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St. Andrew's Gratitude Project: The Impact of Daily Practices of Gratitude on Feelings of Loneliness

Eric Partridge¹

Core Question

Is undertaking daily practices of gratitude to God an effective means of reducing chronic loneliness felt by members of the congregation who are over 80 years of age?

Abstract

The literature around the definitions, impacts and extent of loneliness in elderly people, especially those who are over 80 years of age, indicates that although the church has not traditionally identified loneliness as a mission field, it is serious, pervasive and calls out for response. In pastoral visits and in-office meetings with elderly parishioners, and especially with those who are over 80 years of age, many of those visited have indicated that they feel isolated and alone, and that the social interaction they once knew is no longer available to them.

Introduction

In the year before I began this study I was talking with a senior parishioner. She is involved in two or three ministries in the church, often drives others to doctors' appointments, attends most of the church events and has a group of friends she sees many times a week. But as we talked, she told me, "You know, Eric, I love my life during the day – but when I go home at night, I'm achingly lonely."

In that statement, everything I thought I knew about loneliness was challenged. Here was a woman who had friends, was engaged in valuable ministries, felt useful and connected, but at night, she was "achingly lonely." All the things I thought a lonely person needed to do to reduce loneliness she was already doing. That conversation got me thinking about what a church might do to address chronic loneliness.

Everyone experiences loneliness at some time in their lives. In the short-term, loneliness is uncomfortable, even if it is not life-threatening. However, when it becomes chronic it can have serious effects on an individual's psychological, physical and spiritual well-being. Loneliness inflicts real physical pain, interferes with the immune system, is linked with depression and suicide² and can make a person feel separated from God.³

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² Kiran Sahu and Deepika Gupta, "Perceived Loneliness Among Elderly People," *Indian Journal of Health and Wellbeing*, Vol. 7 no.5 (2016), 555.

³ Greg Scott and Rachel Lovell, "The Rural Pastors Initiative: Addressing Isolation and Burnout in Rural Ministry," *Pastoral Psychology*, Vol. 64 (2015), 86.

Although, in the public view, loneliness is not generally recognized as a major health risk, the detrimental impact of loneliness has been well documented in academic literature, including higher odds of having mental health problems and heart disease, rivalling obesity and smoking for negative impacts on health.⁴

Undertaking practices of gratitude has been shown to increase happiness in subjects, with the correlated increase in various measures of mental and physical health,⁵ but only a few studies have been done to correlate those changes with the levels of experienced loneliness in subjects who practiced gratitude. Those studies focused on specific types of samples, with one study focussing on college students in a California university, another focussing on Korean American pastors and spouses, and a third, a web-based study, focussing on subjects who had a mean age of 29.⁶ I wished to consider the impact of daily practices of gratitude on the loneliness felt by senior parishioners (over the age of 80) in my Canadian Anglican parish.

In my experience loneliness is experienced by the great majority of the parishioners my pastoral care team and I visit. As we discussed how to better support our parishioners, we realized that we had few tools to address loneliness other than simply trying to visit more frequently. There are only a finite number of hours we could offer in visits, and even if we expanded our pastoral care team by adding new members, we would still be limited in the numbers of visits we could offer our parishioners. Given the number of parishioners who wished to be visited on a regular basis, once we understood the serious debilitating effect of loneliness, the pastoral care team recognized that in addition to attempting to visit more frequently we needed to find a different way of visiting; we needed to develop new tools and skills for our pastoral care team members so our visits would be more effective in managing the loneliness felt by so many of our senior parishioners.

The Great Commandment and our need to respond

Loneliness is an internal feeling; it is carried in our hearts and in our stomachs. In one way it is a spiritual issue, reflecting our relationship with ourselves and with God. A high level of gratitude to God has a measurable impact on our feelings of happiness.⁷ But it is not clear from previous research whether this closeness to God might be the final solution to feelings of loneliness. In one study of rural pastors, it was found that a “high level of gratitude to the divine undoubtedly serves as a protective factor against the forces of burnout” but is not a guarantee of protection from isolation and loneliness.⁸

As Christians, we are called to offer succor to those in need. Christ commands us to love God and to love our neighbor as we love ourselves (Mt 22:36-40). This is the commandment on which everything else is to be based; the filter through which we are to read, hear, see and know every other thing in our lives. In his living among us, Christ showed

⁴ Caitlin E. Coyle and Elizabeth Dugan, “Social Isolation, Loneliness and Health Among Older Adults,” *Journal of Aging and Health*, Vol. 24 no. 8 (2012), 1357.

⁵ B. Burzyńska, “Gratitude contemplation as a method to improve human well-being and physical functioning: theoretical review of existing research,” *Journal of Education, Health and Sport*, vol. 8 no. 3 (2018), accessed August 15, 2018. <http://www.ojs.ukw.edu.pl/index.php/johs/article/view/5364>.

⁶ Andrea Caputo, “The Relationship Between Gratitude and Loneliness: The Potential Benefits of Gratitude for Promoting Social Bonds,” *Europe’s Journal of Psychology*, Vol. 11 no. 2 (2015), 825.

⁷ Scott, “The Rural Pastors Initiative,” 86.

⁸ Scott, “The Rural Pastors Initiative,” 86.

us how to love our neighbor by caring for them, praying for and with them, listening to them, and valuing them. When he met the Samaritan woman at the well, he listened to her without judgment and having heard her, responded, knowing her reality, and validating it (Jn 4:4-26). Just as he did with the Canaanite woman (Mt 15:21-28), Zacchaeus the tax collector (Lk 19:1-10), the poor woman with the coin (Mk 12:41-44), and Mary who anointed him with oil for his burial (Jn 12:3-8), Jesus showed the poor and the outcast that their lives were valued and appreciated.

Theological and Biblical Imperative to Respond

If loving our neighbor is one piece of the commandment on which all else rides and listening to our neighbors is one way to love them, then seeking to create a time and place for people to tell their stories may be a valuable and biblical way to follow Christ. As people tell their stories, helping them to focus on the gifts God has given them, and the ways our Creator has supported them in their life, may be what Paul was telling us when he wrote, "give thanks in all circumstances; for this is God's will for you in Jesus Christ."⁹ The results of this study led us to believe that by focusing on gratitude a person suffering chronic loneliness can experience the world differently, feel more closely connected to God and perhaps experience loneliness less acutely.

In Luke's pericope of Jesus healing the ten lepers (Lk 17:11-19), Jesus heals ten people but only one person comes back to praise the divine source of his healing, and Jesus tells him that his faith has made him well. All were healed physically, but by giving thanks to Christ for the healing – by showing his gratitude – Jesus tells him that not only is he healed physically, but spiritually as well. While we are called by the Great Commandment to offer care, support and love to our neighbors, for true healing to occur, it is also necessary for the one who receives all of God's grace to give thanks to our Creator. It is a two-sided equation: neighbor loving neighbor, and a recognition in gratitude to God for the healing of the lonely darkness in our souls. In undertaking this project, we hoped to bring a neighbor's love to our senior parishioners and to assist them in turning their hearts and minds and souls to God in thanks for all the gifts of God's grace.

Research and Methodology

There is no simple definition of loneliness. Writers have used a number of different definitions, but for our purposes, we used the one most commonly found in the literature: "a discrepancy between the desired and perceived social contacts of an individual."¹⁰ We believed that this definition was the most robust, fitting almost all the situations in which people feel loneliness.

Loneliness reflects the loss of one of the most basic human needs: to be in community. It can have an ontological implication as "the lonely person experiences a diminution and dearth of his or her being."¹¹ However, in an interview with Olga Khazan of *The Atlantic*,

⁹ 1 Thes 5: 18 (This citation and all subsequent biblical citations are from the New International Version, Zondervan, 2011).

¹⁰ Rianne de Vlaming, Annemien Haveman-Nies, Pieter van't Veer, and Lisette de Goot, "Evaluation design for a complex intervention program targeting loneliness in non-institutionalized elderly Dutch people," *BCM Public Health*, Vol. 10 no. 552 (2010), 3. See also John McGraw, "God and the Problem of Loneliness," *Religious Studies*, Vol. 28 no. 3 (1992), 347.

¹¹ McGraw, "God and the Problem of Loneliness," 346.

psychologist John Cacioppo stressed that just being with other people does not cure loneliness. He noted that some studies have demonstrated that creating more opportunities for social interaction, or even improving social skills, does not really help reduce loneliness. “Being with others doesn’t mean you’re going to feel less lonely.”¹²

So, what is loneliness? And how can a church help reduce loneliness in the parish congregation and in the community beyond? Loneliness can occur momentarily, situationally, or chronically.¹³ Momentary loneliness is that fleeting or short-lived feeling of being alone that comes and goes without a great deal of trauma or effort. Situational loneliness is the response to a specific event or situation that is usually remediable over time and is not seen by the person experiencing it as impossible to overcome. Chronic loneliness is the experience that carries long-term health risks and is the type of loneliness on which this project is focused.

Chronic loneliness has not been well recognized by the church.¹⁴ Pastoral care givers tend to react more easily and more readily to situational loneliness; when a person has suffered a loss or when a person first begins to isolate himself by not coming to church and church functions, the pastoral care team will often be aware of the change and take steps to support the person in their illness or their grief. But as the isolation and loneliness become more long-term, the church tends to allow its support to fade, turning to others who seem to be in more acute distress. It is a form of triage that has some merit but seems to be unmindful of the serious impact of extended loneliness.

Nearly one-third of North Americans suffer from significant, chronic loneliness.¹⁵ When one considers the measurable medical and psychological impact of loneliness that often results in a substantially higher likelihood of mortality,¹⁶ loneliness should be clearly recognized as a significant concern for churches and society as a whole.

Loneliness can carry a significant stigma. There is sometimes a religious belief that loneliness is self-inflicted; if we would only turn to God, we would not be lonely. That sort of shaming and blaming undoubtedly inhibits people from asking for help when they are experiencing loneliness. I believe this approach to be neither kind nor helpful, and is theologically mistaken. When Jesus healed the sick, he did not blame the lame or ill for their disability; he loved them and healed them.¹⁷ When we offer support for those who are hurting, we need to look for ways that do not blame or shame. Without shaming or blaming the lonely person, the church can still recognize that everyone falls short of fully loving God and remembering to thank God for God’s gifts. Loving people in their despair is different from blaming them for it. Offering them support in finding ways to live into gratitude for God’s grace and mercy need not be accompanied by judgement, blame or shame.

¹² Olga Khazan “How Loneliness Begets Loneliness,” *The Atlantic* (April 6, 2017), accessed October 2018. <https://www.theatlantic.com/health/archive/2017/04/how-loneliness-begets-loneliness/521841/>

¹³ McGraw, “God and the Problem of Loneliness,” 329.

¹⁴ Melissa Johnston-Barrett, “Making Space: Silence, Voice, and Suffering,” *Word & World*, Vol. 25 no.3 (Summer 2005), 328.

¹⁵ Julianna Holt-Lunstad, Timothy B. Smith, Mark Baker, Tyler Harris, and David Stephenson, “Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review,” *Perspectives on Psychological Science*, Vol. 10 no.2 (2015), 234. Compare this with Catherine Armstrong, “Combining reminiscence therapy with oral history to intervene in the lives of isolated older people,” *Counselling Psychology Review*, Vol. 32 no. 1 (2017), 26 for UK numbers, which indicate that 10-11% of that population experience chronic loneliness.

¹⁶ Holt-Lundstad et al, “Loneliness and Social Isolation,” 233.

¹⁷ For example, Mt 9:1-4, Jn 4:43-54, Lk 5:17-26, and Mk 5:1-20.

Loneliness affects all age groups, but those over 80 years of age are the most likely to report chronic loneliness.¹⁸ This is perhaps not surprising, given the likelihood that a person in that age group may have lost a spouse, may have moved from their home to a care home located, perhaps, in a new community, away from their support network, and may be suffering from multiple medical challenges that inhibit their ability to engage in the opportunities offered by the community. In addition to the medical correlates, there are psychological symptoms that are often present in this age group, such as depressed mood, negative self-assessment, diminished intimacy in marriage and substance abuse.¹⁹

The causes of loneliness can be as varied as the people who suffer from it. One writer even suggests that too much freedom – focusing on one's personal desires to the exclusion of those of people around one – can lead to loneliness.²⁰ Spousal abuse and heavy-handed controlling behaviors by another can lead to loneliness.²¹ Living alone can lead to a feeling of loneliness, as can poor health and physical impairment.²² The loss of a spouse or someone very close often correlates with deep feelings of loneliness. Retirement, even when happily anticipated, can remove a person from a circle of community and leave her or him feeling alone.

Recognizing the severe physical, psychological and social impacts of loneliness, psychiatrists, psychologists and other doctors have for decades been offering support for the lonely. Their expertise and the ability to offer medication and counselling provides significant relief to those suffering from loneliness. But the number of available doctors, particularly psychiatrists and psychologists, are not sufficient to meet the needs of almost one-third of the population, so even if a person's loneliness is identified – which is not always the case - there are not sufficient resources to properly support every sufferer. Therefore, one might ask what non-professionals and – for our purposes - those in a church might do to offer support; what program or approach might help relieve the pain and silent impacts of loneliness in our community.

Some writers have focused on internal ways to reduce loneliness, such as network development, lowering standards of what levels of interaction and community are desired, and reframing our experience of loneliness.²³ And while it may be that these and other self-generated strategies for correcting maladaptive social cognition offer the most long-term effective strategies for reducing loneliness,²⁴ these strategies tend to require intervention by professionals to help the individual to identify them, to learn to use them, and to effectively implement them.²⁵

Many church communities have for centuries offered a ministry of visiting the sick and shut in. Long before we had access to the research on loneliness of the past few decades, these ministries have offered succor to those in our communities who were hurting. There

¹⁸ Caitlin E. Coyle and Elizabeth Dugan, "Social Isolation, Loneliness and Health Among Older Adults," *Journal of Aging and Health* 24 no. 8, (2012), 1347.

¹⁹ Coyle and Dugan, "Social Isolation," 1347.

²⁰ Lydia Brownback, *Finding God in My Loneliness* (Wheaton: Crossway Books, 2017), 20.

²¹ Brownback, *Finding God*, 21.

²² Oya Hazer. "The Examination of the Factors Affecting the Feeling of Loneliness of the Elderly." *Procedia Social and Behavioral Sciences*, Vol. 9 (2010), 2087.

²³ de Vlaming et al, "Evaluation Design," 3.

²⁴ Sahu et al, "Perceived Loneliness," 556.

²⁵ James M. Houston, "Exploring the Continent of Loneliness," *CRUX*, Vol. 46 no.4 (Winter 2010), 4.

is, of course, ample evidence both in recent research and in the anecdotal experience of churches and pastoral care ministries to suggest that this practice should continue, and perhaps increase. This applies to the way in which we visit, including offering appropriate touch to help people feel connected and supported, and sincere and deep listening to the stories of the person visited.

What has not been undertaken by churches as often, if at all, has been connecting practices of gratitude to those visits. After some weeks of discussing possible responses a church might make, my ministry team and I decided to design a project to consider whether including gratitude practices in the usual process of visitation would have a longer, lasting, positive impact on chronic loneliness experienced by those we visit.

Much has been written about gratitude and its impact on a person's mental, spiritual and physical health. The practices of gratitude on which this study focuses are concerned primarily with gratitude as an affective trait that might be called the grateful disposition toward our Creator and the gifts God continuously provides. A grateful disposition has been defined in the literature as a generalized tendency to recognize and respond with grateful emotion to the roles of others' benevolence and grace in the positive experiences and outcomes that one experiences.²⁶

Many researchers have indicated that gratitude requires three essential elements: a benefit, a benefactor, and a beneficiary.²⁷ One study indicated that increasing one's gratitude leads to a "reduction of feelings of obligation, guilt, worthlessness, and indebtedness," and the enhancement of affiliative connections.²⁸ A great deal of the psychological literature has suggested that experiencing gratitude has multiple benefits. Experiencing gratitude may, for example, lead to increases in subjective well-being and life satisfaction, improvements in physical health, better interpersonal relationships, and increases in pro-social behavior.²⁹

Gratitude is a central component of Christian theology and "the extant literature suggests that there is an important relation between gratitude and physical health and well-being."³⁰ Increased feelings of gratitude has been associated with better sleep patterns, better physical health and increased physical functionality.³¹ Although the research in this area has been sparse and the findings somewhat mixed, Christian practices of thankfulness and gratitude have been generally shown to have a salutary effect on psychological functionality.³² Whether this increase in functionality has a direct impact on feelings of loneliness was one of the purposes of this study.

²⁶ M. McCullough, "The Gratitude Questionnaire (GQ-6)," accessed January 23, 2018.

<http://www.midss.org/content/gratitude-questionnaire-gq-6>.

²⁷ R. C. Roberts, "The blessings of gratitude: A conceptual analysis," R.A. Emmons & M.E. McCullough, eds., *The Psychology of Gratitude* (Oxford: Oxford University Press 2004), 58.

²⁸ Patty Hlava, John Elfers, and Reid Offringa, "A Transcendent View of Gratitude: The Transpersonal Gratitude Scale," *The International Journal of Transpersonal Studies*: Vol. 33 no. 1 (2014), 1.

²⁹ Blair Morgan, Liz Guilford, and David Carr, "Educating Gratitude: Some Conceptual and Moral Misgivings," *Journal of Moral Education*, Vol. 44 no. 1 (2015), 99.

³⁰ Caroline Lavelock, Brandon J Griffin, Everett L. Worthington, Eric G. Benotsch, and Yin Lin, "A Qualitative Review and Integrative Model of Gratitude and Physical Health," *Journal of Psychology and Theology*, Vol. 44 no. 1 (2016), 55.

³¹ Lavelock et al, "A Qualitative Review," 57.

³² Lavelock et al, "A Qualitative Review," 76.

To be effective, gratitude need not be only for the largest, most life-changing moments of God's grace. It can just as fruitfully be felt for the smaller, seemingly insignificant blessings. Dietrich Bonhoeffer writes,

We think we dare not be satisfied with the small measure of spiritual knowledge, experience, and love that has been given to us...We pray for the big things and forget to give thanks for the ordinary, small (and yet really not small) gifts.³³

By expecting the ideal life in community and in our personal experiences, Bonhoeffer suggests, we create what he calls a "spiritual pornography... creating a mental fantasy of a perfect place or people and not recognizing the good things all around (us)."³⁴ But the antidote for this, he says, is "equal parts of gratitude and affirmation." By focusing on our gratefulness for the small blessings, and by affirming in each other these blessings and our gratitude for them, we create a community of gratitude.

Hearing from another that a person's life has been one of grace can help people live into that grace. Christine Pohl suggests that "[a] community can help individuals live into the grace that has been present in their lives, even when those individuals have not noticed it."³⁵ When feelings of gratitude are shared, the salutary effects of gratitude are often mirrored in those with whom the gratitude is shared.³⁶ In our study, we employed this shared gratitude as both the pastoral care team member and the senior shared feelings and experiences of gratitude.

One pastoral care team member was paired with each of the seniors in our study, and the pairs met six times over twelve weeks. At each meeting, they prayed, read scripture that related to the gratitude practice being considered in that session, and tried out a new gratitude practice. At the end of the session, they debriefed and closed with prayer. The six sessions were to be accomplished within a twelve-week period, with flexibility as to when those six sessions would occur within that twelve-week period. This flexibility was built into the plan in order to accommodate holidays, doctors' appointments and potential periods of illness.

In each session, one or more practices of gratitude were identified and explored, with the instruction that if the senior parishioner found the practice interesting or engaging, they would continue the practice through the period between sessions, and perhaps beyond. We decided that the team member would undertake the same practices as their paired senior parishioner. It was important that the process not be perceived by the senior parishioner as being "done to them," but rather that the pairs were exploring practices of gratitude together on an equal footing. The added advantage of the team members doing the exercises as well, was that they could gain information about how a pastoral care team might benefit from sharing these practices of gratitude with others.

As we developed the sessions, we considered many practices of gratitude. In the end, we decided to focus the project on a small number of practices that best fit our research in a Christian context, did not overwhelm the senior parishioners, and would provide useful data at the conclusion from which to draw inferences as to their effectiveness.

³³ Dietrich Bonhoeffer, *Life Together* (New York: Harper & Row, 1954), 59.

³⁴ Bonhoeffer, *Life Together*, 59.

³⁵ Pohl, *Living into Community*, 42.

³⁶ Diana Butler Bass, *Grateful, the Transformative Power of Giving Thanks* (New York: Harper Collins, 2018), 104.

In collecting the responses of the senior parishioners, my team and I agreed to use both numeric responses to specific questions, and a narrative counselling approach. The narrative approach was based on a series of concepts that my team and I considered as we developed our visitation strategy. These concepts were:

- the idea that narratives shape a person’s view of the world and personal identity;
- by naming the challenge a person regularly faces in his or her life, he or she can better address it to find a new narrative;
- the awareness that solutions to a person’s challenges may not be predicted by the problem’s narrative, so we would need to focus on each person’s unique possible solutions (not one-size-fits-all);
- an awareness of ‘intent and impact’: the power of scriptural passages and the potential for those passages to be received as an indictment or shaming of the person rather than as an encouragement; and
- an awareness of the power imbalance in the relationship between the visitor and visited.

While the numeric responses gave us one view of the potential changes in the outlook on life of the senior parishioners, we realized that these data would not reflect the narrative counselling concepts. A narrative approach allowed the senior parishioner more scope to fully explore, in a safe setting, how they felt while trying the various exercises in the project. A binder with the plan for each of the six sessions was developed and potential topics for discussion were created. In addition to the session plans, we included in the binder a bibliography of additional books that a senior parishioner might find useful, a copy of the consent form that would be used, and a list of questions that would be asked at the start and finish of the project to facilitate discussion with the senior parishioners and to assess how grateful and how lonely they felt before the project and whether there had been any shift in their feelings at the end.

The senior parishioners were chosen from amongst those in our parish who volunteered to participate. The criteria we used to select the participants included not suffering from noticeable dementia, being physically able to share a meal, tea or coffee and snacks, and living alone in a house or a care home. These criteria were applied in an attempt to reduce or control variables that would make it difficult at the end of the project to assess the impact of the gratitude practices and the narrative therapy on a person’s loneliness.

As my team and I began our planning for this project, we asked ourselves how we might assess, in a meaningful way, whether and to what extent undertaking practices of gratitude might affect feelings of chronic loneliness. In our research of the available literature, we were pleasantly surprised to find that there were several peer-reviewed scales that have been used with thousands of subjects in multiple psychological research studies. One of the most commonly used scales to measure loneliness is the U.C.L.A. Loneliness Scale.³⁷ One team of researchers who conducted an assessment of the reliability of this scale described it as “a 20-item scale designed to measure one’s subjective feelings of loneliness

³⁷ D. Russell, L.A. Peplau, and M.L. Ferguson, “Developing a measure of loneliness,” *Journal of Personality Assessment*, Vol. 42 (1978), 290-294.

as well as feelings of social isolation. Participants rated each item as either O ("I often feel this way"), S ("I sometimes feel this way"), R ("I rarely feel this way"), N ("I never feel this way"). The measure has been revised two times since its first publication; once to create reverse scored items, and once to simplify the wording."³⁸ In their study, the researchers concluded that "results indicated that the measure was highly reliable, both in terms of internal consistency... and test-retest reliability over a one-year period."³⁹

To measure the level of gratitude felt by the senior parishioners, we decided to use the Gratitude Resentment and Appreciation Test⁴⁰ ("GRAT Scale"). This gratitude questionnaire is a sixteen item "self-report questionnaire designed to assess individual differences in the proneness to experience gratitude in daily life."⁴¹ It, too, has been peer-reviewed in a number of studies over the past two decades and has been found to be a reliable measure of how grateful a person feels at a particular moment.

All senior parishioners were visited by the team member and me for the initial visit, and then by the team member, alone, for the next four sessions, and finally by both of us for the final session. Each session lasted between an hour and a half to two hours.

At the first visit, I entered into a conversation with each of the senior parishioners exploring their narrative responses to a series of questions developed out of the UCLA Loneliness Scale (version 3) and the Gratitude, Resentment and Appreciation Scale (GRAT short form) Questionnaire to develop a baseline from which to assess possible change toward the end of the research.

At each visit, the team member and the senior parishioner read together the scriptural passages or stories designated for that week, and then the team member opened discussion around the designated questions for that week that were designed to solicit from the senior parishioner his or her personal narrative - each visit focusing on a different aspect of loneliness and gratitude reflected in that week's scriptural passage.

On the sixth visit, the team member visited the senior parishioner, shared the scripture as before, listened to the senior parishioner's stories related to that week's scripture and then assisted the senior parishioner to reconsider their narrative of "how I see myself in the world, today."

At the sixth visit, I also visited each senior parishioner again and asked, in a conversational way, the questions based on the UCLA Loneliness Scale and GRAT tests, reviewing with them their personal narratives, and interviewing them in a conversational way about the issues raised in the lists of questions.

Project Format

My team and I met and discussed what the six sessions of the Gratitude Project might look like. The first decision we made was to call the project the "Gratitude Project" rather than the "Loneliness Project." The intention behind this decision was to focus on the positive aspect of the sessions in order to better engage the senior parishioners. Given the shame that

³⁸ D. Russell, L.A. Peplau, M.L. Ferguson, "UCLA Loneliness Scale (Version 3): reliability, validity and factor structure," *Journal of Personality Assessment*, Vol. 66 no 1 (1996), 20.

³⁹ Russell et al, "UCLA Loneliness Scale," 23.

⁴⁰ P.C. Watkins, K. Woodward, T. Stone, and R.L. Kolts, "Gratitude and happiness: Development of a measure of gratitude, and relationship with subjective well-being," *Social Behavior & Personality: An International Journal*, Vol. 31 (2003), 431-52.

⁴¹ McCullough, "The Gratitude Questionnaire (GQ-6)."

is often associated with admitting that one is lonely, it was thought that the project would be more easily accepted and undertaken by the senior parishioners if loneliness was not at the forefront of the work. My team and I considered whether we were being disingenuous, but in the end decided that it was more a case of wanting to focus the hearts and minds of the senior parishioners on the gratitude practices, and less on feelings of loneliness. The decision was based in pastoral care rather than an attempt to trick the senior parishioners.

In developing the six sessions, my team and I chose seven of the myriad of possible practices of gratitude we found in our literature review, and carefully considered how to order those practices for use with the senior parishioners. We decided that the following would be the practices and the order in which they would be addressed:

- a. saying thank you by being present:
 - i. paying attention to what we see;
 - ii. paying attention to what we hear;
 - iii. and paying attention to how our body feels;
- b. journaling and praying *Lectio Divina*;
- c. owning our feelings, reminiscing;
- d. letting go: forgiving others, forgiving ourselves;
- e. types and methods of praying.

In choosing these practices, we attempted to find those that would be most clearly linked with gratitude to our Creator.

At the first session, the team member and I explained to the senior parishioner that we hoped these various practices would build one upon the next, so that by the sixth session, they might have chosen a few practices they could use to make up a larger complementary practice that worked for them. Therefore, our instructions, as we worked through the sessions, were that once we finished a session, the practice of that session need not be set aside as the senior parishioner moved on to the next practice. Rather, if they found that practice to be useful, they might continue the practice, adding other practices as they explored new ones in each session.

The Project Binder

My team members and I put together a project binder that we entitled “The St. Andrew’s Gratitude Project.” The binder included: the lesson plan for each session; a description of *Lectio Divina*: lists of types and methods of prayer; a list of 40 additional gratitude practices; a bibliography of meditation, prayer and daily devotion sources; and a copy of the Gratitude questions based on the GRAT (short form) and the questions based on the UCLA Loneliness Scale. Both the team member and the senior parishioner received a copy of the binder and were able to keep it whether they decided to undertake and complete the project or not.

At the end of the project all the senior parishioners who undertook the Gratitude Project had an increase in their level of gratitude and a reduction in their level of loneliness. Undertaking the gratitude practices seems to have been a factor in making this happen, although it is not clear whether the increased level of gratitude was the cause of the reduced level of loneliness that was experienced or was simply correlated in some other way. Additional study would be useful in this area. It is also not clear whether the act of being

involved in a project with a start and end date and with some perceived value (in this case, being designed to collect data for a doctoral study), also contributed to these changes. However, the increase of the individual's gratitude for what they had and for the life they enjoyed was found to be co-existent with a reduction in the gap between desired and perceived social interaction.

Summary of Learning

At the outset of the project, I expected mixed results. Given that the senior parishioners had a variety of living accommodations and levels of interaction, I expected that there would be a positive effect on levels of gratitude and loneliness felt by some participants, and that these levels would remain unchanged for others. The surprise for me was that in 100% of the senior parishioners, levels of gratitude increased, and levels of loneliness decreased. This was reflected both numerically and narratively. It will be interesting to see if, in the long run, these levels of gratitude and loneliness are maintained. However, it can be said that whatever the causal or otherwise correlated relationship among these variables, the data reflect a measurable and consistent change for the better in the outlook and levels of gratitude and loneliness. Therefore, further projects based on practices of gratitude may well be worthwhile for parishes to consider.

Many parishes find that their population is aging. Parishioners who are in their 80's and beyond are becoming a significant portion of the parish profile, and for many parishes loneliness is a significant issue for many of their parishioners. And while loneliness is found in the greatest concentration among the elderly, it is also found in significant amounts among all ages, and the prevalence of loneliness in all ages is increasing.⁴² To find ways in which the parish can lovingly support all of its people, offering pastoral care for those who feel isolated and lonely will continue to be an increasingly important aspect of the parish's pastoral care responsibilities.

Most parishes have a small, dedicated pastoral care team. This project requires a one-on-one connection between the pastoral care team member and the senior parishioner who is to be engaged. The time and energy required of the pastoral care team members is significant; each pair (team member and senior parishioner) spent approximately twelve to fifteen hours together over twelve to fourteen weeks to complete the six sessions. While pastoral care teams in most parishes already spend time with the people they support, in a parish whose demographic includes as much as a third of its parishioners in the over 80 age group, undertaking projects similar to this might require that pastoral care team members focus on a small portion of that population, to the exclusion of others who may be equally deserving of their time and support.

In order to maintain pastoral care for the whole parish at a level similar to the level possible when a project is not being undertaken may require the expansion of the parish's pastoral care team. While an expansion of the formal pastoral care team may be possible for some parishes, for others it could be more effective to train a group of willing participants who are not formal members of the parish pastoral care team to undertake a project like this. As the data show, being present, the Feelings Wheel, and types and methods of praying were the exercises that were the most effective and accessible for the majority of the senior

⁴² Khazan, "How Loneliness Begets Loneliness."

parishioners in this study. A parish wishing to undertake a similar project might want to focus on those exercises and perhaps devote a greater number of sessions to them than was done in this project.

Although this project did not determine whether there is a causal link between practices of gratitude and a reduction in levels of loneliness, it clearly demonstrated that there is a strong correlation between the two. In other words, it seems that undertaking gratitude practices is a valuable tool to bring to those who struggle with chronic feelings of loneliness. In my context in St. Andrew in Sidney, British Columbia, where a significant portion of the population is over eighty years of age, and where a large number of that age group live with chronic loneliness, I believe this project has demonstrated that it is worthwhile to continue to have our parish pastoral care team share practices of gratitude with our seniors on an on-going basis.

Conclusion

As Christians we are called to love our neighbor and to look after the poor, the widows and the outcast. As a result of this project, I have become convinced that part of the way I am called to do those things is to advocate for chronically lonely seniors, and to find additional tools that the pastoral care team in this parish (and perhaps in other parishes) can use to assist seniors to re-cast their outlook on life, and thereby to reduce their feelings of loneliness. Gratitude practices are a valuable first step. It will be interesting to see what additional tools might be developed. Given that 'being heard' has been shown in other research to be a valuable tool, I am interested in the coming year or so to explore how gratitude practices might be more fully interwoven into story-telling, and to test whether that combination is even more effective in helping seniors who struggle with loneliness.

Meister Eckhart, a thirteenth century theologian and mystic, is remembered for having said, "If the only prayer you say in your whole life is 'thank you,' that would suffice." It appears that he may have been onto something.

If you would like further information about this project, or a copy of the project binder, please contact The Rev. Dr. Eric Partridge at epartridge@bc.anglican.ca

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