

# Spiritual Readiness:

what it is, why is it important, and what can be done to foster it

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# Overview

1. What is spiritual readiness?(SR)
2. Why is SR important for Veterans and Active-Duty Service Members?
3. Spiritual readiness and human flourishing
4. Human flourishing and warrior readiness
5. Religious involvement, human flourishing, and warrior readiness
6. Who is responsible for ensuring SR?
7. Interventions to increase SR for Veterans and Active-Duty military personnel
8. Further resources

# **What is 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](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](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)

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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.

8

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.



# **Why is Spiritual Readiness important to Active-duty Service Members and Veterans?**

# Because of the Consequences of **Lack** of Spiritual Readiness

# Lack of Spiritual Readiness Consequences

Depression

Suicide

Anxiety and stress-related disorders, including PTSD

Anger and aggression

Substance use disorders

Family, marital & relationship problems

Inner conflict over transgressing moral values

# **Depression** (12-13% in active-duty military baes on 25 studies)

Major depressive disorder (**MDD**) characterized by the presence of 5 of 9 symptoms for 2 weeks or more: **SIG E CAPSS**.

Sadness or depressed mood (or irritability)

Interest (loss of interest, loss of motivation, inability to experience pleasure)

Guilt (excessive and inappropriate)

Energy (loss of)

Concentration (loss of)

Appetite (loss of, or excessive increase)

Psychomotor agitation or retardation (slowed up movements)

Sleep (unable to sleep or sleeping too much)

Suicidal thoughts

# Suicide

- 2020 was the highest year on record for suicides in the DoD.
- More than 4 times more active duty military/veterans since 9/11 have died by suicide than killed in post-9/11 combat operations (30,177 vs. 7,057).\*
- **Every one of the consequences of lack of spiritual readiness** mentioned here (depression, stress, inner conflict, etc.) increases risk of suicide.

\* Suitt TH (2021, June 21). High suicide rates among United States service members and veterans of the post-9/11 wars. Watson Institute, Brown University. The 20 Years of War: A Cost of War Research Series.

# Trauma and Stress-Related Disorders

- Anxiety \*
- Post-Traumatic Stress Disorder (PTSD) (12% past 30 d) \*\*

## **PTSD and sub-threshold PTSD symptom clusters:**

- A. Experienced (or witnessed) a severe traumatic stressor
- B. Flashbacks or nightmares
- C. Avoiding reminders of the trauma
- D. Difficulty having positive feelings toward others
- E. Easily startled, feeling tense or on edge

# Aggression and Anger Problems

49% with angry/aggressive behavior in past 30 days; 7% with 5 or more  
(one of **three types**)

1. The *generally healthy* individual who gets angry and loses their temper only in certain situations.

Treatment: anger management training and social skills training.

2. The individual who is *antisocial* (usually dating back to childhood) and has **problems with impulse control**.

Treatment: anger management training and social skills training may or may not help.

3. The *psychopath*, who uses psychological and physical aggression **to accomplish his/her self-serving goals**.

Treatment: anger management training and social skills training not usually helpful, though may help in about 10%. None are beyond God's reach.

# Substance Use Disorders (SUDs)

- Alcohol [43% binge drink in past 30 days; 15%, 1-2/week] \*
- Marijuana \*
- Stimulants (cocaine, amphetamines, methylphenidate, & methamphetamines)\*
- Heroin and other opiates (prescription and non-prescription, i.e., fentanyl)

Random urine drug testing does not detect all drugs.

**Synthetic cannabinoids** (100 x more potent than marijuana)

**Synthetic cathinones** (“bath salts”; 10 x more potent than stimulants)

**Others** (stimulant/hallucinogen combinations)

\* Also, widespread among military Veterans, particularly with high combat exposure.



# Family, Marital or Relationship Problems

(10-17%)

## Risk Factors:

- Long deployments
- Training-related separations
- Frequent moves
- Unpredictable working hours
- Long working hours
- Dual-military couples
- 2 or more children < age of 5, or presence of teenagers in the home
- Pre-enlistment marital or relationship problems
- Presence of any mental health issues (depression, stress-related disorder, inner conflict, substance use, etc.)

# 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.

# **Non-Religious** **Sources** of Spiritual Readiness

# **Non-Religious** **Sources** of Spiritual Readiness

Motivation to sacrifice for the greater good

Pursuit of meaning & purpose

Desire to protect and serve country, family,  
& fellow warfighters

Stoic philosophy

# 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



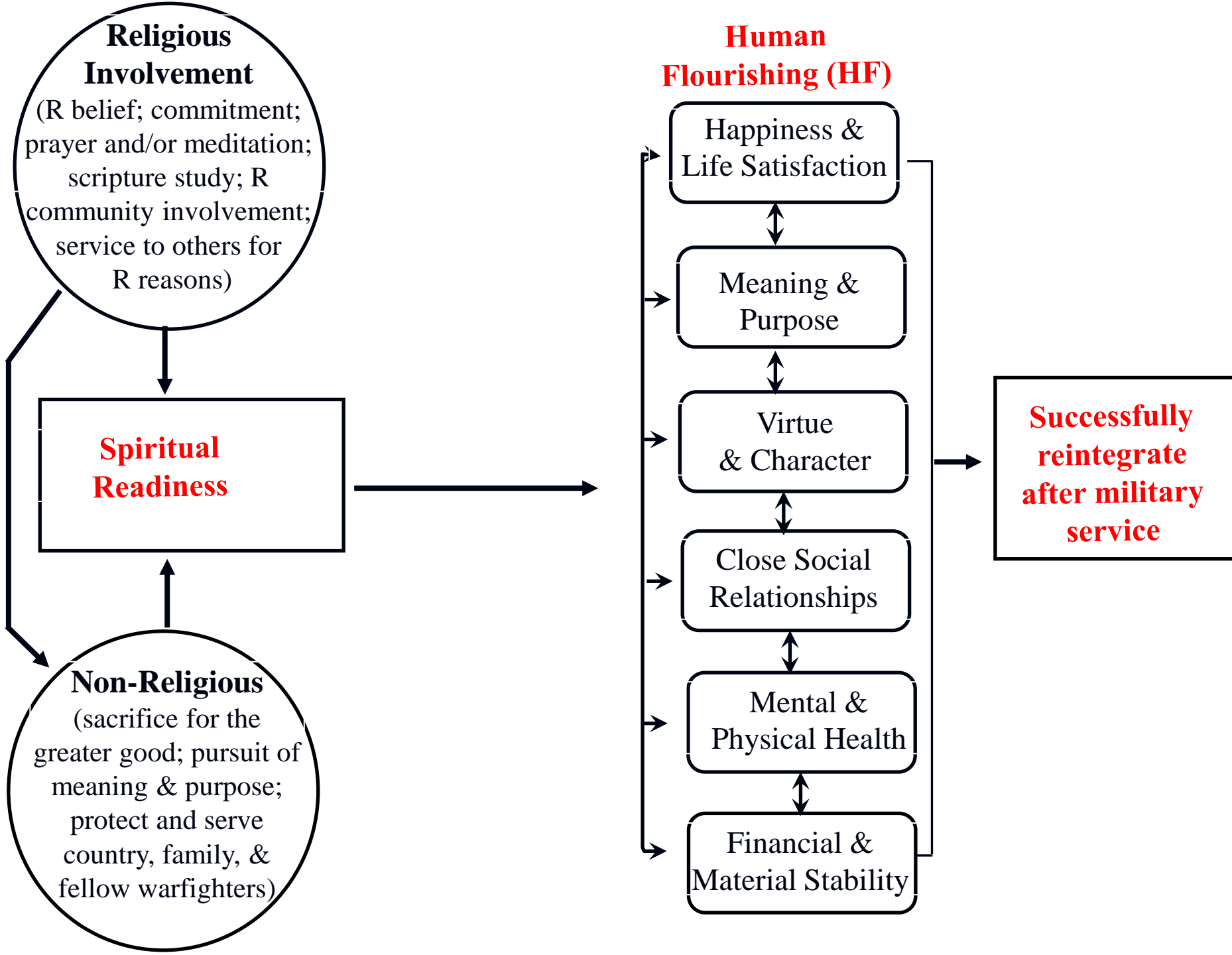
Praise be to the LORD my Rock, who trains my hands for war, my fingers for battle  
(Psalm 144:1)

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

# Research Supporting the Causal Pathways between Religious Involvement & Human Flourishing

# Sources of Information for this Research

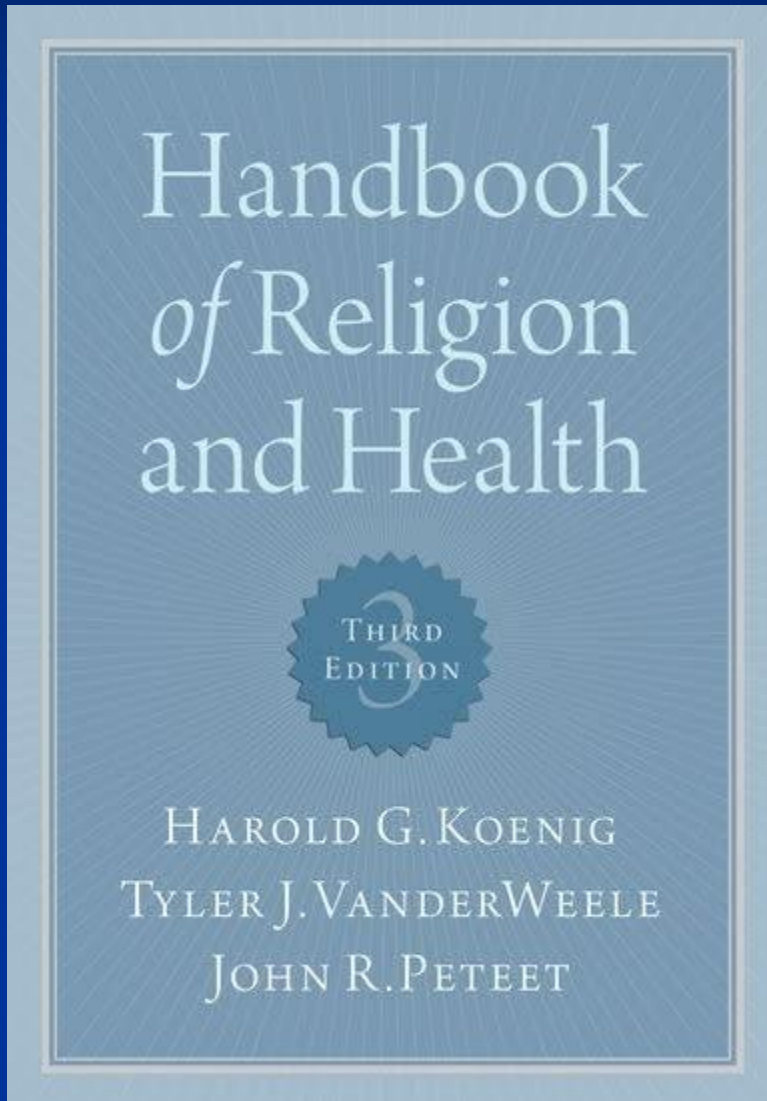
Koenig et al. *Handbook of Religion and Health*,  
(Oxford University Press, 2001, 2012, & 2013)

## 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.

*Handbook of Religion and Health, 3<sup>rd</sup> ed.*  
(Oxford University Press, Sept 2023)



<https://www.amazon.com/dp/0190088850/>



# 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

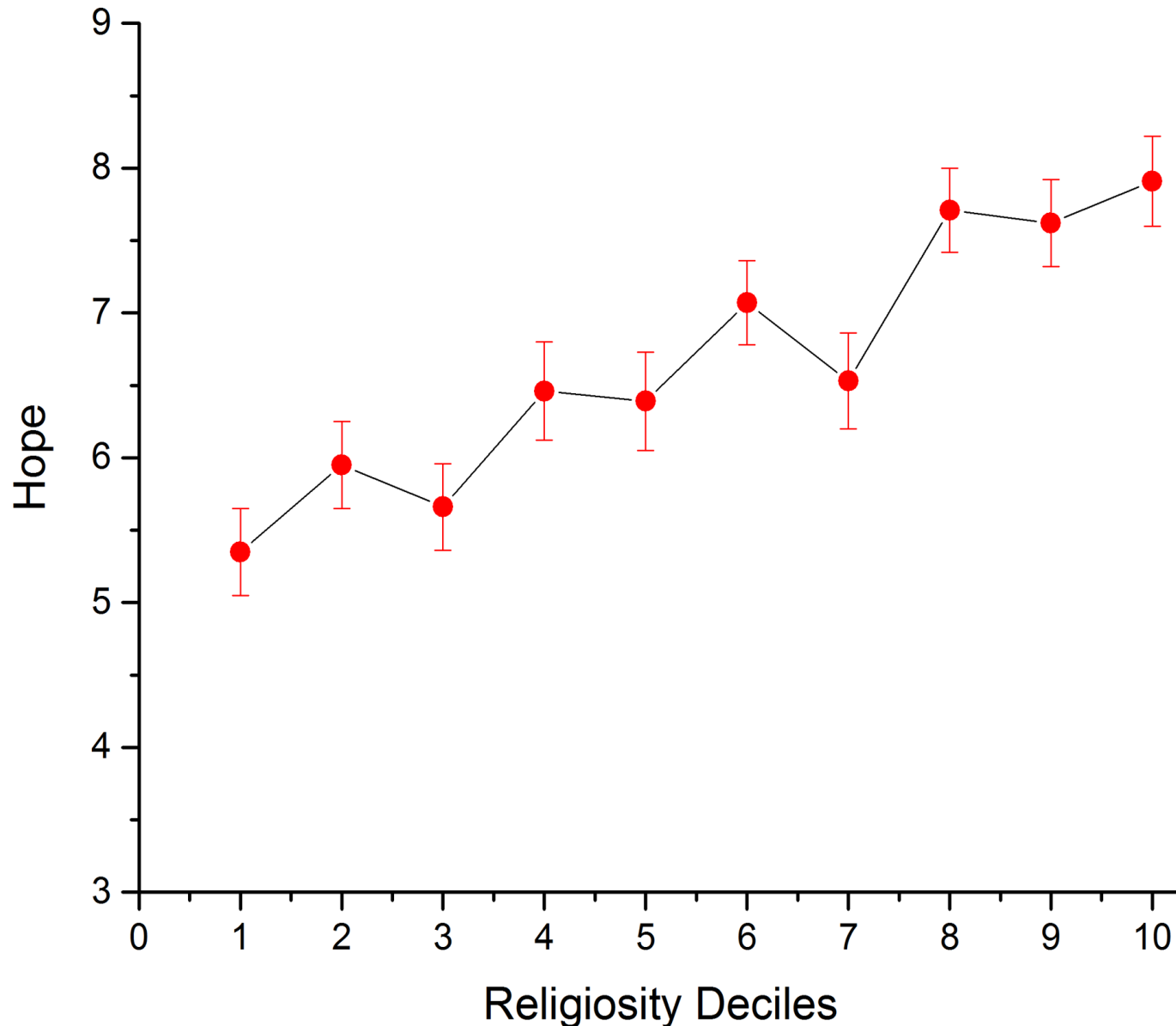
(systematic review prior to 2011)

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, 2<sup>nd</sup> 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.

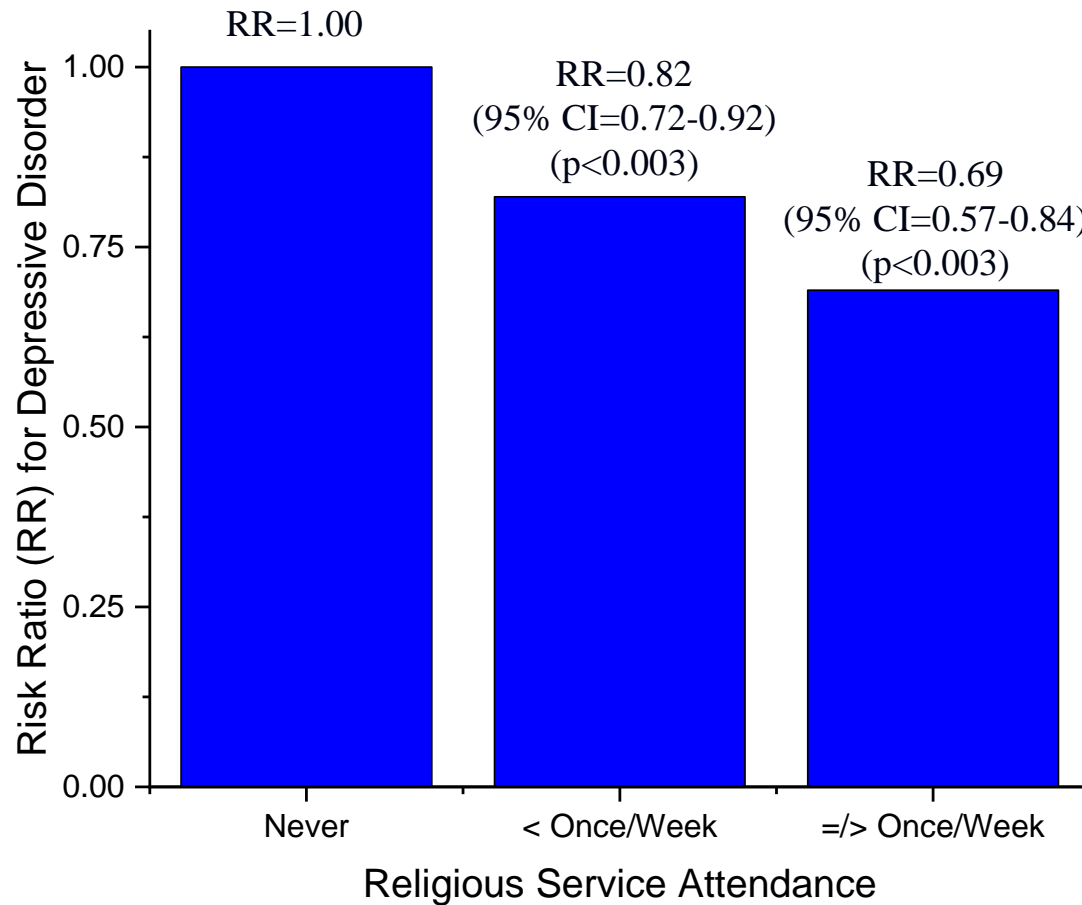
## **2. Mental and Physical Health**

# 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]

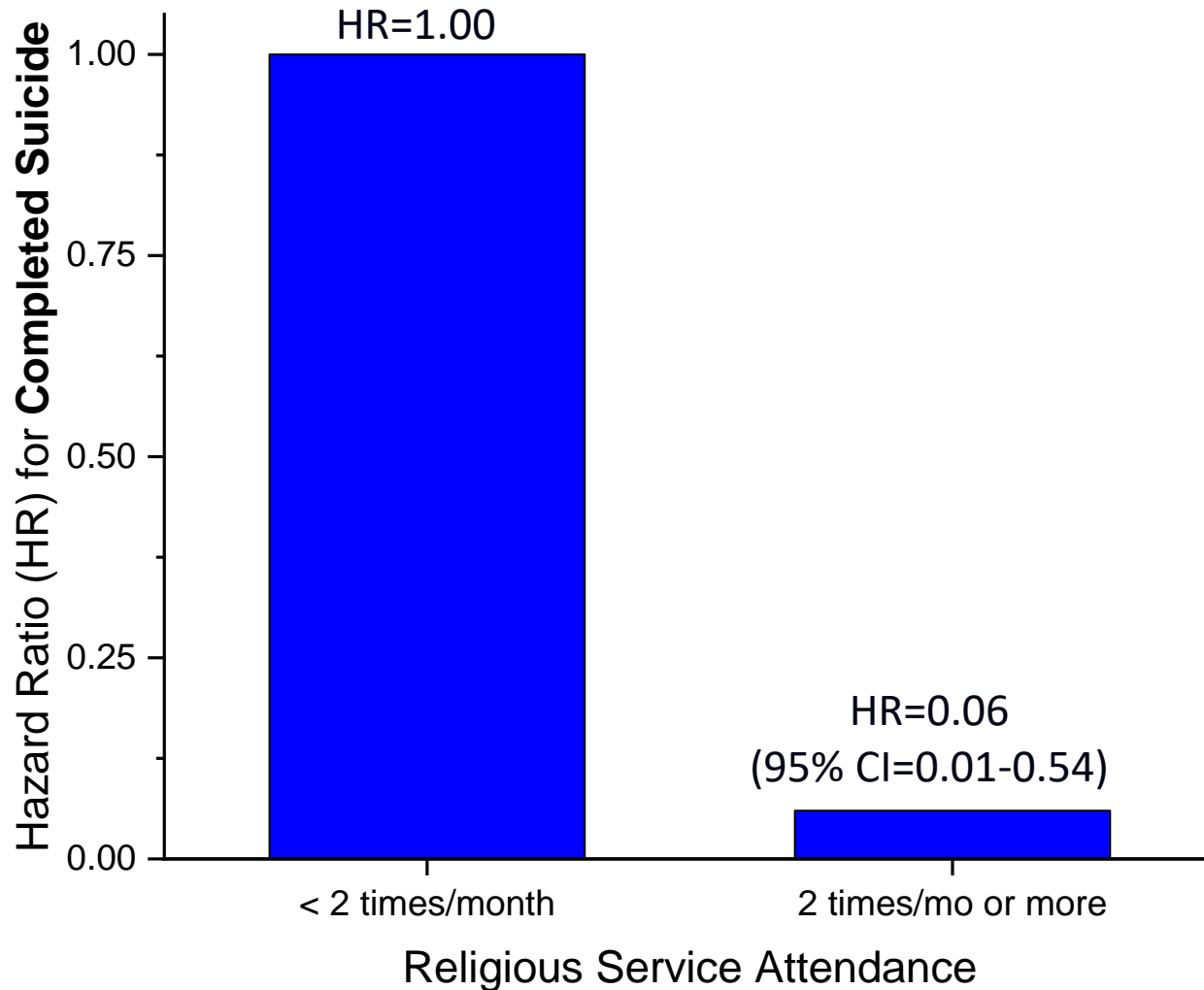
# Suicide

(systematic review of studies conducted prior to 2011)

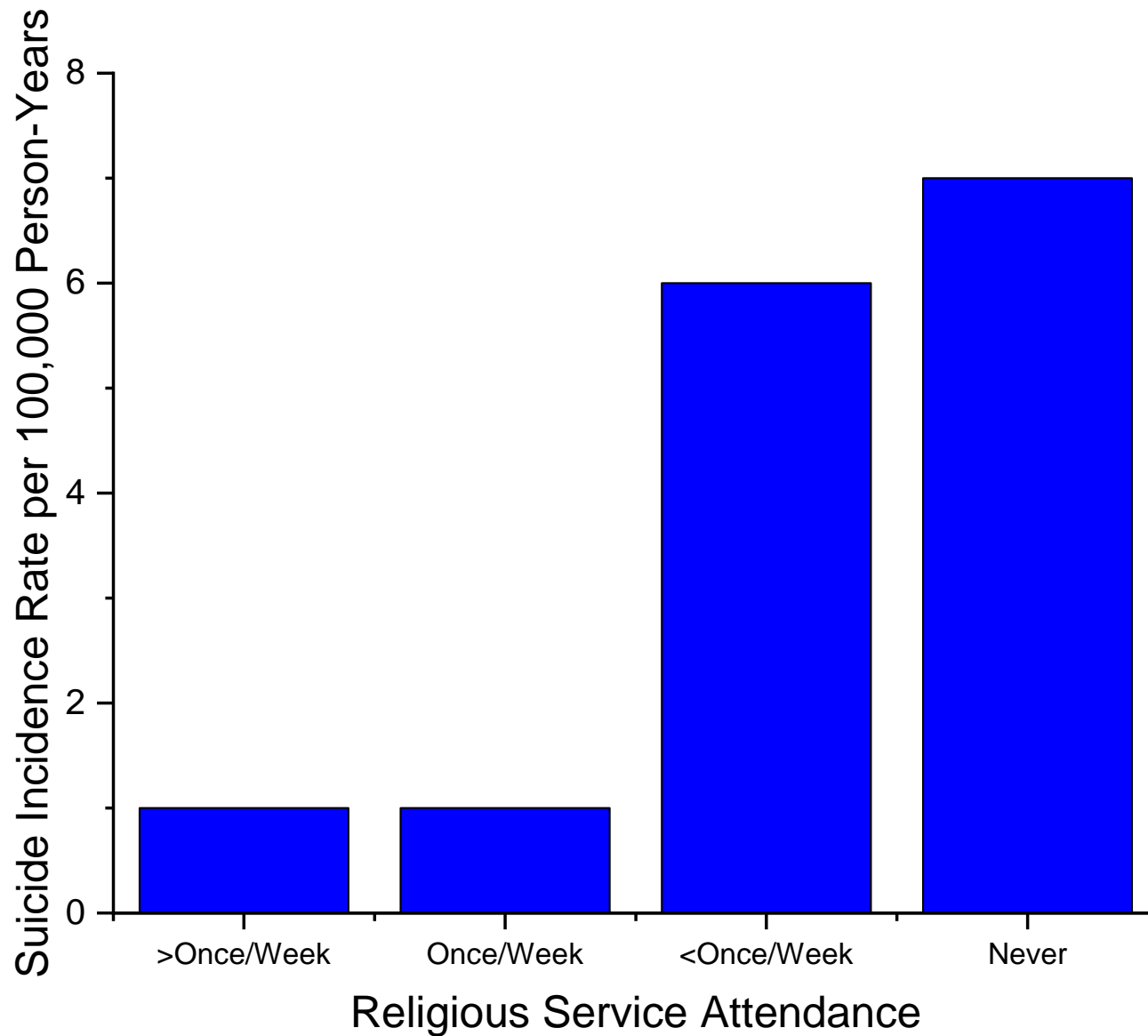
Religious/spiritual involvement related to:

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



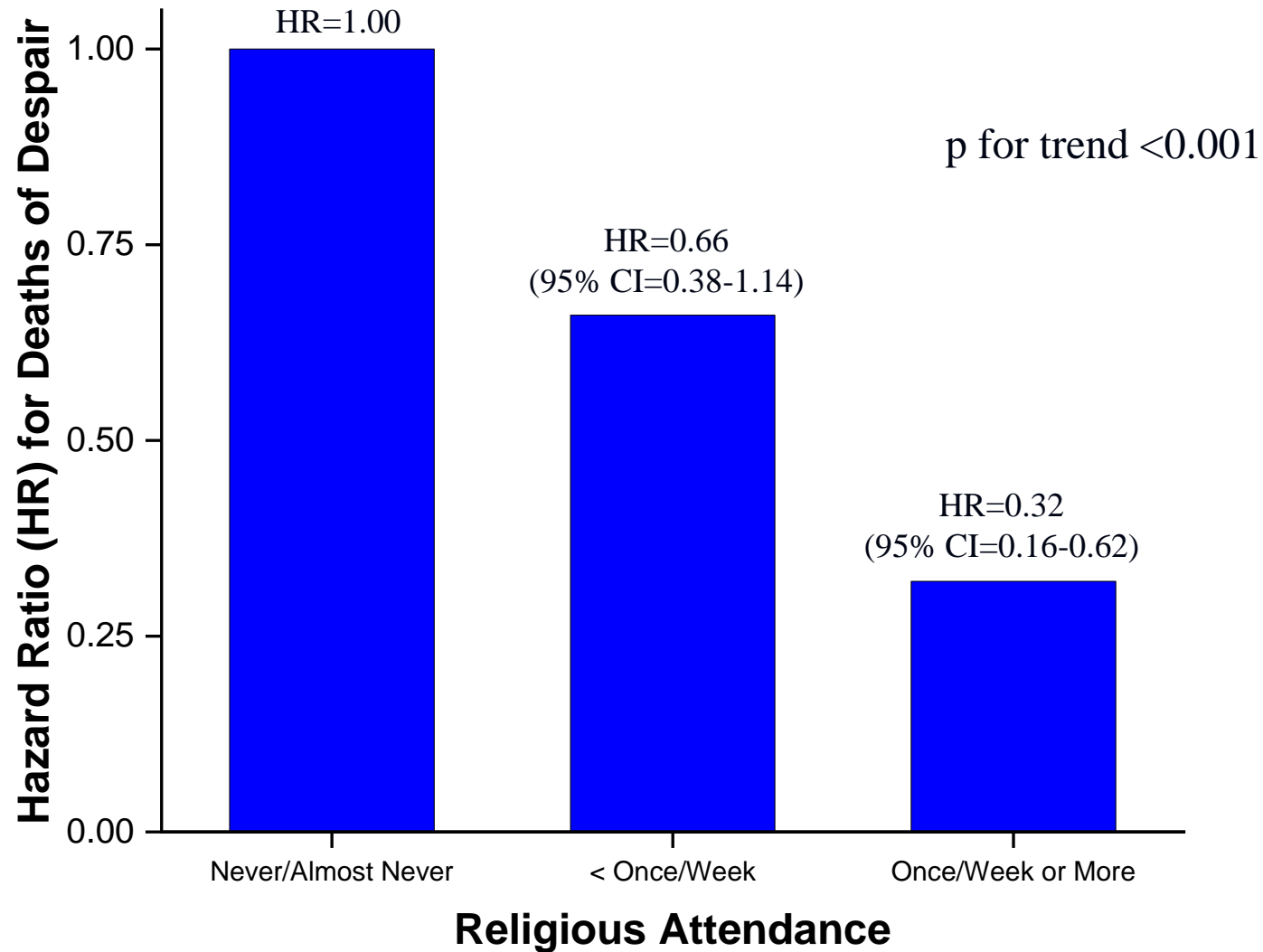


Kleiman, E. M., & Liu, R. T. (2014). Prospective prediction of suicide in a nationally representative sample: religious service attendance as a protective factor. *British Journal of Psychiatry*, 204(4), 262-266. [18-year prospective study from 1988/1994 to 2006 involving a random U.S. national sample 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]



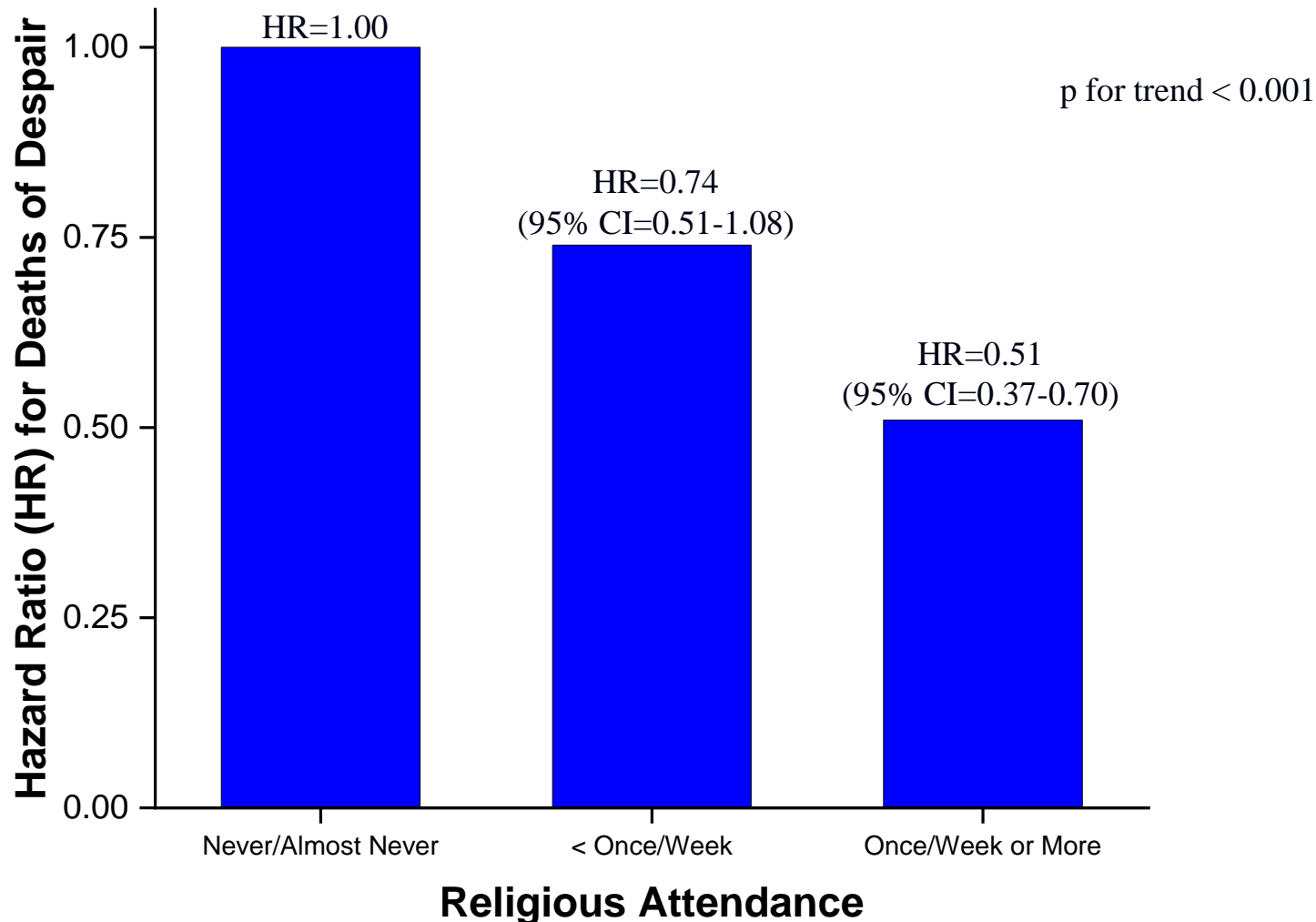
Nurses Health Study: 89,708 women followed from 1996 to 2010 (**HR=0.16**, 95% CI 0.06-0.46)  
VanderWeele et al (2016). JAMA Psychiatry (Archives of General Psychiatry) 73(8):845-851

# 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)



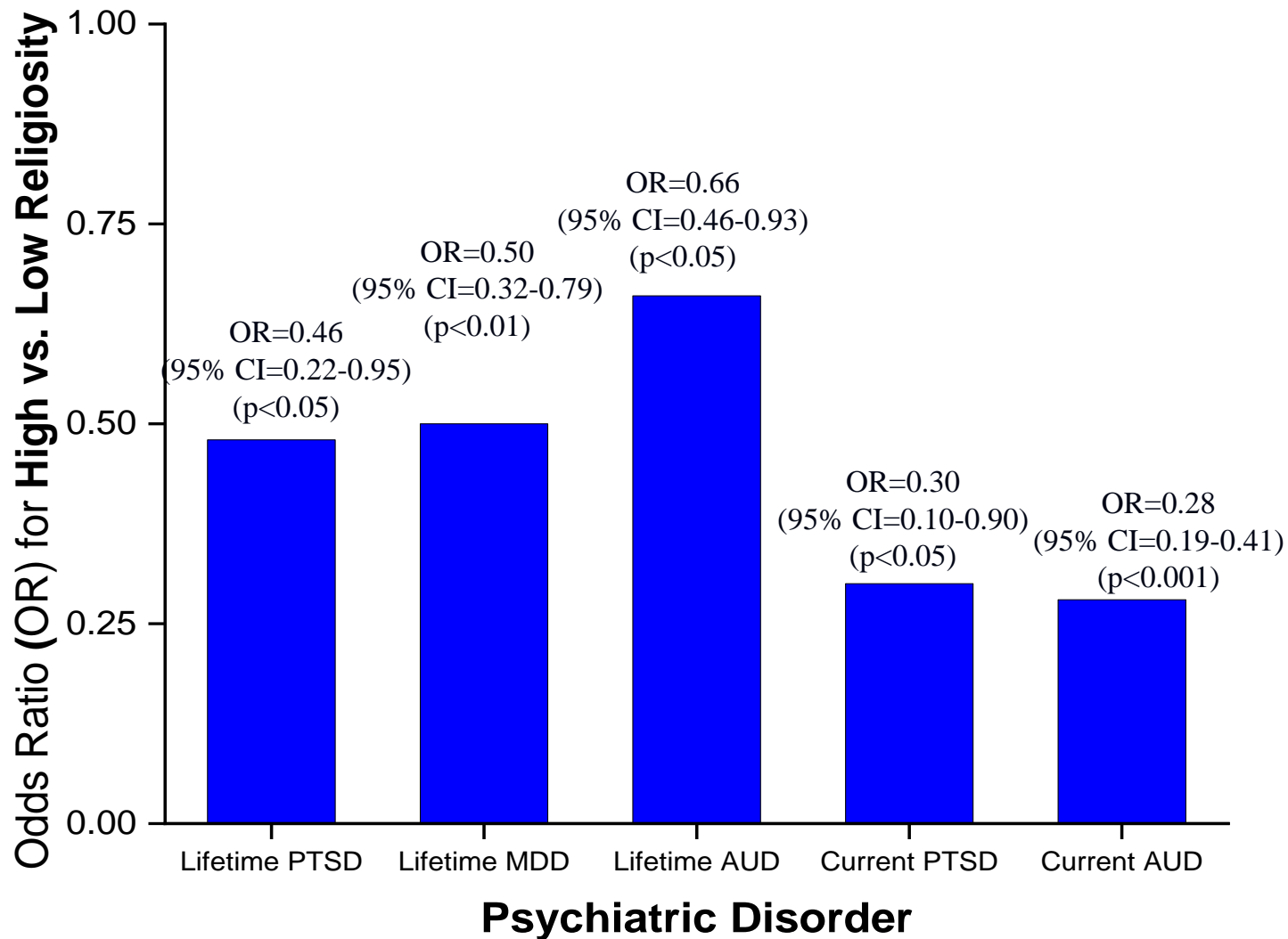
Chen, Y., Koh, H. K., Kawachi, I., Botticelli, M., & VanderWeele, T. J. (2020). Religious service attendance and deaths related to drugs, alcohol, and suicide among US health care professionals. *JAMA Psychiatry*, 77(7), 737-744. [26-year prospective study of 43,141 men (dentists, pharmacists, optometrists, 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, 3<sup>rd</sup> ed, 2023, 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, 2<sup>nd</sup> 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, 2<sup>nd</sup> 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:

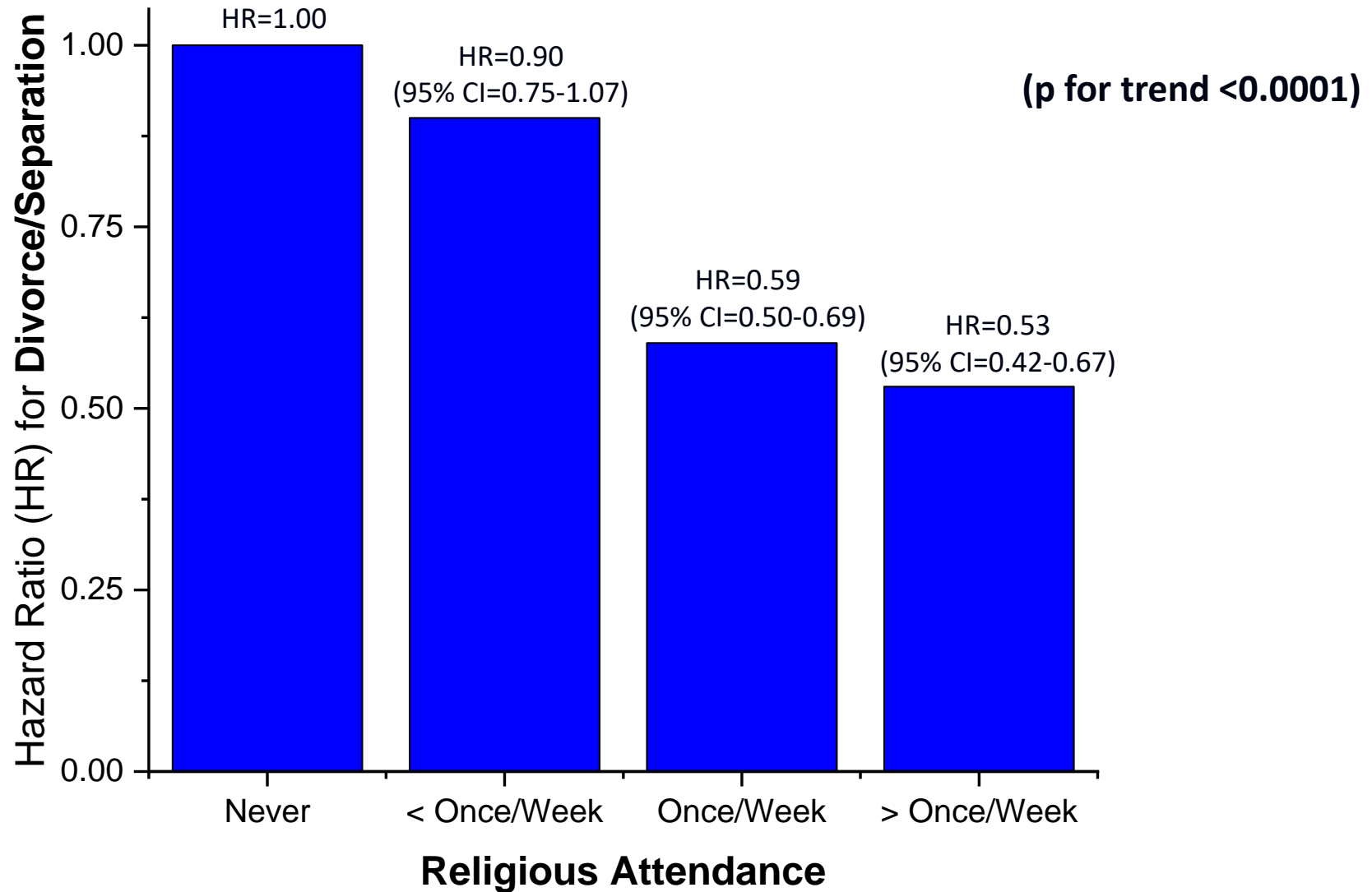
1. Family
2. Education
3. Work/employment
4. Religious community involvement

# 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.

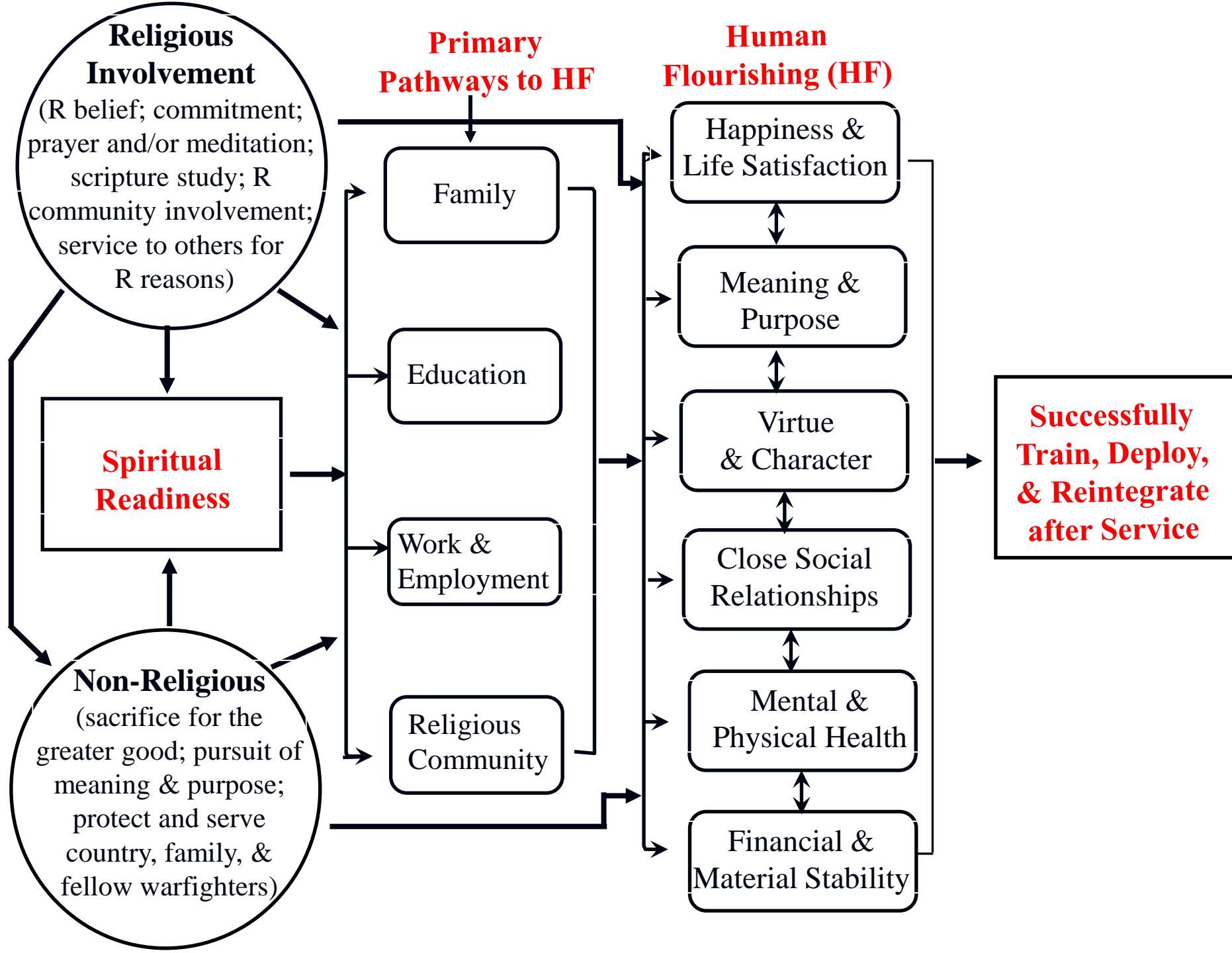
## 4. Religious Community Involvement

- 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

# 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**

# **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

# **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



# 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](mailto:Harold.Koenig@duke.edu)

# 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

<https://www.amazon.com/Spiritual-Readiness-Essentials-Military-Chaplains/dp/B0BBY2JLXB/>  
(\$0.99 on Kindle, \$7.22 paperback)



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

# Moral Injury

## A Handbook for Military Chaplains

<https://www.amazon.com/Moral-Injury-Handbook-Military-Chaplains/dp/B0BRJK1PVB/>  
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**Discussion  
till 1:00**