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Study Location and Population



Pine Rest Worship Center

Participants included adults (age 18 and over) admitted to adult inpatient psychiatry units at Pine Rest Christian Mental Health Services in Grand Rapids, MI. Pine Rest is a nonprofit organization founded in 1910. It is one of the largest free-standing behavioral health providers in the U.S., offering a full continuum of services including inpatient and partial hospitalization, residential and outpatient services, addiction treatment and recovery, extensive child and adolescent programs, senior care services, as well as specialized assessment and treatment clinics.

The guiding mission of Pine Rest is:

“to express the healing ministry of Jesus Christ by providing behavioral health services with professional excellence, Christian integrity and compassion.”

Participants:

Inpatient sample N=183 at PRCMHS:

- Age – $M = 40.6$, $SD = 15$
- Gender – 55% Female
- 89% White, 5% Black, 2% Latino/a
- 38% single, 32% married, 21% divorced
- 53% partial college, 22% high school grad, 11% college grad, 9% partial high school
- 47% Protestant, 13% Catholic, 15% spiritual, but not religious, 14% other, 9% none
- The average range of stay on these units is 3 to 10 days (mean length of stay = 6 days).

Study Goals and Objectives

The overarching purpose of this study was to examine the nature and possible impact of forgiveness (i.e., interpersonal, self, and divine) on the spiritual functioning of newly admitted patients in a Christian-based inpatient psychiatry program. Drawing on qualitative questions and standardized quantitative assessments, the following empirical questions were addressed:

1. What are the dimensions of forgiveness and spiritual distress among psychiatric inpatients?
2. Is forgiveness related to less spiritual distress? What are the unique spiritual and mental health consequences of the three different types of forgiveness (i.e., divine, self, or others)?
3. **Are religious comforts and strains associated with spiritual and mental health outcomes?**
4. What are the links between forgiveness and virtue development (e.g., patience, gratitude) in context of mental health crisis?

Data gathering has been completed but the study analysis is still in process. On this poster, we will review findings regarding goal #3 above.

First Abstract

This Spring an abstract was presented by the Fuller Research Team on *Understanding the Role of Religious Comfort and Strain on Affective Outcomes in an Inpatient Psychiatric Setting*.

Religion often represents a double-edged sword for individuals with psychiatric difficulties. On the one hand, religion may provide a sense of comfort and connection with God or the divine as well as other persons during stressful periods. However, religious strain (e.g., feeling alienated from God) has been associated with delayed psychological recovery following trauma and other life difficulties.

Religious comfort

- feeling loved by God
- feeling like a part of a religious community
- and a sense of being forgiven

Religious strain

- alienation from God and one’s religious community
- anger at God
- fear and guilt
- rifts with other religious individuals and beliefs

Methodologies and Procedures

Potential participants were informed about the research opportunity by a Pine Rest Staff Chaplain and, when enrolled, completed:

Pre, post, and follow up visits using self-report measures

1. Pretest – within 48 hours of admission
2. 24 hours of discharge
3. 50-70 days following discharge

Measures

Spiritual Comfort and Strain. This 24-item scale assesses Religious Comfort (e.g., trusting God to protect and care for you), Alienation from God (e.g., difficulty trusting God), Religious Fear and Guilt (e.g., fear of God’s punishment), and Religious Rifts (e.g., disagreement with something that your religion teaches).

Depression. The Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001) was used to assess the nine possible symptoms of a diagnosis of major depression (American Psychiatric Association, 1994).

PANAS-X. The 10 items assessing positive affect were utilized from the Positive and Negative Affect Schedule-Expanded Form (PANAS-X; Watson & Clark, 1994) as a state (short-term fluctuations in mood) and/or trait (stable over time).

Quantitative question:

When God looks at you, how might God describe you?

Quantitative themes:

1. Beloved by God
2. Loving Toward Others
3. Habits in Relationship with God
4. Having a Purpose
5. Active Attributes
6. Lost/struggling
7. Forgiveness
8. Extreme Denigration

Findings re: Religious Comfort & Strain

The associations among religious comfort and strain with positive and negative affect and depression were in expected directions in this inpatient sample.

• Examining these changes over time provided a fuller picture of change.

- Religious comfort and positive affect increased
- Religious strain, negative affect, and depression decreased

Religious strain decreased during hospitalization and these findings remained even after controlling for depression scores at admission.

- Religious strain may have a unique contribution to mental health outcomes

More Results

After controlling for positive affect at admission, there were still significant increased positive attitudes toward God, but not alienation from God. After controlling for negative affect at admission, there were still significant decreased positive attitudes toward God, but not alienation from God.

- So positive attitudes toward God are more than a purely affective experience.

These results support the importance of reducing religious strain and add to the body of literature that examines religious comfort and strain as well as spiritual struggles. Findings underscore the importance of assessing religious comfort in spirituality and health studies, but also support the current focus on spiritual struggles.

Implications

These improvements on religious strain and comfort, as well as their associations with mental health-related outcomes, highlight the potential importance of addressing religious concerns, comfort and strain, in this integrated treatment program.

While religious strain, including dimensions of alienation from God and negative fear and guilt, warrant future examination in terms of their relative influence on symptom improvement, these findings highlight the importance of addressing religious comfort, specifically, positive attitudes toward God.

Limitations

- Not a representative sample
- Challenges and opportunities associated with an inpatient sample
- Use of self-report measures
- Limited assessment of mental health outcomes

Acknowledgements

Sarah Schnitker, PHD, Fuller Theological Seminary, formulated this abstract. **Contact Information:** Janet.Carter@Pinerest.org