

2018

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Recommended Citation

Plante, T. G., & Manuel S.J.,Gerdenio. (2018). Promoting Hope, Healing, and Wellness: Catholic Interventions in Behavioral Health Care. In *Healing with Spiritual Practices: Proven Techniques for Disorders from Addictions and Anxiety to Cancer and Chronic Pain* (pp. 143–154). Praeger.

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Promoting Hope, Healing, and Wellness: Catholic Interventions in Behavioral Health Care

Thomas G. Plante and Gerdenio (Sonny) Manuel, S.J.

The Catholic Church includes over a billion people and is the largest single church denomination in the United States, representing approximately 23 percent of the total U.S. population.^{1,2} It is the oldest continuous organization of any kind in the world with a 2,000-plus-year history. Furthermore, the Catholic Church, via its various religious orders of priests, religious sisters and brothers, and lay colleagues, as well as the sponsorship of numerous dioceses, operates countless private schools at the elementary, secondary, and collegiate levels across the country and around the world. Additionally, they direct hospitals and social service agencies in many countries around the world.¹ Regardless of one's religious background, tradition, or beliefs, Catholic or otherwise, numerous lives are being, or have been, significantly affected by the Catholic Church through education, medical care, social services, and pastoral support.

Health-care professionals are likely to treat Catholics; and many of these professionals, regardless of their own religious or spiritual affiliations, work in Catholic-affiliated institutions. It is, therefore, important for these

professionals to better understand this religious tradition and appreciate the hope and healing this tradition may offer them and their clients or patients. Research and clinical best practices have found that many Catholic spiritual practices and rituals can be well integrated into treatment approaches in successful ways.^{3,4} Many of these strategies may not be completely unique to Catholicism but are also accepted and shared by other faith traditions. For example, prayer, meditation, religious rituals, sacred music, and so forth are vital practices for many different faith traditions.⁵⁻⁸

Over the centuries that Catholic faith and spirituality evolved, a long list of religious and spiritual practices engaged the faithful, promising help for them and their loved ones as they coped with various physical and psychological ailments, stressors, and concerns. These practices include, in part, prayer, meditation, anointing, Mass attendance, other special ritual experiences, community service (particularly with the poor, marginalized, and challenged), modeling and following the examples of Jesus and the saints, and so forth.^{1,9} Until recently, most of these religious and spiritual strategies haven't been subjected to rigorous outcome research or clinical trials or incorporated into any evidence-based professional practice protocols. While a great deal of research still needs to be done, a wide variety of scholars and practitioners have addressed the integration of religious and spiritual practices in evidence-based ways.^{3,6,7} Often this work has been undertaken in the spirit of multicultural competency training encouraging evidence-based treatment interventions that fit clients and their patient diversity profiles, including those based on gender, ethnicity, race, sexual orientation, and religion.¹⁰ In fact, the American Psychological Association's code of ethics actually demands that professional psychologists respect and attend to diversity issues, including those based on religious diversity.¹¹

In this chapter, we will outline, highlight, and review some of the Catholic traditions and pastoral tools that can be integrated into any professional clinical practice in behavioral health care. We will focus our attention on six tools in particular that are particularly popular and unique within the Catholic faith tradition. We will also offer brief case illustrations to provide examples of how these Catholic tools can be effectively integrated into professional clinical practice.

Prayer

Prayer is often defined as a conversation or contemplative encounter with the divine or sacred, a practice supported by all major religious traditions. Research has found that prayer enhances psychological health, stress management, and coping,^{7,12} as well as physical health.¹³

Catholic tradition includes prayers common to many Christian denominations and traditions (e.g., the Our Father or the Lord's Prayer, the Jesus

Prayer, the Prayer of St. Francis) as well as those more uniquely suited to Catholic populations (e.g., the Hail Mary, the Rosary). For those who are not familiar with the aforementioned most popular prayers, they are offered here:

The Lord's Prayer

(Matt. 6:9–13)

*Our Father in heaven, hallowed be Your name.
Your kingdom come, Your will be done, on earth as it is in heaven.
Give us this day our daily bread, and forgive us our debts,
as we also have forgiven our debtors.
And lead us not into temptation, but deliver us from evil.
For Yours is the kingdom, the power and the glory forevermore.
Amen.*

The Hail Mary

*Hail Mary full of Grace, the Lord is with thee.
Blessed are thou among women and blessed is the fruit of thy womb, Jesus.
Holy Mary Mother of God, pray for us sinners now and
at the hour of our death.
Amen.*

The Jesus Prayer

Lord Jesus Christ, Son of God, have mercy on me, a sinner.

In addition to these ritualized and specific prayers, spontaneous prayers (like intentions, petitions, and simple conversations with God, Jesus, Mary, and the saints) are prevalent within the Catholic tradition as they often are in various religious traditions and denominations.

Prayer can help clients and patients feel better, organizing and centering them as their prayer binds their anxiety and fear and offers them hope. Prayer can be a powerful reminder that they are not alone in their suffering and that God is with them—offering them forgiveness, deliverance, mercy, and compassion as reflected upon in the aforementioned prayers. Prayer connects them to a tradition, community, and belief system that expands their horizons and helps them see beyond themselves. Prayer practices can be easily integrated into psychotherapy and self-help strategies for coping and managing a wide variety of mental and physical health challenges.^{3,6}

Case Example 1: Bob

Bob is a middle-aged, married, successful Silicon Valley executive who has worked for some of the top technology companies in the area. He is Catholic, though his wife is an Episcopalian. Both are interested and engaged

in their respective religious denominations, which they describe as more similar than not.

Bob struggles with anger management and an obsessive-compulsive personality disorder. He can fly off the handle when things don't go his way, and he often feels guilty about his reactions to the many frustrations associated with his marriage and work.

Wanting to integrate his faith and religious tradition into his psychotherapy, he agreed to work with a spiritual director to complement the work of his therapist. He started to use the Jesus Prayer as a mantra, praying it over and over throughout the day and most especially when he felt vulnerable in situations that triggered his frustration and anger. Additionally, he would recite the Hail Mary when he tried to sleep and when he found himself obsessing about matters of the day. These prayers helped break the escalating associations that fuel his frustration, anger, and rumination. He explained that praying reminded him of what is important and put his troubles in a larger context. "It was comforting to know that I was not alone with my anxiety and frustration, that God was present and offered me understanding and compassion." Being attentive to his faith and religious community helped him to become still and stay calm.

Meditation

All religious traditions offer strategies for contemplation and meditation, which have seen a recent explosion of research examining their effectiveness.^{14–16} During the past decade or so, mindfulness meditation has attracted the most intense interest in both practice and research. Although originating within the Buddhist tradition, mindfulness has been secularized so that it is welcomed in both diverse religious and secular communities.^{15,17} Many contemporary mindfulness practitioners likely have no sense that this approach to meditation has a religious foundation at all.

The Catholic tradition offers variations on this popular meditative approach, such as centering prayer. Developed and popularized during the 1960s and 1970s by Trappist monks Thomas Keating and Thomas Merton,^{18,19} centering prayer and meditation can amplify other kinds of prayer. Practitioners explain that "it adds depth of meaning to all prayer and facilitates the movement from more active modes of prayer—verbal, mental or affective prayer into a receptive prayer of resting in God."²⁰ Similarly, other meditative practices have been developed by the Catholic tradition (e.g., Eucharist adoration, novenas, *Lectio Divina*) as well, too numerous to detail here, that highlight the intimacy and power of one's personal relationship with God, a relationship that can surpass words and move from conversation to communion. One especially popular approach "to find God in all things" originates in the spiritual exercises of St. Ignatius,^{21,22} which include discovery,

detachment, discernment, and direction, which culminate in a final meditation on how God loves without limit and how that love can grow in the hearts and lives of those who engage in these spiritual exercises.^{4,21-23} Like mindfulness, many of the Catholic-influenced meditative approaches have been adapted to appeal to those who might not share the Catholic tradition.

Case Example 2: Beth

Beth is a divorced woman in her early seventies. She adopted three children at birth, who are now all young adults. Sadly, unbeknownst to her, each of the children was drug exposed in the womb, and now all suffer from the consequences of fetal alcohol syndrome as well as other related ailments. She is often sick with fear about her adult children, who live generally marginalized and self-destructive lives, making reckless decisions that she finds exasperating. As a lifelong Catholic who now attends an Episcopal church, she finds comfort and some solace through centering prayer techniques. She explains that when she cannot find the words to convey the depth of her fear for her children, or finds herself exhausted by her lamentations, she can turn to centering prayer to rest in God. She experiences this prayer as a way of being held silently by God even as she is powerless to change the circumstances of her children.

Mass

Rituals can be found within all major religious and spiritual traditions. The Eucharist, or more popularly “the Mass,” is perhaps the most well-known and important of the Catholic rituals. The Eucharist is a liturgy of thanksgiving recalling Jewish table blessings that highlight how God is at work in the human community and all of creation.^{24,25} It recalls particularly the Last Supper, or the Passover meal that Jesus shared with his disciples before he died, where he broke bread and shared wine, pledging, “This is my body, given up for you.” This liturgy of the Eucharist or thanksgiving includes biblical readings, a brief sermon or homily, a variety of special prayers, and Holy Communion; at Mass, Catholics believe they are fed both by the word of God and the body of the Lord in the reception of the bread and wine and in the community gathered around them.

At Mass, Catholics celebrate in thanksgiving that they are not alone or abandoned but seen, felt, touched, fed, and solaced by God and their faith community living and dead, here and now, and forever joined no matter what the future might bring. Thus, “every time this mystery is celebrated, ‘the work of our redemption is carried on’ and we ‘break the one bread that provides the medicine of immortality, the antidote for death, and the food that makes us live forever in Jesus Christ.’”^{24,25}

A deeply contemplative and prayerful experience, the Mass is often celebrated in a typically lovely and sacred church environment featuring religious icons and art and accompanied by inspiring and meditative religious hymns and music. Mass can be a centering and organizing time and practice for attendees, providing a feeling of safety and security and calling them forth to become part of something bigger and more sacred than the solitary self. It can be an occasion to deepen awareness of and commitment to the action of God in a person's life and community at every moment. Engagement with other Mass attendees also allows for social support and involvement with those of like mind, interest, and faith.

Case Example 3: Martin and Maria

Martin and Maria have been happily married for 35 years and enjoy the company of their four grown children, two of whom are recently married and have given them their first grandchildren. Recently retired, Martin has been looking forward to traveling the world with Maria and spending more time with his children and grandchildren. One year into Martin's retirement, Maria and Martin discover that Maria's breast cancer has returned. They are devastated and worried; neither can imagine life without the other. As Maria begins treatment, they find hope and encouragement from attending Mass together daily. They explain how they find that within the Mass they can pray together for Maria's healing but are also consoled by how God's word reminds them of their blessings and gives them courage to face whatever the day brings. Receiving communion deepens their sense of connection not only to one another but also to their family and friends. Maria and Martin, fed by God's word and the Eucharist of bread and wine, are consoled by God's promise of eternal love and by the idea that their own love is forever joined to God—whatever the future might bring. They cannot imagine how they could manage these months of uncertainty without the comfort, courage, and connection they experience together at Mass.

Confession

The Catholic tradition offers the faithful another healing and solacing ritual; "the sacrament of reconciliation," popularly known as confession, to experience "not simply reconciliation with God, but with all human forms of reconciliation, whether intrapsychic or interpersonal, whether between members of families or between whole communities; the Catholic rite of reconciliation is intended as a paradigm for all human reconciliation."²⁶ Within the ritual, penitents can talk with a priest about their troubles, confessing their sins and acknowledging how their actions have hurt others and themselves. The priest may respond with some limited pastoral counseling

followed by prayers and absolution (i.e., explicit forgiveness of their sins) and end by suggesting a penance that typically involves an act of restorative justice and/or a recitation of traditional prayers, such as Our Fathers and Hail Marys.⁹ Although not as popular within Western culture now as in the past, confession is an important staple of Catholic life.

Whatever is stated or confessed during this sacrament is held in strict confidence, as priests are not mandated reporters when it comes to child abuse, danger to self and others, and so on when they learn of these issues through the confessional experience. Catholics often report feeling relieved after confessing to a priest, knowing that what they say is held in strict confidence. In addition, they can engage the ritual of confession in a completely anonymous manner by using traditional confessionals, private rooms or booths in Catholic churches. These confessionals are designed to protect confidentiality in that the priest and the penitent cannot see each other and speak through a “window” that is usually very small and often opaque.

Confession is now also offered face to face in a church office setting. In this way, confession is no longer “anonymous”; the priest and penitent can see each other without obstruction. What is voiced during confession, however, remains completely confidential. This more modern venue allows for conversation, spiritual advising, and direction in a more natural, personal environment. Priests report that much of confession becomes pastoral counseling and advising in these settings as well. The actual act of confession of sins is often a brief part of the overall encounter where pastoral care and spiritual discussion and problem solving takes the bulk of the time.

Case Example 4: Lena

Lena is a devout Catholic in her forties who had a brief marital affair. She has a long history of anxiety, experiencing separation anxiety as a child and panic attacks along with agoraphobia as an adult. She has always struggled with feelings of guilt about many issues. Her brief marital affair never resulted in sexual intercourse but included flirtation, kissing, and fondling. After the affair was over, she felt intensely guilty, which decreased the gains that she had made in managing her anxiety disorder. She could not bring herself to tell her husband, believing that such an out-of-character revelation might cause irreparable damage to their relationship. The consequences of her sin were threats to her identity and the loss of her personal freedom and power, which resulted in deep feelings of social isolation and interpersonal alienation. Her panic attacks increased significantly, and she felt more and more anxious and agoraphobic.

After confessing to her parish priest, she felt much better for some time, and through engaging the acts of penance mandated by her confession, she began to feel healed of her estrangement from herself and her husband.

However, after several years, she felt that she needed a “booster” session and returned to confession to admit her sin of marital infidelity once again. During the second confessional experience, the priest suggested that she engage in ongoing pastoral counseling in addition to her psychotherapy, and she gladly accepted his advice. Confession and pastoral care along with her psychotherapy became an important part of her efforts to better manage her guilt and anxiety.

The Saints

Catholics have a long list of saints, and many days of the year are designated feast days for one or more of them.⁹ Saints typically act as spiritual models who reflect a devout life of prayer, good works, and strong faith. Saints include men and women, some of very high rank, such as previous popes, and others who are peasants or even children.²⁷ Many were martyred or suffered violently due to their beliefs or saintly actions. Church-related schools, colleges, parishes, and other houses of worship and retreat centers are often named after saints, and many cities, towns, and even a state are named after saints as well (e.g., San Francisco, St. Louis, San Jose, Maryland). While some Catholics pray to the saints for intercessions and have particular prayers associated with each one, most importantly saints provide a narrative of a life well lived, patterned after Christ and witnessing to their faith through action.

Research on observational learning^{28–30} makes clear that people learn from watching the behavior of others. Bandura offers a four-step process of effective observational learning that includes attention, retention, reproduction, and motivation. In other words, people are asked to attend to the model of interest, remember what they did and said, reproduce their behavior, and then work to motivate themselves to continue doing so. Appealing models are highlighted, and people are encouraged to follow them. The popular question “What would Jesus do?” (often referred to as WWJD) is an excellent example. The famous Good Samaritan parable from the Gospel of Luke (Luke 10:25–37) ends with the command, “Go and do likewise.”

Stories about Jesus, his disciples, and the numerous saints throughout the ages provide rich material to work with in helping those with mental and physical health problems find role models who inspire hope and healing. Effective strategies for coping can be found among the numerous examples of these important religious figures.^{27,28}

Case Example 1: Bob

Bob, from the example presented earlier, often feels very guilty about his thoughts and behaviors that are a by-product of his obsessive-compulsive personality. He often struggles with feeling sinful and gets frustrated that he

can't adequately control his thoughts and behaviors. He worries that his sinfulness may be religiously damning, and his frustration results in angry outbursts, making his feelings and worries even worse. However, Bob takes solace in reflecting on the impulsivity of St. Peter as well as Jesus's own anger when he overturned the tables in the temple, which many theologians point to as the reason local authorities decided to find a way to kill him (Matt. 21:12–17). In addition, Saint Mother Teresa of Calcutta is a model for him as her spiritual doubts are well articulated in her autobiography even as she remained faithful to her life of simplicity and service.³¹ Bob finds comfort in reflecting on her story of managing and coping with religious questions and spiritual dryness. In the company of these and other saints, Bob feels more relaxed and accepting of his own humanity and still inspired to pursue more healthy behavior and thinking.

Charitable Service

Finally, most religious and spiritual traditions focus attention on service to others and especially those who struggle in some important way. These others include the poor, homeless, elderly, refugees, the sick and despairing, and other people in great need. Catholic groups run countless soup kitchens, food pantries, relief services both domestic and international, and hospitals and clinics for those who are indigent. While these charitable works are commonly practiced among numerous religious and spiritual groups, Catholics, due to their long history, large numbers, and many religious communities of nuns and priests who specialize in particular charitable or service activities (e.g., Mother Teresa's Missionaries of Charity, Society of St. Vincent de Paul), offer many unique opportunities for service engagement across the globe.

Research finds that volunteer and service activities benefit not only others but also the helpers themselves. Helping others while engaging in volunteerism, community-based interventions, and the like enhances stress management, self-esteem, and compassion and is even associated with increased longevity.^{32–34} These opportunities help those who are distressed move out of their narrow window of challenges, assist other people, feel good about their efforts, and enhance their self-efficacy as well.

Case Example 5: Larry

Larry is an elderly man who never married, never had children, and as an only child, he didn't have siblings or nieces and nephews either. His parents have passed away, and he has no known relatives. After retiring as an engineer, he got involved in the St. Vincent de Paul Society at his parish; the society's mission is to offer hope and service through direct

person-to-person contact. He was reluctant at first, but as he got to know the other volunteers and the clients, he became more and more engaged in their activities and also donated a significant amount of money to causes helping those most in need. Larry has a history of depression as well as some struggles with fibromyalgia. He can isolate himself due to his mental and physical health problems. Yet, his volunteer activities moved him to connect with others and engage in the good works of St. Vincent de Paul on a regular basis. His large donations have been well received and provide appreciated attention from not only the society and his parish but also from the bishop of the diocese. Recently he was asked to serve on the board of directors for the national organization. He freely admits that he gets more out of his volunteer activities than he gives, describing them as a form of self-help, a life-changing activity that has resulted in lasting behavioral and attitudinal change as he finds himself less worried about himself and more engaged by helping others. His service connects him to a faith that he finds deeply sustaining, as his faith moves him to build relationships that are ultimately healing.

Conclusion

The Roman Catholic Church has survived and thrived for over 2,000 years and over time developed a wide range of spiritual and religious practices in the service of helping the faithful live a healthy and holy life. Research has confirmed that these practices help manage the stressors and challenges of life. They can be integrated into psychotherapy and help treat both physical and mental health troubles and challenges. Many of these strategies have been adapted for use with non-Catholics as well with some being secularized in ways that can appeal to people of all religious faiths or even no religious faith.

Additional research that uses the state-of-the-art methodological strategies of randomized clinical trials is much needed to adequately determine the effectiveness of Catholic spiritual and religious interventions in behavioral health care. Investigators should be encouraged and supported for engaging in this research as well. In the meantime, preliminary research evidence and best clinical practices seem to suggest that Catholic religious and spiritual strategies that include prayer, meditation, Mass attendance, confession and reconciliation, modeling the lives of the saints, and service to the community among others can be professionally and effectively utilized in behavioral health services. In addition, in the spirit of multiculturalism and respect for diversity (including religious diversity), engaging Catholic clients and patients in psychotherapy and both mental and physical health care by being respectful of and welcoming of their unique spiritual and religious tradition is important and recommended.

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