



Spirituality, Mental Health, and COVID-19

Lindsay B. Carey^{1,2} · Harold G. Koenig^{3,4,5} · Terrence Hill⁶ · David Drummond⁷ · Ezra Gabbay⁸ · Jeffery Cohen^{9,10} · Carl Aiken¹¹ · Jacinda R. Carey¹

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Abstract

This issue of *JORH* presents a broad range of articles that consider spirituality and spiritual care from various international perspectives. It also looks at a diverse range of articles relating to mental health disorders and addictions. Lastly, this issue considers the aftermath of COVID-19. Readers are also reminded of the *European Congress on Religion, Spirituality, and Health* (ECRSH) (Salzburg, Austria), as well as the inaugural *International Moral Injury and Wellbeing Conference* (IMIWC), Brisbane, Australia, 2024.

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✉ Lindsay B. Carey
Lindsay.Carey@latrobe.edu.au

Harold G. Koenig
Harold.Koenig@duke.edu

¹ School of Psychology and Public Health, La Trobe University, Melbourne, Australia

² The University of Notre Dame, Sydney, Australia

³ Department of Psychiatry and Behavioral Sciences, Duke University Health Systems, Durham, NC, USA

⁴ Department of Medicine, Duke University Health Systems, Durham, NC, USA

⁵ Department of Medicine, King Abdulaziz University, Jeddah, Saudi Arabia

⁶ The University of Texas at San Antonio, San Antonio, TX, USA

⁷ McKellar Centre, Barwon Health, North Geelong, VIC, Australia

⁸ Division of General Internal Medicine, Department of Medicine, Hospital Medicine Section, Weill Cornell Medicine, New York, NY, USA

⁹ School of Medicine (Sydney), University of Notre Dame Australia, Sydney, NSW, Australia

¹⁰ St. Vincent's Private Hospital Sydney, Sydney, NSW, Australia

¹¹ Women's and Children's Hospital, Adelaide and Alumni, Drew University, Madison, NJ, USA

Introduction

Spirituality is often considered a very broad and yet idiosyncratic term that is difficult to define. However, the most prominent definition (or variations thereof¹) which has been utilized over the last two decades within a number of health and well-being contexts—but particularly end-of-life healthcare—is the consensus definition of spirituality by Puchalski et al.:

Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred (Puchalski et al., 2009, p. 887).

While ‘spirituality,’ as a term, will more than likely always remain somewhat generic and all-encompassing, nevertheless it can be argued that the act of ‘spiritual care’ itself (as the name indicates) is rather specific—with a predominant focus upon an individual’s or a community’s spiritual concerns and their subsequent spiritual needs, rather than the biological, psychological, or social issues (though these are often interrelated.) In this respect, it can be argued that spiritual care is somewhat different from pastoral care, as the latter (‘pastoral care’) is predominantly a holistic method based upon the principles of ‘shepherding’ (*Latin: Pastor/Pastora*)² and thus has always utilized a bio-psycho-social-spiritual approach to care, and not just concerned with someone’s spirituality or religiosity. There are however various opinions regarding ‘spirituality.’ This section initially considers the philosophical considerations of spirituality, religion, and well-being by exploring: (i) the place of religiosity and spirituality in Frankl’s logotherapy with a particular focus upon distinguishing salvific and hygienic objectives; (ii) existential meaning, spiritual unconscious, and spirituality within a Viktor Frankl framework; and finally (iii) an argument for bringing mainline Western Protestant perspectives back into the discourse of health.

The second part of this section commences by examining a relatively new discipline, namely (iv) ‘global citizenship’ (GC) and its cultural, religious, and spiritual aspects. Following this exploratory article, issues of spirituality are considered around the globe, including Iran, Spain, Portugal, Hungary, Italy, USA, Japan, Australia, New Zealand, Poland, and China. Firstly, research relating to the St James walk to Santiago de Compostela is presented: (v) spiritual transformation of Chinese travelers on the Camino de Santiago; (vi) the pilgrimage on the Camino de Santiago and its impacts on marital and familial relationships; and the (vii) landscape

¹ Spirituality definition variation: See for example: Puchalski et al. (2014).

² *Pastoral Care*: The term pastoral derives from the Latin word for ‘shepherd’ or ‘shepherding’ (*Latin: Pastor / Pastora*) meaning protecting, caring for, or curing something or someone vulnerable or in need. The classical model of pastoral care is defined as involving the (physical) healing and sustaining, plus the (psychological) counsel and guidance, as well as the (social and spiritual) reconciling of people with one another and with the sacred (Clebsch & Jaekle, 1964). Thus, the focus of pastoral care is not just that pertaining to spiritual or religious concerns but rather utilizes an inclusive holistic bio-psycho-social-spiritual paradigm.

and senses in a Portuguese municipality on the ‘Way of St. James.’ This is followed by various spiritual struggles and issues, namely (viii) an Italian case study of the spiritual aspects of pain; (ix) stress responses among individuals with spiritual struggles in Hungary; (x) mediation by religious struggles of the association between neighborhood disorder and health in the USA; (xi) relationships between meaning in life and positive and negative spirituality in a field setting in Japan; (xii) Australian patient preferences for discussing spiritual issues in the hospital setting; (xiii) an online survey of Australian medical students’ perspectives on spiritual history taking and spiritual care; (xiv) the effect of a spiritual care training program on building knowledge, competence, confidence, and self-awareness among Australian healthcare and aged care staff; (xv) military perspectives on the provision of spiritual care in the Australian Defence Force; (xvi) early childhood professionals’ sense of calling, life goals, personal and spiritual values in New Zealand; (xvii) effects of a spiritual care program on body image and resilience in patients with second-degree burns in Iran; (xviii) spiritual health consequences from the perspective of Iranian adolescents; (xix) impact of hope on stroke patients receiving a spiritual care program in Iran; (xx) a 12-step pathway to spiritual growth and gratitude and its relationship to well-being among members of sexaholics anonymous in Poland and finally an important review about (xxi) the US federal investment in religion, spirituality, and health research.

Mental Health

Two previous issues of JORH have specifically considered the topic of mental health (JORH, 2020, 2022). This issue considers: (i) non-ordinary experiences, well-being, and mental health; (ii) attachment to God, contingent self-worth, and mental health outcomes in U.S. collegiate athletes; (iii) religious tourism and its impact on spiritual, physical, and mental health: insights from pilgrims to Iranian saints’ shrines; (iv) Al Ghazali’s concept of diseases of the spiritual heart and its significance to the DSM-5-TR diagnostic system; (v) spirituality in addiction recovery; (vi) religiosity and associations with substance use and delinquency among urban African American adolescents; (vii) programming provided by religious congregations in the U.S. to address mental illness and substance use disorder; (viii) predictors of symptoms of depression among Black Seventh-Day Adventists in the U.S.; (ix) schizophrenia or possession? A rejoinder to Irmak; (x) mediation effect of Tawakkul in the relationship between personality traits, depression, and anxiety in Pakistani Muslims; (xi) a Canadian experiential course in religion and spirituality for undergraduates in addiction counseling and health sciences; (xii) conceptualizing the biopsychosocial-spiritual health influences of adverse childhood experiences and the application of primary care behavioral health for its treatment; (xiii) identity, social support, and religiosity/spirituality in bipolar disorder—a case study from Italy.

COVID-19

Multiple previous issues of *JORH* have presented research and commentary related to COVID-19. This section commences with an historical consideration of a previous pandemic and then presents some of the latest findings regarding COVID-19 from the U.S., Zambia, Nigeria, Germany, Czech Republic, Russia, Iran, and Israel: (i) excess deaths among U.S. Amish and Mennonites during the 1918 flu pandemic; (ii) global religious sacred places and the fight against COVID-19; (iii) Black pastors' experiences of occupational and life stress during COVID-19 in the U.S.; (iv) religious coping in sermons about the COVID-19 pandemic in the reformed church in Zambia; (v) religious leaders' perspectives on rural communities' responses during the COVID-19 pandemic in the U.S.; (vi) church leader's interpretation of COVID-19 in Nigeria; (vii) religious identity and its relation to health-related quality of life and COVID-19-related stress among refugee children and adolescents in Germany; (viii) mental and physical health dynamics among Czech religious pastors during the COVID-19 pandemic; (ix) spiritual-cultural needs as a causative factor for death anxiety in Iranian COVID-19 patients; and lastly (x) subjective nearness-to-death and COVID-19 worries among Ultra-Orthodox Jews in Israel.

Epilogue

ERSCH 2024 and the International Moral Injury and Wellbeing Conference (IMIWC) 2024

The *JORH* Editors look forward to this new year of research articles relating to religion, spirituality, medicine, psychology, sociology, theology, and other allied health-related disciplines. This year promises to be a substantial year given the forthcoming *European Congress on Religion, Spirituality, and Health* (ECRSH) to be held May 2024, 16–18th at the Paracelsus Medical University in Salzburg, Austria (<https://ecrsh.eu/ecrsh-2024>), as well as the inaugural *International Moral Injury and Wellbeing Conference* (IMIWC, 2024: <https://moralinjuryandwellbeingconference.com.au/>) planned for the September 2024, 19–20th at the Brisbane Exhibition and Convention Centre, Australia.

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