

Spiritual Readiness in the Military

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Overview

1. The Crisis
2. Definition and measurement of Spiritual Readiness
3. Indicators of a lack of Spiritual Readiness
4. Non-religious and religious sources of Spiritual Readiness
5. Human flourishing and Warrior Readiness: They are related
6. Religious involvement, human flourishing, and Warrior Readiness
7. Who is responsible for ensuring Spiritual Readiness?
8. Interventions to increase Spiritual Readiness of military personnel
9. Fighting with honor in a just war
10. Further resources

George C. Marshall's Speech at Trinity College, 1941 (Secretary of Defense under President Truman)

“I have said it is the spirit which endures to the end...
[the] **determining factor** in war is something
invisible and intangible, something wholly spiritual...
the men...will fight, if they have to fight, with more
than their bodies and their hands and their material
weapons. They will fight with their souls...”

The Crisis

- **The Problem:** The importance of spiritual readiness for combat operations has become less and less acknowledged by military leaders
- Lack of acknowledgement in culture/society
- Secularization and changing sources of Truth (science)

Research shows, though, that if you can affect **5% of a group**, then it will create a cultural shift in the organization; true also for military leaders

Table 1. RAND Corporation 2018 Health Related Behaviors Survey of US Military (n= 199,996)

	<u>Navy</u>	<u>Marine</u> <u>Corps</u>	<u>Coast</u> <u>Guard</u>	<u>Army</u>	<u>Air Force</u>
	%	%	%	%	%
Overweight or obese	67.0	57.8	66.6	63.2	62.9
Did <u>not</u> meet age-appropriate sleep	69.4	72.7	57.6	70.5	56.2
Moderate or severe sleep-related loss of energy	31.7	30.8	21.9	29.4	19.2
Binge drinking in past 30 days (≥ 5 drinks)	42.7	44.9	33.9	30.5	24.1
Heavy drinking in past 30 days (binging ≥ 1 -2/wk)	13.6	15.3	7.8	8.5	5.0
Current tobacco or nicotine use	40.6	49.0	35.4	36.2	31.2
Illegal drug use past 12 mo.	1.7	2.5	0.8	1.1	0.4
Rx drug misuse/12 mo	1.5	1.6	0.5	1.1	0.7

Table 1. RAND Corporation 2018 Health Related Behaviors Survey of US Military (n= 199,996)
(continued)

	<u>Navy</u>	<u>Marine</u> <u>Corps</u>	<u>Coast</u> <u>Guard</u>	<u>Army</u>	<u>Air Force</u>
	%	%	%	%	%
Probable PTSD past 30 days	11.5	13.0	7.3	11.7	6.1
Suicidal thoughts in past yr.	10.8	10.1	4.7	8.5	4.8
Mental health service use in past 12 mo	27.0	24.9	19.3	28.7	20.3
More than one sexual partner in past 12 mo	20.9	25.6	15.4	17.8	17.0
Sexually transmitted infection in past 12 mo	4.0	4.0	2.6	3.0	3.1
Chronic medical condition in past 12 mo	36.5	39.8	34.4	47.0	35.6
Experienced lot of physical pain in past 30 days	27.4	35.6	20.6	33.6	22.9

Current Model of Warrior Readiness



(able to handle munitions,
and technology during battle,
performing duties
effectively)

Future Model of Warrior Readiness

Religious/Spiritual
Involvement



Spiritual
Readiness

Religious/Spiritual
Involvement

Definitions of Spiritual Readiness

U.S. Army

“Spiritual readiness is the ability to endure and overcome times of stress, hardship, and tragedy by making meaning of life experiences. Individuals find meaning as they exercise beliefs, principles, ethics, and morals arising from religious, philosophical, and human values.”

Source: FM7-22 Holistic Health and Fitness; chapter 3, p. 5
https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN30714-FM_7-22-000-WEB-1.pdf

U.S. Air Force

“...the proactive practice of establishing a sense of purpose or personal priorities to develop the skills needed in times of stress, hardship and tragedy.”

Source: AFH (2018). Responsibilities, section 4.4.6.4. *Air Force Handbook 36-2618*. Retrieved on 11/19/21 from https://static.e-publishing.af.mil/production/1/af_a1/publication/afh36-2618/afh36-2618.pdf, p. 10

U.S. Navy, Marine Corps, & Coast Guard

Policy Definition:

“Spiritual Readiness is the capacity for mission accomplishment that results from the warfighter’s connection to the transcendent, defined by:

1. A connection to the divine, and/or
2. Participation in a community of faith, and/or
3. Sacrifice for the greater good, and/or
4. The pursuit of meaning, purpose, value, and service”

Street Definition:

“Spiritual Readiness is the strength of spirit that enables the warfighter to accomplish the mission with honor.”

Source: DoN (2020). Champion the Spiritual Readiness of Sailors and Marines. *Department of the Navy Strategic Plan for Religious Ministry, Version 2.0.*, pp. 20-21. Retrieved on 11/19/21 from

<https://www.uscg.mil/Portals/0/seniorleadership/chaplain/DoN-Strategic-Plan-for-Religious-Mnistry-v-2-2020-02-07.pdf?ver=2020-02-21-105717-823>.

Measuring Spiritual Readiness

17-item CHAMP/SOCOM Spiritual Fitness Scale (SSFS)

Measures three spiritual factors:

- Personal connection with God or the transcendent (items 2, 4, 7, 9, 12, 15, 17).
 - Commitment to pursuing meaning, purpose, and values (items 1, 5, 6, 10, 16).
 - Sacrificial service and self-donation to others (items 3, 8, 11, 13, 14).
-

1. I know what my life is about.
2. I feel God's love for me.
3. Human value and respect should be the greatest social value.
4. I look to God for strength, support, and guidance.

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5. I've been able to find a sense of meaning in my life.
6. Looking at my life as a whole, things seem clear to me.
7. God comforts and shelters me.
8. I believe strongly in humanity and the power of people.
9. I feel God's presence.
10. I have a core of beliefs, ethics, and values that give my life a sense of meaning and purpose.
11. I often think about a "grand plan" or process that human beings are a part of.
12. I am grateful to God for all God has done for me.
13. The greatest moral decision is doing the greatest good for human beings.
14. Being of service to others is an important source of meaning in my life.
15. I've decided to place my life under God's direction.
16. I am able to find meaning and purpose in my everyday experiences.
17. Religious beliefs are what really lie behind my whole approach to life.

17-item CHAMP/SOCOM Spiritual Fitness Scale (SSFS)

- For items related to God or the transcendent, respondents should have the option of an N/A-type response, e.g., the chance to check a box indicating that “the assumptions behind this question are not consistent with my worldview.”
- Non-theists should be able to answer questions that do not directly include a reference to God, allowing them to be assessed under two of the three factors on the SSFS.
- The SSFS is commonly administered on a 5-point, ascending Likert-type scale (strongly disagree to strongly agree), although some administrators prefer to record answers “on a scale of 1 to 10, with 1 being the lowest level of commitment and 10 the highest.”
- In order to determine ‘higher’ and ‘lower’ scores, universal rigid cutoffs are not recommended. The best strategy may be to collect a large local sample and then compare individual scores against the mean, or against percentile groups of 10. Some military chaplains have adopted a rule of thumb that a composite score under 3.5 indicates a possible need for spiritual readiness coaching.

Source: Alexander, D. W., Abulhawa, Z., & Kazman, J. (2020). The SOCOM Spiritual Fitness Scale: Measuring “vertical” and “horizontal” spirituality in the human performance Domain. *Journal of Pastoral Care & Counseling*, 74(4), 269-279.

USACHPPM-Duke Spiritual Attitudes Inventory

(strongly agree=1 to strongly disagree=6)

1. I don't know who I am, where I came from, or where I'm going.
2. I feel that life is a positive experience.
3. I feel unsettled about my future.
4. I feel very fulfilled and satisfied with life.
5. I feel a sense of well-being about the direction my life is headed in.
6. I don't enjoy much about life.
7. I feel good about my future.
8. I feel that life is full of conflict and unhappiness.
9. Life doesn't have much meaning.
10. I believe there is some real purpose for my life.
11. If I get sick, it is my own behavior that determines how soon I get well again.
12. I am in control of my health.
13. When I get sick I am to blame.
14. The main thing that affects my health is what I myself do.
15. If I take care of myself, I avoid illness.
16. If I take the right actions I can stay healthy.
17. How often do you attend church or other religious or spiritual meetings?
18. How often do you spend time in private religious or spiritual activities such as prayer, meditation, or study of religious texts (e.g., Bible, Qur'an, Torah, etc.)?

[continued]

USACHPPM-Duke Spiritual Attitudes Inventory

(continued)

- 19. In my life, I experience the presence of the divine (i.e., God).
- 20. My religious beliefs are what really lie behind my whole approach to life.
- 21. I try hard to carry my religion over into all other dealings in life.
- 22. I have wondered whether God has abandoned me.
- 23. I have felt punished by God for my lack of devotion.
- 24. I wondered what I did for God to punish me.
- 25. I have questioned God's love for me.
- 26. I wondered if my church (synagogue, mosque, or temple) has abandoned me.
- 27. I have decided the Devil made this happen.
- 28. I have questioned the power of God.

The subscales on this measure are (1) existential well-being (items 1-10), (2) health locus of control (items 11-16), (3) religious beliefs/practices (items 17-21), and (4) spiritual/religious struggles (items 22-28). Unlike the SSFS that provides an opt-out for those who are not religious, all questions on this scale are to be answered by everyone; the purpose is to quantifiably determine level of religiosity (and non-religiosity if that is present) as indicators of spiritual readiness. Formatted copy available from Dr. Harold Koenig at harold.koenig@duke.edu

Indicators of a Lack of Spiritual Readiness

Lack of Spiritual Readiness

Depression

Anxiety and stress-related disorders, including PTSD

Suicide

Anger and aggression

Substance use disorders

Family, marital & relationship problems

Inner conflict over transgressing moral values

Inner Conflict over Spiritual Issues

(negative feelings over transgression of spiritual/moral values)

Related terms, each with their own distinction, are:

“inner conflict”

“moral injury”

“spiritual injury”

“soul injury”

Need to be alert for their presence,
and where possible
address them preemptively

Inner Conflict over Transgressing Moral Concerns

Symptoms of Inner Conflict

Guilt

Shame

Feelings of betrayal

Moral concerns

Difficulty trusting others

Loss of meaning and purpose

Difficulty forgiving (and receiving forgiveness)

Self-condemnation

Spiritual or religious struggles

Loss of religious faith

[assessed with 10-item MISS-M-SF]

Source: Koenig et al. (2018). Screening for moral injury: The Moral Injury Symptom Scale–Military Version Short Form. *Military Medicine*, 183(11-12), e659-e665.

How Common is “Inner Conflict” among U.S. Veterans and Active Duty Military?

- In a multi-site study of 373 U.S. Veterans, we found that over 90% reported high levels (9 or 10 on a 1-10 severity scale) of at least one “inner conflict” symptom and 59% reporting 5 or more symptoms at this severity level (Koenig et al., 2018; using MISS-M-LF)
- Likewise, in a study of 103 **active-duty military**, we found that over 80% had at least 1 symptom of “inner conflict” of high severity (i.e., rated a 9 or 10 on a severity scale from 1 to 10) and **52% had 4 or more such symptoms** (Volk & Koenig, 2019; using MISS-M-LF)

Volk, F., & Koenig, H. G. (2019). Moral injury and religiosity in active duty US Military with PTSD symptoms. *Military Behavioral Health*, 7(1), 64-72.

Koenig, H. G., Youssef, N. A., Ames, D., Oliver, J. P., Teng, E. J., Haynes, K., ... & Pearce, M. (2018c). Moral injury and religiosity in US veterans with posttraumatic stress disorder symptoms. *Journal of Nervous and Mental Disease*, 206(5), 325-331.

The “New” Spiritualities of the 21st Century

New forms of spirituality have **filled the religious void** to **satisfy the 1/3 drive for spiritual connection** that is innate and hard-wired in every human

These new forms of spirituality provide meaning, purpose, and community, and are described in the book: *Strange Rites: New Religions for a Godless World* (Tara Isabela Burton, 2020)

New (and very old) Religions

Religious Remixed

Anything but
Traditional

Dark Spirituality

Celebration
of Evil
Decadence
Subversion
Occultism

Self Worship

Me
My Feelings
Experience
Intuitive
spirituality

Paganism

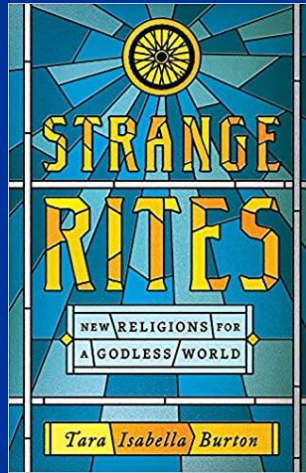
Wiccan
Neo-Wiccan
Nature worship
Polytheism
Animism

Sexual Spirituality

Polyamorism
Open marriage
Ethical
non-monogamy

Magic & Fantasy

Theater &
Nightclub churches
Fan culture
Character
worship



Non-Religious **Sources** of Spiritual Readiness

Stoic Philosophy

Stoicism is an ancient Greek school of philosophy founded in Athens by Zeno of Citium in around 300 BC. This philosophy was promoted by the Roman Stoic philosopher Seneca, and widely disseminated by the teachings of the Greek slave Epictetus in the first and second centuries AD. Soon after Epictetus, the Roman Emperor Marcus Aurelius wrote about stoicism in his book *Meditations* (written around 161-180 AD), which spread the philosophy throughout the Roman Empire. Modern Stoic philosophers include Admiral James B. Stockdale and four-star Marine Corps General James N. Mattis.

The Obstacle is the Way
(by Ryan Holiday)

Religious **Sources** of Spiritual Readiness

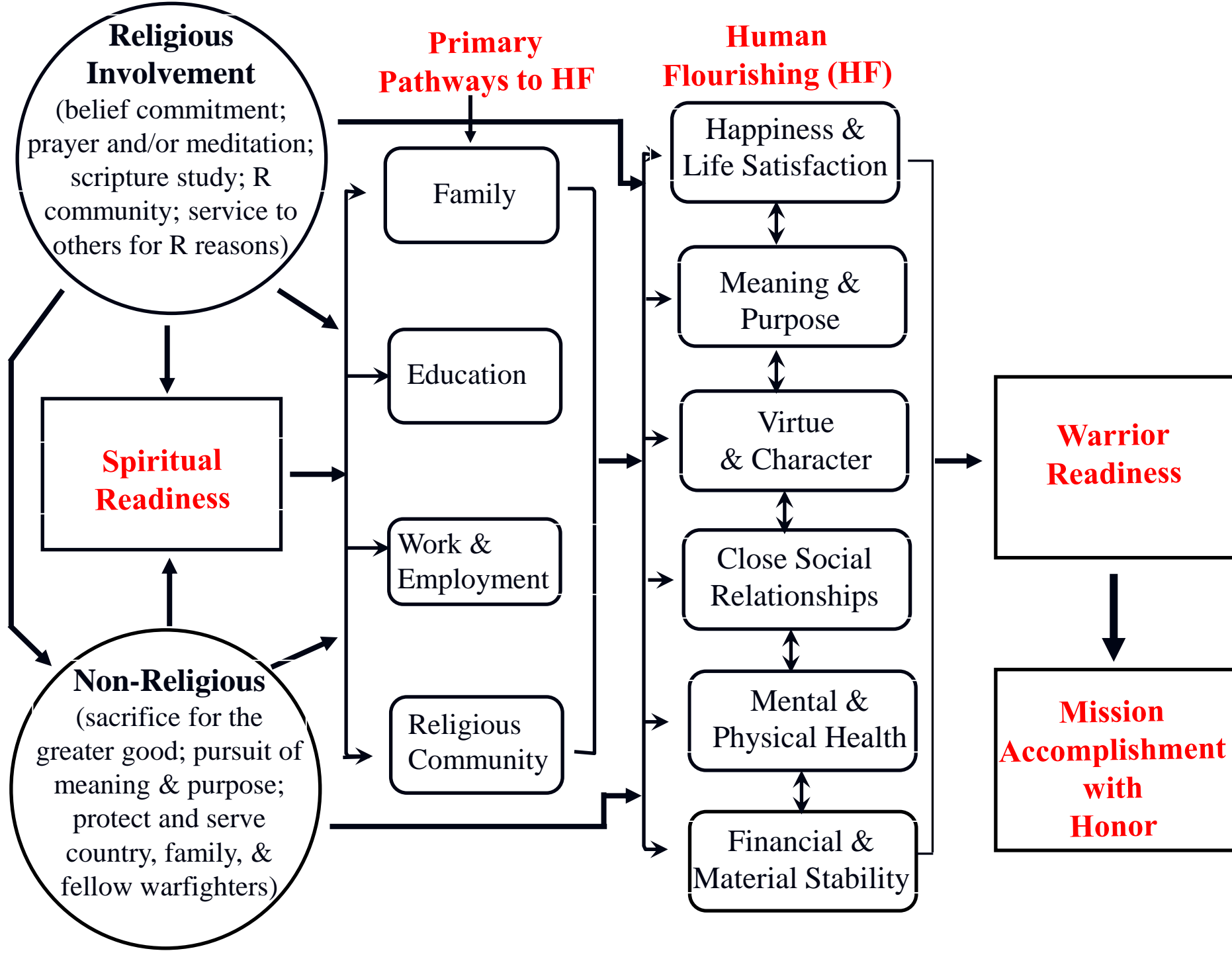
Praise be to the LORD my Rock, who trains my hands for war, my fingers for battle
(Psalm 144:1)

For our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms. Therefore put on the full armor of God, so that when the day of evil comes, you may be able to stand your ground, and after you have done everything, to stand.
(Ephesians 6:12-13)

Why should you not fight in God's cause and for those oppressed men, women, and children who cry out, 'Lord, rescue us from this town whose people are oppressors! By your grace, give us a protector and give us a helper!...those who have been attacked are permitted to take up arms because they have been wronged -- God has the power to help them -- those who have been driven unjustly from their homes only for saying, 'our Lord is God'
(Qur'an 4:75; 22:39-40)

“Performing all works as an offering unto me, constantly meditate on me as the Supreme [God]. Become free from desire and selfishness, and with your mental grief departed, fight!”
(Bhagavad Gita 3:30; the advice of Lord Krishna to the warrior Arjuna)

“The Buddha did not teach his followers to surrender to any form of evil power be it a human or supernatural being.” Dr. K Sri Dhammananda, Theravadin monk and scholar



Human Flourishing

Human Flourishing

Key Core Components of Human Flourishing

“doing or being well in the following five [six] broad domains of human life”:

- (1) Happiness and life satisfaction;
- (2) Health, both mental and physical;
- (3) Meaning and purpose in life;
- (4) Character and virtue;
- (5) Close social relationships; and
- (6) Financial and material stability [added later]

VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences*, 114(31), 8148-8156

Human Flourishing

Key Pathways to Human Flourishing (intermediary causes)

(1) Family

(2) Education

(3) Work/employment

(4) **Religious community involvement**

VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences*, 114(31), 8148-8156

Human Flourishing and Warrior Readiness

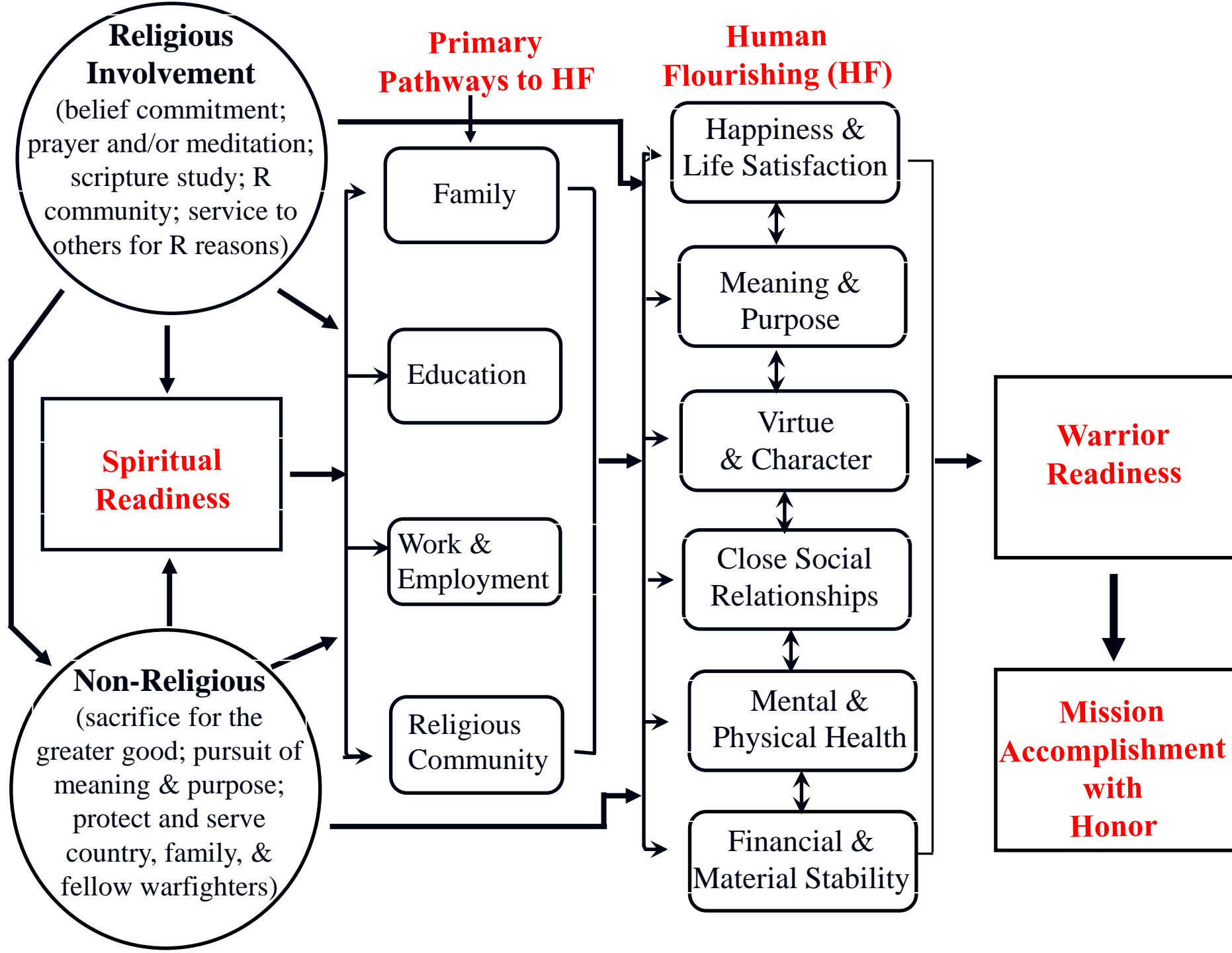
They are closely connected

Measured by similar indicators

Current Model of Warrior Readiness



(able to handle munitions,
and technology during battle,
performing duties
effectively)



Research Supporting the Causal Pathways between Religious Involvement & Human Flourishing

Sources of Information for this Research

Koenig et al. *Handbook of Religion and Health*, 1st & 2nd eds.
(Oxford University Press, 2001 and 2012)

***Handbook of Religion and Health*, 3rd ed.
Koenig, VanderWeele, & Peteet
(Oxford University Press, 2022, forthcoming)**

Recent Journal Articles

Koenig, H. G., Al-Zaben, F., & VanderWeele, T. J. (2020). Religion and psychiatry: Recent developments in research. *British Journal of Psychiatry Advances*, 26(5), 262-272.

Koenig, H. G., Peteet, J. R., & VanderWeele, T. J. (2020). Religion and psychiatry: Clinical applications. *British Journal of Psychiatry Advances*, 26(5), 273-281.

Religion's Impact on the **6 key Core Components** of Human Flourishing

- (1) Happiness and life satisfaction
- (2) Meaning & purpose
- (3) Virtue & character
- (4) Close social relationships
- (5) Mental and physical health (Day 1 lecture)
- (6) Financial & material stability

1. Well-being and Happiness

(systematic review)

Religious involvement related to:

- Greater well-being and happiness
- Reported by 256 of 326 studies (79%)
[82% of best designed]
- Lower well-being or happiness
- Reported by 3 of 326 studies (<1%)

Hope and Optimism

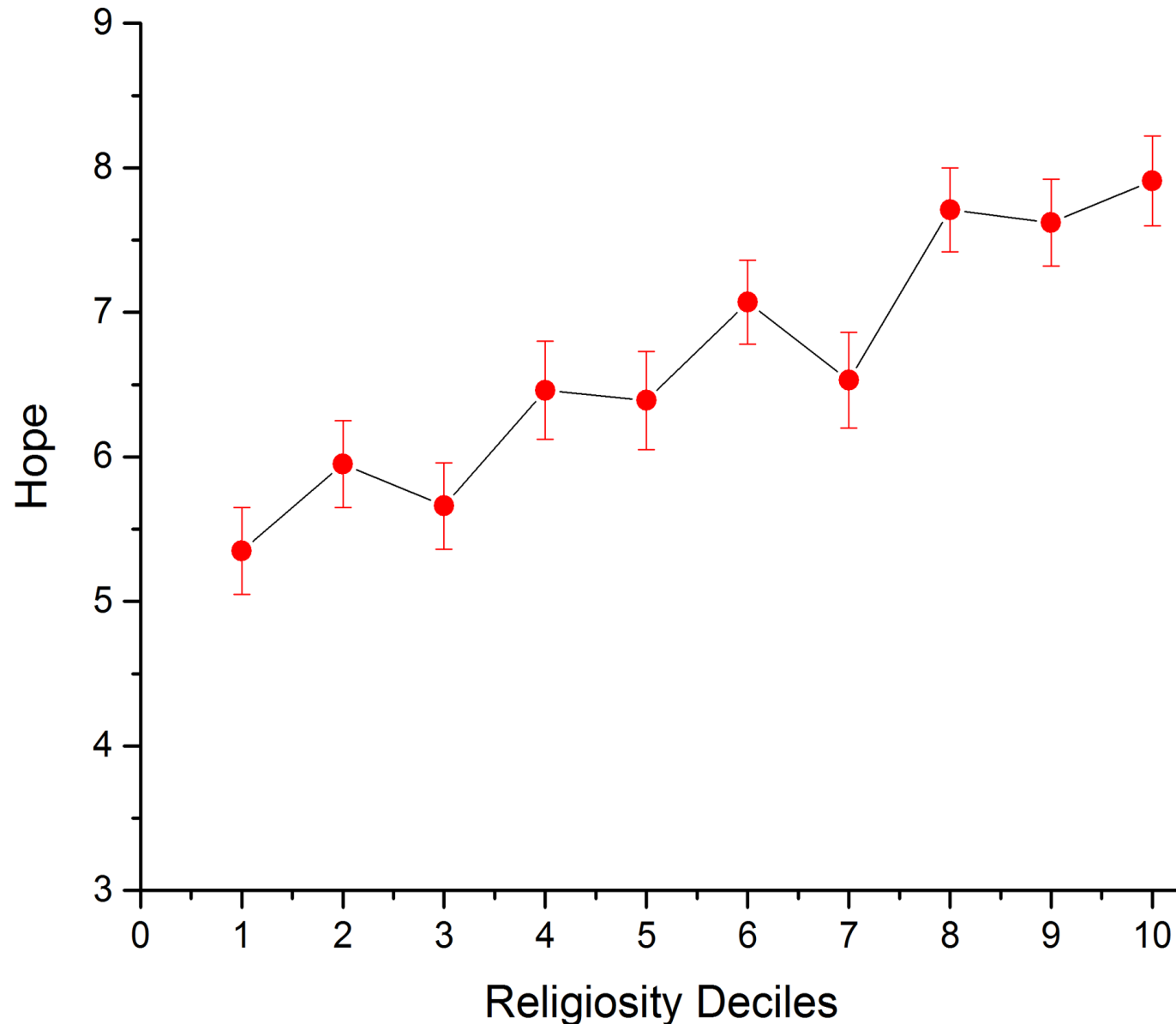
(systematic review prior to 2011)

Religious involvement was related to:

- Greater hope in 29 of 40 studies (73%)
- Great optimism in 26 of 32 studies (81%)

Handbook of Religion and Health, 2nd ed.

Religiosity and Hope in 590 U.S. Veterans/Active-Duty Military



Koenig, H. G., Youssef, N. A., Smothers, Z., Oliver, J. P., Boucher, N. A., Ames, D., ... & Haynes, K. (2020). Hope, religiosity, and mental health in US veterans and active duty military with PTSD symptoms. *Military Medicine*, 185(1-2), 97-104.

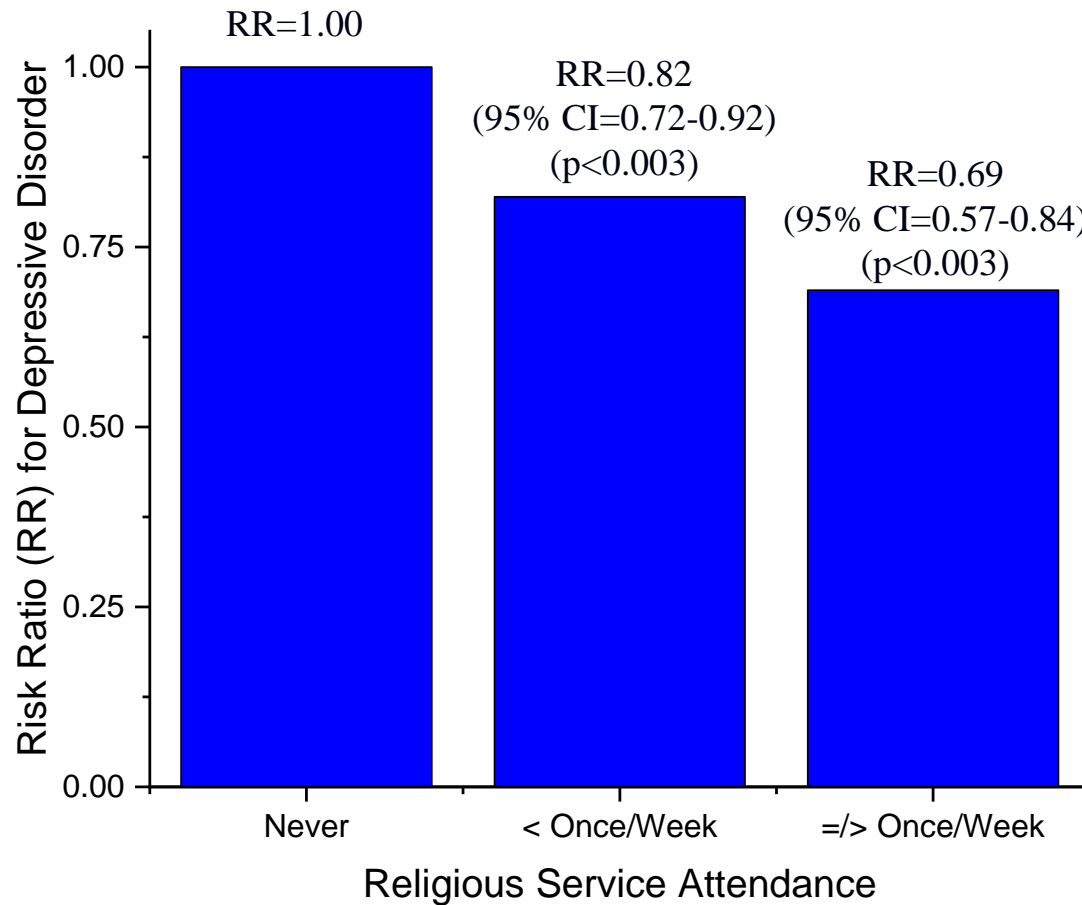
2. Mental and Physical Health

Depression

One of the most common emotional disorders in the world (and most disabling overall, second only to heart disease).

Based on systematic review of studies conducted prior to 2011, found that religious/spiritual involvement was related to:

- **Less depression** & faster recovery from depression in 272 of 444 studies (61%)
- **Less depression** reported by highest quality studies (67%)
- **More depression** (6%)



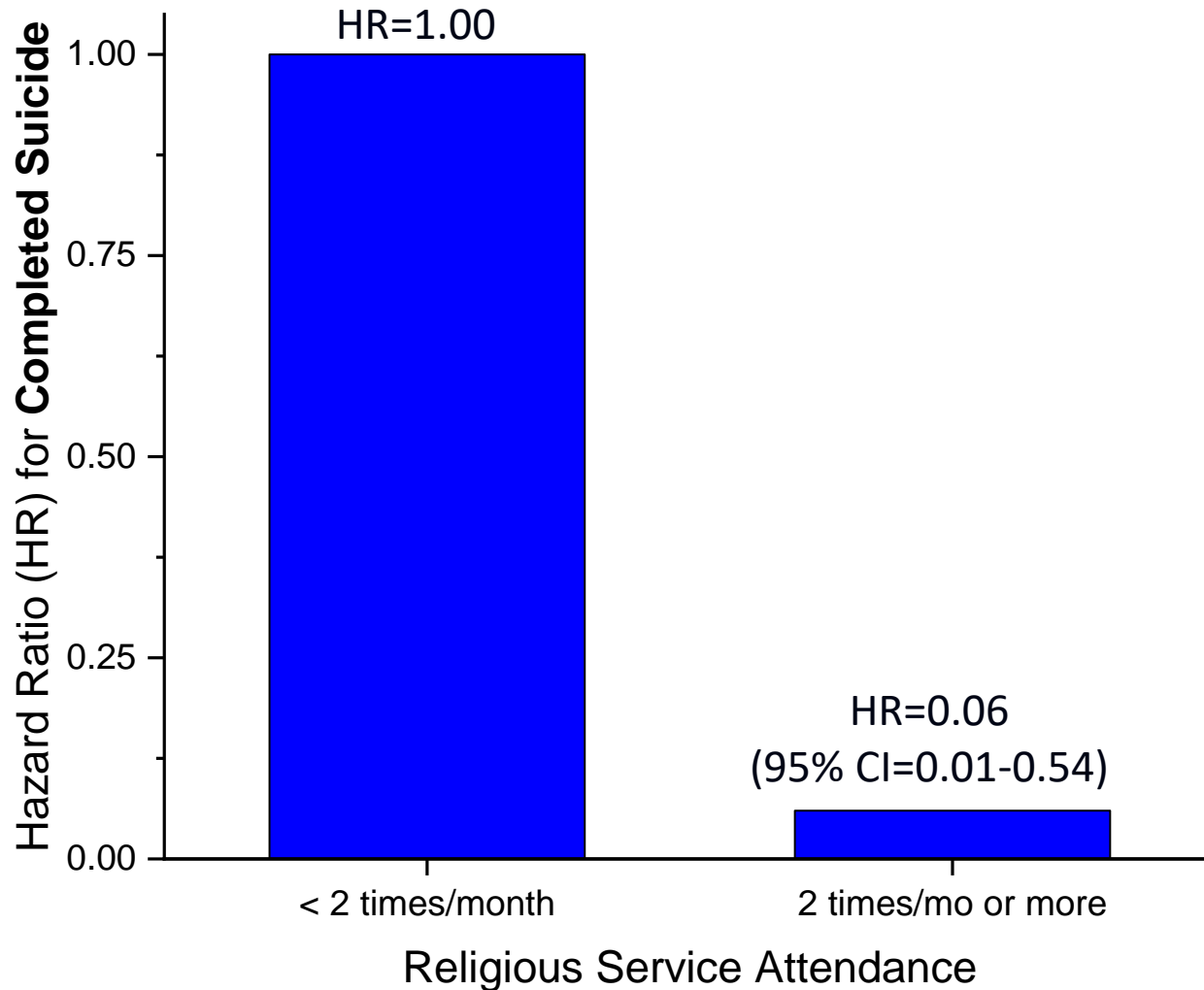
Chen et al. (2020). Religious-service attendance and subsequent health and well-being throughout adulthood: evidence from three prospective cohorts. International Journal of Epidemiology 49(6), 2030-2040 [**3-6 year prospective study** of 9,862 young adults (ave. age 23) followed from 2007 to 2010-2013; two dozen covariates controlled for, along with p values corrected for examination of multiple outcomes using the conservative Bonferroni correction]

Suicide

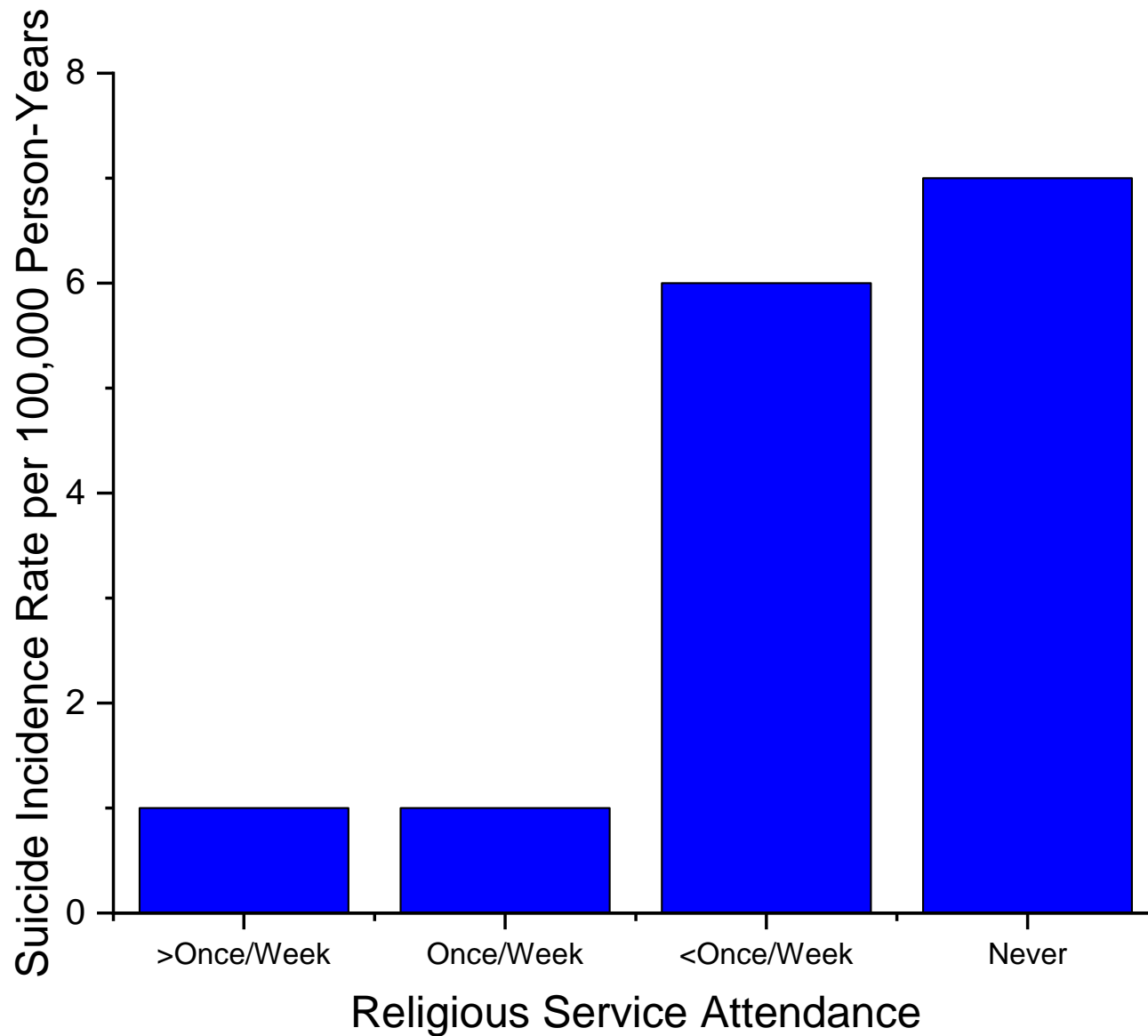
(systematic review of studies conducted prior to 2011)

Religious/spiritual involvement related to:

- Less suicide and more negative attitudes toward suicide in 106 of 141 studies (75%)

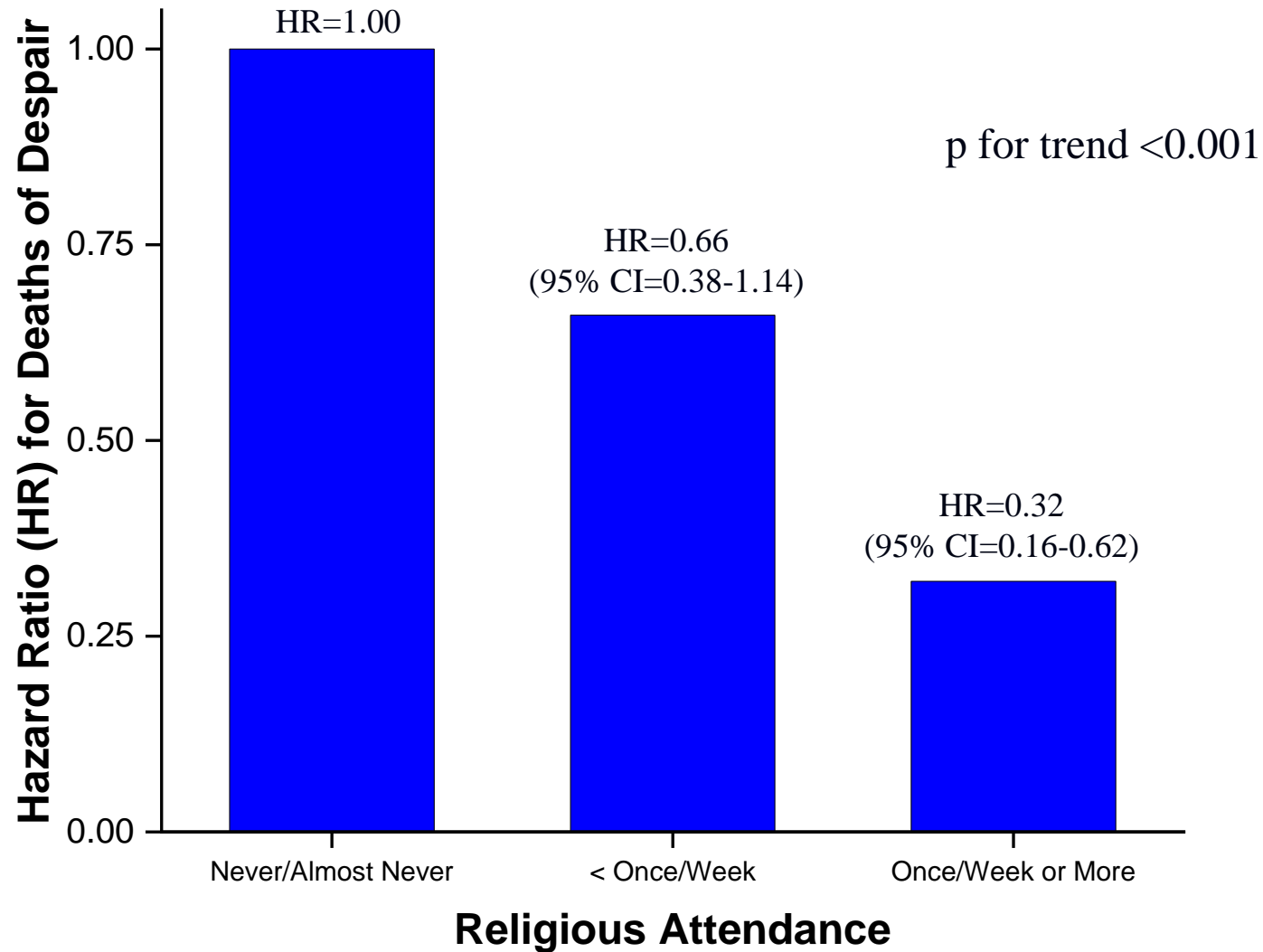


Kleiman, E. M., & Liu, R. T. (2014). Prospective prediction of suicide in a nationally representative sample: religious service attendance as a protective factor. *British Journal of Psychiatry*, 204(4), 262-266. [18-year prospective study from 1988/1994 to 2006 involving a random U.S. national sample of **20,014 persons age 18 years or over (NHANES-III)**; findings remained significant after controlling for gender, age, size of household, previous suicide attempt, and marijuana use]



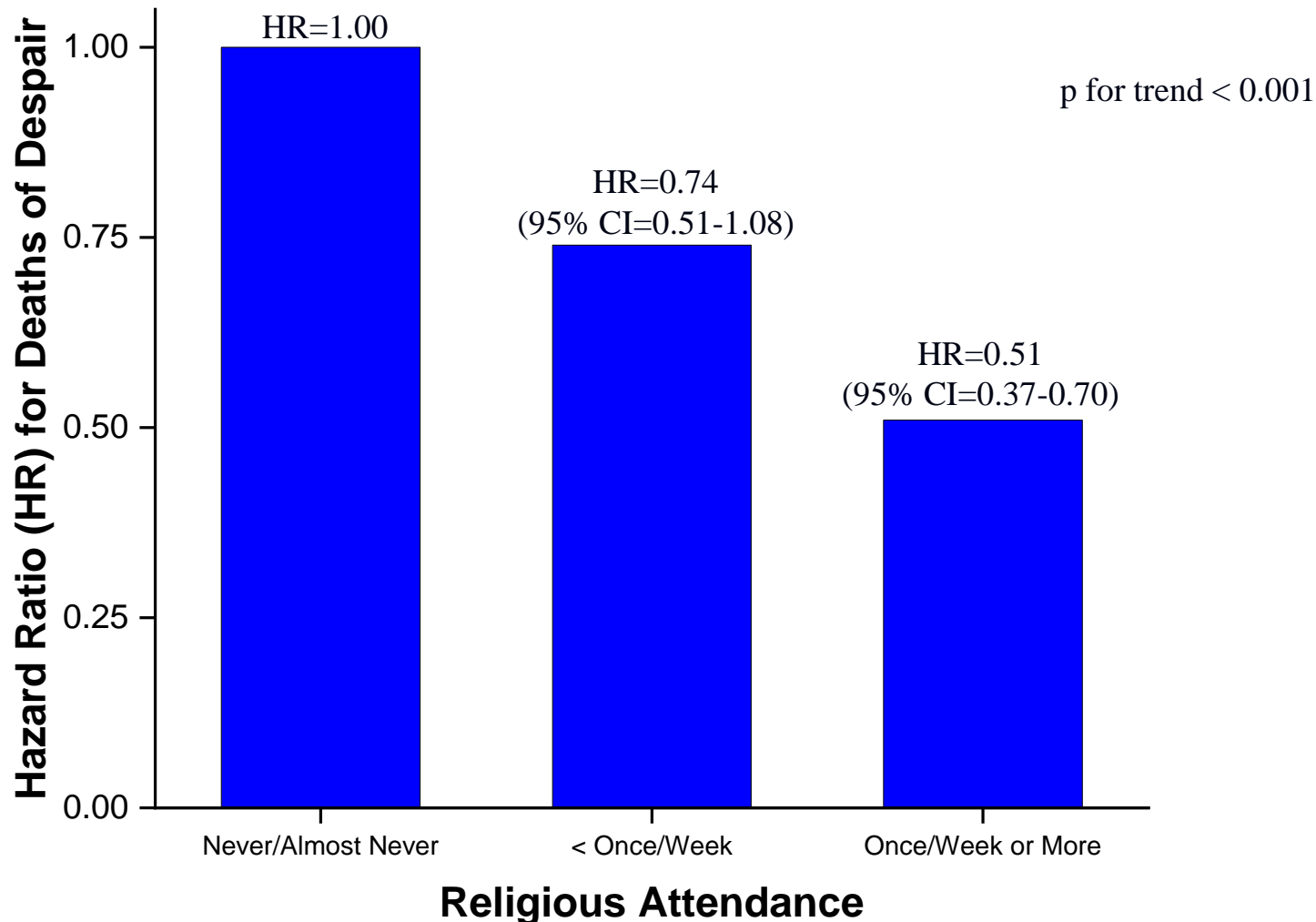
Nurses Health Study: 89,708 women followed from 1996 to 2010 (**HR=0.16**, 95% CI 0.06-0.46)
VanderWeele et al (2016). JAMA Psychiatry (Archives of General Psychiatry) 73(8):845-851

Religious Attendance and Deaths of Despair Among U.S. Health Professionals (Women)



Chen, Y., et al. (2020). Religious service attendance and deaths related to drugs, alcohol, and suicide among US health care professionals. *JAMA Psychiatry*, 77(7), 737-744. [16-year prospective study of 66,492 women examining “deaths of despair” (from **drugs, alcohol, or suicide**); Cox proportional hazards regression models controlling for 25 demographic, psychological, social, and physical health covariates]

Religious Attendance and Deaths of Despair Among U.S. Health Professionals (men)



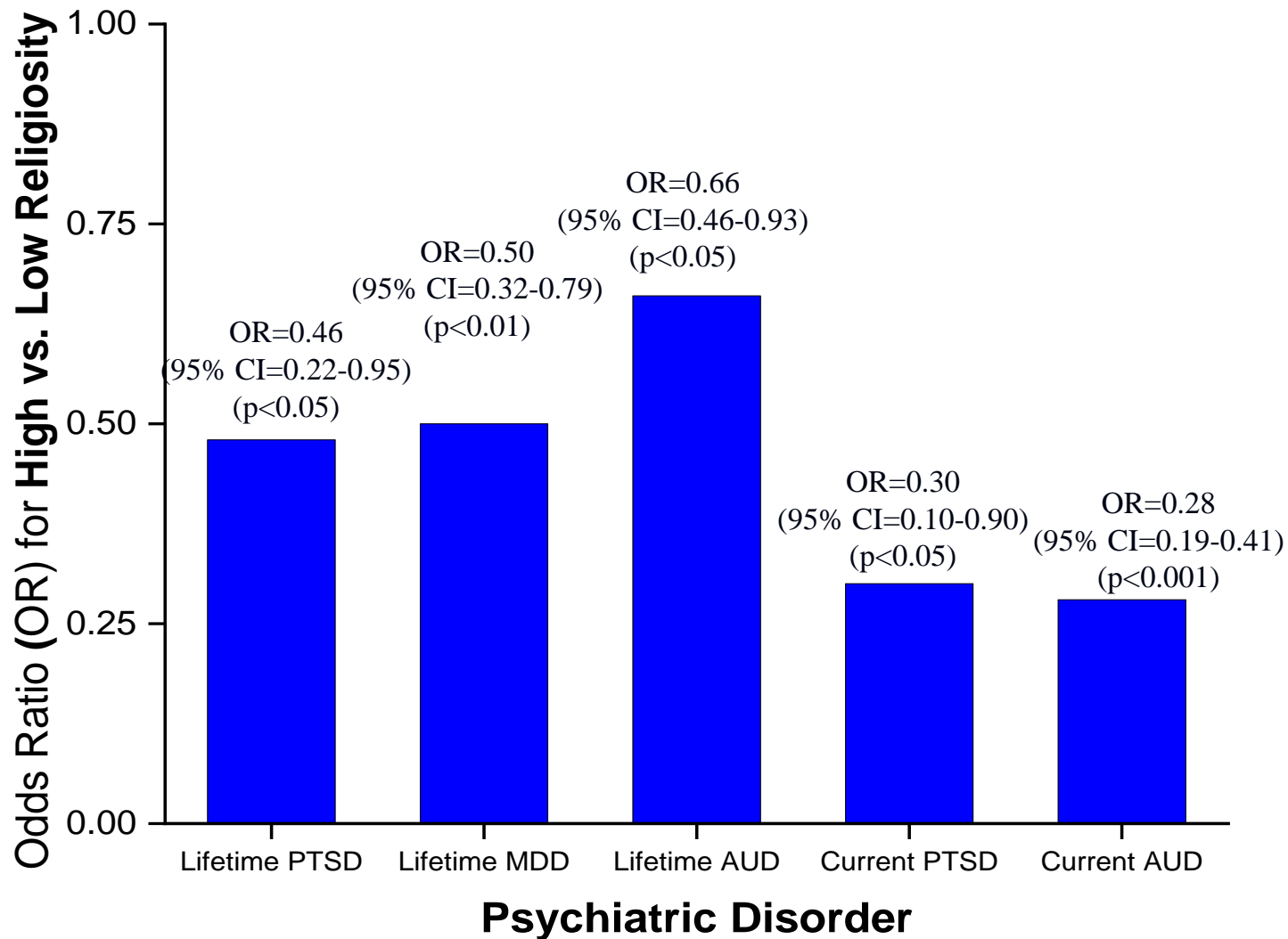
Chen, Y., Koh, H. K., Kawachi, I., Botticelli, M., & VanderWeele, T. J. (2020). Religious service attendance and deaths related to drugs, alcohol, and suicide among US health care professionals. *JAMA Psychiatry*, 77(7), 737-744. [26-year prospective study of 43,141 men (dentists, pharmacists, optometrists, osteopaths, podiatrists, veterinarians) examining “deaths of despair” (from drugs, alcohol, or suicide); Cox proportional hazards regression models **age adjusted only**]

Alcohol Use/Abuse/Dependence

(systematic review of studies prior to 2011)

Religious/spiritual involvement is related to less alcohol use/ abuse/dependence

- 240 of 278 studies (86%), most in young adults
- 90% of best designed studies



Sharma, V., Marin, D. B., Koenig, H. G., Feder, A., Iacoviello, B. M., Southwick, S. M., & Pietrzak, R. H. (2017). Religion, spirituality, and mental health of US military veterans: Results from the National Health and Resilience in Veterans Study. Journal of Affective Disorders, 217, 197-204. [Cross-sectional study of **nationally representative sample of 3,151 U.S. Veterans**; multivariable logistic regression analyses controlling for age, gender, race, employment status, household income, military enlistment status, branch of service, number of years in military; religiosity assessed by Duke University Religion Index (DUREL)]

Illicit Drug Use

(systematic review of studies prior to 2011)

Religious/spiritual involvement is related to less drug use/abuse/dependence:

- 155 of 185 studies (84%)
- 86% of best designed studies
- 95% of randomized controlled trials or experimental studies of religious/spiritual interventions

Research on Religion, Spirituality & Physical Health

Beliefs, attitudes, and behaviors have on mental and behavioral health have a cumulative effect on the physical body (see the book, *The Body Keeps the Score* by Bessel van der Kolk, MD). Greater religious involvement is associated with:

- Have less heart disease
- Have lower blood pressure
- Have lower rates of stroke
- Experience less cognitive decline with aging
- Experience less physical disability with aging
- Have better immune function and less systemic inflammation
- Have better endocrine functions (<cortisol, epi & norepinephrine)
- Have lower death rates from cancer
- Experience greater longevity

Although young with lots of physiological “reserve”, even 18-24 year olds will experience consequences of destructive attitudes and behaviors

Source: Handbook of Religion & Health, 3rd ed, 2022, forthcoming

3. Meaning and Purpose in Life

(systematic review prior to 2011)

Religious involvement related to

- Greater meaning and purpose in 42 of 45 studies (93%)
- 100% of the best designed studies

Handbook of Religion and Health, 2nd ed.

4. Virtue and Character

More Forgiveness, Altruism, and Gratitude

(systematic review prior to 2011)

Religious involvement related to:

- Significantly more forgiveness in 34 of 40 studies (85%)
- Significantly more altruism / volunteering in 33 of 47 studies (70%)
- Significantly more gratitude in 5 of 5 studies (100%)

4. Virtue and Character

Lower Delinquency and Crime

(systematic review prior to 2011)

Religious involvement related to:

- Significantly less delinquency & crime in 82 of 104 studies (79%)
- Of the 60 highest quality studies, 82% reported this finding

Handbook of Religion and Health, 2nd ed

5. Close Social Relationships

Social Support

(systematic review prior to 2011)

Religious involvement related to:

- Significantly greater social support in 61 of 74 studies (82%)

6. Financial & Material Stability

- If a young person is religious or is raised in a religious environment, research shows that this improved their chances of achieving a good education (as noted earlier)
- This will **improve the likelihood of obtaining a good job someday and being financially independent**
- Given that all major religions promote a strong work ethic (being responsible, dependable, a hard worker) and seek to instill altruistic character traits (helping others at work), this will **enhance job stability and productivity**

Next, let's examine Religion's Impact on the **4 Key Pathways** that lead to Human Flourishing

Acting through:

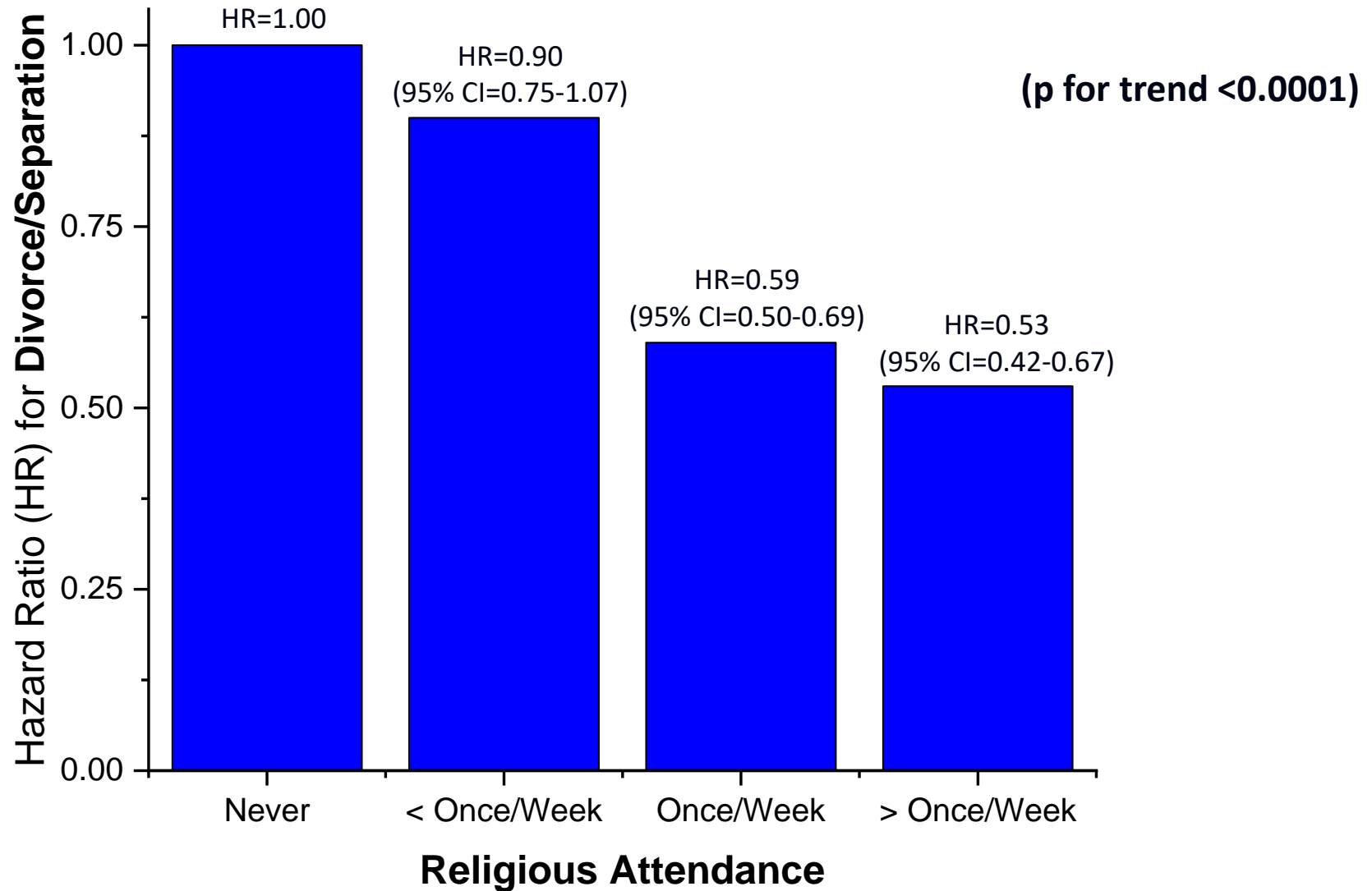
1. Family
2. Education
3. Work/employment
4. Religious community involvement

1. Family and Marital Stability

(key pathways, systematic review prior to 2011)

Religious involvement is related to:

- Great marital stability - less divorce, greater satisfaction, less spousal abuse, less cheating on spouse, & greater likelihood of having an intact family with two parents in home
- 68 of 79 (86%) of all quantitative studies showed positive effect



Li, S., Kubzansky, L. D., & VanderWeele, T. J. (2018). Religious service attendance, divorce, and remarriage among US nurses in mid and late life. *PloS One*, 13(12), e0207778. [14-year follow-up (1996-2010) of 66,444 initially married women; Cox proportional hazard model and multivariate logistic regression used to control for 24 sociodemographic and health covariates, including 1992 religious attendance]

2. Education

(key pathways, systematic review prior to 2011)

- Studies published from 2001 to 2011 that examined relationships between religious involvement and school performance (GPA or persistence to graduation)
- 11 out of 11 (100%) indicated that religiously-involved students performed better (likely because their religious beliefs/environment prevented school dropout or underperformance due to drugs, alcohol, teenage pregnancy, delinquent activities)

3. Work and Employment

- religious teachings encourage **responsible behaviors** at work, carrying out of one's duties as required, and **helping coworkers** with their duties
- consequently, religious involvement is related to **greater work satisfaction**, workplace **productivity**, and a wide range of **positive attitudes** toward employment

Being happy and productive at work (*which includes military service*) will increase psychological well-being, satisfaction with work, and quite likely, Soldier Readiness.

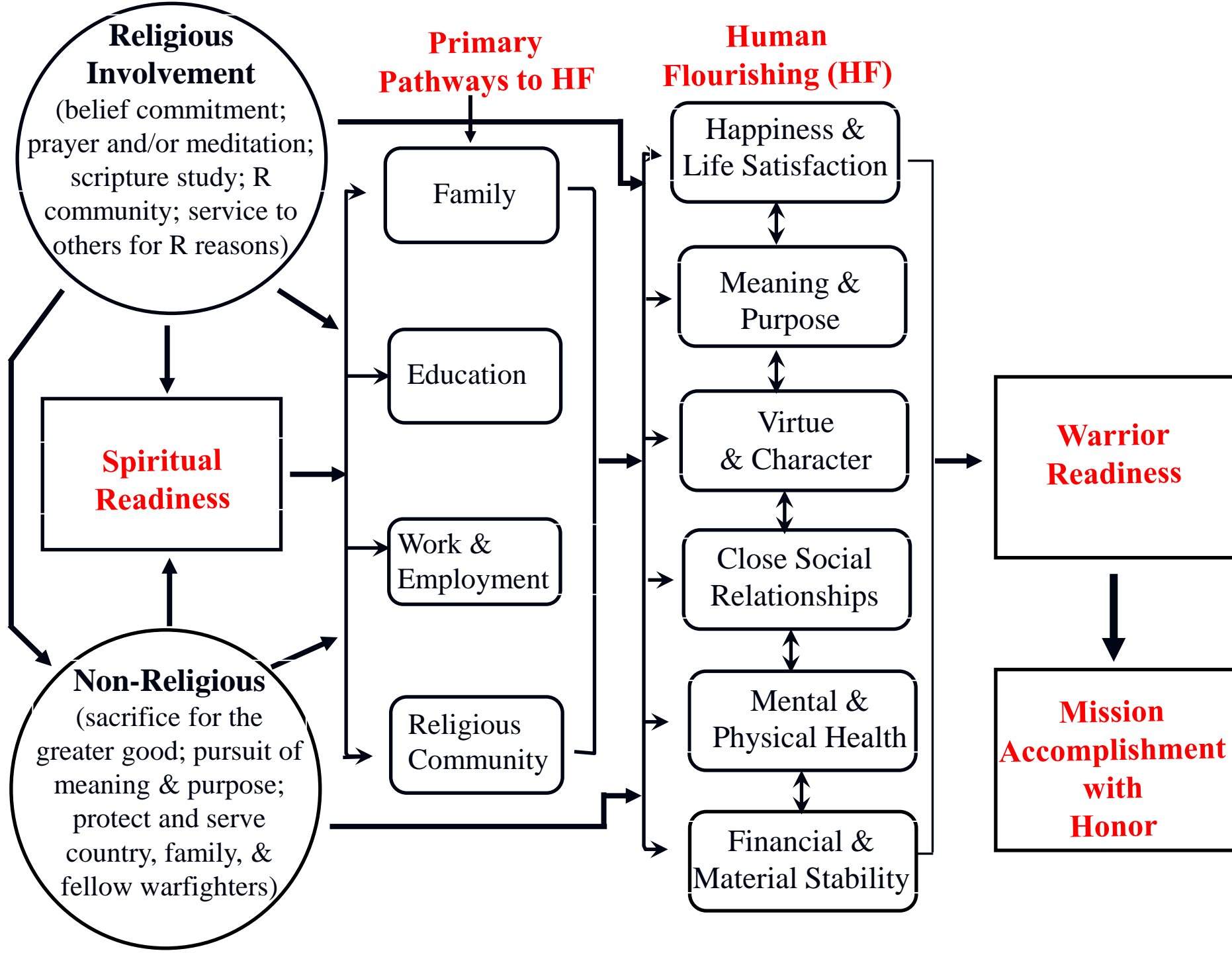
4. Religious Community Involvement

- Strongest and most consistent predictor of mental, social, behavioral, and physical health
- Personal religious belief and commitment strongly correlated with participation in a religious community
- Psychiatrist Ken Kendler in 1997 reported that a tendency toward **interest in spiritual matters** in young adulthood is genetically inherited. What aspect of spirituality did Kendler actually measure?

Personal Devotion (explained 29% of spiritual tendencies, i.e. additive genetic effects)

Questions

1. How important are your religious and spiritual beliefs in your daily life?
2. When you have problems or difficulties in your family, work, or personal life, how often do you seek spiritual comfort?
3. Other than at mealtime, how often do you pray to God privately?
4. To what extent are you conscious of some religious goal or purpose in life which serves to give direction to your life?
5. **How often do you attend religious services or meetings?**



Who is Responsible for **Ensuring** the Spiritual Readiness of our Military Personnel?

Chaplains

Government Decision-Makers

Military Leaders

Behavioral Health Services

Medical Providers

The American People (and those of our Allies)

Religious Interventions for Increasing Spiritual Readiness

Here are some potential interventions that utilize **distinctively religious practical ways** to help prevent and treat conditions that **diminish strength of spirit** and **ability to accomplish the mission**

- This is for chaplains who are admittedly not therapists, but rather whose job is to provide pastoral care (Care)
- There is widespread support for cognitive-behavioral approaches in prevention and treatment; more than any other therapeutic method
- Religiously-integrated cognitive-behavioral (CB) therapy has been shown to effectively treat (and may be useful in preventing) depression, anxiety & other emotional problems
- A new structured CB pastoral care intervention for chaplains has been developed to help prevent and treat the inner conflict (moral injury) that is often found after engagement in combat operations

Widespread Support for Cognitive-Behavioral Approaches

Stoic Philosophy

Eastern religions

Indic religions

Judaism and Christianity

Stoic Philosophy

“Our perceptions [and thoughts] can be a source of strength or of great weakness... To prevent becoming overwhelmed by the world around us, we must, as the ancients practiced, learn how to limit our passions [emotions] and their control over our lives...” (p. 11, *The Obstacle is the Way*)

“Nothing either good or bad, but thinking makes it so”
(Shakespeare quoted on p 21 of *The Obstacle is the Way*)

Confucianism

"The more man meditates upon good thoughts, the better will be his world and the world at large" (Analects ?)

"Your life is what your thoughts make it" (Analects ?)

Buddhism

"All that we are is the result of what we have thought: it is founded on our thoughts, it is made up of our thoughts. If a man speaks or acts with a pure thought, happiness follows him, like a shadow that never leaves him." (Dhammapada 1:2, Muller translation)

"Let the wisemen guard his thoughts, for they are difficult to perceive, very artful, and they rush wherever they list: thoughts well guarded bring happiness." (Dhammapada 3:36, Muller translation)

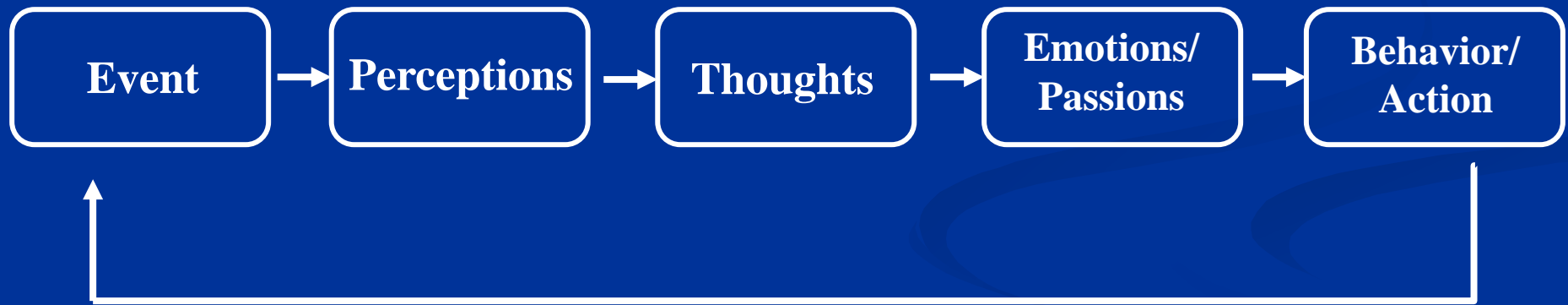
Judaism and Christianity

“For as he thinketh in his heart, so is he” (Proverbs 23:7)

“Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.” (Philippians 4:8)

“Do not conform to the pattern of this world, but be transformed by the *renewing of your mind*...” (Romans 12:2)

Cognitive-Behavioral Model



How is this model operationalized in Cognitive Behavioral Therapy?

Religiously Integrated Cognitive Behavioral Therapy (RCBT) for Depression, Anxiety, & Distressing Emotions

Therapist manuals, therapist workbooks, and participant workbooks available for free download at:

<https://spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals>

Versions of RCBT available

Christian

Jewish

Muslim - Shia

Muslim - Sunni

Muslim - Urdu (Pakistan)

Hindu

Buddhist

3-Session Pastoral Care Version of RCBT

1. **Assess** religious beliefs, language, background; **introduce CB model and rationale** (perceptions, followed by thoughts, followed by emotions and behaviors), **identify a positive Scripture** and have them focus on that as homework

2. Review homework, introduce the concept of “cognitive processing,” explain **ABC worksheets** (Antecedents [perceptions, thoughts, emotions], Behavior, Consequences), explain **mastery/pleasure worksheets**, and assign both as homework to complete

3. Review homework (worksheets), **identify and challenge** unhealthy automatic thoughts, and discuss alternative ways of **responding to negative automatic thoughts in light of the person’s religious beliefs**

[if more visits, continue with Step 5 of 10-session treatment]

12-Session Pastoral Care CB Intervention

**for the prevention or treatment of
Inner Conflict/Moral Injury**

Focuses on the 10 major dimensions of Inner Conflict

1. Guilt
2. Shame
3. Betrayal
4. Moral concerns
5. Loss of trust
6. Loss of meaning
7. Self-condemnation
8. Difficulty forgiving
9. Religious struggles
10. Loss of religious faith

2-Session Pastoral Care CB Intervention for the prevention or treatment of Inner Conflict / Moral Injury

Although the full intervention is 12 sessions long, most chaplains will have only 2 or 3 session with a service member; as a result, to maximize benefits in those few sessions, consider the following:

Session 1. (a) identify the problem they are seeking help for, (b) conduct a spiritual assessment to identify religious resources, (c) administer 10-item MISS-M-SF, (d) determine which one of the 10 symptoms of inner conflict is causing the most problem, and (e) explain that you will be using the core Scriptures from their faith tradition (and rituals as necessary) to address the symptom (guilt, self-condemnation, inability to forgive, etc.) [**convey hope**]

Session 2. (a) Learn more about the symptom identified above, (b) begin with the 3rd treatment module (repentance), and (c) go through as many of the remaining 5 modules [next slide] as time and number of sessions permit

[**assumes the service member is at least a “somewhat” religious**]

Treatment Modules

Utilizes the following treatment modules to address each dimension of Inner Conflict/Moral Injury:

1. Conviction
2. Lament
3. Repentance
4. Confession
5. Forgiveness
6. Reconciliation
7. Atonement
8. Recovery & Resilience

Anger module (optional, if problem and interferes with treatment)

Chaplain treatment manuals and client workbooks available in Christian, Jewish, Muslim, Hindu, and Buddhist versions from Harold.Koenig@duke.edu

Pastoral Narrative Disclosure (PND)

This 8-stage chaplain intervention emphasizes that the sacrament of penance has long been utilized within religious traditions to acknowledge the moral pain that military personnel experience following their return from combat (Carey & Hodgson, 2018). PND allows for absolution, forgiveness, and cleansing from the moral transgressions (as perceived by the Service Member) that may have occurred during military service. The aim of PND is to help Service Members recover from moral injury, enabling them to be spiritually ready for re-engagement — whether that be with the military as part of their warrior readiness, or with their local community and/or their family.

Source: Timothy J. Hodgson, Ph.D., & Lindsay B. Carey, Ph.D. (2022). Pastoral narrative disclosure: an intervention strategy for chaplaincy to address moral injury. **Department of Defense, Australian Government**. Publication available from Lindsay B. Carey, Ph.D. (Lindsay.Carey@latrobe.edu.au)

Fighting with Honor in a Just War

U.S. Marine Captain Dwight Horn (2018) reminds us that a warrior must “never lose sight of his ultimate purpose which is to be a just warrior in a just battle for a just cause” (p 287). Those who engage in war that involves the killing and destruction of others must be absolutely certain of why they are fighting and must maintain that purpose while involved in active combat and then afterwards.

Service Members must do their jobs with honor, following the rules of engagement and not transgressing long-standing well-recognized moral values. Government decision-makers and military leaders, in turn, must from the start ensure that the war being fought is a “just” one. If warriors fight in a just war with purpose and honor, then when they look back on their actions once they return home, they will experience pride -- not the guilt and shame characteristic of moral injury.

Conclusions

1. Spiritual Readiness impacts human flourishing (i.e., produces better mental, social, and physical health), thereby increasing Warrior Readiness
2. These findings have huge implications for military leaders, most of whom are unaware of this research and may underestimate the importance of what military chaplains do and what religious involvement actually produces in terms of warrior readiness
3. The clinical applications of this research are also vast in terms of provision of mental and physical health care to our military personnel, both Active-Duty and Veterans

Further Resources



Spiritual Readiness

Essentials for Military Leaders and Chaplains



Harold G. Koenig, M.D.
Lindsay B. Carey, Ph.D.
Faten Al Zaben, M.D.

**Discussion
till 1:00**