prevention. This division allowed for a structured understanding of clergy attitudes towards suicide.

Analysis of historical sources, including *De Civitas Dei* by St. Augustine, in which the author clearly emphasises that suicide is a sin and that a person who takes their own life is reprobate (Augustine, 1998). Individual narratives from the Synods, which successively defined legal issues in Canon Law related to the treatment of suicides. The actions of the Church had consequences in the form of changes in the perception of suicide in the minds of society during the Middle Ages and later. 'Threatening' with hell, mutilating corpses, and ostracising families are documented elements of practices that appeared in reports related to suicide in past centuries. In accounts of people experiencing suicidal

thoughts, there were often stories of the devil himself talking them into taking their own lives (MacDonald, 1989, p. 71). Even the symptoms of melancholy were interpreted as evidence that suicide was the work of Satan and not a mental illness (ibidem, 1989, p. 74). In the course of analysing data, literature and ethnographic reports, I also concluded that the historical perception of suicides in the light of Church law, especially from the early Middle Ages onwards, had an impact on the image of suicides in societies at that time. The social and religious condemnation of suicide in the medieval and early modern periods is demonstrated by violent funeral practices such as the desecration of bodies, burying suicides at crossroads and piercing them with a stake, and the widespread fear of eternal damnation and the presence of demonic forces (MacDonald, 1989; Murray, 1999). However, contemporary Catholic Church teaching does accept the possibility of a church funeral for suicides, provided they have shown any signs of faith in their lives.

PERSONAL FEELINGS AND EXPERIENCES

Based on the research, three elements dominated contemporary priests' attitudes towards suicide: compassion, empathy and a desire to help those in suicidal crisis. Referring to contemporary English-language literature, Christopher C. H. Cook (2014) points out that suicide in traditional Christian teaching was treated as a sin resulting from despair and lack of faith. In contrast, today, more priests present a compassionate attitude and treat suicide as the result of mental illness.

The study also presented elements of the reasons for the increase in suicide attempts over the years among children and adolescents in particular, according to priests. The main factors identified by the clergy were mainly problems originating in the family. One respondent indicated that:

Everything starts in the family. Both the good and the bad. Today, we are experiencing a family crisis on an unprecedented scale. [Wszystko zaczyna się w rodzinie. I to, co dobre, i to, co złe. Współcześnie mamy kryzys rodziny na niespotykaną skalę.]

The research found that other reasons for the increase in suicidal behaviour included:

- (1) The Internet and social media ('Their lives are confined to the virtual world.' [„Ich życie zamyka się w wirtualnym świecie.”])
- (2) Loneliness and lack of relationships ('(...) in reality, children experience a certain emptiness and loneliness and often cannot cope with their feelings.' [„(...) tak naprawdę dzieci przeżywają pewną pustkę i osamotnienie i nie radzą sobie często ze swoimi uczuciami.”])
- (3) Addictions ('(...) chemical or behavioural addiction (pornography, FOMO, gaming, online gambling)' [„(...) uzależnienie chemiczne lub behawioralne

(pornografia, FOMO, gry, hazard internetowy”)]

(4) Loss of values, including spiritual values and authority figures (‘Lost in a world where many values have been devalued’ [„Zagubienie w świecie, w którym wiele wartości uległo deprecjacji”])

(5) Disturbed peer relationships (‘peer pressure, (...), the brutality of language and references children and young people make to each other’ [„presja rówieśnicza, (...), brutalność języka i odniesień dzieciaków i młodzieży do siebie”])

(6) Other individual factors: lack of purpose in life, poor mental health, unhealthy lifestyle, lack of authority figures, hate and discrimination.

The clergy pointed out that there is also a difference between minors and adults committing suicide. The respondents’ opinions differ in their awareness of the decision, motives, and life experiences. There was also a statement that drew attention to the negative effects of changing attitudes towards suicide:

[the historical perception of suicides, which influences contemporary society] Unfortunately, in a negative way, rehabilitating many of these people. (...) Ultimately, this perception and the overall shift in discipline towards “we are all loved no matter what we do” diminishes God’s justice and almost completely ignores the consequences (...)” [[historyczne postrzeganie samobójców, mające wpływ na współczesne społeczeństwo] Niestety w sposób negatywny rehabilitując wiele z tych osób. (...) Przez takie postrzeganie w ostateczności i całościowo rozjeżdżanie dyscypliny w kierunku „wszyscy jesteśmy kochani cokolwiek zrobimy” powoduje umniejszanie sprawiedliwości Bożej i niemal zupełne pomijanie skutków (...)].

Descriptions of experiences of suicide in life had a special resonance. In addition to their own emotional difficulties and sadness resulting from the experience of the funeral of a deceased suicide victim, the clergy shared their experience of supporting the family. Some families did not want to talk about the cause of their loved one’s death, which may be the result of centuries-old prejudices and stigmatisation of suicides in society. The guilt among the families of suicides was another element pointed out by clergy in their contact with the family of the deceased. In addition, priests from rural areas shared detailed descriptions of their experiences, including specific cases of suicide that stuck in their memory and their contact with the family.

Another study concerning the stigmatisation of suicide in Christian societies showed that the early community was characterised by an approach full of harshness and lack of empathy. Suicide was equated with moral guilt and lack of spiritual maturity. Despite some changes in perceptions of suicide and finding fault with mental disorders, old approaches are still voiced in more conservative groups (Mason, 2021). The study was conducted using a qualitative method among nine Christian community leaders and

members.

The last element was a question about the role of faith in mental crisis. There are a lot of research studies that have supported the claim that faith has a positive effect on lowering the risk of suicide. According to a survey of almost 89,000 women and an analysis between 1996 and 2010, JAMA Psychiatry published a report that found that women who attended religious services more frequently (at least once a week) were less likely to have suicidal tendencies than women who did not attend religious services (VanderWeele et al., 2020). Another research was conducted on 82,898 participants from 60 countries. The world's largest study on religion and suicide indicated that in countries where more people declare that religion is important to them, suicide rates are lower. Differences in attitudes to suicide also depended on which religion the respondent belonged to—Muslims and Catholics, for example, showed stronger moral opposition to suicide than non-religious people (Eskin et al., 2021).

Respondents in the research “Attitudes of representatives of the contemporary clergy of the Catholic Church towards the phenomenon of suicide in Poland” referred to both the positive and negative aspects of faith:

- (1) Deep, mature faith (‘Authentic faith gives enormous strength to overcome all adversities.’ [„Autentyczna wiara daje ogrom siły do pokonywania wszystkich przeciwności.”])
- (2) Faith as a source of hope and meaning (‘Faith gives a deeper meaning and allows one to live with perspective.’; ‘A truly lived faith gives meaning and coherence to life, to the goals one sets, to the choices one makes, to the difficulties one encounters and to the joys one experiences.’ [„Wiara daje głębszy sens i pozwala żyć w perspektywie.”; „Prawdziwie przeżywana wiara nadaje życiu, podejmowanym celom, dokonywanym wyborom, napotykanym trudnościom i doświadczanym radościom sens i logikę.”]).
- (3) Relationship and experience of nearness to God (‘Trust in God means that no matter what comes, you always have an unshakeable foundation.’ [„Zaufanie Bogu sprawia, że nieważne co przyjdzie, ma się zawsze niezachwianą ostoję.”]).
- (4) The Church as a community (‘Faith is not an individual matter, but always an experience shared in the community of the Church, where there are many people ready to bear the burden with us.’ [„Wiara to nie indywidualna sprawa, ale zawsze przeżywanie jej we wspólnocie Kościoła, w którym jest mnóstwo ludzi gotowych nieść razem z nami trud.”]).
- (5) Suicide as a sin (‘A believer will try at all costs to avoid suicide as a sin of murder.’ [„Człowiek wierzący za wszelką cenę postara się unikać samobójstwa jako grzechu zabójstwa.”])

(6) Lack of faith as a risk factor ('Unfortunately, most suicides are people who have distanced themselves from God and the Church.' [„Większość samobójców, to niestety ludzie, którzy odsunęli się od Boga i Kościoła.”])

(7) Fear of spiritual consequences ('If it weren't for faith, if it weren't for life after death and fear of hell, they would probably have taken their own lives long ago.' [„Gdyby nie wiara, gdyby nie życie po życiu i lęk przed piekłem, to pewnie dawno już odebraliby sobie życie.”])

Religiousness, both in research and in the statements of priests, appears to be an essential protective factor in suicide prevention. By pointing to the above elements, clergymen confirm that religion plays a significant role in preventive measures.

PERSONAL KNOWLEDGE

During the research, priests shared their knowledge about old practices towards suicides, focusing mainly on funeral customs. They confirmed cases known from literature of burials outside the cemetery (Clare, 2023), refusal to bury suicides in consecrated ground (Kaźmierski, 2020) or burying them under the cemetery wall (Davies, 2017), but their knowledge remained at a general level. Priests raised in rural areas were more likely to give specific examples: refusal of a clergyman to participate in a funeral, a mass without the presence of the body, or limitations to prayer in the cemetery. This group showed much greater knowledge in this area, which may be due to their better understanding of local communities, where the transmission of such information was easier. Examples of priests' statements on this subject from the research:

(...) when rescuing a suicide victim, instead of indicating the actual reason, a substitute reason was given (instead of taking them to a psychiatrist, they were diagnosed with a sore throat and sent home). [(...) przy odratowaniu samobójcy zamiast wskazania faktycznego powodu, wskazanie powodu zastępczego (zamiast poprowadzić do psychiatrii, diagnoza o chorym gardle i odesłanie do domu).]

Later, restrictions were sometimes applied, e.g. no ringing of bells when leaving the church, or no singing during the liturgy. (...) [Później niekiedy stosowano ograniczenia, np. brak bijących dzwonów w czasie wyprowadzenia z kościoła, albo brak śpiewu w czasie liturgii. (...)]

(...) at a time when Slavic beliefs were still mixed with Christianity, there was sometimes a belief that, for example, a suicide victim could become a vampire - the body was then laid face down on the ground, or a stake was driven into the heart, or the head was cut off and placed between the legs (...). It was sometimes believed that a suicide victim would become a so-called nightmare or other demon. (...) [W czasie, gdy wierzenia słowiańskie mieszały się jeszcze z chrześcijaństwem, wykazywano niekiedy wiarę w to, że np. samobójca może stać się

wąpierzem (wampirem)—układano wtedy ciało twarzą do ziemi albo wbijano kołek w serce, albo też odcinano głowę i układano między nogami (...). Wierzo-no niekiedy, że samobójca staje się tzw. zmorą czy innym demonem. (...)]

Priests also pointed out that these practices were related to the knowledge of the human psyche at that time and emphasised that the development of mental health sciences impacted changes in Church teaching. Some statements indicated that the 'threat' of hell was intended to scare believers away from taking their own lives.

Respondents asked about contemporary practice of buried suicides said that only apostasy was the only potential a reason for refusal, while any sign of faith obliges the Church to perform a funeral:

The Church recognises suicide, like murder, as a moral evil, but at the same time recognises various circumstances that reduce the responsibility of a person who attempts suicide and proclaims that: "Hope for the eternal salvation of those who have taken their own lives should not be lost. God, in his own way, can give them the opportunity for salutary repentance. The Church prays for people who have taken their own lives." [Kościół rozpoznaje w samobójstwie tak jak w zabójstwie zło moralne, równocześnie jednak uznaje różne okoliczności które zmniejszają odpowiedzialność osoby która podejmuje próbę samobójczą oraz głosi, że "Nie powinno się tracić nadziei dotyczącej wiecznego zbawienia osób, które odebrały sobie życie. Bóg, w sobie wiadomy sposób, może dać im możliwość zbawiennego żalu. Kościół modli się za ludzi, którzy odebrali sobie życie."]

In modern Catechism, The Catholic Church currently recognises that many suicides may be the result of mental illness or a deep emotional crisis, which may reduce the moral responsibility of the person who committed suicide. Therefore, the Church does not refuse burial to those who have committed suicide and recommends an individual approach to each situation (Catholic Church, 1994).

DECLARED WILLINGNESS TO PROVIDE SUPPORT

This part of the study discussed priests' willingness to provide support to people in crisis through the prism of seminary training and personal experience. Most respondents, especially in the older age group, emphasised that they had not received such preparation:

The subject was covered in pastoral psychology and pastoral theology. Of course, the subject should be systematically addressed, and in this regard, they added that after completing the seminary, as part of the so-called ongoing formation. [Tematyka była obecna w ramach psychologii pastoralnej, teologii duszpasterstwa. Oczywiście, tematyka powinna być systematycznie podejmowanej, także poi w tym aspekcie dodawali, że zakończeniu seminarium, w ramach tzw. formacji permanentnej.]; There was definitely not enough preparation on this subject in

the seminary. [Na pewno za mało na ten temat było przygotowanie w seminarium.]

Younger priests, up to the age of 30, indicated that they had such preparation, but not always and not in full form

Both as a seminarian [in the seminary] and as a priest, I had various training courses on the above-mentioned topic. [Zarówno w seminarzysty [w seminarium] jak i kapłan miałem rozmaite szkolenia dot. ww. tematu.]

Yes [it was]. No [not sufficient], because it was only theoretical. [Tak [było]. Nie [nie wystarczające], bo było tylko teoretyczne.]

The respondents pointed out that they had to gain knowledge on their own by reading scientific literature, contacting specialists or gaining it through pastoral experience.

The research was complemented by an additional response from a clergyman working at a seminary regarding the curriculum and preparation of clerics to provide emotional support. The respondent pointed out that the curriculum “(...) has no separate subject that would address the above issues. They are touched upon in individual subjects, i.e. psychology, pedagogy, moral theology, and pastoral medicine, but only very briefly. (...)” [„(...) nie przewiduje odrębnego przedmiotu, który uwzględniałby powyższą problematykę. Są one poruszane na poszczególnych przedmiotach, tj. psychologia, pedagogika, teologia moralna, medycyna pastoralna, ale bardzo zdawkowo. (...)”]. He also assessed how the education of clerics has changed over the years, emphasising that:

Of course, it is better now because there is greater awareness of the problem. (...) About a decade ago, a subject called pastoral medicine was introduced, in which clerics undergo a short internship in a hospice in the field of palliative care. [Oczywiście teraz jest lepiej, ponieważ istnieje większa świadomość problemu. (...) Mniej więcej od dekady został wprowadzony przedmiot medycyna pastoralna, w ramach którego klerycy odbywają krótki staż w hospicjum, z zakresu opieki paliatywnej.]

When the clergy were asked about their experience in providing support, they showed openness to conversation and various forms of intervention, but most of their statements related to their activities were based on further referrals to specialists—psychologists and psychiatrists. Respondents from rural areas drew attention to the importance of words of conversation and spiritual guidance for people in crisis, saying that one should not be afraid to ask about suicidal thoughts. One should also be sensitive and attentive to what one says because words can literally ‘take away the hope for life’ [„odebrać nadzieję na życie”]. Priests expressed the following views on their readiness to provide support:

1. Assess the level of intensity.
2. Find out if the person's closest relatives are aware of these thoughts.
3. Find out if the person has been consulted by a psy-

chiatrist. If the thoughts are intense and the family/close relatives are not aware of them, and there has been no consultation, encourage the person to seek such consultation. In extreme cases, call an ambulance or take them to a psychiatric emergency room. [1. Ocenić poziom intensywności. 2. Dowiedzieć się, czy osoby najbliższe wiedzą o tych myślach. 3. Dowiedzieć się, czy osoba była konsultowana psychiatrycznie. Jeśli myśli są intensywne, a nie wie o nich rodzina/najbliźsi, i nie było konsultacji zachęcić do odbycia takiej konsultacji. W skrajnym przypadku wezwać pogotowie, lub zawieźć na SOR psychiatryczny.]

Basically, I would like to listen. Without asking questions. Those at the end. I also encourage them to see a specialist: a psychiatrist or psychologist. (...) In pastoral conversation, I focus on listening. [Zasadniczo chciałbym wysłuchać. Nie zadając pytań. Te na końcu. Nakłaniam też do wizyty u specjalisty: psychiatry lub psychologa. (...) W rozmowie duszpasterskiej nastawiam się na słuchanie.]

I always try to gently encourage such a person to contact a psychologist. I also try to surround that person with care and love. (...) I show God's perspective of love. [Zawsze staram się delikatnie nakłonić taką osobę do kontaktu z psychologiem. Staram się również otoczyć tę osobę troską i miłością. (...) Ukazuję Bożą perspektywę miłości.]

(...) a priest can suggest a psychologist or psychiatrist, or offer a conversation after confession. [(...) ksiądz może podpowiedzieć psychologa, psychiatrę, może zaproponować rozmowę po spowiedzi.]

Without continuous improvement, professional help or competent support is not possible. [Bez nieustannego doskonalenia nie ma mowy o fachowej pomocy i kompetentym towarzyszeniu.]

Education must be continuous. There is always something to be done in terms of knowledge and skills. [Edukować należy się nieustannie. Zawsze jest coś do zrobienia w zakresie wiedzy i umiejętności.]

The clergy demonstrated empathy, attentiveness to signs of crisis, and the ability to recognise life-threatening situations. Clergy often become the first confidants of people experiencing deep psychological suffering. Below are some examples of responses:

(...) when someone comes to me and we sense a resigned attitude towards life, it is worth asking whether that person has suicidal thoughts or thoughts of resignation. Do they have thoughts that they would not like to wake up in the morning? It helps a lot then. [(...) kiedy ktoś przychodzi do mnie i wyczuwamy taki rezygnacyjny styl życia, to warto zapytać o to, czy ta osoba ma myśli samobójcze, czy ma myśli rezygnacyjne. Czy ma takie myśli, że nie chciałyby się rano obudzić? To bardzo wtedy pomaga.]

When a man in his thirties came to me and said he wanted to confess because he was going to take his own life, I asked him if he had anyone close to him. He has a mother. I asked him if he knew what his mother would go through. How she would grieve and suffer. There was confession, listening to him. We prayed together. Then I went back to my place and my mother and I prayed the Chaplet of Divine Mercy for him. The man is alive and sometimes comes to confess. [Gdy przyszedł do mnie mężczyzna około trzydziestki i stwierdził, że chce się wyspowiadać, bo idzie odebrać sobie życie, to postawiłem mu pytanie, czy ma kogoś bliskiego. Ma mamę. Powiedziałem, czy wie, co ta mama będzie przeżywać. Jak będzie rozpaczać i cierpieć. Była spowiedź, wysłuchanie go. Wspólna modlitwa. Potem wróciłem do siebie i ogarnęliśmy go z moją mamą modlitwą Koronką do Bożego Miłosierdzia. Pan żyje i czasem przyjeżdża wyspowiadać się.]

I know of a case where an alcoholic asked what he should do. He wanted free vodka so he could give it back later. The lady replied that he should hang himself. He went and did it. Knowledge from this lady and her husband. I realised that words can take away the hope for life. [Znam przypadek, że na pytanie alkoholika, co ma zrobić. A chciał za darmo wódkę, żeby potem oddać. Pani odpowiedziała, że powiesić się. Ten poszedł i to zrobił. Wiedza od tej Pani i jej męża. Zdałem sobie sprawę, że słowem można odebrać nadzieję na życie.]

I always advise clerics and priests to ask very subtly in such situations: “Excuse me, what do you mean by stupid thoughts?”—and it turns out that most often these were suicidal thoughts. And the person is even afraid to name these thoughts (...) [Zawsze podpowiadam, czy to klerykom, czy księżom, żeby w takiej sytuacji tak bardzo subtelnie dopytać: ‘Przepraszam, co to znaczy, że miał pan głupie myśli?’ – i okazuje się, że najczęściej to były myśli samobójcze. A osoba boi się nawet nazwać po imieniu tych myśli (...)]

This practice, involving subtle questioning, creates a safe space where a person in crisis can feel understood and accepted. Although many clergy members do not yet feel sufficiently prepared, their attitude is often characterised by a high degree of empathy and a willingness to accompany people in crisis.

In 2006 and 2007, there were similar studies with 65 people from parishes in the Wielkopolska voivodeship. The results showed that priests were not really ready to help in suicide crises, even though they knew they had an essential role in prevention. Even then, priests admitted that they did not know effective methods of suicide prevention. Instead, they pointed to the need to refer such people to specialists, mainly psychologists and psychiatrists. Priests who had contact with families after the suicide of a loved one limited their help to conversations, spiritual support and presence. However, even then, the author recommended the Church's participation in preventive, informational and organisational activities (Czabański, 2017). Despite the appeals made then, priests today also

point to a lack of substantive preparation.

THE ROLE OF THE CHURCH IN SUICIDE PREVENTION

Given its significant influence, the Catholic Church should be considered a key actor in suicide prevention in Poland. The article by Karen Mason (2021) concludes that Christian communities play an important role in suicide prevention. Research conducted in the US on both clergy and members of Christian communities has shown that there are three aspects to the stigma of suicide: internal (feelings of guilt and shame on the part of the person affected by suicide), interpersonal (isolation, avoidance, silence of the community) and theological (belief in suicide as an ‘unforgivable sin’). The authors of the study point out that the fear of suicide has a substantial impact. In contrast, silence and the creation of a taboo around suicide make it difficult for the community to seek help and deepen isolation. Among the barriers to openly addressing this topic are the lack of preparation of clergy, pressure for sermons to have a positive tone, the belief that faith should ‘protect’ against mental health problems, and the artificial separation of spirituality from mental health issues (Mason, 2021).

The priests who participated in the study assessed the Church’s preventive measures as generally sufficient, but some said that the Church could do more, and suicide prevention is not seen as the Church’s role by some. The clergy pointed to spirituality as one of the key things that can help prevent suicide. Faith and religious affiliation can serve as a protective factor, supporting a person in times of crisis: “The Catholic Church, as the living body of Jesus Christ, gives life and spiritual healing. The Good News awakens hope and helps to overcome crisis.” [„Kościół Katolicki jako żywy organizm Jezusa Chrystusa daje życie i uzdrowienie duchowe. Głoszona Dobra Nowina rozbudza nadzieję i pomaga przezwyciężyć kryzys”].

Respondents also point out specific forms of activity: psychological counselling centres operating in parishes, support groups, direct pastoral conversations, the sacraments of confession and spiritual guidance:

It helps, for example, by running counseling centers for such people, during confession, spiritual guidance... [Pomaga, choćby prowadząc poradnie dla takich osób, w czasie spowiedzi, kierownictwa duchowego...];

In every (parish) community there are people affected by mental illness. Perhaps because only here are they accepted, tolerated, and surrounded by love. [W każdej wspólnocie (parafialnej) są osoby dotknięte chorobą psychiczną. Może dlatego, że tylko tutaj są przyjmowane, tolerowane, otoczone miłością.]

In the case of specific forms of support, there were a lot of suggestions that also show up in other studies and conclusions on similar topics, which could be taken into account when creating prevention programmes involving the Church. Priests spoke of the need

for a more comprehensive systemic approach. They pointed to the education of clergy already at the seminary formation stage and suggested the organisation of specialised training, workshops, and conferences for priests:

By organizing conferences discussing the topics of suicide and mental crises. [Poprzez organizowanie konferencji omawiających tematykę samobójstw i kryzysów psychicznych.]; Do not avoid talking about suicide, talk about it openly so as not to stigmatize people in crisis. [Nie unikać rozmowy o samobójstwach, mówić o nich otwarcie, by nie stygmatyzować osób w kryzysie.]

It was emphasised that contemporary pastoral activity must be based not only on intuition and empathy but also on professional training. Respondents also pointed to the need to cooperate with secular institutions—psychologists, psychiatrists, and social welfare centres—while providing spiritual support:

The Church should not take on the role of specialists in this field on its own, but rather should cooperate with the relevant institutions. [Kościół nie powinien samodzielnie przejmować roli specjalistów w tej dziedzinie, ale raczej powinien współpracować z odpowiednimi instytucjami.]

Respondents also pointed in particular to the building of communities and support groups, which are very important for a sense of security and reducing loneliness, which is a strong risk factor:

(...) communities and meetings, i.e. building deep relationships based on true values. [(...) wspólnoty i spotkania, czyli budowanie głębokich relacji opartych o prawdziwe wartości.]; Creating support groups, places where you can come for a conversation when you are in crisis. [Stworzenie grup wsparcia, miejsc do których można przyjść na rozmowę, gdy jest się w kryzysie.]

It is also important to be open to listening and supporting and not to close the door when someone opens up to a clergy member:

On Sunday, we announce from the pulpit that if anyone needs help, priests are available in the confessional. [W niedzielę ogłaszamy z ambony, że jeśli ktoś potrzebuje pomocy, to dyżur księży jest w konfesjonale.]

In addition, they pointed out that families should be educated about suicide prevention, especially among young people—identifying warning signs, parents being attentive to their children, and conducting pastoral conversations: “In the diocese, workshops can be held for priests and catechists to raise awareness of the ‘signals’ of suicidal tendencies in children and young people, and to provide knowledge about the problem and measures to be taken.” [„W diecezji można przeprowadzać warsztaty dla księży i katechetów, uwrażliwiające na “sygnały” presuicydalne dzieci i młodzieży, oraz dające wiedzę na temat problemu i środków działania.”]

DISCUSSION

The presented sampling frame showed that both the position of priests at the level of personal reflection and the teaching of the Church in the context of the approach to suicides and stigmatisation have changed compared to the approach presented in previous centuries. The approach of the clergy participating in the study is, at this point, characterised by great empathy and openness to changes in the field of prevention. Many of them also recognise that mental health issues among kids and teens are on the rise and that something needs to be done about it. According to CBOS (2024), 89% of respondents in Poland declare religious affiliation. Given the growing mental health crisis, the Catholic Church's involvement in preventive measures appears essential. Therefore, given the growing mental health crises, it is essential to involve the Catholic Church in preventive measures.

Following the logic of this, priests who believe that the Catholic Church should not get involved in solving issues related to mental health crises while also emphasising that faith is a protective factor, it is difficult to agree with the view that the Church does not play a key role in prevention.

A supplementary statement by a priest who works in a seminary resulted in the topic of mental health being discussed during formation, but only marginally. Despite their willingness to help, young priests often feel helpless in the face of people in crisis. The introduction of crisis intervention and suicidology classes into the seminary program could be an important step towards suicide prevention. Taking into account the study entitled "Effect of Pastoral Crisis Intervention training on resilience and compassion fatigue in clergy: A pilot study," in which 36 clergy members participated in Pastoral Crisis Intervention (PCI) training conducted according to the standards of the International Critical Incident Stress Foundation (ICISF). The results of the study showed that after 12 months, those who participated in the training demonstrated better mental resilience and had better compassion fatigue reduction skills and a lower risk of secondary post-traumatic stress. The researchers emphasised the need to implement such training as a preventive tool (James et al., 2018, p. 3).

Already in studies from 2006–2007 on priests' involvement in suicide prevention (Czabański, 2017), there was a need for workshops, training, and meetings with experts to help clergy gain knowledge and skills valuable in talking to people in mental crisis. Although almost 20 years have passed since that research, the results remain consistent. This suggests that the needs of clergy have not been sufficiently addressed. Specific measures could be implemented at both the diocesan and national levels, e.g. as an initiative of the Polish Episcopal Conference in cooperation with organisations specialising in mental health. The respondents showed a willingness to gain knowledge, but structured solutions to support and guide this readiness are lacking. Another proposal is to build support groups for parishes, which could bring together people with similar problems.

Those interested could talk to each other and provide mutual support in times of crisis. Appropriate supervision is necessary here—a clergyman or specialist with the proper expertise.

I propose to change the narrative when we talk about suicide. Some clergy still use rhetoric based on sin, guilt, and spiritual consequences. I see a need to move away from this narrative—from condemnation to talking about hope and accompanying people in their suffering. This is not just a matter of semantics but of building a safe space where a person in crisis does not have to fear stigmatisation. Considering that the number of believers in Poland is still high, but the number of practising Catholics is slightly lower, it would be good for the Church to serve as a place where believers feel safe.

The research has shown that although there is a lack of formal preparation, many priests intuitively converse with people in mourning and crisis. Some of them deepen their knowledge on their own by reading literature or completing additional studies. It would be worthwhile to expand these observations with quantitative research better to understand the extent of clergy readiness for preventive measures.

In summary, the Catholic Church in Poland is in a transitional phase—between the traditional model of pastoral care and a more open, interdisciplinary approach to mental health issues. The reform of seminary education is now of key importance, as a cooperation with secular institutions, and the creation of a real support network that will make clergy a vital link in the suicide prevention system. The study showed that contemporary priests demonstrate empathetic attitudes towards people in suicidal crises, but there is still a lack of systematic training in crisis intervention. Clergy often learn on their own or take additional courses, and their readiness to provide support is based mainly on pastoral and spiritual experience. Despite visible changes in its approach to suicide, the Catholic Church still needs consistent and structured prevention strategies.

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