THE ROLE OF RELIGION IN PSYCHOLOGICAL RECOVERY FROM POST-TRAUMATIC STRESS DISORDER IN US VETERANS

By
Aliza Kulinsky
Cand. MA in Psychology of Religion
National & Kapodistrian University of Athens

DOI: http://dx.doi.org/10.26247/theophany.2631

Introduction

This article is a summarized version of the diploma work titled "The role of religion in psychological recovery from Post-traumatic stress disorder in US veterans of the wars in Iraq and Afghanistan (2001-2021)", written as part of the Masters program in Psychology of Religion in the National Kapodistrian University of Athens, under the supervision of professor Spyridon Tsitsogkos. It delves into the analysis of Post-Traumatic Stress Disorder (PTSD) among American veterans, particularly those who served in the Iraq and Afghanistan wars, and explores the role of religion in their psychological recovery. The research investigates the impact of military conflicts on veterans' mental health and the potential of religious therapeutic approaches to aid in their recovery.

PTSD is a serious psychological condition that may develop after exposure to traumatic events, including combat or other life-threatening situations. Veterans are particularly susceptible to PTSD due to their exposure to intense combat and military operations that pose significant threats to life. These experiences can lead to long-lasting psychological scars, exacerbated by both social and personal factors.

Religion potentially offers a supportive framework that enables individuals to interpret and process their traumatic experiences more effectively. Through their faith, veterans may find meaning and purpose in their recovery, gain support from their communities, and access deeper internal resources for coping with stress and adversity. Additionally, religious practices such as prayer and engagement with religious texts can provide significant relief from PTSD symptoms.

This paper examines the various dimensions of PTSD in veterans, assessing the influence of religion and faith on their psychological recovery and social reintegration. It highlights the value of the spiritual dimension in treatment and is dedicated to exploring the intersection of trauma and religion in the lives of veterans.

Why focus on this theme? The topic of psychological trauma, particularly PTSD, is highly relevant today and is commonly diagnosed in individuals who have experienced traumatic events, irrespective of their age, background, or type of exposure. It is especially prevalent among veterans. Despite widespread discussion and treatment at the psychological-clinical level, the role of religious healing in trauma is seldom addressed. In a society increasingly dominated by scientific perspectives and often dismissive of spirituality, religion rarely finds a place in the clinical-psychological treatment realm. Conventional treatments for veterans typically involve technical-psychological methods and medications, with spiritual-religious therapy being offered as an alternative, potentially beneficial at the community level.

This research is timely; while conflict and war are not more prevalent today than in the last century, public awareness about trauma has significantly increased since the Vietnam War, particularly in the fields of psychology and psychiatry. Today, soldiers and veterans have greater access to information about trauma and available psychological services, which is crucial for providing hope and assistance. However, many veterans still face limited access to treatment services for various reasons discussed throughout this research. Traditional psychological approaches often fail to bring relief or help veterans overcome their struggles.

In preparing this paper, a deeper exploration into the topic revealed a substantial gap in the research concerning the role of religion, particularly Christianity, in the rehabilitation of veterans. Most studies focus on new clinical methods, with scant attention to the potential influence of religious beliefs, despite many veterans identifying as religious. This research aims to underscore the importance of integrating veterans' spiritual lives into their PTSD treatment processes, potentially transforming the therapeutic landscape.

The focus on US military veterans of the Iraq and Afghanistan operations is based on the extensive data available on US veterans and the significant role that religion plays in the culture of the United States and specifically within the Armed Forces. This research aims to present a new perspective on PTSD in veterans, highlighting how religion, especially Christianity, could greatly enhance trauma healing, thereby bridging the gap between science and spirituality for the benefit of all involved.

We will begin with shedding light on the specific problems of veterans with PTSD:

Special Factors of Combat PTSD: Stigma and Guilt.

1. **Stigma as a Barrier to Treatment.**

Stigma represents one of the most significant barriers preventing military personnel from seeking psychological treatment. Interestingly, veterans face stigma not only from within the military community, where seeking help for psychological issues is often viewed as a sign of weakness, but also from the civilian sector. Here, veterans are frequently perceived as dangerous, unreliable, and unpredictable due to their combat exposure. During the late 1960s and early 1970s, the media often stereotyped Vietnam War veterans as drugged, mentally unstable, and prone to violence, shaping public perception into one of a 'problematic veteran.' This image heavily influenced the employment decisions of the time, leading to discriminatory practices such as job advertisements explicitly discouraging Vietnam veterans from applying.

Reasons Behind Negative Perceptions.

Three primary factors contributed to the negative attitudes toward Vietnam War participants in the U.S.:

1. **Unpopularity of the War**: Public opinion was markedly against the Vietnam War, evident from widespread protests and peace marches. Society viewed returning soldiers as both victims and perpetrators of an immoral conflict.
2. **Military Failures**: The failures in Vietnam were a significant blow to American national identity. The typical response to returning soldiers who did not secure victory was to first ignore them and then forget them. World War II veterans exacerbated this sentiment by questioning why Vietnam veterans couldn't win their war, reflecting wounded national pride.
3. **Misinterpretation of Reports**: Scientific and psychiatric evaluations intended to shed light on the psychological impact of the war were often misinterpreted by the media. This led to the portrayal of all Vietnam veterans as potential 'clinical cases,' potentially harboring mental disorders that could emerge unpredictably.

Shifts in Perception and Ongoing Challenges.

Despite these challenges, perceptions have shifted over the years. Between 1978-1980, a sociological study commissioned by President George Carter revealed growing sympathy for Vietnam veterans, finding that the majority of Americans respected veterans and did not view them as fundamentally different from their non-combat peers. Today, respect for Vietnam War participants is seen as a symbol of national identity in the U.S.

However, not all veterans develop PTSD. Of the roughly four million who served in Vietnam, about one in five faced significant post-return challenges. While societal attitudes have improved, deep-seated stereotypes persist. A comprehensive 1986 study reported that many Americans still view Vietnam veterans as emblematic of defeat and maladjustment, unable to reintegrate into society. Others believe these veterans are transformed into drug addicts and potential criminals.

Broadening the Scope: PTSD in Recent Conflicts.

The insights gained from studying Vietnam veterans are applicable to those who served in Iraq and Afghanistan. Despite greater awareness and understanding of PTSD today, stigma, shame, and societal rejection persist, complicating the lives of veterans who struggle with PTSD. These challenges are compounded by the occupational nature of combat stress, where soldiers must confront life-threatening dangers that civilians legally avoid. This unique stressor, along with the moral dilemmas of combat, like the necessity to kill, defines combat PTSD and underscores the complex treatment needs of affected veterans.

2. The Guilt Factor

Complexities of Guilt in PTSD.

Guilt stands as a formidable burden for those afflicted with PTSD, particularly those whose service involved direct combat. It affects not only the veterans themselves but also resonates deeply with their families, friends, and the therapists who aid them in navigating their psychological scars. The weight of this guilt is not merely due to its emotional intensity but stems significantly from the veterans' internal conflict over their feelings and the actions that precipitated them. Many veterans find themselves ensnared in a profound sense of shame associated with these actions and often choose to eschew discussions on the topic. This avoidance is frequently driven by fears of revealing perceived weaknesses or disappointing their loved ones, who regard them as national heroes.

Moral Dilemmas in Combat and Their Aftermath.

The battlefield presents numerous moral dilemmas where soldiers must make instantaneous decisions that often involve the well-being or survival of civilians. These decisions, made under conditions of extreme uncertainty and stress, can result in civilian casualties. Such outcomes generate intense feelings of guilt and moral conflict, creating a psychological impasse. This cyclical battle with guilt and shame is further complicated by veterans' awareness of the

irreversible nature of their decisions. Despite understanding the absence of alternative actions at the moment, the burden of having caused harm lingers, casting a long shadow over their conscience.

Empirical Insights into Guilt and Combat PTSD.

The severity of guilt experienced by combat veterans with PTSD has been substantiated through various studies. Research conducted by Hendin and Haas[1] underscores that guilt related to combat actions is a potent prognostic factor for engaging in suicidal behaviors. Similarly, the work of King et al.[2] suggests a mediating role of guilt between committing wartime atrocities and the onset of PTSD, highlighting the profound impact of moral transgressions on mental health. Fontana and Rosenheck's research[3] further illuminates the intricate relationship between guilt, loss of faith, and PTSD, advocating for a therapeutic approach that integrates spiritual healing to address the existential crises that arise from traumatic combat experiences.

Critique of Societal Responses to PTSD.

Summerfield[4] raises a critical voice against the simplistic portrayal of PTSD as a disorder rooted solely in individual experiences. He argues that by categorizing war-induced trauma as merely a psychological disorder, society effectively minimizes the moral and ethical dimensions of war. This categorization places an undue burden on veterans, who are often left to grapple with their guilt and moral injuries in isolation. He recounts the experiences of Vietnam veterans who returned only to be blamed by their own communities and families—a disavowal of collective responsibility that magnifies their sense of betrayal and moral injury.

---

[1] Herbert Hendin and Ann Pollinger Haas, *Suicide and Guilt as Manifestations of PTSD in Vietnam Combat Veterans*,American Journal of Psychiatry 1991;148:586-591, p. 588.

[2] Daniel W. King and Lynda A. King et al., *Posttraumatic Stress Disorder in a National Sample of Female and Male Vietnam Veterans: Risk Factors, War-Zone Stressors, and Resilience-Recovery Variables*, Journal of Abnormal Psychology 1999, Vol. 108, No. 1, 164-170, p.165.

[3] Robert Rosenbeck and Alan Fontana, *Warrior Fathers and Warrior Sons, Integrational aspects of trauma*, in Yael Danieli, *International Handbook of Multigenerational Legacies of Trauma*, Springer, Boston, 1998.

[4] Derek Summerfield, *The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category*, Department of Psychiatry, St George's Hospital Medical School, London, BMJ 2001;322:95–8.

Societal Evolution and the Perception of War.

The perception of war and its moral implications have evolved significantly. In ancient times, death and violence were commonplace and integrated into daily life. In stark contrast, modern societies have largely relegated acts of killing to specific professions, creating a disconnection from the realities of death and violence for the average person. This shift complicates the reintegration of veterans, who must reconcile their combat experiences with a society that is largely insulated from the realities of war. The challenges are exacerbated by repeated deployments and the persistent exposure to life-threatening situations, which can erode psychological resilience and deepen the sense of alienation.

2. Impact of PTSD among Recent Veterans. Statistics.

Research by Hoge et al.[5] highlights the prevalence of PTSD, depression, and anxiety among veterans, noting distinct differences between those returning from different theaters of operation. They found PTSD rates ranging from 15.6% to 17.1% among Iraq war veterans and 11.2% among Afghanistan war veterans. Their studies also delved into the comorbidity of mild traumatic brain injury (TBI) with mental health issues in veterans from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The findings revealed that approximately 42% of OEF/OIF veterans diagnosed with mild TBI were also showing symptoms of PTSD.

In a comprehensive study covering all Marines and Army soldiers who underwent routine post-deployment health assessments from May 2003 to April 2004, 19.1% of those returning from Iraq were observed with signs of PTSD, compared to 11.3% from Afghanistan and 8.5% from other missions. This assessment underscored the significant mental health challenges associated with combat experiences and the general wear and tear of military service.

Further research by Milliken, Auchterlonie, and Hoge[6] involved conducting initial health assessments on 88,235 soldiers returning from Iraq and follow-up

[5] Charles W. Hoge ,Carl A. Castro , Messer Stephen C., McGurk Dennis, Cotting Dave I., and Koffman Robert L., *Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care*, The New England Journal of Medicine, 2004, vol. 351 no. 1, p.16.

[6] Charles S. Milliken, Jennifer L. Auchterlonie, Charles W. Hoge, *Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From theIraqWar*, American Medical Association, JAMA, November 14, 2007—Vol 298, No. 18.

assessments three to six months later. These assessments revealed an increase in reported mental health issues over time. During the follow-up, 20.3% of active-duty members and 42.4% of reservists were identified as needing mental health treatment. There was a notable fourfold increase in concerns related to interpersonal conflicts, emphasizing the need for additional support services for spouses and family members. Reports of alcohol use concerns were frequent, yet referrals to substance abuse treatments were rare. Additionally, while some veterans reported improvements in PTSD symptoms during the reassessment, no direct correlation was found between receiving treatment and symptom improvement. The findings suggest that reassessments conducted several months post-deployment can provide a more accurate picture of veterans' mental health needs and the effectiveness of treatment and referral plans.

The study also touched upon the challenges faced by veterans returning to family life after extended or multiple deployments. Although reunification is generally a cause for celebration, it often comes with significant adjustment challenges for both veterans and their families. In a survey of 199 military veterans returning from Iraq/Afghanistan, 75% reported experiencing some type of family-related issue in the week prior. Common problems included feeling like a visitor in their own home (40.7%), feeling estranged from their children (25.0%), and uncertainty about their role within the family (37.2%). Among those who had recently separated, over half reported conflicts involving yelling or physical altercations, and 27.6% indicated that their partner was fearful of them. These disruptions in significant relationships were frequently cited as the primary reason for seeking mental health care, with 48% of veterans from Iraq and Afghanistan reporting such issues. Veterans often felt pressured by their significant others to both schedule and attend therapy sessions.

This body of research underscores the complex and multifaceted impact of PTSD on veterans, highlighting the need for tailored mental health interventions that address both the individual symptoms and the broader relational dynamics affected by military service.

Despite the overwhelming majority of OEF (Operation Enduring Freedom) and OIF (Operation Iraqi Freedom) veterans feeling proud of their service (96%), acknowledging increased maturity (93%), and boosted self-confidence (90%) as results of their service, a significant portion reported adjustment difficulties upon returning. Specifically, 44% found readjustment challenging, 48% experienced strains on family life, 47% had episodes of anger, 49% suffered

from post-traumatic stress, and 32% faced occasional disinterest in daily activities.[7]

By 2004, it was estimated that over a quarter of the troops returning from OEF and OIF were affected by psychological health disorders. Follow-up estimates indicated that about one-fifth experienced symptoms of post-traumatic stress or depression, with a similar proportion reporting potential Traumatic Brain Injuries (TBI) during deployment. More recent analyses by the RAND Corporation revealed that a third of OEF and OIF veterans reported mental health or cognitive issues. Specifically, 18.5% met the diagnostic criteria for PTSD or depression, 19.5% reported potential TBI during deployment, and 7% met the criteria for both a mental health problem and TBI.[8]

PTSD remains one of the most frequently diagnosed disorders among U.S. combat troops returning from Afghanistan and Iraq, with incidence rates ranging from 5% to 30%, depending on the timing of the assessment, the diagnostic method employed, and the specific PTSD criteria used. Among those with combat injuries from OEF or OIF, reported PTSD incidence rates varied from 16.2% to 43.9%, whereas, for those who experienced combat without physical injury, the incidence was about 9.1%. The rates also varied based on the thoroughness of the diagnostic approach, whether full DSM criteria were met, or a shorter positive screening for PTSD was used. Research suggests that studies can be categorized into those involving military personnel seeking treatment for any injury and those not seeking treatment, with the former often showing higher PTSD incidence rates—up to 50% in presymptomatic testing scenarios, although actual diagnosis rates were generally lower. Among those seeking treatment, 23% were diagnosed with PTSD. Despite an official definition and diagnostic criteria for PTSD, the variance in reported numbers is substantial, likely influenced by the use of different PTSD definitions across studies. A consistent approach to diagnosis and assessment is necessary to improve the accuracy of PTSD incidence estimates.[9]

---

[7] *War and Sacrifice in the Post- 9/11 Era, The Public and the Military*, Pew Research Center, Washington DC, October 5, 2011.

[8] Committee on the Assessment of Resiliency and Prevention Programs for Mental and Behavioral Health in Service Members and Their Families; Board on the Health of Select Populations; Institute of Medicine; Denning LA, Meisnere M, Warner KE, editors. *Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs.* Washington (DC): National Academies Press (US); 2014 Feb 11. 3, UNDERSTANDING PSYCHOLOGICAL HEALTH IN THE MILITARY.

[9] Committee on the Assessment of Resiliency and Prevention Programs…, *Preventing Psychological Disorders in Service Members and Their Families…* Institute of Medicine, February, 2014.

Additional surveys highlight specific challenges faced by returning service members who have experienced emotional trauma or severe injuries. Over half (56%) of veterans who experienced a traumatic event reported having flashbacks or recurring painful memories, and nearly half (46%) suffered from post-traumatic stress. Those experiencing PTSD reported significantly more difficulties with reintegration than those who did not, with only 34% describing an easy transition compared to 82% of those without PTSD. Many post-September 11 veterans have particularly struggled with adjustment to civilian life. Survey models indicate that veterans who served after September 11 are 15 percentage points less likely than those from earlier eras to report an easy post-military life adjustment (62% versus 77%).[10]

A survey utilizing an anonymous questionnaire among Iraq and Afghanistan veterans measured levels of PTSD, depression, and anxiety. Findings showed that 15.6 to 17.1% of participants returning from Iraq and 11.2% from Afghanistan met the screening criteria for major depression, generalized anxiety, or PTSD. Among those with positive screenings for a mental disorder, only 23 to 40% sought mental health care. Veterans screening positive for mental disorders were twice as likely to report concerns about stigma and other barriers to accessing mental health care as those who screened negative.[11]

3. Suicide Rates Among Veterans

Reliable data on veteran suicide primarily comes from the VA/DoD Mortality Data Repository (MDR), which restricts access to state and funded research. However, reports indicate significant disparities in suicide rates between veterans and non-veterans. In 2018, 6,435 veterans and 40,075 non-veteran adults died by suicide. Despite the larger non-veteran population, the veteran suicide rate was 32.0 per 100,000, compared to 17.2 per 100,000 among non-veterans. Over the last 12 years, veteran suicide rates have consistently exceeded those of non-veterans, with a faster rate increase since 2005. By 2019, adjusted suicide rates reached 27.5 per 100,000 for veterans versus 18.2 per 100,000 for non-veterans. The most significant disparities occur among the 18-34 age group, where the 2018 veteran suicide rate was 45.9 per 100,000—nearly three times higher than for non-veterans of the same age group (16.5 per 100,000).[12]

---

[10] Rich Morin, *The Difficult Transition from Military to Civilian Life,* PEW Research Center, Washington DC, December 8, 2011.

[11] Charles W. Hoge, Carl A. Castro…*Combat Duty in Iraq and Afghanistan…* New England Journal of Medicine, 2004, p. 20.

[12] Rajeev Ramchand, *Suicide Among Veterans, Veterans' Issues in Focus*, Rand Corporation, 2021.

From 2001 to 2019, while the U.S. adult population grew by 26.2%, the veteran population decreased by 23.1%. During this period, the unadjusted suicide rate among U.S. non-veterans increased by 33.0%, and among veterans by 35.9%. In 2019, the highest unadjusted suicide rates among veterans were observed in the 18-34 age group, with a rate of 44.4 per 100,000. Rates decreased by 12.8% for female veterans and by 3.6% for male veterans compared to 2018.[13]

Studies from the post-September 11 era reveal a sharp increase in suicides among active military personnel and veterans, highlighting a broader mental health crisis. At least four times more individuals from this group have died from suicide than in combat, with an estimated 30,177 suicides compared to 7,057 combat deaths post-September 11. This trend represents a concerning shift, as historically, service members had lower suicide rates than the general population. The 2014 Department of Veteran Affairs annual report disclosed challenges in meeting the surge in demand for mental health services. In 2013, 26% of veterans using VA health care accessed mental health services—twice the rate seen in the general U.S. population. From 2005 to 2013, the number of veterans receiving mental health care from the VA increased by 63%, outpacing the growth in overall VA service usage. Among recent veterans eligible for VA care, over half sought care for mental health issues, reflecting a substantial need for support that extends beyond the capabilities of current systems.[14]

Moral Injury and Post-Traumatic Development: The Role of Religion, Propositions, and Practice.

In the study of religion and its impact on PTSD, two pivotal concepts frequently emerge: moral injury and post-traumatic growth. Here's an exploration of both terms:

1. **Moral Injury (MI)**: Moral injury refers to the damage done to an individual's moral conscience and values due to committing or witnessing actions that transgress deeply held moral beliefs. This form of injury often results in profound feelings of guilt or shame, and in some instances, intense feelings of betrayal and anger directed towards colleagues, superiors, or broader entities such as the organization, political systems, or society. This concept not only encompasses the psychological impact but also the social, cultural, and spiritual

[13] *2021 National Veteran suicide prevention annual report, office of mental health and suicide prevention,* September 2021, US Department of Veteran Affairs.

[14] Thomas Howard Suitt, *High Suicide Rates among United States Service Members and Veterans of the Post9/11 Wars*, Boston University, 2021.

dimensions of trauma. The US Department of Veterans Affairs recognizes moral injury as a significant issue among military veterans who have engaged in or observed actions in combat that starkly contradict their moral convictions.[15]

2. **Post-Traumatic Growth (PTG)**: Post-traumatic growth represents a positive psychological transformation that occurs as a result of struggling with challenging and stressful life crises. These experiences test the individual's usual ways of understanding the world and their place within it, stretching their adaptive capacities. According to S. Tsitsigos in his article "Spirituality and the Human Identity", psychologists, particularly those focused on internal therapy, describe a healthy personality as one that effectively integrates both the conscious and unconscious aspects of the mind with the spirit.[16] PTG involves profound shifts in one's worldview and self-perception, leading to significant and meaningful personal change.

Both moral injury and post-traumatic growth highlight the complex interplay between trauma and psychological resilience, underscoring the transformative potential of confronting and processing traumatic experiences.[17]

Moral Injury and Post-Traumatic Development: Understanding and Addressing the Effects on Veterans.

Research on moral injury has extensively explored its profound effects on individuals, particularly military veterans. Statistics from 2003 reveal significant exposure to morally challenging situations among U.S. military personnel deployed to Iraq and Afghanistan: 32% were responsible for the death of an enemy, 60% witnessed sick or injured women and children without being able to provide aid, and 20% reported causing the death of non-combatants.

[15] Sonya B. Norman and Shira Maguen, *Moral Injury*, National Center for PTSD, U.S Department of Veteran Affairs.

[16] Σπυρίδων Τσιτσίγκος, *Πνευματικότητα και ανθρώπινο πρόσωπο*, Αντίφωνο, Απρίλιος 2010.

[17] R.G. Tedeschi & L.G. Calhoun, *Posttraumatic Growth: Conceptual Foundation and Empirical Evidence*, Psychological Inquiry 15(1):1-18, January 2004.

Furthermore, about 27% of soldiers faced moral dilemmas during deployment that they felt unprepared to resolve. Studies indicate that longer and more frequent deployments may contribute to an increase in unethical behaviors on the battlefield. This issue is exacerbated by the extended lengths of deployment observed in the Iraq and Afghanistan wars. The military often grants moral leniency for killing enemies during combat, which contrasts sharply with peacetime moral standards. This dichotomy can lead to significant moral dissonance when service members return home, where societal and cultural norms do not condone killing. This mismatch between the military's operational morals and societal values often leaves returning service members struggling with deep-seated feelings of guilt and shame.

It's important to note that while moral injury is recognized within psychology as a form of mental trauma, it often encompasses spiritual or religious struggles due to its deep existential questions about right and wrong, and the sacred versus the profane.

Researchers Rosner and Powell[18] highlight that empirical evidence for posttraumatic growth, or "adversarial growth" from war experiences, is limited. However, exposure to morally injurious experiences (MIEs) has been linked to spiritual or religious growth in some veterans, who report a renewal of faith and an increased reliance on prayer for coping. Engaging in spiritual and religious practices, sanctifying life, and seeking spiritual support are seen as vital protective factors against depression and spiritual distress.

The impact of moral injury might be more profound among religious individuals, with many soldiers reporting a crisis of faith following their deployments. Nonetheless, the relationship between spirituality and moral trauma recovery is generally positive. Spirituality serves not only as a buffer against moral injury but also as a vital coping mechanism. David Hufford[19] argues that mental resilience can shield against severe mental health outcomes in war-related experiences and says it can be demonstrated that those engaging in daily spiritual practices exhibited enhanced religious coping abilities and forgiveness. Moreover, veterans with a deeper spiritual life were better able to

---

[18] Steve Powell, Rita Rosner, Willi Butollo, Richard G. Tedeschi, Lawrence G. Calhoun, *Post-traumatic growth after war: A study with former refugees and displaced people in Sarajevo, Journal of Clinical Psychology,*, Vol. 59(1), 71–83, 2003.

[19] David J. Hufford, *An Analysis of the Field of Spirituality, Religion, and Health,*

October 13, 2005.

https://metanexus.net/analysis-field-spirituality-religion-and-health-david-j-hufford/

reconcile experiences of moral injury within their spiritual beliefs, potentially mitigating the effects of moral injury.

The literature also discusses therapeutic strategies for both preventing and resolving moral trauma. Specific spiritual interventions can be crucial for alleviating symptoms, restoring a stable belief system, and mending relationships with oneself, others, the world, and the divine. These interventions might include educational sessions, modified exposure techniques, practices of self-forgiveness, dialogues with compassionate moral authorities, acts of reparation and seeking forgiveness, and reconnecting with spiritual or religious communities. Integrating spirituality as a treatment modality throughout military service can significantly enhance the recovery and healing process, supporting service members in integrating their experiences into a cohesive spiritual and moral framework.[20]

Spiritual and Religious Practices in Military Deployment: Enhancing Cohesion and Facilitating Recovery.

During military deployment, spiritual and religious (S/R) practices and rituals aimed at cleansing, healing, and restoring relationships with oneself, others, and the divine have been recognized as crucial for enhancing unit cohesion and aiding the transition back to civilian life post-service. Practices such as confession and seeking forgiveness from a higher power have been particularly noted for their role in fostering self-forgiveness, a vital element in recovering from moral injury (MI).

Watson et al.[21] have outlined specific intervention strategies that leverage these principles for recovery:

1. **Forgiveness** to facilitate the repair of relationships.
2. **Revisiting spiritual and religious beliefs** and engaging in practices that moderate feelings of anger, rage, and revenge.
3. **Prayer and meditation** to alleviate stress.

---

[20] Suzette Brémault-Phillips, Ashley Pike, Francesca Scarcella and Terry Cherwick, *Spirituality and Moral Injury Among Military Personnel: A Mini-Review*, Front. Psychiatry,

Sec. Psychopathology Volume 10 - April 2019. p. 4-5.

[21] Patricia J. Watson, David W. Foy, Kent D. Drescher, R*eligious and spirituality factors in resilience*, in Steven M. Southwick, Brett T. Litz, Dennis Charney, and Matthew J. Friedman's R*esilience and Mental Health: Challenges Across the Lifespan*, Cambridge University Press, 2011.

4. **Reconnecting with spiritual or religious communities** to mitigate isolation, bolster social support, promote healthy lifestyles, and facilitate overall recovery.

Additional practices that can be integrated into broader intervention frameworks include:

- **Self-regulation** techniques such as prayer, meditation, yoga, mindfulness, and controlled breathing.
- **Self-awareness**, enhanced through journaling and aligning oneself with benevolent moral authorities.
- **World engagement**, through community service activities like volunteering at food banks or participating in housing builds.
- **Cultivation of moral emotions** such as gratitude, acceptance, and joy.
- **Social connection**, fostering deeper interpersonal relationships.

The literature also emphasizes incorporating S/R perspectives into general PTSD and MI treatment strategies. This can involve spiritual dialogue, the use of imagination, and spiritually oriented cognitive processing therapy. Specific interventions such as spiritually embedded mindfulness, theological reflexivity, and compassion training are recommended to enhance spiritual capacity and resilience. Additionally, spiritual empowerment and meaning-making groups, as well as arts and literature discussions, can help explore the S/R and moral dimensions of trauma experiences.

The role of clergy, pastoral care, and spiritual services is highlighted as a significant resource in addressing PTSD.[22] Faith communities offer invaluable support for military personnel and veterans by providing a supportive environment where practices like patience, kindness, and forgiveness are encouraged. However, some individuals may face challenges in engaging with religious communities due to feelings of guilt, shame, or perceived judgment, which could exacerbate PTSD or MI symptoms. Ideally, these communities should actively support service members and veterans, helping them find healing and a renewed sense of purpose and growth.[23]

Posttraumatic Growth: The Transformative Power of Trauma.

Posttraumatic growth refers to the positive psychological changes that arise from the struggle with traumatic or intensely challenging life circumstances. Such experiences can profoundly transform personality and foster growth, with individuals often showing increased optimism, positive affect, and

[22] Suzette Brémault-Phillips, Ashley Pike…*Spirituality and Moral…* 2019, p.6.

[23] Suzette Brémault-Phillips, Ashley Pike…*Spirituality and Moral…* 2019, p.9.

enhanced social support. Research also indicates personality changes in spouses of terminal cancer patients, suggesting traumatic transitions can increase prosocial behaviors and trustworthiness.

It is crucial to note that not everyone who experiences trauma will achieve posttraumatic growth. The emotional response to the event plays a significant role in determining the long-term impact of the trauma. Factors during and after the event can increase the risk of developing PTSD or other mental health challenges. Furthermore, the characteristics of the trauma and the individual's personality dynamics independently contribute to posttraumatic growth. If stress levels are too low or overwhelming, a person may struggle to cope effectively. Personality dynamics can either facilitate or hinder posttraumatic growth, irrespective of the traumatic events' severity.

3. The Role of Religion in Post-Traumatic Growth.

Religious involvement has consistently been linked to post-traumatic growth (PTG), suggesting that individuals either seek out religious experiences following trauma or that their pre-existing religious engagements contribute to their spiritual growth. This relationship is explored through various scholarly articles.

One insightful perspective comes from academician Tsitsigou, who discusses the concept of fear and its educational value according to divine teachings: "Fear is inevitably a part of human life; according to Divine pedagogy, it opens the eyes of those who refuse to think and face 'reality'."[24] This notion sets the stage for understanding how PTG can be influenced by spiritual and religious contexts.

Research published in 2001 observed that individuals often report increased religiosity after experiencing stressful life events. This change suggests a willingness to revise and deepen one's religious beliefs, a process that may enhance personal growth.[25] Further analysis revealed that while general religious involvement alone did not predict PTG, a specific orientation towards seeking religious faith significantly correlated with reported growth. Additionally, openness to religious change, as measured by the Missions Scale, independently predicted the extent of reported growth, supporting the theory that posttraumatic cognitive processing, which involves deliberate

[24] Σπυρίδων Τσιτσίγκος, *Ο Φόβος και ο Τρόμος κατά τους Τρείς Ιεράρχες*, Αντίφωνο, Ιανουάριος 2011.

[25] Lawrence G. Calhoun, Arnie Cann, Richard G. Tedeschi and Jamie McMillan, A *Correlational Test of the Relationship Between Posttraumatic Growth, Religion, and Cognitive Processing*, Journal of Traumatic Stress, Vol. 13, No. 3, 2000, p. 525.

contemplation of an event's significance, is associated with higher levels of PTG.

Another study underscored the positive link between religious coping and PTG, noting that positive religious coping predicted PTG beyond other forms of coping, gender, and race. This suggests that religious frameworks provide essential means for individuals to assign meaning and significance to their experiences, particularly during adverse life events. Such involvement is generally associated with enhanced psychological well-being.

Our current research reaffirms this general relationship. The schemas and worldviews offered by religious and spiritual beliefs play a pivotal role in the meaning-making process, which is linked to better psychological outcomes.[26] Intriguing findings from another study highlighted that individuals who experienced the violent loss of loved ones—through accidents, suicide, or homicide—reported more significant PTG compared to those in less traumatic circumstances. Despite the intense distress associated with such losses, these individuals perceived more positive life changes, exhibited a greater appreciation for life, and experienced heightened growth in relationships, personal strength, and spirituality.

These observations are particularly relevant to veterans, as corroborated by various studies. The data suggest that religious and spiritual engagement positively influences key components of PTG, such as enhanced self-control, an improved outlook on life, and enriched relationships with loved ones.

Incorporating Spiritual/Religious Elements into Psychological Therapies.

The integration of spiritual and religious elements into psychological therapies can be profoundly beneficial. For instance, one study found that up to 40% of patients in general medical settings cited their faith as the most crucial factor in coping with illness-related stress. This underscores the potential of religious support not only in managing the aftermath of trauma but also in navigating the challenges of physical ailments.[27]

---

[26] Monica M. Gerber, Adriel Boals, and Darnell Schuettler, *The Unique Contributions of Positive and Negative Religious Coping to Posttraumatic Growth and PTSD*, Psychology of Religion and Spirituality, 3(4), 298–307, 2011, p. 303-304.

[27] Steve Sullivan, Jeffrey M. Pyne, Ann M. Cheney, Justin Hunt, Tiffany F. Haynes, Greer Sullivan, *The Pew Versus the Couch: Relationship Between Mental Health and Faith Communities and Lessons Learned from a VA/Clergy Partnership Project*, Springer Science+Business Media, New York, 2013, p. 2.

1. Spiritually Integrated Cognitive Processing Therapy for PTSD in Veterans

A team of experts including a clinical psychologist, an active-duty military psychologist, a psychiatrist, and a VA chaplain, all experienced in developing and researching spiritually integrated therapies, have proposed a new treatment modality known as Spiritually Integrated Cognitive Processing Therapy (SICPT). This innovative approach adapts traditional Cognitive Processing Therapy (CPT), an empirically validated treatment for PTSD and one of three primary methods utilized by the VA for treating veterans with PTSD.

CPT is designed to address and modify imprecise or maladaptive beliefs—often referred to as sticking points—that contribute to feelings of guilt, shame, and self-blame. These beliefs can hinder individuals from moving forward in their trauma recovery. By employing cognitive restructuring and behavioral exercises, CPT helps individuals alter their perceptions of the trauma, allowing them to process their emotions more effectively and integrate the traumatic experience into their lives in a healthier, more adaptive manner.

Similarly, SICPT is tailored for individuals with varying severity of PTSD symptoms, from mild to severe. It specifically targets moral injury (MI) by addressing misinterpretations of traumatic events through cognitive restructuring, utilizing the patient's spiritual or religious resources such as beliefs, practices, scriptures, values, and motivations. SICPT incorporates spiritual tools to assist in resolving moral injury and its detrimental effects like shame, guilt, anger, frustration, and self-handicapping behaviors. It integrates spiritual concepts and practices including compassion, grace, spiritually guided imagery, repentance, confession, forgiveness, atonement, blessing, restoration, and making reparations.

Additionally, SICPT encourages engagement with religious communities, which can play a crucial role in the patient's recovery and reintegration. The therapy explicitly relies on patients' spiritual or religious beliefs, making it particularly suited for those who identify as spiritual or religious. Recent studies indicate that a significant majority of veterans consider religion and spirituality as important aspects of their lives, with many expressing openness to participating in spiritually integrated therapies like SICPT.

Treatment Process.

SICPT involves a series of twelve sessions, each focusing on different aspects of trauma recovery intertwined with spiritual or religious themes. These

include understanding the significance of traumatic events through a spiritual lens, fostering gentleness and compassion, addressing spiritual distress with challenging questions, engaging in confession and critical thinking, and embracing forgiveness to challenge deep-seated beliefs. The sessions are standardized across the five major religions, with religion-specific supplements provided for each session. These supplements offer detailed insights into religious concepts, teachings, principles, and narratives about religious figures that may aid in healing. Additionally, they include scriptures, prayers, and rituals pertinent to the session's content, designed to deepen the therapeutic engagement for religious clients and provide a comprehensive understanding of various religious traditions relevant to dealing with trauma.[28]

2. The Relationship Between Religion and Clinical Psychological Therapy.

A 2018 article by a team of researchers delves into the interplay between religion and clinical psychological treatment, particularly emphasizing the potential benefits of collaboration between clinical psychologists and chaplains in treating PTSD in veterans. The article advocates for a collaborative approach, noting that each profession brings crucial, yet distinct, expertise to the therapeutic process. Typically, psychologists may lack an understanding of religious guidance mechanisms, while clergy often have limited knowledge of psychological and psychiatric treatment methods.

Historically, the relationship between mental health and spirituality has been complex, sometimes characterized by significant distance and competition. However, recent efforts aim to bridge this gap for the betterment of patient care. In the United States, for instance, academic institutions like the Institute for Spirituality and Health at the Texas Medical Center are dedicating resources to enhance spiritual awareness and promote integration with clinical practices for physicians. Similarly, the Department of Veterans Affairs and the Department of Defense have initiated programs to foster collaboration between chaplains and mental health providers in caring for service members and veterans, through strategies like the Integrated Mental Health Strategy and the establishment of VA Mental Health and Chaplains programs.

Many faith communities have also recognized the importance of connecting with local mental health services. These communities have taken proactive

[28] Michelle Pearce, Kerry Haynes, Natalia R. Rivera, and Harold G. Koenig, *Spiritually Integrated Cognitive Processing Therapy: A New Treatment for Post-traumatic Stress Disorder That Targets Moral Injury,* Global Advances in Health and Medicine Volume 7: 1–7, 2018, p. 2-5.

steps to encourage parishioners to address their mental health needs, illustrating a broader acceptance and integration of mental health considerations within religious settings. Mainline denominations have adopted mental health resolutions in their mission statements and have established "mental health networks" within their congregations. Ecumenical groups such as Pathways to Promise are creating educational materials to support mental health ministries and encourage collaboration with national mental health organizations.

Moreover, there has been a notable shift within many evangelical denominations, particularly in rural southern regions of the U.S., towards incorporating mental health principles into their pastoral care. More conservative churches have started to blend psychological and counseling principles with their theological doctrines, often referring parishioners to mental health services or substance abuse centers. This integration has spurred the growth of "Christian counseling" educational and vocational programs nationwide. Some churches now employ pastoral or Christian counselors who integrate mental health principles into their counseling practices and occasionally refer to external mental health professionals. While these religious counselors selectively incorporate mental health principles, their engagement marks a significant movement away from previous competitive stances towards a more cooperative approach.

The article not only reviews the initiatives that have been undertaken to bridge the gap between spiritual and mental health care but also reflects on the current state of this relationship. It highlights a persistent issue: clergy and clinical therapists often operate in isolation, sometimes viewing each other with mistrust and hostility. Despite these challenges, the research indicates that most stakeholders from both sides view collaboration positively, with many either engaging in cooperative efforts or being open to such initiatives. This evolving landscape showcases a growing recognition of the complementary benefits that spiritual and psychological care can offer, especially in the context of treating combat PTSD.[29]

Theoretical Inquiry into Religion and Theology as Sources of Healing for Veterans.

[29] Steve Sullivan, Jeffrey M. Pyne, Ann M. Cheney, Justin Hunt, Tiffany F. Haynes, Greer Sullivan, *The Pew Versus the Couch: Relationship*…2014,p. 9.

a. Spyridon Tsitsigos. The Religious (Christian) Treatment According to the Example of Saint John Chrysostom.

In an insightful article by academic Spyridon Tsitsigos, the Christian Orthodox faith, particularly through the teachings of Saint John Chrysostom, is explored as a viable source of psychological therapy for veterans. The piece illustrates how religious beliefs and practices can serve not only as coping mechanisms for adversity and trauma but also as profound systems of meaning that positively influence mental and physical health.

Tsitsigos emphasizes the significant role the Orthodox Church plays in supporting its followers, notably through the actions and teachings of Saint John Chrysostom. The church is portrayed not just as a community but as an essential support system that proactively engages with its members to assist them through their struggles. Saint Chrysostom's approach is highlighted for providing hope and practical support, underscoring the importance of community and shared rituals in bolstering both individual and collective resilience.

The article discusses how trauma, when addressed through the lens of religious teachings, can catalyze significant transformations in personal beliefs and life objectives. The transformative power of religious coping, especially through Chrysostom's teachings, is shown to facilitate a deeper realization of one's life purpose, often leading to what can be described as a spiritual rebirth. Chrysostom's focus on the pragmatic aspects of faith aids individuals in redefining their lives amidst adversity.

Furthermore, the communal and collective dimensions of coping within religious settings, as taught by Chrysostom, are examined. The Orthodox Church's communal prayers and rituals create a robust support network that reinforces coping strategies for its adherents. This communal support is deeply rooted in Chrysostom's teachings, which advocate for a collective embrace of faith as a means to strengthen personal and community resilience against life's challenges.

Overall, the article posits that religious coping, specifically within the Orthodox Christian tradition as expressed by Saint John Chrysostom, provides a comprehensive framework for dealing with life's difficulties. It seamlessly integrates personal beliefs with communal practices, creating a potent system that not only aids individuals in managing stress and trauma but also promotes a sense of collective resilience and spiritual growth.

In conclusion, Saint John Chrysostom's teachings are intricately woven through the discussion on religious coping, positioning him as a pivotal figure whose

insights into both the practical and spiritual aspects of coping continue to impact individual believers and the broader religious community. His teachings stress the synergy between personal effort and divine grace, along with the critical role of community within the Orthodox tradition, illustrating the multifaceted nature of coping in religious contexts. These insights are particularly relevant in formulating theoretical and practical approaches to treating PTSD in soldiers and veterans, showcasing how Christianity—particularly Orthodoxy, as expounded by Saint John Chrysostom—provides meaningful structure and support for those experiencing trauma and existential crises.[30]

d. Jennifer Baldwin-Trauma-Sensitive Theology.

Theoretical Insights into Religion and Theology as Healing Resources for Trauma

An intriguing publication explores how theological concepts can serve as potent tools for dealing with and healing trauma. This discussion emphasizes several key theological ideas that can significantly aid the trauma recovery journey:

I. **Human Agency and Divine Sovereignty**: It can be profoundly healing to recognize that while God possesses omnipotence and governs the universe, humans still retain free will and the capacity to make choices. This understanding helps clarify that not all evils in the world are divine acts intended to cause suffering; rather, they often stem from human actions. This perspective not only highlights human responsibility but also reframes God not as a distant or punitive figure, but as one who is not directly responsible for human suffering.

II. **God as a Companion in Suffering**: Contrary to views of God as a remote sovereign, this approach presents God as an empathetic presence who shares in human suffering and aids in human struggles. This portrayal of God emphasizes support and hope, suggesting that divine power is not about subjugating humans but about accompanying them in their life's challenges.[31]

---

[30] S. K. Tsitsigkos, *Religious (Christian) Coping According to St John Chrysostom's Paradigm*, Athens.

[31] Jennifer Baldwin, *Trauma-Sensitive Theology: Thinking Theologically in the Era of Trauma*, Cascade books, Eugene, Oregon, 2018, p. 98.

III. **Human Psychological Complexity**: Drawing from the doctrine that man is created in the image of a triune God—One yet Many—the human psyche can be seen as a complex system of interacting parts. This view aligns with the "internal family systems" model in psychology, which can lead to a more dynamic understanding of human behavior. It suggests that healing involves coordinating and nurturing the different 'members' or aspects of our internal community.

IV. **Original Grace as a Basis for Recovery**: Introducing the concept of 'original grace' as a counterbalance to 'original sin', this idea posits that every person is born with a divine spark that fosters hope and recovery. This intrinsic grace suggests that individuals are not merely fallen beings but are equipped from birth with the potential for healing and leading fulfilling lives.

V. **Sin as Relational Disruption**: Reconceptualizing sin not just as a moral failing or rule-breaking but as an abuse of relational power shifts the focus towards healing for the victim rather than solely seeking forgiveness from God. This view foregrounds the importance of addressing and healing the relational breaches caused by sin, emphasizing restoration and healing for those affected.

VI. **Christology: Embracing the Humanity of Christ**: The humanity of Christ is vital for understanding trauma and recovery. Christ's dual nature as both divine and human makes him a relatable figure who fully comprehends human suffering. Christ's life exemplifies how one can live fully integrated and compassionate despite life's trials. His incarnate existence demonstrates how all parts of an individual can maintain a healthy relationship with each other and with the broader community, providing a model for healing and wholeness.

These theological insights offer a deep wellspring of resources for addressing trauma, particularly within a religious or spiritually integrated therapeutic framework. They illustrate how spiritual beliefs can not only help individuals manage the aftermath of trauma but also transform their understanding of themselves and their capacities for resilience and recovery.[32]

Individual Examples of Priests and Clergy Working with Veterans.

a. Combat Veteran Purification Rite

[32] Jennifer Baldwin, *Trauma-Sensitive Theology*…, 2018, p. 119.

A notable example of clergy engagement with veterans is a project led by a pastor who is completing his Doctorate of Ministry Studies. His Major Applied Project focused on training clergy to better assist veterans reintegrating into civilian life. Chaplain Matthew G. Prince, who is well-versed in the language, feelings, experiences, and challenges of military personnel and veterans, aimed to bridge the gap between clergy and veterans.

Prince developed a purely religious method that includes courses and seminars for clergy and seminary students, and a Combat Veteran Purification Rite that he designed based on the Gospel of Mark, combined with his extensive experience working with military personnel. In this initiative, Prince personally applied his ritual to a veteran, marking it as a success. Although this project is unique and privately conducted, it demonstrates the potential for religious healing methods to address veterans' needs effectively, showcasing the church's readiness to support veterans through innovative religious practices.[33]

4. Faith-Based Organizations Supporting Veterans.

Various faith-based organizations operate with the mission to support veterans combating PTSD using Christian principles and spiritual guidance.

1. **SOF Missions**: Founded in 2011 by Damon, a retired Lieutenant Colonel from the Special Operations community, this organization runs The Resiliency Project. This initiative focuses on enhancing the overall health of veterans by addressing psychological, physical, spiritual, and social needs.
2. **Warrior Journey**: Established in 2016 by Network211, this organization began as an evangelical entity using modern technology to spread Christian teachings globally. Today, they serve military personnel in over 178 countries, aiming to help every veteran live a spiritually centered, healthy, and productive life. Warrior Journey produces podcasts that provide support and feature interviews with pastors from military communities, offering encouragement and guidance.
3. **Reboot Recovery**: This organization offers a 12-week course focused on trauma and tragedy recovery. The curriculum is faith-based, with online resources available for those unable to attend in-person. Notably, Reboot Recovery extends its services to families of veterans and first responders, emphasizing community and familial support.

[33] Matthew Prince, *The Importance of Ritual in Helping Heal Veterans Who Suffer with PT with PTSD/Moral Injury :A Chaplain's Role in the Body of the s Role in the Body of the Church*, Doctor of Ministry Major Applied Project, Concordia Seminary St, Louis, 2015, p. 85.

4. **Soul Survivor Outdoors**: This small group ministry organizes adventure tours, recognizing the therapeutic connection between spiritual and physical activities. Their events are designed to foster dynamic relationship-building and provide a conducive environment for spiritual restoration.
5. **Resilience God Style**: Led by Maj. Gen. (Ret.) Robert F. "Bob" Dees, this ministry focuses on addressing PTSD among troops and first responders through nationwide speaking engagements. It offers a range of resources, including books and videos that promote resilience and restoration through a Christian biblical foundation.
6. **Engage Your Destiny**: Collaborating with organizations like SOF Missions and The Warriors Journey, Engage Your Destiny offers mentoring and small group sessions to provide hope and healing for veterans. They also host an online chapel featuring speakers who share their personal journeys, making it an accessible starting point for those new to learning about PTSD or seeking spiritual support.

These organizations illustrate the diverse approaches faith-based groups are taking to assist veterans. From educational programs and physical activities to spiritual counseling and community-building efforts, they highlight the crucial role of faith and spirituality in promoting recovery and resilience among veterans.

Conclusion.

When we started planning this thesis, we had the idea to explore the issue of PTSD from the point of view of what religion and specifically Christianity has to offer to heal and overcome it. We see this not only as a topic of personal interest to us, as PTSD is one of the most common diagnoses in modern society, but as a natural extension of the topic we have chosen to study, the Psychology of Religion. As we have come to understand during our lectures and in private reading and research, these two subjects, Psychology and Religion, are not only not far apart, but belong together. Psychology is the study of the soul, the mind, what drives a person in life and what makes them act in one way or another. It is the study of pain and trauma and the treatment of that pain and trauma. Psychology is a modern field of study, applying science-based tools to implement therapy. Psychology has made great strides as a field of medicine. It has brought many people around the world awareness and healing. But is it enough? Maybe for someone it is. But we suggest that in general, it is not. As we have already said, psychology is a modern science, but religion, as the word of God to man, is thousands of years old. Religion has always been man's guide throughout his life, especially in difficult decisions and in moments of struggle and suffering. So religion has always been part of the human experience. Man

has always been religious. And so we believe that it is actually impossible to see psychology as a tool to alleviate and treat PTSD without faith and without religious practice. Psychology without religion, in our opinion, and as we analyze in this article, is simply an analysis of how the mechanisms of the mind work, but is it all that a person encloses in himself? We believe and are deeply convinced that it is not. The human soul created and given by God to every human being is always connected to its creator and seeks and demands to be near and together with His Wisdom, Love and Grace. For Christians, we believe that God not only created and gave us our souls, but that He became man and took all our suffering and sins upon Himself. He died, and rose again and ascended into the Heavens with a promise of salvation to all mankind in all ages. This belief, for us, makes the religious connection to trauma healing even more apparent. Christ, our God, knows what trauma is, knows what people go through in life. He took this trauma upon Himself willingly to show us that there is Salvation beyond trauma, that no pain is meaningless, and that the path He opened for us leads to eternal Love and Forgiveness.

This goes far beyond any understanding of why trauma is caused and what methods might lead to relief. This is an answer to life's biggest questions, and one that can lead to real healing, healing that comes from within, and that connects a traumatized person with other traumatized people, their family, and their community at large. We see this connection between Christ and trauma healing so evident, that it is almost surprising that Christianity is not formally incorporated into classical healing methods. As we write in several chapters of this paper, religion in general and Christianity in particular have been shown to be very effective in helping patients cope with their trauma. This is of particular importance for the population we study, the veterans, since as paradoxical as it may sound, they are among the most vulnerable people in our society. As we finished our research, we saw that we could find enough evidence to support our original idea and answer our question about the role religion and Christianity play in the recovery of veterans suffering from PTSD. We have seen that the role Christianity plays can be and is critical, especially among the veterans we studied, American soldiers of the Iraq and Afghanistan wars. The research we present, we hope, can serve as one of the not-so-many pieces of research that demonstrate that the solution to treating trauma of any kind, but especially trauma in veterans, is multidimensional, and that when the scientific-psychological dimension meets the spiritual , and more so for Christianity, the results can be very positive and hopefully make the lives of veterans, their families and communities easier.