CASAT Podcast Network.

Welcome to season five of CASAT Conversations, a Holistic Look at mental health.

Join us for a series of thought provoking conversations that delve into the vast dimensions of mental well being from the intricate link between physical emotional and spiritual aspects of well being to the latest scientific research practices and therapies.

We navigate the multifaceted landscape of mental health together.

We hope you enjoy today's conversation today.

We welcome Dr. Harold Koenig to CASAT Conversations.

Dr. Koenig is a professor of Psychiatry and Behavioral Sciences, Associate Professor of Medicine and senior fellow in the Center for the study of aging and human development at Duke University.

His primary research has focused on studying the effects of religion and spirituality on health and he is the founding co director of Dukes Center for Spirituality, Theology and Health.

Welcome Dr Konig.

We're so happy to have you here today.

Thank you, Heather.

I'm glad to be here.

So as we get started, please share with us a little bit about your career journey and whats led you to do the work that you do?

Well, you know, I had been a nurse and then I got training as a physician and as, as a nurse, I was interested in how patients were coping with the stresses of being sick.

So I would then ask them, you know, how are you doing?

How are you managing to cope with this, you know, this cancer or this, uh you know, this traumatic stroke or hip fracture?

So I, as a nurse, I was trained to do that.

And as a physician, I continued to do that.

So I was a family physician initially and then went into uh internal medicine and then finally, the psychiatry.

So I carried that along with me to always ask patients how they were coping with their, with their illness.

And so I, what I heard over and over again was that, I mean, as a nurse and as a physician was that people were talking about their religious faith and how important it was to them in coping.

Now, these were largely older adults.

So, you know, that was, that was part of the issue.

But I wanted to study more on how common this was.

And what were the effects that religious coping was having on the person's health and medical outcomes, both mental and physical health.

Wow.

I love this trajectory from a nurse to a family physician, to internal med to psychiatry.

And then eventually a researcher, um I'm curious, really, like what brings you a sense of meaning and purpose in the work that you do?

Well, you know, the median purpose is discovering things new, discovering things new, uh things that people haven't realized before.

And, you know, we, we hear a lot of things talk positive and negative about religion.

But you know, how often have people actually really objectively studied this topic and looked at these connections using the methods of science, which, which is a source of ID, identifying the truth.

So, um that kind of has given me a lot of meaning and purpose in terms of, you know, studying these, this relationship with health, religion, spirituality and health, and then the findings that are just emerging time after time and not only just the research that I've been doing, but many, many colleagues around the world who never really studied this before, have begun to look at these relationships and are finding a largely the same thing.

So that's been, you know, one thing is kind of, you know, supported another and then it kind of builds up until finally, you know, you realize, hey, you're on to something here.

And so maybe you, you need to let people know about it.

I love that.

So based on your observations throughout all of your training and education and serving patients, uh that sounds like it's led you to want to be able to study it so that you can share the findings with the world.

That's a good summary.

Well, thank you.

Um So I know you have two new books out can you please share with us a little bit about each one.

Well, there are the two books are, one is the academic book that is for scientists and academics and teachers.

And the other book has become kind of the common person.

It takes the research and kind of boils it down to the most important things that people ought to know with regard to religion, spirituality and health.

So the first book is the third edition of the handbook of Religion and Health.

This is published by Oxford University Press.

It's the third edition.

My co authors are both at Harvard.

One is in the School of Public Health at Harvard and the other is in the School of Medicine and Department of Psychiatry.

So in this book, we review the very best of the research on religion and ill.

We go through each study and we describe the methods and we talk about the strengths and the weaknesses.

And um then we look at the clinic, clinical applications and it goes through uh 34 different chapters that, that cover virtually all of the different psychological, social, behavioral and physical health, uh domains, aspects of health.

And we also look at public health and then recommendations for public policy.

So it's a massive text.

Um The end of the Ford is by a, a former, a former Director of Health for the Obama Administration.

So it's, it's really an amazing thing that in order to make this more you know, um, understandable to the general public.

Uh, my wife and I wrote a little book that costs about $7 called, uh, Nothing More Important.

Nothing More important.

Um, it's a book about faith and it talks about how faith is related to virtually everything.

Virtually everything.

Your, your relationships, your health, your well being, your aey, your job, I mean, your daily decision that it affects everything.

And, um, you know, what are some of the barriers to faith?

We cover that?

We talk about um you know, 15 different barriers we address um how does one find faith?

What are the steps to finding faith and what are the things that enable us to do that, including the suffering that we go through just by life?

And then, you know, then uh talk about how do you maintain faith because it's such a fragile thing, you can lose it very quickly unless you maintain it.

You have to be active in that virtually every day.

And you know, how do you grow your faith?

And then um we talk about my wife and I give our own personal stories briefly and we talk about the struggles that we've had in our marriage and in our faith.

And you know how, how we've, you know, tried to resolve these, these struggles and you know, the successes and the failures as well.

So, and then, you know, then we kind of conclude with the rewards of faith.

What do you get from, from belief in God, for example, what, what results from that and then bring, I bring in some of the research in the handbook.

But really, it's not, we don't really talk about much research, mainly just kind of bring in the conclusions from this massive amount of research, literally thousands of quantitative studies that have been documented in this 1200 page handbook of religion.

And e so in any case, those are the two books.

Um And uh you know, I hope people read them is I love it.

Uh It sounds like your new book on faith really is a practical guide for the everyday person.

Um That's what I was hoping it would be, that was my wife and I felt that, you know, that, that so many people are struggling, you know, with faith, especially nowadays and if you're married, you're struggling with your, your partner.

That that's just like, yeah, ability it seems like.

So how do you work through these things?

And, and it's not easy at all.

None of this is easy.

But, you know, if you can get some directions of some guidelines, you know, it really does help.

You've gotta have a target to shoot for.

You know, if you don't have a target to shoot for, you're gonna be wandering aimlessly.

So, you know, this, this new book kind of focuses on giving people a target to shoot for.

Awesome.

Well, I have it on my reading list so I can't wait to read it.

You know, I'm curious, um, and we'll get into some of the research also, but I'm curious, does the type of religion that a person believes in, does it matter?

Well, that's a very good question.

And, you know, based on the research, I mean, most of the research is in Christianity simply because, you know, in western it's in western countries which are predominantly Christian where there's research money in order to systematically study this.

So it's kind of a just kind of a practical, practical issue.

But it seems as though devout religious faith, devout religious faith, um in any major world religion that's been around for a while, seems to have health benefits.

And, um, it, it's almost like, you know, I mean, I try to understand in terms of like God is speaking, God is speaking to people and their cultural, you know, and historical uh background, you know, that, that, that he can reach them, uh based on, on their history and their, and their culture.

And so that sometimes involves, you know, different religious beliefs and approaches, um, that, that are more effective perhaps in particular cultures.

So it, it does seem that religion has benefits across the different major religious traditions.

But most of the research we've got has come out of Christianity.

Hm.

That makes sense.

And I'm curious if you've studied or what's the difference between spirituality versus religion?

Yeah.

So, you know, the spirituality is, is a much more popular expression simply because it's more inclusive.

It includes everybody, people kind of define it for themselves, uh rather than having, you know, somebody impose it on them based on a particular religion.

Um The only challenge with spirituality as opposed to religion is that spirituality is free from many of the religious teachings and uh laws and rules, et cetera.

You kind of do whatever you feel.

What do you feel like?

You know how your feeling and whether you're spiritual, it could be in nature, it could be whatever, it's, it's very unde and so it's extremely hard, if not impossible to study in an objective way and to relate it then with various health outcome.

So what many have tried to do is to just say, ok, describe yourself, are you religious and spiritual?

Are you spiritual but not religious?

Are you religious?

But that spiritual?

And are you neither?

So just four categories?

And what, what they found in doing that is actually that people who say they are spiritual but not religious have worse health outcome.

Um And in some, some studies in, in Europe, for example, and in the United Kingdom, people who say that they're spiritual but not religious have worse health outcomes mental in particular than those who say they're neither, they're neither spiritual or religious.

So being spiritual but not religious seems to be a marker for something that we just don't understand very well.

But, um, it may have to do with the, the self definition of what spiritual is.

And if you exclude religion from that, you're not left with much for sure.

I, I, it also makes me wonder about the importance of community.

Um, and in most religions there's a, you know, you're in, with a community and I wonder how much that plays a role as well.

Whereas if someone's spiritual in nature and by themselves, you're lacking that sense of community.

And so I wonder what correlation there may be there.

I think there is a correlation ever.

I think being part of a, a faith community with common beliefs and common practices gathering together, regularly participating in that faith community, developing relationships with one another is very important.

But, you know, with the new spiritualities that are coming out, you can do that over the internet.

People form their own communities over the internet.

Um all sorts of different kinds of spirituality, some which are not so good actually.

But you can reach anybody that agrees with you on something and you can kind of form a community and you, you get people, you know, you can reach the whole world now.

So you can find people who believe what you'll believe a me.

But, you know, sometimes those spiritualities have not been refined over thousands of years, like the existing religious spiritualities, which, which, you know, are, are thousands of years old and they've kind of, you know, filtered all the bad stuff out and the kind of, or not, maybe not all the bad stuff, but a lot of the bad stuff has fallen away over time from those major religions as, as they've been practical in terms of how do you survive on this planet?

How do you most effectively work together with other people and, uh, are able to be productive and, uh, you know, those kinds of things.

Mhm.

Mm.

So we've, you know, discussed religion, spirituality.

And then I'm curious how does faith play a role in all of this?

So faith base is like, it's kind of like a Christian term, even though, you know, faith applies to everybody, you know, faith.

Um, but it does tend to be a Christian term and, um, so that qualifies it to some degree, but certainly faith in God goes beyond Christianity includes Judaism and Islam and certainly within Hinduism, there is the Supreme God and there is, you know, Lord Krishna, who, who are believed to be, you know, the Supreme God and in Buddhism, the kind of the Buddha serves as, you know, there's a brave God because people worship the Buddha and et cetera, et big statues and they pray to the Buddha, et cetera.

So, in, in many respects, you know, faith really does can be across the different religions.

Although, you know, I've heard from different people of different, different religions that they don't particularly like faith because it has that Christian connotation.

But, uh, you know, still, you know, I, I like the word faith because you can kind of apply it to and faith in God because, you know, there's a lot of agreement on that, you know, was God.

And it's like, I don't know, like 80% of the population believes in God of the world, you know, and the atheists, yes, there are about 6% are atheists, but they're largely in places like communist China and North Korea.

That's where the ace of most of the atheists are coming from.

And um other areas of the world where religion is, you know, being persecuted.

So you have the atheist.

But you know, the latest poll from polls from the Pew Foundation in Gallup are showing that actually over time, atheists are decreasing in number, decreasing in number.

And it's just a practical issue of the birth rate.

Atheists tend to be well educated and they don't have as many Children as do Muslims and Christians and, and the Hindus and, and Jewish people and big families and having Children is a big deal, you know, to these, to different religions and it's part of their religious belief system.

Uh you know, and so consequently, just by that nature, the world's population is becoming more religious with time.

Thats fascinating.

I love it.

So I know that the bulk of your research has focused on really religion and spirituality rea what are the benefits of religion and spirituality on mental health.

OK.

So most of the, most of the research I'm gonna be talking about has to do with religion because that's what we can measure.

That's what we can quantify.

You know, you can ask people, how often do you pray?

How often do you read religious scripture?

Regardless of your tradition?

How important is religion in your life?

Um And then various aspects of intrinsic religiosity, which is a person's personal connection we've got.

So there are scales, quantitative scales that, that can measure these things.

And then we can look at the correlation with indicators of mental health, depression, well being anxiety, um substance use, substance use disorders, all the which are also quantifiable life satisfaction, optimism, you know, hope all of these things are quantifiable that you can then correlate with, with various religious practices.

And it's, it's a very consistent finding that religious people are simply happier, less depressed, um less anxious often.

Um They don't use as many substances so they don't get in, in trouble with addictions as much with alcohol, drugs, cigarettes, all of that stuff is less common among those who are religious.

Um Consequently, it um you know, it affects their mental health and these laws and rules within religion help people to control themselves.

You know, it helps them not do stuff that puts them in stressful situations and consequently, they're gonna be happier if they're not stressed out or in jail, for example, or maybe divorced or maybe alienated from their kids, et cetera.

Be.

So in any case, um that's kind of the way, that's kind of way it, it, it, it works.

And then, um um you know, the, the religious practices, the religious community, this connection with God seems to be important too.

This commit this personal connection with God that helps with the self control and the self-discipline, which is very important because I said earlier, mental health is, is strongly affected by your behavior, by the things you do.

And we as humans have these powerful human drives that tend to get us into trouble unless there's some control over those and framed within a particular, you know, setting and, and religion helps people and this connection with God help people not to do things that they might otherwise do if they could get away with it.

But you know, if God is, you know, there all the time you can't really get away with, but you have to like, hey, I better obey you because He sees everything I'm doing.

And part of the thing has to do with that.

If God loves us.

And that's what many faith traditions say that God is loving, then all of these rules are for our benefit.

They're for our benefit.

You not just try to be you spoil our fun.

The idea is if you want fun, real fun over the long term, this is the way to happen.

I get this image of like Children in a sandbox.

So it's providing us this safe, the safe place to play if we could stay with inside our sandbox, whatever those rules are and it ultimately benefits us.

We're all certainly like Children in one way or another, that's for sure.

Yeah, I could definitely see some, some factors there myself for sure.

Uh, so you've, um, I wanna switch gears a little bit because I know you've done some research on moral injury with the military personnel as well as health care providers.

Can you share with us some of those research findings.

We've done a lot of episodes for health care providers as well as military first responders and the topic of moral injury, um, is an important one for us to cover as well.

Yes.

Heather moral injury does apply to all of those groups, the military first responders, health care professionals.

And we've, we've done research original research in all of those groups that primarily healthcare professionals and, and the military, both active duty, military as well as veterans.

And we, we find that moral injury is very common in all of these settings, particularly in settings where there's a lot of stress going on and people are in the heat of the moment, tempted to transgress their moral values.

So, you know, to have moral injury, you have to add some moral value.

If you're a psychopath, you know, it doesn't bother you to, to raise and kill people and you like it.

I mean, a psychopath gets a thrill out of those kinds of transgressions.

But most normal people, it bothers them when they do these things.

And so that, that creates in inner psychological turmoil, inner conflict, which is another word for moral injury.

It's moral injury is the inner emotional conflict that arises from transgressing moral value.

So an example of the first moral injury was in the garden of Eden.

You know, when uh Adam and Eve uh disobeyed God and then, you know, they were ashamed, they, they, they didn't want God came along and they didn't want to talk to him, they hid from him, they were ashamed that they were naked.

You know, so, you know, shame is a major symptom of, of, of moral injury as well as guilt as well as, you know, difficulty forgiving, um as well as loss of meaning and purpose in life, difficulty trusting other people, feeling betrayed by those in authority who may have placed you in a position where you, you had to, you know, uh transgress your moral value and you feel bad about it.

So, uh these are kinds of se and there are religious aspects of moral injury as well in terms of uh losing faith, losing your face because, you know, in the military, you know, where you, you've seen in a sense, in a sense, shot and killed, you couldn't do anything about it.

Your best friend that you've been with on your team gets, gets wounded and, and you know, blown up or killed and, and you may have been praying with for the safety of everybody.

And it's not happening as you order.

Where was God?

You know, where was God during this?

We asked him to protect us.

He didn't.

All of this happened.

Maybe there isn't a God, maybe we're just imagining this.

So that's, that's this loss of faith is an important part of it.

Also the religious struggles, religious struggles from a a major part of moral injury in terms of feeling like maybe God is punishing me, feeling punished by God or deserted by God or by one's faith community or feeling like uh God can't make a difference or God doesn't care.

So these are the spiritual struggles that the people go through um particularly after having transgressed moral values in the setting of severe trauma, like like PTSD and those kind of things or rape or even during this COVID-19 pandemic in terms of, you know, at at least now it's not so bad, but it doctors and nurses were having to make medical decisions that deciding on who would live and who would die simply because they didn't have the equipment to care for everybody.

And that and the nurses were having to carry out orders that, that transgressed their moral values.

Um because the doctor ordered these things and uh consequently, they've, they've suffered from, from these feelings, this inner conflict.

And, you know, it's particularly, at least among the military, it's, it's after things settle down that you start thinking about this.

For example, the veteran who gets out of the service, they start thinking about what they've done, you know, when they were in the service and they were in active duty and they had all their friends around them, but they would encourage them to do these things transgressing their moral.

But then you get back home and then you're sitting there, you know, when you're home and you're thinking about it and, and you start feeling bad and moral injury when people get stuck in that feeling bad about what they have done.

So that's uh that's what it is.

And we've developed measures of moral injury to assess these 10 different symptoms of inner conflict and have also developed um treatment interventions.

Uh One is a spiritually integrated uh cognitive processing therapy for the treatment of moral injury in the setting of PTSD.

And we published on that and also we have these interventions that chaplains can implement that are structured pastoral care interventions for treating of moral injury.

So, uh yeah, so those things uh that I have a book out called Moral Injury and this is mainly for military leaders and chaplains.

Um that kind of describes these interventions and give you a background of those kinds of things.

So it's been a it's been an interesting area to dive into and it seems perfectly suited for chaplains because religions have been dealing with moral injury forever forever.

They had to, you know, the, the Jewish, uh, you know, the Old Testament they would, as they were taking over the promised land, they would kill everything they were told to kill the Children and the women and the, the animals even got killed, decimated in some areas.

And so they had to develop methods to help these, these soldiers deal with that inner conflict.

That was a natural consequence of what they had done.

So there are these various rituals that have developed uh people confessing what they've done and being uh you know, repentant bored and then turning around and uh and being forgiven for it and then, then moving on.

So this is all part of what religions have developed and fine tuned over the centuries and millennia.

Really?

Hm I love that example.

It just makes me think about the importance of not stuffing things down but naming and sharing what's happening and the powerful practice of compassion and forgiveness, right?

Like it seems like it boils down to that whether you're confessing to a priest or confessing to a therapist.

There's an interesting similarity there in some interest in some ways that's very true.

And the rituals are very important in terms of getting people unstuck.

That's something that many don't realize is how powerful these these rituals are um you know, and, and the, and the, the uh atonement, you know, like the penance that you're supposed to do that is also healing as you, as you begin to do good in the world to make up for whatever bad you might have done.

And uh so, so that's very important, that's a very important part of our interventions is that people start getting engaged in contributing something to society, doing something good, spending their time, you know, contributing good as to in some respects to compensate for the evil that, that they may have done.

And for some reason, you know, just logically trying to say, oh yeah, you know, naturally you did that because you didn't have a choice and that it just doesn't work, it doesn't work for many people.

They need a powerful ritual, you know, with, with INS SAIDs with uh whatever, you know, like even like in a confessional and then the priest and absolving them and having them go do some pedants.

And that then that does seem to help many people get unstuck.

Mhm.

Yeah, I see the inner conflict and the stuck this being those key pieces there and then working, helping someone to work through that and that we can look to, you know, thousands of years of traditions on how people have done this or some wisdom on how to move forward.

Um So circling back to religion and mental health, um what are some of the key implications we should be aware of for public health.

OK.

So, um some of the key implications for public health.

Well, you know, I would, I would think that if religious involvement seems to promote mental health and that doesn't mean that all religions at, at all times do that, many of them could create mental health problems and, you know, uh cause people to feel excessively guilty over things that really shouldn't matter that much or you know, even terrorist kinds of activities.

Uh you know, where, where people are so passionate about it, they're willing to kill others.

You know, so there's no doubt that religion isn't always promoting mental health, but, you know, in general, in general, it does, in general it does.

And in terms of public health, um I think that it's uh you know, uh and public policy, I think it would be, well, first of all, we need to study it more and learn more about it.

And therefore there needs to be money avai made available from the National Institute of Health Health to support good research in this area, which usually will involve prospective cohort studies following people over time and randomized controlled trial.

And these are very expensive to do and you, you just can't do it if you don't have some money.

So that's an important, you know, aspect there, funding good research, looking at these relationships over time and in terms of religious and spiritual interventions in different conditions.

So that's, that's gonna be important.

And in terms of public policy, simply making it easier for people to engage in religious practices is just making it easier, especially with regard financially, you know, just and a lot of that we're already doing, you know, continuing to allow, you know, people who give to churches to, you know, to take that off their income tax and et cetera, et cetera.

And, and that helps to foster the church and its ministries or the mosque or synagogue.

And so that's something I think we need to do.

Um, now much more controversial is the role that religious faith might play within the school system.

You know, that we're getting a little bit more, you know, that's not so, not much agreement on that sticky.

It's sticky.

Very good term, uh, sticky.

But, you know, many kids nowadays are, haven't been taught much about religion from their homes, you know, because there is less, probably, there was only about 10% of Americans who are really, really into their religion and training their kids.

Is that a large proportion of Americans, at least that aren't, you know, telling them anything.

And so then they end up in school and, you know, nobody's telling them anything there either and they get to college and they're, and they certainly don't get it there most of the time and many end up in the military and then, you know, then they're really stuck many of them, they find that, you know, I'm a combat, I might lose my life.

You know, what's the meaning of all of this, what's the meaning of life and what's it all about?

And so then they start thinking about that and that's why the chaplains play such an important role in the military and why I've tried to do a lot of chaplain training and all of the branches of different services in that regard.

But again, you know, having, and you wouldn't want to do anything in schools that would favor a particular religion or that would force this on to these Children.

But giving them the option of some, some options here, depending on their particular uh faith tradition.

It, it's kind of like in medicine, what we do, we take a spiritual history and depending on that per person's specific beliefs, we try to address and, and spiritual needs, we address it in their faith tradition.

How do they, would they go about understanding this in their faith tradition and try to support them in that?

So there are ways to do this to, to include this within the schools.

Um There are good ways, there are bad ways.

So we have to, we gotta figure it out.

How are you gonna get these moral values and these beliefs that are so strong and helping people control themselves, you know, and helping prevent addictions and, and, uh, you know, teen pregnancy and, and alcohol would be all of these, these devastating conditions and, and helping people complete their education rather than dropping out because they've got some, some addiction or they got pregnant or whatever.

Um So just having some of those values and morals kind of instilled uh within our Children early on, I think would be a good way, a good kind of public policy implication of what we might consider.

But again, that's very, very controversial.

Vicky, that's you said, I'm curious how you guys handle that at the med school?

Um at Duke, do you guys talk about moral values, moral injury?

Is it something that's in the context of how you're training future health care providers and physicians?

We are certainly pushing that, that medical schools um began to train their students and we, we've done some surveys over the last 10 to 15 years looking at what our medical school is actually doing in this regard and a small percentage of them have a required course on spirituality and health and medicine and that, that's encouraging, but you know, many of them still don't.

And so given this massive amount of research that is accumulating and just can't be no longer denied.

It's coming out of the best research institutions of the world published in some of the best journals in the world, Jama, you know, study after study showing impact on suicide rates and, and addictions and alcohol, all of this, um it just can't be ignored any longer.

Especially after this third edition of the ad book.

I don't, I think that that should move many medical schools to considering this more seriously because doctors need to know about this.

They need to take a spiritual history.

That's what they really need to do to identify any spiritual needs related to the medical condition.

And that information may influence even compliance with the treatments.

If somebody's got religious beliefs that conflict with the treatment, they're not gonna comply with it, you know, so the doctor needs to know about this.

So and then if spiritual needs come up, get them connected with the chaplain or, or somebody trained to address it because doctors and nurses don't have time to deal with it.

They don't have training to do it, but they can screen for it and get people connected to the right individuals who are trained to address it.

So that's what, that's what we're strongly pushing.

I I'm doing various workshops, online workshops.

I've got one September the I think September the night and well, you know, in any case, uh so, you know, you can go to our Duke, we can link to that.

Yeah, we'll link to that in the show notes.

So, since you've done research on that with med schools, I'm curious if you've done the same like within behavioral health.

So like for marriage and family therapists or licensed clinical social workers.

Um Is it a main part of training in education or is it dependent on the school?

Do you have any insights on that?

Yeah, I, we have not done that much in, in, in that area but others have.

And Ken Parga, for example, is a well known religion, health researcher and Michelle Pierce as well who used to be a Duke.

Now she's outside of, they're, they're working on competencies or the psychological professions in terms of addressing these spiritual issues, mainly taking a spiritual history and learning about some of these spiritually integrated interventions that are now available for people in different faith tradition that seem to be effective based on a, you know, a series of randomized controlled trials.

So establishing these competencies because you don't want somebody who is incompetent diving into this with people, this is a sensitive area, you know, and people need to have training on how to go about this and how, how to maintain the boundaries that are very necessary in terms of, you know, uh this particular area where the, the therapist, you know, beliefs can conflict with that of the patient and maintaining these boundaries and making it about the patient and not the therapist.

So, so this kind of training and, and what is basic, what is basically needed to be competent in addressing this in clinical practice.

All of those are now being developed in the various uh subspecialties like marriage and family counseling, um and, and social work and in different areas that's awesome.

We'll link to some of that research as well.

Um So one of your recent articles discusses the spiritual roots of mindfulness and the importance of applying it in a patient centered manner.

Um that is sensitive to the patient or client's own faith tradition since mindfulness is something that we talk about a lot.

Um I'm just curious if you can share some of your insights on this topic.

Yes, Heather, it's a, you know, mindfulness has been very, very popular and it has been shown to be effective.

So it's been included in all different kinds of, of therapies from, you know, uh acceptance and commitment therapy to um many of the, the new wave of therapies coming out, you know, including uh um the treatment for people with borderline personalities, the uh I forget what the name of that one is just offhand.

But, but mindfulness is a component of many different standard psychological treatments these days.

And it's, it's done in the military as part of basic training.

Uh These individuals are taught mindfulness.

Um The, the concern that I have about the mindfulness, I think it is very effective, but I'm concerned about it because mindfulness is based on the seventh step of the eightfold path of Buddhism.

And, you know, for Buddhists, this is a great way of addressing various emotional and mental problems.

But when you've got Christians, for example, who might be, you know, uh that's not appropriate because they have their own mindfulness, like strategies and contemplative forms of meditation in their own faith tradition that serve the same purpose and likely even work better based on randomized controlled trials that have compared standard mindfulness versus mindfulness based in a Christian tradition or a Jewish tradition or a Muslim tradition or.

So, all of these various traditions have their own forms of contemplative meditation that work just like mindfulness.

But we're not doing that.

We're just using the kind of the Buddhist version of mindful is for everybody calling it secular.

And those who develop the mindfulness based stress reductions, they're all Buddhist, they're all Buddhist.

So in any case, I would, I'm just arguing that, you know, we need, we need to ask, take this spiritual history and then use mindfulness based strategies, but do it within that person's own faith tradition because that's what, that's what person centered health care is all about person centered.

You, you ask him about their cultural beliefs and their, you know, and their tradition, their faith tradition.

And then you, you then use the interventions based on those faith tradition.

So in any case, again, not many people agree with me on this, but I'm throwing it out there.

No, I, I wholeheartedly appreciate your perspective.

So I am a mindfulness meditation teacher and I am trained in mindfulness based stress reduction and understand the origins and I wholeheartedly hear what you're saying about honoring the tradition of the individual that you're working with and that there are mindfulness practices in all of these traditions.

And it's honoring that from a patient centered perspective or client centered perspective.

So it makes perfect sense to me, makes perfect sense of what I was trying to say.

But perhaps more awkwardly, well, you did it with a lot of passion.

I like it.

Um So speaking to client centered, patient centered, you know, you've mentioned taking a spiritual history.

Can you just highlight a little bit of what that, what that might look like?

Clearly not saying that you're teaching someone how to do it, but just if you'll walk us through what a spiritual history might look like.

I think that might be helpful for our listeners.

Yeah.

So a spiritual history kind of depends on whether you're, whether you're in a medical setting or a, you know, mental health care setting.

So, in medical setting, you want to know certain things you wanna know?

Are they a member of a faith community?

And is that faith community supportive?

You want to know whether or not their religious or spiritual beliefs are helping them to cope or are a source of stress for, for them, which they can certainly be, you want to know if the person has any religious or spiritual beliefs that would conflict with the, with the medical treatments that are likely to be offered for a particular condition.

And you basically want to know if there's any spiritual needs related to the medical condition that are currently present and that might influence the individual's mental or physical health or compliance with treatment that somebody needs to address.

So, in the medical setting that those four questions are, are really all you need in the mental health uh field.

Um I've got a 15 item uh spiritual history that goes into greater depth into each of these issues, including their positive and negative experiences with religion or spirituality, including their childhood environment.

And you know what that was like for them in terms of their, the religious beliefs of their parents, was this something oppressive or was this something, you know, life enhancing?

And, you know, if they ever change their religion, religious beliefs or their religious affiliation, kind of exploring that history in, in greater depth and uh looking at how the religious beliefs might be related to the current psychiatric conditions that they're struggling with as we uh close up here, I really appreciate all of the discussion and the insights.

Is there anything else that you would like our listeners to know or understand as we wrap up?

Well, Heather, you know, for those who have questions about what we've been talking about, I would encourage them to keep an open mind, keep an open mind on this topic because it potentially has so much that it could offer.

And you know, this little book, this little book, nothing more important.

It may help people deal with this a little better, this whole topic area.

So, uh, I would encourage that but really keep an open mind if you're not so sure about this.

Don't close the book on this because you might be closing the book on really, you know, you might be missing a life that could be so much more meaningful and purpose driven.

Um, you know, if, if you had some kind of faith that you could work into your life.

Hm Well, thank you so much, Dr. Koenig.

Appreciate your time and your energy and sharing your wealth of knowledge and insights from all your work.

So, thanks for being here.

Thank you, Heather.

Thank you for listening to CASAT Conversations, your resource for exploring behavioral health topics.

We hope you found today's conversation timely and meaningful.

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