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Potential Benefits of the Jesuit Examen for Psychological Health and Well Being: A Pilot Study

Carolina Rader¹ · Thomas G. Plante¹ 

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Abstract

The Jesuit Examen is a form of prayerful reflection on daily experiences that was introduced five centuries ago by St. Ignatius of Loyola, founder of the Society of Jesus (better known as the Jesuits). The Examen may be utilized by diverse populations when adapted and secularized, which can be completed by substituting the language of God in the original Examen for more inclusive terms such as “love.” Although five centuries old, the 10–15-min daily reflective practice has not been subject to empirical research. Furthermore, research has not explored the effects of the Examen on psychological health and well-being in a workplace setting. Other religious practices, including mindfulness and yoga, are important and religiously derived but now secularized interventions that can be utilized in multiple work and other settings. The present pilot study focused on the potential effectiveness of using a secularized version of the Examen in the workplace to determine whether this practice can produce psychological and well-being health benefits, such as stress reduction and improvement in one’s satisfaction with life.

Keywords Jesuit · Examen · Meditation · Mindfulness · Cognitive behavioral therapy · Catholic · Workplace burnout

Although the St. Ignatian inspired Jesuit Examen is a 500-year-old prayerful and meditative technique popular within diverse religious and spiritual circles, it has not been subject to empirical research. We believe that the Examen follows principles of cognitive behavioral therapy and could be used in both a religiously based as well as secular approach to improve psychological health and well-being. The present research proposes a secularized version of the Examen so that it can be used with a broad population who might not be religiously engaged or are from spiritually diverse backgrounds. More specifically, this pilot study explores the effectiveness and potential psychological health and well-being benefits of the Ignatian Examen in a university workplace setting (Case et al., 2019; Curlee et al., 2022; McMillin, 2021). It is important to address the well-being of employees in the workplace because they confront a variety of challenging and often stressful issues on a daily basis, including the impact on overall well-being in their professional and personal

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lives due to heavy workloads and possible burnout. The often ever-increasing demands by employers affect the psychological, physical, and social health of employees in the workplace and have potentially negative effects on job satisfaction and physical and mental well-being (Christopher & Maris, 2010; Koncz et al., 2016; Richmond, 2000; Salvagioni et al., 2017).

In a university setting, staff members often experience high levels of stress that may lead to burnout, a form of stress that results from excess work and high expectations. Alves et al. (2019) found that burnout affects faculty members' quality of life and well-being (Grant et al., 2007; Roizen & Roach, 2010). In academia, the focus is primarily on the students, but the well-being of faculty and staff is also important (Gewirtz & Cribb, 2020). Hence, employers should continually explore methods for improving employees' well-being in the workplace, and we propose that the Examen may promote relaxation and stress management and improve employee wellness.

Religious practices play an important role in promoting the psychological health and well-being of many engaged in their faith traditions (Plante, 2009). These practices may include special diets, sacred clothing, prayer, contemplative practices, feasts, festivals, chants, music, and dance. Many techniques borrowed from Christian and other religious practices have specifically targeted stress and worry (e.g., Knabb, 2021; Knabb et al., 2017, Knabb & Vazquez, 2018), including providence focused therapy (Knabb et al., 2017). Additionally, some religious practices and techniques have been secularized to appeal to a broader audience in our increasingly secular society. Some of the most common secularized practices in Western society include mindful meditation, a Buddhist-rooted discipline, and yoga, a Hindu-rooted tradition, both of which often promote connection to oneself, compassion, relaxation, and wellness. Secular interventions or practices include many elements of traditional elements of religion and spirituality without the cultural or religious aspects (Plante, 2020). This trend represents a divergence from the traditional elements of spirituality and a break from the ties to faith traditions (Barker, 2014).

The secularization of religious practices has increased in recent years, but ethical concerns have been expressed about their use (Plante, 2021; Young & Brunk, 2009). When utilizing secularized religion-based practices, the practice is often used without acknowledgment of the religious history or perspective of the practice. There is also a debate as to whether secularized religious practices are truly neutral (Palitsky & Kaplan, 2019). Additionally, an issue arises regarding the secularization of religious practices due to increased risks of inappropriate usage and potential cultural appropriation. Modernized versions of religious practices have potentially weakened the effectiveness of the traditional practice, and the removal of the religious aspect of religious practices can be viewed as cultural misappropriation (Plante, 2020).

Mindfulness is an excellent example of a very popular religious and spiritual practice that has been secularized to appeal to a wide audience. The practice is derived from the Buddhist tradition and reflects assumptions and values from this tradition (Dark-Freudeman, 2021). Yoga, a practice derived from the Hindu tradition, is also very popular, and yoga has been increasingly secularized, which allows those who have no connection to Hinduism the ability to engage in and experience the benefits of the practice (Hofmann, 2013). Secular mindfulness-based interventions include many of the elements of traditional mindfulness without the cultural or religious aspects (Zhang et al., 2021). John Kabat-Zinn (1982) is considered the most influential figure in the acceptance of mindfulness as a secular practice. Mindfulness has been integrated into various forms of psychotherapy, including cognitive behavior therapy (MBCT) and dialectical behavior therapy (DBT; Hick, 2009).

In the workplace setting, organizations have incorporated mindfulness practices to improve the well-being of their employees with positive effects. Workplace mindfulness training (WMT) within the field of secular psychotherapy incorporates practices derived from spiritual and religious practices (Kersemaekers et al., 2018). Studies support the use of WMT in organized settings to reduce stress and enhance the well-being of employees, suggesting that WMT is linked to better workplace performance (Chaskalson, 2011). Empirical studies of WMT have found that it promotes well-being and performance-related outcomes in the workplace (Hülshager et al., 2013; Ostafin & Kassman, 2012), showing that secularized practices can be beneficial for reducing stress and improving the workplace experience. Numerous benefits can be derived from secularized religious traditions such as mindfulness and yoga, and several lesser-known secularized techniques are practiced widely today. One of these potentially beneficial secularized practices is the Ignatian daily Examen practice, a popular prayerful reflection exercise within the Jesuit community that is often used as a tool for discernment or decision-making.

St. Ignatius of Loyola, the founder of the Society of Jesus, commonly known as the Jesuits, developed the daily Examen in the 16th century (Kolvenbach, 2008). The Examen is an introspective, end-of-day prayer that provides parishioners the ability to reflect on their day, with an emphasis on gratitude. The process takes approximately 15 min, or 3 min per step, and the individual can be led by another individual or can be self-guided through the five steps. These steps are summarized as (1) presence, (2) gratitude, (3) review, (4) reflect, and (5) respond. The individual is encouraged to reflect on the present moment, note what they are grateful for, review and reflect on their day, and then set intentions for themselves going forward (Traub, 2008). Although the Examen was created in a religious context and typically centers around one's relationship with God or the Divine, the religious details can be easily omitted to secularize this reflective practice. See [Appendix](#) for an example of a secularized Examen process.

There are no known empirical studies that use a secularized version of the Examen or have tested the Examen's effectiveness. The present study focuses on the well-being and psychological benefits of practicing a secularized version of the Ignatian Examen in a university workplace. Built upon an ongoing research study of the benefits of the Examen by the authors and their colleagues, this pilot study was narrowly focused on the effects of a secularized version of the Examen on university staff. It was our hope to determine whether a secularized version of the Examen could be used to increase well-being and provide psychological health benefits. Given that meditation and reflective practices have been found to provide positive benefits, this pilot study might provide direction for future research.

Methods

Participants

The participants were staff employed at Santa Clara University (SCU) during the fall quarter of 2022. These individuals were invited to participate voluntarily and with no incentive. A total of ten SCU staff members fully participated in the current study; they fully completed three questionnaires and attended weekly Examen sessions.

This study was submitted to and approved by Santa Clara University's Institutional Review Board. The study lasted nine weeks, and SCU's Ignatian Center for Jesuit

Education held weekly 15-min Examen sessions on Thursdays at 12:45 p.m. via Zoom (see [Appendix](#) for an example of a typical Examen session). Participants were asked to attend as many of the Examen sessions as possible (up to nine sessions) and to fill out three questionnaires. Adherence to the sessions was assessed by keeping track of attendance during the Examen Zoom sessions (i.e., who was logged in with or without their camera on). The first questionnaire was administered before the intervention started (week 1), the second questionnaire was administered halfway through the intervention (week 5), and the third and final questionnaire was administered after the intervention was completed (week 9). This data was collected via the survey software Qualtrics.

Only the first questionnaire collected demographic information. Aside from the demographics, the same information was collected in all three questionnaires. Each questionnaire consisted of several psychological and behavioral health measures: the Meaning in Life Questionnaire (MLQ; Steger et al., 2006), the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), the Santa Clara Compassion Scale (SCBCS; Hwang et al., 2008), the Satisfaction with Life Scale (SWLS; Diener et al., 1985), the State Hope Scale (SHS; Snyder et al., 1991), and the Depression, Anxiety, and Stress Scale (DASS; Lovibond & Lovibond, 1995). Only the data from participants who completed all three questionnaires were imported into Jeffrey's Amazing Statistics Program (JASP) for statistical analysis.

Measures

The Meaning in Life Questionnaire (Steger et al., 2006) measures two dimensions, including the subjective sense that one's life is meaningful and one's drive is toward finding meaning. The questionnaire consists of 10 statements that are designed to measure the meaning in life in these two dimensions. Using a 7-point Likert-type scale, participants answer each item in rank order from one to seven. One is *absolutely true* and seven is *absolutely untrue*. The MLQ has good internal consistency, with coefficient alphas ranging from the low to high .80 s for the Presence scale and the mid .80 s to low .90 s for the Search subscale. A sample statement is "I understand my life's meaning."

The Mindful Attention Awareness Scale (Brown & Ryan, 2003) is a 15-item scale that assesses the awareness of what is happening in the moment. The scale is a strong measure of trait mindfulness, or attention to life experiences, and has adequate reliability (e.g., Cronbach's alpha = .84) and validity (Lawlor et al., 2014; Osman et al., 2016). There is also a six-item short scale that is less burdensome for the participant to complete. Both forms of the scale show adequate reliability and validity and have the ability to predict the self-regulation and well-being of the participant. The response options range from 1 (*almost never*) to 6 (*almost always*). A sample item is "I find it difficult to stay focused on what's happening in the present."

The Santa Clara Brief Compassion Scale (Hwang et al., 2008) is a five-item scale designed to assess compassion among the staff in a university setting. Participants score how true or false each statement is on a 7-point Likert scale. The scale is an easy, reliable, and valid instrument for measuring compassion, with Cronbach's alpha and other reliability measures in the mid- to high .80 s (Caycho-Rodríguez et al., 2020; Plante & Mejia, 2016). A sample statement is "I feel compassion for people, even though I do not know them."

The Satisfaction with Life Scale (Diener et al., 1985) is a five-item questionnaire and evaluates the subject's well-being or global life satisfaction. The scores correlate with measures of mental health and can predict future behaviors such as suicide attempts. The measurement scales are reliable and valid and show adequate internal consistency, with

a Cronbach's alpha of .87, and excellent test–retest reliability, with a correlation of 0.82 across a two-month period. A sample statement is “I am satisfied with my life.”

The State Hope Scale (Snyder et al., 1991) was designed as a self-report measure of hope and is a brief six-item measure that takes less than two minutes to complete. Responses are rated on an 8-point Likert scale that ranges from 1 (*definitely true*) to 8 (*definitely false*); higher scores indicate a greater state of hopelessness. The scale offers a brief internally consistent and valid self-report measure of ongoing goal-directed thinking (Redlich-Amirav et al., 2018; Snyder et al., 1996). The SHS is internally consistent and demonstrates concurrent and discriminant validity. The scale has a high internal consistency, with researchers reporting a Cronbach's alpha of .93 (Snyder et al., 1991, 1996). A sample statement is “Right now, I see myself as being pretty successful.”

The Depression, Anxiety, and Stress Scale (Lovibond & Lovibond, 1995) is a 21-item measure consisting of three self-report scales used to measure an individual's emotional state of depression, anxiety, and stress. The three scales consist of seven items each, built upon a dimensional conception of psychological disorder. Responses are rated on a point scale ranging from 0 (*Does not apply to me at all*) to 3 (*Applies to me very much or most of the time*). Within the three scales, the individual is categorized based on severity that ranges from normal to extremely severe. The scale offers a short internally reliable and valid self-report measure. An example statement is “I find it hard to wind down,” and the total scale evidences high internal consistency (Cronbach's alpha = .93) (Henry & Crawford, 2005).

Results

Once the three data sets were collected, they were input into JASP. We conducted paired sample *t*-tests on each outcome measure by comparing pre-intervention scores to post-intervention scores. After conducting paired sample *t*-tests examining the pre-intervention scores and post-intervention scores, the results from the dependent outcome variables, the Meaning in Life Questionnaire, the Mindful Attention Awareness Scale, the Santa Clara Brief Compassion Scale, the Satisfaction with Life Scale, and the State Hope Scale indicated no statistically significant findings ($p > .05$).

Although the DASS indicated no statistically significant findings for the depression and anxiety scores, the stress score did indicate a statistically significant finding. The mean stress score before the Examen intervention was 15.2 ($SD=4.1$), while the mean stress score following the intervention was 10.0 ($SD=5.6$). A paired sample *t*-test examining the pre-intervention stress scores relative to the post-intervention stress scores indicated a significant improvement ($t=4.33$, $p<.01$), resulting in a large effect size ($d=1.07$); self-reported stress was reduced over time relative to the baseline measure of stress.

Discussion

The current pilot study examined the feasibility and effects of using a secularized version of the Jesuit Examen in a university workplace. The goal was to determine whether the Examen could help to increase the well-being of staff members on a college campus while reducing their stress. This pilot study is unique in that it is the only one known that used a secular version of the Examen. It is our understanding that this is the first

pilot study to evaluate the feasibility and effectiveness of the implementation of a secularized version of the Examen to determine whether the intervention can be used to increase psychological and well-being health benefits in the workplace. Pilot studies are an important step in the process of research to determine the feasibility and acceptability of an intervention, and pilot research can help to find practical solutions that lead to more rigorous and large-scale testing.

The present study contributes to the limited body of literature on the intervention by presenting results from an uncontrolled nine-week pilot study on the use of the Examen. This study suggests that a secular version of the Examen can be implemented and have positive effects on staff on a university campus. The statistical results of this study indicate that the use of the Examen resulted in the reduction of stress among a university workforce. Twenty-five staff members signed up to participate in the study, and 10 staff members completed the entire study. Feedback was not obtained to ask why 15 participants dropped out before completion. We can assume because there was no incentive to participate, individuals opted to not complete the remaining two questionnaires. A short survey would be helpful to obtain feedback regarding the participants' experiences.

The results from the depression and anxiety scores in the Depression, Anxiety, and Stress Hope scale did not indicate statistically significant findings. However, the statistical significance of the stress variable indicates that participants' stress was significantly reduced from the start of the Examen program to the end of the nine-week session. This occurred while participants were simultaneously practicing the Jesuit Examen for the duration of this nine-week study. These findings obtained from the small sample suggest that the use of the intervention holds promise for use in promoting positive change for different groups and in different settings.

The current pilot study has several limitations. First, the study was not randomized, so there was no control for group differences. Without a control group, results may have been influenced by a placebo effect. For future research, a randomized controlled trial that includes an active control group is recommended. Future studies should use a randomized control design to enhance their internal validity. The lack of a control group did not allow us to test whether the observed changes were specific to the Examen intervention or were due to unobserved confounding variables that led to the improvement of the participants. Future research should use a randomized control trial that has an active control group and a larger sample size. Our findings suggest that the intervention can be useful with diverse populations. We hope to design a future study to examine whether the Examen intervention has the same benefits in larger populations.

Another limitation of the study is its reliance on self-report measures. Self-reporting data often result in inherent bias, so it would be useful to gather data using objective measures in future studies. The outcome could be strengthened with larger sample groups. Small group sizes can lead to statistical bias and a lack of detection of small group differences, so a well-designed study with a larger sample size is needed to further examine the effects of the Examen on university staff.

The lack of long-term follow-up is another limitation. The study was designed to assess the short-term effects of the intervention (nine weeks). This relatively short follow-up period does not allow for knowing whether the changes were maintained over a longer period of time. A study that assesses the sustained effects over a longer period would be beneficial. Homogeneity of the participants is also a limitation as all participants were staff who worked on the same college campus.

Using the Examen to reduce stress and promote well-being was feasible and effective. The results suggest that the use of the secularized Examen as an intervention provides

benefits, including significantly reduced stress levels. Further studies should include randomized control groups, objective measurements, large group sizes, long-term follow-up, and diverse populations.

Appendix

Secular Jesuit Examen

Beginning (1 min)

I invite you to take three slow, deep breaths at your own pace—just slowly become aware of your connection to yourself, this room, this group of people, this moment, and the world around you. We now move to step one of our Examen.

Step 1: Gratitude (2 min)

Even if today has felt hard, take some time to consider what good things [possibly “what has been life-giving today”] you have experienced today. Consider the really big ones (your life, safety, love) to the really small ones (a good night’s sleep, an affirming conversation, a task completed, a compliment paid to you). For each gift that comes to mind, spend a moment giving thanks. We now move to step two of our Examen.

Step 2: Asking for some help / Approaching the day with humility (1 min)

You are invited now to ask for the clarity to see the truths of the day that you just experienced: the experiences that were life-giving, the moments that were life-draining, the joys and sorrows, the healthy and unhealthy. Just ask for some help for the rest of this Examen to see your day for what it truly is. And now we move to step three of our Examen.

Step 3: Review and relive your day (4 min)

I invite you now to use your *imagination* to review and relive your day. I will walk you through the day, hour by hour. When significant moments arise, linger there for a while. If you notice yourself getting stuck on one aspect of your day, acknowledge its significance and gently let go as you continue to review your day. Start with the moment you woke up. What were those first things you did after waking up? What was that time like for you? And what came next? Try to stay grounded in your *five senses* as you relive the day. What about midday or lunchtime? What about the hours leading up to this Examen? What significant moments were there for you? Let’s move to step four.

Step 4: Face the challenges of the day (3 min)

What were the difficult moments of the day? Were there moments when you had unhelpful thought patterns, when you said something hurtful, when you did something hurtful, or when you were hurt?

Were there any missed opportunities [could expand this: more mindful, etc.], such as when you could have acted with more compassion? With this moment or moments in

your mind and heart, consider if there is an invitation for healing, forgiveness, or reconciliation. Allow peace and love to wash over you. And we move on now to the last step of our Examen.

Step 5: Look towards what's next (2 min)

With what you have learned during this Examen about yourself and your life, is there anything you feel invited to do tomorrow? Perhaps more importantly, consider what sort of person you feel called to be tomorrow. Take a moment to resolve to be that person. You might even make a commitment to that effect. Or, would you like to set some goals for tomorrow? Ask for the help you need to fulfill this commitment.

And to conclude this Examen, I invite you to consider if there are any final things you want to express. Is there an intention you want to set? Take a few deep breaths.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

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References

- Alves, P. C., et al. (2019). Quality of life and burnout among faculty members: How much does the field of knowledge matter? *PLOS ONE*, *14*(3). <https://doi.org/10.1371/journal.pone.0214217>
- Barker, K. K. (2014). Mindfulness meditation: Do-it-yourself medicalization of every moment. *Social Science & Medicine*, *106*(1), 168–176. <https://doi.org/10.1016/j.socscimed.2014.01.024>
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, *84*, 822–848. <https://doi.org/10.1037/0022-3514.84.4.822>
- Case, A. D., Keyes, C. L. M., Huffman, K. F., Sittser, K., Wallace, A., & Khatiwoda, P. (2019). Attitudes and behaviors that differentiate clergy with positive mental health from those with burnout. *Journal of Prevention & Intervention in the Community*, *48*(1), 94–112. <https://doi.org/10.1080/10852352.2019.1617525>
- Caycho-Rodríguez, T., Vilca, L. W., Plante, T. G., Carbajal-León, C., Cabrera-Orosco, I., García Cadena, C. H., & Reyes-Bossio, M. (2020). Spanish version of the Santa Clara Brief Compassion Scale: Evidence of validity and factorial invariance in Peru. *Current Psychology*, *41*(7), 4431–4446. <https://doi.org/10.1007/s12144-020-00949-0>
- Chaskalson, M. (2011). The mindful workplace: Developing resilient individuals and resonant organizations with MBSR. *Wiley Blackwell*. <https://doi.org/10.1002/9781119976974>
- Christopher, J. C., & Maris, J. A. (2010). Integrating mindfulness as self-care into counseling and psychotherapy training. *Counseling & Psychotherapy Research*, *10*(2), 114–125. <https://doi.org/10.1080/14733141003750285>

- Curlee, M. S., McIntosh, E., & Ahrens, A. H. (2022). What is gratitude without a benefactor? A daily diary approach. *Cognition & Emotion*, 37(3), 384–396. <https://doi.org/10.1080/02699931.2022.2162005>
- Dark-Freudeman, A. (2021). Mindfulness, anxiety, and perceived stress in university students: Comparing a mindfulness-based intervention (MBI) against active and traditional control conditions. *Journal of American College Health*, 70(7), 2116–2125. <https://doi.org/10.1080/07448481.2020.1845180>
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71–75. https://doi.org/10.1207/s15327752jpa4901_13
- Grant, A. M., Christianson, M. K., & Price, R. H. (2007). Happiness, health, or relationships? Managerial practices and employee well-being tradeoffs. *The Academy of Management Perspectives*, 21(3), 51–63. <https://doi.org/10.5465/amp.2007.26421238>
- Gewirtz, S., & Cribb, A. (2020). What works? Academic integrity and the research policy relationship. *British Journal of Sociology of Education*, 41(6), 794–806. <https://doi.org/10.1080/01425692.2020.1755226>
- Hick, S. S. (2009). *Mindfulness and social work*. Oxford University Press.
- Henry, J. D., & Crawford, J. R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 44(2), 227–239. <https://doi.org/10.1348/014466505X29657>
- Hofmann, L. (2013). The impact of Kundalini yoga on concepts and diagnostic practice in psychology and psychotherapy. In B. Hauser (Ed.), *Yoga traveling* (pp. 81–106). https://doi.org/10.1007/978-3-319-00315-3_4
- Hülshager, U. R., Alberts, H. J. E. M., Feinholdt, A., & Lang, J. W. B. (2013). Benefits of mindfulness at work: The role of mindfulness in emotion regulation, emotional exhaustion, and job satisfaction. *Journal of Applied Psychology*, 98(2), 310–325.
- Hwang, J. Y., Plante, T., & Lackey, K. (2008). The development of the Santa Clara Brief Compassion Scale: An abbreviation of Sprecher and Fehr's Compassionate Love Scale. *Pastoral Psychology*, 56(4), 421–428. <https://doi.org/10.1007/s11089-008-0117-2>
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4(1), 33–37. [https://doi.org/10.1016/0163-8343\(82\)90026-3](https://doi.org/10.1016/0163-8343(82)90026-3)
- Kersemackers, W., Rupprecht, S., Wittmann, M., Tamdjidi, C., Falke, P., Donders, R., Speckens, A., & Kohls, N. (2018). A workplace mindfulness intervention may be associated with improved psychological well-being and productivity: A preliminary field study in a company setting. *Frontiers in Psychology*, 9(1), 195.
- Knabb, J. J. (2021). *Christian meditation in clinical practice: A four-step model and workbook for therapists and clients*. InterVarsity Press.
- Knabb, J. J., Frederick, T. V., Cumming, G., & III. (2017). Surrendering to God's providence: A three-part study on providence-focused therapy for recurrent worry (PFT-RW). *Psychology of Religion and Spirituality*, 9(2), 180–196.
- Knabb, J. J., & Vazquez, V. E. (2018). A randomized controlled trial of a 2-week internet-based contemplative prayer program for Christians with daily stress. *Spirituality in Clinical Practice*, 5(1), 37–53.
- Kolvenbach, P. H. (2008). The service of faith and the promotion of justice in American Jesuit higher education. In G. W. Traub (Ed.), *A Jesuit education reader* (pp. 144–162). Loyola Press.
- Koncz, R., Wolfenden, F., Hassed, C., Chambers, R., Cohen, J., & Glozier, N. (2016). Mindfulness-based stress release program for university employees: A pilot, waitlist-controlled trial and implementation replication. *Journal of Occupational and Environmental Medicine*, 58(10), 1021–1027. <https://doi.org/10.1097/JOM.0000000000000856>
- Lawlor, M. S., Schonert-Reichl, K. A., Gadermann, A. M., & Zumbo, B. D. (2014). A validation study of the Mindful Attention Awareness Scale adapted for children. *Mindfulness*, 5, 730–741.
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression and Anxiety Stress Scales* (2nd ed.) Psychology Foundation of Australia.
- McMillin, S. E. (2021). Innovation vocational resilience: Getting a second start at work through the Ignatian Examen. *Social Work and Christianity*, 48(1), 5–9. <https://doi.org/10.34043/swc.v48i1.199>
- Osman, A., Lamis, D. A., Bagge, C. L., Freedenthal, S., & Barnes, S. M. (2016). The Mindful Attention Awareness Scale: Further examination of dimensionality, reliability, and concurrent validity estimates. *Journal of Personality Assessment*, 98(2), 189–199.
- Ostafin, B. D., & Kassman, K. T. (2012). Stepping out of history: Mindfulness improves insight problem solving. *Consciousness and Cognition*, 21(2), 1031–1036.
- Palitsky, R., & Kaplan, D. M. (2019). The role of religion for mindfulness-based interventions: Implications for dissemination and implementation. *Mindfulness*, 12(1), 2076–2089. <https://doi.org/10.1007/s12671-019-01253-0>

- Plante, T. G. (2009). *Spiritual practices in psychotherapy: Thirteen tools for enhancing psychological health*. American Psychological Association.
- Plante, T. G. (2020). St. Ignatius as psychotherapist? How Jesuit spirituality and wisdom can enhance psychotherapy. *American Psychological Association: Spirituality in Clinical Practice*, 7(1), 65–71. <https://doi.org/10.1037/scp0000214>
- Plante, T. G. (2021). Using the Examen, a Jesuit prayer, in spiritually integrated and secular psychotherapy. *Pastoral Psychology*, 71, 119–125. <https://doi.org/10.1007/s11089-021-00967-0>
- Plante, T. G., & Mejia, J. (2016). Psychometric properties of the Santa Clara Brief Compassion Scale. *Pastoral Psychology*, 65, 509–515.
- Redlich-Amirav, D., Ansell, L. J., Harrison, M., Norrena, K. L., & Armijo-Olivo, S. (2018). Psychometric properties of Hope Scales: A systematic review. *International Journal of Clinical Practice*, 72(7), e13213.
- Richmond, L. (2000). *Work as a spiritual practice: A practical Buddhist approach to inner growth and satisfaction on the job*. Harmony/Rodale.
- Roizen, M. F., & Roach, K. (2010). Wellbeing in the workplace. *BMJ Clinical Research*, 340, c1743. <https://doi.org/10.1136/bmj.c1743>
- Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PloS One*, 12(10), e0185781. <https://doi.org/10.1271/journal.pone.0185781>
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570–585.
- Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology*, 70(2), 321–335.
- Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, 53, 80–93. <https://doi.org/10.1037/0022-0167.53.1.80>
- Traub, G. W. (2008). *An Ignatian spirituality reader*. Loyola Press.
- Young, J. O., & Brunk, C. G. (2009). The ethics of cultural appropriation. *Blackwell*. <https://doi.org/10.1003/9781444311099>
- Zhang, D., Lee, E. K. P., Mak, E. C. W., Ho, C. Y., & Wong, S. Y. S. (2021). Mindfulness-based interventions: An overall review. *British Medical Bulletin*, 138(1), 41–57. <https://doi.org/10.1093/bmb/ldab005>

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