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AUTHOR Hayden, Joseph J.; And Others
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ABSTRACT

This study investigates the interaction of religious and quasi-religious variables through measures of psychopathology and alcohol and drug abuse in a sample of homeless subjects. Participants included 25 males and 14 females with potential dual diagnoses who lacked, or were in danger of being without, appropriate housing. Researchers administered a battery of instruments to assess subjects' demographics, substance abuse history, religious thinking, psychopathology, attitudes toward life and death, and behavioral and personality issues. Findings demonstrated the utility of religious and quasi-religious instruments as indicators of psychopathology in the mentally ill and homeless. Subjects were highly prone to alcoholism and expressed little enthusiasm for living. The study indicates that church groups that care for the homeless should exercise caution in evaluating the homeless individual's expressions of religiosity or lack thereof. It appears that traditional rehabilitative efforts based upon the spiritual approach of Alcoholics Anonymous are likely to experience a lower success rate among the mentally-ill homeless due to the latter's alienation from religious beliefs. Further research questions are suggested. Also included are four tables which offer correlations and mean scores of findings. (RJM)

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Dually Diagnosed Homeless

Religious and Affective Variables
of Dually Diagnosed Homeless

Joseph J. Hayden

Wheeling Jesuit College
Northwood Health Systems

Ron Rielly

John Weitzel

Northwood Health Systems

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Further information:
Dr. Joseph Hayden
Psychology Department
Wheeling Jesuit College
Wheeling, WV 26003-6295

Phone: (304) 243-2322
Internet: *unix* jhayden@acc.wjc.edu
College FAX: (304) 243-2243

Abstract

Methods of studying homeless individuals with concurrent chronic mental illness and substance abuse problems are developed. Religious and psychological variables are examined to investigate possible interactions and develop more comprehensive methods for studying this population. At this time, 39 subjects with potential dual diagnoses and lacking or in danger of being without appropriate housing have been interviewed and tested with expected sample size being over 50 subjects. Religious and quasi-religious measures predict scores on personality tests. Relationships of religious and personality measures with structured interviews are studied and treatment issues are discussed.

Introduction

Recently the American Psychological Association has focused upon the problems of the homeless through a bibliography (Shinn, Burke, Bedford, 1990) and special issues of the American Psychologist (November, 1991), and the Journal of Social Issues (Winter, 1990).

Fischer and Breakey (1991) studied the epidemiology of mental, alcohol, and drug disorders among the homeless.

Most recently, the Federal Task Force on Homelessness and Severe Mental Illness (Leshner, 1992) published its report focusing specifically upon homelessness among severely mentally ill persons. Robertson and Greenblatt (1992) studied the interaction of our increasingly technological medical system with the social forces impacting upon the homeless while Koegel and Burnam (1992) discussed the difficulties assessing mental illness among the homeless.

Those efforts have advanced the description of the homeless and related mental health issues but have not investigated the possible involvement of religious factors. Currently, though, Project Match (Miller, 1991) is investigating the efficacy of three methods of

rehabilitating alcoholics: motivational interviewing, the traditional medical model, and the traditional, spiritual Alcoholics Anonymous approach.

This study investigates the interaction of religious and quasi-religious variables with measures of psychopathology and alcohol and drug abuse in a sample of homeless subjects. Due to the frequent presence of religious content in the delusions of psychotic individuals combined with the hopelessness of disenfranchised, homeless persons, belief in a personal god was expected to be negatively related to the degree of psychopathology.

Subjects

Subjects are consecutive clients at a community mental health center program providing case management services for dually diagnosed homeless. At this point, the data includes 39 dually diagnosed subjects with 25 males and 14 females. Average age is 34.1 years with a standard deviation of 7.6 years and a range from 20 to 47 years.

Method

Action research, as advocated by M. Audrey Burnam

(Freiburg, 1990, p. 28), describes individuals who are either homeless or at risk of becoming homeless while also screening for eligibility for Supplementary Security Income (SSI) based upon a diagnosis of chronic illness. A battery of instruments were individually administered. Adapted items from the demographics and substance abuse history of the Diagnostic Interview Schedule (DIS) (Robins, Helzer, Croughan, & Ratcliff, 1981) from the National Institute of Mental Health (NIMH) are employed for their standardized approach. The Brief Symptom Inventory (BSI) (Derogatis & Spencer, 1982) is a self-report of symptom patterns related to nine dimensions of psychopathology. The Manson Evaluation (Manson & Huba, 1987) purports to identify behavioral and personality issues typically associated with individuals with alcohol abuse issues.

Religious thinking is measured by nonsectarian instruments with low reading levels. The God-Image scale (Potvin, 1977) measures concepts of God as Punishing and as Loving. The Belief in God scale (Potvin, 1977) measures certitude of belief. The Survival scale (McCready & Greeley, 1976) examines

attitudes towards life and death.

Results

The Total score of the Survival scale related negatively with the BSI's Global Severity Index (GSI) , $r = -.52, p < .01$, as did the Purpose for Survival, $r = -.60, p < .001$, and the Death item of the Survival scale, $r = -.42, p < .05$.

The Total score of the Survival scale related negatively with the Obsessive-Compulsive scale of the BSI, $r = -.51, p < .01$ as did the Purpose of Survival score, $r = -.63, p < .001$. Relationships of the Survival scale with other primary symptom dimensions of the BSI are provided in Table 1.

Insert Table 1 about here

Mean scores on the Manson's three psychoneurotic scales and four psychopathic scales, as shown in Table 2, indicate maladaptive characteristics often found in alcoholics. Both genders will be studied in the final paper.

Insert Table 2 about here

The Manson Evaluation Total score correlated with the BSI Global Severity Index, $r = .63$, $p < .001$, and with several of the BSI subscales as reported in Table 3.

Insert Table 3 about here

God as a punisher on the Image of God scale related significantly to the Resentfulness subscale scores on the Manson Evaluation, $r = .55$, $p < .01$.

On the Diagnostic Interview Schedule (DIS), the question, "How many times have you attempted suicide?", correlated negatively with the Total score of the Survival scale, $r = -.46$, $p < .05$. Also, positive responses on the DIS question, "Have you ever seen something or someone that others could not see?", related negatively with the Belief in God scale, $r = -.50$, $p < .01$, as did the DIS question, "Have you ever heard things that other people could not hear?"

Higher social class, as reported on the DIS, predicted stronger Belief in God, $r = .43$, $p < .05$ and negatively predicted the score on the BSI's Positive Symptom Distress Index (PSDI), $r = -.47$, $p < .05$.

Discussion

1. Mean scores for these subjects are well within the cutoffs for mentally ill on the BSI (Table 4). Norms for both genders will be provided in the final paper.
2. This study demonstrates the utility of religious and quasi-religious instruments as indicators of psychopathology.
3. The Manson indicates that these subjects are highly prone to alcoholism.
4. Intercorrelations between the Manson and the BSI suggest that the two instruments are measuring the same variables related to psychopathology.
5. The strong relationships of the Survival scale with the BSI and the Manson suggest further investigations of the briefer Survival scale as a screener for psychopathology. As might be expected, mentally ill homeless individuals experience less enthusiasm about living. Consequent questions concern the direction of

a causal relationship between the homeless situation and psychopathology.

6. Correlation of the unusual sounds and sights items on the Diagnostic Interview Schedule (DIS) with the Belief in God scale but the lack of relationship of the Belief in God scale with measures of psychopathology call for further investigation. Future research should center upon the conditions of psychopathology or sequelae of conditions concomitant to the state of homelessness.

7. The negative relationship between the DIS's question on social class and the BSI's Positive Symptom Distress Index indicate a possible contribution of poverty to psychopathology.

8. Intercorrelations of the BSI scales and of the Manson scales question the ability of either inventory to discriminant among possible diagnoses of the mentally ill.

9. Church groups providing shelter and food for the homeless should exercise caution in evaluating expressions of religiosity or the lack thereof among mentally ill homeless individuals.

10. Traditional rehabilitative efforts based upon the spiritual approach of Alcoholics Anonymous are likely to experience a lower success rate among the mentally ill homeless due to their alienation from religious beliefs.

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Table 1

Correlation of total score of Survival scale with
primary symptom dimensions of the Basic Symptom
Inventory

Symptom	r
Obsessive-Compulsive	-.51**
Interpersonal sensitivity	-.38*
Depression	-.54**
Anxiety	-.45*
Hostility	-.52**
Phobic anxiety	-.43*
Psychoticism	-.43*

*p<.05. **p<.01.

n = 39

Table 2

Mean scores on the male norms for the Manson
Personality Inventory

	Mean	SD	Range	T Score	%ile*

Psychoneurotic traits					

Anxiety	11.1	4.8		88	99
Depressive fluctuations	7.2	2.5		79	99
Emotional sensitivity	6.7	2.4		74	99

Psychopathic traits					

Resentfulness	6.7	2.3		75	99
Incompleteness	10.2	2.5		75	99
Aloneness	6.6	2.4		70	97
Interpersonal relations	6.9	2.2		74	99

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Total Raw Score 42.8 11.6 97

*Alcohol Abuse Proneness Probability for Very High
Risk Group

n = 39

Table 3

Correlations of the Manson Evaluation Total score
with the BSI subscales and the BSI Global scales

	r
BSI subscale	

Somatization	.42*
Obsessive- compulsive	.60***
Interpersonal sensitivity	.62***
Depression	.60***
Anxiety	.51***
Phobic-anxiety	.64***
Paranoid	.59**
Psychoticism	.56**

BSI Global scale	

GSI	.75****
PSDI	.56**
*p<.05 **p<.01 ***p<.001 ****p<.0001 n = 39	

Table 4

Mean scores on the male norms of the Brief Symptom
Inventory scales

Scale	Mean	SD	Range	T Score	%ile
Somatization	1.2	.95	0-3.14	70	98
Obsessive- compulsive	1.9	1.1	0-4.0	73	98
Interpersonal sensitivity	1.8	1.2	0-4.0	78	99
Depression	1.8	1.1	0-4.0	78	99
Anxiety	1.9	1.1	0-4.0	80	99
Hostility	1.5	1.2	0-4.0	71	98
Phobic-anxiety	1.3	1.2	0-4.0	73	98
Paranoid ideation	1.9	1.3	0-4.0	75	99
Psychoticism	1.7	1.1	0-4.0	78	99
General severity index	1.6	.99	.07-3.4	80	99

n = 39