



CHRISTIAN
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Moving from Stress to Gratitude in the COVID-19 Era by Meditating on the Psalms
Joshua Knabb

The Loneliness Epidemic: Research, Influence, and its Effect on Everyone
Mark Mayfield

Never Alone... an Audience of One: Practicing God's Presence and Power
Ian F. Jones

SOCIAL ISOLATION, LONELINESS, AND MEANINGFUL RELATIONSHIPS

**"Nobody Gets Me":
Today's Lost Generation**
Chap Clark

**Meaningful Relationships
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**Gray Divorce:
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contents

FEATURES

- 10 Moving from Stress to Gratitude in the COVID-19 Era by Meditating on the Psalms** *by Joshua Knabb.* Clinical psychologist and professor, Joshua Knabb, explores a psychological and spiritual perspective on the COVID-19 era and shares how we can overcome the stress and uncertainty of this pandemic to maintain mental and spiritual well-being by meditating on the Psalms. He offers readers hope and reminds us to “rejoice always, pray continually, and give thanks in all circumstances.”
- 16 The Loneliness Epidemic: Research, Influence, and its Effect on Everyone** *by Mark Mayfield.* Four paradigms are presented that connect loneliness to our mental, emotional, physical, and spiritual health based on the author’s personal experience and research. Counselor, professor, author, and suicide survivor, Mark Mayfield, describes the effects of loneliness and suggests three steps to help victims successfully combat this condition and instill identity, purpose, and hope.
- 22 Never Alone... an Audience of One: Practicing God’s Presence and Power** *by Ian F. Jones.* Practicing the presence of God is a wonderful exercise for overcoming isolation and protecting one’s health. Ian Jones, distinguished professor and dean at New Orleans Baptist Theological Seminary, shares some staggering research on the effects of social isolation and loneliness and offers a Christian response that provides biblically-effective tools readers can incorporate for a healthy lifestyle.
- 28 “Nobody Gets Me”: Today’s Lost Generation** *by Chap Clark.* The mental health challenges that Millennials and Generation Z face today are alarming. Already experiencing feelings of anxiety and depression, the COVID-19 crisis has only added to the pressures these age groups are facing. Chap Clark, pastor, author, and former professor of Practical Theology and Youth, Family, and Culture, analyzes this lost generation and challenges adults and caretakers to integrate four influences that our young people need to give them hope in the months and years ahead.
- 34 Meaningful Relationships and the Search for Significance** *by Les and Leslie Parrott.* Husband and wife duo, Les and Leslie Parrott, psychologists, best-selling authors, and relationship experts, discuss how many of us are constantly searching for significance, always looking for the next person, thing, or accomplishment to quench our thirst. However, they point out that the key to experiencing a permanent and profound sense of significance and value is rooted deep in God’s everlasting love—that as His creation, we have inestimable worth.



28



47 Game Changer: How God's Presence Overcomes Loneliness and Isolation *by Max Davis.* Isolation is one scheme Satan uses to unleash his lies and create a state of doubt and solitude, making us weary and more susceptible to sin. Outstanding author, Max Davis, delivers practical elements for staying connected during times of isolation but conveying that it requires effort and intentionality. Utilizing the Apostle Paul's life as an example, Max explains how we can survive even when facing the pain of loneliness. Just like Paul, if we trust the reality of the risen Christ in the midst of our suffering, He will protect us and be our game changer.

52 Imaginary Lovers: The "Porndemic" Promise of False Intimacy *by Marnie C. Ferree and Jim Cress.* Certified sex addiction therapists, Marnie Ferree and Jim Cress, examine the deadly virus of pornography and how this "porndemic" is falsely promising an escape from the daily pressures of life and relationships. Increasingly affecting both men and women within and outside of the Church, this secret existence with imaginary lovers has nothing to do with true love or intimacy, but instead only offers a false substitute of destruction.

38 Gray Divorce: Living Alone Late in Life *by Georgia Shaffer.* Licensed psychologist, Professional Certified Coach, and author, Georgia Shaffer, defines "gray divorce" and explains why these shattered marriages are on the rise for this 50 and older age group. She conveys the challenges that divorce at this stage of life presents and provides ways the brokenhearted can transform their lives by navigating the rebuilding process once these relationships end. With the right attitude, support, and reliance on God, these individuals can become exactly who God created them to be and flourish.

42 Ghosting: When the One You Love Just Disappears *by W. Jesse Gill.* What is ghosting, and how does it affect one's mental health? Christian psychologist and author, Jesse Gill, paints a clear picture of what this phenomenon is and how relationship loss causes pain and suffering. Building and maintaining healthy relationships satisfy our brains, but when those connections disappear, the sense of brokenness and rejection abounds. Jesse proposes several godly ways for counselors to offer emotional presence and wise counsel to empower the hurting to reinvest in their futures.



departments

- 8 From the Heart** by Tim Clinton
- 56 The Word Applied** by Ted Cunningham
- 58 Looking Inward** by Diane Langberg
- 60 Reflections** by Gary Moon
- 64 Shrink Notes** by Michael Lyles
- 66 Law, Ethics & Liability** by Jeanneane Maxon
- 70 Leadership Psyc** by Gregory Jantz
- 72 Research Digest** by Fernando Garzon
- 76 CounselQuiz**

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As Heard On



The Power of One Another

The COVID-19 pandemic has turned everything upside down and really taken a toll on so many, even in our family. The world seemed to stop as my son, Zach, who was sitting in the back seat of the car with his mask on and coughing, said, “That was the health department, dad, and they said I have COVID-19.” We were on our way home from Gatlinburg, Tennessee, somewhere between Roanoke and Lynchburg, Virginia. I swallowed and said, “Ugh... no way,” and then I choked out, “We will figure this out.”

My concern immediately went to Evelyn, Zach’s girlfriend, who was in the car with us, as well as those in the vehicle behind us—my wife, Julie; our daughter, Megan; her husband, Ben; our one and half-year-old granddaughter, Olivia; my older sister, Ruthann; and her Vietnam veteran husband, Chuck. Within the next 12 hours or so, everyone was tested and anxiously awaited the results.

Shutdown Fatigue

We had left for Tennessee earlier that week to finally get away for a couple of days. Everyone was going crazy being locked down all spring and into the summer. Some states, including Virginia, had finally started lifting the heavy restrictions and we had not left our homes, except to buy essentials, since mid-March when the lockdown began.

The trip down to Gatlinburg was amazing. Finally, we were able to have some fun and feel somewhat “normal” again. We laughed, ate out, and celebrated! And, yes, we all wore masks, social distanced, and continuously washed our hands and used sanitizer—we did everything to the

letter of the law. However, we found it a bit disconcerting to see how packed Gatlinburg was when we first arrived—more people than I had ever seen there before. We were in two cars talking over the phone speakers to each other, commenting on how crazy the people were who did not wear masks. We all agreed that we would not get out and walk around risking exposure to COVID. In fact, little Olivia got so used to us taking her temperature that she began checking all her dolls to make sure they did not have a fever (smile).

Upon our arrival, we checked in, and Zach stayed with Julie and me in our room and slept on a roll-away bed. The next morning, Zach said he had developed some chills during the night and was not feeling so great, which caught our attention. We immediately took him to get tested at a local hospital. However, we were not overly concerned because statistically things seemed to be in his favor, especially since we were all being cautious and responsible.

The Insanity

Earlier in the year when the pandemic broke, I remember Julie saying to me while watching a press briefing on television, “I’ve got to turn this off for a while. It’s making me crazy!” Well, things were about to go to another level with our family.

After I made the phone call to the carload behind us to let them know about Zach’s results, everyone went silent for a while. Dead silent. After the shock wore off, we immediately began researching everything we could about COVID-19 online and through social media. Our minds began to race about this unknown, but now “real to our family,” virus. Talk about wild and

scary... petrifying actually! The information and stories took on a whole new level of intensity for each of us—breathing problems, fevers, ventilators, and death. The more we read, the more traumatic it all became.

When we made it back home, all we knew at that time was Zach tested positive and that we all needed to be extra careful. We had so many questions. Is Zach in trouble? Are we in trouble? Is anyone else infected? What can we do right now? We did everything we knew to do—tightened our masks, kept our distance, and scrubbed down everything in sight.

That kind of news can paralyze and horrify a person if he or she is not careful. It does not help when public information is all over the place regarding symptoms, issues, restrictions, and more. I remember being in graduate school and learning how the fear of the unknown can often be as difficult, or even more challenging, as the disease or issue itself. Our family learned that firsthand.

Locked Down

The quarantine got old after only a few weeks and seriously started taking a toll on me in early June. The truth is, we were all done with it, and so were many people around us. Going to Gatlinburg and getting out of the quarantine box was so encouraging, but, once again, we were locked down in our respective homes. However, this time we were separated from each other and genuinely concerned. Unfortunately, we soon received news that, in addition to Zach’s positive result, Evelyn, Julie, Megan, Ben, and Chuck’s tests confirmed that they had also contracted the virus. Ruthann and I tested negative, and the pediatrician decided not to check young

I remember being in graduate school and learning how the fear of the unknown can often be as difficult, or even more challenging, as the disease or issue itself. Our family learned that firsthand.

Olivia. Although Ruthann's test results did not indicate that she was infected, she ended up getting quite sick, so it was a good thing that she and I locked down like the rest of the family. I was convinced that I must have it too, but never experienced any symptoms, which made me question whether I had contracted the virus earlier in the year when I got sick and possibly developed an immunity.

The Fear, Stress, and Anxiety

Loneliness and separation are significant issues that have surged since the pandemic hit. Add to that a diagnosis while sitting around all day in isolation, not feeling well, and wondering if you are getting sicker only adds another level of stress. Our family conversations moved from discussions about eating out, racism, politics, and sports to temperatures, oxygen levels, and additional symptoms like loss of taste and smell, coughing, and diarrhea. And when someone spiked a high fever and was battling a cough, it all became more intense, more concerning, and more troubling. The fear and resulting anxiety were quite extraordinary.

While writing this, I took a sobering and sad call from a middle-aged woman who fell apart on the phone. An only child, she told me her dad, her best friend in the world, died in October and how it killed her inside. She went on to say that she was now facing the likelihood of losing her mother, who is locked down in a nursing home and has given up on life. Her mother's depression is so deep that she is unable to carry on a conversation with her daughter. She

cannot see her mom because of the lockdown and is scared to death that she is going to die with no one there to hold her. This lady wept uncontrollably on the phone as she has no one to talk to—all she does is go home at night and cry.

The Power of One Another

Through my studies and work in attachment theory, I have come to believe that the antidote to trauma is a relationship. It was a major factor in our family recovery. Together, we started a group text to check on one another, share what we were learning, and help each other think through the issues, challenges, and treatments that seemed to be working to win this battle. The best part was the encouragement we gained from one another.

The God Factor

People of God have always looked to Him and His Word for guidance and encouragement during difficult times. Psalm 46 has always been a place of refuge for me in these moments. God is our refuge and strength, a present help during times of challenge. Is it hard? Yep. Overwhelming? It can be... but we must always take comfort in knowing that He is in the midst of it all. Either that is a truth, or it is not... period. Will doubt happen? Of course, but we must press through and believe God is there and has our best interests at heart... that He is a good, good Father.

The power of life and death are in those words. I believe the psalmist was reminding us that God is there. Therefore, we can be still and know that He is God, will be exalted, and the God of

Jacob is with us. That is our hope. And the best way of accomplishing that is TOGETHER. That is why we call the Church the body of Christ. It seems there is an uprising of faith happening because of the current crisis. May God raise up generations who are sensitive to the issues and challenges of our day—generations who know Christ and are boldly committed to making Him known. At the AACC, we salute that resolve in you and love standing with you to do that very thing. Our prayer is that God will use this issue and your continued service to bring great glory to Himself, especially during these challenging times.

By the way, everyone recovered quickly, and we are all most grateful. We are, however, much more sensitive and attuned to those around us, especially those battling COVID-19 and individuals who have lost loved ones. This coronavirus is real, highly infectious, and quite concerning... and it will be with us for a while. As mental health leaders and advocates, this is our time to step up and into this moment with profound hope and encouragement. ✨



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MOVING FROM STRESS TO GRATITUDE IN THE COVID-19 ERA BY MEDITATING ON THE PSALMS

For the last several months, much of the world has been living in a season of uncertainty, filled with stress, anxiety, isolation, ambiguity, and unpredictability. In fact, there seems to be no real indication that the instability of the present moment will improve in the near future on either a local, regional, national, or global level. In the midst of this chaos, social distancing, “stay-at-home” orders, and mandatory face masks are common practice, with the long-term impact—biologically, psychologically, socially, and spiritually—of these preventative efforts currently unknown.

Yet, psychological data on the COVID-19 era are beginning to emerge, and many people are reluctantly settling into the reality that some combination of social distancing and mask-wearing is here to stay in this season of life. Building upon this “new normal,” I will briefly explore a psychological and spiritual perspective on the COVID-19 era, making the case that a “both/and” strategy is necessary for psychological and spiritual health. In other words, although widespread suffering abounds, and Christians need to accept the inevitability of pain in a fallen, broken world, we can also cultivate gratitude and thankfulness during this tumultuous time, deepening our ability to fellowship with God in the process. Drawing upon the Psalms, I suggest that these biblical writers astutely captured this “both/and” approach to life, recognizing there are unavoidable seasons of “orientation,” “disorientation,” and “new orientation” in our relationship with God (Brueggemann, 1984). This practice can benefit 21st century Christians as we try to find a clear path forward for psychological and spiritual growth.

Ultimately, to maintain psychological and spiritual well-being in this unpredictable period, Christians can implement a two-step strategy. We can cry out to God amid the pain and “disorientation” *and* also maintain a sense of hope and gratitude that a “new orientation” is just around the corner. After all, God is active and present to offer His providential care from moment to moment. To practice this approach—offering a “complaint” and then a “praise” to God (Brueggemann, 1984)—meditating on the Psalms can help Christians to gain much-needed insight into the problem of, and solution to, human suffering on this side of heaven. To begin, I briefly review the emerging data on the psychology of COVID-19, then present the newest research on gratitude, before concluding with a survey of the “three seasons” of life in the Psalms and a two-step meditative strategy for embracing the “both/and” of the COVID-19 era.

JOSHUA KNABB



A Psychological Understanding of the COVID-19 Pandemic

Although research is only beginning to emerge on the psychology of the COVID-19 pandemic, a recent study published in the *American Psychologist* employed a sample of roughly 1,500 U.S. adults to better understand the impact that state-ordered social distancing and “stay-at-home” preventative efforts have had on psychological functioning (Luchetti et al., 2020). Over the course of three time periods—January-February, March, and April—participants were assessed with a loneliness measure, with results revealing no change in self-reported loneliness across time (Luchetti et al., 2020). This finding suggests that people may be discovering other ways, beyond traditional in-person interpersonal exchanges, to meet key social and emotional needs. However, additional research is needed to assess the long-term impact of social distancing and “stay-at-home” orders on psychological health.

More recently, the American Psychological Association (APA) conducted a survey on stress and COVID-19 among approximately 3,000 U.S. adults (APA, 2020). Results revealed that roughly four out of five participants stated the pandemic itself is “a significant source of stress,” and almost two out of three indicated that the “government response” is “a significant source of stress”

(APA, 2020). Moreover, nearly three out of four parents reported worrying about their children during the COVID-19 pandemic, with just over half stating they have observed an increase in “acting out” behavior among their children during the COVID-19 era (APA, 2020). Although U.S. adults may not necessarily be reporting an increase in loneliness per se, COVID-19-related stress appears to be a fairly ubiquitous experience.

Gratitude as a Response to the Stress of COVID-19

In response to COVID-19-related stress, gratitude may be an often-overlooked cognitive-affective state for managing the “ups” and “downs” of this season of uncertainty (Emmons & Stern, 2013). Succinctly defined as the ability to “affirm the good and credit others with bringing it about” (Emmons, 2016, p. 13), gratitude may serve a useful, protective purpose in the COVID-19 era—especially as a coping skill for proactively countering the stress, discouragement, powerlessness, and hopelessness that can organically emanate from this latency period. By actively searching for, and locating, the good in life, we may be able to appreciate and savor what we have, even during social distancing, “stay-at-home” orders, and an overabundance of online-only social interactions.

In a widely-cited longitudinal study, researchers investigated the long-term impact of gratitude on stress among

a sample of university students, with findings revealing that gratitude directly predicted less stress over a three-month period (Wood, Maltby, Gillett, Linley, & Joseph, 2008). As an actual intervention, actively cultivating thoughts of gratitude through journaling exercises and other strategies may help to develop a range of positive emotions, leading to the ability to manage stress better (Emmons & Stern, 2013). Overall, after several decades of research in the psychology literature, gratitude appears to be an important cognitive-affective state for psychological health, especially when we are facing the inevitable adversities of daily life.

Loving-kindness Meditation to Cultivate Gratitude

One particular gratitude intervention, loving-kindness meditation, involves repeating certain phrases or mantras to oneself (e.g., “May I be free from suffering”), and then others (e.g., “May my co-worker be at ease”), which helps practitioners cultivate positive emotions (Neff & Germer, 2018). A study among nearly 150 working adults found that participation in a six-session loving-kindness intervention group led to an improvement in a variety of emotions, such as gratitude (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008). To date, loving-kindness meditation appears to be growing in popularity in the psychology literature, with a wide variety of mental health benefits (Zeng, Chiu, Wang, Oei, & Leung, 2015). Still, because loving-kindness meditation emanates from the Buddhist tradition, some Christians may prefer to turn to their own religious heritage for a meditative strategy to cultivate gratitude in the COVID-19 era. In the context of the “three seasons” of the Psalms, *kataphatic* (i.e., using words and images) Christian meditation may hold promise as a Christian-sensitive alternative.

A Christian Understanding of the COVID-19 Pandemic

In the Psalms, the various writers typically elucidated three seasons of life, including seasons of “orientation,” “disorientation,” and “new orientation” (Brueggemann, 1984), which have relevance for Christians in the 21st century COVID-19 era. With seasons of “orientation,” we are often in a state of well-being, recognizing God’s reliability and blessings, whereas seasons of “disorientation” point to the suffering, hardship, and adversity that naturally emanate from living in a fallen world (Brueggemann, 1984). Finally, commonly following the disorienting seasons of despair, hurt, and hopelessness, seasons of “new orientation” reflect a state of gratitude, thanksgiving, and newfound hope, recognizing that God

has dually delivered us from our suffering and fulfilled His promises with the blessings that only He can offer (Brueggemann, 1984). Although by no means a predictable, stable sequence, we often move from seasons of “orientation” to “disorientation” to “new orientation,” culminating with a deeper awareness of, and trust in, God’s infinitely benevolent, wise, and powerful providential care.

Within the COVID-19 era, we certainly seem to be in a season of “disorientation,” wherein the psalmists would often lament to God with a few key steps, which may be helpful for contemporary Christians as we struggle to make sense of the suffering before us and God’s availability and plan amid the turmoil. With the first step of lament, there is some sort of “plea” or “complaint,” which includes a request to God, the reason for the lament, and transparent and authentic language that reflects the psalmist’s anguish and pain. This is followed by “praise” on the part of the psalmist, captured in the recognition that he has been heard by God, trusts God, and is grateful to God (Brueggemann, 1984). In other words, the bridge from “complaint” to “praise” may involve a cathartic expression of the pain, followed by gratitude and an awareness of God’s providential care, regardless of the outcome (Brueggemann, 1984).

As one of many examples, Psalm 13 (NIV) aptly captures these two significant steps—a “complaint,” followed by a “praise” (Brueggemann, 1984):

How long, LORD? Will you forget me forever?
How long will you hide your face from me? How long must I wrestle with my thoughts and day after day have sorrow in my heart? How long will my enemy triumph over me? Look on me and answer, LORD my God. Give light to my eyes, or I will sleep in death, and my enemy will say, “I have overcome him,” and my foes will rejoice when I fall. But I trust in your unfailing love; my heart rejoices in your salvation. I will sing the LORD’s praise, for he has been good to me.

Here, we can easily see the psalmist’s “complaint” (e.g., “How long...”), then his “praise” (e.g., “I trust in your unfailing love,” “I will sing the LORD’s praise”), which offer us a meditative model for lamenting to God in the COVID-19 era.

Moving from Stress and “Disorientation” to Gratitude and “New Orientation”

For Christians within the COVID-19 pandemic, meditating on the Psalms can help us to move from stress and “disorientation” to gratitude and “new orientation” by: a) crying out to God from moment to moment, especially

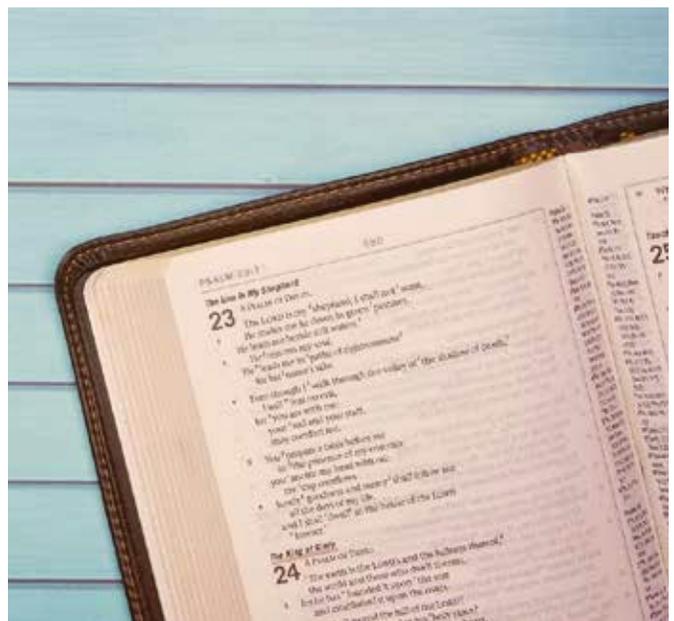
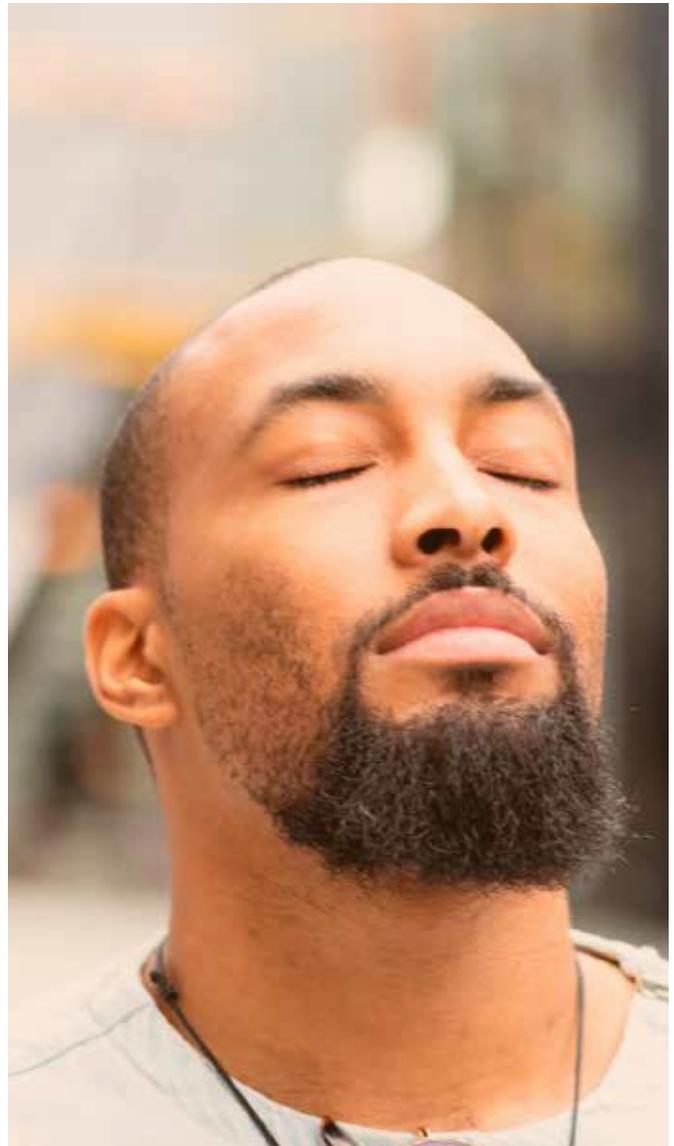
in this season of stress, uncertainty, and widespread suffering, and b) praising and thanking Him, anticipating that we are inevitably moving toward a season of “new orientation,” wherein we will be positively surprised by His blessings. In fact, recent research has revealed that Christian meditation may hold promise as a psychological intervention for a range of struggles, including depression, anxiety, stress, intolerance of uncertainty, and repetitive negative thinking (i.e., rumination and worry) (Knabb, Frederick, & Cumming, 2017; Knabb & Vazquez, 2018; Knabb et al., 2020).

What follows, then, is a two-step approach to meditating on the Psalms during the COVID-19 period, which will help Christians to: a) lament to God to authentically express the stress and pain of the present moment to Him, and b) cultivate gratitude, thanksgiving, and praise to God, even when a resolution to our current predicament remains unclear. In doing so, we are prioritizing our relationships with God and turning to Him in response to social distancing, “stay-at-home” orders, online-only social interactions, and financial instability that may be contributing to an increase in daily stress.

A Two-step Strategy for Meditating on the Psalms: Cultivating a “Both/And” Approach to the Stress of COVID-19

To begin, find a quiet location free from distractions. Sit up straight in a supportive chair with your palms facing upward in your lap as an expression of your willingness to yield to God’s providential care in the here-and-now. For the next 20 minutes, you will be engaging in a two-step strategy, lamenting to God, and then thanking Him (adapted from Brueggemann, 1984). As much as possible, try to slowly and deliberately adhere to the following steps, discontinuing the practice if you experience significant discomfort or distress.

1. Select a psalm of lament (e.g., Psalm 13) that includes both a “complaint” and “praise,” slowly reading through the passage to immerse yourself in the biblical author’s experience.
2. Apply the psalm to your current situation, selecting one verse that captures your “complaint” to God, as well as one that reflects your gratitude to God.
 - a. *Lament.* Slowly meditate on the chosen passage, such as, “How long must I wrestle with my thoughts and have sorrow in my heart each day?” In this very moment, express your pain to God, sharing your experience of the COVID-19 pandemic with Him. Repeat the passage over and over again, slowly absorb-



- ing it as you sink deeper and deeper into your heartfelt cry to God.
- b. *Give thanks.* Slowly meditate on the chosen passage, such as, “I trust in your unfailing love.” In the here-and-now, thank God for His perfect, loving presence, even as your future seems uncertain. Repeat the passage with confidence, knowing that God will hear your lament and respond to your need.
 3. Whenever another thought, feeling, or sensation arises, simply acknowledge it, and then return to the two-step meditative strategy—lamenting to God, and then giving thanks to Him.
 4. Carry this two-step process with you throughout the day, presenting your pain to God, and then expressing gratitude to Him for His active, loving presence during the chaos of COVID-19.

Although the future is uncertain, as Christians we can trust that a new season is just around the corner. As we continue to move from one season to the next, God is walking with us, loving us, and offering His perfect presence. In response to the COVID-19 pandemic, Christian meditation may hold promise as a suitable alternative to loving-kindness meditation, helping us express our pain to Him and then cultivating gratitude as a positive cognitive-affective state that deepens our trust along the way. Whether expressed in the psalms of the Old Testament or the COVID-19 era of the 21st century, a Christian strategy to “affirm the good and credit others with bringing it about” (Emmons, 2016, p. 13) inevitably points us back to God’s will to “rejoice always, pray continually, [and] give thanks in all circumstances...” (1 Thessalonians 5:16-18). ❖



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References

- American Psychological Association. (2020). *Stress in the time of COVID-19: Volume two*. Retrieved from <https://www.apa.org/news/press/releases/stress/2020/report>.
- Bueggemann, W. (1984). *The message of the Psalms: A theological commentary*. Minneapolis, MN: Augsburg Publishing House.
- Emmons, R., & Stern, R. (2013). Gratitude as a psychotherapeutic intervention. *Journal of Clinical Psychology, 69*, 846-855.
- Emmons, R. (2016). *The little book of gratitude: Create a life of happiness and wellbeing by giving thanks*. New York: Hachette Book Group.
- Fredrickson, B., Cohn, M., Coffey, K., Pek, J., & Finkel, S. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology, 95*, 1045-1062.
- Knabb, J., Frederick, T., & Cumming, G. (2017). Surrendering to God’s providence: A three-part study on providence-focused therapy for recurrent worry (PFT-RW). *Psychology of Religion and Spirituality, 9*, 180-196.
- Knabb, J., & Vazquez, V. (2018). A randomized controlled trial of a two-week Internet-based contemplative prayer program for Christians with daily stress. *Spirituality in Clinical Practice, 5*, 37-53.
- Knabb, J., Vazquez, V., Garzon, F., Ford, K., Wang, K., Conner, K., ..., & Weston, D. (2020). Christian meditation for repetitive negative thinking: A multi-site randomized trial examining the effects of a four-week preventative program. *Spirituality in Clinical Practice, 7*, 34-50.
- Luchetti, M., Lee, J., Aschwanden, D., Sesker, A., Strickhouser, J., Terracciano, A., & Sutin, A. (2020). The trajectory of loneliness in response to COVID-19. *American Psychologist*. Advance online publication.
- Neff, K., & Germer, C. (2018). *The mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive*. New York: The Guilford Press.
- Wood, A., Maltby, J., Gillett, R., Linley, P., & Joseph, S. (2008). The role of gratitude in the development of social support, stress, and depression: Two longitudinal studies. *Journal of Research in Personality, 42*, 854-871.
- Zeng, X., Chiu, C., Wang, R., Oei, T., & Leung, F. (2015). The effect of loving-kindness meditation on positive emotions: A meta-analytic review. *Frontiers in Psychology, 6*, 1-14.



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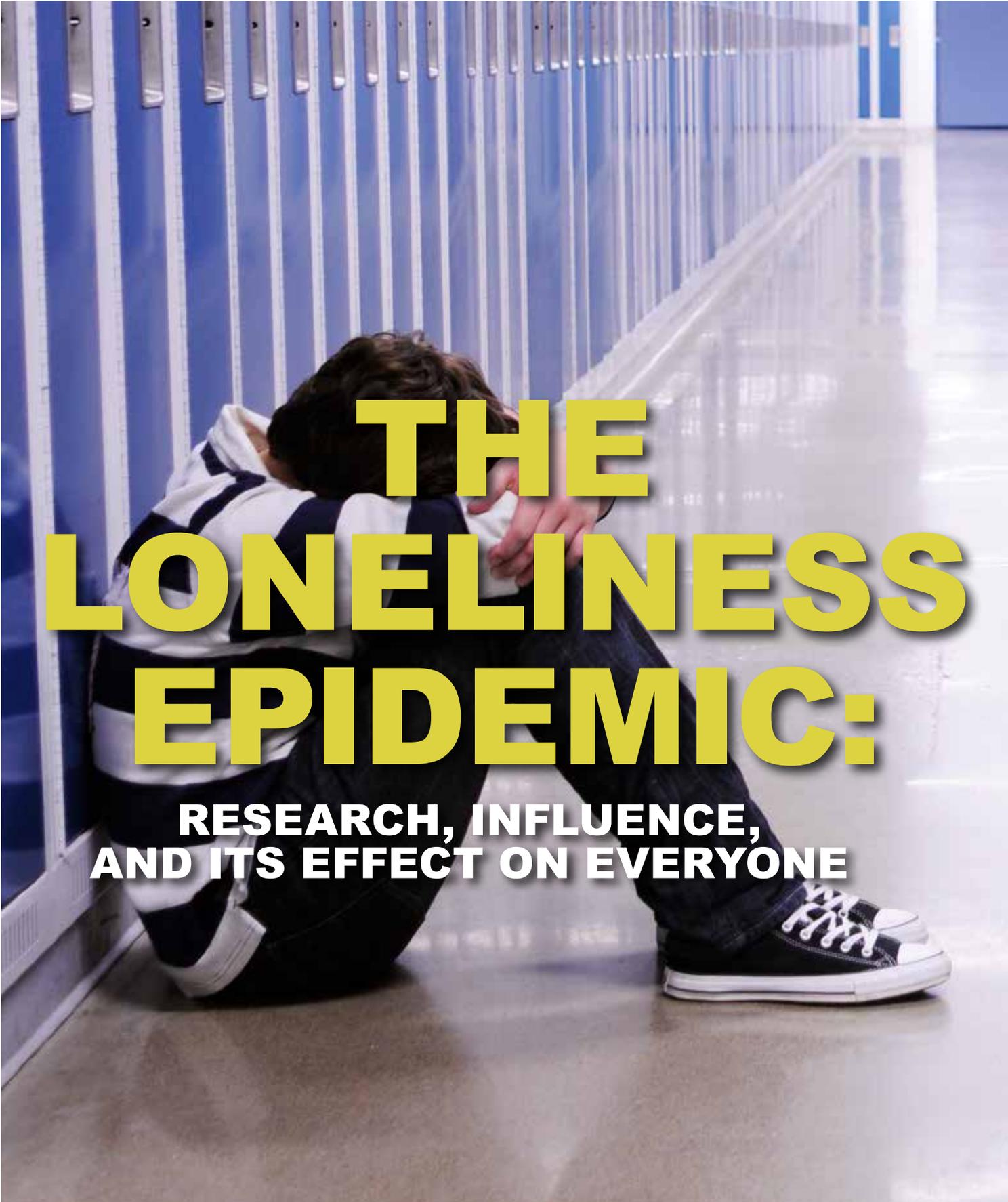
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THE LONELINESS EPIDEMIC:

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I could see their lips moving, but the words were muffled. I leaned in, trying harder to hear what they were saying, even though I knew exactly what was being said. It felt like I was in one of those out-of-body experiences you see in the movies—the scene where everything around the main character slows down, and everyone around him fades. The character’s internal dialogue starts as he tries to make sense of the unfolding situation.

For me, it was a very surreal and familiar situation. I was, yet again, getting bullied. This time my tormentors were getting creative with their insults. “What’s with your face, Mayfield? Did you run into a meat grinder?” or “Who dressed you today... your mommy?” But on that day, something was different—that day they were emboldened, and it got physical. I was standing in front of my locker in the empty hallway of my middle school. All the other kids and teachers had already gone to class. My eyes darted back and forth to see if anyone was coming to save me, but there was no one to be found. As I refocused on the three boys in front of me, I knew no one was coming to my rescue. “Stuff him in the locker!” they laughed. I braced myself for the impact as I was crammed into my locker. The door closed, and I was completely and utterly alone.

Reflecting on this story 27 years later, I can still connect to those feelings of being alone. While sitting here writing these words, I can feel my chest tightening, my stomach beginning to turn, and the palms of my hands getting a little sweaty. It is amazing how the body remembers these moments of distress. As a counselor, I can make sense of these somatic feelings, work through these emotions, and take action. However, this is not the case for so many others. Loneliness has become commonplace, a part of the fabric of the human race, and an all-too-familiar feeling that continues to linger. But it is not new.

Since the beginning of time, loneliness has been used as the lie of the enemy. In Genesis chapter three, the serpent confronts Eve about the fruit of the tree. Eve states, “It’s only about the tree in the middle of the garden that God said, ‘Don’t eat from it, don’t even touch it or you’ll die.’ The serpent told the Woman, ‘You won’t die. God knows that the moment you eat from that tree, you’ll see what’s really going on. You’ll be just like God, knowing everything, ranging all the way from good to evil’” (Genesis 3:2-5, MSG). The serpent’s lie was planted. Where Eve understood physical death (apothnesko in the Greek), the serpent was talking about spiritual death and separation (thanatos in the Greek). At that moment, when both Adam and Eve ate the fruit, loneliness and separation entered into the world and has been an antagonist in our stories ever since.

MARK MAYFIELD





The Effects of Loneliness

I have been a counselor for many years, and was a youth and family pastor before becoming a therapist. In my time working closely with clients, I have always wondered if there was a common thread to the mental, emotional, physical, and spiritual distress linked to the different presenting problems that entered my office. Through my experience and subsequent research, loneliness has become that common thread that connects the following four paradigms.

1. Mental Health: There has been a significant increase in depressive symptoms among high school boys and girls between 2012-2015. Boys' depressive symptoms increased by 21%, and girls' depressive symptoms have increased by 50% (Twenge, 2016). The Anxiety and Depression Association of America indicated that 40 million adults 18 and older (18.19%) struggle with anxiety, 15.7

million (6.7%) of those 18 and older will have a major depressive episode this year, and 2.8 million six to 17-year-olds will have a major depressive episode this year. That is 58.5 million individuals, or 35.8% of the population, that report struggling with anxiety and depression.

2. Emotional Health: I realize that mental and emotional health are joined at the hip. However, I think it is important to differentiate the two for a moment. Emotional intelligence and acuity directly relate to the mental health of an individual and vice versa. If you have been paying attention to our world these past two decades, the Emotional Intelligence (EQ) of the greater populous is waning, and it is directly affecting our ability to cope and connect. For example, think back to when President Trump was elected in 2016. Universities had to accommodate students who were falling apart because they did not have the emotional intelligence to process the loss and disappointment properly.

3. Physical Health: 647,000 people will die from heart disease, and one in four, or 606,500 people, will die from cancer this year. Why are these numbers so high? During my research, I stumbled across a concept called *pre-disease pathways* or the biological influences and related links to behavioral, psychological, and social impacts that precede morbidity (sickness) and mortality (life expectancy). Loneliness and isolation can predict both morbidity and mortality, even after accounting and controlling for health factors such as nutrition and exercise (Hawker & Cacioppo). Loneliness directly contributes to inflammation or excitation of chronic illnesses such as cancer, cardiovascular disease, etc. This connection means that loneliness is a major *pre-disease pathway*.

4. Spiritual Health: John 10:10 (MSG) says that “a thief is only there to steal and kill and destroy...” This is the continuation of the lie of loneliness and separation that started in the Garden of Eden. If Satan can convince us that we know better than God, if he can persuade us to buy into the shame and guilt of our sins, and if he can get us to buy into the lie that we can do it or fix it ourselves, then he is able to separate us from connection to both God and others. Thus, deepening and widening of the crevasse of loneliness.

So What Do We Do?

The remedy seems simple, but it can take a lot of work, intentionality, and vulnerability. To combat the insidious like of loneliness, we must help people discover three things:

1. We must help them discover their IDENTITY: The lie of loneliness distorts the truth of to whom we belong. Therefore, we must walk alongside those who cross our paths and remind them that they belong to God.

We must offer them a safe place—one free of judgment or harm so they can easily express themselves.

2. We must help them understand and step into their PURPOSE: An individual with a set purpose is a force with which to be reckoned. When we truly know whose we are, we then have the ability to operate freely in what we were designed and created to do.

3. We must help them maintain HOPE: Hope is a powerful resource. Without it, we are left wandering aimlessly. Hope becomes a guiding light and a point of reference when we get off course.

Each of these steps needs to be made intentionally. In order to combat loneliness and instill identity, purpose, and hope, we must ensure that we are actively seeing people for who they are and what they might be facing below the surface—both mentally and emotionally. We must offer them a safe place—one free of judgment or harm so they can easily express themselves. Finally, we must provide a place that will deliver comfort and peace. All I wanted as a middle school student was to be seen, loved, valued, and

known for who I was. I wanted someone to take the loneliness away. Let's be that person for others and point them to the One who truly can be our Prince of Peace. ✦



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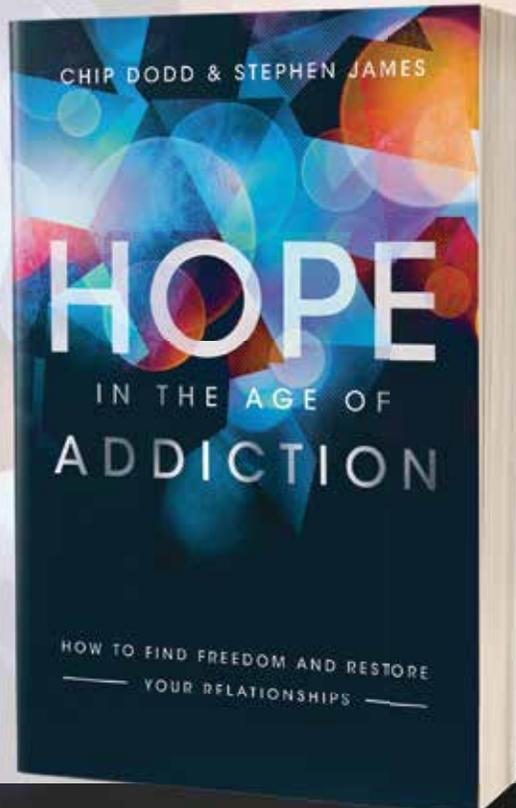
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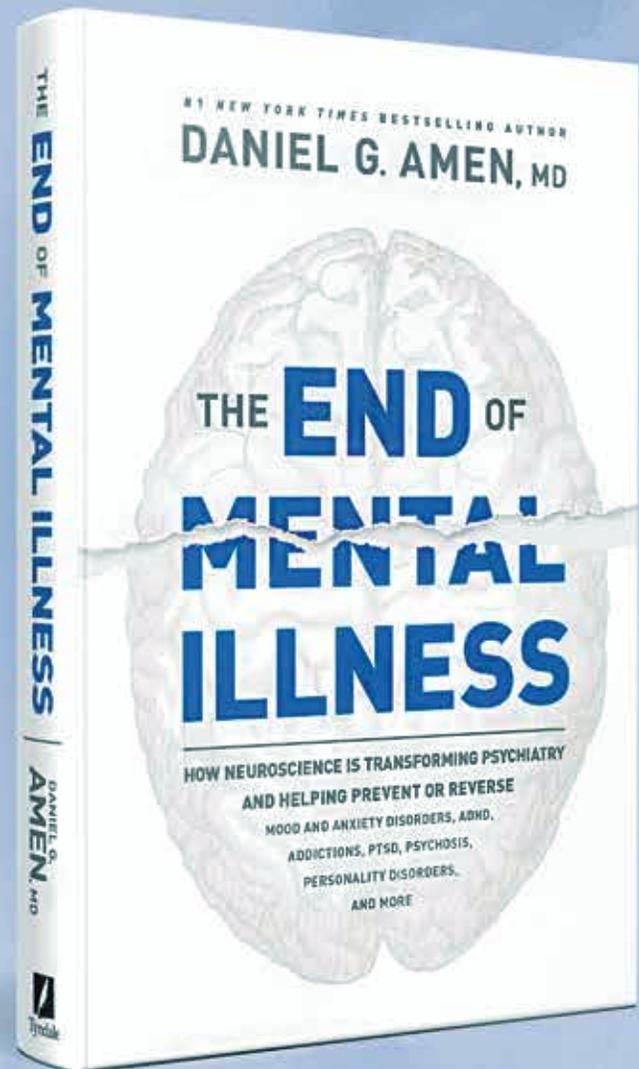
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Daniel G. Amen, MD, is a physician, a double board-certified psychiatrist, the founder of Amen Clinics, a 10-time *New York Times* bestselling author, and the recipient of the John Maxwell Transformational Leadership Award for 2019. Dr. Amen has written, produced, and hosted 14 popular public television shows about the brain that have aired more than 110,000 times across North America.



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Never Alone... an Audience of One: **PRACTICING GOD'S PRESENCE AND POWER**

An Epidemic of Social Isolation and Loneliness

Isolation and loneliness are harmful to your health. The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, reports that 20% of Americans feel socially isolated and lonely and that the resulting health damage is the equivalent of smoking 15 cigarettes a day (HRSA, 2019). This research was done before the impact of the COVID-19 pandemic, and one can surmise that the percentage of socially isolated and lonely people will increase dramatically over the remainder of 2020.

Meta-analytic studies have revealed that people who live in social isolation or perceive themselves as alone and

lonely are at higher risk for early mortality (Holt-Lunstad, et al., 2015). Social cognitive behavioral therapy is one of the more effective treatments for loneliness, along with such strategies as scheduled personal contacts, group activity participation (e.g., exercise, painting, music, drama, storytelling), group discussion (e.g., Bible studies), animal contact, skills instruction (e.g., mindfulness-based stress reduction, computer use, friendship development, goal setting, self-management), service delivery and social assistance, and peer support groups (Cacioppo, et al., 2015; O'Rourke, et al., 2018). Research on all these treatments and interventions demonstrates the vital role that social relationships play in our long-term health.

A Christian Response to Social Isolation and Loneliness

How do Christians deal with isolation and loneliness? The reality is that most of us probably slip into the habits and behaviors found in the general population that exacerbate rather than ameliorate the problem. In other words, Christians are just as prone to the adverse effects of social isolation and loneliness unless they have embraced and mastered biblically-effective tools and incorporated them into a healthy lifestyle. Assuming there is no physical or medical issue at the root of loneliness that impairs a person's perception, there are several ways Christians can grow in awareness that they are "never alone." Some activities have already been mentioned, but I want to focus specifically on how we can practice the presence and power of God.

Created for Relationship

We are created in the image of God and for a relationship with Him and our neighbors (Genesis 1-2). As such, all humans have value in the eyes of God. Sin, evil, and the curse have caused a rupture in this relationship, but Christ has provided the way of salvation and the model for restoring relationships. Stress from social isolation and loneliness is normal, reminding us of our relational nature and design; however, in Christ, we need to remember that we are never alone; God is present, and we always have an audience. We need to learn to practice the presence and power of God.

Keeping Your Focus: Staying on Course

For years, our family had a small sailboat, and I learned early on the importance of visual navigation when sailing on a lake. It is imperative to identify an object in the distance and stay focused on it to avoid becoming distracted. If I looked down at the tiller and tried to hold it straight, then I would soon be blown off course. Ancient mariners would use Polaris, the North Star, as the fixed reference point in the Northern Hemisphere to sail across the seas.

What is the focal point in your life that keeps you on course? For some, it is their job, material objects, or wealth; for others, it is their politics, philosophy of life, or a person whom they idolize. All of these things will fail unless you seek first the Kingdom of God (Matthew 6:33) found in Jesus. Peter was able to walk on water as long as he kept his focus on Jesus, but when he became distracted by the wind and the elements around him, he began to sink. He was saved when he called out to Jesus. "Immediately Jesus reached out his hand and caught him. 'You of little faith,' he said, 'why did you doubt?' And when they climbed into the boat, the wind died down" (Matthew 14:31-32, NIV). The promise of God is this, "... Never will I leave you; never will I forsake you" (Hebrews 13:5, NIV).



IAN F. JONES

.... we need to see every problem, including social isolation, as an opportunity to respond, not just to ourselves and others, but also to God.

Keeping Your Focus: Developing a Godly Orientation and Attitude

God is present in every situation... we are never alone. In his book, *The Responsible Self*, H. Richard Niebuhr described this godly orientation: “God is acting in all actions upon you, so respond to all actions upon you as to respond to His action” (p. 126). In other words, we need to see every problem, including social isolation, as an opportunity to respond, not just to ourselves and others, but also to God. He is there, just as Jesus was there for Peter, waiting for us to look beyond our immediate circumstances and engage Him.

In 1 Kings 18, we see Elijah standing alone before the prophets of Baal on Mount Carmel, calling down the consuming fire of God upon the sacrifice. His success and the slaughter of the false prophets are followed in the next chapter by the picture of a different Elijah, who is fleeing in fear from the threats of Jezebel. We find him in the desert, socially isolated, flooded with negative emotions, tired, hungry, wanting to die, and complaining that he is all alone. God intervenes (He has been there all along) by first providing for Elijah’s physical needs for sleep, food, and water; then, He speaks to him in a gentle, soothing voice as He addresses the prophet’s lost focus. God is present—He corrects Elijah’s false beliefs, tells him there are seven thousand people who have not bowed to Baal, gives him a task to anoint two kings, and provides him with a companion, Elisha, who will remain with him until he is taken up into heaven (1 Kings 19). In the process, we are given the model of an effective crisis intervention.

Keeping Your Focus: Learning to “Extract the Precious from the Worthless”

One way to keep our focus is to learn to “extract the precious from the worthless” (Jeremiah 15:19, NASB). As long as Jeremiah focused on the sin and evil around him, he could not see the precious provisions of God; consequently, God no longer recognized him as His prophet. Jeremiah needed to reappraise his situation.

John Chrysostom (347-407) was a brilliant preacher who found himself constantly at odds with authorities and, in particular, the empress. He was twice banished from his church in Constantinople; however, his attitude toward such strife and persecution is enlightening and,

perhaps, instructive as we deal with uncertain times. In a letter to Bishop Cyriacus he wrote:

“When I was driven from the city, I felt no anxiety, but said to myself: If the empress wishes to banish me, let her do so; *‘the earth is the Lord’s.’* If she wants to have me sawn asunder, *I have Isaiah for an example.* If she wants me to be drowned in the ocean, *I think of Jonah.* If I am to be thrown into the fire, *the three men in the furnace suffered the same.* If cast before wild beasts, *I remember Daniel in the lion’s den.* If she wants me to be stoned, I have before me *Stephen, the first martyr.* If she demands my head, let her do so; *John the Baptist shines before me.* Naked I came from my mother’s womb, naked shall I leave this world. *Paul reminds me, ‘If I still pleased men, I would not be the servant of Christ’* (Schaff, 1889, p. 14, emphases added).

Chrysostom is using a technique in counseling that we call a reappraisal or a reassessment. Notice that he is not dismissing or ignoring the threat, nor is he catastrophizing his situation. His anxiety is not repressed or suppressed; rather, it is processed through a biblical lens that renders it harmless. Each stressor simply serves as a prompt or reminder of a concrete example of God’s faithfulness.

Keeping Your Focus: Practicing the Presence of God

Brother Lawrence was a 17th-century Carmelite lay brother who suffered from loneliness and depression before finding peace through practicing the presence of God. He admitted that distractions and wandering thoughts were a problem, but through perseverance and repetition, he acquired the habit of continual conversation with God. “That in order to form a habit of conversing with GOD continually, and referring all we do to Him; we must at first apply to Him with some diligence: but that after a little care we should find His love inwardly excite us to it without any difficulty” (Brother Lawrence, 1895, p. 10). “The time of business does not with me differ from the time of prayer,” he said (p. 4).

Biblical meditation can help you keep your focus and engage in prayerful conversation with God. First, prepare your mind and body by doing relaxation and breathing exercises and slowing down your thoughts and mind.

Second, begin reading (and memorizing) Bible passages that initiate a calming conversation with God. Passages that I have memorized and found helpful are Psalm 23, Psalm 103:1-5, and Matthew 5:3-10 (the Beatitudes), but you should select passages in which you find particularly meaningful. Third, seek comfort and understanding in conversation with God as you meditate on the words, phrases, and verses of Scripture. Fourth, ask the prompting of the Holy Spirit to guide you to deeper growth and maturity in Christ, giving “all your worries and cares to God, for he cares about you” (1 Peter 5:7, NLT). ✦



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References

- Brother Lawrence, *The practice of the presence of God*. New York, NY: Fleming H. Revell, 1895.
- Cacioppo, S., Grippo, A.J., London, S., Goossens, L., & Cacioppo, J.T. (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science*, 10(2), 238-249.
- Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227-237.
- HRSA (2019). The “loneliness epidemic.” <https://www.hrsa.gov/eneews/past-issues/2019/january-17/loneliness-epidemic>.
- Niebuhr, H.R. (1963). *The responsible self: An essay in Christian moral philosophy*. Louisville, KY: Westminster John Knox Press.
- O'Rourke, H.M., Collins, L., & Sidani, S. (2018). Interventions to address social connectedness and loneliness for older adults: A scoping review. *BMC geriatrics*, 18(1), 214. <https://doi.org/10.1186/s12877-018-0897-x>.
- Schaff, P. (1889). Prolegomena: The life and work of St. John Chrysostom. In *A select library of the Nicene and Post-Nicene Fathers of the Christian Church, First Series: Saint Chrysostom: On the priesthood, ascetic treatises, select homilies and letters, homilies on the statues*, Vol. 9. Edited by Philip Schaff. New York: Christian Literature Company.



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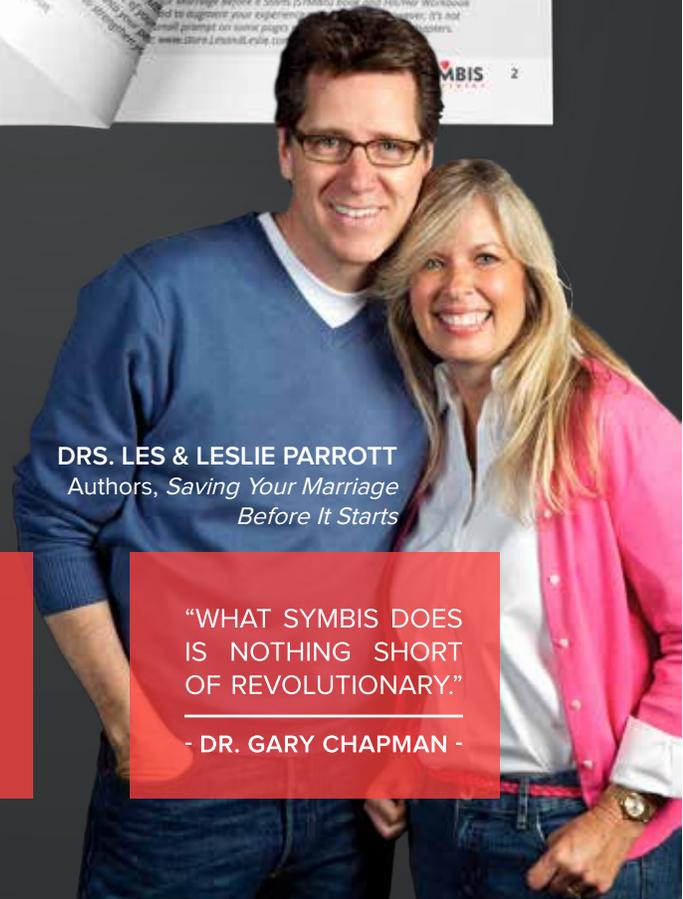
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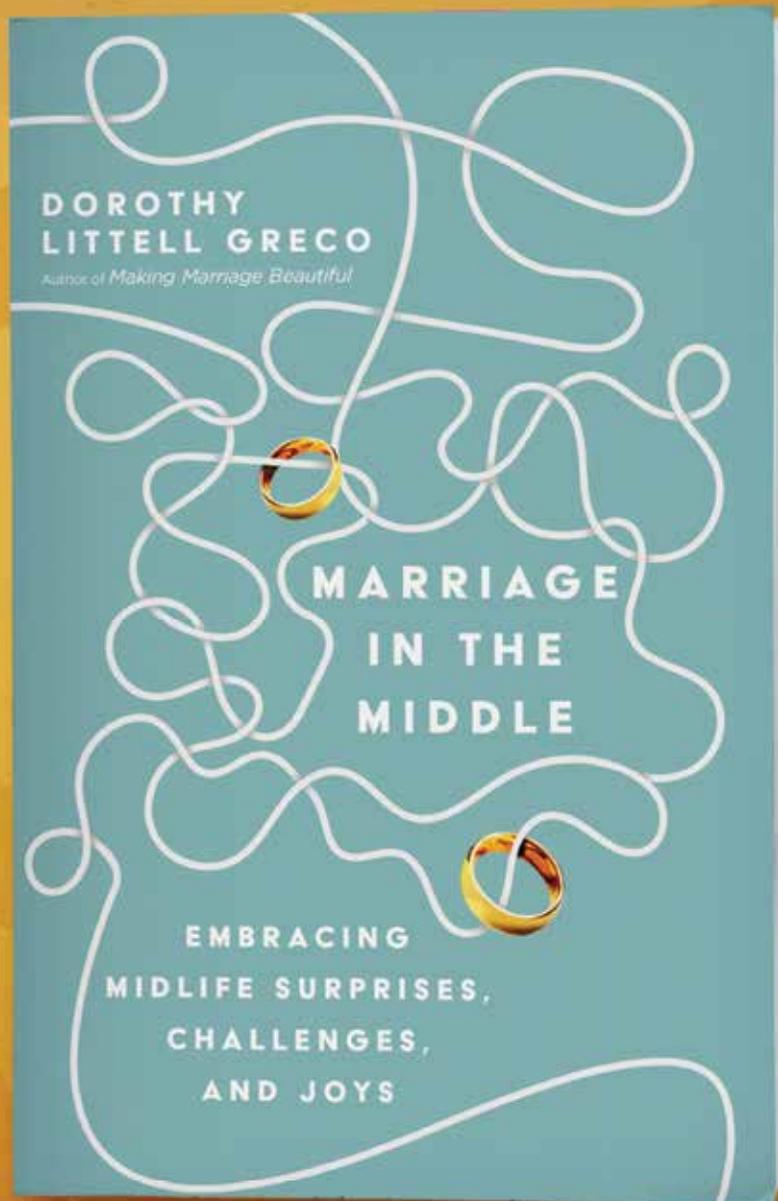
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“Nobody Gets Me”

Today's Lost Generation

“We are still toiling up the hill; we have not yet reached the crest-line of it; we cannot survey the landscape or even imagine what its condition will be when that longed-for morning comes.”¹

– Winston Churchill

It has been called “the beginning of a ‘little ice age.’”² Are you one of those people who is done with Zoom,[©] bored by Netflix,[©] and empathizes with mask ignoring 20-somethings—someone who just cannot take it anymore? COVID-19 has taken a toll on us all. The refrain, “back to normal,” is constant, but what is *normal*, anyway?

And that’s just the pandemic. Then, in the blink of an eye, or rather, eight minutes and 46 seconds, we went from dealing with masks and “social distancing” to coming face-to-face with race and injustice, protesting, and policing. On top of these, we find ourselves in an election cycle that reduces every issue to an excruciating choice of two polar opposites. Like a Mike Tyson 30-second knockout, we find ourselves face down on the canvas, barely aware of what’s happened, and wondering how or if we can ever stand upright again in 2020.

Let’s face it; we’re tired... no, we’re exhausted! We’re scared, angry, and have never felt so powerless or isolated. *And that’s adults!* What has all this done to our young? Since we are still in the middle of it all, it is impossible to predict how this year will shape growing up. It will take years to fully understand the toll 2020 has on the development and long-term psyche of today’s children, adolescents, and young adults. From what we do know, there is every indication that we are going to have mental health challenges for Millennials and Generation Z, if not an outright mental health crisis. In a March poll (two months before the George Floyd tragedy) of mental health practitioners, respondents reported that mental health, including feelings of anxiety and depression, worsened during the COVID-19 crisis for two-thirds of Gen Z and Millennials.³ There is no doubt that the longer we find ourselves under the pressure of this unprecedented season, at a minimum, there will be wide-sweeping PTSD across all generations and, more acutely, for the young.

Now is the time for caretakers of the young—parents, grandparents, teachers, pastors, and therapists—to prepare ourselves to be proactive in our care for, and nurture of, developing young people. Adults who care for anyone from 10-years-old to their late 20s will need to retool for a whole new developmental reality.

What We Can Assume

Although we do not know much, we do know some. As we eventually begin to emerge from the strange and chaotic world our young people have experienced over the last several months, we can safely assume three consequences.

First, the cumulative experiences of 2020 will affect every young person. While some speculate that those in healthy families will have the greatest ability to thrive once we emerge from our social cocoons, there is little doubt that even

in the midst of a strong familial support system the upheaval and polarization of the social fabric that we have all been accustomed to will have some effect. For young people, the pandemic alone would have wreaked havoc on the developmental work of identity formation and belonging. However, the perfect storm of quarantining combined with the constant polarizing political rhetoric cannot help but create an internal upheaval with the developmental need to socially integrate. In other words, there is little about our national lives that has not been thoroughly challenged or even shattered. Every young person will be forced to navigate a whole new world, and that will take its toll on everyone.

Second, the need for real, tangible relationships that our preteens and adolescents can count on will overpower the relational superficiality of the tech relationships on which they have come to rely. Freewheeling texting, TikTok,[©] and gaming connections may have been relatively satisfying pre-COVID, but coming out of this skimming across the top layers of relationships will not come close to fulfilling the developmental needs of these young people. In 2021 and beyond, there will be an entire generation that will be starving for safe, authentic, mutually-supportive, trusting people who they can count on consistently.

Third, very few will come out of the crisis with the experience and tools

Most adults think they are available simply because they are “willing” to be available. However, the majority of young people feel that most adults in their lives are only present when it suits them, or when they have earned their attention.

to be able to find, develop, and maintain the relationships in which they long for so desperately. Prior to March, the majority of adolescents and emerging adults experienced their relationships in relatively controllable and bite-sized patterns. Reliance on social media and other technological touchpoints fed enough of an adolescent’s need for intimacy and connection to be able to survive the vagaries of the über comparative and competitive social landscape, even if they had few significant or vulnerable conversations with those in their relational cluster. Young people coming out of the lockdown will be forced to renegotiate the nature of their friendships and what it means to develop mutually reliant and supportive peer relationships. This process will become even more essential because of their visceral need for these connections. However, opening up to others without the experience and skills needed to safely create such networks is risky and will be a challenge for many of our young.

Every young person, from early adolescent to emerging adult, is going to be affected by this experience. There will be a greater hunger for intimate and real relationships, and many, if not most, will not know how to develop and sustain the social support they crave. Certainly, there will be some level of trauma for everyone, and, for some, it will run deep.

What Can We Do to Help?

Although the need for adult social capital in the lives of young people has been well documented for decades,⁴ more than ever before, caretakers (parents, grandparents, teachers, coaches, pastors, and therapists) will be necessary to help our young learn how to walk and, ultimately, thrive in the years ahead. Resilience from trauma is achievable, but rarely without safe and authentic social support. There are four influences that each young person needs from the adult community to give them the best possible hope in the coming months and years.

1. Adults must first take care of themselves. While this might sound obvious or even trite, it cannot be assumed or overlooked. To engage and serve the needs of our young, we must provide them a worry-free refuge of strength and make sure they never feel the need to “caretake” their caretaker. We must do our own work to ensure that we are not further burdening those who need our support.

2. Be available. Most adults think they are available simply because they are “willing” to be available. However, the majority of young people feel that most adults in their lives are only present when it suits them, or when they have earned their attention. Being available means to be proactively, strategically, and intentionally present not only when it is sought out or convenient, but at *all* times. Young people may not know how to ask for this kind of presence, or maybe even be aware that they want it or even need it, especially coming out of the events over the last several months. Therefore, it is up to us—the caretakers, the adults—to be diligent. It is our job to observe, listen, and be ready to be there for them in any circumstance and at any moment.

3. Initiate authentic friendships with the young. These relationships can be established without sacrificing the necessity of the role that we play in their lives. Although tricky, it is time once and for all to drop the mythical binary of being either a “friend” or a “parent” (or other adult supporter). Each of us must learn how to be both a dedicated adult presence and a supportive friend. Consider the best parent, teacher, or coach you have known. With few exceptions, they were able to provide both the hierarchical leadership of their role while also communicating genuine care and support. By unashamedly maintaining the role we play in their lives, we must also make sure young people know that we genuinely *like* them and will not allow them to be wounded even as we are helping them learn and grow. It is simply a fallacy to think that a “firm hand” is all young people need from us. In a world where this generation wonders who genuinely cares for them—regardless of their performance, conformity, or image—each of them needs to know they have a fan in their corner.

4. When invited in, lead with stories. It is easy to think that once we have young people’s attention that the best we can do for them is “pour our lives” into them as individuals. In practice, this often means that we lead with instruction or advice. This interaction can, and usually does, communicate the opposite of what we intend—a message that says, “I don’t believe in you, and, without me, you have little to offer.” Once we have built the bridge of presence and trust with an adolescent or young adult, the best gift we can offer that individual is our own lives. By sharing our stories, especially those where we learned by stumbling and climbing back up again, we can be an en-

couragement to keep moving forward. There will be time for instruction—how to respectfully disagree with someone, how to listen before offering your own opinion, etc.—but the most powerful moments that build confidence and hope in us are when we believe that we have the agency to make a difference in the world... especially in the lives of others. And that happens when we are sitting within one another's stories.

As we all return from this “little ice age,” may we not neglect those who rely on us to help them crawl out of the caves and stand upright. Our greatest legacy in the years to come will be how we held, listened to, and lifted up our young as they helped us all heal from the lessons we are learning during 2020. ✨



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Endnotes

- 1 "The Few," Winston Churchill's speech to The House of Commons, August 20, 1940. <http://www.churchill-society-london.org.uk/thefew.html>.
- 2 "Our greatest resource is trust" in *The Praxis Journal*, "Leading beyond the blizzard: Why every organization is now a startup," Crouch, A., Keilhacker, K., & Blanchard, D. March 20, 2020, accessed on June 28, 2020 at <https://journal.praxislabs.org/leading-beyond-the-blizzard-why-every-organization-is-now-a-startup-b7f32fb278ff>.
- 3 KFF Tracking Poll, American Association of Marriage and Family Therapists (AAMFT), March, 2020, as reported in *Family Therapy Magazine*, May/June 2020, 4.
- 4 See Putman, R.D. (2001). *Bowling alone: The collapse and revival of American community*. New York, NY: Simon and Schuster; Turkle, S. (2011). *Alone together: Why we expect more from technology and less from each other*. New York: Basic Books; and Clark, C. (2011). *Hurt 2.0: Inside the world of today's teenagers*. Grand Rapids: Baker Academic.

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Gary Sibcy, Ph.D.

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Todd Vance, Ph.D.

Todd Vance, Ph.D., is the founder of Breakforth Counseling and Consulting. He a Licensed Clinical Psychologist in Virginia. His goal is to help each of his clients live their fullest, most productive lives. Dr. Vance specializes in the treatment of chronic depression, anxiety, PTSD, and related disorders. He also offers career coaching, couples counseling, performance mastery coaching, and enjoys helping other therapists overcome obstacles in their practices.

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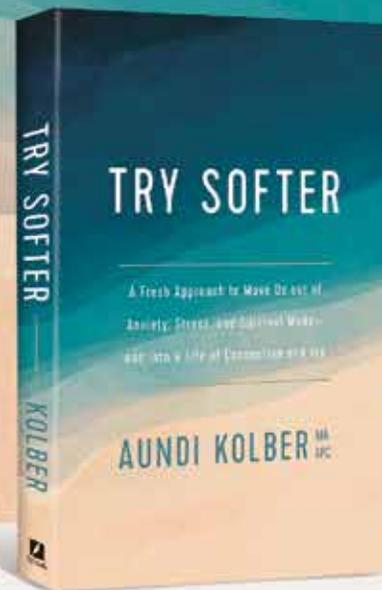
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AUNDI KOLBER is a licensed professional counselor (MA, LPC), writer, and speaker living in Castle Rock, Colorado. She specializes in trauma- and body-centered therapies and is passionate about the integration of faith and psychology. She has written for *Relevant*, *CT Women*, and *(in)courage*. As a survivor of trauma, Aundi brings hard-won knowledge around the work of change, the power of redemption, and the beauty of experiencing God with us in our pain.





MEANINGFUL RELATIONSHIPS AND THE SEARCH FOR SIGNIFICANCE

We had just stepped onto the platform in the Rose Garden Arena in Portland, Oregon, where nearly 10,000 people had assembled for a mega marriage seminar. That night, each of the six speakers was to give a brief overview of what he or she would be speaking on over the next couple of days. Just before the rest of us went to the podium, our friend, Gary Smalley, captivated the crowd by holding up a crisp \$50 bill and asking the massive audience, “Who would like this \$50 bill?” Hands started going up everywhere. He said, “I am going to give this \$50 to one of you, but first let me do this.” He proceeded to crumple up the bill. Then he asked, “Who still wants it?” The same hands went up in the air.

“Well,” he replied, “what if I do this?” He dropped it on the ground and started to grind it into the floor with his shoe. He picked it up, all crumpled and dirty. “Now who still wants it?” Again, hands went into the air. “You have all learned a valuable lesson,” Gary said. “No matter what I do to the money, you still want it because it doesn’t decrease in value. It is still worth \$50.”

Gary’s simple illustration underscores a profound point—even for pastors. Let’s be honest. Don’t you sometimes feel like you have been dropped, crumpled, and ground into the dirt by the very people you are shepherding? Or by the decisions or circumstances that come your way? Even pastors are tempted sometimes to feel alone, insignificant, or irrelevant. That’s when we need to be reminded of Gary’s simple lesson: No matter what has happened or what will happen, we never lose our value.

When I (Les) was in seminary, a professor asked a class of more than 50 students dedicated to pastoral ministry: “How many of you have been conscious of God’s love for you, personally, in the past week?” No more than a couple of hands went up. He waited a couple of beats and continued: “How many have been conscious of God’s disapproval of you this week?” Hands shot up all around the room.

How about you? How would you answer that question this week? Perhaps you have already internalized the message that the crowd in Portland heard, and you already have a profound and abiding sense of significance. Maybe you already know at the center of your being, deep down in your soul, that your value is established for all time, regardless of your performance. Your *lovability*, and thus your significance, is rooted deep in God’s unending love

for you. You do not have to work harder, look better, achieve bigger numbers, or win prizes of any kind. You know and live the most important message ever articulated—that you have inestimable worth because you are a creation of the Creator.

Chances are, however, that even if you have experienced this significance at *some* time, you do not feel significant *all* the time. Research reveals that while many of us have heard this ancient truth about our worth—and even preach about it on the weekends—most of us, most of the time, do not incorporate it into our own lives. We read the Bible. We preach the message. And that’s that. However, instead of being confident of our significance—feeling it resonate deep within our bones every day—we fall back into the habit of trying to earn it... or at least the approval of others.

Once we find what we are looking for, we relax... but only momentarily. Eventually, the people we are pleasing—whether a parishioner, board member, superintendent, colleague, spouse, friend, or an entire congregation—quit sending us *love messages*. That’s when we find ourselves back on our endless quest.

Finding the love of your life, for example, is an incredible experience, but it will not ultimately quench your thirst for significance. Neither will having children, as miraculous as that experience is for parents, and neither will becoming famous, writing a bestseller, or building a big church that garners attention. Still, we run restlessly, desperate to find that next person, thing, or event that will satisfy our search. No wonder so many of us can identify with King Solomon’s words, “I have seen all things that are done under the sun; all of them are meaningless, a chasing after the wind” (Ecclesiastes 1:14, NIV).

In our clinical work, we are astounded and saddened that the majority of individuals we work with never experience their own deep sense of significance. It does not seem to matter how much they believe a set of doctrines, subscribe to a particular faith, or even share their *truth* with others. The fact is, they feel good about themselves when they *do* important things, *win* important promotions or prizes, *please* the crucial people, and thus *earn* the right to see themselves in a positive light. As soon as they quit doing, winning, pleasing, and earning, they feel awful about themselves.

LES AND LESLIE PARROTT

You can never
live to the
fullest or enjoy
relationships at
their peak until
you experience a
permanent and
profound sense of
significance deep
in your soul.

Why is it so hard to embrace the fact that profound personal significance is received, not achieved? Why are we so addicted to trying to prove our value? These questions have haunted the human race for centuries. Part of the answer is found when we tune in to one of the most important conversations we ever have. It's 24/7. It never turns off—even when we are asleep, we have this conversation—it is our “self-talk.”

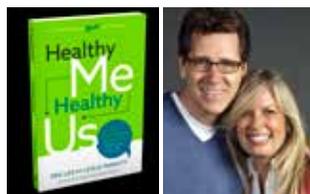
Your internal dialogue is key to learning exactly how you feel about yourself. It is an indispensable tool in learning to let love capture your being. Yet, precious few pay attention to it... and only the most well-adjusted know how to monitor their inner voice for the sake of accepting their own significance.

Your internal dialogue is paramount to personal growth. Self-talk—what you say to yourself and how you interpret that inner discussion—is essential to your well-being. It not only originates in the mind, but it could also be argued that the human mind *is* self-talk. At the risk of oversimplifying the majesty of the mind, you can think of it as a composition of intricate, internal conversations. The brain is a circuitry of complex communication, relaying millions of messages at any moment. And these messages determine who you are. They have a direct impact not only on your body, but on your spirit as well. Your very personality is defined by your internal messages.

Do not confuse positive self-talk with happy affirmations—or, even worse, self-delusion. Let's say you cannot carry a tune in a bucket. You simply do not have much musical ability with your voice. If you tell yourself that if you only try harder you can learn to be a virtuoso, that self-talk would be positive, but flawed. If you were to say to yourself that you are no good at singing, your self-talk would be negative, but not flawed. On the other hand, if you were to tell yourself that you cannot do anything right (because you cannot sing), that would be flawed, overgeneralized thinking.

The best kind of self-talk is not self-hype, nor is it negative, flawed, or overgeneralized. It is logical, rational, and accurate. The best type of self-talk says, “I choose my responses... they don't choose me.” It says, “No thought can dwell in my mind without my permission.” It says, “My value does not equal my performance.”

We'll say it again. You can never live to the fullest or enjoy relationships at their peak until you experience a permanent and profound sense of significance deep in your soul. Only then will you hear a voice that reverberates in every corner of your personality, saying, “I've known you from the beginning and called you by name. I knitted you together in your mother's womb and counted every hair on your head. Wherever you go, I go with you, and I'll never abandon you or hide my face from you. You belong to me, and I belong to you. You are marked by my love, and you are the pride of my life. Nothing will ever separate us” (Jeremiah 1:5). ✕



LES PARROTT, PH.D., AND LESLIE PARROTT, ED.D., are #1 New York Times best-selling authors of *Love Talk*, *The Good Fight*, and the award-winning *Saving Your Marriage Before It Starts*. Their most recent book is *Healthy Me, Healthy Us*. They are also cofounders of the game-changing, online SYMBIS Assessment (see SYMBIS.com). Les and Leslie live in Seattle with their two sons. Visit LesAndLeslie.com.

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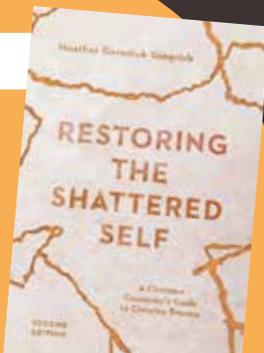
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Living Alone Late in Life



“At a time when divorce is becoming less common for younger adults, so-called ‘gray divorce’ is on the rise: Among U.S. adults ages 50 and older, the divorce rate has roughly doubled since the 1990s.”¹ As professional helpers, we are aware that a shattered marriage at any age can be devastating. A gray divorce, often a reference to the hair color of people in their 50s and older, adds a whole new level of challenges.

Those in this gray divorce group had often been married for 20 years or more, and:

- Had few, if any, close single or single-again friends. Their friends were married couples.
- Got married at a relatively young age, often after high school or college. They lived as a single person for only a brief time or not at all.
- Carry lots of guilt and shame and feel as if they have a big red “D” on their chests. They feel like second-class citizens in their faith communities, and some have even been asked to leave their churches.
- Find being single again overwhelming, with no idea about what a healthy, Christian single looks like in today’s culture.

So how do we help the brokenhearted navigate the process of rebuilding their lives after a gray divorce? Four areas that can be especially challenging for this population are:

1. The challenge of loneliness and isolation. “I feel so alone. I have no clue what it’s like to begin anew at this age. My widowed friends do not get the pain of betrayal or rejection. I wish I had at least one person who understands my struggles.”

It is even more devastating when some of their friends distance themselves or disappear. Others in the divorced person’s support network struggle with what to do or say. Some feel the need to choose one side in the broken marriage. Suddenly the word “unfriend” isn’t just about their Facebook[®] page.

The great void in people’s lives can be minimized when they plug into a divorce recovery group or connect with someone who successfully navigated the upheaval of a divorce at an older age. Divorcees need not search for a local group. They can link to groups that meet through Zoom[®] or Skype.[®] I offer an online coaching group called “Re-BUILD after Divorce.” It includes a small group of people from various parts of the country who meet online twice a month and interact on a private Facebook page. They also, for an additional fee, have the option to meet individu-

ally with me, on the phone or virtually, to address their specific struggles. Often, they comment, “It’s so healing to know I’m not alone. Before I joined ReBUILD, I did not know anyone wrestling with my issues.”

2. The challenge of financial hardship. When those divorced are over the age of 50 and have their retirement savings cut in half, it is difficult to make up that loss in their remaining working years, assuming they have a job. Many lose their homes along with the division of all their other assets. The newly single-again individual can be saddled with rent payments and no one with whom to share the electric, Internet, and heating bills.

Especially for women, this tends to be an area of great anxiety. As one shared, “The area of money carries a lot of emotion with it because I’m not sure how I will support myself if I get sick. Every time I’m forced to withdraw money from my meager savings account, I’m crippled with fear. I know I need to trust Jesus to provide, but it’s a struggle for me to make ends meet.”

Connecting with an accountant, a financial planner, or taking one of Dave Ramsey’s online classes enables clients to be proactive instead of paralyzed by the harsh reality of their finances.

3. The challenge of understanding what a healthy relationship looks like. A significant number of divorces include unhealthy or abusive elements. It helps our clients when they clearly understand the traits of life-giving relationships. Therefore, we need to help clients clarify the differences between the pain of destructive relationships versus the potential iron-sharpening-iron pain that comes with caring relationships.

Building a social circle of supportive, encouraging friends who accept them as they are helps to offset the emptiness and lack of intimacy people feel. “If one person falls, the other can reach out and help. But someone who falls alone is in real trouble” (Ecclesiastes 4:10, NLT). It is equally important, however, that those facing divorce safely distance themselves from the critical and toxic people in their previous lives.

GEORGIA SHAFFER

Despite all the challenges connected with gray divorce, I have witnessed the transformation of many who, with Christ, not only rebuilt their lives, but also now flourish.



4. The challenge for appropriate grieving and self-care. Divorce sets off a chain reaction of losses. These might include diminished reputation or respect, moving away from a much-loved neighborhood, or a negative impact on their relationships with adult children.

The raw pain of grief from all these losses can be so intense that many are convinced their sadness or anger will destroy them and may be tempted to numb the pain with busyness, food, shopping, sex, or alcohol. However, little by little, if they choose to face and wrestle with all these feelings, their inconsolable pain can draw them to a closer, more intimate walk with the Lord. They can find a life that satisfies.

Recently, I asked those who have successfully grieved and slowly rebuilt their lives after a gray divorce what they would share with someone over 50 who is newly divorced. Here are some of their suggestions:

- “Learn to know yourself, your strengths, and what you love.”
- “If you remain in the same house that you lived in before the divorce, get a friend to help you rearrange your furniture, especially in the bedroom.”
- “Plan activities with friends for holidays, Valentine’s Day, and vacations.”
- “Take up something new—like biking, hiking, knitting, doing puzzles, or gardening.”
- “Choose something you enjoy that has no memories connected to your previous marriage.”
- “If you always wanted a pet, get that kitten, teeny-tiny dog, or a Great Dane.”
- “I started pet sitting and love it. It also helps me earn extra money.”

- “For my birthday, I asked all my adult children for new linens. I now have new towels, sheets, and a bedspread. It was a simple thing, but having something new gave me a real boost.”

Despite all the challenges connected with gray divorce, I have witnessed the transformation of many who, with Christ, not only rebuilt their lives, but also now flourish. Even though it means coming home to an empty house at night, they are purposefully using their pain and sharing their hope and gifts with others. As one ReBUILD member said, “After all these years, I’m finally the person God created me to be. It’s the best.” ✨



GEORGIA SHAFFER PCC, M.A., *understands from experience what it takes to rebuild after divorce and, with God’s help, create a hope-filled future. She is a Professional Certified Coach, a licensed psychologist in Pennsylvania, and the author of five books, including A Gift of*

Mourning Glories: Restoring Your Life after Loss, Taking Out Your Emotional Trash, and Coaching the Coach: Life Coaching Stories and Tips for Transforming Lives. Georgia coaches beginning coaches and offers individual and group coaching that equips women through ReBUILD after Divorce, a small group coaching experience for those struggling to begin again. Visit www.GeorgiaShaffer.com for free resources.

Endnote

- ¹ Referenced on July 2, 2020. <https://www.pewresearch.org/fact-tank/2017/03/09/led-by-baby-boomers-divorce-rates-climb-for-americas-50-population/>.



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GHOSTING

WHEN THE ONE YOU LOVE JUST DISAPPEARS

Ghosting is the modern term for a phenomenon that has happened for generations.

When someone you care about vanishes without any form of explanation or communication, it is jarring, disillusioning, and confusing. If you loved that person, the pain is far more severe since the rejection cuts to the core and causes us to question our worth, while still reeling from the loss. It is hard enough to grieve a loss, but it is even more difficult if we think we deserve the pain.

Ghosting is much more common in our digital era, where we maintain a high number of relationships without the binding ties of physical contact and mutual friendships. Many dating relationships begin online, and some solely exist in the virtual realm. It is possible to terminate a digital relationship without any form of reprisal or ability to be traced. While some people actually seek this kind of anonymity, most of us are merely desensitized to the painful effects we have on others since we do not have to see them face-to-face and experience the damage.

The human empathy response relies on our mirror neurons and the emotional cues which others send to us in moments of pain. None of these get engaged if we pull away without saying goodbye or sharing any type of feedback. Ghosting is a pretty effective way for perpetrators to avoid feeling discomfort or pain, but it *amplifies* the suffering of those left behind.

The Pain Value of Rejection

In this fallen world, we are highly dependent upon the perceptions and support of those in our social sphere. Being cut off or shunned from one's "tribe" is a form of social death, and in ancient times it could literally result in death. To protect us from danger, God gave us warning signals in the human body. He has hardwired our nervous systems so the pain of rejection registers in the same manner as physical pain.¹ In fact, one viable treatment for the pain of social rejection involves the use of Tylenol.^{®2}

When we create meaningful social bonds and please others, our brains reward us with endorphins and dopamine that give us feelings of euphoria. If we fail at building relationships, our brains punish us with the release of dynorphin, an opioid peptide that is associated with stress response and pain.³ This response causes us to feel dysphoric, motivating us to carefully take stock of anything about ourselves or the other person that led to wasting precious time in a failed relationship.

The problem with ghosting is that we are completely deprived of any constructive feedback from the rejecting party, so our appraisals of self are more readily skewed to be disparaging. Pain levels are higher for people who have had repeated rejection experiences, making it even more difficult for them to see the big picture.⁴ From that place,

it is more difficult to say, "This rejection is a sign of the other person's avoidance or brokenness and not my self-worth."

God's Provision for Acceptance

The very system that sends us pain signals during relational loss is also the one that provides healing. Even before the fall of the human race, we knew that "it is not good for man to be alone..." (Genesis 2:18; NIV). God knew that we needed Him, as well as connection with one another to fully experience the gifts of life and love on earth. He created attachment as the bonding process that knits our hearts and lives with others, from the cradle to the grave.⁵

"God sets the lonely in families..." – Psalm 68:6 (NIV)

One of the greatest needs and longings of the human heart is to have a place where we belong... to have people who call us their own. We belong to them, and they belong to us. Amidst the pain of rejection, the outreach and caring of others speak volumes to us about our worth, while simultaneously healing us in the places where we are wounded.

Herein lies the vital ministry of the Church and Christian counseling as we step forward to be the tangible expression of acceptance and Christ's love. It is our job to help the grieving successfully journey through their sorrow without personalizing it or getting stuck in the overwhelming shame of rejection. We can do this by providing them emotional presence and wise counsel in the following ways:

- Validate the pain they are feeling by showing compassion.
- Normalize the stages of grief and the added complexity of working through each phase without any closure from the person who left.
- Distance them from harsh self-blame: "Loss is hard enough. Nothing you have done in this relationship is deserving of this level of pain."
- Help them create some type of closure ritual for saying goodbye (e.g., writing a letter, releasing flower petals into a stream, etc.).

W. JESSE GILL

- Open them up to receive the acceptance of Christ: “I am ‘accepted in the beloved’” (Ephesians 1:6). “I thank you for loving me first” (I John 4:19).
- When their minds ruminate on the uncertainties, invite them to the place of radical *acceptance* for the “things which they may never know and the things which they cannot change.”
- Direct them to focus on the here and now, which includes spending time with people who will be kind.

There is value in assessing interpersonal feedback for the grieving after emphasizing the previous seven suggestions. It may be beneficial to help those who are heartbroken to look at growth areas across *several* relationships, not just the one who ghosted. Feedback must point toward constructive action steps for factors to do differently vs. indictments of character traits. These action steps should empower and focus on reinvestment in the future. “I cannot change what happened, but here are ways that I will bring something positive and healthy as I move forward.” ✕



W. JESSE GILL, PSY.D., is a *Christian psychologist who practices in eastern Pennsylvania and is passionate about integrating Scripture and attachment theory.* His book, *Face to Face: Seven Keys to a Secure Marriage, teaches couples to embrace God’s attachment design* (www.facetofacemarriage.com).

Endnotes

- 1 Krossa, E., Bernama, M., Mischelb, W., Smith, E.E., and Wager, T. (2011). *Social rejection shares somatosensory representations with physical pain.* *Proceedings of the National Academy of Sciences (PNAS)*, 108 (15), p. 6270-6275, doi: 10.1073/pnas.1102693108.
- 2 DeWall, C., et al. (2010). Acetaminophen reduces social pain: Behavioral and neural evidence. *Psychological Sciences*, 21 (7), pp. 931-937.
- 3 Baylin, J. (2018). *Attachment-focused treatment: A brain-based model.* Workshop; September 21, 2018. Wellspan Behavioral Health, Mt. Joy, PA.
- 4 Hsu, D., et al. (2013). Response of the μ -opioid system to social rejection and acceptance. *Molecular Psychiatry*, 18, p. 1211-1217.
- 5 Bowlby, J. (1969). *Attachment and loss* (Vol I). London, Hogarth.

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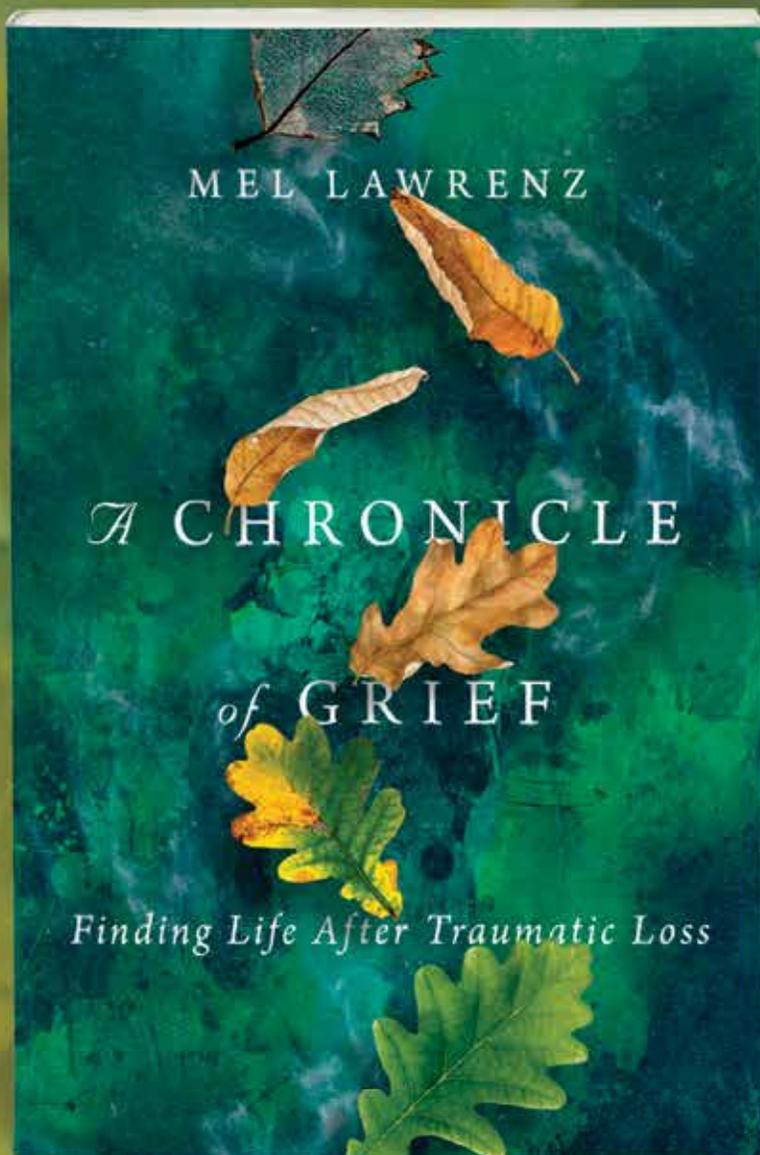
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GAME CHANGER:

How God's Presence Overcomes Loneliness and Isolation

During World War II, the famed Boeing B-17 bomber planes, nicknamed the Flying Fortress, flew in formation groups of 12 to 54. The U.S. Eight Air Force developed the system that placed every aircraft in a strategic position within the formation that was often in a V shape. The B-17 was equipped with five, .30 caliber machine guns, and each plane's guns were aimed in a different direction, making every inch of the sky covered. This approach protected each plane from German fighters.

With their massive propeller engines roaring, the convoy sounded like a swarm of giant bumblebees when airborne. It was a wonder to behold. Flying in this formation took a lot of time, effort, and fuel, but was well worth it because many planes survived that otherwise would have been shot down if left on their own. As long as they stayed in the pack, they were protected. If an aircraft somehow got out of formation, it became isolated, and the enemy zeroed in on that particular one, unleashing its full firepower. So, one of the enemy's tactics was to get the B-17s separated from their group.

Today, it is the same for us as Christians, especially men. The Apostle Paul wrote in 2 Corinthians 2:11, "... *in order that Satan might not outwit us. For we are not unaware of his schemes.*" We have a genuine enemy in Satan. Jesus dealt with a very real Satan, as did all of the apostles. There is a whole demonic realm of principalities and powers governing this world system. To not believe this is to discard basic biblical teaching.

This enemy/system has intentional *schemes* against men, of which we must be aware. One of those *schemes* is to isolate us so a full force of enemy tactics can be unleashed. When alone and isolated, every lie Satan launches at us is magnified. Lies like, "You don't matter. You're a failure. What's the use? God's disappointed with you. God's not here. You're all alone." Satan also picks at our wounds of bitterness, sadness, depression, self-pity, despair, and feelings of being trapped and helpless. When in this state, we get weary and often give in to sin to get temporary comfort instead of allowing God to comfort us. Then, after failure, instead of running into God's arms of grace, we self-loathe, which opens the door for the enemy to pounce even more. Pretty soon, we are flaming out of control and heading for a crash!

MAX DAVIS

Though we may *feel* isolated and alone as Christians, we are not, and living in that awareness changes everything.

Even though it takes time and effort to stay in formation, if we want to survive, we *must* do things to connect. We have to be intentional. We cannot have a desperado complex that says, “I can do it alone. I don’t need anyone else.” Typically, men do not want to reveal their pain or weaknesses, so we just grit our teeth and endure, which further isolates us. We want to project an image that we have everything under control even though we may be dying inside.

There are practical elements that we can practice to stay connected even when we are in isolation. However, like the B-17s flying in formation, it requires effort and intentionality. It is really more about opening up our hearts, allowing ourselves to become vulnerable, and connecting. Pick up the phone and reach out to a Christian brother. Tell him about your feelings. If possible, meet one-on-one with a friend in the Lord and go for a walk or hike. Do an online video Zoom® meeting. In this case, technology is in our favor. If a men’s group at your church is meeting, do whatever it takes to get there. During this COVID-19 lockdown, our church men’s group started meeting again with social distancing. So many of the men present indicated that though it took a major effort to get there, it was like a refreshing drink of cool water in the dry, parched desert to be able to meet again. They went home recharged, encouraged, and built up. If you are struggling with the consequences of isolation, do what you can to connect.

Game Changer

At this point, I want to shift direction a bit and talk about those seasons when we cannot connect. When we are forced to be isolated for long periods, such as the COVID-19 lockdown, it disrupts our regular routines. Many people have been laid off from their jobs and made to spend hours each day alone, bored, and unproductive, which drives a stake in their self-worth. How could that B-17 bomber that was forced out of formation survive? How do we survive?

One of the answers comes from the life of the Apostle Paul. After he became a Christ-follower, his life did not get better from a natural standpoint. Listen to the description of his life. Paul wrote that he was, “... *under great pressure, far beyond our ability to endure, so that we despaired of life itself. Indeed, we felt we had received the sentence of death... been in prison more frequently, been flogged more severely, and been exposed to death again and again. Five times*

I received from the Jews the forty lashes minus one. Three times I was beaten with rods, once I was pelted with stones, three times I was shipwrecked, I spent a night and a day in the open sea, I have been constantly on the move. I have been in danger from rivers, in danger from bandits... in danger in the city, in danger in the country, in danger at sea... have often gone without sleep; I have known hunger and thirst and have often gone without food; I have been cold and naked” (2 Corinthians 1:8-9, 11:23-27).

Paul certainly knew the pain of isolation and loneliness as he was alone and in prison for long periods. However, in 2 Corinthians 1:4, Paul said because he was comforted in all his troubles, he could comfort others with the comfort he, himself, received. Obviously, this indicates that in the midst of all Paul’s suffering, which included loneliness and isolation, he was still comforted. How was he comforted? Regardless of what he was going through, Paul knew the reality of the risen Christ. It had nothing to do with outward circumstances. Paul’s understanding that Christ was indeed risen and living inside him was his game changer. Though we may *feel* isolated and alone as Christians, we are not, and living in that awareness changes everything.

In that same chapter, 2 Corinthians 1, where Paul said he was comforted, later in verse nine, he said that those troubles previously listed were the very things that taught him not to rely on himself, but on God who raises the dead. It was not the *great and wonderful* things that motivated him to rely on God. It was the *difficulties, pain, despair, and even isolation*. The truth is, Paul was never alone, even though he *felt* that way. And neither are we.

In verse 10, Paul says, “... *On him we have set our hope...*” Paul’s hope was solid as if it was set in concrete. It was immovable because he knew Jesus had risen. Paul had seen Him on the road to Damascus, so the circumstances did not matter because he knew that Jesus was alive and with him in the dark dungeons. Jesus was with Paul on the shipwrecks... He was with him when he was beaten... and He was with him when he was alone and naked in the sea. After his conversion, a large part of Paul’s life consisted of telling people that he saw Jesus and knew He had risen. In 1 Corinthians 15:14-15, Paul said, “*And if Christ has not been raised, our preaching is useless and so is your faith. More than that, we are then found to be false witnesses about God, for we have testified about God that he raised Christ from the dead...*” Understand that bearing false witness was a serious claim for the Jews under the

law. Essentially, Paul was saying, “If Christ has not risen, I’m not just a liar, but I’m a liar to God!” The Pauline epistles are some of the most historically accurate documents. Paul saw the risen Christ and ultimately laid down his life for that truth. In fact, Paul said in verse 19 (BSB), “*If our hope in Christ is for this life alone, we are to be pitied more than all men.*” What did Paul mean by such a statement? He meant that what I experience here in this life is not my reality... that Jesus is risen and with me right now. Sometimes we will feel it, and sometimes we will not. However, feelings and circumstances do not matter.

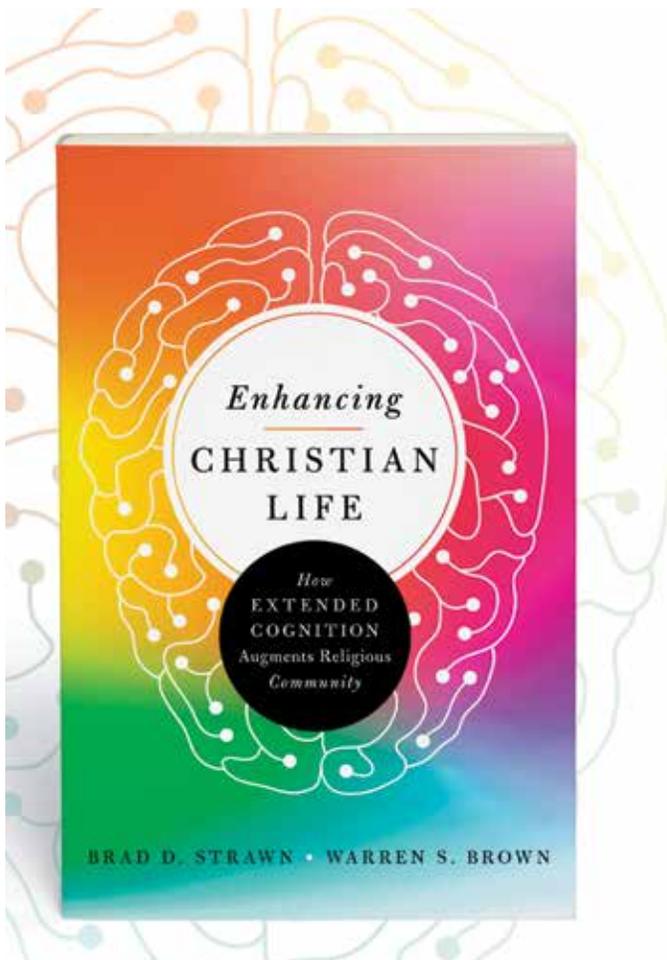
Pain, struggles, and feelings of isolation are often associated with the absence of God; however, nothing could be further from the truth. Paul had peace, joy, and contentment in every circumstance because of the “game changer.” One of the problems today is many of us are, what I call, “Christian atheists.” We say we believe, but live as though Christ is dead... but He is not! God is real, alive, and fully-present whether we feel it or not. When we are in isolation, we must choose to either believe He is risen or not. If Christ is risen, then it changes everything because He sees and is fully-present. The Scriptures say,

“... *in Him we live and move and have our being*” (Acts 17:28, NIV) and “... *whoever would draw near to God must believe that he exists and that he rewards those who seek him*” (Hebrews 11:6, ESV). Believe it. Jesus said, “*And I will pray the Father, and he shall give you another Comforter, that he may abide with you for ever...*” (John 14:16, KJV). Ephesians 1:13 (NKJV) promises, “*In Him you also trusted, after you heard the word of truth, the gospel of your salvation; in whom also, having believed, you were sealed with the Holy Spirit of promise....*” When we believe the Gospel, the Holy Spirit of Jesus is inside us, and, just like Paul in his tribulations, we are never alone. That is a game changer. ✕



MAX DAVIS, B.A., M.A., is the author of more than 35 books that have been featured in USA Today, Publisher’s Weekly, Bible Gateway, and on The Today Show and The 700 Club. He holds degrees in journalism and biblical studies. Max co-authored a new book with Dr. Tim Clinton, Take

It Back: Reclaiming Biblical Manhood for the Sake of Marriage, Family, and Culture, that will be published in March 2021.



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IMAGINARY LOVERS:

THE “PORNDEMIC” PROMISE OF FALSE INTIMACY



The “pornemic” is upon us. Increasingly high numbers of Christians, including pastors, are testing positive for the deadly virus of pornography, which promises an escape from the pressures and struggles of life and relationships. Men and women have been hiding from God and each other since the events described in Genesis chapter three, which changed humans’ experience of nakedness from “unashamed” to “ashamed.”

People are searching for ways to get back into a Garden of Eden experience, and these days the forbidden fruit is all around us. With every bite, pornography tragically promises life, but only delivers death.



Covenant Eyes, the world leader in Internet filtering, reports that 64% of Christian men and 15% of Christian women say they view porn at least once a month.¹ (Yes, women view pornography, too, as Internet statistics consistently show that one in every three visitors to an adult Web site is female.² The younger generation of women is viewing porn at close to the same rates as their male counterparts. Sadly, women often experience greater judgment, and, therefore, greater shame than men who struggle with pornography, and women are routinely omitted from the conversation about porn users.) According to a 2016 Barna Group research study, 57% of pastors and 64% of youth pastors report they have struggled with porn at some point, and many confess it is a current issue.³

Internet porn is like crack cocaine in that it is accessible, anonymous, affordable, accelerated, and addictive. During the COVID-19 pandemic, the already dangerous porn pandemic has exploded. Pornhub,[©] the world's largest free pornography site, reports astronomical growth in

daily visitors as people worldwide are coping with the stress, isolation, and additional free time as a result of the coronavirus. Many other pornography sites have provided more of their premium content for free, which is ensnaring more people in the ever-darker world of rape and sex trafficking of women and children. Viewing pornography alone, even without the masturbation that almost always accompanies it, releases powerful neurochemicals that hijack brain chemistry and rewire a desire for more porn instead of authentic human connection.

People who use pornography are, indeed, involved in a false intimacy with “imaginary lovers.” These fantasy-based bodies, which bear scant resemblance to anyone in real life in both appearance and sexual behavior, never require the viewer to show up in authenticity and vulnerability. The objectification of women and men reduces both genders to one-dimensional images of their full selves. Worse, today's pornography, including the vast amount of free porn, is violent, degrading, and misogynistic.

MARNIE C. FERREE AND JIM CRESS

This secret pornographic life has nothing to do with love and intimacy. It only offers a false substitute of destruction. The Apostle Paul warns in I Corinthians 6:16, “Do you not know that he who unites himself with a prostitute is one with her in body?” This principle also applies to consuming pornography, where a man or woman can bond to sex with self or with these fantasy images—both of which are false versions of intimacy.

So many people are unaware that pornography use is developing a stronghold in their lives and damaging their most important relationships. In the pursuit of pornography and its genital-based sexuality, strugglers are completely missing the richness and mystery of the one-flesh union of marital sexual intimacy. Pornography seekers are really looking for validation or affirmation, connection, and love, which are holy desires for genuine intimacy. Yet, their pursuit of illicit sex leaves them ultimately disappointed, dissatisfied, and ashamed.

Porn is a “check engine” light on the dashboard of a person’s life. Looking below the hood reveals the debilitating issue of an intimacy disorder, which is fueled by a pornified culture. Often other deeper issues are at play, such as attachment deficits, childhood trauma, sexual abuse, generational sins (Deuteronomy 24:16), attention-deficit/hyperactivity disorder, anxiety, and other mental health struggles. The result of this porndemic is an illness of epic proportions—a void of healthy, intimate relationships with other people and God.

If we are going to address the porndemic within the Church, we must face the problem among its leadership. When a Christian pastor hides his pornography habit, he exists in what author, C.S. Lewis, describes as, “the prison of himself.” So many pastors confide, “If I share my sexual struggles with my church leadership, my confidentiality will be broken, and I’ll be judged, shamed, and marginalized. My vulnerability in telling the truth will mean the end of my career and ministry.” A truism from many 12-step programs says we are “as sick as our secrets.” These wounded shepherds need Christian helpers to provide safe pastures where healing and recovery can flourish.

We must address the treatment of pornography as a multifaceted problem requiring a multifaceted solution. The late esteemed pioneer in the Christian community regarding treating pornography and sexual addiction, Dr. Mark Laaser, frequently said that we are wounded in relationships, we act out in isolation and secrecy, and we are healed in relationships. Professor, and author, Dr. Brené Brown, asserts, “You either walk inside your story and own it, or you stand outside your story and hustle for your worthiness.” The fantasy women and men in porn consistently provide the message that viewers are desirable and

desired... that they are worthy. Pornography consumption, then, is aptly termed a disorder of “worth-ship,” as people mistakenly get their worth from the false promises of imaginary lovers.

Research finds that those trapped in pornography or sex addiction need to be in regular counseling, group therapy, and a 12-step program or similar support group. Individual therapy with a well-trained therapist who specializes in sex addiction, trauma, and attachment issues is essential. Groups such as Sex Addicts Anonymous, Samson Society, Pure Desire, and Celebrate Recovery are life-changing. Many people greatly benefit from an intensive therapeutic experience that jumpstarts their healing, such as the three-day Integrity Redeemed intensives that Jim leads, or Bethesda Workshops, a short-term intensive program that Marnie directs. Issues that were formed in intensity (and today’s supercharged pornography is definitely intense!) need to be changed through intensity.

The good news is that with proper treatment, pornography addiction can be arrested. If individuals do the recovery equivalents of washing their hands, wearing a face mask, and practicing physical distancing from any porn, they can break free from the porndemic of imaginary lovers. ✠



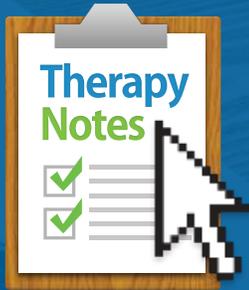
MARNIE FERREE, M.A., LMFT, CSAT, is a pioneer in the field of sexual addiction, especially in the Christian community. She is the author of *No Stones: Women Redeemed from Sexual Addiction* and founder and director of *Bethesda Workshops*, a short-term intensive program for treating pornography and sex and love addiction. Visit <https://www.bethesda-workshops.org> for more information.



JIM CRESS, M.A., LPC, CSAT, CMAT, specializes in counseling those struggling with sex addiction, partners of sex addicts, marital counseling, trauma, abuse, and experiential group therapy. He has a private practice in Matthews, North Carolina, and leads regular workshops and group therapy sessions.

Endnotes

- 1 Denison, M. (2018, October 11). Porn in the pulpit: Facing it head on - Covenant Eyes Blog. Retrieved July 20, 2020, from <https://www.covenanteyes.com/2018/10/11/porn-in-the-pulpit/>.
- 2 Pornography Statistics. (n.d.). Retrieved July 27, 2020, from <https://www.familysafe.com/pornography-statistics/>.
- 3 Kinnaman, D. (2016, February 5). The porn phenomenon. Retrieved July 20, 2020, from <https://www.barna.com/the-porn-phenomenon/>.



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Staying Connected When Feeling Isolated

CCOVID-19 continues to take its toll on parents, spouses, teachers, leaders, pastors, retail workers, and frontline medical personnel. Many are stressed, lonely, isolated, depressed, and overwhelmed.

When such feelings grip me in uncertain times, I turn to the Psalms. They remind me that I am not alone, and the Lord is with me always. I can pour my heart out to Him. There is no need to mask my feelings with God. He knows what I think and feel. In Psalm 25:16-17, David cried out to God, “Turn to me and be gracious to me, for I am lonely and afflicted. Relieve the troubles of my heart and free me from my anguish.”

How often do you cry out to God? Feelings of hurt, fear, or frustration do not make you a bad Christian. My friend, Ryan Pannell, is a therapist at Focus on the Family’s Hope Restored marriage intensive program. He says, “Emotions are like our children. We listen to them. We care for them. We just don’t allow them to make major decisions for our family.” Instead of stuffing your feelings, express them to your Heavenly Father. Cry out to Him. He is always there for us and can take whatever troubles we present to Him.

We all deal with mixed emotions in different ways at various times. I try to keep that in mind as I minister to people through times of crisis. The COVID-19 pandemic has us all in the same predicament, but each of us deals with it in our own way. Physical gatherings in our town came to a screeching halt on March 15, 2020. I will never forget the surreal feeling of walking into our empty church building and preaching to the congregation at home through a camera lens.

In my mind, this would only last a few weeks. Boy, was I wrong. I had no idea the toll this virus would take on us emotionally, physically, and relationally. As the weeks piled up, we began to wear down. Businesses and restaurants closed, people lost their jobs, and panic set in. Our children came home for spring break and never went back to school. We were instructed not to visit family and friends in hospitals and nursing homes. State and local restrictions kept us in our houses except when going out to obtain essential items.

At the end of March, I wrote the five stages of grief on the whiteboard during our church staff meeting. We used the grief cycle to help the Woodland Hills church family process the shutdown. And make no mistake; the loss we experienced was grief. Here are the five stages of grief:

- **Stage 1: Denial** (shock, confusion, and fear)
- **Stage 2: Anger** (frustration and irritation)
- **Stage 3: Bargaining** (reaching out, wanting to share feelings and story, negotiation)
- **Stage 4: Depression** (helplessness, overwhelmed, and low energy)
- **Stage 5: Acceptance** (developing a new plan)

I shared with our staff that we are called to, “Rejoice with those who rejoice; mourn with those who mourn” (Romans 12:15). It was vital that we minister to people as they mourned the losses of this season. We wanted our messaging and tone during the shutdown to stick close to the stages our people were in on a weekly basis. Tone deafness is when a leader jumps to stages four and five

when everyone else is still on stages one and two.

With our grief came prolonged disconnection. Sure, we had the technology, but talking to someone on a screen pales in comparison to gathering around a table and sharing a meal. As I told our congregation repeatedly, I am grateful for technology and live-streaming, but I long to assemble face to face. I share John’s heart in 3 John 13-14, “I had much to write to you, but I would rather not write with pen and ink. I hope to see you soon, and we will talk face to face.”

The stay-at-home orders and social distancing also took its toll on our ability to mourn with one another. According to Dr. Brad Wilcox, Professor of Sociology and Director of the National Marriage Project at the University of Virginia, loneliness is a “huge problem because real social contact is a biological need like eating, drinking or sleeping, and our bodies react to loss of interaction the way we react to hunger. It’s physically painful. It’s damaging. It’s even dangerous long-term.”

Amid this crisis, isolation, and grief, how do we stay connected to one another? Here are just a few ways we have prioritized connection in our family and church over the past year.

- **Speak words of life over your family and friends.** Your spouse, children, grandchildren, parents, and grandparents need you to speak words of high value over them. Our family has found great comfort in the priestly blessing that worship teams around the world have been singing over us in recent months. “The Lord bless you and keep you; the Lord make his face shine on you and be gracious to you; the Lord turn his face toward you and

“A cheerful heart is good medicine, but a crushed spirit dries up the bones.”
Proverbs 17:22 (NIV)

give you peace” (Numbers 6:24-26, NIV).

• **Limit online engagement.** We are grateful for technology and how it keeps us connected through times like these, but “Zoom-fatigue” is real. Screens will never replace face-to-face interaction. Let’s use technology to stay connected, but turn it off when our mental and emotional wellness begins to suffer. Relationships are built on conversations, not lectures. The political opinions flying around feel more like admonishments than conversations. Remember, “Fools find no pleasure in understanding, but delight in airing their own opinions” (Proverbs 18:2, NIV). We do not have to show up to every online fight in which we are invited. We do not

have to post on every news cycle that sparks outrage. And we do not have to comment when people demand that we do. Take a break!

• **Take time to celebrate and laugh.** We need to “rejoice with those who rejoice.” In this challenging season, we have celebrated the birth of children, weddings, birthdays, anniversaries, and graduations. These events and milestones must be observed and enjoyed. Proverbs 17:22 (NIV) says, “A cheerful heart is good medicine, but a crushed spirit dries up the bones.” Good humor and a hearty laugh reduce tension throughout the entire body, help us cope, and offer refreshment. Pastor Chuck Swindoll says, “Laughter is the most beautiful and beneficial

therapy God ever granted humanity.” Nineteenth-century preacher, Henry Ward Beecher, is known for saying, “A person without a sense of humor is like a wagon without springs. It is jolted by every pebble in the road. Good humor makes all things tolerable.”

I pray that you find peace and joy in the Lord through 2020 and into next year. ✦



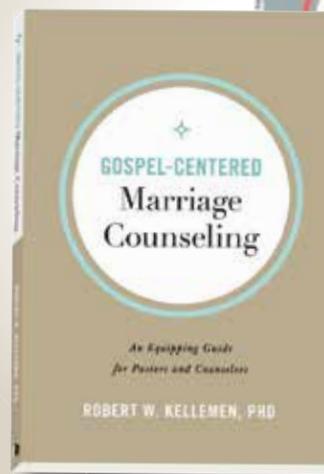
TED CUNNINGHAM, MACE, is the founding pastor of Woodland Hills Family Church in Branson, Missouri. He is a graduate of Liberty University and Dallas Theological Seminary.

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Bearing the Image of Christ While Caring for Others

We are living in confusing, complicated, lonely, and threatening times.

If we are honest, we feel vulnerable. And, in fact, we *are* vulnerable. Many are anxious, depressed, and grieving, feeling as though the end is not in sight. We are also living in hostile and divisive times. Dialogue with dignity, kindness, and respect seems rare. All of us are living isolated, and often unpredictable, lives due to the virus called COVID-19. Many are also living emotionally and relationally-isolated lives because of hostility, rage, and judgment. However you have been personally affected, know that I am keenly aware of writing to suffering, frightened, and uncertain people.

We are not meant to be lonely, isolated, and divided. Each one of us was tenderly knit together by our Father's hands, and He said being alone is not good. Nothing can alter that truth. You were deliberately created bearing the image of God in your being. There are no exceptions. No one else's treatment of you makes you an exception. No pandemic changes that, nor do gender, race, wealth, status, or health. Created to be cared for by our God, we are to care for each other bearing His image. We are, without exception, all precious to Him. Like Christ, we are meant for relationship, so we should also be precious to one another.

Loneliness is relational pain, a real pain that can lead to panic, fear, anxiety, or depression. Think about those living in abusive homes during this time who have no respite, no exit. Abuse silences people and destroys relationships; it renders victims powerless, yet no one seems to care. That is true in the best of times but increases



exponentially during a quarantine requiring a lockdown. Isolation also increases the danger for victims who are now required to work from home or lost their jobs due to COVID-19, as they no longer have time away to serve as an interruption from the abuse. Although calls to hotlines and the need for shelters have increased, this type of seclusion makes reaching out for help more difficult.

The quarantine also affects the safety and well-being of children. Reports of sexual abuse have increased in some places and actually decreased in others. The reason for the decrease is because those who often report—teachers, medical personnel, child caregivers—no longer see these children. Hence, those who typically advocate for them do not have contact. We, as the body of Christ, should consider contacting domestic abuse organizations to take online training and learn from them how to help and connect in ways that do not increase danger. A simple text to an isolated person brings a sense of connection: “I am thinking of you today. Can I pick up something for you at the store? What would be a good treat for your kids?” These small

gestures communicate to them that they are seen, that they matter, and someone cares. They bless the one who is alone, afraid, and in relational pain.

We are in the midst of three viruses today that are active and destructive to humans made in the image of God. COVID-19 is one of them, taking many lives and continuing to take many more. This pandemic is causing families utter grief because they are unable to be with their loved ones during their illness and last days of life. A second “virus” is racism. It, too, is choking the life out of precious humans and isolating many. Skin color, not personhood, determines value. We diminish and speak cruelly about God's handiwork. The third virus is sin—the source of all other viruses. It is in all of us and bears the fruit of cruelty, degrading words, a refusal to bend for others, and it breeds fear, isolation, hatred, and loneliness. All of these viruses are suffocating—and as our fear increases, so do our anger, isolation, judgment, and cruelty.

There is another way. We can live in fear, or we can live in Him, Christ the Lord. He came to a virus-ridden world and wrapped Himself in flesh like us and entered into our loneliness.

Although all forsook Him and fled, He bore our virus and bridged our separation from the Father. He lived in our world of masks and restrictions. Christ sat with those who were rejected—a woman of another race. He cared for and honored her by inviting her to care for Him. Christ came to cancel out the viruses we spread—all of them.

Many years ago, when I was in college, a friend knocked on my door and told me her mother was very ill and in the intensive care unit at her local hospital. She wanted to go home to see her mother, but she was several states away. She asked if I would please come with her so she would not be alone? The college allowed me to go, and her father arranged to get us there. We arrived and went directly to the hospital, where we were required to wear masks, a paper gown, special

slippers, and a headcover. My friend wanted me to be in the room with her when she went in for the first time. For the love of my friend and her mother, I suited up and entered a room full of machines attached to a woman completely covered. There, I watched a daughter and mother who were unable to touch still manage to give one another love.

Our Lord Jesus also suited up and entered a room full of infectious and dying people—gender did not matter, race did not matter, nor did the particular disease. He did not turn away from the many restrictions required of Him to walk with us and destroy the life-choking infection that resides in us all. Instead, He entered our loneliness, our rejections of others, our harsh judgments about “them,” and all of our viruses... and He did so for the love of the Father.

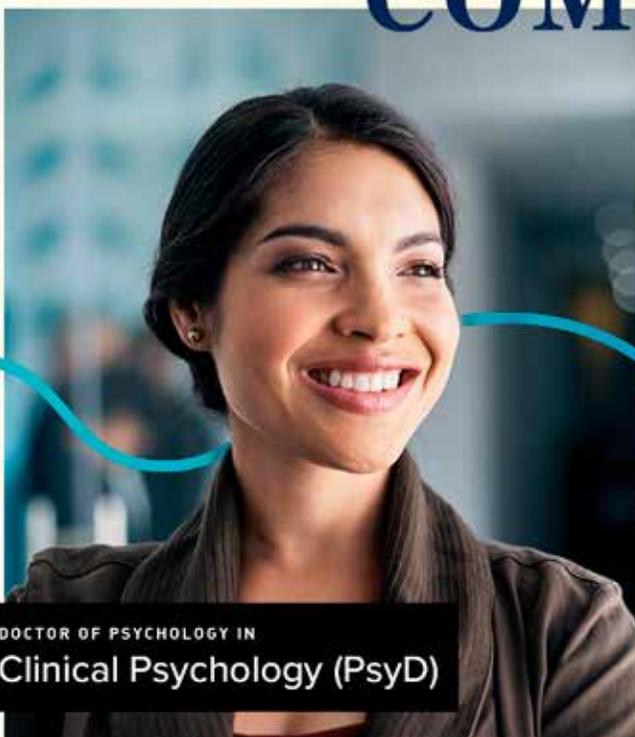
May God’s people suit up and enter. May we bend and restrict ourselves for the love of others. May we wear masks, hold hands with humility, and grant a listening ear to those who are somehow unlike us. May we enter into this smothering world bringing Christ’s light, life, and truth filled with His overflowing love. We will not be alone, for God is already there waiting for us to join Him. ✠



DIANE LANGBERG, PH.D., is globally recognized for her 45 years of clinical work with trauma victims, having trained caregivers on six continents. She directs a group practice in Jenkintown, Pennsylvania, and her most recent book is *Suffering and the Heart of God: How Trauma Destroys and Christ Restores*.

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Finding Meaningful Relationship and Help for Loneliness in Solitude

During the past few months, most of us have experienced what would have been unimaginable in the twilight of 2019. In rapid succession, we have lived through jolting times painfully reminiscent of the plague of 1918, the stock market crash of 1929, and racial tensions not seen since of the 1960s.

If that were not nightmarish enough, we are living through these experiences during post-modern times when moral knowledge and truth-telling seem to have been escorted out of most buildings. Those two twin towers have been replaced, it seems, by choreographed talking points, screaming heads, and myopic-polarizing-editorializing in the spaces that used to be reserved for the nightly news and higher public education.

As a result, it seems that the worst of times from the 1900s are not only with us again, but also being covered by something akin to *Pravda*, the official newspaper of the Soviet Union Communist Party, circa the 1950s. In the words of the ancient Christian faith, “Lord have mercy!” In the words of practical spirituality, “Lord, may none of this pain be wasted.”

I’ll have to be honest, thinking about writing this column has been so difficult that I kept putting off sitting down to get it started. And then, for a while, I was very tempted to turn it into a humor column as a way to avoid the pain. But with so many readers being mental health professionals, I feared my primary defense mechanism would be diagnosed. However, I am also more than a bit obsessive-compulsive; so, I will let you in on a little of what I had in mind. I was

going to offer a couple of brief tests to help determine if a person was in the danger zone for experiencing either too much isolation or too much forced exposure to immediate family. With a nod of appreciation to comedian, Jeff Foxworthy, I will drop in a portion of those longer instruments.

A Brief Screening Test for Extreme Isolation [note – a score of one or higher is not good]:

1. If you’ve ever stopped using your Thorazine® just so you might have someone else to talk to, you might have experienced too much solitude.
2. If you’ve put Wings-to-Go on speed dial, you might have experienced too much solitude.
3. If you’re a mature grown-up and you’ve started making prank calls to grocery stores, you might have experienced too much solitude.
4. If you’ve recently been hoping to contract COVID-19 so you could get out of your house to see a doctor, you might have experienced too much solitude.
5. If you’ve ever fantasized of strangling a monk, you might have experienced too much solitude.

A Brief Screening Test for the Pathological Experience of Too Much Family Time [note – a score of one or higher is not good]:

1. If you’ve alphabetized your spouse’s annoying habits, you may have experienced too much family time.

2. If your three-year-old has said, “Mommy, I love you!” and your first thought was, “whatever,” you may have experienced too much family time.
3. If you are mowing your lawn for the third time on the same day, you may have experienced too much family time.
4. If you’ve had the fleeting thought that you miss seeing your mother-in-law, you may have experienced too much family time.
5. If you’ve invited your children to play hide and seek and then not looked for them for days, you may have experienced too much family time.

Okay, thank you. I do feel a little better. Now that I’ve gotten that out of my system, let me return to what prompted that defense mechanism.

I stepped into a time of intentional solitude for the first time in 1980. My wife and I visited a remarkable retreat center in Santa Barbara called La Casa de Maria. What I experienced in that setting was so astonishing and healing that it absolutely changed the course of my life. I have returned to La Casa dozens of times over the past four decades.

In a scant 48 hours, I came to realize that I loved the ancient faith and that stepping into solitude was, for me, as natural as a fish sliding into water. I also found priest, professor, writer, and theologian, Henri Nouwen, as my new friend and learned from him that it is in solitude that we discover we are never alone. For someone raised as a Catholic-phobic, Pentecostal preacher’s kid who could never make the special effects work, it was a big deal. In 48 hours,

As surely as flowers come from the factory with the capacity to flower, each person... contains within his or her heart a God-given aptitude for communication with God.

I realized that I would never again be alone, and there was more than one prayer form of interior surrender.

Over time, however, I began to understand that everyone did not share my same appreciation for the potential healing virtues of solitude. Not long before the current COVID-19 crisis, I was at a gathering where one young scholar presented for more than an hour on the negative emotional impact of spending too much time alone. It was a solid presentation drawn, in part, from a painful personal experience. When the talk opened for discussion, another bright, young scholar politely remarked that he could not at present understand the possibility of loneliness since discovering the conversational presence of God in solitude.

I must add that the responding individual was not trying to be a spiritual jerk nor elitist. He was genuinely wrestling with the notion of where a Christian could actually be alone in the real presence of a Triune, communicating God. To say the least, sincere Christians have very different experiences in solitude.

In his remarkable book, *Into the Silent Land: A Guide to the Christian Practice of Contemplation*, author and professor, Martin Laird, makes a beautiful case for humans being built for contemplation. As surely as flowers come from the factory with the capacity to flower, each person, Laird suggests, contains within his or her heart a God-given aptitude for communication with God. However, the real gift of Laird's book comes in his description of the "Three Doorways" of the human heart, which can open into progressive awareness of Divine communication. While it would be impossible in this space to do justice to even a summary of a summary of this important work, I will offer a teaser

concerning his Doorways to deeper intimacy and friendship with God.

The First Doorway. The first passage is characterized by the awareness of all the noise from thoughts, emotions, fidgetiness, boredom, self-preoccupation, and other distractions that appear when we attempt to be still for quiet, listening prayer. Great help to the process of navigating this doorway is found in learning to focus on "breathing" a prayer word or short phrase. Peace comes here, Laird suggests, when we learn to simply return to the prayer word instead of reacting to the internal chatter.¹

The Second Doorway. The riddle to be solved with the second doorway is notably different from that of the first. Whereas the first doorway presented a sense of being a "victim" of what is happening with our internal jukebox and movie theatre, the second doorway moves us from "victim" to becoming more aware of a "witness" or observer to all the chatter that comes and goes. There is distance from the chatter.

Awareness, Laird suggests, is the "eye of silence," and the fruit of such silence is growth in awareness.² We are passing through the second doorway when we begin to "let go," "let be," and live more in the depth of the present moment and gently look past the distracting thoughts and images to the "mental-emotional pattern that undergirds that thought."³

The Third Doorway. Crossing the threshold of the third doorway will likely require not only vigilant repetition and waiting, but also significant input from a spiritual director. Here, the person learns to gently shift his or her focus from the distractions to the awareness of those distractions to awareness itself—to the aware-ing itself. And it is in this passageway that we find the deepest sense of our true identities

and the Holy One who lives and loves inside of us. Laird reminds us that as the anonymous author of the spiritual classic, *The Cloud of Unknowing*, puts it, we are learning to "look over the shoulders [of the distractions], as it were, searching for something else—and that something is God..."⁴

For me, there have been many blessings at the center of the curse of the past few months. There has been more time to pick up books that I likely would never have read. Excuses for not practicing contemplative prayer on a daily basis have dissolved. And there has been a more profound revelation of the vast difference between solitude and loneliness. To a large extent, this difference has to do with what and whom we are meeting in the vast universe within. Both a meaningful relationship and help for our loneliness can be found on the other side of the doorways into solitude. ✕



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Director of the Martin Family Institute for Christianity and Culture and the Dallas Willard Center for Christian Spiritual Formation at Westmont College. He founded, with David G. Benner and Larry Crabb, *Conversations Journal*; directs the Renovaré Institute for Christian Spiritual Formation; and has authored several books. Gary still teaches at Richmond Graduate University when they let him.

Endnotes

¹ Laird, M. (2006). *Into the silent land: A guide to the Christian practice of contemplation*. (Oxford: Oxford University Press). p. 79.

² Ibid. p. 81.

³ Ibid. p. 62.

⁴ Ibid. p. 89.



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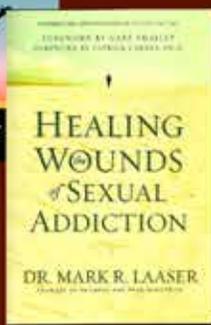
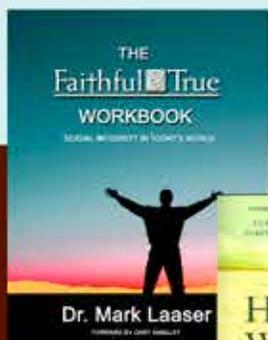
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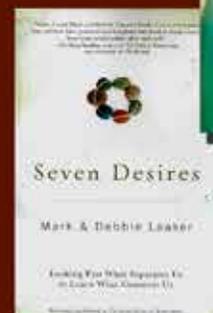
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Coping with the COVID-19 Pandemic: 19 Practical Biblical Strategies

The COVID-19 pandemic has been a mental health crisis for many patients and practitioners.¹ Fear and anxiety have tortured several of my patients because of the uncertainty of this new disease. However, I have witnessed a different group of patients who have remained calm and resilient in the face of this “mother” of uncertainty and fear—COVID-19.

These victims did not differ in diagnosis, trauma exposure, or treatment plans from those who were coping poorly. However, they seemed to vary in how they have responded to trauma in the past. As one patient stated, “This is just another chapter in the book of troubles that I have learned to endure with God’s help.” The following are 19 coping strategies that I have learned from, and with, my patients for managing anxiety, fear, and depression in the face of COVID-19.

1. Limit media reports on the pandemic to 10 minutes, twice per day, and focus instead on filling your mind with positive messages to balance out the negativity and trauma. Protect your thought life (Philippians 4:8).
2. All of the disciples were focused on something else and had to leave their comfort zones to find their blessings (Mark 1:16-20). Do not focus on and obsess over the limitations of “shelter in place.” Remove yourself from that negative comfort zone and focus on what you can do. Go outside and get some sun—vitamin D helps your immune system. Sit on the porch. Go for a walk. Work in the flower garden. Do not just sit inside and complain... move and get some exercise.
3. Manage what you can manage. Proper sleep, diet, and exercise will also help you fight infections and manage stress. The angel encouraged Elijah to rest and eat as he had significant challenges in his life (1 Kings 19:4-7).
4. Take your prescribed medications religiously. This is not the time to become lazy and get sick by ignoring your doctor’s advice. You do NOT want to go to an emergency room at this time for something that could have been avoided. God made Moses identify and give Him what he had responsibility for—his rod. God subsequently blessed it, as it became the rod of God (Exodus 4:1-5). Ask God to bless your existing medications and treatments so they can become the medications of God.
5. Treat the absence of entertainment as a fast. Take that time and spend it on developing spiritual disciplines of prayer, Bible study, and worship (2 Chronicles 7:13-15).
6. Focus on the positives God is doing in your life right now. Develop an attitude of gratitude and thankfulness. Keep a gratitude/praise list (Psalm 43:5, Philippians 4:4-7, Colossians 4:2).
7. Remember how God has guided you through suffering, trauma, and difficulty in the past. What did you learn from these experiences (2 Timothy 3:14-15)? Journal about the specifics. This is not the first time you have been through uncertain and fearful times.
8. Take this time as an opportunity to serve someone—especially someone outside of your regular social contacts (Hebrews 13:1-2). Ask not what your church can do for someone, but instead ask what you can do for that person (Galatians 6:2, 9-10). With so many people out of work and in need, pray about what you can do to help. Sacrifice, pray, and serve.
9. While socially distancing, do not socially isolate. Use phone and video platforms to stay in contact with each other (Hebrews 10:25).
10. Live one day at a time. Do not worry and focus on what could go wrong in the future. Trust God with today’s challenges (Matthew 6:31-34).
11. Remember what God has taught you for dealing with stress and uncertainty in the past. Perhaps it was inspirational music or literature. Maybe it was a meditative reading of Scripture or having a prayer partner. Meditate on how you have “learned” to be content in difficult situations (Philippians 4:11-13).
12. Guard your hearts and minds by memorizing Scriptures about God’s commitments. He will not ignore you... you are “seen” (Psalm 37:23-25, Matthew 28:20, Exodus 3:7, Hebrews 13:5, Jeremiah 29:11-13).

13. Take the “shelter in place” time to develop new family memories and traditions. Create positive memories of this time that will last beyond this pandemic. Do not be a foreigner in your own family. Care for and develop your family relationships (Psalm 69:8, 1 Timothy 5:4)
14. Embrace the lack of hurry. Slow your pace. Learn to be still and quiet (Psalm 46:10).
15. Welcome uncertainty as an opportunity to exercise your faith and learn how to allow God to develop in you His strength (2 Corinthians 12:7-10).
16. Be smart and responsible about staying medically safe. Follow the Centers for Disease Control and Prevention (CDC) guidelines and leave the rest to God. Do not act out of fear, but trustworthy faith (1 John 4:18).
17. Remember what was important during this period—when all the distractions were removed. Keep this in mind when they return (Colossians 3:1-4).
18. Keep a journal of what God is teaching you during this season. Document it so you do not forget (Ephesians 3:20-21).
19. Please remember that God is aware of your ability to handle difficult times and will always provide a “way of escape” to help you through. Look for the circumstances and people that may help you through this time-limited event (1 Peter 5:10, 1 Corinthians 10:13).

I trust these strategies will be helpful to you and your patients for managing the anxiety that arises during this uncertain time. ✦



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Endnote

- ¹ Vindegaard, N., & Eriksen Benros, M. COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, Behavior, and Immunity*. 2020 May 30; [Epub ahead of print]. <https://www.sciencedirect.com/science/article/pii/S0889159120309545?via%3Dihub>.

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Legal Considerations for Helping Caregivers during Times of Isolation

This year has brought an unprecedented time of isolation at home and social distancing due to the rampant spread and destruction caused by the coronavirus.¹ The situation has elevated a need to recognize the importance of caregivers to people with mental illness (PWMI). During pandemics and other times of crisis, caregivers are often the only individuals interacting with PWMI, and they often need a supporting ear and direction on how to best care for this population. As a Christian counselor, you need to have basic information on how to help caregivers of PWMI,² including awareness of laws concerning the ability of caregivers to obtain the authority to assist these people, such as powers of attorney or even court-mandated treatment, when necessary.

Powers of Attorney, Psychiatric Advanced Directives, and Conservatorships

A *power of attorney* (POA) is a legal document that gives caregivers the authority to manage the financial, legal, property, and medical affairs of PWMI should they be unable to do so. “Medical affairs” would typically include mental health issues, but an attorney licensed in your state should be consulted to confirm with your state’s law. For a power of attorney to be valid, without court intervention, it must generally be voluntarily signed by a person over age 18 who is mentally lucid and stable.³ A *psychiatric advanced directive* (PAD) is very similar to a POA, except it is typically made by a mentally healthy person in advance to plan for the possibility of



future mental health issues.⁴ In these instances, the caregiver would have the authority to discuss matters with the PWMI’s mental health professionals, make treatment decisions, and act in other ways as outlined by the POA and PAD.

Sometimes caregivers need to gain control over mental healthcare for people who have a mental illness during a time when they are not mentally

stable, lucid, and/or competent. In such a situation, a caregiver may petition the court for a *conservatorship*. A mental health conservatorship allows the caregiver to take responsibility for the PWMI. Depending on state law, conservatorships may require courts to find that the PWMI is either “gravely disabled” or in a “need-for-treatment” situation. These terms should be specifically defined

by state law.⁵ Depending on state law, the court may have to make such a determination “beyond a reasonable doubt.”⁶ Caregivers should consult with a knowledgeable and licensed attorney within their state before seeking a conservatorship or drafting any POA or PAD.

Court-mandated Treatment

Often, during times of isolation with PWMI, caregivers become more attuned to the severity of the mental illness. Despite this awareness, the condition may be displayed in ways that are beyond the ability of the caregiver to control, even with the help of friends and family. Those with mental illness may reveal threats of harm to self or others and refuse to take medications and/or attend therapy sessions. Likewise, caregivers may be in a position where they are unable to provide the necessary life needs of PWMI or may desire to rescue them from being in constant torment of delusions, paranoia, or a “break from reality.” Ideally, standard treatments (i.e., counseling, medications, etc.) will help. However, in some situations, elevated action may be required. All 50 states and the District of Columbia have laws, to varying degrees, allowing the court-mandated treatments of PWMI.⁷

These laws usually take three forms:

1. “Emergency hospitalization for evaluation,” where PWMI are admitted to treatment facilities for evaluation for a limited period
2. “Inpatient civil commitment,” where a judge orders hospitalization, usually involuntary, for PWMI in accordance with the laws of the state
3. “Assisted outpatient treatment (AOT),” where a judge orders PWMI to undergo a mental health treatment plan while living in the community⁸

A growing number of states allow caregivers to petition a court

for civil commitment with supporting evidence from a mental health professional.⁹

A Note on Confidentiality

As a counselor, you can help caregivers by providing a listening ear, discussing mandated-treatment options, and providing evidence in any mandated-treatment hearings. In reviewing a patient/client’s situation with a caregiver, counselors must always be mindful of confidentiality obligations, outside of cases where PWMI or a court has relinquished authority to the caregiver (e.g., POA or conservatorship).

Confidentiality laws vary significantly by state and circumstance by circumstance. States typically allow exceptions to duties to maintain privacy that may be helpful to caregivers, such as disclosure to prevent death or serious bodily harm to PWMI or a third party,¹⁰ disclosure in accordance with a civil commitment hearing, and disclosure as required by court order. The United States Department of Health and Human Services (HHS) has provided guidance acknowledging that the federal Health Insurance Portability and Accountability Act (HIPPA) does, in fact, allow mental health professionals to communicate with caregivers in certain situations, such as when the PWMI is present during the discussion.¹¹ Because confidentiality laws vary, mental health professionals must consult with an attorney licensed in their state for direction on when they may disclose confidential information.

A Note on Additional Guidance for Supporting Caregivers

In June 2020, the Partnership Center for the HHS published a guide for faith leaders on serving people who have mental illness and their caregivers.¹² This guide wisely includes caregivers of PWMI within its focus and is an excellent resource. ✕

The information contained in this column is provided for educational purposes only. Nothing in this column should be construed as legal advice, and readers should seek advice from a qualified attorney within their jurisdiction for concerns/questions on specific matters. Law varies from jurisdiction to jurisdiction.



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Jeanneane formerly served as the Vice President of External Affairs and Corporate Counsel for Americans United for Life and as the General Counsel of Care Net. She has a Bachelor of Science in Political Science and History from Westminster College, graduating summa cum laude, and a law degree from Boston University School of Law, graduating cum laude.

Endnotes

- 1 Pew Research Center. “Most Americans say coronavirus outbreak has impacted their lives: More than half have prayed for an end to the virus’s spread.” 30 Mar. 2020. Available at: <https://www.pewsocialtrends.org/2020/03/30/most-americans-say-coronavirus-outbreak-has-impacted-their-lives/> (accessed 4 July 2020).
- 2 The Partnership Center for Faith and Opportunity Initiatives of the U.S. Department of Health and Human Services. “A guide for faith communities serving people experiencing mental illness and their caregivers.” June 2020. Available at: <https://www.hhs.gov/sites/default/files/compassion-in-action.pdf> (accessed 4 July 2020).
- 3 Braun, River, J.D. “Power of attorney and mental illness.” Legal Zoom. Available at: <https://info.legalzoom.com/article/power-attorney-and-mental-illness> (accessed 4 July 2020).
- 4 National Alliance on Mental Illness. “Psychiatric advanced directives.” Available at: [https://www.nami.org/Advocacy/Policy-Priorities/Improve-Care/Psychiatric-Advance-Directives-\(PAD\)](https://www.nami.org/Advocacy/Policy-Priorities/Improve-Care/Psychiatric-Advance-Directives-(PAD)) (accessed 4 July 2020).

- ⁵ The Treatment Advocacy Center. "Mental health commitment laws: A survey of states." February 2014. Available at: <https://www.treatmentadvocacycenter.org/storage/documents/2014-state-survey-abridged.pdf> (accessed 4 July 2020). State specific information also available at: <https://www.treatmentadvocacycenter.org/browse-by-state> (accessed 4 July 2020).
- ⁶ See e.g. The Superior Court of California, County of Santa Clara. "LPS (mental health) conservatorship." 2020. Available at: http://www.sccourt.org/self_help/probate/conservatorship/conservatorship_lps.shtml#:~:text=An%20LPS%20conservatorship%20gives%20legal,take%20care%20of%20him%2F%20herself.&text=The%20conservator%20can%20give%20consent,even%20if%20the%20conservatee%20objects (accessed 4 July 2020).
- ⁷ See The Treatment Advocacy Center. Available at: <https://www.treatmentadvocacycenter.org/storage/documents/2014-state-survey-abridged.pdf> (accessed 4 July 2020). State specific information also available at: <https://www.treatmentadvocacycenter.org/browse-by-state> (accessed 4 July 2020).
- ⁸ The Treatment Advocacy Center. "Know the laws in your state." Available at: <https://www.treatmentadvocacycenter.org/component/content/article/183-in-a-crisis/1596-know-the-laws-in-your-state> (accessed 4 July 2020).
- ⁹ See The Treatment Advocacy Center, pg. 9. Available at: <https://www.treatmentadvocacycenter.org/storage/documents/2014-state-survey-abridged.pdf> (accessed 4 July 2020).
- ¹⁰ See *Tarasoff v. Regents of the University of California*, 17 Cal. 3d 425, 551 P.2d 334, 131 Cal. Rptr. 14 (Cal. 1976).
- ¹¹ Office of Civil Rights for the U.S. Department of Health and Human Services. "HIPAA privacy rule and sharing information related to mental health." Available at: <https://www.hhs.gov/sites/default/files/hipaa-privacy-rule-and-sharing-info-related-to-mental-health.pdf> (accessed 4 July 2020).
- ¹² The Partnership Center for Faith and Opportunity Initiatives of the U.S. Department of Health and Human Services. "A guide for faith communities serving people experiencing mental illness and their caregivers." June 2020. Available at: <https://www.hhs.gov/sites/default/files/compassion-in-action.pdf> (accessed 4 July 2020).

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*Understanding Counselor Liability Risk, NSO and CNA, March 2014.

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Lonely at the Top: Executive Leadership and Everyday Life

“Everyday life” used to be stressful enough; add on something unexpected, like a global pandemic, and that stress skyrockets to new heights. Everyday life has been replaced by a new normal that is restrictive and uncertain. Conditions counted on for years are thrown out the window. People demand answers when there aren’t any... yet. Clear-eyed actions need to be taken based on a foggy future. People look to you to successfully navigate these rocky shores. Guess right today, and you are a hero; guess wrong tomorrow, and you’re not. No matter what decision you make, someone, somewhere is not happy. Welcome to executive leadership.

Bearing the weight of responsibility goes with the territory of leadership. The load may have shifted and gotten heavier, but that does not mean you are meant to buckle under the weight. There is a reason and a purpose for where you are at any given moment. Embrace the moment. And, while you do, here are some keys I have been using to maintain my sense of leadership balance in these turbulent times:

- **Align Your Attitude.** James says to “consider it pure joy whenever you face trials of many kinds” (James 1:2). To me, the key word here is “consider,” which carries a definition of thinking about and being drawn toward a course of action. James says the course of action in trials is to find joy, a faith test resulting in perseverance. If this chaotic world right now requires anything, it is perseverance. Further, if you really want your leadership to be “lonely at the top,” just maintain an angry, resentful, irritated attitude with those in your presence. They will make sure to give you lots of room!

- **Keep Yourself Informed.**

Proverbs 4:7 says the beginning of wisdom is to know you need it and then be willing to pay what it costs. This means, as a leader, when the rules get changed in the middle of the game, you have more homework to do before making decisions or setting directions.

- **Don’t Assume.** The paradigm you counted on for decision making may have changed. Do not assume; what used to work may not anymore. Base decisions on what is, not what was. Be like the Bereans, who were commended for examining whether the new information they were hearing was actually true (Acts 17:11).

- **Be Flexible.** As you search for relevant information, intentionally include that which runs counter to your assumptions. As you make decisions based on that information, purposely incorporate room for adjustments. (The Ten Commandments were set in stone, and we all know what happened to the originals.) Flexibility allows for mid-course corrections. Psalm 92 says we are to be like palm trees. Have you ever watched palm trees in strong winds? They bend and are flexible, so they do not break under pressure.

- **Ask for Input.** You may be the one making the decisions, but this does not preclude you from getting input from others. Proverbs 15:22 (one of my favorites) says, “Without consultation, plans are frustrated, But with many counselors they succeed (NASB).” In my experience, when people feel their insights and opinions have been heard, they tend to be more favorable toward difficult decisions. Your job as a leader is not to come up with a brilliant solution but, instead, recognize one.



- **Accept the Help.** Those of us in leadership positions can have difficulty accepting help. Somehow, we think acknowledging we need help dilutes our leadership. Over the years, I have learned to put aside this tendency and rely on the assistance offered by others. The clearest example of this in Scripture, to me, is found in Exodus 17. Moses has the responsibility to lead the Israelites to victory in battle. Whenever Moses holds up his hands, the Israelites prevail; whenever his hands drop, they do not. Naturally, during the course of the conflict, his arms get tired. The solution? Aaron and Hur bring a rock for Moses to sit

on, and each stands next to him and holds up an arm. The result? Team Israel wins.

• **Communicate to Your Team.**

Did Jesus spend a great deal of time alone with His Father? Yes. Jesus also devoted a lot of time to those He gathered around Him to explain who He was, what He was doing and why, and their part in the plan. I do not believe it is any different for a leader today. People need to know who you are, what you are doing and why, and how they fit into your vision. This communication is necessary during the best of times, but especially in challenging ones.

• **Don't Paralyze Yourself with Perfection.** I have just exhorted you to implement quite a few qualities as a leader. As a leader myself, and a counselor to leaders, I understand the danger in thinking you are required to

get everything "right." I also recognize as a leader and employer the consequences to others when I get something "wrong." No one can do everything "right." The most you can do, in some situations, is take your best shot. Do your homework, marshal your reasons, consider the alternatives, and pick a direction. You are not required to be perfect. In fact, it is through weakness, Paul says, that you find your source of true strength (2 Corinthians 12:10), which leads me to my final suggestion.

• **Remember, You're Not Alone.**

It may seem lonely at the top, but you are really not alone. If God is concerned with the number of hairs on your head (Luke 12:7), desires you to pray about everything so you are anxious about nothing (Philippians 4:6-7), and considers your business a part of His plan (James 4:13-15),

then why would He *not* be with you in the executive leadership position He wants you to fulfill?

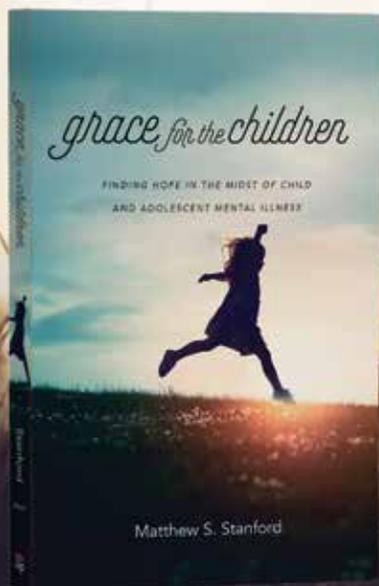
Please consider that your high position as an executive leader places you like a city on a hill (Matthew 5:14). During times of trouble, your everyday leadership, through faith and trust in God, can shine forth a beacon of hope. ✦



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Current Findings on COVID-19 and Loneliness

Vulnerable Populations for Social Isolation

Beam, C.R., & Kim, A.J. (2020). Psychological sequelae of social isolation and loneliness might be a larger problem in young adults than older adults. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication.

Finkel, D., & Pedersen, N.L. (2004). Processing speed and longitudinal trajectories of change for cognitive abilities: The Swedish Adoption/Twin Study of Aging. *Neuropsychology, Development, and Cognition. Section B, Aging, Neuropsychology and Cognition*, 11, 325-345.

Sonnega, A., Faul, J.D., Ofstedal, M.B., Langa, K.M., Phillips, J.W.R., & Weir, D.R. (2014). Cohort profile: The Health and Retirement Study (HRS). *International Journal of Epidemiology*, 43, 576-585.

Waite, L.J., Laumann, E.O., Levinson, W., Lindau, S.T., McClintock, M.K., O'Muircheartaigh, C.A., & Schumm, L.P. (2007). National Social Life, Health, and Aging Project (NSHAP). Ann Arbor, MI: National Archive of Computerized Data on Aging.

COVID-19 has resulted in multi-state emergency declarations and social distancing requirements. Though intended to protect older adults from contracting the illness, Beam and Kim commented on non-COVID research indicating that social isolation might exacerbate loneliness, particularly in teenagers, young adults, and old adults (aged 85 and over). Studies show younger generations feel lonely at substantially higher frequencies than do older, non-nursing home resident adults (aged 65-84). Three, extensive longitudinal population-based investigations further support their findings: the Health and Retirement Study (Sonuga et al., 2014), the National Social Life Health and Aging Project (Waite et al., 2007), and data from

the Swedish Twin Registry (Finkel & Pedersen, 2004).

Given these findings, Beam and Kim recommend that prevention strategies be developed to foster greater social connections during and after quarantine measures have ended for these populations. One example cited included the Age-Friendly Student Senior Connection Program (<https://emeriti.usc.edu/age-friendly-student-senior-connection/>). This program unites graduate students in clinical psychology, social work, and medicine with isolated older adults. The study is ongoing and anecdotal reports are encouraging.

Limitations, of course, are present. Studies are just now being completed on the impact of COVID-19 (see the following such study). For Christian mental health professionals, assessing vulnerable populations (teenagers, young adults, and older adults) for the psychological importance of loneliness is particularly significant during this pandemic.

Trajectory of Loneliness in Response to COVID-19

Luchetti, M., Lee, J.H., Aschwanden, D., Sesker, A., Strickhouser, J.E., Terracciano, A., & Sutin, A.R. (2020). The trajectory of loneliness in response to COVID-19. *American Psychologist*. Advance online publication.

Luchetti and colleagues examined how social restrictions to control COVID-19 impacted loneliness and perceived social support in U.S. adults over a three-month period. A nationwide,

diverse sample of 1,545 participants was assessed three times (45% women; ages 18-98, $M = 53.68$, $SD = 15.63$). The surveys occurred at the start of the outbreak (late January), in late March (start of the "15 Days to Slow the Spread" campaign), and late April (during most states "stay-at-home" policies).

Surprisingly, no significant increases in loneliness occurred over time. Instead, participants reported receiving *more* support during the pandemic than less.

Surprisingly, no significant increases in loneliness occurred over time. Instead, participants reported receiving *more* support during the pandemic than less. Consistent with Beam and Kim's commentary, previously noted, younger adults showed higher levels of loneliness compared to older

adults. Participants of all ages with chronic conditions and those living alone endorsed higher rates of loneliness and reduced social support at the initial survey assessment; however, the figures flattened or reduced on subsequent assessments. Overall, the researchers note, "... there was no evidence of a large increase in loneliness either in the initial phase of the social distancing guidelines or after the extension of these measures" (p. 9).

The longitudinal findings have limitations. Non-random attrition occurred with those higher in loneliness dropping out at greater rates. This type of reduction is a common weakness of most longitudinal studies. The results, however, point to the value of research for Christian mental health professionals. Sometimes our assumptions can be wrong. The U.S. population may be more resilient in dealing with loneliness during COVID-19 than we thought.

Combating Nursing Home Isolation

van Dyck, L.I., Wilkins, K.M., Ouellet, J., Ouellet, G.M., & Conroy, M.L. (2020). Combating heightened social isolation of nursing home elders: The telephone outreach in the COVID-19 outbreak program. *The American Journal of Geriatric Psychiatry*. Advance online publication.

During this COVID-19 pandemic, elderly nursing home residents experience social isolation and loneliness at exceptionally high rates. The nature of the quarantine and social distancing policies to protect them hamper meaningful social contact. In response to this mental health crisis, the Yale School of Medicine Geriatrics Student Interest Group developed an outreach project called the Telephone Outreach in the COVID-19 Outbreak (TOCO) Program. Nursing home recreation directors were particu-

larly useful contacts in generating buy-in due to an overwhelmed staff. They identified residents who could meaningfully participate in weekly phone calls with interested medical students. The students were given conversation topics and guidelines, and the calls focused on providing social support rather than medical advice.

Three nursing homes with 30 residents participated. Initial anecdotal findings in this project have been positive. Nursing home recreation directors report that the senior citizens deeply appreciate the weekly contact. Phone calls often involve mutual sharing of life stories, dealing with anxiety around quarantine, and fear of COVID-19 emerging in the nursing home. The medical students note that they benefit as much as the residents from the calls. Communication challenges sometimes occur due to limited computer and Internet capabilities in the nursing homes,

but recreation directors have helped resolve these issues. Research studies on this program are in development. The program demonstrates to Christian mental health professionals how technology, creativity, and identifying the right personnel can help lead to novel nursing home programs with long-term potential for addressing loneliness beyond the current pandemic. ✦



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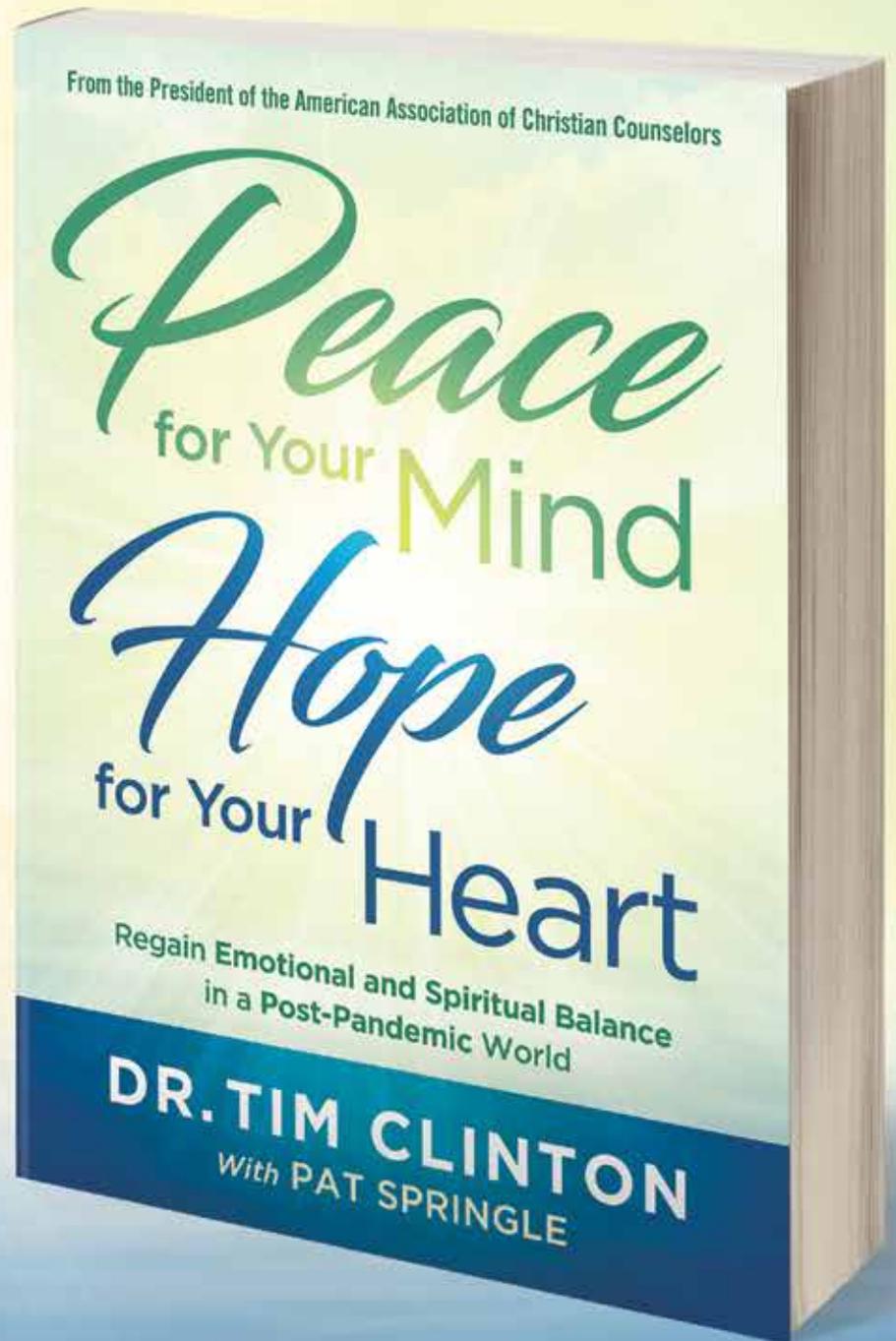
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Lonely at the Top: Executive Leadership... – Gregory L. Jantz

1. Jantz says that today's chaotic world requires
- a. daily prayer
 - b. interaction with family and friends
 - c. perseverance
 - d. better communication

Ghosting: When the One You Love Just Disappears – W. Jesse Gill

2. Our nervous system is so hardwired that rejection pain
- a. registers the same as physical pain
 - b. can be helped by using Tylenol®
 - c. is a form of social death
 - d. all of the above

Gray Divorce: Living Alone Late in Life – Georgia Shaffer

3. What of the following was **NOT** a suggestion from successful grievors of gray divorce?
- a. plan activities with friends for the holidays
 - b. if you always wanted a pet, get one
 - c. look for a healthy new partner
 - d. take up something new like biking, hiking, etc.

Imaginary Lovers: The “Pornemic” Promise... – Marnie C. Ferree and Jim Cress

4. Porn is a “check engine” light that reveals the issue of
- a. an intimacy disorder
 - b. unresolved marital discord
 - c. a distorted sense of priorities in life
 - d. a low priority regarding spiritual values

Meaningful Relationships and the Search for Significance – Les and Leslie Parrott

5. The Parrotts were astounded that a majority of their clients
- a. do not feel good when they do important things
 - b. never experience a deep sense of significance
 - c. do not engage in positive “self-talk”
 - d. do not believe in God's love

Moving from Stress to Gratitude in the COVID-19 Era... – Joshua Knabb

6. Meditating on a lament psalm involves both praise and
- a. complaint
 - b. adoration
 - c. thanksgiving
 - d. trust in God's unfailing love

Never Alone... an Audience of One... – Ian F. Jones

7. God intervened during Elijah's fear and loneliness by
- a. providing for his physical needs
 - b. speaking to him in a gentle, soothing voice
 - c. correcting Elijah's false beliefs
 - d. all of the above

“Nobody Gets Me”: Today's Lost Generation – Chap Clark

8. Which is **NOT** mentioned as being negatively affected by what youth experienced in 2020?
- a. the developmental work of identity formation
 - b. the developmental need to socially integrate
 - c. the sense that God is in control
 - d. the sense of belonging

Finding Meaningful Relationship and Help for Loneliness... – Gary W. Moon

9. Gary realized during his solitude retreat that
- a. too much solitude leads to depression
 - b. peace is found only in relationship
 - c. he would never again be alone
 - d. his primary defense mechanism is humor

The Loneliness Epidemic: Research, Influence, and its Effect... – Mark Mayfield

10. If Satan convinces us to buy the lie that we can fix it ourselves,
- a. then we will lose our faith in God
 - b. then we will be guilty of the sin of self-sufficiency
 - c. then he separates us from connection to God and others
 - d. then we will be at high risk for clinical depression

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Participants will:

1. Increase awareness and content expertise on current trends in mental health practice.
2. Be able to articulate a more comprehensive understanding of this issue's core theme.
3. Be able to integrate spirituality and faith-based constructs into the delivery of care.

PARTICIPANT EVALUATION

Please rate the following on a scale of 1–5 (1 meaning **Poor** and 5 meaning **Excellent**):

1. _____ This issue of CCT is relevant to my practice as a mental health professional.
2. _____ The articles in this issue are comprehensive and well written.
3. _____ I would recommend this home-study program to other professionals.

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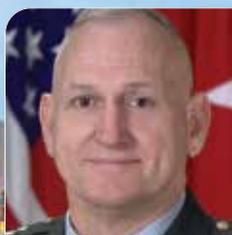
"When you pass through the waters, I will be with you; and through the rivers, they shall not overflow you...." – Isaiah 43:2



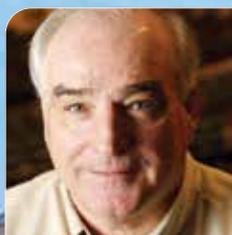
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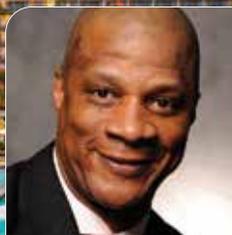
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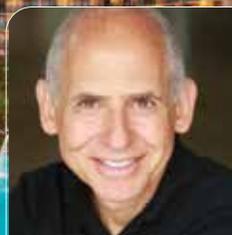
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