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The Integration of Roman Catholic Traditions and Evidence Based Psychological Services

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Abstract

The Roman Catholic Church is the oldest, largest, and most enduring continuous organization, secular or religious, of any kind in the world with a 2,000-plus-year history. It currently includes well over a billion people. Regardless of its size, scope, history, and impact, the Roman Catholic Church is often greatly misunderstood and people frequently maintain stereotypic and even discriminatory views about Catholics and their clerical leaders. The purpose of this article is to present the integration of the Roman Catholic tradition into psychological assessment and therapy and to provide several examples of this integration. The article highlights how this integration can be synergistic providing enhanced psychotherapy service with Catholic imagination and traditions in mind.

Key words: Catholic, psychotherapy, spirituality, integration, clinical psychology

An Introduction to the Roman Catholic Church for Beginners

The Roman Catholic Church is the oldest, largest, and most enduring continuous organization, secular or religious, of any kind in the world with a 2,000-plus-year history (Allen, 2009; Jenkins, 2006). It currently includes well over a billion people. Although a statistical minority in the United States, the Catholic Church represents the largest single church denomination there and represents about 23 percent of the total U.S. population (Carey, 2004; Hennesey, 1983; Steinfels, 2004). The Catholic Church, through their numerous and diverse religious orders of priests, religious sisters and brothers, and lay colleagues, as well as the sponsorship of numerous church dioceses, operates many private primary and secondary schools as well as colleges and universities across the country and globe. Furthermore, they own and manage numerous hospitals and charitable social service agencies as well (Hennesey, 1983). Due to the popularity and expansive network of educational, medical, and social service organizations, most people have had at least some experiences with Catholic institutions and have been impacted by the Catholic Church regardless of their particular religious affiliation or traditions (Allen, 2009; Jenkins, 2006).

Regardless of its size, scope, history, and impact, the Roman Catholic Church is often greatly misunderstood and people frequently maintain stereotypic and even discriminatory views about Catholics and their clerical leaders. There are many long-standing myths about the Church and the practices, beliefs, and traditions held by Catholics and by Catholic priests, bishops, cardinals, and actively engaged laypersons (Allen, 2009; Jenkins, 2003, 2006; Plante, 2020). The Church has also received a tremendous amount of negative press attention during the past several decades mostly associated with clergy sexual abuse of children. Child sexual abuse perpetrated by Roman Catholic priests has been frequent headline news since the story exploded during

January 2002 with an investigative report published by the *Boston Globe* (see Rezendes, 2004). Subsequent and highly critical press attention from national and international outlets immediately followed and the remarkable story of sexual abuse of minor children by vowed celibate Catholic priests and the cover up of these crimes by Church leaders (primarily bishops) resulted in an expected outrage by the public and by rank-and-file Catholics as well (Plante & McChesney, 2011). The global impact of the *Boston Globe's* report resulted in a featured motion picture entitled, *Spotlight*, wining an academy award for best picture in 2015. More recently, the sexual exploitation of young adult seminarians and other non-clerical laypersons (e.g., church congregants and employees, religious sisters) by Catholic priests has received much attention too (Steinfels, 2019). While these stories of abuse and cover up are unfathomable and inexcusable, press attention has been relentless. The press also gives a false impression that sexual victimization by clerics has been much more common in the Catholic Church than among other religious traditions or institutions and that it is ongoing and unchecked today (Finkelhor, Hotaling, Lewis, & Smith, 1990; Plante, 2020; Shakeshaft, 2004).

In addition to the myth that Catholic clerics are more likely to be child abusers than other clerics or secular leaders with frequent access to and trust with children and their parents (e.g., teachers, tutors, and coaches), many additional myths about the Catholic Church are common as well (Allen, 2009; Jenkins, 2006; Plante, 2020). Many of these beliefs are based on news reports and include typically the most highly and extreme conservative views and behaviors of some Catholics and clerics (Jenkins, 2003). These include myths such as that all Catholics and Catholic clerics oppose gay rights, abortion, and sexual freedoms of any kind. It also includes the myth that Catholics are not Christian and that Catholics pray to saints but not to God or to Jesus. Additionally, people have wondered about the global influence of the Pope. Many fear that

Catholic politicians, for example, take orders directly from the Pope or from his extensive clerical staff in the Vatican regardless of where the politicians lives or what constituents they represent. Popular films, books, and other forms of both fictional and non-fictional stories (e.g., *the deVinci Code* by Dan Brown) add to the myths and extreme perceptions about the Church (Jenkins, 2003).

Certainly, if the only information one might have about the Catholic Church comes from secular press reports (such as newspaper or magazine articles) or popular films, one would likely believe that the Church is only interested in sexual ethics and behaviors. These include abortion, gay marriage and homosexuality in general, contraception use, premarital sex, and sexual victimization of children by clerics. You would also likely conclude that the Church is a secretive and corrupt institution as well (Allen, 2009; Carey, 2004; Jenkins, 2003). One would likely further believe that clerics are hypocritical concluding that Catholic priests are likely to be child sex offenders, active homosexuals, or violate their own rules regarding sexual ethics and behavioral standards (Steinfels, 2019). Catholics themselves may even believe some of these myths and may not be adequately informed. Furthermore, many Catholics have left the faith tradition in such large numbers during the past half century that if former Catholics were their own separate denomination they would be the third largest denomination in America (Allen, 2009; Carey, 2004).

Catholics are remarkably diverse and are not uniform or monolithic in their identity, beliefs, and practices (Allen, 2009). They are also diverse geographically with most Catholics now located below the equator living in the southern hemisphere rather than living north of the equator, as the majority were located during and before the early part of the 20th century (Allen, 2009). There are many Catholics currently living in the United States who were born in Latin

America, Vietnam, and the Philippines. Additionally, many Catholics in the United States trace their families to 19th and 20th century immigrants from Europe and especially from Ireland, Italy, Poland, France, Portugal, Spain as well as the Caribbean and French speaking Canada (Allen, 2009; Carey, 2004).

In addition to geographic and ethnic diversity, Catholics approach their faith tradition from remarkable religious and spiritual diversity as well. Conservative Catholics have very different approaches to the faith than liberal ones (Burns, 1996). These divergent groups may agree on very little when it comes to topics such as sexual ethics and behavior, liturgical celebrations, prayer behaviors, doctrinal knowledge, and so forth. Many of these differences can be associated with their views about the current pope, Pope Francis. The moderates and liberals tend to love him while the conservatives tend to dislike him (Scannone, 2016). Furthermore, numerous Catholic religious and lay orders and groups represent these differences on the conservative to liberal spectrum. For example, groups such as Opus Dei and the Legionnaires of Christ tend to lean strongly towards the conservative end of the spectrum while the Society of Jesus (commonly known as the Jesuits) and the Franciscans tend to lean on the more liberal side of the continuum as a general rule of thumb (Agamben, 2013; Martin, 2013).

The common denominator of Catholic belief and practice, participating in the Catholic mass or liturgical celebration, is universal across the globe with the same liturgy, scriptural readings, communion rite, and so forth but can feel very different depending upon the ethnic and geographic diversity mentioned above. A conservative minded church or one from a particular ethnic group may play, for example, very different liturgical music than a more liberally or progressively minded church or one from a different ethnic group. The Catholic mass often has a different feel in one culture and country than in another, or on a college campus compared to a

local neighborhood parish. Mass is celebrated in large ornate churches, basilicas, and cathedrals but is also celebrated in very modest, small, and more intimate church settings too. Mass can even be offered in a private home or even in large sports stadium.

The Catholic mass is a liturgical ritual that includes several universal components that are included in every mass celebration across the globe regardless of language, culture, or location (Allen, 2009; Hardon, 2011; Ratzinger, 2014). It includes several scared scriptural readings with one typically taken from the Old Testament (or Hebrew Bible), another from Psalms followed by a responsorial response that is typically sung. Then there is a second reading usually taken from the New Testament (the book of Acts or from one of the letters from St. Paul or other writers). Finally, in a more climatic fashion, a reading is offered from the one of the four canonical Gospels (i.e., Matthew, Mark, Luke, or John) that is read with everyone standing and singing, "Alleluia," before the reading and sometimes afterwards as well. The priest (or occasionally a deacon or guest layperson) then gives a brief homily or sermon offering their reflections on the readings just proclaimed and this homily typically is about 10 minutes in duration. Then the mass shifts to a celebration of the Eucharist with prayers and music that climaxes with the transformation of bread and wine to the body and blood of Jesus Christ resulting in the distribution of communion to all who wish to partake. Only Catholics can receive communion but non-Catholics can receive a special blessing if so desired during the communion distribution and procession. The mass typically lasts for an hour on Sundays and other important holy days of obligation and often lasts for 30 minutes during daily or midweek masses where there tends to be little, if any, music and a reduction in one of the readings and some of the prayers. It is remarkable that regardless of the language the mass is conducted in, informed Catholic can typically follow along knowing exactly what is happening and in general what is being said

throughout the mass, perhaps with the exception of the brief homily, given that the order of the service is the same across the globe.

Mass attendance is perhaps the most notable cornerstone of Catholic religious engagement. However, there are numerous other activities and practices that Catholics engage in depending on their level of interest and devotion (Eifring, 2013). Although Catholics are technically required to attend mass every Sunday (or Saturday evening after 5pm) and during special holy days of obligation (e.g., Christmas, All Saint's Day) many Catholics attend mass daily. Additional practices include personal and individual prayer that can be highly structured and rote (e.g., the Rosary, the Our Father, Hail Mary, and the Jesus Prayer) or more spontaneous and conversational prayer (e.g., Please God help me with ….). Various meditation practices are also available (e.g., centering prayer) as well as structured and prayerful review of each day (e.g., the Examen). Many Catholics attend religious retreats, read religious writings from diverse sources, and participate in religious social and charitable clubs (e.g., Knights of Columbus) and small faith sharing groups. Catholics also often seek pastoral care and spiritual direction as well with clerics or trained and certified laypersons.

Many may wonder about Catholics' relationship with various saints (Martin, 2016). Churches, hospitals, clinics, shelters, colleges, universities, and other schools are often named after saints. In California, many of the towns and cities are named after saints as well (e.g., San Francisco, San Jose, Santa Barbara, Santa Clara, San Diego). While Catholics certainly offer prayers to God and to Jesus, they communicate with and pray to saints as well. In fact, every day is a "feast day" in recognition of several saints. Some of these saints' feast days have become very popular with Catholics and non-Catholics alike such as St. Patrick's Day on March 17th and St. Valentine's Day on February 14th of each year. In fact, a popular Catholic prayer, that is often

sung, is referred to as the "litany of the saints" where a saint's name is invoked with the response from the congregation being, "pray for us." Catholics tend to experience saints as being role models who lived lives that inspire and motivate the faithful. An important holy day of obligation for Catholics that highlight the lives of the saints is All Saints Day at the start of November each year followed by All Souls Day, which is a remembrance of all who have died, saints and sinners alike.

The Catholic Church has a very long, complex, and rich history and Catholics today span a diverse array of beliefs, practices, traditions, ethnicities, cultures, and perspectives (Carey, 2004; Steinfels, 2004). Simple generalizations about the Church and their members is simply not possible and often are stereotypic and discriminatory. Usually the secular press tries to over simplify, overgeneralize, and unfortunately, present extreme views and practices in the Catholic Church but these representations tend to be unidimensional and inaccurate (Allen, 2009; Hennesey, 1983).

My Relationship and History with the Roman Catholic Church

I was born and raised in northern Rhode Island within a Roman Catholic family and community. My family, from both the paternal and material sides, have lived in Rhode Island since about the 1870s. My mother's side of the family (the McCormicks) were mostly identified as Irish Catholics while my father's side of the family (the Plantes) were identified as French Canadian Catholics. The Plantes were actually one of the first families to move to the Quebec area from France at the beginning of the 1600s and remained there for about 250 years before my branch of the family moved to southern New England. The McComicks were both religiously and culturally engaged Catholics while the Plantes were more cultural Catholics and less religiously engaged other than participating in weekly, required mass attendance. Rhode Island

has the highest percentage of Catholics of the 50 states with nearby Massachusetts, Connecticut, and New Jersey being close behind (Gallup, 2018; Portmann, 2009). While I was growing up in a small town of 16,000 (Lincoln, Rhode Island) during the 1960s and 1970s, pretty much everyone I knew was Catholic, with the only difference being that some were from Irish, French Canadian, Italian, or Portuguese backgrounds. There were the occasional Protestant, Episcopalian, or Jewish family in my area but they were clearly a very small minority. There were simply no known Hindus, Buddhists, Muslims, or known religiously unaffiliated or atheists. Although I went to local public and thus secular schools, they felt, in hindsight, as if they were Catholic schools. Just about everyone including both students and faculty alike, were Catholic and went to the same small handful of local Catholic churches as well.

My family, like many in my community, were generally marginally educated and working class. My father was a high school dropout and proud of it working construction by age 15 while his father proudly left school at about age 10 to work construction as did his father as well. My mother attended a small local commuting teachers' college (Rhode Island College of Education) with a class of a few hundred who all were expected to become local schoolteachers . The Catholic faith of my youth included attending mass for all holy days of obligations including each Sunday as well as youth religious education classes and activities through confirmation at age 16. However, since my mother and siblings were musically engaged, we happily joined the folk mass movement following Vatican II where more popular and contemporary religious music was allowed in religious services during the early 1970s (Harmon, 2008; Oppenheimer, 2001). We were very involved with the community of liturgical music and my older sister (drums) and I (piano) played in a traveling Catholic Christian musical called, *Brand New Day*, which was much like the popular Broadway musical of the time, Godspell, but was based on the Acts of the

Apostles. The experience was engaging, transformative, and fun. It led me to a more enthusiastic involvement with the Catholic Church, making me more aware and engaged by the more liberal, progressive and perhaps "hippy" element of the Church during the 1970s. It also led me to the Catholic peace movement, Pax Christi (Kline, Shore, & Marsden, 2012) and the work of Dorothy Day and the Catholic Worker movement (Klejment & Roberts, 1996; Roberts, 1982). Once I left for college (Boston College, A Catholic and Jesuit university, but transferred to secular Brown University) I led music ministry for the Catholic community and focused my selections from the St. Louis Jesuits and Western Priory (Vermont) monks, popular and contemporary liturgical composers at the time (Harmon, 2008).

Other than regular weekly mass attendance, engagement with liturgical music, and daily Bible reading (which I started in 1973 and have made a continuous bedtime habit since then), my Catholic involvement and engagement was unremarkable. Things changed when I started a tenure track academic position during 1994 in the psychology department at Santa Clara University, a Catholic and Jesuit university in the San Jose, CA area. Santa Clara offered a very rich faith life community with both remarkable academic and spiritual resources for engagement (Plante, 2013, 2018). I certainly found my Catholic home there.

Personal Efforts to Integrate Roman Catholic and Professional Psychology Research and Practice

During the late 1980s, a Catholic priest friend of mine who has working as an administrator for the church at the time asked me if I could help him and his community with a case where a priest was accused of sexual abuse of a minor. The referral came to me simply because I was both a psychologist and an engaged Catholic. One referral led to more and I started conducting evaluations of priests accused of sexually violating children as well as

consulting and providing psychotherapy to these priest offenders. Reviewing the research literature at the time suggested that there was essentially very little written about the topic of clerical sex offenders and so I gathered the very few experts in North America for a conference at Santa Clara University and an edited book project during the 1990s (Plante, 1999). Few people were interested in the topic at the time and the press conference that we held to present our data resulted in an embarrassingly small turn out. The numbers that we presented in the 1990s proved accurate suggesting that about 5% of clerics in the Catholic Church had credible accusations of sexual violations against minors with most being teenage victims (Terry, 2008). Once the story began to the receive more intense national and global attention following the *Boston Globe*'s 2002 report, the requests for me to do more evaluations, consultation, treatment, and media interviews increased exponentially. At the same time, I was getting more interested in the relationship between religious faith and health outcomes having co-edited a book on the topic in 2001 (Plante & Sherman, 2001). After the publication of the 2001 book, I started a Spirituality and Health Institute at Santa Clara University (now called the Applied Spirituality Institute) with colleagues and collaborators from UC Berkeley and Stanford Universities seeking to conduct multidisciplinary research on the faith and health connection. During the past 20 years, these activities have expanded so that I now work almost exclusively in the area of spirituality, religious faith, and clinical psychology through teaching, research, and writing, as well as in clinical practice and consulting. As I review these activities, they now add up to about 1,000 psychological evaluations for those who wish to enter seminary as Catholic, Episcopal, or Orthodox clerics as well as evaluations for those who are already ordained clerics who have developed psychological or behavioral problems including sex offending and other problems. These activities also include consultation and committee work for evaluating clerics and child

protection policies with regional, national, and global church groups. Additionally, many articles, book chapters, books, media interviews, and so forth have occurred as well. Humorously, *Time Magazine*, in a cover story about clerical abuse in April 2002, referred to me as one of "three leading American Catholics."

A Broader View: Spirituality and Psychology Integration

Integration of spirituality and religion into psychological services such as assessment, psychotherapy, and consultation within the Catholic tradition evolves naturally when your clients are deeply steeped into the religious tradition (e.g., Catholic clerics or the devout laypersons). This integration really is about cultural humility and competence using what you know about the religious tradition and faith experience into evidence based best practices in psychological services (Plante, 2009).

Professional psychology in the 21st century must have as its foundation scientific evidence based best practices and guidelines. Contemporary clinical psychology can no longer depend on one's preferred or desired theoretical orientation, perspective, or interests only without careful consideration of well-established and state-of-the-art strategies for diagnosis and intervention (Melchert, 2011; Plante, 2011). My reading of the professional literature suggests that this is best accomplished by adhering to the broad range, integrative, and comprehensive biopsychosocial model (Engel, 1977; Melchert, 2011). This model states that psychological, behavioral, and health issues are best understood when biological, psychological, and social factors and contributing influences are taken into consideration, acknowledged, and used to design strategies for assessment and intervention (Engel, 1977; Ghaemi, 2009; Melchert, 2011; Plante, 2011). As psychologists, we tend to focus on psychological aspects of human behavior and functioning while being attentive to and mindful of biological and sociocultural factors,

although there are certainly many exceptions to this tendency. Typically, physicians such as psychiatrists, focus on biological strategies like medication management while social workers focus on sociocultural factors such as employment, family dynamics, and societal oppression. Of course, these are generalizations with many exceptions.

Contemporary psychological theories typically focus on evidence based cognitive-behavioral strategies for diagnosis and treatment interventions (McHugh & Barlow, 2012; Melchert, 2011; Plante, 2011). However, other influencing theories and approaches such as psychodynamic, humanistic, family systems, and others are important too. The most important consideration is that diagnostic and intervention efforts use quality and scientifically supported evidence based approaches to ensure that clients are getting the very best that professional psychological services can offer (McHugh & Barlow, 2012). Ethically and legally, professionals must ensure that their clients receive state-of-the-art services to better serve the public as well as to avoid the risk of malpractice and other complaints (American Psychological Association, 2002, 2003).

For example, research informs us that anxiety related disorders such as phobias, panic, post-traumatic stress, and obsessive compulsive disorders should generally be treated with exposure and response prevention interventions in mind (e.g., Wampold, Budge, Laska, Del Re, Baardseth, Flűckiger, ... & Gunn, 2011). Of course, taking into consideration the unique challenges and issues of each client is important as well as potential co-morbidity challenges as well (e.g., substance abuse, personality disorders, medical problems). Depressive disorders are often treated with cognitive behavioral therapy including cognitive restructuring techniques along with biological interventions (e.g., medication, regular exercise) and social interventions (e.g., family relationship stress, work troubles, discrimination concerns; Wampold et al., 2011).

Personality disorders such as borderline personality are often well treated with approaches such as dialectical behavioral therapy that blends cognitive behavioral and mindfulness based strategies (Linehan, 1987, 1993). The point is that there tends to be an evidence based strategy to use for most psychiatric diagnoses and that it is incumbent upon the professional asked to consult and treat people with these disorders to provide these evidence based interventions unless there is a compelling reason to do otherwise (Melchert, 2011; McHugh & Barlow, 2012). Each client is unique, of course, and so interventions much be suited to the individuals in order to help them to improve and cope with their troubles (Melchert, 2011).

Religion and spirituality provide the context and sociocultural frame for many clients. Too often, psychologists and other mental health professionals simply ignored this important element and aspect in the diagnosis, treatment, and consultation with their clients. The Code of Ethics from the American Psychological Association makes clear that religion should be respected and considered as one of the many important categories of diversity. It states: "…psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability….." (American Psychological Association, 2002, p. 1063). Certainly, mental health professionals, such as psychologists, have made excellent progress in recent years highlighting the important role of diversity in both diagnosis and treatment of their clients and perhaps especially regarding race, ethnicity, gender, sexual orientation, and so forth. However, religion is less attended to by a generally secular profession. Books, articles, journals, workshops, and continuing education opportunities now exist for training on the influence of religion and spirituality in human behavior and psychological services. Training and resources that focus on religion and spirituality are much less available than other topics of diversity such as ethnicity,

gender, and sexual orientation. Fortunately, some organizations, such as Division 36 of the American Psychological Association (The Society for the Psychology of Religion and Spirituality) offer an engaged forum for research and clinical practice on the integration of psychology with religion and spirituality.

Clinical Examples of Catholic and Psychotherapy Integration

A presentation of several clinical examples are an excellent way to highlight how religion and psychological service integration best occurs. In my case, clients are referred to me typically because I specialize in the integration of Catholic and related spiritualties and religious affiliations (e.g., Episcopal, Orthodox) in my clinical work as a psychologist. Either most of the clients that I work with are clerics themselves within these faith traditions (e.g., priests, deacons) or they were referred to me by clerics after they have provided pastoral care or spiritual direction.

Case 1: Zach

Zach is a 17-year-old high school junior who was referred by his psychiatrist who has been treating him for anxiety, obsessive-compulsive tendencies, and additional concerns associated with autism spectrum disorder. Zach is a very good student but has some troubles especially with social and peer relationships as his difficulties are best understood under the framework of Asperger's syndrome. Zach comes from a non-religious and primarily secular household but he decided as a young boy that he was attracted to the Roman Catholic faith tradition. He received permission from his parents to convert to Catholicism and participate fully in the life of the church. He attends weekly Catholic mass services as well as many other additional Catholic ritual and activities. He went through the process of baptism, first communion, and confirmation as well.

In an obsessive-compulsive manner, Zach tries to follow all of the Church rules and regulations in their most conservative and letter of the law form and struggles with scrupulosity (Greenberg & Huppert, 2010). His psychiatrist, who is not familiar with the Catholic faith tradition, felt that he could not be helpful regarding the contents of Zach's religious issues and conflicts. In consulting with Zach, it became clear that he was focused on using religious coping strategies to manage his sexual impulses feeling guilty and sinful that he engaged in frequent masturbation. We discussed his concerns and I referred him to a variety of resources within the Catholic tradition that could be of help to him including local spiritual directors and information from multiple Catholic perspectives. Zach had done a great deal of reading about the Catholic faith and wished to talk about his conclusions and insights with someone who knows the faith tradition well and can appreciate his concerns and conflicts. Zach felt supported and taken seriously talking with a psychologist who respected and was knowledgeable about his religious and spiritual concerns. Zach used religious coping strategies such as prayer, meditation, and spiritual music to manage his anxiety as well.

Case 2: Bob

Bob is a 53-year-old now retired technology industry executive married for 10 years to a female investment professional and they have one young son. Bob was referred by his parish priest after pastoral care regarding Bob's upset about losing his job, conflicts with his wife, and his intense guilt that he and his wife decided to have an abortion about 8 years ago when it was discovered that their unborn child would be gravely disabled. Bob describes himself as an engaged Catholic and wanted help to integrate his faith with his challenges dealing with anger management and his guilt about the past abortion as well. He was encouraged to participate in spiritual direction in parallel with his psychotherapy and was referred to a local retreat center

maintained by the Jesuits. Cognitive behavioral strategies for anger management and dealing with guilt were offered with many integrating his faith tradition. For example, when frustrated and concerned about engaging in an angry outburst, he was asked to recite the Hail Mary and Our Father prayers to help calm down before speaking. When frustrated and angry while driving in traffic, he was encouraged to listen to spiritual music in his car that he enjoyed and found peaceful and consoling. He was encouraged to engage in bibliotherapy by reading religious books and articles that focus on ways to cope with guilt and anger. Stories from sacred scripture were also used to learn lessons about how apostles, saints, and Jesus managed challenges in their lives. It was highlighted that many of the stories about the apostles included their frailties and weaknesses such as anger management. Bob also decided to work at a local church food pantry to give back to the community and help him become less self-focused. Bob felt comforted to work with a therapist who knew and understood his faith tradition and experiences and could help integrate them into mostly cognitive-behavioral psychotherapy techniques. Additionally, he found working with both a spiritual director and a psychologist at the same time synergistic helping him make progress faster and in a more meaningful and deeper way.

Case 3: Lea

Lea is a 70-year-old woman with a long history of panic disorder and agoraphobia. She lives with her husband of 50 years and has never worked or traveled outside of her local area. She experiences guilt about sin and worries about her future in the afterlife. She is especially concerned about a brief affair that she had with a local man 30 years ago. After being diagnosed with and successfully treated for stage 3 breast cancer as well as ovarian cancer, she believes that her cancer was a punishment from God due to her brief affair. She often feels anxiety in Church and has stopped going to Catholic mass as she claims that it contributes to her upset and guilt.

Her internal medicine physician referred her for cognitive behavioral therapy. Lea benefited from cognitive behavioral therapy (e.g., cognitive restructuring, problem solving techniques, diaphragmatic breathing, using a gratitude journal) but she also found it helpful to talk with someone who understood, appreciated, and respected her faith tradition and beliefs. She was referred to a kindly priest for spiritual direction to help her with her guilt and often child-like beliefs about the Catholic faith and expectations for acceptable behavior. Over time, she learned to forgive herself and practice a variety of cognitive behavioral techniques to better cope with her concerns. She also used religious coping such as prayer and engagement with a faith sharing group as well.

Case 4: Frank

Frank is a 45-year-old homosexual man who works in social service administration and is a convert to Catholicism growing up as an Episcopalian. He is a conservative Catholic and engaged as a layperson in Opus Dei. He is very unhappy with his sexual orientation and, with advice from his spiritual directors at Opus Dei, uses mortifications whenever he finds himself sexually aroused by another man or engages in masturbation. He decided to try reparative therapy to see if he can switch from being a homosexual to a heterosexual (Zucker, 2003). He was interested in working with a Catholic psychologist who could understand and appreciate the importance of his faith, religious traditions and perspectives, and the dynamics of the Church. He was informed that reparative therapy was not recommended and is actually even illegal in some states but decided to travel from California to Texas to receive this type of treatment even if it was against professional psychological and medical advice. He returned from the two-week treatment program and reported that that he enjoyed his experience there, met many new friends, but still felt that he was homosexual in orientation. He was encouraged to find alternative

Catholic views about homosexuality being referred to more progressive Catholic leaders and clerics but stated that he was comfortable only with more conservative branches of the Church. He refused a referral to a Jesuit consultant but accepted a Franciscan one who he agreed to consult with to secure another perspective separate from Opus Dei. Frank felt comfortable and happy to discuss his concerns about his sexual orientation and feelings with someone who might not agree with his extreme positions about changing his sexual orientation but could engage in a religiously informed conversation about strategies for better health and wellness along with acceptance of his challenges and conflicts.

Case 5: Carol and Zeke

Carol and Zeke are a married middle-aged couple with several adult children. Their marriage went into crisis when Carol discovered that Zeke was having an affair with a co-worker. They are both engaged Catholics and their parish priest referred them for marital counseling. Carol was furious at Zeke for secretively engaging in the affair and for violating their sacred marital vows. Zeke was upset with Carol for being too controlling of him and critical about many issues within their home and marriage. As Catholics, they were both disappointed with each other, their relationship, and themselves for not living up to their marital ideals, expectations, and vows. After several weeks of couple's therapy, they decided that they wanted to work on their marriage and were not interested in divorce citing their Catholic faith and tradition. Carol worked as a principle of a local Catholic elementary school and since it was summer, she decided to go on a pilgrimage walking the Camino de Santiago. The Camino is a very popular 500-mile walk in northern Spain (also referred to as the Way of St. James) that leads to the cathedral, Santiago Compostela, where the remains of St. James the apostle are reported to be buried (Lois González, 2013). The Camino is especially popular with Catholics

who use the pilgrimage walk as a time for spiritual reflection, discernment, and spiritual renewal (Boers, 2007). Carol hoped that this time of pilgrimage would help her reflect and discern about her marital challenges. Zeke, in the meantime, remained at home and was referred for spiritual direction in addition to ongoing psychotherapy. Therapy revealed that he had been having a bit of a mid-life crisis feeling less manly due to his advancing age and the stresses with his wife and work. He was committed to the marriage and well-integrated spiritual direction and psychotherapy to renew his marital vows and find more adaptive ways to deal with his relationship as well as his job stress and his advancing age. He had difficulties in his prayer life but was open to suggestions by his cleric and therapist who helped him find good resources for a more rewarding and satisfying prayer experience.

Case 6: Fr. West

Fr. West is an African priest who is the pastor of a local and primarily white and Latino parish in northern California. He sought psychotherapy on the recommendation of his local bishop since he was experiencing symptoms of stress and burnout. Fr. West prided himself on being a good, faithful, and available priest to his congregants and felt that he was on duty 24/7. Fr. West was popular in his church and local community since he was friendly, offered a big smile and laugh, and was very personable and available to others. Fr. West benefited from cognitive behavioral therapy. He was encouraged to take at least one day off per week when he would be fully off duty. Additionally, it was suggested that he avoid wearing his clerical clothes when he was grocery shopping or running personal errands, Furthermore, he was encouraged to join several non-church related recreational activities such as a local soccer league and a cooking class where his identity as a priest was not apparent or revealed without direct questioning from others. Additionally, it was suggested that he set firmer boundaries with parishioners regarding

his availability, especially at inconvenient and odd hours, as well. These interventions were carefully adapted to his lifestyle and position as a Catholic priest and they were fully supported by his religious superior, his bishop.

These clinical examples all used standard and evidence based clinical interventions that any competent licensed psychologist would use. Examples would include cognitive behavioral psychotherapy involving self-monitoring, cognitive restructuring, operant reinforcement techniques, addressing maladaptive self-statements, and so forth with a biopsychosocial perspective. Yet, these approaches, techniques, and interventions are valued added when they take into consideration a thoughtful understanding of the clients' religious and faith traditions and practices to tailor make these clinical strategies with their cultural context in mind. The standard clinical approach thus becomes more culturally informed. In all of these case examples, the client's Catholic faith and tradition was very important to them and psychotherapy interventions were tailored to fit their religious, spiritual, and cultural context and interests. These cases also illustrate the importance of working collaboratively with clerics as well as spiritual directors, and pastoral counselors. In doing so psychotherapy services and religious coping and perspectives can work synergistically. Additionally, I, as a psychologist who is an active and engaged Catholic, tend to be trusted having the same religious tradition as my clients and their referring clerics who sometimes are skeptical of secular psychological services. I am part of the family, as the saying goes, and am more likely to be consulted with and trusted by religious persons, clerics, and Church hierarchy including bishops and cardinals. This focus on trust and credibility is critical to psychotherapeutic success, especially when one might be suggesting strategies that are difficult to hear or implement (e.g., not engaging in reparative therapy for sexual orientation or engaging in mortifications that are physically harmful).

Although professional psychology is a secular profession, my work as a college professor and as a psychotherapist is informed by my Catholic faith and tradition. This integration of faith and work is generally easy to accomplish while working at a supportive Jesuit Catholic university and in clinical practice where referrals are made based on my public integration of faith and professional psychological practice. Certainly, one has to be ever mindful using evidence based and state-of-the-art practices in teaching, research and clinical practice avoiding any religiously based bias or discrimination. Some of my students and clinical patients are atheists, agnostics, or are involved in spiritual and religious practices and traditions very different from my own. My faith and professional training informs me to treat all with great respect and compassion and never to impose my personal beliefs and practices on others. Additionally, ethical principles and values highlighted in our professional codes must be considered and support. Treating everyone with respect, responsibility, integrity, competence, and compassion is required.

Many spiritual and religiously informed intervention strategies can be secularized for use with a general and diverse clientele. For example, mindfulness and yoga has both been popularized in secular society and in clinical practice but both have their roots in religious traditions. Professional psychology has been quick and eager to embrace mindfulness and yoga and tend not to be bothered by their religious foundations.

Conclusions

The Code of Ethics for psychologists clearly state that religion and spirituality must be considered in the same way that one considers other aspects of diversity such as ethnicity, gender, race, and so forth (American Psychological Association, 2002, 2003). Psychologists, too

often, have ignored this important requirement and have too often failed to take into consideration religion and spirituality as an aspect of cultural diversity and cultural competence. Although there are large number of Catholics in the American population as well as across the globe, few psychologists know much about the Catholic Church and faith tradition and may have stereotypic and discriminatory views about the Church and their members including both laypersons and clerics. Few psychologists actively integrate Catholic faith and culture into their professional work. I happen to be one of them. The Catholic faith tradition is certainly a critically important part of my life and how I view and experience the world. It informs all that I do and say. Knowing that faith community and tradition makes me, in my view, a better psychologist and especially when working with clients who share the same faith tradition and culture. Of course, I maintain a secular license to practice psychology and thus am not a cleric myself. Therefore, working collaborative and closely with clerics and other professionals associated with the Church perhaps make the whole greater than the sum of the parts. Psychology is enriched when one considers the whole person from a biopsychosocial and spiritual point of view within the cultural context of each person. That context includes their religious and spiritual tradition and psychology should not be timid in their efforts to integrate and collaborate when it comes to these important issues. There are too many reasons to do so.

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