## Study Location and Population

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
- 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

### 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

## More Results

- 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

## 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

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