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Does Christian Faith Impact Loneliness?

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Does Christian Faith Impact Loneliness?

by

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Does Christian Faith Impact Loneliness?

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Abstract

Loneliness is on the rise within the United States, particularly within younger adults ages 18-37 (Bruce et al 2019). Although much is known about the negative dimensions of loneliness, and some about protective factors to help ease loneliness, the potential impact of religious and spiritual beliefs and behaviors on loneliness remains largely unexplored. This study focused on the relationship between a committed religious faith and perceived feelings of loneliness among university students. Participants include 1,182 undergraduate students from George Fox University who participated in the National College Health Assessment (NCHA). Religious commitment was evaluated using a supplemental 6-item self-report measure added to the NCHA questionnaire. Loneliness was assessed using the single item from NCHA. Data were analyzed using stepwise linear multiple regression analysis to determine which predictor variables are associated with loneliness. Regression analysis indicated that those who endorsed “they strive to change their behaviors, thoughts, attitudes, and desires when I become aware they are contrary to biblical principles,” proved to be a statistically significant predictor of less loneliness. Also, females indicated feeling less lonely compared to their male counterparts and white students

identified as feeling less lonely than non-white students. These data are consistent with prior research and provide support for the view that attachment to God may ameliorate loneliness.

Keywords: loneliness, religion and spirituality, university students, NCHA, multiple regression

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Chapter 1

Introduction

Loneliness, defined as a distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships (Hawkley & Cacioppo, 2010), is a common experience in the United States. In fact, many Americans consider themselves lonely (Bruce et al 2019). Loneliness is a prevalent experience; as many as 80% of those under 18 years of age and 40% of adults over 65 years of age report they are lonely at least sometimes, with levels of loneliness gradually diminishing from adolescence through the middle adult years, and then increasing in old age (Hawkley & Cacioppo, 2010). Loneliness is also growing within the United States, especially with younger adults. Generation Z (adults ages 18-22) and Millennials (adults ages 23-37) are lonelier and claim to be in worse health than older generations (Bruce et al 2019). Short term/temporary loneliness can be distinct from long term/permanent loneliness. For instance, someone who has recently moved to a new location is likely to experience loneliness differently than someone who has a serious illness causing them to live in isolation (Cosan, 2014). Though the symptoms and results of these types of loneliness may overlap, permanent loneliness may be more detrimental. Loneliness caused by temporary reasons may become long term loneliness unless the causes are addressed (Cosan, 2014).

Biological Impact of Loneliness

As loneliness persists or increases, health is impacted in negative ways that seem to be associated with significantly higher stress, including headaches, fatigue, poor appetite, lower quality of sleep, and cardiovascular health risks, that include coronary heart disease (Cacioppo et al., 2002; Hawkley & Cacioppo, 2010). Feelings of loneliness are associated with increased risk for morbidity and mortality (Hawkley & Cacioppo, 2010). Human beings appear to have an innate desire for meaningful relationships, and when this is missing, the quality of life individuals experience is adversely impacted (Cosan, 2014). The negative physiological concomitants of loneliness could be considered direct biological consequences, or perhaps they are related to other psychological concerns that are also associated with loneliness (Cacioppo & Cacioppo, 2014). Whereas many people experience health concerns, lonely people may not tend to share their worries, fears, and anxieties with other people. Rather, lonely people tend to keep disturbing feelings and thoughts within themselves, and this may result in stress, which produces physiological symptoms and sometimes psychosomatic disorders (Coşan, 2014).

Psychological Impact of Loneliness

In addition to its biological consequences, loneliness has been associated with other adverse effects, including personality disorders and psychoses, suicide, impaired cognitive performance and cognitive decline over time, increased risk of Alzheimer's Disease, diminished executive control, and increases in depressive symptoms (Hawkley & Cacioppo, 2010). Not surprisingly, loneliness is also associated with decreases in life satisfaction (Coşan, 2014).

On the other hand, psychological protective factors can help prevent and alleviate loneliness. For example, family cohesion (positive parent-child relations), easy-going temperament, optimistic thought patterns, and effective coping skills are important in helping to

protect individuals from loneliness (Flood, 2005). Psychotherapy is an efficient way to change negative thoughts someone may have when experiencing loneliness. Herd and Kubistant (1975, in Kubistant, 1981) suggested that accepting loneliness and talking about it to others is an important step to begin changing the situation. Another helpful tool for loneliness is social skills training. Talking fluently on the phone, starting a dialogue, complimenting and receiving compliments, being able to stand silent moments, caring about physical appearance and learning nonverbal methods of communication are among the social skills that can be helpful (Coşan, 2014).

While psychotherapy and other forms of social connections reduce and alleviate feelings of distress, some of those who are experiencing loneliness are not likely to seek help, which can compound the negative symptoms. According to Rubenstein and Shaver (1982), some people react to loneliness by crying, sleeping, eating, watching television or vegetating (“doing nothing”). Choosing passive ways to cope with loneliness may increase the depth of feeling and the length of loneliness (Coşan, 2014). Loneliness is associated with negative feelings such as dissatisfaction (Rubenstein, 1983), boredom (Weiss, 1983), inefficiency, deficiency, and unhappiness (Cutrona, 1982). These negative feelings, in turn, decrease the motivation to engage in the outside world as events and activities begin to seem meaningless and nonsensical (Cutrona, 1982). Additionally, depression may be associated with negative feelings among lonely people. Some research shows that depressed lonely people feel dissatisfied and unhappy in many aspects of their lives, while non-depressed lonely people are dissatisfied and unhappy only about their social relationships (Bragg, 1979).

Social Impact of Loneliness

Loneliness can be viewed as the discrepancy between desired relationships and actual relationships (Peplau & Perlman, 1979). Thus, loneliness is intrinsically tied to the inadequacy and deficit in perceived social relationships. Still, loneliness is a state of emotion perceived subjectively rather than being something that can be measured with the number and physical proximity of the people around. In forming the feeling of loneliness, the level of satisfaction in social relationships is more important than the number of relationships. While perceiving oneself to be lonely is the primary criterion of loneliness, relational markers nonetheless can be observed. For example, lonely people join social activities less and have fewer social relationships, resulting in a sort of downward loneliness spiral. In a study conducted among university students, it was found that the time spent alone during the day, frequency of eating dinner alone, and the frequency of spending weekends alone are related. Lonely students spend less social time with their friends and report having fewer close friends (Russel, Peplau, & Cutrona, 1980).

Six reviews of the loneliness intervention literature have been published since 1984 and all explicitly or implicitly addressed four main types of interventions: (a) enhancing social skills, (b) providing social support, (c) increasing opportunities for social interaction, and (d) addressing maladaptive social cognition (Cattan & White, 1998; Cattan et al., 2005; Findlay, 2003; McWhirter, 1990; Perese & Wolf, 2005; Rook 1984). All but one of these reviews concluded that loneliness interventions have met with success, particularly interventions which targeted opportunities for social interaction (Cacciapo & Hawkley, 2010).

Loneliness and Attachment Theory

Within psychology, an important theory for understanding loneliness is John Bowlby's Attachment Theory. Attachment is defined as an enduring emotional bond that forms between the parent and the child across the life span (Rice et al., 1995). Conversely, loneliness is derived from the absence of an attachment figure which leads to low self-esteem and self-worth and also influences the quality of life negatively. An attachment figure provides security to the individual because of the perpetual and emotional sense of linkage to that figure (Mattanah et al., 2004). Individuals with a stable and loving childhood experience, less anxiety, less loneliness, higher self-esteem, and better peer relationships than other children (Mattanah et al., 2004). A number of studies have shown that college students securely attached to their parents report better social, academic, and emotional adjustment in college than others who are less securely attached, including greater social connectedness with friends and less loneliness (Mattanah et al., 2004).

Furthermore, some research indicates that an individual's view and subsequent relationship with God may serve as a secure attachment. Given the compatibility of attachment theory with religious beliefs, practices, and imagery, it is plausible to expect that in the lives of religious individuals, attachment to God may operate similarly to the mother-child attachment in Bowlby's work. Since we know that loneliness is derived from the absence of an attachment figure, religious individuals may find attachment to this deity fundamentally involved in many (if not all) aspects of their lives (Culver, 2017). In fact, Kirkpatrick and Shaver (1992) reported that those describing their relationship with God as a 'secure attachment' reported greater life satisfaction, lower levels of anxiety and depression, and less loneliness than those describing insecure attachments to God.

Loneliness among University Students

Adolescents and young adults express loneliness more than any other age groups (Jones & Carver, 1999). In fact, Millennials (adults born between the years 1982 and 1996) and Generation Z (adults born between the years 1997 and 2001) are lonelier and claim to be in worse health than older generations (Cigna 2017).

For the purposes of this study, I will focus on how loneliness is perceived among university students, mostly born between 1997 and 2001 (Generation Z), in particular. For many, the process of attending a university begins a transition from being an adolescent to becoming an adult. University students seek and fulfill their sense of individuality and, at the same time, seek and build close and social relationships with others. For many, this may be the first time they live away from their parents. It is important to note, that during this time, university students may be moving away from the social, emotional, and spiritual support of their families. The separation of university students from their homes for the first time may create feelings of doubt, confusion, and anxiety, which the close proximity in residential halls may not totally prevent (Ozdemir & Tuncay, 2008).

Most traditional university students (ages 18-22) are going through an important season of individuation during this particular life stage. Individuation is seen as a developmental process that begins with separation from parents, peers, and other significant persons, but that extends to the development of a coherent, autonomous self. Once entering the university, students need to re-evaluate their past relationships with parents, teachers, friends, and significant others. They begin to learn how to deal with the attachment and separation processes of interpersonal situations in normal psychological growth and begin to create their own unique self-image. Lack

of social and emotional support for university students may lead to the experience of social and emotional loneliness (Ozdemir & Tuncay, 2008).

The Potential Role of Religion in Mitigating Loneliness

Given that enhancing social skills, providing social support, and increasing social interaction are important in reducing perceived feelings of loneliness, one possibility to consider is that religious involvement may facilitate this sort of social growth and thereby prevent or alleviate perceived feelings of loneliness. Faith communities provide social support, a plethora of opportunities for social interaction, social interactions with a wide generational age range, and a generally supportive structure for making new social connections. It seems reasonable to presume that these features of a faith community would affect perceived loneliness.

In addition, the World Health Organization has declared that spirituality is an important dimension of quality of life which consists of multiple facets. How one is faring spiritually affects one's physical, psychological, and interpersonal states and vice versa. All these contribute to one's overall quality of life (Sulmasy, 2002). In the *Handbook of Religion and Health*, Koenig et al. (2012) reviewed 10 studies on loneliness and religious involvement. Five of those studies found that religion and spirituality are associated with less loneliness, one study found the opposite (greater loneliness), one study found both significant positive and negative associations, and three found no association (Koenig et al., 2012). The authors go on to state, given the strong relationship between religion, spirituality and social support, one would not be surprised to find that religious and spiritual people are less lonely.

The Current study

Given the mixed results of studies exploring the association between religion, spirituality, and loneliness, the current study sought to determine if Christian beliefs and behaviors are

associated with lower levels of loneliness among young adult collegians. It was hypothesized that individuals who self-report having a strong Christian commitment and church involvement would have lower feelings of loneliness than other participants.

Chapter 2

Method

Participants

Participants included 1,182 undergraduate students from George Fox University who participated in the National College Health Assessment Survey (NCHA). The mean age was 19.7 years (standard deviation = 3.5) and the median 19.0 years. Regarding gender, 697 (59%) identified as female, 453 (38%) identified as male, and 32 (3%) identified as transsexual or preferred not to answer. The sample had greater participation from those in the earlier years in college with 435 (37%), 370 (31%), 310 (26%), 48 (4%), and 3 (.25%) reporting to be in their first, second, third, fourth, and fifth years of school, respectively. An additional 4 (.34%) respondents were in their sixth to eighth year of school. In terms of race, 970 (82%) participants identified as being White, 38 (3%) participants as Black, 95 (8%) as Hispanic, 115 (10%) as Asian, 52 (4%) as American Indian, and 56 (5%) as biracial. Individuals were allowed to identify as more than one race on this survey.

Instruments

Archival data were obtained from the 2018 National College Health Assessment Survey (NCHA). Demographic information, Religious Commitment and Loneliness were assessed using selected items from the NCHA.

The NCHA-National College Health Assessment (NCHA) is a nationally recognized research survey that assists in collecting data about university students' health habits, behaviors, and perceptions. Customized questions can be added to the questionnaire to address the needs of

particular institutions. The survey takes about 30 minutes to complete. The survey is anonymous, and thus confidential — students' email addresses or names are never attached to their responses (NCHA ACHA).

In order to test the psychometric properties of the NCHA, the American College Health Association (2011) first identified clusters of items using principal components factor analysis and then conducted internal consistency measures for each item on each factor. The internal consistencies ranged from low (e.g., alpha of .15) to very high (e.g., alpha of .98).

Demographics

The NCHA includes a demographic form, including sex, age, grade, racial identity, and religious affiliation. The demographic questions from the NCHA can be found in Appendix A.

Religious commitment

The Religious Commitment scale was written for the NCHA and measures an individual's religious commitment. Items can be found in Appendix B.

Loneliness

A single item related to loneliness is also found on the NCHA. The item, "Have you felt very lonely?" is rated on a 5-point scale ranging from *No, never* to *Yes, in the last 30 days*.

Procedure

Student participants received an invitation email to participate in March of 2018 and received chapel attendance credit as an incentive to complete the survey. George Fox University (GFU) Student Services Office constructed the invitation letter that was then sent by the American College Health Association (ACHA) directly to participants. GFU student services then received the aggregated data results and the individual responses back from ACHA with no identifying information.

Chapter 3

Results

Descriptives

Means, standard deviations, and normality of the variables are provided in Table 1.

Table 1

Descriptive Findings of Key Variables

	N	Mean	Std. Dev.	Skewness	Kurtosis
Loneliness	1169	2.97	1.44	0.04	-1.28
Age	1173	19.70	3.55	14.60	255.10
Sex	1173	1.42	0.49	0.41	-1.83
Accept Christ	1151	10.30	5.57	-0.27	-0.89
Rel. to Christ	1172	1.49	0.77	1.78	2.88
Bible/Pray	1171	3.12	1.51	0.16	-1.03
Change	1170	1.82	0.76	0.85	0.69
Strengthened	1169	2.03	0.85	0.57	-0.23
Freq. Worship	1159	2.84	2.42	1.71	8.48

Notes. Accept Christ = Responses to item, “How long ago did you accept Christ as your Savior.” Rel. to Christ = Responses to item, “My relationship to Christ is.” Bible/Pray = Responses to item, “How frequently do you spend time alone in personal Bible study or prayer.” Change = Responses to item, “I strive to change my behaviors, thoughts, attitudes, and desires when I become aware they are contrary to biblical principles.” Strengthened = Responses to item, “My relationship with Christ has been strengthened by being at GFU.” Freq. Worship = Responses to item, “On average, how frequently do you attend local church worship services each month?”

Regression

Stepwise linear multiple regression was conducted to determine which predictor variables were associated with loneliness. Religiously oriented predictor variables included the length of one's Christian identity, importance of relationship with Christ, frequency of local church worship attendance, how one's behaviors, thoughts, and attitudes are impacted regarding Biblical principles, and the individual's frequency of time spent in Bible study, or prayer. Several other predictor variables were added also: Age, Identified Gender, Year in School. For Race (identified as white or not), sexual orientation (identified as heterosexual straight or all others), and gender identity (identified as male or female or all others). Three predictor variables contributed significantly to the regression model. First, females reported less loneliness than males (Delta $R^2 = .049$; $F_{1,1132} = 58.58$; $p = < .001$). Second those endorsing the item "striving to change my behaviors, thoughts, attitudes, and desires when I become aware they are contrary to biblical principles" reported less loneliness than the other religious variables ($R^2 = .054$; Delta $R^2 = .007$; $F_{2,1131} = 7.61$; $p = < .001$). Third, white students reported less loneliness than others. ($R^2 = .059$; Delta $R^2 = .003$; $F_{3,1130} = 4.41$; $p = < .001$). Significance values for each step and adjusted R-squared values are reported in Table 2.

Table 2*Steps in Regression Model*

Model	Variables Entered		R ²	ΔR ²	Adjusted R ²	F change (df)	p
1	Sex	-.68	.049		.048	58.58 (1, 1132)	<.001
2	Sex Change	-.69 .16	.056	.007	.054	7.61 (2, 1131)	<.001
3	Sex Change Race	-.69 .17 .24	.059	.003	.057	4.41 (3, 1130)	<.001

Note. Change = Responses to item, “I strive to change my behaviors, thoughts, attitudes, and desires when I become aware they are contrary to biblical principles.”

Chapter 4

Discussion

The current study considered whether a committed Christian faith is associated with the experience of loneliness among young adults. Regression analysis indicated that those who endorsed “they strive to change their behaviors, thoughts, attitudes, and desires when I become aware they are contrary to biblical principles” reported less loneliness than others. Also, females reported fewer feelings of loneliness compared to males and white students reported feeling less lonely than non-white students. None of the other variables under consideration added significant predictive variance. Predictive effects were highly significant but very small in magnitude; altogether, about six percent of the variance in loneliness were accounted for by these variables.

Implications

Of the six religious commitment variables tested, only one variable proved to be a statistically significant predictor of loneliness. It is important to note, the six religious commitment variables entered into the multiple regression equation included some degree of shared variance. When the first variable “striving to change my behaviors, thoughts, attitudes, and desires when I become aware they are contrary to biblical principles” entered into the regression equation, it accounted for the variance the other five religious variables might have contributed. While we know that the variable “striving to change my behaviors, thoughts, attitudes, and desires when I become aware they are contrary to biblical principles” is a

significant predictor, it is unknown to what degree if any the other five variables could also be predictors of loneliness. However, any relationship would be smaller than that for “striving.”

Individuals who indicated they “strive to change their behaviors, thoughts, attitudes, and desires when they become aware they are contrary to biblical principles,” were less likely to report feeling lonely. This could be true for various reasons. First, as someone strives to change their thoughts that are contrary to biblical principles, they may experience greater closeness to the God displayed in Scripture, thus feeling unified with God and less existentially lonely. This aligns with research done by Allport and Ross (1967), which pointed out that persons who were highly concerned about their relationship with God proved to be less lonely than others. The results of a recent study also indicated that non-believers were more likely to experience a lack of moral support and were thus more inclined to loneliness (Le Roux 2016). In another study, secure attachment to God was inversely associated with loneliness among women (Bradshaw et al., 2010). Secondly, individuals may experience the feeling of connectedness within community as they strive to live in accordance with biblical principles alongside other Christian believers. A benefit of such community could be increased satisfaction in a person’s social relationships leading to feeling less lonely.

Another important finding was that females endorsed less loneliness than males. This aligns with other research which signifies that “women generally have more social contacts and more close friends than men” (Magnhild & Thorsen, 2014, p. 195).

Third, an individual's race was related to loneliness. Specifically, white students felt less lonely than non-white students. Perhaps in this particular study, this is at least partially related to the fact that the subjects were from a predominantly white university (82%) that’s located in a predominantly white part of the country – the Pacific Northwest.

Given what was previously stated concerning how increased feelings of loneliness negatively affect one's emotional and physical health, it is worth noting that males and students of color are at greater risk and outreach focusing on early intervention might produce helpful benefits. It may be useful for universities to explore ways to offer support for their non-white students, particularly when white students far outnumber those of other races and ethnicities. Creatively engaging young male students, especially non-white, male students, could be particularly beneficial to help with reducing feelings of loneliness. Student clubs specifically intended to unite and support people of color could be helpful. Regular community dialogues, which focus on bringing more awareness concerning loneliness's harmful impacts, could also reduce feelings of lonely.

Limitations

It is important to acknowledge the limitations of the study. First, this study was conducted via an online survey (NCHA) at a small Christian university, with a predominantly white student population in the Pacific Northwest. Therefore, this sample is not representative of an average university population and lacks significant ethnic, religious, and sexual diversity amongst the participants. Second, the NCHA survey only had one question to measure the participant's "feelings of loneliness." The survey question, "Have you felt very lonely?" is rated on a 5-point scale ranging from *No, never* to *Yes, in the last 30 days*. and the responses were somewhat kurtotic. It would be more helpful to have additional questions regarding feelings of loneliness to capture the experience more completely. The NCHA loneliness question may be insensitive to any loneliness experienced by this sample. Third, any survey project is vulnerable to response bias, where those choosing to respond may be systematically different than those choosing not to respond further, participants may not accurately report experiences such as

loneliness for a variety of reasons such as psychological defensiveness or limited awareness of their own functioning. In addition, this sample varied little in terms of faith commitments. Lastly, there was a failure of homogeneity assumptions for religious and spiritual variables.

Future Direction

First, further studies would likely need to use a more sensitive measure of loneliness. Second, future studies might look at the difference between loneliness in students who attend a large public university compared to those who attend a small private Christian university. Does the religious and spiritual atmosphere of the size of the student body affect feelings of loneliness for university students?

Future research could also further explore the difference between white students' feelings of loneliness compared to non-white students' feelings of loneliness. Is racial difference a regional finding for students from more ethnically homogeneous pockets of the country or do people of color from across the country all report feeling more lonely than their white classmates? Does the college setting matter, including diversity in the campus community, among faculty and staff, or in the student body?

Finally, future studies could also explore other dimensions of diversity. Are there differences in loneliness within traditional (ages 18-22) versus non-traditional (ages 25-65) students. Do individuals who live on campus vary from those living off campus? Many universities offer extensive student life activities in the campus community, which could help build a sense of community and belonging. Do these activities affect an individual's feelings of loneliness? Are there differences in perceived feelings of loneliness amongst those of various religious faiths? How might different faith communities play a role in reducing feelings of loneliness compared to those with no faith community?

Conclusion

This study focused on the relationship between a committed religious faith and perceived feelings of loneliness among university students. Those students who strive “to change my behaviors, thoughts, attitudes, and desires when I become aware they are contrary to biblical principles” endorsed lower levels of loneliness but it accounted for only a small amount of variance. This could suggest that those who are actively engaged in the Christian faith alongside other fellow believers, may experience interpersonal connectedness as well as a strong attachment to God, resulting in lower levels of loneliness in their lives. Finally, females indicated feeling less lonely compared to their male counterparts and white students endorsed less loneliness than non-white students.

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Appendix A**Demographic Items**

How old are you:

_____ Years

What sex were you assigned at birth? Such as on your original birth certificate:

Female _____ Male _____

Do you identify as transgender?

No _____ Yes _____

What term do you use to describe your gender identity?

Women

Man

Transwomen

Transman

Genderqueer

Another Identity

What term best describes your sexual orientation:

Asexual

Bisexual

Gay

Lesbian

Pansexual

Queer

Questioning

Same gender loving

Straight/Heterosexual

Another Identity

What is your year in school:

1st year undergraduate

2nd year undergraduate

3rd year undergraduate

4th year undergraduate

5th year undergraduate

Graduate or professional

Not seeking a degree

Other

How do you usually describe yourself?

White

Black or African American

Hispanic or Latino

Asian or Pacific Islander

American Indian, Alaska Native, Native Hawaiian

Biracial or Multiracial

Other

Appendix B**Religious Commitment**

The following six customized questions were added to the NCHAS survey by William Buhrow in order to determine an individual's religious commitment:

1. How long ago did you accept Christ as your Savior (if never, indicate "0" years)

_____ YEARS

2. My relationship with Christ is a:

Very important part of my life,

Somewhat important part of my life,

Not a very important part of my life,

I don't have a relationship with Christ

3. How frequently do you spend time alone in personal Bible study or prayer (not related to class or chapel)?

Never,

Monthly,

Weekly,

Every other day,

Daily,

More than once per day

4. I strive to change my behaviors, thoughts, attitudes, and desires when I become aware they are contrary to biblical principles.

Strongly Agree,

Agree,

Disagree,

Strongly Disagree

5. My relationship with Christ has been strengthened by being at GFU.

Strongly Agree,

Agree,

Disagree,

Strongly Disagree

6. On average, how frequently do you attend local church worship services each month?

_____ times per month

Appendix C

Curriculum Vitae

Jeffrey Kelly

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EDUCATION

Doctor of Clinical Psychology	Anticipated April 2022
Master of Arts, Clinical Psychology	
George Fox University, APA Accredited Newberg, OR	
Master of Arts, Biblical Counseling	May 2016
Westminster Theological Seminary Glenside, PA	
Bachelor of Arts, Political Science	May 2007
U. of Central Florida Orlando, FL	

SUPERVISED CLINICAL TRAINING EXPERIENCE

Supplemental Practicum	2019-2020
Site: Providence and Willamette Valley Medical Center	
Supervisors: Mary Peterson, Ph.D., Luann Foster, Psy.D., Joel Gregor, Psy.D., William Buhrow, Psy.D.	
Position: Behavioral Health Crisis Consultant	
Description: Provide crisis consultation and administer risk assessments in the emergency department to patients presenting with suicidal/homicidal ideation or psychosis. Determine legal holds when necessary. Continuous interdisciplinary consultation with medical staff. Coordinate care, facility placement and medical transportation for patients requiring inpatient psychiatric hospitalization. Utilizing evidence-based screens to determine if patients need inpatient, intensive outpatient, or outpatient services. Weekly group supervision for case presentation and feedback.	

- Pre-Internship** 2020-2021
Site: Hazelden Betty Ford Foundation
Supervisors: Bobby Trihub, Psy.D; Brandi Schmeling Ph.D.
Description: Provide short term trauma-informed psychotherapy and assessment services to inpatient clients. Daily interdisciplinary consultation with medical staff. Led and co-led multiple therapy groups for residential patients. Psychotherapy sessions and clinical cases are presented in weekly individual and group supervision settings.
- Practicum II** 2019-2020
Site: Behavioral Health Clinic
Individual Supervisor: Joel Gregor, Psy.D. Group Supervisor: Kristi Knows His Gun, Psy.D.
Description: Provide trauma-informed psychotherapy to 10-15 low-income individuals of diverse backgrounds in a community mental health setting. Psychotherapy sessions are discussed in weekly individual and group supervision settings.
- Practicum I** 2017-2018
Site: George Fox University Health and Counseling Center
Supervisor: William Buhrow, Psy.D; Luann Foster, Psy.D
Description: Provide weekly solution-focused psychotherapy and assessment services to 15 George Fox University students in a university counseling setting. Consultation with multidisciplinary staff. Psychotherapy sessions are discussed in individual and group supervision settings.
- Pre-Practicum** Spring 2018
Site: George Fox University
Location: Newberg, OR
Setting: College Counseling
Supervisor: Glenna Andrews, Ph.D.
Population: University Students
Description: Provide Person-Centered psychotherapy for 10 sessions from initial assessment to termination. Sessions are videotaped, reviewed, and discussed in individual and group supervision settings.
- Chaplaincy** 2016-2017
Site: Cancer Treatment Centers of America – Bereavement Chaplain
Location: Philadelphia, PA
Responsible for the delivery of pastoral care to patients, their loved ones, and caregivers through room visits and new patient orientation. Accountable for helping guide the spiritual and emotional needs of patients and their care givers. Provided explanation and guidance while helping patients understand Advance Directives.
- Intake System Coordinator and Staff Counselor** 2014-2015
Site: City Light Church
Location: Philadelphia, PA

Developed Church counseling network and system process. Created intake forms, supervised counselors, and provided treatment to four other individuals. Wrote and developed curriculum for group therapy, concentrating on sexual addiction, anxiety, and men's issues.
Lead an 8-week group therapy session with five other individuals, focused on sexual addiction.

Clinical Teams

Site: George Fox University

Location: Newberg, OR

Setting: Group Supervision

Supervisors: Mike Vogel, Psy.D. (2020-2021) Kenneth Logan, Psy.D. (2019-2020), Elizabeth Hamilton, Ph.D. (2018-2019), Rodger Bufford, Ph.D. (2017-2018).

Description: Clinical team meetings are held weekly and consist of students from 1st- 4th years in the program. Each week one student presents a case and receives consultation from the team.

TEACHING ASSISTANT EXPERIENCE

Teaching Assistant: Christian Integration Anticipated Spring 2021

Description: Provide resources including research articles and graded assignments/exams. Provide feedback and support to students. Revise syllabus to meet accreditation standards.
George Fox University
Newberg, OR

Teaching Assistant: Spiritual & Religious Diversity in Psy. PSYD 579 Fall 2019

Description: Provided resources including research articles and graded assignments/exams. Provided feedback and support to students. Revised syllabus to meet accreditation standards.
George Fox University
Newberg, OR

Teaching Assistant: Advanced Counseling PSYC 382 Fall 2018

Description: Provided support to undergraduate students regarding assignments and class material. Graded video assignments/exams and provided feedback to students.
George Fox University
Newberg, OR

SUPERVISION EXPERIENCE

Willamette Valley Medical Center 2019-2020

Description: Provided individual peer supervision for a Psy.D student in practicum I at a medical facility, providing co-located psychotherapy services.

Direct Supervision of 1st and 2nd Year Psy.D Students 2018-2020

Description: As a 2nd, 3rd, and 4th year doctoral trainee, provided weekly supervision for multiple peer Psy.D students during their transition to and through graduate school.

RESEARCH EXPERIENCE
Dissertation: Does Christian Faith Impact Loneliness? 2018-2020

Committee Chair: Mark McMinn, PhD.

George Fox University

Newberg, OR

*Defended on 10/29/2020

PRESENTATIONS

Kelly, J., (September, 2020). *Shame, Trauma, and Addiction*. Invited presentation for the mental health team at the Hazelden Betty Ford Foundation (September, 2020).

Kelly, J., (June, 2020). *The Benefits of Forgiveness in Psychotherapy*. Invited presentation at the Behavioral Health clinic (June 2020).

Kelly, J., (May, 2020). *Therapist Comfort Level Integrating Faith During Therapy In A Community Mental Health Setting*. Invited presentation at the Behavioral Health Clinic (May 2020).

Kelly, J., (September, 2019). *How Having A Theology Of Suffering Can Benefit A Therapist*. Invited presentation at the Behavioral Health Clinic. (September, 2019)

Kelly, J., (September, 2018). *How does social media impact Loneliness?*. Invited presentation at the Health and Counseling Center at George Fox University.

PROFESSIONAL TRAINING
Conferences

Christian Association for Psychological Studies March 2020

Location: Chicago, IL

Certificate Courses

Trauma Work in Clinical Practice Anticipated Spring 2021

Faculty: Kenneth Logan, PsyD

Grand Rounds/Colloquium

Child Adverse Events to Adults with Substance Use Problems February 12, 2020

Amy Stoeber, PhD

Intercultural Prerequisites for Effective Diversity Work Cheryl Forster, PsyD	October 16, 2019
Promoting Forgiveness Everett Worthington, PhD	September 25, 2019
Foundations of Relationships Therapy-The Gottman Model Douglas Marlow, PhD	March 20, 2019
Opportunities in Forensic Psychology Diomaris Safi, PsyD and Alex Millkey, PsyD	February 13, 2019
Old Pain in New Brains Scott Pengelly, PhD	October 10, 2018
Spiritual Formation: Looking Closer at Soul-Care Lisa Graham McMinn, PhD and Mark McMinn, PhD	September 26, 2018
Integration and Ecclesia Mike Vogel, PsyD	March 14, 2018
History and Application of Interpersonal Psychotherapy Carlos Taloyo, PhD	February 14, 2018
Telehealth Jeff Sordal, PsyD	November 8, 2017
Using Community Based (CBPR) to Promote Mental Health in American Indian/Alaska Native (AI/AN) Children, Youth and Families Eleanor Gil Kashiwabara, PsyD	October 11, 2017

PROFESSIONAL MEMBERSHIP

American Psychological Association	2017-2021
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REFERENCES

Kenneth Logan, PsyD
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William Buhrow,
PsyD Practicum
Supervisor
Email:
bbuhrow@georgefox.edu
Phone: (503) 554-2340

Mark McMinn, PhD, ABPP
Dissertation Chair
Email: mmcminn@georgefox.edu
Phone: (503)-710-1433