



Competences of a confessor in accompanying a penitent with obsessive-compulsive disorders related to the sacrament of penance

Kompetencje spowiednika w towarzyszeniu penitentowi z zaburzeniami obsesyjno-kompulsyjnymi, dotyczącymi sakramentalnej spowiedzi¹

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Abstract: Obsessive-compulsive disorder, OCD, is the neuropsychological disorder whose key features are recurring obsessions (obsessive thoughts) and compulsions (obsessive behaviours). They affect a man in different dimensions of his functioning in everyday life also involve the area of sacramental confession. The number of people struggling with the disorder is growing year by year. This is demonstrated by both psychological and pastoral practice. This article in its assumptions is going to help priests with effective accompaniment of these people. It is divided into three parts: first, concerns terminological issues that are to systematize knowledge about that, second, discussion of the sacrament of penance in the described context, and, third, practical suggestions both theological and psychological which should be a valued help for priests.

Keywords: obsessive-compulsive disorder, fear for confession, a confessor, psychological competences, theological competences

Abstrakt: Zaburzenia obsesyjno-kompulsyjne, czyli OCD, to zaburzenie neuropsychologiczne, którego głównymi cechami są: nawracające obsesje (myśli natrętne) i kompulsje (czynności natrętne). Dotykają one człowieka, w różnych wymiarach jego codziennego funkcjonowania, obejmując również obszar sakramentalnej spowiedzi. Liczba osób zmagających się z tym zaburzeniem wzrasta z roku na rok. Pokazuje to zarówno praktyka psychologiczna, jak i duszpasterska. Niniejszy artykuł, w swoich założeniach, ma pomóc duszpasterzom w kompetentnym towarzyszeniu tym osobom. Podzielony został na trzy części: pierwsza to kwestie terminologiczne, które powinny usystematyzować wiedzę na ten temat, druga to omówienie sakramentu pokuty w opisywanym kontekście, a trzecia to praktyczne wskazania zarówno teologiczne, jak i psychologiczne, które powinny być cenną pomocą dla duszpasterzy.

Słowa kluczowe: zaburzenia obsesyjno-kompulsyjne, lęk przed spowiedzią, spowiednik, kompetencje psychologiczne, kompetencje teologiczne.

Introduction

From the multitude of constantly appearing scientific publications (Piacentini, Audra, Tami, 2018; Freeman, Marrs Garcia, 2018a, 2018b; Pietrulewicz, 2019; Gorczak, 2020, 2021; Goodman, Storch, Sheth, 2022; Hershfield, 2022; Maciejewski, 2020, 2022) it can be concluded that the issue of obsessive-compulsive disorders is an important subject in the current reality, especially after the situation related to the Covid-19 pandemic. Pastoral and psychological practice also shows that the number

of people seeking psychological and pastoral help related to everyday functioning of an individual, but also concerning faith or broadly understood religiosity, is increasing (Smoleń, 2018). One of these areas, related to religiosity, is the sacrament of penance and reconciliation. This sacrament, although by its very nature brings people forgiveness and reconciliation, and thus joy, peace of heart and a sense of security, for some it causes a lot of trouble and distress. The reasons for this are different, as

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well as the age of those experiencing them. As psychological practice shows, this affects children as well as adolescents and adults.

In the first part of this article, questions of terminology are presented, which will allow for a proper understanding of the discussed issues. Clarification of these concepts will help to understand the discussed phenomenon better, which is important in providing appropriate help to penitents. In the second part, all issues related to sacramental confession will be presented in a systematic way, starting with the examination of conscience. The last part of the article will discuss in detail the competence of the confessor in both theological and psychological terms. They are to help the confessor to accompany the penitent with even greater confidence making use of the sacramental confession.

1. Terminology issues

While reviewing the current literature on the topic, we find many sources analysing the presented issue. The word “competence” itself, which is an interdisciplinary category, is defined in various ways. According to I. Białecki, competence is “a combination of specific skills, knowledge and attitudes that enable a competent person to cope with various important and typical life tasks” (2006, p. 97). For S. Noe, competence is a concept that consists of basically three elements, namely *the ability* (to be able to act), *the knowledge* (to know), *the behaviour* (to be able to be). He defines this concept as “the ability to find the best strategies to face life’s challenges” (2019, p. 19-20). And this life challenge for every confessor at a given moment is the ability to meet the spiritual needs of specific penitents.

In order to define the discussed disorder, marked in the International Statistical Classification of Diseases and Related Health Problems ICD-10 as F42, i.e. *obsessive-compulsive disorder* – OCD (2006, p. 324), we will use the newest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) released in 2013. In 2017 it was translated and published in Poland. This edition includes detailed tables with the current diagnostic criteria. According to the

DSM-5, obsessive disorders or intrusive thoughts are defined as: “Recurrent and persistent thoughts, urges or images that are experienced, at some time during the disturbance, as intrusive, unwanted, and that in most individuals cause marked anxiety or distress. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralise them with some thought or action (i.e., by performing a compulsion)” (2017, 254). On the other hand, compulsions or obsessive actions are referred to as “repetitive behaviours (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to the rules that must be applied rigidly. These behaviours or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation. However, these behaviours or mental acts either are not connected in reality with what they are designed to neutralise or prevent or are clearly excessive” (2017, 254).

These disorders may present with only obsessions or only compulsions, or both at the same time. Important and basic information on OCD is provided by Morrison (2016), according to whom the described disorder can be defined as follows:

- it is usually chronic and often destructive,
- puts patients at risk of singleness or marital discord,
- interferes with functioning at school and at work,
- affects both women and men,
- is highly family-oriented (the risk for first-degree relatives is approximately 12%, roughly 6 times the normal rate),
- is probably at least partly hereditary,
- two thirds of people struggling with obsessive-compulsive disorder experience major depression,
- about 15% attempt or commit suicide (p. 225).

The above statements give a more complete view of this issue and are valuable information for relatives affected by this disorder. Relatives are not always able to properly understand this disease and therefore react accordingly, which also causes additional suffering to

those struggling with this disease. This disorder, as already mentioned, also affects every area of religious life, both sacramental and non-sacramental (Gorczyk, 2021). In our considerations, we will focus on sacramental confession, because this area of religious life has been a source of various kinds of suffering for many people since childhood, which increases over the years due to the lack of proper help, also in the sacramental forum.

2. Sacramental Confession and Obsessive-Compulsive Disorder

The sacrament of penance and reconciliation, which is referred to as the “sacrament of God’s mercy” (Drożdż, 1994, p. 46), should bring inner peace to the penitent, for that is its essence. However, for people with OCD, it also brings many unpleasant moments, and the relief is only temporary, which is why many people postpone confession in time, because the very thought of confession evokes negative emotions and experiences in them.

Holy Confession consists of several parts, which will now be discussed in the context of OCD.

2.1. Examination of conscience

Difficulties begin with the preparation for confession, i.e. with an examination of conscience. For these people, the preparation of an examination of conscience lasts from several hours to several days. In addition, it does not end with one examination of conscience from one guide. Penitents, not feeling inner peace that they are well prepared for confession, look for further examinations of conscience, also on websites, in order to be satisfactorily prepared. Furthermore, disturbed and tormented by scruples, “they see sin where it does not exist or imagine a grave sin where the matter is venial” (Kokoszka, 2001, 120). Many of them, not wanting to forget what they consider a sin, write down their sins on a piece of paper. This practice is not only accepted by many confessors, but also appreciated as an expression of concern for a deepened spiritual life and good preparation for confession.

2.2. Repentance

Every penitent knows that repentance is a required condition for absolution. Penitents without OCD have no problem with this. It is completely different for people with OCD. These people, when they talk about repentance, fear that they do not have moral certainty whether they have regrets. They speak without conviction or are completely terrified that they do not have regrets, that they do not know whether they regret, that they have doubts whether they regret, and whether confession is, therefore, valid. The confessor’s assurances that the fact that a person came to confession is already an expression of remorse in their situation do not always calm down the penitent. Also a suggestion from the confessor: *regret that you cannot repent*, does not provide support for the penitents and does not solve their problem.

2.3. Confessing sins

The mere thought of confessing sins is a source of great anxiety for people with OCD. Many fear whether they will say all the sins, whether they will say them correctly, whether they will not change anything while saying them, whether the confessor will clearly hear everything and understand what they wanted to say. In addition, many of these people, wanting to help themselves, write down their sins on a piece of paper so as not to forget anything. However, this practice does not give them peace of mind. The penitents, despite writing down their sins on a piece of paper, still wonder during confession whether they wrote everything down carefully and instead of focusing on what the confessor says, they constantly conduct a mental analysis of their time since the last confession and the correctness of everything on the piece of paper.

2.4. Penance

People with OCD often, if not always, experience difficulties doing penance. They are tired of perfectionism. Anxiety accompanies them all the time. Each distraction becomes an excuse for them to

perform the assigned penance once again. In their opinion, during penance, concentration should be impeccable. In addition, these people are convinced that the penance imposed by the confessor is too mild and they have to do something more, even add a prayer for themselves. Their anxiety is also related to the certainty of doing penance, hence they practise writing in the calendar so as not to have any doubts whether they did it or not.

2.5. Frequency of confession

Generally, Holy Confession should be practised once a month. In some justified cases, when it comes to the spiritual development of the penitent, once every two weeks. However, people with OCD would practise sacramental confession very often. It depends on the degree of doubts about committed sins. There are situations in which these people would like to confess several times a day to calm their doubts and fears regarding the sacramental confession, and above all, regarding their sinfulness.

2.6. General Confession

The practice of general confession is quite common these days and is suggested by many confessors as very valuable on the way of inner human development. Therefore, people with OCD are also convinced that this is the only right way for them if they want to experience inner peace and not fear of some aspects of the sacrament of penance. In their opinion, every holy place, a new place of religious worship, is a good occasion for a general confession. However, this is not a good solution.

2.7. Resolution to improve

As noted by A. Drożdż, “the resolution to improve is a conscious and free act of the will not to sin again” (1994, p. 72). This is not easy for people with OCD, which is resulting not so much from the reluctance to sin, but from the lack of conviction that it can be avoided, because they are aware of their sinfulness and little effectiveness in dealing with weaknesses and sins.

3. The Priest’s Attitude in Helping a Person with OCD and his Competences

Apart from a psychologist, a competent spiritual director or confessor plays an important role in the treatment of the discussed disorders. His presence, knowledge and experience are essential in a holistic approach to the penitent. A psychologist, who is not a clergyman, advises the patient to use spiritual support, or even, in some situations, acting directive-ly, orders them to use this help. It is important that a psychologist who is not a priest does not take the position of a clergyman, since he has no competence to do so, and that a clergyman who is not a psychologist does not take the position of a psychologist in matters for which he is not competent.

So what should a confessor who has penitents with this disorder know? Here are some practical guidelines, both theological and psychological.

3.1. Theological knowledge

1. An important rule regarding actions under the influence of fear is that “fear, which paralyses the reasoning faculties, completely removes responsibility for the act performed under its influence” (Kokoszka, 2001, p. 62).
2. A confessor may exempt a person with OCD from preparing for sacramental confession according to any examination of conscience. This exemption may be for a definite or indefinite period. The confessor has such a right and should use it, because, as A. Kokoszka claims, “the scrupler’s examination of conscience turns into a mania of inquiry, which deepens compulsive behaviour. Bearing this in mind, sometimes this privilege should be changed directly into a ban on making a detailed examination of conscience, because the life of a scrupler is a constant, tiring examination of conscience” (2001, p. 123). In turn, E. Działo, referring to Duffner, states that “the scrupler can be exempted by a confessor for a certain period of time or for life, from the right to conduct an examination of conscience and substantive accuracy of confession” (2019, p. 57). And there is no

need to be afraid that this may have a negative impact on the spiritual and moral development of the penitents. On the contrary, understanding of difficulties experienced by them from the part of the confessor has a very positive effect on their further religious functioning. After a while, it is possible to develop an appropriate form of preparation for confession, together with the penitent, e.g. just before confession, a quick reminder of all behaviours since the last confession.

3. A confessor has the right to release people with OCD from confessing their sins. Confessors do not always exercise this right. The reason is either ignorance or fear of whether it is appropriate for the penitent's development, or whether the penitent will not get used to this practice. It should be clearly stated that this will not adversely affect the spiritual development of the penitent.
4. In order for the practice of sacramental confession to be helpful and healing for the penitents, it is worth suggesting to them to go to Holy Confession first once every two weeks, and then once a month. E. Działa, already cited above, believes that "daily confession or every few days is unacceptable. For the scruplers who lead a deeper inner life, the best solution would be confession every two, three weeks, or even month. In some cases it should be even rarer" (2019, p. 52). As for general confession, it should be strictly forbidden because penitents who have difficulties trusting God do not gain this trust through general confessions, but develop even more the conviction that all this really depends only on themselves, on their inner work, quality of penance, apology.
5. If a person, either an adult or a child, has doubts as to whether he or she has committed a grave sin, it must be remembered that people with obsessive-compulsive disorder are not able to commit a grave sin on their own.
6. The penitent must not be taught to write down sins on a piece of paper. This applies to both children and adults. This practice should always be stigmatised and banned. Writing down sins on a piece of paper only contributes to OCD disorders on religious grounds.
7. It is worth remembering that a person with OCD, both a child and an adult, can receive Holy Communion every day, between confessions. This is very important, because these people very often practise only one-time access to Holy Communion right after confession. Then they already feel unworthy because of their sinfulness.
8. People with OCD are never satisfied with their concentration during confession or during the prayers. Before and after confession, they feel the desire to repeat these prayers several times, deluding themselves that through this practice they will acquire the ability to concentrate perfectly during prayer. The confessor should clearly forbid this practice.
9. As for the difficulties involved in making amends by a penitent with OCD, an attitude of understanding on the part of the confessor may help the penitent discover the resolution to amend in another moral act, for example in an act of love, in a resolution to do works of mercy.
10. After Holy Confession, penitents must not induce in themselves the practice of adding other, additional prayers to the penance imposed by the confessor. This practice sows anxiety, and raises doubts whether this extra prayer is enough. Therefore, the confessor should very clearly signal to the penitents that they are forbidden from this practice. It is worth mentioning that the confessor can perform penance for the penitents himself or together with them during confession. This practice is very helpful in dealing with obsessive-compulsive disorder due to the thoroughness of penance. It is a mistake on the part of the confessor to allow the penitents to impose on themselves a penance. This gesture often stems from kindness towards penitents. However, it wreaks even more psychological havoc on them. It happens that the penitent will not be able to choose and fulfil this penance because of constant doubts as to whether it is an adequate penance. In addition, it is a mistake in the confessor's approach to impose a penance that is not sufficiently precisely defined. This sows anxiety and doubts as to whether the intention of the confessor was properly understood. The penance should be short, not spread over several days, as this would be very burdensome for the penitent with the disorder discussed in this article.

11. The obedience of the penitent to the confessor is very important. In what concerns the practice of the sacrament of confession, the penitent should absolutely listen to the confessor. The penitent may dialogue with the confessor, but if the confessor, for the benefit of the penitent, makes a specific decision, the penitent should unquestionably submit to this decision.
12. Another very important task of the confessor is to constantly emphasise to penitents the need for absolute trust in God's Mercy, and not in themselves and their practices. People with OCD have an enormous problem with this.

3.2. Psychological knowledge

1. A person who has problems related to OCD uses the following phrases in their statements: *rather, maybe, I'm not sure, I have the impression that..., I suppose, I don't know exactly, I don't remember exactly... probably, I have doubts, but I want to say it, or they repeat the same thing over and over again during confession, as if they wanted to make sure that they had already said it.* Such messages should give the confessor a clear signal that he is dealing with a person with OCD.
2. The confessor can also ask the penitents himself to make sure that he is dealing with a person with OCD. He may ask whether penitents are meticulous, perfect people, whether confession poses any difficulty for them, how long have they been preparing for confession, is confession stressful for them, if so, why? Affirmative answers will be a clear signal for the confessor that this person is struggling with OCD.
3. People with scruples cannot be succumbed to by answering all their questions, doubts, and their meticulousness. Fulfilling requests only deepens their obsessive-compulsive behaviour, so the confessor should gently but firmly interrupt further questions, especially repeated questions, and not try to answer them endlessly.
4. People with OCD need a directive approach. They need to receive very clear messages. When we give them a choice, we can be sure that they will not make it. With every minute they think about it, they will have more doubts than certainties. These people need to be told briefly: please do this and only this, do nothing else.
5. The confessor must be careful and pay attention to everything he says. Each of his words is heard by the people with OCD and most often interpreted by them to their disadvantage. In addition, it is very important that the confessor does not raise topics that are not raised by penitents, even if they are related to their spiritual problems. Penitents surprised by a statement, without the possibility of further development of the issue, are left alone with their thoughts, analyses, uncertainties, often generating further fears.
6. OCD does not go away on its own. This disorder must be treated. Therefore, it is worth suggesting to the penitent to undertake psychological therapy in order to develop the ability to react appropriately. An important support is also pharmacological psychiatric treatment, which many penitents are not convinced of, therefore the encouragement from the confessor to contact a psychiatrist may be very helpful. At this point, it is also worth appealing to confessors, who are not psychologists or psychiatrists by profession, not to enter into dialogue with the penitent in these areas. The lack of proper knowledge could sow anxiety in penitents, such as whether the drugs are well chosen, or whether it is necessary to take them for such a long time. These matters should be left to the professionals.
7. The confessor should acknowledge that a person with obsessive-compulsive disorder, if they say they did something wrong and signal their confidence at 99%, it means that they did not do it.
8. It is worth remembering that this struggle requires exceptional patience, understanding and consistency on the part of the confessor. We will not achieve anything positive by irritating, joking, trivialising, or rushing the penitent. L. Frere (2022) very thoroughly discusses the issue of human patience in his latest book, in which the reader will find, among other things, practical indications for being a patient person.

9. The confessor should also be characterised by an attitude of self-confidence in matters concerning sacramental confession, which means, that he knows what he is saying and that he is not wrong in what he says, that he can be trusted. Any hesitation in the confessor's response causes uncertainty on the part of the penitent.
10. It is important for the confessor to be aware that OCD is a fatal disorder, and therefore it requires great attention, care, sensitivity, delicacy and wisdom on his part, because it is basically a fight for human life.

Conclusion

Obsessive-compulsive disorders are not easy to treat. It includes those with a religious background. Accompanying such people takes a lot of effort on the part of the confessor. Every confessor meeting people struggling with these disorders in his pastoral activity, not being a psychologist, does not always know how to act in a specific situation. For many confessors, both young and experienced, this issue is a difficulty. Twardowski wrote in his book "How to Live?" (2002): "Słowacki writes in his letters to his mother that he went to confession in a monastery in Libya after many, many years; he burst into tears and spoke for an hour, and the priest said: listen, the faith of a child has healed you. One sentence. Sometimes one sentence is enough, but nevertheless

a sentence that must flow from the priest's deep faith, dictated by the Holy Spirit. A priest sometimes meets psychopaths and then just needs to be able to listen. This ability to listen patiently is also very important. To know how to listen. Then the priest will help as the best doctor. It is terribly tiring – one of the crosses priests have to bear. But I think God called us to be there for the poorest people. Once such a psychopath haunted me and confessed for an hour each time, her sins were written down in a chequered notebook, even in a special writing pad, one by one, and so on... I couldn't stand it, I even tried to run away, but she kept running after me. Then one day I got a phone call (at that time I was a vicar in Saska Kępa): they say that a woman is in a facility for the terminally ill and she gives my name. I caught a taxi, I went there, I looked. It's her. She told me: "I was tormenting you, but thank you for every meeting". And she died. I remember very well how embarrassed I was that I ran away from her. She told me before she died that she thanked me, although she should have reprimanded me because so many times I couldn't listen to her (p. 113-114).

The presented material was intended to illustrate this issue in a synthetic way and to provide specific, practical solutions, both theological, moral and psychological. An experienced confessor knows that people with OCD are very tormented in their experiences and sufferings, which is why his proper approach becomes a guarantee for the penitent that he will enter the path of inner peace and builds in him hope and courage to live.

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