

THE IMPACT PRAYER HAS ON REDUCING ANXIETY

by

Casey Durwood Groover

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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2020

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## ABSTRACT

Anxiety predates the modern world as its history is biblical. Christians have traditionally battled the conditions of anxiety, and it currently adversely impacts people in various ways today. A process used to reduce the effect of anxiety is prayer, and Christians among the Church of God denomination practice its rituals so that God will provide for their requests. This Christian prayer is experienced through different prayer rituals as God recognizes and responds to Christians using them. The results of prayers when experiencing reactions to anxiety are reported in the testimonies of ten research participants who provided three significant themes in the study. The first theme noted that 100% of the participants who prayed to Jesus experienced an unspecified level of satisfaction with anxiety reduction. The second theme noted that 80% of the participants who prayed used the prayer ritual conversation. The third theme found that 90% felt faith and confidence, and 60% felt comfort or peace when praying during anxious moments. The purpose of this consensual phenomenological study is to understand the central phenomenon of the study for ten participants of the Church of God denomination. In this study, the researcher interviews ten participants by asking them ten research questions about their Christian prayers during anxious moments. The researcher collected the participants verbal data using an audio recorder, and the recordings were transcribed in the NVivo qualitative data analysis software. The participants' transcriptions were analyzed using the NVivo software, which were coded and noded to organized the data into themes.

*Keywords:* anxiety, consensual phenomenological, Christian prayer, theme.

**Copyright Page**

### **Dedication**

To my mother (Mom), Jewel Horne, I dedicate this dissertation. Since I began my college career, Mom has encouraged the highest level of education – a doctorate. Through her constant, on-going support, I found the confidence to embark on a pilgrimage to become an academic scholar. The journey was spiritually awakening, inspiring, thought provoking, and challenging, but Mom never lost hope in my future academic successes. Mom taught me that a successful life often has hardships that I must learn to overcome. Though many perplexing moments sometimes appeared, and they made it seem impossible to find triumph, she informed me that all good things are possible with Jesus. Mom always said that endurance is necessary to run life's race, especially when victory is almost impossible to perceive. It was in these somber moments that I heard her voice encouraging me to find perseverance in our Lord. This was the start of the fundamental principles that led to my spirituality and dedication to earning a doctor of education in community care and counseling degree. While focusing total efforts on the study of pastoral counseling, I thank her for support, encouragement, and love that were essential for me reaching this vision and calling. Mom never wanted me to perish because I lacked knowledge; instead, she wanted me to have everlasting life in Heaven by accepting Jesus and His wisdom, understandings, and discernment that accompany a Christian higher education.

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**List of Abbreviations**

Acute Stress Disorder (ASD)

Diagnostic and Statistical Manual of Mental Disorders, editions I-V (DSM-I-V)

Generalized Anxiety Disorder (GAD)

Post-traumatic Stress Disorder (PTSD)

## CHAPTER ONE: INTRODUCTION

### Overview

Historically, people have battled with anxiety since the beginning of humanity. Adam and Eve were the first people to experience fear once they sinned against God, which is the core emotion of anxiety (Quinones-Camacho & Davis, 2018, p. 301). In Genesis 3:10, Adam informed God that he was afraid after the moment of original sin; thus, Adam and Eve hid themselves from God and His punishment (Genesis 3:8, New International Version). Ellison, Bradshaw, Flannelly, and Galek (2014) state that anxiety is either defined by or involves fear (p. 214). Through prayer (i.e., conversations, liturgical methods, communion, and petitions), generations have been using this practice to overcome or reduce anxiety levels. As centuries have passed, anxiety's symptoms remained the same, but they have different causations. People typically respond based on cultural norms. Western cultures developed a system to define and categorize anxiety's symptoms and disorders—Diagnostic and Statistical Manual of Mental Disorders, editions one through five. Using this empirical research allows mental health professionals to develop treatments; conversely, there are few treatment strategies suggesting prayer as a beneficial theory for reducing anxiety. An insufficient number of researchers are intersecting spirituality and psychology. Thus, I hypothesize that prayer does reduce anxiety for Christian believers through their relationship and faith with God. The reason stems from the research findings of Bartkowski, Acevedo, and Loggerenberg (2017), which states that meditative practices reduce risks of anxiety-related symptoms (p. 11). In addition, Bartkowski et al. (2017) state that meditation shares a similar purpose as prayer, and both are considered counterparts (p. 4). However, there is limited research about prayer's direct involvement with reducing anxiety.

### **Background**

Prayer is a technique used throughout Christian churches, colleges, organizations, agencies, and among individual's. LaBarbera and Hetzel (2015) found that prayer unspecifically impacts mental health in a positive way (p. 1434). Furthermore, there is little research about the specific influence prayer has on anxiety reduction, both psychologically and physiologically (Belding, Howard, McGuire, Schwartz, & Wilson, 2009, p. 180). A reason for this unidentified effect is the difficulty of narrowing the multidimensional aspects of prayer to the most commonly used techniques (Krause & Hayward, 2012, p. 674). Meanwhile, Ellisom et al. (2014) contradict this study by noting prayer has been associated to have an overall better mental health. However, according to Bartkowski et al. (2017), acknowledge that certain religions and prayer are not directly linked to anxiety reduction. Though anxiety is prevalent, its terminology is more contemporary in the United States Bartkowski et al. (2017).

### **Historical**

Anxiety was formerly known as fear. Fear is a common, historical emotion that dates back to the origins of humankind. Adam and Eve first became knowledgeable about this emotional response because of their vulnerability after experiencing sin (Genesis 3:10, NIV). In the moment of disobeying God, their sound minds became distorted in ways that forced them to hide (Genesis 3:10, NIV). Due to Adam and Eve's sinful actions, evil was then recognized along with good. Previously, they only knew what was good in the Garden of Eden; however, once exposed to evil, their eyes were opened to naked emotion—*anxiety* (Genesis 3:6, NIV). The newly introduced symptoms of anxiety symptoms eventually progressed through all the generations after them. Over time, people in various cultures have acknowledged their experiences and responses to anxiety differently; a definition of anxiety will never be reduced to

one cultural standard (Horwitz, 2013, p. 17). In the U.S., the conditions of anxiety are assorted from generalized symptoms to anticipation and fear (National Institute of Mental Health, 2016).

### **Social**

Western cultures are learning to define anxiety using categories, according to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Associations, 2013). This fifth edition manual is a newer version of the original DSM that was copyrighted 1952. Before the DSM, the Statistical Manual for the Use of Institutions for the Insane was the manual of its period. In 1942, the tenth edition was printed and used until the birth of the DSM-I (Goncalves, De Rosalmeida Dantas, Banzato, & Raimundo, 2018, p. 805). In addition, the Standard Nomenclature was influenced by a similar manual used by the United States Army to classify individuals with mental disorders using U.S. terminology, which also contributed to the DSM (Goncalves et al., 2018, p. 806). In 1968, the DSM-2 edition was written, and in 1980, the DSM was updated to the third edition (Goncalves et al., 2018, p. 808). During that time, anxiety was introduced to the DSM-III by leading experts throughout the world (Decker, 2013, p. 66). According to Gavin, Ross, and Skinner (1989), if not explained by alcohol and illicit substances, medical injury or illness, or medication side-effects, anxiety symptoms were recorded as a criterion of an anxiety disorder (p. 302).

Using the DSM-III, the criteria for an anxiety-related disorder was simple so that billing for antidepressants could be evaluated (Bowen, 2013, p. 588). In 1994, the DSM IV was introduced and then reintroduced as the DSM-IV-TR in the year 2000 (American Psychiatric Association, 2000). The upgrades provided to anxiety-related disorders were a significant issue in the U.S. Regardless of anxiety's impact on individuals experiencing many of its symptoms, it was often underdiagnosed as it altered lives (Saucedo-Uribe, Zambrano, Bermudez, Gurrola, &

Garcia, 2019, p. 55). Dulcan and Lake (2012) indicate that fear and anxiety among children and adolescents are typically underdiagnosed, and their presence can lead to the following: 1.) Children and adolescents with anxiety can lack social competence. 2.) Children and adolescents with anxiety are often neglected or rejected by peers. 3.) Children and adolescents with anxiety usually have poor academic performance. 4.) Children and adolescents with anxiety may lack in interpersonal skills and vocational achievement (p. 131). In addition, fear and anxiety are major inhibitors of human development (Dulcan & Lake, 2012, p. 131), which aligns with Sigmund Freud's psychosexual stages of development.

### **Theoretical**

In 2013, the DSM-V made its way to the forefront of current and relevant diagnostic trends in psychology. The DSM-V was created based on previous field work, conferences, and task force meetings (Singh, 2012, p. 41). Researchers have taken a keen interest in acknowledging anxiety as diagnostic-specific (Beesdo-Baum, Klotsche, Knappe, Craske, LeBeau, Hoyer, Wittchen, 2012, p. 1015). According to Beesdo-Baum et al. (2012), in the DSM, researchers are understanding that people experiencing fear and anxiety share disorders, though the manifestation of emotional responses to stimuli varies (p. 1015). The task force of the DSM-V sought to validate the evidence that specifies fear as one of anxiety's symptoms, while adding social anxiety disorder as it relates to generalized anxiety (Bogels, Alden, Beidel, Clark, Pine, Stein, & Voncken, 2010, p. 169). Though the DSM focuses on the psychological aspect of anxiety, other research says the physical brain structure and chemical imbalances impact anxiety, also (Sapolsky, 2004). However, this study focuses on prayers' impact at reducing anxiety, whether physical or psychological.

### **Situation to Self**

In this qualitative research, I will use an ontological philosophical assumption that brings the research to a paradigm of pragmatism that will guide the study. The ontology of the study focuses on the relationship between psychology and cultural, existing practices of Christians (PAaAaAeA, 2017, p. 644). Ontological philosophy is seeking to understand the reality between the participants practice and beliefs about prayer and its impact on reducing anxiety (PAaAaAeA, 2017, p. 645). Determining the nature, foundational features, and assembly of the study are the ontological conditions (PAaAaAeA, 2017, p. 645). This will allow me to show the relationship between prayer and anxiety reduction using Christians as subjects to explore. As a result of this approach, the doctrinal beliefs of their denominational faith will reveal truth through the practical application of using prayer. This study has become a personal mission to provide people with research to support the power of utilizing prayer to reduce anxiety. Throughout the years of studying psychology and working a licensed professional counselor, I have noticed the results of anxiety in the lives of many people. Often, these people are Christians who battle with either symptoms of anxiety or related disorders. In several circumstances, there has been a standard that counseling treatments would increase their overall well-being. However, depending on the Christian's psychological and physiological conditions, treatment alone cannot rectify their situations. When anxiety becomes chronic and frequently interferes with their education, career, or relationships, it develops into pathology (Bradley, 2016). When anxiety lingers or continues to prohibit Christians from performing or operating at their best, it becomes an authentic problem for them. The authenticities of the anxiety involve the circumstances surrounding the individuals' issues. Understanding the authenticities of anxiety is essential to comprehending the situation to self. Similar to other Christians, I have

learned to overcome anxiety throughout the psychosexual stages of life. Living in the here-and-now does not produce the stress associated with future apprehensions. These anxieties are normal and are commonly endured during the transitional periods of the stages (Ewen, 2014; Seligman & Reichenberg, 2014).

When I have overcome moments of anxiety, prayer is the treatment I use that provides me with resiliency. Resiliency is not necessarily a solution or task to combat the gridlock of anxious symptoms about the future. Rather, it transitions me from downward, negative emotions to upward, positive emotions. Adverse emotions do not require high levels of anxiety; even lower levels can accompany my negative reactions towards people, places, or situations. Though responses to people, places, or situations meet within the normal range of functioning, I desire to release anxiety before adopting a pessimistic outlook towards them. Implementing prayer daily allows me to combat the cynicism of surrounding anxiety-promoting factors. Prayer permits me to connect with God through meditation, mindfulness, and communion with Him. Due to these routine actions, I often feel strength to overcome operational pressures, social and occupational apprehensions, and relational worries. Prayer also authorizes me to live as Jesus commands—a Disciple of Christ (Matthew 28:16-20, New International Version). It is through prayer and faith that I can be baptized in the name the “Father and of the Son and of the Holy Spirit (Matthew 28:19, NIV). This baptism provides me with the confidence to approach God: “That if we ask anything according to His will, He hears us” (1 John 5:4, NIV). Prayer is methodological because it calls for the application of using the biblical practices of conversation, meditation, and liturgical ways. Conversing with God means that He listens to me by responding with direct messages and prophecies (Poloma & Lee, 2011). During these times, prophecy edifies me as God did for other Christians, too (1 Corinthians 14:4, NIV). In addition, my delight in the Lord

equips me to meditate on His Word day and night (Psalms 1:2, NIV). I will then remember to put my trust in God when I am experiencing anxiety, which is an inward act (Psalms 56:3, NIV). Where there is inward faith-building, there must also be an outward expression of gratitude to overcome troubles and defeat. One way of accomplishing this Christian task is through corporate worship, which is a form of public prayer that gathers Christians together. When my prayers join others, it is like an offering of incense to God (Revelation 8:3, NIV) that is filled with power to send rumblings, thunder, lightning, and earthquakes into the heavens and earth (Revelation 8:5, NIV). Thus, since God can use prayers mightily throughout the heavens and earth, He can also use them to reduce anxiety.

### **Problem Statement**

A problem with anxiety and modern mental health solutions is that prayer is not typically associated with its treatment for Christians. Levin (2016) found that approximately 78.8% of the U.S. population have prayed for personal healing, and about 87.4% of the U.S. population have prayed for others to be healed (p. 1145). However, Levin (2016) research does not determine the influence those prayers had on healing. Brown (2012) suggests that two-thirds of the world embraces Christianity, and there are increasing reports of healing prayers (p. 23). Though there is an increase in Christianity and prayers of healing, the problem area is within clinical effectiveness (Brown, 2012, p. 65). In addition, the effectiveness of healing prayers does not indicate the type of curing, therapy, or recovery that occurs. In the context of this research, anxiety's prevalence became a growing trend from 1952 to 2013 (American Psychiatric Association, 1952; American Psychiatric Association, 2013); however, prayer lacks supporting evidence of lowering anxiety's levels. Gubi (2008) found that prayer does not have credibility in psychological research, though it is believed to be beneficial (p. 39). Given that anxiety is a

progressively new topic of interest in the field of counseling and psychology, studies about prayer are limited. However, Nimbalkar, Mungala, Khanna, Patil, & Nimbalkar (2019) state that prayers and other religious rituals are often used as alternative therapies globally (p. 1124).

Another issue is that prayer's impact on anxiety's reduction is not prevalent in the relevant literature. Prior to modern studies of psychology, Horwitz (2013) mentions prayer used in the seventeenth-century literature as a way to help patients heal, though anxiety was not considered a mental disorder at that time (p. 44). Gubi (2008) also found potential problems of using prayer in the counseling and psychotherapy treatments: 1.) Competence is an issue for mental health professionals working outside of their realms of expertise. 2.) Mental health professionals lack personal and professional boundaries with client's religious beliefs. 3.) Mental health professionals may lack prayer, spiritual, or religious trainings. 4.) Mental health professionals or clients may lack Godly humility because of self-reliance and self-determination. 5.) Evidence-based approaches to prayer may not indicate its proper forms, techniques, reflections, or vocalizations. 6.) Practicing and maintaining prayer standards are not written within mental health ethics (p. 52). These issues appear to be excuses for not implementing prayer into counseling or psychotherapy strategies of healing, though 99.33% of those who pray believe it is required for recovery (Nimbalkar et al., 2019, p. 1124).

### **Purpose Statement**

The purpose of this phenomenological study is to understand the impact prayer has on reducing anxiety. The research focuses on prayer as a central phenomenon as anxiety changes throughout the study for the Christian participants within the Church of God denomination. At this stage in the research, prayer will be defined as God recognizing and responding to the conversation or communion (meditation, reflection, experiencing, or listening) that Christians

have with Him (Monroe & Jankowski, 2016, p. 237). Anxiety will be generally defined as both physiological and psychological reactions that operate in an apprehensive manner (Bakkes, 2017). The theory guiding this study is Sigmund Freud's Psychoanalytic Theory as it explains the psychosexual stages of development from infancy to adulthood. Overcoming each stage requires the disablement of stress from conquering achievement, purpose, and the basic instincts of normal functioning. I hypothesize that anxiety reduction will occur based on the use of Christian prayer. In current times, this is similar to the testimonies given throughout the Old and New Testaments of the Bible. In this study, it is important to note that the term prayer is referring to Christian prayer as within the Old and New Testaments of the Bible. In these testimonials, Christian believers who practiced prayer have made many statements that advocate for the reliable results that God responds to specific prayers. For instance, in 1 John 5:14-16, the writer John proclaimed that

This is the confidence we have in approaching God: that if we ask anything according to his will, he hears us. And if we know that he hears us, whatever we ask for, we know that we have what we asked of him. If you see any brother or sister commit a sin that does not lead to death, you should pray and God will give them life. I refer to those whose sin does not lead to death. I am not saying that you should pray about that (NIV).

In the writer John's testimony, he is strongly indicating that a Christian who is not practicing sinfulness that opposes God's Word, then his or her prayer will provide in a way that favors their request.

The biblical writer Mark, a Disciple of Christ, said "Therefore I tell you, whatever you ask for in prayer, believe that you have received it, and it will be yours" (Mark 11:24, NIV). In this verse, an argument can be made that a portion of God's response to the prayer is that

Christians must have faith in Him to receive what he or she is requesting. Prayer itself is a communication between God and humankind. Thus, it requires a direct request to God from the Christian through faith. For instance, David, the Psalmist writer, said “Answer me when I call to you, my righteous God. Give me relief from my distress; have mercy on me and hear my prayer” (Psalm 4:1, NIV). In this same passage of Scripture, the writer states his distress reduction: “In peace I will lie down and sleep, for you alone, Lord, make me dwell in safety” (Psalm 4:8, NIV).

In other words, the dissertation writer is theorizing that God answers Christians' prayer in the present as with many of them throughout the biblical eras. Biblical theory supports this claim in Hebrews 13:8: “Jesus Christ is the same yesterday and today and forever” (NIV). According to Barnes et al. (1996), this verse indicates that Jesus Christ is unchangeable and it asserts this character to all eternity. As a result, Jesus’s character allows Christians’ to continue praying to Him and He will persevere to deliver truth and life to them. Since anxiety diminishes the experience of life, the writer understands that life is restored to the truth of Jesus. In John 14:6, Jesus said, “I am the way and truth and the life. No one comes to the Father except through me. If you really know me, you know my father as well” (NIV). Barnes et al. (1996) makes it known that Jesus provides truth, favor, peace, and salvation. All these things oppose the reactions of anxiety that operate in an apprehensive manner. According to John 16:15-2, once Christians obey His commands and love Him, Jesus will advocate to God on behalf of them in the Spirit of truth (NIV). At that time, God will send Christians’ an advocate, the Holy Spirit, to be with them to overcome anxiety and fear (John 14:25-27, NIV). According to Barnes (1996), this allows Christians’ to have a guide and comforter who provides peace regardless of factors contributing to fear.

### **Significance to the Study**

The significance of this study focuses on prayer as being an on-going, never-changing, biblical technique that improves the mental health of Christians while their reducing anxiety. In this study, the researcher focuses on the idea that prayer alone can reduce anxiety. This is particularly important because, in modern times, combating anxiety often includes preventions and interventions that stem from the secular, psychological theories. Before there were psychological methods of improving mental-health, the early church had to rely on God for these provisions (Barnes et al., 1996). This was considered a notion of biblically integrating Christian prayer through faith into requesting anxiety reduction from God. Meanwhile, in the present church, there is a shift occurring. Many Christians are integrating secular psychological techniques with prayer to reduce anxiety. In fact, in the secular psychological theories, biblical principles are rarely mentioned. Few researchers are intersecting spirituality and psychology. Robbins and Hong (2013) have found that when people pause their thoughts, spiritual healing can occur (p. 192). Robbins and Hong (2013) do not refer to the spirituality of those practicing this method, but it is akin to mindfulness (p. 192). In addition, the researchers are not clear about how prayer relates to mindfulness, but it appears to perform instead as a mind-absence process. Perhaps this process could allow anxious thoughts to be removed from the Christian's cognitions so that emotional reactions are normalized.

Mindfulness is about the closest practice to prayer that is studied and used in modern psychology. Murata-Soraci (2014) states that religion and spirituality have become obsolete factors to consider due to secularization (p. 24). Psychology's treatment of anxiety is making this term a secular disorder or organization of symptoms rather than a spiritual matter. Similar to prayer, mindfulness focuses on the moment (Brandsma, 2017); however, it differs from prayer

because it focuses on being rather than doing (p. 2). Prayer is an action that involves conversation, liturgical processes (reflecting, meditating, reading, and studying God's Word, communion with God, and petitioning God (Brown, 2012, p. 24). Rather than centralizing non-judgmental thoughts using mindfulness practices, Christian prayer allows people to focus on God to cope with their anxieties (Campbell, 2018, p. 123). Thus, since Jesus is a healer (Casey, 2010, p. 320), praying to Him for recovery and healing would improve Christians through their faith (Garber, 2011, p. 94).

### **Research Questions**

The researcher has identified several gaps in the research relating to prayer's impact on reducing anxiety. Below are seven research questions this study seeks to discover:

**RQ1:** How does the frequency of prayer reduce anxiety?

**RQ2:** How does the amount of time spent praying affect anxiety?

**RQ3:** How does the environment where Christians pray affect anxiety?

### **Definitions**

Below are a few terms that are often used throughout the research dissertation.

1. Anxiety – Anxiety encompasses both the physiological and psychological reactions to expected outcomes of those operating in apprehensive manners (Bakkes, 2017).
2. Consensual phenomenological – Consensual relationships are unquantifiable experiences that are best understood through hearing experiences from their original source (Dublin, 2015, p. 3).
3. Christian Prayer (prayer) – Christian Prayer is God recognizing and responding to the conversation or communion (meditation, reflection, experiencing, or listening) that Christians have or share with Him (Monroe & Jankowski, 2016, p. 237).

### Summary

In summary, contemporary approaches to mental health treatments do not implement prayer to reduce anxiety. Though many Christians in the United States believe prayer helps themselves and others to heal, it still is not encouraged for therapy (Levin, 2016, p. 1145). Worldwide, approximately two-thirds of people accept the belief that prayer has healing powers (Brown, 2012, p. 23). In addition, another problem that could be contributing to this notion is prayer's impact on reducing anxiety is lacking in psychological literature. The following are the potential issues for mental health professions promoting prayer as treatment for reducing anxiety: 1.) competence issues; 2.) lacking expertise; 3.) lacking training and professional development; 4.) having pride rather than humility; 5.) lacking evidence-based strategies of implementing prayer; and 6.) absence of written ethical standards (Gubi, 2008, p. 52). The purpose of the phenomenological study is developing the research for understanding prayer's impact on reducing anxiety in Christians. Passing through each psychosexual stage of development successfully is a way of overcoming anxiety from infancy to adulthood. I hypothesize that prayer's impact on reducing anxiety is a theory that will prove beneficial through the consensus of the participants.

## CHAPTER TWO: LITERATURE REVIEW

### Overview

Chapter two focuses on the impact prayer has on reducing anxiety as the theoretical framework and its related literature. The impact of prayer on reducing anxiety is common beliefs among Christians. However, empirical evidence is lacking support of the Christian belief that prayer is effective at combating the symptoms of anxiety. In this chapter, the writer will examine the elements of anxiety and prayer separately to determine the different characteristics of both. As such, the Psychoanalytic Theory is included to discuss each stage of human development to determine the way's a person overcomes anxiety. To compare the human versus spiritual nature of a person is contingent upon the limited research offered on the matter. The Psychoanalytic Theory has two implications worth reviewing in this literature, according to Fenton (2014): 1.) The idea of being a part of this world means to experience viewpoints beyond personal perspective. 2.) While being in the world, a person must bear some form of relationship or position to its natural objects. This does not define a person's life, but it does help relate them to other cultures and people (p. 5). In addition, Gilligan (2017) explains that Psychoanalytic Theory associates with the notion that humankind depends on a belief system to overcome or cope with various sorts of anxieties (p. 178). As a result, a person's drive seeks to make sense of his or her ignorance about anxious tension as a means of satisfaction (Gilligan, 2017, p. 179).

A thorough definition of anxiety explains its pathological nature as either distressing or traumatizing. Persistent anxiety sometimes develops into disorders. According to the DSM-V, there are the three anxiety-related disorders to mention: Generalized Anxiety Disorder, Acute Stress Disorder, and Posttraumatic Stress Disorder. In addition, there are times when anxiety is non-diagnosable because it happens infrequently throughout life. When this occurs, the

reduction of anxiety can be difficult because of the sporadic, negative impact on the individuals. Researching anxiety is essential since it impairs Christians' everyday processes and dynamics. Whether anxiety impairs children, adolescents, or adults, everyone must attempt to overcome its impact throughout Sigmund Freud's stages of development of the Psychoanalytic Theory.

The emotions of anxiety are often negative, but these do not always remain the same (Young, Sandman, & Craske, 2019). Anxiety has different levels of severity as it immobilizes people through fear because of the imminent dangers and threats people anticipate. A person can overcome anxiety based on two positive emotions: love and gratitude (Bakkes, 2017). Love provides a simple solution to driving away fear (Bakkes, 2017). Gratitude removes resentment from Christians so that irrationality can decrease from their thinking and feeling (Bakkes, 2017). Christians often use prayer to involve God directly in this process. Research suggests that managing anxiety comes through four rituals: First, Christians have a conversation with God using prayer. Second, corporate prayer is performed through a body of Christian believers who agree about many things. Third, they remove petitionary prayer from their ritualistic practices as a relationship with God develops. Fourth, using meditative practices such as mindfulness increases self-awareness so that Christians make positive changes. Anxiety must be studied so that people can learn how to receive direct messages and prophecies from God to combat its effects on them.

### **Understanding Anxiety**

Anxiety includes both physiological and psychological reactions that are responses such as agitation and restlessness to various situations and circumstances (Knabb & Vasquez, 2018). It only becomes a pathological disorder when it chronically or frequently interferes with the individual's work, school, and relational activities (Bradley, 2016). It is common for anxiety to

develop after a distressing or traumatizing event. The effects and symptoms of the event may be acute or remain as issues throughout time (DiTomasso & Gosch, 2006).

Acute anxiety generally has vague signs and symptoms which have perceptively short durations. The symptoms may last anywhere from one day to one month (Briere & Scott, 2015). Acute anxiety's counterpart is more chronic in nature. This means the complexity of the chronic anxiety may deviate from the short duration of removing anxiety symptoms to more long-term periods. Dow, Kenardy, Long, and Le Brocque (2019) found that having cognitive awareness can improve distress predictions significantly (p. 61).

When anxiety is diagnosed as severe and remains in the short-term, it is often regarded as acute stress disorder (ASD). ASD is a relatively new diagnosis in the field of psychology and counseling. ASD has similar criteria to posttraumatic stress disorder (PTSD). However, there is a contrast between the two disorders. As previously stated, ASD exists for short intervals. Briere and Scott (2015) indicate its time-lapse lasts no more than 30 days once symptoms appear. Meanwhile, PTSD remains with the person for a longer interval. Once symptoms remain for more than one month, there is no time limitation (Levers, 2012). When symptoms of anxiety are not severe, then diagnoses may be limited unless otherwise specified towards a particular phobia. According to the Diagnostic Statistical Manual, fifth edition (DSM-V), for someone to be diagnosed with generalized anxiety disorder (GAD), the person must have an excessive worry that occurs more days than not for no less than six months (American Psychiatric Association, 2013). The DSM-V also states the person is likely to find it challenging to perform routine tasks or operational functions at work and school (APA, 2013). The criteria for GAD, according to the DSM-V, state that throughout anxious moments, the person may not be able to control the worry. He or she may have at least three or more of the following criteria: 1.) The person relentlessly

experiences feelings of being unyieldingly wired. 2.) The person fatigues easily at regular tasks, although these feelings were never present before his or her current situation. 3.) There is a deficit in the person's concentration, or he or she experiences loss of thoughts frequently. 4.) The person experiences irritability or others perceive his or her mood as cantankerous. 5.) The person experiences physiological symptoms of muscle tension throughout unspecified regions of the body. 6.) Lastly, the person may undergo sleep disturbances such as trouble falling or remaining asleep (APA, 2013).

### **Anxiety-Related Disorders with Children and Adolescents**

Anxiety dwells in the everyday dynamics of a person's life such as job interviewing, answering questions, role-playing, and thinking about succeeding rather than failing (Burdick & Honos-Webb, 2017). Typically, according to the DSM-V, adults who experience GAD in many areas of normal operational functioning have felt nervous or anxious throughout most of their lives (APA, 2013). However, much could be said about children and adolescents experiencing GAD because of the comorbidity of other psychological diagnoses. Treatment options for youths suffering from GAD with early onset may impact them positively as they age into adulthood (Lundkvist & Thastum, 2017, p. 91). Younger children are less likely to ruminate about worries, especially when they have constant reassurances from others (Scheeringa & Burns, 2018, p. 1). Stress for younger children varies significantly throughout various ages; this could mainly be attributed to the psychosexual developmental stages (Scheeringa & Burns, 2018). Anxiety-related disorders can have an onset in childhood, which can be explained through biological, genetic, and developmental factors (Carballo, Baca-garcia, Blanco, Perez-rodriguez, Jimenez Arriero, Artes-Rodriques, and Oquendo, 2010). Carballo et al. (2010) also found no difference between genders when measuring anxiety in children (396). In addition to

these findings, anxiety has also been linked to the following: academic dysfunction, social dysfunction, poor peer support, poor family support and relationships, suicidal behaviors, potential psychopathology, and drug and alcohol abuse among children and adolescents (Kouros, Quasem, & Garber, 2013, p. 683). Kouros et al. (2013) also discovered that when children have parents who suffer from anxiety the children are more likely to develop depression (695). The lack of support and nurture from the dominant care-giver of the child or adolescent may contribute to anxiety. In many situations, it is necessary for mental health professionals to determine the parent's psychological well-being when determining a proper diagnosis for the child. As stated above, caregivers or parents that display anxious symptoms are likely to introduce the anxiety disorders to children and adolescents under their supervision (Kouros et al., 2013).

Nelemans, Hale, Branje, Raaijmakers, Frings, Lier, P, and Meeus (2014) found that adolescents who are considered to be at risk for developing anxiety are prone to display heightened symptoms of anxiety disorders throughout development (p. 197). Whether or not this association is directly linked with each psychosexual developmental stage is unknown. However, due to the heightened anxiety over the course of time, higher-risk levels occur simultaneously with the adolescent developing an anxiety disorder (Nelemans et al., 2014, p. 198). Another study indicates that parents who have a diagnosed anxiety disorder are more likely to see it or pass on similar traits of anxiety to their adolescents (Conner, Maddox, & White, 2013, p. 1816). However, if parents' anxiety reduces due to treatment, then their children and adolescents are more likely to experience anxiety reduction also (Conner et al., 2013, p. 1816)

In many biological circumstances, children and adolescents that have anxious parents respond well to medication (Gonzalez, Peris, Vreeland, Kiff, Kendall, Compton, Piacentini, 2015, p. 91). It is evident that research depicts the impact of parental influence on children or adolescents experiencing anxiety. In contrast to prescribing children and adolescents medication, parents can take a more proactive role in reducing youth's anxiety. According to Fox, Warner, Lerner, Ludwig, Ryan, Colognori, and Brotman (2012), when children and adolescents make mistakes or face new situations, parents that are supportive are better able to promote the youth's independence to manage stressful conditions (p. 556). It appears that the premise behind reducing stress in children and adolescents early in development is to promote an anxiety-free lifestyle in adulthood.

### **Theoretical Framework**

In Sigmund Freud's five stages of development of the Psychoanalytic Theory, it becomes clear that people attempt to overcome stress through exploration in each phase of life. For instances, according to Ewen (2014), people seek pleasure as an ideal reward for living; however, frustration and conflict occurs when pleasure is non-existent. This type of distress is anxiety provoking, and it begins in the oral stage and continues through the genital stage of development. Ewen (2014) mentions that anxiety can be induced by a mother or provoked by environmental disturbances.

#### **The Oral Stage**

The oral stage of Freud's studies occurs during the first 12 to 18 months of a person's life (Ewen, 2014). During this phase of an infant's life, he or she is exploring pleasure-seeking desires using the mouth, lips, and tongue (Ewen, 2014). If an object the child is exploring is not pleasurable, then merely spitting the object out of his or her mouth would indicate non-pleasure.

The oral region of the child also reveals the early stages of discovering emotions, which may be pleasant or not. For example, a child biting aggressively on an object may indicate irritability, though it is displaced onto the object rather than the caregiver or other persons (Seligman & Reichenberg, 2014). Likewise, the writer questions if the irritability could be questionable anxiety that the child may be experiencing. During this phase, a child cannot express his or her feelings, so little research has been conducted in this area; however, his or her biting behaviors indicate this may be an area of interest to examine. Anxieties in this phase are characterized by paranoia and fear of the threat because his or her perspective views the object as a direct danger (Fenton, 2014, p. 89). When this occurs, infants experience the “death drive,” which he or she acts aggressively towards the object to control the anxiety (Fenton, 2014, p. 89). When avoid inappropriate acts, the child dismisses the anxiety by seeking pleasure or exploring stimulation (Smart, 2011, p. 69).

### **The Anal Stage**

The anal stage of the child is between 18 and 36 months of age (Ewen, 2014). Throughout this development, it is imperative to toilet train children according to societal standards. These norms play a significant role in determining the focus of gratifications or dissatisfactions the child is experiencing (Seligman & Reichenberg, 2014). For example, if a child is overwhelmed by the social pressures of being toilet trained, then he or she may be experiencing anxious feelings, which could lead to emotional difficulties or insecurities throughout the child’s life. In this phase, the parental personality and expectations may cause the child to sacrifice pleasure (Ewen, 2014). At that moment, it is not uncommon for children to lose self-control due to the inner worry of not meeting parental demands (Ewen, 2014, p. 27). Saragnano, Schneider, & Arbiser (2013) recognize people in this stage experience neurotic anxiety, which is often expressed through inferiority feelings, fear of authority, and fear of

failure and exposure (p. 112). The researchers recognize anxiety as extreme suffering that links to self-awareness about distress (Sarangnana et al., 2013, p. 113). In the anal stage, children are overcoming the anxiety of controlling their bodies, such as toilet training (Smart, 2011, p. 69). In this process of satisfying the demands of cultural standards, children become either anal retentive or anal expulsive (Smart, 2011, p. 69). Anal retentive combats anxiety by becoming organized, orderly, careful, or passive aggressive (Smart, 2011, p. 69). Anal expulsive rebels against anxiety by becoming disorganized, disorderly, inconsiderate, or disobedient (Smart, 2011, p. 69).

### **The Phallic Stage**

The phallic stage of the child is between four and six years of age (Ewen, 2014). During these years of development, feelings of pleasing oneself through masturbation or exploring genitals and sexual fantasies begin to emerge (Seligman & Reichenberg, 2014, p. 47). Throughout the phallic stage, self-esteem issues emerge due to social interactions. Seligman and Reichenberg (2014) state that self-esteem and self-image, acceptance and approval, senses of initiative or being loved, and sexuality issues are all integral elements of the phallic stage (p. 47). The association between feelings of acceptance and approval could match those of anxiety when the child is either rejected or disapproved of during this phase. However, due to the lower level of verbal and intellectual skills of this age group, the children are less likely to express or identify their anxious experiences or ruminate about them. In addition, in the phallic stage, anxiety links to the ego through fear of psychological helplessness. This tension must be resolved so that anxiety does not become an expected neurosis (Sarangnana et al., 2013, p. 167&170). In this phase, a child will experience the “castration anxiety” or “oedipal complex,” which the anxiety sets into their conscious because of unconscious sexual urges, fantasies, or

perceptions he or she has towards parents (Kernberg, 2004, p. 7). To reduce anxiety, the child confronts the conflict between sexual urges and conscious reasoning to influence the development of personality (Fenton, 2014, p. 81).

### **The Latency Stage**

The latency phase of Freud's psychosexual development stages encompasses the time of a child's life between the ages of five and eleven. During this time of a child's life, it appears sexual gratification and exploring comes to a halt temporarily. Selgman and Reichenberg (2014) explain that children during this period of life become less focused on sexual desires and more concerned with social interests (p. 48). Children are more apt to focus on academics or other interests as they socially model peers or role models (Selgman & Reichenberg, 2014). In this stage, children are learning to express their sexual desires, emotions, and urges more appropriately as they develop (Ewen, 2014). It may be difficult for the adult participants to recall overcoming anxiety during this phase because many people cannot remember childhood and adolescent experiences (Zittoun, 2013, p. 90). In this stage of development, children will experience anxiety through the struggle of inevitable life difficulties, such as interests in other people and genuine enjoyments (Ewen, 2016). In addition, children seek a resolution to his or her anxiety of the Oedipus complex and castration anxiety (Franiack & Gunter, 2010, p. 18). At this time, the child no longer views his or her parents as a person to possess or conflictual opponents (Franiack & Gunter, 2010, p. 18).

### **The Genital Stage**

The genital phase of a person's life begins in childhood, approximately age 12, and continues into later adulthood years until death (Ewen, 2014). Ewen (2014) expresses that this phase accounts for normal childhood development through psychological maturity (p. 29).

Seligman and Reichenberg (2014) acknowledge this phase as building upon previous psychosexual stages as it integrates growth and learning from them to result ideally in being an emotionally healthy adult (p. 48). A person's childhood sexuality and acting out irrationally should no longer be regarded as radical but as a socially accepted expression of libido (Ewen, 2014, p. 29). As a result of these stages, Freud believed anxiety suppression had a causal relationship with repression; thus, when people use their defense mechanisms, they will ignore undesirable feelings (Obaid, 2012, p. 93). However, other researchers suggest that repressing anxiety is no longer the norm for society. Instead, anxiety is beginning to be embraced as a learning resource for training to overcome anxious situations (Lawrence, Cassell, Beattie, Woodsman, Khan, Hardy, & Gottwald, 2014, p. 649). Overcoming anxiety in this stage of development has the potential to reduce anxiety among various circumstances and with all ages, though the id, ego, and superego are competing continually with each other (Bennett, 2015, p. 4). Bennett (2015) explains this mainly occurs within the unconscious, which the id seeks instant, unrestrained gratification. The ego seeks pleasure without social sanctions by using control strategies. The superego seeks to control unsuitable behavior internally, which causes the anxiety because there is conflict between the id and ego (p. 4-5). The superego often responds with spiritual techniques such as prayer, since it is known as being a moral conscience (Ewen, 2014). Overall, a person's superego seeks to overcome sexual anxieties by conforming to acceptable societal standards and maturity in this area (Smart, 2011, p. 70).

### **Overcoming Anxiety**

Overcoming anxiety is an essential element of each stage. Carballo et al. (2010) express that each developmental stage possesses unique clinical manifestations of anxiety (p. 399).

These anxious manifestations are likely to change throughout life, which causes anxiety-related

disorders to change (Carballo et al., 2010, p. 399). Bakkes' (2017) text states that adults become more content with uncertainty and ambiguity when feeling anxious. While examining its significant causes, the author allows the audience to explore anxiety in an interpersonal and intrapersonal realm of functioning in society. Parkinson and Simons (2012) indicate that anxiety occurs mostly when people are physically and psychologically close to a threat (p. 464). Anxiety often distracts people from having adequate cognitive perceptions due to self-preoccupation (Buchwald, 2006). People performing tasks are often distracted because of three factors: worry, emotionality, and interference (Buchwald, 2006). Worry includes the thoughts that people cannot remove from their self-preoccupation. Emotionality is discomfort and the uneasiness of anxiety. The interference prohibits the person from coping, which is connected directly to irrelevant thoughts and problems that trouble him or her (Buchwald, 2006).

Current research emphasizes the hope and resilience of anxious individuals who suspend judgment and react with love and gratitude (Bakkes, 2017). However, it is objective measures from others that often cause adults to experience anxiety. According to Grieve, Jackson, Reece, Marklin, and Delaney (2008), physique anxiety, when in the presence of others, causes lower self-esteem (p. 330). It is likely that lower self-esteem can impact how persons view themselves and express love. The reason stems from the notion that a decrease in love will reduce resiliency. Without resiliency, anxiety is difficult to decrease. Thus, love and gratitude are essential for embracing the spiritual gift of God to combat negative feelings (1 Corinthians 13; Galatians 5, New International Version). Bakkes (2017) collects an analysis of qualitative and quantitative studies to convey a five-step model for embracing anxiety as a new life skill. Essentially, Bakkes (2017) helps readers to identify anxiety, observe their belief system and how it relates to fear, develop an awareness of their emotions and cognitions, implement ways of

driving out fear, and continue to seek ways of changing their behavior to maintain these processes. The author also acknowledges one of the essential factors contributing to the judgment of self and others is a personal attachment to situations, people, outcomes, self-perceptions, and people's mental states in those moments (Bakkes, 2017, p. 45). The author also states these types of thoughts cause anxiety; however, the opposite occurs when they are met with courage and curiosity (Bakkes, 2017, p. 60). According to God, courage drives out fear (Joshua 1:9, NIV), which is the core of anxiety (Quinones-Camacho & Davis, 2018, p. 301).

### **Emotions of Anxiety**

Anxiety disorders are characterized by fear and worry that reduce one's quality of life significantly (Purcella, 2013). The writer will list a few other negative and positive emotions associated with either implications or mediations of anxiety. For instance, fear, resentment, inadequacy, regret, insecurity, and misunderstanding are consequences of anxiety. Whereas, the positive emotions that arise due to mediations of adverse conditions are serenity, gratitude, interest, inspiration, and hope. The writer will explore a few negative and positive emotions. Many positive and negative feelings can stem from anxiety, but the root of negativity is fear. Fear is a common core emotion of anxiety. It immobilizes people from enjoying the luxury of peace and the tranquility of a worry-free lifestyle. Many times, it is excessive and relates to behavioral disturbances. Fear displays itself as an emotional response to a perceived, imminent, or real threat. These fears often lead to dissociations and are classified as other mental health complaints, which are common throughout various anxiety disorders (American Psychiatric Association, 2016). Fear's function is detecting threats and dangers, which causes individuals to have fight or flight responses (Salmela, 2014). Fear combined with sadness parallels guilt (Fleming, 2012).

In past and present moments of living anxiously, resentment increases in both timeframes. Resentment is a human passion that individuals link to their fearful experiences (Moruno & Fantini, 2013). For example, it is not uncommon for persons involved in careers or recreational activities to worry about being socially accepted by individuals or groups. However, when one is not received or finds it too challenging to continue pursuing, then resentment occurs as a defense mechanism (Ewen, 2014). Moruno and Fantini (2013) indicate that resentment is a subjective process that demands intellectual reflection, and it could later develop into a mental health disorder (p. 20). In this example, the mental health disorder manifests itself as a perceivable anxiety disorder. The constant strain of subjectively finding social acceptance can cause worry and apprehension to establish a secure dwelling in irrational minds.

Insufficient feelings often cause insecurities to occur within anxious persons. In many cases, these types of feelings stem from insufficient knowledge pertaining to the individual and their physical or social environments (Ledwig, 2009). According to Ledwig (2009), it appears reducing these negative thoughts and emotions equates to more precise understandings (p. 16). In adults, attachment insecurities in relationships often cause anxiety about being abandoned or even intimacy avoidances (Peloquin, Bigras, Brassard, & Godbout, 2014, p. 179). Thus, insufficiencies or insecurities individuals exhibit stem from the desertion of something good that provides assurances.

### **Hope**

Hope is often a partial satisfaction stemming from past or present deprivation, which makes individuals feel more enthusiastic (Akhtar, 2018). Akhtar (2018) also states that those experiencing hope possibly have joy, too (p. 113). Joy and hope combined with anxiety can help counteract worry. Kavak and Yilmaz (2018) found that hope provides paranoid clients with the

emotional skills needed to improve the effectiveness of treatment and to increase self-esteem and quality of life (p. 416).

### **Gratitude**

Gratitude is an important element for combating anxiety, although it is not connected directly to the person's worry. According to Szczesniak and Timoszyk-Tomczak (2018), psychologists found that gratitude increases persons' overall well-being (p. 150). It refers to having an appreciation for life and events that are beneficial to a person (Szczesniak & Timoszyk-Tomczak, 2018). O'Connell, O'shea, & Gallagher (2017) found that using gratitude as a psychological intervention can increase and enhance the well-being of the person undergoing problematic conditions or circumstances (p. 1280). Although it is primarily used as a beneficial psychological factor for influencing behavior, gratitude can also help clients acknowledge benefits from good intentions (Lo, Kwok, Yeung, & Tam, 2017).

### **Prevalence of Anxiety**

Anxiety disorders are common in Western cultures, and approximately one out of five people either live with or develop this condition (Horwitz, 2013, p. 143). The prevalence of generalized anxiety disorder is common among individuals of European heritage (APA, 2013). Another study found that non-Hispanic white males and females have a higher prevalence rate of developing GAD than other races throughout the world (Guglielmo, 2014, p. 18). The DSM states that among adolescents in a 12-month period, there is .9% GAD prevalence rate; however, among adults, during the same time duration, there is a 2.9% GAD prevalence rate for U.S. citizens (APA, 2013). Gender differences between male and female contrast considerably as females are twice as likely to develop GAD (APA, 2013). According to Omani-Samani, Ghaheri, Navid, Sepidarkish, and Maroufizadeh (2018), the prevalence of GAD is unknown in

Middle-Easterners who are considered infertile, both men and women (p. 1). Ahmed, Radwan, and Baddary (2016) indicate that those who have rheumatoid arthritis are 62% likely to have mild anxiety, 37% likely to develop moderate to severe anxiety, and 1% likely to have very severe anxiety. Guglielmo (2014) found major depression to have 50-60% comorbid prevalence rate during a 12-month period with GAD (p. 97). GAD prevalence rate among elderly is 7.1% within one year, and it is estimated that any aged person with GAD is 50% more likely to seek physician care (Starcevic, 2010, p. 116).

### **Related Literature**

The related literature about prayer reducing anxiety focuses on the adult process since the psychosexual stages explain the childhood content. Such symptoms are prevalent within the adult's physical, emotional, psychological, and behavioral ways of functioning. To focus on anxiety's reduction, this section examines the effective methods used in this process. These include deep breathing techniques, guided imagery, centering prayer, reducing anxiety with medication, selective serotonin reuptake inhibitors, benzodiazepines, antiseizure medication, cognitive-behavioral therapy, rational-emotive behavioral therapy, exposure therapy, mindfulness, and various Scriptures, beliefs, and rituals that are practiced during prayer.

### **Anxiety Reduction in Adults**

The topic of anxiety reduction is becoming more popular throughout Western culture, especially since anxiety's prevalence is affecting high volumes of people (Horwitz, 2013, p. 118). Anxiety is trending among many diverse populations, and its impact is creating stress. Stress often influences intrapersonal, interpersonal, and other environmental factors of daily living. Sigmund Freud contributed to the status of anxiety in the media and the research of scholars and intellectuals (Horwitz, 2013, p. 118). Over the course of several years, the

definition and nature of anxiety have progressed to represent an array of emotional factors. Generally, when anxiety is observed in various settings, it is characterized by environmental or personal factors that are creating worry, apprehension, stress, concern, or fear (Bakkes, 2017). In fact, Bakkes (2017) acknowledges that anxiety is scary, and many in society are embracing it as the norm (p. 11). Researchers are uncertain about the reason anxiety is embraced by people, though many of them desire to reduce its symptoms.

Symptoms of anxiety are generally present in a person's physical, behavioral, psychological, and emotional ways of functioning, and anxiety can inform him or her that the situation is dangerous to various degrees (Healey, 2014, p. 16). Whether or not anxiety-related disorders develop, people can still suffer from symptoms without meeting criteria for a diagnosis. After a determination of an anxiety-related diagnosis, sufferers will be categorized into one of the following disorders: obsessive-compulsive disorder, panic disorder, agoraphobia, posttraumatic stress disorder, generalized anxiety disorder, social phobia disorder, and specific phobia disorder (Healy, 2014, p. 15-22). A common core emotion of all anxiety disorders is fear. According to the American Psychiatric Association (2016), anxiety anticipates a future threat (p. 1). Meanwhile, fear often responds to an imminent threat, real or perceived, with persistent worry (APA, 2016, p. 1).

Research has found that those besieged with anxiety disorders often struggle with them for many years (Tompkins, 2013). Throughout that time, anxiety alters their fundamental aspects of normal functioning (Tompkins, 2013, p. 11). Tompkins (2013) explains that anxiety is not concerned with the present moment. Rather, anxiety focuses on future events or situations that might occur, so preparing for the worst becomes an impending issue (Tompkins, 2013, p. 12). Meanwhile, studying social anxiety is growing in popularity among researchers who seek to

determine the overall effect and treatment for those suffering from its symptoms. Many times, social anxiety can create handicapping conditions at places of employment and within relationships (Kalyva, 2013). Kalyva (2013) also points out that social anxiety causes an intensity of symptoms when confronting and anticipating social stressors (p. 20). Reducing the future worry or anticipation appears to be the direction of solution-focused preventions and interventions to combat this response.

Limited research has been conducted on the impact prayer has on reducing anxiety. However, some researchers found Christians who have a secure attachment to God are better able to neutralize their anxiety (Ellison, Bradshaw, Flannelly, & Galek, 2014). This occurs through frequent prayer and seeking to be closer to God through a relationship with Him (Ellison, Bradshaw, Flannelly, & Galek, 2014). Zenevycz, Moriguchi, and Madureira (2014) found that the intensity of anxiety can be reduced when praying about non-related medical issues. Asking other's for prayer also shows signs of reducing anxiety. Boelens, Reeves, Replogle, and Koenig (2012) found that one-hour prayer sessions within a six-week period, recipients of prayer showed momentous enhancement of anxiety reduction. Many Christians believe that using contemplative prayer is essential to reducing anxiety. First, this requires eliminating personal efforts of removing ambivalence and ambiguity (Knabb, Thomas, and Cumming, 2017). Second, practicing this method requires surrendering and trusting God in His active presence (Knabb et al., 2017, p. 5). However, most contemporary research conducted does not indicate prayer alone as method for reducing anxiety. The subsequent section will address additional methods for reducing anxiety according to modern research.

### **Effective Methods for Reducing Anxiety**

The following methods have been proven effective for reducing anxiety: standard relaxation techniques, deep breathing techniques, guided imagery, and centering prayer around the symptoms (Asbill, 2015, p. 5-6). A study has recently shown that using relaxation techniques to promote cancer patients' anxiety reduction is effective (Sadeghimoghaddam, Alavi, Mehrabi, & Bankpoor-fard, 2019, p. 106). In addition, another study has shown that those waiting for cancer diagnostic test results often lessen anxiety when using relaxation techniques (Aiger, Palacin, Liopart, & Simo, 2016, p. 139). However, Aiger et al. (2016) also state that the method does not decrease the emotional intensity, but it does help to transform the patient's attention (p. 139). Thus, the refocusing of the patient's attention is likely reducing their anxiety.

Many people use neutralization when experiencing anxiety. This happens when someone attempts to neutralize anxiety by replacing thoughts or images with other mental content (Tompkins, 2013, p. 32). In certain circumstances, people will fill their mind with daydreams or fantasies so that anxiety is reduced or distracted (Tompkins, 2013, p. 32). Tompkins (2013) also acknowledges that many people attempt to reduce anxiety by repeating words, phrases, or positive affirmations (p. 32). In a like manner, prayer is also used to prevent the occurrence of anxiety (Tompkins, 2013, p. 32).

**Deep Breathing Techniques.** Deep breathing techniques can be useful for people experiencing anxiety symptoms or disorders. Decreasing the level of anxiety while improving one's breathing are the essential tasks of this method. Research describes deep breathing as expanding the diaphragm while raising the abdomen for better respiratory inhalation (Szabo & Kocsis, 2017, p. 565). It can be as easy as taking 10 deep breaths with 30-60 second pauses between intervals three times per day (Westerdahl, Wittrin, Kanahols, Gunnarsson, & Nilsagard,

2016, p. 700). In addition, deep breathing techniques can decrease stress in the physical body while bringing self-awareness to a place away from anxiety (Manpreet, Anil, & Sushil, 2016, p. 24). Another study found that deep breathing enables relaxation, and this technique performs well with several anxiety-related disorders (Khng, 2017, p. 1503).

**Guided Imagery.** Guided imagery allows mental-health providers to guide the imagery of the client experiencing anxiety. In this process, the counseling provider uses guided imagery as a relaxing technique that facilitates listening to detailed visualizations and recalling comforting, reassuring images (Kiley, Sehgal, Neth, Dolata, Spilsbury, & Albeit, 2018, p. 34). Guided imagery is a conscious experience that should call to mind a scenario that is causing anxiety, and it alters the perception of the perceived threat or danger (Giacobbi, Long, Nolan, Shawley, Johnson, & Misra, 2018, p. 88). Clients often inform the counseling provider about situations and events that cause them distress and anxiety. At that time, the counselor will implement visualizations based on the information the client described previously. The scenarios could have similarities and contrasts to the original client story. When implementing this technique appropriately, it can also benefit the medical profession. Gonzalez, Ledesma, McAllister, Perry, Dyer, & Maye (2010) discovered that using guided imagery before surgical procedures helped to reduce anxiety levels of the patient (p. 186). Reducing anxieties before a medical procedure has the potential to decrease pain in recovery (Gonzalez, 2010, p. 186). In addition, using guided imagery can assist with centering prayer around anxious symptoms. If Christians use this approach, this process is biblical. God says, through the prophet Joel 2:28, “I will pour out my Spirit on all people. Your sons and daughters will prophesy, your old men will dream dreams, your young men will see visions” (NIV). A major purpose of Joel’s prophecy was to help Christians overcome crisis situations (Hyman, 2011, p. 221). Since crisis situations

cause levels of anxiety to rise (Sapolsky, 2004), guided imagery has the potential to be effective at reducing anxiety in various stages.

**Centering Prayer.** Centering prayer compiles various resources of Christianity and uses them to reduce anxiety (Blanton, 2011, p. 135). This process has been described as a “pure prayer” technique, since it focuses on a single word when distracted by unwanted thoughts (Blanton, 2011, p. 136). Here, the idea is to not fixate on anxious thoughts, perceptions, dangers, or threats. Rather, it teaches Christians to focus on God’s Word before, during, or after times of experiencing anxiety. Centering prayer has four known steps, according to Fox, Gutierrez, Haas, Braganza, & Berger (2015): First, use the Bible to select a word as a symbol of God’s presence and character actions. Second, sit in a relaxing setting while closing both eyes. Then, speak this word to God and meditate in silence. Third, return to the biblical word when noticing thoughts are moving away from the word. Fourth, while keeping eyes closed, continue to stay in the silence for at least two minutes (p. 804). Using this meditative technique, Fox, Gutierrez, Haas, & Durnford (2016) found that empirical evidence supports its claim of decreasing anxiety and stress levels (p. 388).

### **Reducing Anxiety with Medication**

Anxiety disorders are common in Western cultures, and approximately one out of five people develop or live with this condition (Horwitz, 2013, p. 143). As its popularity is becoming a growing, unwanted trend, there is an upsurge in medication treatment. Many helpful medications are often used to treat anxiety-related disorders. According to Culhane (2019), treating anxiety using medication is not always negative (p. 18), though the researcher suggests using prayer instead (p. 8). As mentioned above, Culhane (2019) believes that using centering prayer allows Christians to return to God during anxious periods (p. 9). However, though prayer

is useful, others still desire medication for immediate effects (Otto, 2009, p. 25). Otto (2019) believes that for many people taking medication to reduce anxiety is necessary (p. 19). Similar to medical disorders such as diabetes, anxiety can also need medication to reduce its symptoms (Otto, 2019, p. 19). When using medication, mental-health professionals often use the refer to it as pharmacological therapy. The idea of pharmacological therapy is to provide the brain of those struggling with anxiety a chemical treatment through the neurotransmitters. Neurotransmitters play the role of releasing dopamine and serotonin through the synopsis of the brain (Blau & Hoffman, 2014, p. 12). Common medications used to treat anxiety include: Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), Benzodiazepines, Antiseizure Medications, and Tricyclic Antidepressants. There are also other medications used to treat anxiety.

**Selective Serotonin Reuptake Inhibitors.** Selective Serotonin Reuptake Inhibitors (SSRIs) are commonly used to treat anxiety; however, it may require a few days for them to become effective. Näslund, Hieronymus, Emilsson, Lisinski, Nilsson and Eriksson (2017) indicate that SSRIs need weeks of treatment to observe effects (p. 649). Christiansen, Agerbo, Bilenberg, and Stenager (2016) found that treating anxiety lowers the chances of suicide occurrence, which is likely related to the use of SSRIs (p. 173). However, researchers are not certain of the direct link between reduced risks of suicide and the prescribed use of SSRIs (Christiansen et al., 2016, p. 173). Though the benefit of using SSRIs is often useful when treating anxiety, researchers suggest employing a non-pharmacological approach, such as cognitive-behavioral therapy, before prescribing medication (Kragholm, Andersen, Mortensen, Bech, Polcwiartek, Rohde, & Nelson, 2018, p. 482). Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) are often used by mental-health providers to treat anxiety-related disorders

with an overall response rate of 60% (Shah & Jadhav, 2015, p. 62). SRNIs are medications researchers believe are ideal for not having adverse side effects (Yang, Gao, & Xu, 2015, p. 573). SNRIs are not known for having detrimental effects on work performance, mood, response time, speed of focusing attention, encoding information, and organization reactions (Noggle & Dean, 2009).

**Benzodiazepines.** Benzodiazepines are often prescribed to be therapeutic for treating mental disorders and many anxiety-related disorders. Benzodiazepines are often provided to induce sleep, and these medications are common among adults (Reyes & Soto, 2012, p. 77). There are concerns that benzodiazepines can cause sedation, cognitive impairment, and decreased coordination (Caniff, Telega, Bostwick, & Gardner, 2018, p. 67). However, Benzodiazepines are continually prescribed to those experiencing anxiety, but alternative treatments are preferred. The reason stems from the notion that people could develop a drug dependence when using benzodiazepines long-term (Fang, Kim, Tang, & Choi, 2018, p. 16). Sidorchuk, Isomura, Molero, Hellner, Lichtenstein, Change, and Mataix-Cois (2018) found it alarming that a high, unexpected rate of children and adolescents were prescribed benzodiazepines for longer than six months (p. 14). There are reports that benzodiazepines create psychological and physical dependence, though they are known for reducing anxiety (Hart & Ksir, 2018, p. 145).

**Antiseizure Medication.** Antiseizure medication has been used for reducing anxiety. However, the side effects of its use are currently unknown (Moura, Carneio, Cole, Hsu, Vickrey, & Hoch, 2016, p. 2202). Tricyclic antidepressants are often used to treat anxiety and other mood and psychiatric disorders due to their lower cost (Eizadi-Mood, Sabzghabae, Aboofazeli, Hajhashemi, Gheshlaghi, & Badri, 2016, p. 195). Though they were originally created to treat

psychosis, they were found to be effective with altering moods (Hart & Ksir, 2018, p. 170).

Studies have shown that Tricyclic can have a poisonous effect on people who overdose with it; however, it is not known for impairing memory when this occurs (Eizadi-Mood et al., 2016, p. 3).

### **Reducing Anxiety with Psychological Treatment**

Medication treatment alone is not always beneficial, especially when anxiety is not related to a physiological condition. Psychological and environmental factors of life are also known to influence anxiety. In today's Western society, psychological treatment is available to people needing relief from anxiety. There are many methods available for treating anxiety-related disorders; however, determining the proper theories, methods, and techniques should be determined by the mental health providers and the person with anxious symptoms. Common treatments for people experiencing anxiety include: cognitive-behavioral therapy (CBT), rational-emotive behavioral therapy (REBT), cognitive therapy, behavioral learning therapy, exposure therapy, and mindfulness.

**Cognitive-behavioral therapy.** Cognitive-behavioral therapy (CBT) is a well-known psychological treatment used for children and adolescents that have anxiety disorders (Menziez, Kyrios, & Kazantzis, 2016, p. 13). This evidence-based counseling approach is used to treat adults (Lee & Edget, 2012, p. 5). Typically, CBT is a short-term treatment that is effective in individual and group settings (Lee & Edget, 2012, p. 5). Specifically, CBT has shown evidence of reducing anxiety and its symptoms significantly (Lee & Edget, 2012, p. 7).

**Rational-emotive behavioral therapy.** Rational-emotive behavioral therapy (REBT) is affiliated with CBT; however, it emphasizes the emotion that impacts the behavior. In this process of thinking, REBT attempts to change or alter mental processes (DiGiuseppe, 2014, p.

5). In fact, it encourages those suffering with anxiety to think philosophically and focuses on the perceptions, attitudes, and evaluations people have towards life events and situations (DiGuiseppe, 2014, p. 9). Since anxiety is often regarded as irrational apprehension towards the future, REBT strives for Christians to overcome the inappropriate thoughts (Xu & Liu, 2017, p. 156) that are biblically non-principled. Katsikis, Kostogiannis, and Dryden (2016) indicate that anxiety derives from the irrational beliefs people hold about real or potential adverse events (p. 7).

**Exposure Therapy.** Exposure therapy is a strategy used for treating anxiety and its symptoms. When using this process of treatment, mental-health providers will expose clients to a stimulus that causes them to have fearful responses to its presence. According to Costa, Carvalho, Ribeiro, & Nardi (2018), when exposed to a specific phobia (i.e., environments, people, places, or things) an anxious response occurs immediately (p. 193). This can cause someone to both necessarily or unnecessarily avoid situations or stimuli that cause the unwanted aversive responses to arise (Sisemore, 2012, p. 15). Implementing this approach with Christians who have anxiety consists of following four components: exposure (real-life), imaginal exposure (visualizing), ritualistic prevention (behaviors), and processing (examining) (Yadin, Lichner, & Foa, 2012, p. 43).

**Mindfulness.** Mindfulness is a process that is similar to prayer, and it often incorporates prayer. Mindfulness is a newer psychological treatment strategy. This practice can be performed almost anywhere, and its adaptive capabilities allow it to enhance diverse populations both clinically and non-clinically (Murata-Soraci, 2014, p. 108). It is imperative to link mindfulness to a present moment in which fear or anxiety dwells; thus, this process enables

Christians to become more aware within intrapersonal and intrapersonal dynamics of life (Brandsma, 2017, p. 18).

### **The Effectiveness of Prayer for Reducing Anxiety**

Researchers have confirmed that Christian prayer and mental health have a positive correlation. However, the relationship between the two has multiple complexities in their realm of functioning together. Christian prayer is God recognizing and responding to the conversation or communion (meditation, reflection, experiencing, or listening) that Christians have or share with Him (Monroe & Jankowski, 2016, p. 237). In Psalms 1, David, the author, says, “Those who delight in the Lord, meditate on his laws day and night” (NIV). Meditating upon God’s Word and character adds to faith, which constitutes to modern practice of mindfulness in Christianity. Science and prayer are different. Science cannot prove or disprove the power and effects of prayer. However, science can explain empirical outcomes and connections between prayer and healing (Brown, 2012). Researchers use self-reports to explain testimonies about the many examples of God’s good miracles and communications through prayer. Measures can be taken through behavioral and emotional changes to identify the effects of implementing prayer.

Christians often pray frequently, which can produce a religious experience of non-dissociation (Breslin & Lewis, 2015), meaning the client is self-aware of the phenomenon. Jesus foretold to his disciples that God would send them a counselor, the Holy Spirit, to bring remembrance of things he had done on earth (John 14:26-29). Therefore, the disciples began praying profusely each day to receive the gift Jesus promised to them. Many researchers question the measurement of spiritual giving by God through the use of prayer. This can be measured on a percentage scale: 0%-to-100%. In Acts chapter 2, when the day of Pentecost came upon believers, they were praying regularly. Paul explains the disciples had been praying

for fifty days in the place of worship, when suddenly, like a violent rushing wind, they began to speak in unknown tongues. All of them were filled with the Holy Spirit (Acts 2:1-4, NIV). In the moment of being filled with the Holy Spirit, the evidence of percent was revealed with one word—filled. At 100%, each believer was aware of his or her filling and began sharing its evidence generously throughout the nations (Acts, NIV).

Being filled with the Holy Spirit means displaying the natural gifts God provides, which are: “The fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control” (Galatians 5:22-23, NIV). In doing so, Christians are supporting current research that states that there are personal and interpersonal emotional benefits to praying (McCulloch & Parks-Stamm, 2018). The welfare of emotions signals whether or not a situation should be analyzed. The Galatians 5:22-23 emotions inspire Christians as they make them feel more hopeful. Emotions should never remain uninspiring as they then make existence undesirable. When feeling anxiety, using prayer as an encouragement is another treatment strategy that mental health professionals often use for Christians undergoing anxious symptoms. Meanwhile, using Christian prayer as a treatment approach offers few empirical studies that prove its effectiveness. Though empirical support is lacking, Ferguson, Willemsen, and Castañeto’s (2009) research acknowledges the benefits of using the process of centering prayer (p. 324). The process is recognized in the following steps: first, a person’s relationship with Christ changes. Second, the relationship with Christ prompts the healing of stress, which transpires through learning and implementing coping strategies to change the heart, mind, and behaviors. Third, integrating a continuance of spirituality to preserve the integrity of this process allows faith to develop more profoundly in the person (p. 324).

Through faith, prayer is having a dialogue with God that provides prophecy and direct messages (Poloma & Lee, 2011). This then becomes an element of receptive prayer that increases the Christian's closeness to God during moments of distress (Poloma & Lee, 2011). Having a closeness to God is developing a secure attachment to Him (Ellison, Bradshaw, Flannelly, & Galek, 2014, p. 244). Meanwhile, those with insecure attachment are more likely to experience anxiety-related symptoms (Ellison et al., 2014, p. 244). Meditative prayer also reveals the closeness to God, and petitionary does not represent closeness to God because it exposes a lack of faith or relationship with Christ (Jeppsen, Possel, Black, Bjerg, & Woodridge, 2015, p. 178). Prayer and meditative prayer correlate with mental-health in a positive way, and petitionary prayer does not (Jeppsen et al., 2015, p. 178).

**Defining Christian Prayer.** Christian prayer is God recognizing and responding to the conversation or communion (meditation, reflection, experiencing, or listening) that Christians have or share with Him (Monroe & Jankowski, 2016, p. 237). Prayer is a practice that is being used in some psychotherapy settings (Sandage & Brown, 2018); however, there is not much research indicating its effectiveness. Though many believe in the power of prayer, it is a process that must be taught by Jesus (Luke 11:1, NIV). For instance, in Matthew 6:9-13, Jesus informs Christians' that everyone should use the following prayer as a template:

Father, hallowed be your name, your kingdom come, your will be done, on earth as it is in heaven. Give us today our daily bread. And forgive us our debts, as we also have forgiven our debtors. And lead us not into temptation, but deliver us from the evil one (NIV).

Knabb and Vasquez (2018) says there are two main elements of Jesus' prayer: First, the Christian saying the prayer is acknowledging Jesus as Lord of his or her life. Second, focusing

on Jesus rather than the situation places an emphasis on his or her relationship with Jesus. As a result, focusing on Jesus is the central ingredient to increasing the effectiveness of prayer in the situation (p. 41).

Recent research has recognized prayer as having a multidimensional nature that impacts individuals who practice this spiritual discipline (Chelladurai, Dollahite, & Marks, 2018, p. 849). Chelladurai et al. (2018) explain that prayer is classified into three categories: inward, upward, and outward (p. 850). Inward prayer is a process of evaluating oneself (Chelladurai et al., 2018, p. 850). Upward prayer is an expression of gratitude and love towards God (Chelladurai et al., 2018, p. 850). Outward prayer uses the form of intercessory or petitionary communications with God (Chelladurai et al., 2018, p. 850).

### **Common Beliefs about Prayer**

Many Christians view their foundation of prayer as a direct involvement with God which fosters their confidence (Dirk, 2018). Directly communicating with God is speaking verbally to him through Jesus Christ (Frayer-Griggs, 2016). The only way to the father, God, is through Jesus, God's son (John 14:6, NIV). Consequently, praying to Jesus gives Christians the confidence to approach God because He says that if His people ask for anything according to His will for them, then He will hear their prayers (1 John 5:14, NIV). Nevertheless, the age-old question remains; does prayer from any religion reduce anxiety? Researchers have found that anxiety can be managed with various forms of religion, belief, or spirituality. Specifically, prayer alone is often used effectively to improve the client's quality of life (Dehghani, Saf, Vosoughi, Tebbenouri, & Zarnagh, 2018). However, this study does seem to suggest that anxiety can be reduced through religions other than Christianity. Their findings use terminology that implies managing life is associated with humanistic plausibility. The argument against this

belief is that unbelievers often succeed in life without Christ and anxiety. Nonetheless, these unbelievers do their works in vain. For example, Paul states in 2 Thessalonians chapter 2 that Satan is the author of lawlessness and thoughtlessness against righteousness. Moreover, for now, his followers dismiss God's truth and are perishing. For those reasons, God sends them powerful delusions, so they continue to believe the lies of Satan. They will be condemned because they did not believe the truth but delighted in wickedness (NIV). However, Christians have the encouragement and strength in every good deed and word coming from God (2 Thessalonians 2:16, NIV).

### **Ritualistic Practices of Prayer**

Prayer can perform as an engine for the spontaneous mental images which arrive during its action (Bialecki, 2016). When people express their visual images during prayer, it is considered metaphoric, and it is the center of most prayers (Bialecki, 2016). Joel 2:28 says, "And afterward, I will pour out my spirit on all people. Your sons and daughters will prophesy, your old men will dream dreams, your young men will see visions" (NIV). Acts 2:17 also says the same message verbatim. These passages of scripture allude to future scriptures spoken by Jesus in the book of Revelation. For example, when Jesus spoke to John directly in the book of Revelation, John could see future visions of the information being described to him (Revelation, NIV). Likewise, visions have been passed down through generations from then until now. Biblical authors Joel and Paul wrote noteworthy scriptures depicting popular traditions that Christians still experience. Not only were the messages applicable to the early church, but they are also relevant for current times.

Many Christian believers experience visions of prophecy in present times. The following is a case presentation example about the writer's experience with his grandmother having a

vision from God. Prior to her passing, the writer's grandmother described heaven, Jesus, and God while she was in a trance. She explained how kind and loving Jesus was to her. Her words pierced the hearts of family and friends as she said Jesus was an ordinary looking man but had more compassion and hospitality than anyone she had ever known. The grandmother told of God's enormous strength and power and how he could tear down a heavy door with his little finger. In her vision, she saw family members and loved ones who were in heaven and acknowledged those who needed salvation before the rapture or death. The prophetic images she described of heaven's gates fortified her heart to leave this earth for a better home there. At that moment, her children and grandchildren sought comfort in the Lord, God Almighty. In memory of her, the relatives continue to have their version of communion together on every major holiday as a shared tradition.

Communion is a ritual often associated with corporate prayer (Fosarelli, 2008). The idea of communion is to assemble fragmented Christian believers through supportive and constructive consensus (Sagovsky, 2008). The consensus calls for harmonious teachings and fellowship among the believers as Christ promoted while ministering in Israel. Christ provided the disciples with social modeling concepts for them to learn his love and faith so that they could minister as missionaries to other nations. Thus, the first recording of evangelizing in foreign lands is in the books of Acts chapter 13. Communion through human nature subjectively incarnates the relationship between man and God and thereby connects them in this manner (Nesteruk, 2011, p. 10). Connecting oneself to God through communion allows believers to remember the redemptive sacrifice (Frayer-Griggs, 2016) Christ made for the church through the destruction of the temple, which was Jesus' blood and body. Communion also represents a moment to hear from God directly (John 13, NIV). In John 13, Jesus had two predictions: 1.) Jesus predicts his

betrayal, and 2.) Jesus predicts Peter would deny him three times (NIV). The first prediction would lead to fulfilling the prophecy of Jesus' death. The latter would happen to remind believers that Christ knows their hearts, but he also forgives their sins.

Communion is known as being a form of communication, and many people for centuries have benefited from this method. According to Braddock (2010), communion provides an assurance to Christians in the following ways: first, it offers an assurance of forgiveness. Second, it allows Christians to pledge their pilgrimage of seeking to enter the Kingdom of Heaven. Third, performing a sacrament of faith assists Christians in maturing in holiness through the Holy Spirit. Fourth, overcoming temptations promotes and renews a spiritual lifestyle that is pleasing to the Lord (p. 25). As a result of this ritual, rapport between humankind and God is being established or maintained. This association of prayer and communion offers fellowship to the community; thus, celebration becomes an inward and outward discipline (Clements-Jewery, 2005, p. 61).

### **Mindfulness**

Mindfulness is an ambiguous process that it is commonly associated with prayer. Non-Christians believe that mindfulness helps people to cope with situations as it brings personal responsiveness and insight (Ann Green, 2018). Implementing self-awareness assists therapists to promoting self-care and well-being to prevent future stress (Ann Green, 2018). Using mindfulness in counseling therapy is trending among mental health professionals since it brings awareness to stress reactions (Brandsma, 2017, p. 10).

Mindfulness allows Christians to exam their hearts, minds, and actions with repentance but without judgment. In Deuteronomy 6:4-7, it says, "Love your God with all your heart, with all your soul, and with all your strength" (NIV). The author is expressing a command for God's

people to receive this into their hearts (Deuteronomy 6:5, NIV). The author continues with the instruction to “teach them diligently to your children, and you shall talk of them when you sit in your house, when you walk by the way, when you lie down, and when you rise up” (Deuteronomy 6:6-7, NIV). Mindfulness allows people to focus on their senses while considering a response to stress (Brandsma, 2017, p. 10) within their hearts, but reactions must be scripturally-based. This practice equips Christians to examine hearts and minds so that their responses are free from God’s judgment.

Mindfulness can increase Christians’ self-awareness in prayer so that they become less impulsive in their thoughts and emotions (Dehghani, Saf, Vosoughi, Tebbenouri, & Zarnagh, 2018). Dehghani et al. (2018) found that acceptance of one’s thoughts and emotions, negative or positive, increases when using mindfulness. This is helpful for the anxious person who denies God’s words of acceptance, love, peace, wisdom, and understanding. Not everyone can identify specific anxieties or where they derive; however, external and internal factors can influence the effectiveness of mindfulness. Depending upon the individual, social, and environmental dynamics, mindfulness could pose limitations throughout therapy, according to Armani Kian, Vahdani, Noorbala, Nejatiasafa, Arbabi, Zenoozian, and Nakhjavani (2018). With clients experiencing anxiety, emotional distress can be reduced when implementing mindfulness in events or situations that have images, sensations, feelings, and thoughts that induce judgments (Díaz-González, Pérez Dueñas, Moriana Elvira, & Sánchez Vázquez, 2018).

Mindfulness also helps to develop intrapersonal intelligence so people can genuinely accept themselves (Díaz-González, Pérez Dueñas, Moriana Elvira, & Sánchez Vázquez, 2018). Also, Díaz-González et al. (2018) state that mindfulness uses the person’s greater self-image to reduce negative or low self-esteem. Lastly, it is imperative that Christians understand that taking

hypnotics is not a religious experience. Instead, hypnotics and mindfulness do not correlate positively when used simultaneously (Díaz-González et al., 2018). However, there is no association between mindfulness and manifestations of its dependence in therapy to foresee its problematic use (Barros, Opaleye, Demarzo, Bowen, Curado, Hachul, & Noto, 2018).

### **Prayer in the Holy Bible**

The manifestation of prayer has a direct influence on healing in the Bible as evidence that it reduces physical and psychological symptoms, disorders, and diseases. Thus, this section will illustrate the magnitude of prayer. There is power in prayer as it translates humans' words to God's ear. Prayer comes in many forms: conversational, liturgical, petitionary, and meditative (Brown, 2012, p. 24). Brown (2012) also indicates that many who adhere to Pentecostal doctrines believe that God responds to prayer through the Holy Spirit and in Jesus' name (p. 24). When prayer becomes conversational with God responding, its power is illuminated. For instance, John says, "In the beginning was the Word, and the Word was with God, and the Word was God" (John 1:1, NIV). This embodies the notion that every existing person, place, thing, or idea was spoken into creation. In order for someone to communicate with God, they must become saved through His son, Jesus. The Disciple of Jesus, John, wrote these following words so that people can communicate with the Lord: "For God so loved the world that He gave His one and only Son, that whoever believes in Him shall not perish but have eternal life" (John 3:16, NIV). For this reason, Jesus came to save the world, but not to condemn the world (John 3:17, NIV). This means that once someone accepts Jesus, he or she will have eternal life through Him. As a result of this salvation, God will hear Christians' words when praying.

**The Power of Jesus When Praying.** Christians must consider Jesus' power when praying. Jesus represents power through His divine character, and His character embodies God's

Word. There are many words that Jesus shares throughout the scriptures, which are meant to signify liberty from the darkness of sin (Luke 11:35, NIV). Liberty indicates the freedom to accept Christ's authority over the powers and principalities of the dark, evil sectors of the world. Jesus says, "What I tell you in the dark, speak in the daylight; what is whispered in your ear, proclaim from the roofs" (Matthew 10:27, NIV). Jesus brings people from the darkness of sin and the world to the light of salvation. The discovery of salvation encompasses the emotional aspects of anxious Christians. As Peter says, "Cast all your anxiety on Jesus because He cares for you" (1 Peter 5:7, NIV). Christ did not come to take life but to grant its existence then, now, and forever. For Hebrews 13:8 says, "Jesus is the same yesterday, today, and forever" (NIV). Thus, it is plausible that prayer triumphs over the tenacity of the evil, dark domains of Satan's reign, which is theft, death, and destruction (John 10:10, NIV).

**The Power of Jesus' Words and Responses to Prayer.** Jesus' words are a signpost throughout the scripture for undoing the emotional theft by Satan. There are many instances of Jesus speaking healing and restoration to the people whose faith and belief are in him. However, Christians must seek Jesus for this redemption to occur. For example, David says, "I sought the Lord, and he answered me; he delivered me from all my fears" (Psalms 34:4, NIV). Another scripture similarly acknowledges this fact. Jesus says, "Peace I leave with you; my peace I give you. I do not give to you as the world gives. Do not let your hearts be troubled and do not be afraid" (John 14:27, NIV). Peace happens when being an advocate for the Holy Spirit (John 14:26, NIV). Being an advocate means to be a representative of the Holy Spirit (Moule, 2000, p. 36), which entails promoting prayer and communication to God (Acts 2:1-4, NIV).

In Acts 2:1-4, it is known that after 50 days God responded to the 120 Christians praying. At that time of God answering their prayers, the Christians was filled with the Holy Spirit and

began speaking in various languages. The power of the prayer and languages combined created a fire that came from their mouths (NIV). This signifies that prayer is powerful, and it should not be extinguished (1 Thessalonians 5:19, NIV). However, Ventura (2017) says that sin will quench the Spirit's power within Christians (p. 320). This could mean that communication with God will also cease or become quenched. As a result of the quenching of the Spirit's power, anxiety and fear have the potential to overcome the Christian. Paul says Christians should not be anxious about any matter (Philippians 4:6, NIV). Paul then says, "In every situation let God know what you need in prayers and requests while giving thanks. Then God's peace, which goes beyond anything we can imagine, will guard your thoughts and emotions through Christ Jesus" (Philippians 4:6-7, NIV). Hellerman (2015) explains that Philippians 4:7 indicates that Christians find peace through praying to Jesus because He is nearby (p. 283).

### **Summary**

In summary, the writer discussed the various components of popular trends relating to anxiety: Generalized Anxiety Disorder (GAD), Acute Stress Disorder (ASD), and Posttraumatic Stress Disorder (PTSD). The criteria for GAD are different from those of ASD and PTSD. ASD and PTSD have similar symptoms, but with varying durations of time. Anxiety has the potential to exist in each component of a person's life. Anxiety among children and adolescents can be linked to the following: 1.) Children and adolescents often experience academic dysfunction. 2.) Social dysfunction can develop in children and adolescents. 3.) Children and adolescents often experience poor peer and family support. 4.) Psychopathology and suicidal behaviors are known to progress under these situations. 5.) Alcohol and drug abuse are common with anxiety-related disorders.

The introduction of anxiety in children and adolescents sometimes derives from parents and caregivers. Using Sigmund Freud's psychosexual stages of development, one notices that each phase of a person's life contributes to the various ways individuals cope with processing anxiety through prayer. During these phases, it is common for anxious, undesirable feelings to arise as people are training themselves to overcome anxiety. For many people, resiliency is needed for coping with anxiety. Without resiliency, lower self-esteem can impact anxiety negatively. However, resiliency increases with love and gratitude, and anxiety decreases. From a biblical perspective, love overpowers anxiety as it drives out fear. Without love, fear and worry establish within the person's core as emotions of anxiety. A few other emotions of anxiety include: regret, insecurity, feelings of misunderstanding, resentment, and feelings of inadequacy. Many Christians believe that anxiety can be combatted using prayer. Through faith, Christians have more confidence when praying to Jesus regarding their belief, and it has been proven that prayer alone is used to improve quality of life. However, the study does not provide strong evidence that prayer reduces the anxiety of Christians, although the study gives assurance that ritualistic, routine prayers can cause growth in them spirituality. Mindfulness can also be associated with prayer contingent upon Christian interpretations. Lastly, the healing words of Jesus, discussed in the scriptures, inform believers to implement His words when treating the mentally ill. However, more research should be conducted on comparing forms of physical sickness to mental illness as it relates to healing others through Jesus' authority (Matthew 28:17-18, NIV).

Related literature suggests that anxiety is become increasing popular among Western cultures. In addition, anxiety does not discriminate based on age, gender, and ethnicity. Its symptoms impact people either physiologically, psychologically, or behaviorally. The reason

stems from the notions that anxiety anticipates future threats and dangers. Anxiety-related disorders often involve Christians preparing for the worst outcomes that appear as imminent issues at the time. Many researchers often seek to find solutions for reducing anxiety through the following ways: deep breathing techniques, relaxation techniques, guided imagery, and centering prayer around symptoms.

Anxiety disorders are becoming an unwanted, progressive trend that affects one in five people within the Western culture. There are several medications used to combat this disorder, but psychological approaches are preferred by mental health professionals. Some common approaches used to treat anxiety are: cognitive-behavioral therapy, rational-emotive behavioral therapy, exposure therapy, and mindfulness. Though these therapies are helpful, prayer is considered to have a positive correlation to mental health. Proving or disproving this correlation has is not promoted by thorough research; however, researchers have found positive correlations between prayer and healing. Many Christians believe that being filled with the Holy Spirit is a way of having all-embracing and inclusive connection with God. As a result of the connection and relationship building with God, closeness to Him increases while anxiety decreases.

In chapter three, the researcher will discuss the qualitative research involving the consensual phenomenological type of study: prayer's impact on reducing anxiety. Focusing on research design, the researcher will collect qualitative data to develop a better understanding about the relationship between prayer and anxiety. Interviewing participants from the Church of God can narrow the understanding of the use of prayer in a denomination of Christianity. This chapter will identify the gaps in related-literature's research while seeking answers to close them. It will also disclose the setting, method, procedure, the researcher's role, data collection,

interview questions and rationale, data analysis, trustworthiness, credibility, dependability, conformability, and transferability.

## CHAPTER THREE: METHODS

### Overview

This qualitative research is a consensual phenomenological type of study that focuses on the impact prayer has on reducing anxiety. Anxiety is a negative emotion that has different levels of severity that can immobilize Christians because they anticipate imminent fears, dangers, and threats (Salmela, 2014). Other negative emotions arise as a cause of anxiety, such as resentment, insecurity, or fear of abandonment or intimacy (Moruno & Fantini, 2013; Ledwig, 2009; Peloquin, Bigras, Brassard, & Godbout, 2014, p. 179). In many Western cultures, anxiety is becoming a prevalent issue that affects many people (Horwitz, 2013, p. 118). When anxiety occurs, people generally experience its effects physically, behaviorally, psychologically, and emotionally (Healey, 2014, p. 16). There are a few techniques that are proven effective for reducing anxiety: centering prayer, deep breathing techniques, standard relaxation techniques, and guided imagery (Asbill, 2015, p. 5-6). However, these above techniques do not indicate the aspects of prayer when experiencing anxiety. For instance, the aspects include: the time spent praying, rituals and practices, locations and settings, to whom the prayer is offered, feelings about prayer, involvement of others, and the results. This study will focus on the listed aspects to determine how prayer impacts anxiety reduction. Furthermore, the researcher intends to identify themes of anxiety reduction when Christians explain anxiety's presence, such as: 1.) Integrating prayer through each psychosexual stage of development. 2.) Learning to pray when developing faith through the psychosexual stages. 3.) Determining if prayer reduces symptoms of all anxiety-related disorders. 4.) Understanding how Christians' self-perceptions impact prayer's ability to reduce anxiety. 5.) Studying other negative feelings and how they influence prayer when anxiety is present. 6.) Applying Christian prayer that reduces anxiety.

This research study will consist of 10 participants who are regular attendees at a Church of God denominational church. The participants must have experienced anxiety at least one or more times since becoming a Christian. The participants must have prayed at least one or more times when experiencing anxiety. Once meeting with the participant's, the researcher will read to the participants the definition of anxiety as referenced in chapter three. In addition, the technique of prayer must have been incorporated during the one or more anxious experiences. Upon reading the definition of anxiety, the researcher will also read the definition of prayer to the participants. The study will focus on the participants' efforts to reduce their anxiety through prayer and then determine if prayer proved helpful. The interview will be straightforward to administer within an estimated thirty-minute timeframe. Collecting data from the participants will consist of an uncomplicated, direct approach of asking open-ended questions and recording their responses verbatim. Using 10 open-ended research questions, the interviewer will collect data by audio recording and taking written notes of the participants' responses to the questions. The participant's responses will focus the research on the description of events rather than numerical data collection. There are no right or wrong answers, and participants have the opportunity to explain the impact prayer has on anxiety. A simple demographic section will be applied to the assessments to collect general background information about the clients. This section will ask for each participants name (the names of the participants will remain confidential), age, race, religion, gender, number of years being a Christian, number of times undergoing anxiety, and number of times praying when experiencing anxiety. The participant will be told the description for being of the Christian faith, according to Vermès (2013): First, Jesus was born of a virgin. Second, Jesus was crucified, buried, resurrected, and ascended into

Heaven. Third, Jesus was enthroned next to God the Father as the savior and judge of all people since the beginning of humankind (p. 193).

Demographic questions consist of the following: 1.) Are you 18 years of age or older? 2.) Are you a Christian? Are you regular member or attendee of the Church of God denomination (i.e., attends no fewer than two church services per month)? 3.) Have you experienced anxiety at least one or more times during your life span? 4.) Did you use prayer as a technique to reduce anxiety at least one or more times when experiencing anxiety symptoms? If participants answer yes to all questions, then he or she qualifies to participate in the study. However, if the participant answers no to one or more of the questions, then he or she will not qualify for participating in the study. In addition, the following demographic questions are for collecting basic background information: What is your gender, male or female? What is your race or ethnicity? What is your highest education level? What is your socioeconomic status (i.e., lower, middle, or upper class)? What is your marital status (i.e., married, single, widowed, or divorced)? How long have you been a Christian? Have you ever been diagnosed with an anxiety-related disorder? If so, please list the diagnosis. How long has anxiety been present in your life?

### **Research Design**

A planned qualitative study will be used to gather data of people's experiences rather than a quantitative measure. Using qualitative research, the writer's understanding about prayer and anxiety's relationship can advance. Consensual phenomenology is the research design on which the writer will focus during the interview sessions with the participants. A consensual phenomenological study will allow the researcher to find the relationship between participants' self-aware, direct experiences and the impact prayer has on their anxiety (Ferguson et al., 2009).

Discovering the participants' use of prayer when having anxious feelings prompts the exploratory efforts of the study. In this study, the researcher's purpose is to gain an understanding of the underlying influences prayer has on anxiety. As a result of these findings, future quantitative research can stem from this study. Using participants of the Church of God denomination may have some similarities and differences from other Christian denominations. This is a qualitative study that limits the focal area to one faith because the interviewer is collecting experiences, and quantitative research collects data through a survey. Saldaña (2011) explains that qualitative research consists of textual materials (i.e., documents, recordings, field notes, artifacts, and photographs) and anything that captures the memories of human experiences (p. 4). Saldaña (2011) also states there are various methods for collecting and writing qualitative research, which the writer of this study will use for a narrative style for relaying participants' experiences. Narrative writing integrates the participants with a concise summary of specific events or experiences relating to prayer and anxiety (Ledade, Jain, Darji, & Gupta, 2017, p. 58).

The interview sessions will be held at the church of the selected participants. This allows the survey to become a part of the experience where the regular attendee possibly prays during anxious moments. The research questions will not contain philosophical self-awareness inquires. Instead, the questions are meant to extract descriptions of the experience of existing or pre-existing anxiety. In other words, this is an effort to determine the prevailing aspects of prayer when the participant was anxious. For instance, the researcher will determine if prayer helped to reduce anxiety directly, regardless of other external and internal variables within the study. Though responses may create future variables to assist in measuring prayer's impact on anxiety, this study will solely collect experiential, self-reported data. Phenomenology gathers data on the existence of matters in the world (Ferguson et al., 2009, p. 11) such as emotions, ideologies, and

beliefs. Ferguson et al. (2009) states that phenomenological studies aim to gain insight about a phenomenon (p. 26), such as prayer altering an emotion.

Participants of the study must mutually consent with the researcher so that the consensual phenomenology of the interview process can occur from a direct perspective. Obtaining direct experiences from the participants reduces the chances of distorting their stories. Consensual phenomenology acknowledges the agreement between the researcher and participants that fosters a culture of discovering and exploring. At that time, the researcher has consent to write a narrative analysis of the interview. Narratives will be accurate to the interviewees' words and phrases so that the research study is valid about prayer's impact on reducing anxiety.

### **Research Questions**

The study will consist of finding answers to questions relating to prayer's impact on reducing anxiety. The researcher has several questions regarding Christian prayer and the ways it corresponds to anxiety. The researcher is able to identify gaps in the research based on the findings throughout the literature review draft. Here is a major gap the researcher would like to fill through the qualitative research using a consensual phenomenological type of study: Does Christian prayer reduce anxiety?

### **Setting**

The setting of the participant interviews will be at the church where each person attends. At the church, the meeting will be held in a private office where the participant is comfortable enough to share his or her thoughts, freely. The researcher believes it is appropriate to conduct the interviews in a setting that is familiar to the participants, especially at a church where they pray and worship regularly. Since the researcher must meet with each participant separately, due to confidentiality, choosing the appropriate time will be discussed at the time of signing up to

complete the interview. The researcher will meet with each participant for approximately 45-minutes during a scheduled date and time. This will provide adequate time to conduct a thorough interview. A quality location will be chosen for the participant at a local church. The office, classroom, sanctuary, or conference room needs to be an area that reduces distractions while providing a secure, comfortable environment. Church administrators and leadership personnel must be made aware of these meetings so that support and provision can be granted to the interviewer and interviewee. Each participant must be a member or regular participant of a Church of God denominational church within the City of Fayetteville, North Carolina. This will help to provide a geographic study of the city's Christians who battle anxiety by using prayer as their source of coping.

### **Method**

The methods section will focus on the adult Christian sample, ways of recruiting the participants, and the inclusion and exclusion criteria. Two churches will be used for the sampling and interviews, and only one permission letter will be sent to the church administration. Each participant must be at least 18 years of age or older, a Christian, have experienced anxiety one or more times, have implemented prayer one or more times when suffering from anxiety, a weekly participant or member of the Church of God denomination, and never have been diagnosed with an anxiety-related disorder. Recruiting the participants will be done through a pastor or church administrator. At that time, inclusion and exclusion criteria flyer will be provided to the possible volunteers. The potential volunteers will be informed about the purpose of the study, where to obtain an application, and how to submit the application.

## **Participants**

**Adult Christian Sample.** The adult Christian participants will be determined on a volunteer basis only. The researcher's goal is that the participants will derive from various cultural, ethnical, socio-economical, and familial backgrounds but the same Christian denomination. However, it is possible the participants will be from similar backgrounds and demographics. Using a self-report, the participants contributing to the research will answer personal questions using one revised instrument—The Prayer Inventory. All participants must be a minimum of 18 years of age or older to participate in the methodological approach. All participants will be briefed and acknowledge his or her efforts of contribution are voluntary rather than mandatory. The researcher will provide participants with an option to participate after informing them about the research study. The researcher intends to have a minimum of 15 participants. The idea is to obtain at least 10 volunteers from the Church of God denomination. This impartial analysis will compare and contrast the beliefs and anxious oppressions the church members share.

**Recruitment.** The researcher will contact two churches of the Church of God denomination. The churches will be established within the Fayetteville, North Carolina community. Choosing two churches to perform this study helps to remove bias sampling in the research. The reason for selecting this denomination is due to the stipulated doctrines of only one religious organization. In doing so, future researchers can stem from the doctrines associated with this denomination to understand how prayer's impact on reducing anxiety is effective for other religious organizations with various types of doctrinal beliefs and practices. The researcher will send a letter to the churches administration to inquire about permission to conduct a confidential study using church members for research participants. Providing the

administration with a letter that is found in Appendix C lists the purpose of the research and the ways it can impact the community positively is essential for them to understand its importance. Upon their approval, a confidential agreement, found in Appendix E, will be delivered to the administration, which states their church name will not be displayed as a public spectacle for community scrutiny. The only information about the churches provided throughout the research will be their denomination. The name of the churches organization will not be listed. The churches will be informed that the researcher's primary intention for the study is to explore the congregates' responses to anxiety using prayer. However, a secondary interest is intending to explain correlations between dependent and independent variables for future research. The researcher will allow the churches administration to recruit members or regular attendees for this study. As such, a church pastor or administrator will provide the researcher with the names and contact information of church participants who have experienced anxiety, based on his or her understandings. Upon receiving the potential participants' names, the researcher will contact them to determine who qualifies based on the interview requirements. In the same conversation, the researcher will schedule a time and date to conduct the interview session. Each interview session will be approximately 45-minutes in length on a Saturday at the church. There will be a twenty-to-thirty-minute intermission between sessions to maintain the participants confidentiality. In addition, participants will also understand their role in the interview process. That role consists of answering each of the ten questions truthfully while his or her information is audio recorded and transcribed using the NVivo software program to assist with analyzing and comparing other participants confidential results. The list of questions can be found in Appendix A. After writing the interview summary, the researcher will meet with them once more to verify

that all responses were transcribed properly. The follow-up meeting will be one week after the initial interview, and it will be scheduled during the initial interview.

**Inclusion and exclusion criteria.** The volunteer participants will be selected based on the following criteria: 1.) 18 years of age or older. 2.) A Christian whom have accepted Jesus as his or her Lord and Savior. 3.) The participant must have experienced anxiety one or more times in his or her lifespan. 4.) During anxious moments, the participant must have used prayer as a technique for reducing anxiety. 5.) The participant must be a weekly participant or member of the church of God denomination. 6.) The participant must never have been diagnosed with an anxiety-related disorder. The number of anxious moments will not be questioned, since wide-ranging anxiety often correlates with sporadic phases of signs and symptoms (Sapolsky, 2004). In addition, participants must be at least 18 years or older; however, there is no age cap. Gender is binary of male and female participants, since this is a Christian believer's research. Additionally, the participant must have experienced a minimum of one phase of anxiety since receiving salvation through Jesus. There is not an exclusion criterion for the amount of times a person experiences anxiety. Exclusions for non-participation to the research are as follows: 1.) a person not receiving salvation through Jesus. 2.) Not being 18 years of age or older. 3.) If a person has not experienced anxiety one or more times in his or her lifespan. 4.) If a person did not incorporated prayer when anxiety occurred. 5.) If a person did not attend church weekly as a Church of God denominational member. 6.) A person who has been diagnosed with anxiety-related disorders. In addition, participants having sinful reputations would be excluded from the study. This information will come from the participants' church administration staff if they are not practicing Christian, biblical principles. This may be indicated by church officials at any time the research is being conducted. Excluded participants will not be notified.

### **Procedure**

The procedure consists of sending a letter to church administration, recruiting, meeting with potential participants, interviewing volunteer participants, scheduling a new date to review summary transcript of the interview session to verify correct interpretation. As such, these multiple steps are described so that the study can be conducted in the future by other researchers.

#### **Send Letter to Church**

In Appendix C, the researcher lists the permission letter that will be sent to the church so that the study can be conducted with its members. The letter will be addressed to the church administration and pastor so that they can approve the research study. In the letter, it mentions the research study's purpose, the number of participants needed, the amount of questions to ask the participants, and the inclusion and exclusion criteria for the study. In addition, the church will be provided with a statement that indicates the church's name will not be listed or described in the study, nor will not be displayed as a public spectacle for community scrutiny. Immediately upon the church's approval, a confidential agreement will be delivered to the church administration and pastor.

#### **Participant Screening**

The first screening will be conducted by the church administration, which the church pastor provides the names and contact information of potential participants to the researcher. This is based on the church pastor's understanding of his or her members' experiences with anxiety. A second screening will occur when the researcher contacts the potential participants. During the verbal transmission, the researcher will verify the potential participant's religion, church denomination affiliation, and age. If the demographics indicate that the potential participants are non-Christian, unaffiliated with the Church of God denomination, or less than 18

years of age, or have been diagnosed with an anxiety-related disorder, then there will not be an interview session with the candidate. A demographics form will be used to collect data, which is found in Appendix F.

### **Schedule Meeting with Potential Participants**

The researcher will initially contact each participant separately from the others to explain the process of selecting volunteer participants for the research. This will provide the researcher with an opportunity to enlighten the participants about correlational experiments using a qualitative interview method. Each participant will understand the importance of collecting data to explain correlations between variables. Informing the participants that answering the research questions with honesty helps to ensure reliability while providing valid results for determining the effectiveness of prayer is crucial to the study's success. It is essential for the researcher to remind the participants that their responses will remain confidential. Confidentiality will be maintained through a written agreement between the researcher and participant. The participants will be provided a number to identify them rather than using their name. As a result, this method will conceal their names and identities.

In an effort to maintain quality research, all of the communication at the time of the session becomes a part of the interview record, which is accessible to the participant upon request. The researcher will keep confidential anything the participant says as part of the professional, research relationship, with the following exceptions: (a) The researcher has reason to believe the participant is a danger to himself, herself, or others (including child or elder abuse), or (b) The researcher is ordered by a court to disclose information. (c) The participant expresses intent to commit a crime. (d) There is evidence of a communicable disease that could put others at risk, or consultation with the Liberty University supervisor or IRB board about the

participant's case, privileged confidentiality may be waived. All digital records will be saved for a duration of seven years in a locked filing cabinet. After seven years, the digital records will be destroyed. Printed records may remain attached to the dissertation for researcher validation.

### **Sign Consent Form and Conduct Interviews**

The researcher will then proceed to conduct with the interview process by first explaining to the participants that the study's focus is on two primary variables: prayer (independent variable) and anxiety (dependent variable). The moderator variable is Christianity as it is expressed in the Church of God denomination. Essentially, it is understood that prayer is permitted and encouraged under religious practices rather than secular exercises. Therefore, Christianity will be a third variable (moderator) whose strength affects the correlation between the dependent and independent variables (Warner, 2012).

Once providing a laymen's terms explanation of the research, the participants will sign a consent form. Signing the consent form acknowledges that the participants are consenting to contribute their self-reported answers to the research questions. This means that their responses will remain confidential but could further be used in future private or public research. The participants will understand that signing their names is a way of proving their participation to the Liberty University Institutional Review Board (IRB).

The participants will understand their religious faith measures the causal relationship between prayer and anxiety. If participants have questions, this will be their opportunity to seek clarification regarding their inquiries before moving forward with their private interview sessions. After the interviews are complete, the researcher will allow a question and answer time so that participants can acknowledge any issues, concerns, or positive and negative viewpoints

regarding the study. Prior to dismissal, the researcher will schedule another meeting so that interpretation of summary transcription can be held.

### **Interpretation Meeting with Participants**

Approximately one-week after the initial interview session, the researcher will meet with the participants. During the meeting, the participants will read through the researcher's summary of his or her interview. This process allows the participant to verify that the researcher's interpretation of the interview analysis is correct. In other words, the participants are able to clarify that their responses are transcribed properly. At that time, the researcher will adjust the wording of the transcription according to the participant's conveyance.

### **Questionnaire**

The researcher will implement revised elements of the A Prayer Inventory (Anglican Fellowship of Prayer Canada Pamphlet, 2004) survey into the questions used for Christians who pray regarding their anxiety. The permission letter to use the A Prayer Inventory (AFPCP, 2004) can be found in Appendix G. The original survey did not center around anxiety; however, the researcher altered the questions so that the participants could think about anxiety when answering the questions about prayer. This revised questionnaire will provide the data necessary for correlating prayer with reducing anxiety. The questionnaire is a qualitative instrument that acknowledges the ritualistic elements and results of a person's prayers. Additionally, the survey provides opportunities to correlate moderating variables in the inventory with the Church of God religious denomination.

The A Prayer Inventory (AFPCP, 2004) survey must be administered with an attached subject. For example, the survey can be directly associated with an emotion or thought. An administrator can allow the inventory to focus on anxiety. Anxiety can be attributed to past or

current feelings or cognitions relating to events, exposures, or experiences with anxiety, fear, or trauma. The standard inventory overseeing protocol consists of a three-step approach: 1.) The survey administrator explains the questionnaire. 2.) The administrator chooses an emotion (anxiety) to attach to the inventory. 3.) The inventory will be audio recorded while the participants answer each question in its entirety, and the responses will be transcribed using the NVivo software program to assist with analyzing and comparing other participants confidential results. Furthermore, before the process, the researcher will verify the consistency of the A Prayer Inventory survey through the IRB of Liberty University. Upon determining the consistency and cogency of the survey, the questions will be adopted and altered from the Anglican Fellowship of Prayer Canada Pamphlet (2004). It can be retrieved from the URL address: [A Prayer Inventory](#) (Opens in a new window). The revised questions of the A Prayer Inventory (AFPCP, 2004) are found in Appendix B.

### **Variables**

In this study, the researcher is searching to discover the relationship between prayer and anxiety. Since this research is a qualitative study, there are no independent and dependent variables. The reason stems from the notion that the independent variable is the area of the study the researcher is attempting to control or manipulate (Heppner, Wampold, Owen, Thompson, & Wang, 2016, p. 81). Meanwhile, the dependent variable is used to determine change caused by the experimental manipulation (Heppner et al., 2016, p. 82). These self-reported variables will be examined through a range of phenomenological experiences of the participants' (Heppner et al., 2016, p. 11). This type of phenomenological research aims to reveal the participants' lived experiences (Flynn & Korcuska, 2018, p. 35) of prayer reducing their anxiety.

### **Validity**

The validity of this research is reliant on the internal and external focuses on the participants' relationships to prayer reducing anxiety. In this study, there are two ideas of the validity to consider, according to Heppner et al. (2016): First, the purpose of the phenomenological research is to identify potential threats that interfere with prayer reducing anxiety. Second, once making this determination, the researcher must then rule out threats in the study (p. 138-139). These types of threats will be most noticeable in the internal validity, since its process focuses on trustworthy answers of the designed study (Andrade, 2018, p. 499). Then, the external validity examines if these findings relate to other contexts (Andrade, 2018, p. 499).

#### **Internal**

The internal validity focuses on the significant results within the study as they express or determine causal inferences between prayer and anxiety (Warner, 2012). Since the participants are attempting to perform their external variables such as religious rituals, practice, prayer types, frequency, and degree levels of faith (e.g., "Because of you have so little faith..." Matthew 17:20, NIV), there may be an increase and decrease in internal validity (Warner, 2012). Warner (2012) says that well-controlled groups will have likely have better internal validity than those that do not (p. 17). Heppner, Owen, Thompson, Wampold, and Wang (2016) mention that internal validity does not tolerate much research manipulation because it is conducted in its natural state (p. 125). Thus, controlling the human and environmental factors of anxiety may be limited, especially when the participants have experienced various levels from mild-to-severe anxiety. However, this study is not measuring the level of anxiety. Rather, it is focusing on the reduction of anxiety through prayer regardless of the participants anxiety levels.

**External**

External validity is applying the study to real-world circumstances (Warner, 2012, p. 17). However, by performing the internal variables such as practice, frequency, and types of prayer, the researcher may be lowering external validity, according to Warner (2012). For example, the application of the prayer that Christians implement into their daily lives reinforces their emotions, which are routine in nature and draw from the same rewards repetitively (Warner, 2012). This type of validity is resolute in either real-world or laboratory settings (Heppner et al., 2016, p. 124). As such, the researcher will select 10 participants to interview. During the semi-structured interview, the participants' must meet the following criteria to participate: 18 years of age or older, a Christian, a weekly participant or member of the Church of God denomination, have experienced anxiety one or more times in a life span, used prayer as a technique for reducing anxiety or its symptoms, and never have been diagnosed with an anxiety-related disorder.

**The Researcher's Role**

The researcher's role throughout this study is to collect data from the participants' interviews. The researcher will use his church for the study: Praise Fellowship Church of God. There is the potential that dual relationships could occur throughout this research. However, since the researcher is not providing therapy to the participants, there is no conflict of ethical interests. Using open-ended questions for each participant prevents unethical questioning from happening. During each interview session, the researcher will ask the 10 questions without leading or suggesting that participants answer in a biased way. The participants' who volunteers will understand the nature of the research; thus, the straightforward, ethical questions should not surprise them. Providing the participant with a list of questions before the session begins allows

an opportunity to review them at any time throughout the interview. When collecting the data, the researcher will gather all documents for each participant with identifying marks and store them separately from the other interviewees. The participants initial data will be stored onto a digital, audio recorder which will be transcribed using the NVivo software program to assist with analyzing and comparing other participants results. The data analysis will be conducted privately and confidentially so that no one other than the researcher can modify or change the participants' answers to the questions. The researcher will store all the participants documents in a locked filing cabinet behind a locked door in a storage room at the residence of the researcher for three years. In three years, each participant's data will be permanently destroyed and unusable. Written documents will be permanently destroyed through a shredding device. Data stored onto flash-drive will be permanently deleted, and the flash-drive will be destroyed and unusable.

### **Data Collection**

In this section, the researcher will use a sequence of data collections from face-to-face interviews. The session will be located at the church where the participants attend. Each session will be on a chosen day of the week with different times for the various participants. The session will be approximately 45-minutes in length before the church service. First, the researcher will collect the data at the time of the participant interviews and questionnaire completion. Second, the researcher will analyze the survey findings for each participant within the Church of God denomination who participated in the study. Although the participants are classified as Christians, their rituals, beliefs, and expectations may differ from each other. Thus, a qualitative research will compare and contrast all findings in the results section. Exercising this type of study will identify similarities and differences as they relate to the participants' state of anxiety

before, during, and after using prayer techniques. The purpose is to maintain the survey's associations between variables to compare for future quantitative research. Third, the researcher will be recording the participants' responses to the questions using a word-processing software and digitally storing the information in a confidential file.

### **Interviews**

The study will consist of finding answers to questions relating to prayer's impact on reducing anxiety. As such, this is a semi-structured interview. In this type of interview, the researcher will ask the identical questions to each participant, but the participant does not follow a specific, formalized format when answering these questions. The researcher has several open-ended questions regarding Christian prayer and the ways it corresponds with anxiety. As a result of this semi-structured format, the participants will not follow a direct answering system for responding to the questions. During the interviews for each participant, the researcher will perform the following steps: 1.) The researcher will introduce himself and explain the research process to the participant for approximately two-or-three minutes. 2.) The participant will complete the demographic and informed-consent forms that explain confidentiality for approximately two-or-three minutes. 3.) The researcher will ask the participant the research questions, and the participant will respond with his or her answer. This process is estimated to last twenty-to-thirty minutes. 4.) The researcher will begin closing the interview by asking if the participant has any questions. Once answering questions, the researcher will set up another appointment with the participant to review the transcription of the interview for accuracy. This will last about three-to-five minutes. 5.) The researcher will close the interview session by acknowledging gratitude for the participant's participation. This last step will last approximately 30 seconds.

Researchers have found that anxiety reduction has been proven effective using guided imagery, deep breathing techniques, standard relaxation techniques, and centering prayer (Asbill, 2015, p. 5-6). However, the writer found limited research relating to impact prayer has on reducing anxiety. For this reason, the writer's working research focuses on types of prayer people use when attempting to reduce anxiety. Since Christian prayer and mental health have a positive correlation between them (Ferguson et al., 2009), this research will address the following semi-structured interview questions:

- 1.) How often do you pray when feeling anxious?
- 2.) How much time do you spend praying when feeling anxious?
- 3.) About what types of things do you pray when having anxiety?
- 4.) Where do you usually pray during anxious moments?
- 5.) To whom do you pray when having anxiety: God the Father, Jesus, Holy Spirit, or other? Please explain.
- 6.) When feeling anxious, what prayer rituals do you use: conversation, meditation, mindfulness, communion, or petition? Please explain.
- 7.) What are your feelings toward prayer when experiencing anxiety?
- 8.) What are your feelings towards God, Jesus, or the Holy Spirit when experiencing anxiety?
- 9.) When and how do you ask others to pray for you?
- 10.) What are the results of your prayers when praying about your existing anxiety?

Question one focuses on the frequency of prayer by those participants who experience anxiety.

This has the potential to place participants into categories: 1.) Participants who pray regularly.

2.) Participants who do not pray regularly. This can determine the frequency of anxiety and the

occurrence of praying to God. Dein and Littlewood (2008) suggests that the frequency of prayer relates to the expectations of prayer (p. 44). The expectations of prayer could impact the expectations of anxiety reduction when praying about requests.

Question two concentrates on the amount of time spent praying once participants respond to their anxiety using prayer. This will determine how much time the participants spend praying when feeling anxious. Although this study uses qualitative data, the results could lead researchers to measure the amount of prayer time it takes to reduce anxiety in future research. For instance, one participant may pray a brief prayer, and at that time, his or her faith reduces the anxiety through God. However, another participant may pray from the time anxiety begins until it ends. In this situation, the participant could find comfort in spending time with God due to having a relationship with Him.

Question three ponders the things about which participants pray when experiencing anxiety. This could determine the areas of anxiety that are causing them stress or things that could reduce the stress if added or deleted from their lives at that moment. According to Ledwig (2009), anxiety can be influenced by either physical or social environments. This means that people, places, or things can impact the participants' anxious feelings. The researcher is seeking to determine what types of things impact the Christian when feeling anxious.

Question four is seeking to determine the physical location where the participants pray when feeling anxious. Understanding the type of setting for prayer is essential for the study because it creates ideas about selecting similar settings for anxiety reduction. In this question, understanding a private or group setting could depict the type of therapy Christians need, especially when using cognitive behavioral treatment strategies (Lee & Edget, 2012). In addition, various settings have the potential to create worry, concern, stress, or apprehension

(Bakkes, 2017). Therefore, providing research about prayer settings that are known to reduce anxiety has the potential to help others identify similar settings themselves.

Question five determines to whom Christians pray when feeling anxious: God the Father, Jesus, or the Holy Spirit. From the answers to this question, the researcher can identify to whom the participant attaches when experiencing anxiety reduction. This also has the potential to inform pastors and preachers about whether the participants are practicing rituals according to the Church of God denomination doctrines. For instance, the Church of God believes that God responds to prayer through Jesus (Brown, 2012, p. 24). Thus, if participants are wrongfully praying and not experiencing anxiety reduction, then it could be based on the ways they are praying.

Question six determines the types of prayer styles the participants use when feeling anxious, such as conversational, meditation, mindfulness, communion, or petitionary. According to Jeppsen et al. (2015), prayer style can reveal the closeness of a participant to God (p. 178). For instance, meditative prayer can disclose that a participant is close to God, and the participant who uses petitionary prayer is not (Jeppsen, 2015, p. 178). In addition, conversational prayer signifies a relationship with God; thus, the relationship itself becomes healing (Ferguson et al., 2009, p. p. 324).

Question seven recognizes the security level of Christians when praying about anxious feelings. For instance, emotional responses to prayer will be either positive or negative. As a result, the emotional response can provide evidence about the level of faith a participant has in prayer impacting anxiety reduction. A negative response could indicate a lack of faith, and a positive response could indicate a stronger faith. It is through faith that prayer becomes a dialogue with God, and as a result, Christians receive either prophecy or direct messages (Poloma & Lee,

2011). A positive faith will likely receive and interpret messages from God, and a negative faith may not.

Question eight focuses on the participants' feelings toward God when praying about anxiety reduction. This question sounds the alarm of the impact anxiety can have in the psychosexual stages, which means defense mechanisms of projection potentially arise. The way Christians view God could be the way they perceive themselves. The self-aware Christians will equip themselves to strengthen their self-image and self-esteem. Seligman and Reichenberg (2014) indicate that self-esteem and self-image, in the phallic stage, impact a person's cognition of approval or acceptance from others (p. 47), which could relate to God.

Question nine involves corporate prayer. In this question, the participants are asked how and when they request prayer from others. As a result, this communication is a form of practicing communion with the Christian community, which has a direct link to prayer as a ritual (Clements-Jewery, 2005, p. 61). Discovering the types of rituals Christians apply can determine the inward or outward prayer disciplines they use (Clements-Jewery, 2005, p. 61).

Question ten focuses on the proposal of this research: does prayer reduce existing anxiety? Has prayer reduced pre-existing anxiety? Since anxiety encompasses both physiological and psychological reactions to various anticipated dangers and threats (Bradley, 2016; Giacobbi et al., 2018, p. 88), the question seeks to examine if prayer emotionally relieves reactions to expected or predicted outcomes.

### **Surveys/Questionnaires**

The researcher is modifying a previous A Prayer Inventory adopted from the Anglican Fellowship of Prayer Canada Pamphlet (2004). As of current, the researcher is seeking written

permission from the creator of the questionnaire. This will determine if it can be used and modified for the purpose of this research study.

### **Data Analysis**

Interviewing the participants will consist of the researcher and the participant. The participants will have his or her own private session. During the session, the researcher will ask the questions verbatim as listed in the interview section. There will be no modification of the questions or additional, follow-up questions to gain extra or supplementary content. The qualitative research will use a consensual phenomenological type of study to understand the relationship between the participants' anxiety and prayer. After asking the questions, the researcher will collect the data and store the information in a private, secure location. Within one week of interviewing the participants, an analysis of their input will be conducted. At that time, the researcher will analyze the participants' answers precisely as described. First, the researcher will have a comparison section following the participants' responses. In the comparison section, the participants' data will be related to the answers of other participants to reveal the similarities. Second, the researcher will have a contrast section following the comparison section. In the contrast section, the participants' data will be analyzed to explain the differences and dissimilarities of the answers based on the other interviews. Third, the researcher will write a biblical correspondence section that compares and contrasts the participants' answers to God's Word and Church of God doctrines. Each of these sections will be based on the definitions of anxiety and prayer within this paper. This straightforward approach will pave the way for this research to be re-administered by others in the future. Removing the researcher's potentially biased opinions in the compare and contrast sections is based on using the subjective responses of the participants and the fact that the researcher is

relaying verbatim answers in the study. Bias is reduced since the researcher is removing the extraneous variable of his opinion from the participants' responses (Heppner, Wampold, Owen, Thompson, & Wang, 2016, p. 554). However, interpretation of the biblical correspondence will be subjective to the researcher based on his Christian doctrines and convictions. The researcher's opinion will align with the Church of God's denominational doctrines. All digital records of the participants will be saved for a duration of seven years in a locked filing cabinet. The researcher will be the only one who has the key. After seven years, the digital records will be destroyed. Printed records may remain attached to the dissertation for research validation.

### **Trustworthiness**

The researcher will use the four domains of trustworthiness: 1.) social validity, 2.) subjectivity and self-reflexivity, 3.) adequacy of data, and 4.) adequacy of interpretation (Heppner et al., 2016, p. 378). The social validity will involve the values of society norms and Christianity throughout this study. At no time will the researcher interject his opinions into the study except for the biblical correspondence section. In this section, the researcher will remain aware of personal biases, such as values, beliefs, and assumptions (Heppner et al., 2016, p. 379). Adequacy of the data collected will be contingent upon the definitions provided throughout this study on prayer and anxiety. These definitions are from published research articles that have credibility in the psychological field of study. The field notes from the interviews will not be altered as they will be written as verbatim responses of the participants. Finally, adequacy of the interpretation will align with the authentic and consistent responses to the questions from the participants (Heppner et al., 2016, p. 379). The researcher will then articulate these findings into the study accurately. Since the researcher will use a voice recorder to collect the data, a voice dictation software program will provide an accurate transcript of the interview.

### **Credibility**

The researcher is a licensed professional counselor in the state of North Carolina; thus, these credentials allow his role to align with the nature of this study. An authentic description of the participants' answers will be provided throughout the study. This will reduce the potential of bias-error and unethical research (Heppner et al., 2016). Triangulation will not occur since this study does not permit observation of participants for subjective interpretations of prayer reducing anxiety. The solidification of this study is completed through the framework of the questions provided to the participants. The purpose of having ten questions is to analyze the internalization of the participants and to acknowledge their perceived outcome of prayer reducing anxiety.

### **Dependability, Confirmability, and Transferability**

The location of the study provides a dependable location that allows the participants to describe their prayer practices. In doing so, this allows the research to be conducted at various times because the participants will have access to settings that are familiar to them. As a result, this study can be conducted at various times, dates, and settings since all participants' interviews will be located and conducted at their church.

### **Ethical Considerations**

An ethical consideration to consider is the potential for the participants to have dual relationships with the researcher, especially if attending the same church. It is also likely the participants' community is the same as the researcher's; thus, both participant and researcher may know or associate with friends, colleagues, church or family members, or other known people throughout the community. As a result, the researcher will remain loyal to the mental health licensure requirements of the North Carolina State Board of Licensed Professional Counselors: <https://www.ncblpc.org/> (Opens in a new window). Participants will be made

aware of confidential and ethical considerations at the initial interview meeting. In addition, the participants' information and data will be store in a locked cabinet in the researcher's office. All digital files will remain on password protected devices to prevent hackers from obtaining the participants' information.

### **Summary**

In summary, the research will consist of 10 participants within the Church of God denomination. The participants will be interviewed by the researcher who will be asking them ten questions. A straightforward interview will take about thirty minutes to conduct. At that time, the ten questions will cover two topics: prayer and anxiety. Since this is a consensual phenomenological type of study within a qualitative research design, the survey will consist of all open-ended questions. As a result, the researcher's purpose is to gain understanding about the influences prayer has on anxiety reduction. Each interview session will be held at the participants' church to ensure a familiar prayer setting for them. Participants must grant written consent for the researcher to narrate their interviews.

Participants will be selected on a volunteer basis, and each will be asked the same ten research questions to compare and contrast beliefs about anxiety and prayer. Recruiting the volunteer participants will be based on the Church of God denomination. Then, the researcher can provide church members with a letter. At the time of introducing the study in Sunday school courses, the researcher will ask for volunteers. Volunteers must be 18 years of age or older, a Christian, and have pre-existing anxiety or have existing anxiety. Church administrators must provide verbal agreement for allowing the study to be conducted at their church. In addition, participants will sign a consent form acknowledging their information can be used for future research.

A modified version of the “A Prayer Inventory” (AFPCP, 2004) will be provided to the participants during the interview session while the questions are being asked. Prayer will be the dependent variable, anxiety the independent variable, and Christianity the moderator variable. Internal validity is based on the Church of God doctrines. External validity is determined by the experiences of anxiety in real-world circumstances. The researcher will collect and analyze the data’s trustworthiness, dependability, credibility, and transferability. The interview questions, found in Appendix D, include: 1.) How often do you pray when feeling anxious? 2.) How much time do you spend praying when feeling anxious? 3.) About what types of things do you pray when having anxiety? 4.) Where do you usually pray during anxious moments? 5.) To whom do you pray when having anxiety: God the Father, Jesus, Holy Spirit, or other? Please explain. 6.) When feeling anxious, what prayer rituals do you use: conversation, meditation, mindfulness, communion, or petition? Please explain. 7.) What are your feelings toward prayer when experiencing anxiety? 8.) What are your feelings towards God, Jesus, or the Holy Spirit when experiencing anxiety? 9.) When and how do you ask others to pray for you? 10.) What are the results of your prayers when praying about your existing anxiety? Lastly, ethical considerations and dual relationships will be handled with care within the community.

## CHAPTER FOUR: FINDINGS

### Overview

The purpose of this phenomenological study is to understand the impact prayer has on reducing anxiety. Within the research, prayer is focused as a central phenomenon as anxiety changes throughout the study for the Christian participants. Prayer is defined as God recognizing and responding to the conversation or communion (meditation, reflection, experiencing, or listening) that Christians have with Him (Monroe & Jankowski, 2016, p. 237). An example of prayer is shown when Jesus instructed His disciples how to pray. For instance, in Matthew 6:9-13, Jesus told the disciples to speak: “Our Father in heaven, hallowed be your name, your kingdom come, your will be done, on earth as it is in heaven.” Jesus then told them to ask for the following: “Give us today our daily bread. And forgive us our debts, as we also have forgiven our debtors. And lead us not into temptation, but deliver us from the evil one.” This a form of operational prayer. The book of Luke describes this type of prayer as asking, seeking, and knocking in the physical or spiritual realms. Jesus said, “Ask and it will be given to you; seek and you will find; knock and the door will be opened to you” (Luke 11:9, NIV). Jesus then informed the disciples what occurs when exercising these types of prayers: “For everyone who asks receives; the one who seeks finds; and to the one who knocks, the door will be opened” (Luke 11:10, NIV). In addition, King David said blessings come when Christians delight in the Lord and meditate on His laws both day and night (Psalms 1:1-2). Delighting is an experience of communion that could include any of the following: meditation, reflection, experiencing, or listening. As such, Christian prayer operates both internally and externally.

Anxiety includes both physiological and psychological reactions that operate in an apprehensive manner (Bakkes, 2017). The experience of anxiety cannot be reduced to a specific

cultural standard (Horwitz, 2013, p. 17). However, among those living in the U.S., generalized anxiety symptoms can include uneasiness, restlessness, fatigue, lack of concentration and attentiveness, irritability, an increase in soreness and muscle aches, and sleep difficulties (APA, 2016). Any of these symptoms can form into worry, which makes it difficult to perform normal or daily activities (APA, 2013). Participants in this study were selected based on six inclusive criteria in addition to the experience of anxiety. Based on the data collected about the participants' prayers when experiencing anxiety, the researcher will explain the results in this chapter. The node listings, coding reports, and frequency of answers to the participants' responses of the 10 questions will be provided using the NVivo qualitative research software. The frequency of answers focuses on the participants' sole open-ended responses to the open-ended interview questions. Based on similarity, the participants' responses were grouped together with the other participants who used the same words or phrases upon answering the interview questions. Word banks or biblical references were not available for participants to use while answering the interview questions. Consequently, the participants' open-ended responses produced themes throughout the research. In the results section, the participants' theme developments will be compared to others' responses, Scripture, and the Church of God doctrines. Tables 1.1-1.10 will illustrate the numerical representations in descending order. Shortened narrative responses and quotes from the 10 participants will also be provided to explain the tables.

### **Participants**

Pseudonyms were provided to each participant (i.e., Participant One, Participant Two, Participant Three... and Participant Ten). Since culture, gender, and ages were non-focal points of the research, realistic pseudonyms were not provided to the participants. Each participant met

the six inclusive criteria: first, he or she must be at least 18 years of age. Second, he or she must be a Christian. Third, each participant must attend weekly or be a member of a Church of God denominational church. Fourth, each participant must have experienced anxiety one or more times. Fifth, each participant must have prayed during one or more moments of anxiety. Lastly, the participant must have never been diagnosed with anxiety-related disorders.

A determining factor for choosing this sample population was to focus on Christian prayer among the same denominational Christian believers. It is unimportant in this study that participants have various ages, genders, races or ethnicities, relationship or social statuses, education levels, number of years of being a Christian, duration of anxiety, and anxiety symptoms. The unification of religious beliefs was the focal point of this study. To prevent breaching anonymity, a rich description of the participants will not be provided. However, the researcher will provide the number of years that each participant has been a Christian: Participant One (32 years), Participant Two (40 years), Participant Three (72 years), Participant Four (52 years), Participant Five (30 years), Participant Six (45 years), Participant Seven (19 years), Participant Eight (47 years), Participant Nine (27 years), and Participant 10 (50 years). This information is not meant for analyzing data, though it does confirm a level of devotion to the Christian religion. Devotion to religion does not indicate the level of faith that stems from church attendance as mentioned in the study's criteria. Church attendance is important because it can lead participants to strengthen their faith in Jesus. In 2 Corinthians 6:17, God spoke through Paul to the Christians by instructing them to depart from the non-Christians (NIV). By this reasoning, God does not want Christians to be misled because "bad company corrupts good character" (1 Corinthians 15:33, NIV). When falling away from God and not living among Christ-like believers, Christians are likely to lose their faith. The writer of Hebrews

acknowledged that it is impossible for those who fall away from God to be brought back to repentance (Hebrews 6:4, NIV). In the end, those who fall away from Jesus are in jeopardy of spending eternity in hell (Hebrews 6:7, NIV). However, Jesus said, “For where two or three gather in my name, there am I with them” (Matthew 18:20, NIV). Thus, devotion occurs for Christians who assemble together in the name of Jesus because His power is present (1 Corinthians 5:4, NIV). Jesus is the pioneer and perfecter of faith so that Christians do not grow weary or lose heart (Hebrews 12:2-3, NIV). Assembling together in church attendance helps Christians maintain devotion to God through Jesus’s power as He strengthens their faith.

### **Results**

The node listings, coding reports, and frequency of answers from the participants’ responses to the 10 questions will be provided in this section. Frequency depends upon the number of occurrences of the similar words or phrases used when answering the interview questions. These percentages will be provided in a spreadsheet table format and pie chart for visualization of the results in descending order. Node listings have 10 coding reports, which are sorted alphabetically into 73 subcategories. The nodes are shortened versions of the 10 interview questions. Coding for each of the questions begins with the letter “Q” and ends with numbers that list its sequential order. These are the original interview questions to compare with the shortened, coded versions: Q01: How often do you pray when feeling anxious? Q02: How much time do you spend praying when feeling anxious? Q03: About what types of things do you pray when having anxiety? Q04: Where do you usually pray during anxious moments? Q05: To whom do you pray when having anxiety: God the Father, Jesus, the Holy Spirit, or other? Please explain. Q06: When feeling anxious, what prayer rituals do you use: conversation, meditation, mindfulness, communion, or petition? Please explain. Q07: What are your feelings toward

prayer when experiencing anxiety? Q08: What are your feelings towards God, Jesus, or the Holy Spirit when experiencing anxiety? Q09: When and how do you ask others to pray for you? Q10: What are the results of your prayers when praying about your existing anxiety?

These are the nodes used in the NVivo software program that represent the shortened, coded versions of the 10 interview questions: Q01: How often pray. Q02: How much time? Q03: What do you pray. Q04: Where do you pray. Q05: To whom do you pray. Q06: Prayer rituals. Q07: Feelings towards prayer. Q08: Feelings towards God, Jesus, or the Holy Spirit. Q09: When and how ask others to pray for you. Q10: Results of your prayers. These nodes were condensed to focus on research context to establish substance and proper connotation when examining the data. Nodes are not complete sentences for NVivo coding purposes. Instead, the nodes are shortened, coded versions of the interview questions.

### **Theme Development**

Theme development was determined by coding the nodes and their subcategories. The researcher analyzed the data using NVivo 12, which is a qualitative research software program that assisted with analyzing the transcribed audio text of the 10 interviews. This software helped the researcher to manage a data query to create a visualized, coded spreadsheet of the participants' responses to the 10 nodes (interview questions). In this section, the nodes will explain and illustrate how the researcher coded the 10 interview transcripts. Listed in descending order, the subcategories have the percentages of the participants who characterized verbalizations of their prayers during moments of anxiety. Coding occurred for each of the nodes, which compiled all the participants' responses. Participants' responses may be represented as one or more in the "Number of documents" sections of tables 1.1-1.10. The percentage summation of these nodes will equal 100% for each.

**Q01: How often pray.** Node Q01 has five subcategories with which the participants estimate the occurrence of praying during anxious moments, which are listed in descending order: frequently (4 out of 10 participants), nonstop (3 out of 10 participants), 2-3 times a day (1 out of 10 participants), %50 of the time (1 out of 10 participants), and varies by level of anxiety (1 out of 10 participants). The table below represents these findings.

Table 1.1.

| <b>Name (Titles descending order of frequency)</b> | <b>No. of Docs (10)</b> |
|--|-------------------------|
| <b>Interview Questions</b>                         |                         |
| Q01. How often pray                                | 10                      |
| Frequently   | 4                       |
| Nonstop  | 3                       |
| 2-3 times a day                                    | 1                       |
| 50% of the time                                    | 1                       |
| Varies by level of anxiety                         | 1                       |

**Q02: How much time.** Node Q02 has four subcategories about the approximate amount of time spent praying during anxious moments, which are listed in descending order: nonstop (4 out of 10 participants), varies (4 out of 10 participants), 30-to-40 minutes (1 out of 10 participants), and 60 minutes (1 out of 10 participants). The table below represents these findings.

Table 1.2.

| <b>Name (Titles descending order of frequency)</b> | <b>No. of Docs (10)</b> |
|--|-------------------------|
| <b>Interview Questions</b>                         |                         |
| Q02. How much time                                 | 10                      |
| Nonstop  | 4                       |
| Varies   | 4                       |
| 30 to 40 minutes                                   | 1                       |
| 60 minutes   | 1                       |

**Q03. What do you pray.** Node Q03 has twelve subcategories about the things the participants prayed about, which are listed in descending order: knowledge and understanding (5 out of 10 participants), strength (4 out of 10 participants), peace and comfort (3 out of 10 participants), resolution (3 out of 10 participants), God's will be done (2 out of 10 participants), myself (2 out of 10 participants), children (1 out of 10 participants), friend or neighbor (1 out of 10 participants), healing (1 out of 10 participants), household problems (1 out of 10 participants), how to pray (1 out of 10 participants), and protection (1 out of 10 participants). The table below represents these findings.

Table 1.3.

| <b>Name (Titles descending order of frequency)</b> | <b>No. of Docs (10)</b> |
|--|-------------------------|
| <b>Interview Questions</b>                         |                         |
| Q03. What do you pray                              | 10                      |
| Knowledge and understanding                        | 5                       |
| Strength   | 4                       |
| Peace and comfort                                  | 3                       |
| Resolution   | 3                       |
| God's will be done                                 | 2                       |
| Myself   | 2                       |
| Children   | 1                       |
| Friend or neighbor                                 | 1                       |
| Healing  | 1                       |
| Household problems                                 | 1                       |
| How to pray  | 1                       |
| Protection   | 1                       |

**Q04: Where do you pray.** Node Q04 has five subcategories about the places where participants pray during anxious moments, which are listed in descending order: home (6 out of 10 participants), wherever I am (4 out of 10 participants), car (3 out of 10 participants),

workplace (3 out of 10 participants), and park (1 out of 10 participants). The table below represents these findings.

Table 1.4.

| Name (Titles descending order of frequency) | No. of Docs (10) |
|---|------------------|
| <b>Interview Questions</b>                  |                  |
| Q04. Where do you pray                      | 10               |
| Home  | 6                |
| Wherever I am                               | 4                |
| Car   | 3                |
| Workplace                                   | 3                |
| Park  | 1                |

**Q05: To whom do you pray.** Nodes Q05 has three subcategories about whom in the Divine Trinity the participants pray during moments of anxiety. These are listed in descending order: Jesus (10 out of 10 participants), God the Father (7 out of 10 participants), and the Holy Spirit (5 out of 10 participants). The table below represents these findings.

Table 1.5.

| Name (Titles descending order of frequency) | No. of Docs (10) |
|---|------------------|
| <b>Interview Questions</b>                  |                  |
| Q05. To whom do you pray                    | 10               |
| Jesus                                       | 10               |
| God the Father                              | 7                |
| Holy Spirit                                 | 5                |

**Q06: Prayer rituals.** Node Q06 has five subcategories about the prayer rituals that the participants' use while experiencing anxiety. These subcategories are listed in descending order: conversation (8 out of 10 participants), meditation (5 out of 10 participants), petition (3 out of 10

participants), mindfulness (2 out of 10 participants), and communion (1 out of 10 participants).

The table to represent these findings is listed below.

Table 1.6.

| <b>Name (Titles descending order of frequency)</b> | <b>No. of Docs (10)</b> |
|--|-------------------------|
| <b>Interview Questions</b>                         |                         |
| Q06. Prayer rituals                                | 10                      |
| Conversation                                       | 8                       |
| Meditation   | 5                       |
| Petition   | 3                       |
| Mindfulness  | 2                       |
| Communion  | 1                       |

**Q07: Feelings towards prayer.** Node Q07 has six subcategories that were coded about the participants' feelings towards prayer during moments of anxiety. These are listed in descending order: sanctuary and peace (7 out of 10 participants), release (4 out of 10 participants), beneficial to all – awesome (2 out of 10 participants), hope (2 out of 10 participants), life-saving (2 out of 10 participants), and my solution (2 out of 10 participants).

The table below represents these findings.

Table 1.7.

| <b>Name (Titles descending order of frequency)</b> | <b>No. of Docs (10)</b> |
|--|-------------------------|
| <b>Interview Questions</b>                         |                         |
| Q07. Feelings toward prayer                        | 10                      |
| Sanctuary - peace                                  | 7                       |
| Release  | 4                       |
| Beneficial to all - awesome                        | 2                       |
| Hope   | 2                       |
| Life-saving  | 2                       |
| My solution  | 2                       |

**Q08: Feelings toward God, Jesus, or Holy Spirit.** Node Q08 has 10 subcategories about the feelings the participants' have towards the Divine Trinity when experiencing anxiety. These are listed in descending order: comforter (6 out of 10 participants), faith - trust (5 out of 10 participants), intervenes (5 out of 10 participants), refuge (4 out of 10 participants), calm - peace (3 out of 10 participants), hope (3 out of 10 participants), trinity (2 out of 10 participants), empathy (1 out of 10 participants), heals (1 out of 10 participants), internal (1 out of 10 participants), and love (1 out of 10 participants). The table to represent these findings is listed below.

Table 1.8.

| <b>Name (Titles descending order of frequency)</b> | <b>No. of Docs (10)</b> |
|--|-------------------------|
| <b>Interview Questions</b>                         |                         |
| Q08. Feelings towards God, Jesus, or Holy Spirit   | 10                      |
| Comforter  | 6                       |
| Faith - trust                                      | 5                       |
| Intervenes   | 5                       |
| Refuge   | 4                       |
| Calm - peace                                       | 3                       |
| Hope   | 3                       |
| Trinity  | 2                       |
| Empathy  | 1                       |
| Heals  | 1                       |
| Internal   | 1                       |
| Love   | 1                       |

**Q09: When and how ask others pray for you.** Node Q09 has four subcategories about when and how participants ask others to pray for them when experiencing anxiety. These are listed in descending order: who (10 out of 10 participants), prayer for specific situations (7 out of 10 participants), prayer for me in general (5 out of 10 participants), and prayer for others in my

prayers (1 out of 10 participants). In addition, there was a subcategory of “Who” had eight subcategories, which are listed in descending order: unspecified-they them (7 out of 10 participants), Christians (3 out of 10 participants), acquaintances (1 out of 10 participants), church congregation (1 out of 10 participants), Facebook connections (1 out of 10 participants), family (1 out of 10 participants), friends (1 out of 10 participants), and strangers (1 out of 10 participants). The table below represents these findings.

Table 1.9.

| <b>Name (Titles descending order of frequency)</b> | <b>No. of Docs (10)</b> |
|--|-------------------------|
| <b>Interview Questions</b>                         |                         |
| Q09. When and how ask others pray for you          | 10                      |
| Who  | 10                      |
| Unspecified - they them                            | 7                       |
| Christians   | 3                       |
| Acquaintances                                      | 1                       |
| Church congregation                                | 1                       |
| Facebook connections                               | 1                       |
| Family   | 1                       |
| Friends  | 1                       |
| Strangers  | 1                       |
| Prayer for specific situations                     | 7                       |
| Prayer for me in general                           | 5                       |
| Prayer for others in my prayers                    | 1                       |

**Q10: Results of your prayers.** Node Q10 has 10 subcategories that focus on the results of the participants’ prayers when experiencing anxiety. These are listed in descending order: faith-confidence (9 out of 10 participants), comfort-peace (6 out of 10 participants), God with me (3 out of 10 participants), time it takes (3 out of 10 participants), miracles-astounding (2 out of 10 participants), release (2 out of 10 participants), unanswered prayers (2 out of 10 participants),

healing (1 out of 10 participants), joy and laughter (1 out of 10 participants), and praying more consistently (1 out of 10 participants). The table below represents these findings.

Table 1.10.

| Name (Titles descending order of frequency) | No. of Docs (10) |
|---|------------------|
| <b>Interview Questions</b>                  |                  |
| Q10. Results of your prayers                | 10               |
| Faith - confidence                          | 9                |
| Comfort - peace                             | 6                |
| God with me                                 | 3                |
| Time it takes                               | 3                |
| MIRaculous - astounding                     | 2                |
| Release                                     | 2                |
| Unanswered prayers                          | 2                |
| Healing                                     | 1                |
| Joy and laughter                            | 1                |
| Praying more consistently                   | 1                |

**Theme One.** The first theme focuses on the relationship with Jesus because 100% spoke His name in prayer. The Church of God doctrines state that Jesus is the person who built the Christian church, and the denominational doctrines were formed on His teachings (Church of God, n.d.). The Church of God denomination believes that the name of Jesus has power (Acts 5:30; Mark 16:17; Acts 16:18). For Peter said, “Cast all your anxiety on Jesus because He cares for you” (1 Peter 5:7, NIV). This means that Jesus cares for those who have anxiety, and speaking the power of His name can heal them. For example, in 1 Corinthians 1:10, Paul said, “I appeal to you in the name of our Lord Jesus Christ that all of you agree with one another in what you say, and without divisions among you, but be perfectly united in mind and thought” (NIV). Many in the Church of God denomination believe Jesus is the way to transform the minds of Christians into God’s good, perfect, and pleasing will (Romans 12:2, NIV). As a result, Jesus

was mentioned by 100% of the participants when praying about anxiety reduction. When praying specifically to Jesus, all the participants testified they experienced anxiety reduction in many of their situations. Here are a few examples: Participant Two said, "I normally call on the name of Jesus," because "I'm going to God through Jesus." Participant Two explains that when praying, a comfort feeling was the result. Participant Two also noted that those prayers appeared to be in the "Right direction" when asking for the "Right solution." Participant Four found comfort in knowing that He is the provider to answering prayers, and "The results are positive." Participant Five said, "Jesus is the door" when communicating with God. As Participant Five prays, God provides an immediate response about how to handle the anxious situation. Participant Six said, "I pray to Jesus because he's sitting at the right hand of the Father making intercession for us." Participant Seven acknowledged Jesus as the "Conduit to God." The feelings of comfort, trust, and faith occur when praying to God, according to Participant Seven. Participant Eight believes Jesus is a helper and stated, "He does what He says is going to do if you do what you are supposed to do" as a Christian. Participant Nine reported the following: "I pray to God in the name of Jesus that he heals me of what I'm feeling at the time," which is the anxiety. Participant Nine also stated, "I feel peace" when praying to Jesus, and "The prayer reduces the anxiety" considering that "If I didn't pray, I would still have it."

This theme directly correlates with the results of prayers in Q10, especially when 100% of the participants gained an unspecified level of satisfaction when praying to Jesus. Thus, this research confirms there is truth in Jesus' statement to Christians: "And I will do whatever you ask in my name, so that the Father may be glorified in the Son. You may ask me for anything in my name, and I will do it" (John 14:13-14, NIV). The level of satisfaction is unknown when

Jesus answers the prayers of Christians experiencing anxiety. However, the evidence does show that He responded to the ten participants prayers by their reducing anxiety.

**Theme Two.** The prayer ritual used most frequently as a theme was conversation, which included 80% of the participants. Participants, One, Two, Four, Six, Seven, Eight, Nine, and Ten used the prayer method of conversation to communicate with either God the Father, Jesus the Son, or the Holy Spirit. According to the Church of God (n.d.) doctrines, prayer is a foundational pillar of the denomination. Church of God (n.d.) doctrines state that the Church of God churches are houses of prayer; Christians are provided with sustaining resources as a result of prayer, which allows them a central focus of maintaining cohesion in Christ and God's perfect will. In addition, the doctrines state that prayer is powerful, it advances God's kingdom, it has God's authority, and it allows Christians to live virtues, compassionate lives through the Holy Spirit (Church of God, n.d.). Here are a few examples of the ways the Church of God participants or members describe using conversation as a prayer ritual: Participant One said, "I love to talk" to God in prayer. Participant Two said, it is accommodating to "verbally say, God, help me with this particular situation." When using conversation to pray, it is not uncommon for Participant Four to ask, Lord, help me? This is especially the case when talking to Him and telling Him things about the anxiety. Participant Six said, "I talked to Jesus just like I'd talk to anybody else," and "Jesus does work it out," and "I feel better." Participant Seven had a similar response about conversation in Q06: "Talking helps me feel close to God." Meanwhile, Participant Nine said, "I use conversation all the time" because "I feel better if I say it." Lastly, Participant Ten believes in using conversation to pray while also implementing meditation, mindfulness, communion, and petition. Conversation is important to consider when praying to God, Jesus, or the Holy Spirit because it is a way of communicating between two parties. A

conversation includes the speaker and the listener. In prayer, many times God is the listener, and the speaker is the Christian. When speaking, the Christian should have the confidence in knowing that God hears prayer. 1 John 5:14 says, “And if we know that he hears us—whatever we ask—we know that we have what we asked of him” (NIV). The Disciple of Christ John testified similarly to the participants in this study that God does listen and answer prayer when one speaks directly to Him. The Psalmist writes comparable Scripture by reminding Christians of God’s Word: “Because he loves me, I will rescue him; I will protect him, for he acknowledges my name. He will call on me, and I will answer him; I will be with him in trouble and deliver him” (Psalm 91:14-15, NIV). Accordingly, when Scripture was written, “...The Word was God” (John 1:1, NIV), and It became flesh and dwelled among the people (John 1:14, NIV). The one who became flesh was Jesus, and He is the “Alpha and the Omega,” says the Lord God, “who is, and who was, and who is to come, the Almighty.” This confirms that God heard prayers in the past and He will listen to them in the present. This is supported by the ten participants who all showed satisfying results in Q10 that their prayers were answered in many anxious situations. According to this research data, 80% of the participants used conversation and 20% of them used other forms of prayer. It is noted in the research data that all forms of prayer discussed in this study potentially had a positive impact on the results of this study.

**Theme Three.** The overall results of praying had two prevalent categories with the majority of the participants verbalizing their responses: first, when experiencing anxiety, faith and confidence were included in 9 out of 10 participants’ responses. A total of 9 participants felt strong in either faith or confidence while praying and believing that God would reduce their anxiety. According to the Church of God (n.d.) doctrines, prayer is used to provide Christians with strength to overcome, which is included among the participants’ responses. God allows

prayer to manifest Himself into the Christian in the following ways: salvation, refuge, healing, sanctification, and deliverance (Church of God, n.d.). These types of intercessions were included Participants' One, Two, Three, Four, Five, Six, Seven, Eight, Nine, and Ten responses. For example, Participant Six said, "I believe that God is going to do what I asked him to do at that particular time." Second, comfort or peace was included within 60% of the participants' responses as satisfying results for praying during anxious moments. This was data was collected from Participants Two, Four, Six, Seven, Nine, and Ten. For example, Participant Four felt comfort when praying about anxiety and knowing that God is omnipresent. Participant Nine said, "I have peace that comes over me when I seek the Lord." Though two categories were prevalent categories among the majority of participants, all the participants had satisfying results when praying about their anxiety. This is important because "Faith is confidence in what we hope for and assurance about what we do not see" (Hebrews 11:1, NIV). Prayers must be prayed with a level of confidence and faith that God will answer them according to His good will. As the writer of Hebrews states, "Without faith it is impossible to please God, because anyone who comes to him must believe that he exists and that he rewards those who earnestly seek him" (Hebrews 11:6, NIV). In this research study, there is testimonial evidence that the nine participants' faith correlates with God providing satisfying results in answer to their prayers. One participant did not mention faith in the responses to the research questions. It is possible that the one participant who did not mention faith could have simply neglected to use it in the interview responses. The second important category is comfort or peace because these are gifts that God provides to Christians. A few hundred times throughout the Bible, God or a messenger from Him says, "Do not be afraid." For instance, in Isaiah 41:10, the prophet writes, "So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help

you; I will uphold you with my righteous right hand” (NIV). In this Scripture as well as other verses of the Bible, it is obvious that those who belong to God are comforted by Him. Where there is comfort from God, there is peace. The presence of peace is the removal of evil. 1 Peter 3:11 says, “They must turn from evil and do good; they must seek peace and pursue it. For the eyes of the Lord are on the righteous and his ears are attentive to their prayer” (NIV). Though not all the participants in this research study mention peace, the participants who did not used similar language in their responses, such as “God with me,” “healing,” “joy and laughter,” “miraculous and astounding,” and “release of anxiety.” Thus, in this theme, Christians who find peace are pursuing God, and He is attentive to their prayers. God is attentive to Christians who are faithfully fervent in prayer, which was recorded throughout history and present in the twenty-first century (Church of God, n.d.).

### **Research Question Responses**

The participants were asked the same 10 questions (i.e., Q01-10) during their interviews. For purposes of analyzing the data, a transcript of the participants’ interview answers will be provided in this section, which is based on the coded nodes. Participants’ primary responses to each of the interview questions will be in order, such as QR01-QR10, which is a total of 10 answers. The letters “QR” represents the participants’ interview question responses with a sequential number pattern: 01-10.

**Participant One.** Participant One’s coded responses for the research questions are as follows: QR01 stated the frequencies of prayers were very often in a day, which is probably two to three times. The participant noted in QR02 that 30-40 minutes was a usual length of time spent praying. In QR03, the participant focused his prayers on “having strength getting through” the anxious situation. A unique find in QR04 were the places of prayer because the participant’s

responses included each of the coded subcategories: “home, wherever I am, car, workplace, and a park.” The participant prays to all three in the Divine Trinity that are listed in QR05, which are God the Father, Jesus, and Holy Spirit. Conversation and meditation are the participant’s QR06 choices, determined by whether the participant wanted to talk or remain quiet. The QR07 response noted that prayer is beneficial for all situations. The participant also stated in the response that sometimes anxiety makes it feel like there is no way out of the situation. However, prayer changes the situation in the response to question ten. In QR08, the participant said that feelings towards God the Father, Jesus, and the Holy Spirit are comfort, faith, and trust. During these situations, the participant said it is imperative to believe that God will improve them. When considering the QR09 answer, the participant listed Christians, acquaintances, family and friends, and strangers. However, this decision depends on the situation, and then the prayer requests may be general or about specific situations. As a result of prayer when feeling anxious, the participant’s QR10 answer includes feelings of release, but sometimes prayers are unanswered.

**Participant Two.** Participant Two’s coded responses for the research questions are as follows: in QR01, praying about “50% of the time when feeling anxious” is typical occurrence. QR02 answer mentions variations of prayer, both short and extended, but no specific length was described. The participant prays for resolution of the anxious situation in QR03. In QR04, the participant prays at home or wherever the anxiety occurs. When responding to QR05, the participant said, “I normally call on the name of Jesus, and plead the blood” of Jesus. In QR06, the participant stated that conversation is the only method used when praying. While praying, according to QR07, the participant feels a sanctuary of peace in the moment of anxiety. The QR08 response included both calmness and intervening feelings coming from God. When

considering QR09, the participant does not ask others for prayer, though it is common to pray for others when experiencing anxiety. QR10 focuses on the results, and the participant believes in “real” comfort and healing when explaining that prayer can create miraculous effects.

**Participant Three.** Participant Three’s coded responses for the research questions are as follows: in QR01, the participant says, “It is according to how long the anxiety lasts” that determines how often to use prayer. When discussing the amount of time spent in prayer in QR02, the participant states, “Until I feel like I’ve got an answer to my prayer.” In QR03, it is common for the participant to pray about children, friends, neighbors, self, or household issues. When possible, in QR04, praying at home and beside the bed is the norm for the participant. When answering QR05, the participant focused on all within the Divine Trinity: God the Father, Jesus the Son, and the Holy Spirit. This is how the participant finishes prayers: “I end with the name of the Father, the Son, and the Holy Ghost.” In QR06, the participant recognizes the use of petition when praying to the Father in the name of Jesus. QR07 feelings were solution oriented. When considering QR08, the participant said, “I trust completely” through faith that God will answer prayers about anxiety. The participant boldly asks others to pray when answering QR09. The participant asks others, “Pray for me.” QR10 results include prayers that are instantly answered, prolonged responses from God, or it remains unanswered.

**Participant Four.** Participant Four’s coded responses for the research questions are as follows: in QR01, explained that repeating prayers nonstop is a normal occurrence. This coincides with QR02, which include prayer lengths that are nonstop. QR03 focuses on the participant’s strength, knowledge to understand, and a permanent resolution. QR04 notes the participant’s verbatim response: prayer occurs “Wherever I am.” When answering QR05, the participant makes it clear that prayers are directed towards Jesus. The participant says, in QR06,

that “I talked to him and tell him things” through conversation. In addition, mindfulness is used to pray and “think through” the anxious situations. In QR07, feelings of peace towards prayer are present when going through anxiety. Participant Four stated in QR08 that peace, comfort, and refuge are feelings towards the Divine Trinity: God the Father, Jesus the Son, and the Holy Spirit. When answering QR09, the participant requests that unspecified others “keep me in your prayers.” The QR10 results are comfort in knowing that God is there, and “He is my provider.”

**Participant Five.** Participant Five’s coded responses for the research questions are as follows: in QR01, prayer frequently occurs, but it depends on the level of anxiety when determining to pray. Reported in QR02, the participant’s prayer time varies, normally between 10 and 60 minutes. In QR03, the participant is praying for God’s will, peace, and understanding. The participant answers QR04 by stating that prayer occurs “wherever I am” during the moments of anxiety. QR05 had an interesting answer from the participant. The participant said prayers are normally directed to God the Father through the Son, Jesus, to see undoubtedly through the gifts of the Holy Spirit. The participant explains that prayer is submitted to God through Jesus because “Jesus is the door” to the Father. In this process, the Holy Spirit provides guidance and perspective to see “Through the Gifts of the Spirit.” QR06 focuses on meditation as the preferred prayer method the participant uses when feeling anxious. When anxiety arises, the participant meditates on scripture, such as 2 Timothy 1:7: “For the Spirit God gave us does not make us timid, but gives us power, love and self-discipline” (NIV). The participant experiences the feeling of release towards prayer in QR07. In QR08, the participant feels comfort and refuge that have an internal connection towards God the Father. When asked QR09, the participant noted that requesting unspecified others to pray is a way of trying to reduce anxiety. QR10 results are experiencing joy, laughter, and release from God when praying to Him.

**Participant Six.** Participant Six's coded responses for the research questions are as follows: in QR01, the participant prays nonstop throughout each day. Many times, in QR02, the duration of prayers often varies because it depends on the situation. For instance, the prayers may last approximately 5-10 minutes or a half hour. According to QR03, the types of things to pray about are "Wisdom, knowledge, and understanding." Prayers are said at the participant's home, work place, or other locations, according to QR04. In QR05, the participant prays to "Jesus because He's sitting at the right hand of the Father." According to the participant, "Jesus makes intercession to the Father" about the situation that is causing the anxiety. The prayer ritual listed in QR06 is conversation because the participant talks to Jesus the same as to other people. Participant Six stated in QR07 that prayer enables feelings of hope, life-saving practices, and peace. This coincides with feelings about the Divine Trinity in QR08, which are hope, faith, trust, and internal guidance and provision. QR09 focuses on praying for oneself about specific situations when anxiety arises. However, if prayer is about family members, then asking unspecified others to pray is permissible. The QR10 "Results of prayer are positive." In fact, prayers involve comfort, trust, and faith or confidence that God will complete everything He says according to His Word.

**Participant Seven.** Participant Seven's coded responses for the research questions are as follows: in QR01, the participant prays frequently and "in some periods, nonstop." It is not uncommon for the participant to pray for an hour or nonstop, according to QR02. When praying, QR03 lists the following items to focus on during moments of anxiety: "God's will, peace, strength, and healing." QR04 notes that prayer occurs at home, work, or in the car. In QR05, the prayers are said to "God the Father and Jesus;" "Jesus is the conduit to God." When this occurs in QR06, the participant uses conversation as a prayer ritual. This helps the participant "Feel

close to God.” QR07 focuses on hope and peace as the feelings towards prayer. In QR08, the participant experiences hope and peace towards God the Father, Jesus, and the Holy Spirit. The participant said in QR09 that many requested prayers are in general and through Facebook. However, when requesting prayers for specific situations, asking family and other Christians to pray is the norm. QR10 results are peace, and God is with the participant through the situation, which also helps with reducing the anxiety.

**Participant Eight.** Participant Eight’s coded responses for the research questions are as follows: in QR01, the participant prays frequently. Sometimes, prayer lasts for approximately one hour, according to QR02. In QR03, the participant requests a resolution or healing from God. In QR05, the participant directs prayers to Jesus and the Holy Spirit; however, the participant specified that if asking for anything in Jesus’s name, then it would be done. According to QR06, prayer occurs using the rituals of meditation and conversation, but the participant did not provide any details about the process. The participant stated in QR07 that prayer provides feelings of God being a refuge during anxious events. In QR08, the feelings the participant experiences towards God, Jesus, and the Holy Spirit are love, comfort, and faith. When considering QR09, the participant requests specific prayers from others, and those requests happen with Christians and the church congregation. QR10 results are faith and confidence because “Jesus does what He says,” according to the Bible.

**Participant Nine.** Participant Nine’s coded responses for the research questions are as follows: in QR01, the participant prays “all of the time.” In QR02, the participant keeps a prayer on the heart constantly when having anxiety. According to QR03, the participant’s prayers involve asking the Lord to “help me cope and deal with what’s bothering me.” In those same prayers, wisdom and understanding are requested. In QR04, the participant prays wherever the

anxiety is present, but mostly prayers occur at home or in the car. QR05 focuses on praying to “God in the name of Jesus.” In QR06, conversation and meditation are the rituals used. Conversation is used to speak to God about the anxiety, and meditation allows the participant to reflect on how to handle anxious situation. The participant’s response in QR07 states that it is normal to experience hope and become solution-oriented when praying. The participant acknowledges in QR08 feelings towards Jesus as a comforter, healer, empathizer, and intervener. According to QR09, the participant requests other Christians to pray about specific issues or say general prayers. The results in QR10 are peace and release when praying about anxiety.

**Participant Ten.** Participant Ten’s coded responses for the research questions are as follows: in QR01, the participant prays every time anxiety is present. QR04 declared that in previous anxious moments, prayer occurred “Until I had a breakthrough with God.” In QR03, the participant prays about the specific need of the anxiety provoking situation and oneself. The participant prays “Wherever I’m at,” when referring to QR04. In QR05, the participant relies on God the Father, Jesus, and the Holy Spirit when praying about anxiety. The rituals in QR06 focus on the participant integrating all the rituals together: conversation, meditation, mindfulness, communion, and petition. As a result, in QR07, the participant’s feelings towards prayer are “awesome” and “necessary.” When experiencing anxiety, in QR08, the participant’s feeling toward God, Jesus, and the Holy Spirit is hope. In QR09, the participant asks unspecified others to say general prayers when experiencing anxiety. The results of QR10 are release and peace.

### Summary

In summary, pseudonyms were provided to each participant who met the six criteria. Culture, gender, and age were non-focal points of the research. To prevent a breach of

anonymity, detailed demographics were not provided. However, the length of time as being a Christian was included in the research: Participant One (32 years), Participant Two (40 years), Participant Three (72 years), Participant Four (52 years), Participant Five (30 years), Participant Six (45 years), Participant Seven (19 years), Participant Eight (47 years), Participant Nine (27 years), and Participant 10 (50 years). This demographic information is not meant for analyzing data, but it does show an unspecified level of devotion to the Christian faith.

Node listings, coding reports, and frequency of answers were provided. There were 10 nodes listed, and each was sorted alphabetically into 73 categories. Codes for the reports had letters indicating the codes, such as "Q" for the question, "QR" for question responses, and each was followed by the interview question number (i.e., 01-10). When coding the interview questions, the questions were shortened so that the NVivo software for qualitative research could analyze the participants' responses. This data was grouped into 73 subcategories for theme development of the research. Percentages represented the nodes and their codes about the number of participants who had similar or different responses. For instance, 40% of the participants frequently prayed during moments of anxiety. Thirty percent of the participants prayed nonstop during moments of experiencing anxiety. Lastly, the researcher then examined research question responses. The researcher listed a response from all 10 participants. However, the responses were restricted to parts of the interview transcripts that directly answered each question. The data results showed three noticeable themes: Theme One, Theme Two, and Theme Three.

### **Theme One**

As mentioned in the theme development section, the theme focused on the relationship with Jesus. Praying in the name of Jesus was included in 100% of the participants' prayers.

There were no other questions that mentioned the same response by all ten participants. Here are a few examples from five participants: first, Participant Two said, “I normally call on in the name of Jesus,” because “I’m going to God through Jesus.” Second, Participant Five said, “Jesus is the door” when communicating with God about having anxiety. Third, Participant Six said, “I pray to Jesus because he’s sitting on the right hand of the Father making intercession for us.” Fourth, Participant Seven recognized Jesus as the “Conduit to God.” Fifth, Participant Nine reported the following: “I pray to God in the name of Jesus that he heals me of what I’m feeling at the time,” which is the anxiety. In addition, Participant Nine said, “I feel peace” when praying to Jesus. This is important because Jesus recommends Christians to pray to Him. This theme directly correlates with the results of prayers in Q10, especially considering that 100% of the participants gained an unspecified level of satisfaction when praying to Jesus. Thus, this research confirms there is truth in Jesus’ statement that He will answer prayer requests of Christians (John 14:13-14, NIV). However, the level of satisfaction is unknown when Jesus answers the prayers of Christians experiencing anxiety. The data in the research suggest that He responded to the ten participants prayers by reducing their anxiety.

### **Theme Two**

The prayer ritual most widely used as a theme among 80% of the participants was conversation. Of those eight participants, the use of conversation when praying is favored, though some of them used other rituals, also. Here are three examples: first, Participant One said, “I love to talk” to God in prayer. Second, Participant Two said, it is helpful to “Verbally say, God, help me with this particular situation.” Third, Participant Six reported the following: “I talked to Jesus just like I’d talk to anybody else,” and “Jesus does work it out,” and “I feel better.” Conversation is important to consider when praying to God, Jesus, or the Holy Spirit

because it is a way of communicating between two parties. A conversation, includes the speaker and the listener. In prayer, many times God is the listener and speaker is the Christian. When speaking, the Christian should have the confidence of knowing that God hears prayer. 1 John 5:14 says, “And if we know that he hears us—whatever we ask—we know that we have what we asked of him” (NIV). The Disciple of Christ John testified similar to the participants in this study that God does listen and answer prayer when one speaks directly to Him. In addition, through the Scriptures, in Psalm 91:14-15, John 1:1, and John 1:14, God confirms that He heard past prayers, and He will listen to Christians in the present. This is supported by the ten participants who all showed satisfying results in Q10 that their prayers were answered in many anxious situations. Among those participants, 80% of the participants used conversation, and 20% of them used other forms of prayer.

### **Theme Three**

Two categories in Q10 were chosen the most frequently among the majority of participants: first, when experiencing anxiety, faith and confidence included 90% of the participants’ responses. For example, Participant Six said, “I believe that God is going to do what I asked him to do at that particular time.” Second, comfort or peace was included among 60% of the participants’ responses. Here are two examples: first, Participant Four felt comfort when praying about anxiety and knowing that God is omnipresent. Second, Participant Nine said, “I have peace that comes over me when I seek the Lord.” Though two categories were prevalent among the majority of participants, all the participants had satisfying results when praying about their anxiety. This is important because “faith is confidence in what we hope for and assurance about what we do not see” (Hebrews 11:1, NIV). Prayers must be prayed with a level of confidence and faith so that God will answer them, according to His good will. In this

research study, there is testimonial evidence from nine participants that faith correlates with God's providing satisfying results in answer to their prayers. The second important category is comfort or peace because these are gifts that God provides to Christians. Close to three hundred times throughout the Bible, God or a messenger from Him encourages Christian to lose fear. For instance, In Isaiah 41:10, the prophet writes, "So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand" (NIV). In this Scripture as well as other Verses of the Bible, it is obvious that those who belong to God are comforted by Him. Where there is comfort from God, there is peace. The presence of peace is the removal of evil, according to 1 Peter 3:11 (NIV). When comfort or peace was not mentioned in Q10, many of the participants used synonyms. As a result, God provides Christians with comfort, peace, and other satisfactions when praying. Thus, when participants pursue God, His ear is attentive to their prayers.

These themes will follow into chapter five, where the researcher will review the research data to show the percentages of participants who responded to the coded categories. In addition, there will be other areas of discussion, such as correlations to previous research, differences from previous research, contributions to current research, implications, delimitations and limitations, and recommendations for future research. This study has the potential to present evidence through its data and correlations to the Bible that prayer should be an essential implementation to reduce anxiety. When implementing prayer, the researcher believes that it must be embraced through Christianity and its biblical doctrines. Because not all Christians are of the Church of God denomination, future research should focus on the broad spectrum and impact that Christian prayer has on reducing anxiety.

## **CHAPTER FIVE: CONCLUSION**

### **Overview**

Understanding prayer's impact on reducing anxiety is the central purpose of this study. Though many Christians believe that prayer has a power over negative conditions and situations, there are few research studies on this topic in the fields of pastoral counseling and psychology. Chapter five focuses on the explanation of how this study relates to the ways Christians pray when experiencing anxiety. Chapter five has six sections: 1.) The overview will provide an outline of the entire chapter. 2.) A summary of findings sections will provide data on the participants' responses from the interview questions. 3.) The discussion section will focus on the correlations of this study with earlier research, the difference it suggests alongside previous research, and its contributions to current research. 4.) An implications sections will address the theoretical, empirical, and practical ways this research impacts counselors, ministers, policymakers, administrators, teachers, parents, and others working in Christian ministry. 5.) A delimitations and limitations sections will describe the rationale that was used by the researcher to confine or define the parameters and criteria of this study. 6.) The recommendations section will discuss the various types of research designs that should be used in future studies about this topic.

### **Summary of Findings**

The research study consisted of ten participants who were asked ten open-ended interview questions. Data from the results provide themes that were contingent upon the participants' responses to the research questions. In many of the research questions, themes developed that consisted of similar words and phrases. Participants were not provided with a word bank or multiple-choice answers when considering their responses. Among the ten participants, all of

them responded to all the questions. The participants' answers will be shown in descending order along with the percent of them who verbalized categorical responses to the following questions: Q01: How often do you pray when feeling anxious? Q02: How much time do you spend praying when feeling anxious? Q03: About what types of things do you pray when having anxiety? Q04: Where do you usually pray during anxious moments? Q05: To whom do you pray when having anxiety: God the Father, Jesus, Holy Spirit, or other? Please explain. Q06: When feeling anxious, what prayer rituals do you use: conversation, meditation, mindfulness, communion, or petition? Please explain. Q07: What are your feelings toward prayer when experiencing anxiety? Q08: What are your feelings towards God, Jesus, or the Holy Spirit when experiencing anxiety? Q09: When and how do you ask others to pray for you? Q10: What are the results of your prayers when praying about your existing anxiety? Each question was called a code using the NVivo software program to analyze the qualitative data, and each node was coded into categories.

### **Q01: How often do you pray when feeling anxious?**

The node for this question was “How often pray,” and it had five categories: frequently (40%), nonstop (30%), 2-3 times a day (10%), 50% of the time (10%), and varies by level of anxiety (10%). Frequency of prayer may vary based on the participants or their anxious situations. Frequency of prayer does not necessarily mean that the participants' prayers were answered; rather, it provides a way of identifying the norm among them. For instance, in this question, the most prevalent category is “Nonstop” at 30% of the participants. In 1 Thessalonians 5:17, Paul said, “Pray without ceasing” (NIV), which aligns with the norm of this category.

**Q02: How much time do you spend praying when feeling anxious?**

The node for this question was “How much time,” and its responses included four categories: nonstop (40%), varies (40%), 30-40 minutes (10%), and 60 minutes (10%). In consideration of this question, the Bible is not clear about time spent in prayer, which could mean that duration is irrelevant. Similar to prayer frequency, Paul said, “Pray without ceasing” (1 Thessalonians 5:17, NIV). However, in Matthew 6:7, Jesus said, “And when you pray, do not keep on babbling like pagans, for they think they will be heard because of their many words” (NIV). This implies that prayers could be different lengths for various Christians. Some Christians may have much to speak with God about in prayer, and others may not. Therefore, it is reasonable to believe that the categories will remain different lengths of time. According to the participants, the most prevalent answers were nonstop (40%), and for others, it varies (40%). However, this does not mean that a set length of time is spent on praying. Instead, the categories imply that Christians will pray for fluctuating durations, depending on the situation.

**Q03: About what types of things do you pray when having anxiety?**

The node for this question was “What do you pray,” and the participants mentioned twelve categories: knowledge and understanding (50%), strength (40%), peace or comfort (30%), resolutions (30%), God's will be done (20%), myself (20%), children (10%), friend or neighbor (10%), healing (10%), household problems (10%), how to pray (10%), and protection (10%). The purpose of this question was discovering the types of things or situations that provoke the anxiety in the participants' lives. For Paul wrote, “Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God” (Philippians 4:6, NIV). In doing so, “The peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus” (Philippians 4:7, NIV). Understanding this

scripture allows the researcher to identify related themes in the results section of Q10 that is God's intent for prayer. All participants prayers had satisfying results when praying about these things or situations.

**Q04: Where do you usually pray during anxious moments?**

The node for this question was "Where do you pray," and had five categories. Here are the percentages of mentioned responses among the participants: home (60%), wherever I am (40%), car (30%), workplace (30%), and park (10%). This category allows the researcher to identify common places of prayer or find out if those places align with Scripture. Though the researcher understands that the place of prayer is usually irrelevant to God's answering prayer, participants usually pray in a private setting. For instance, sixty percent of the participants prayed at home, and 40% prayed wherever they were located when feeling anxious. Jesus understood the need for prayer, and He informed the Christians about the appropriate places to pray: "But when you pray, go into your room, close the door and pray to your unseen Father" (Matthew 6:6, NIV). Jesus indicates that when Christians pray, it should take place alone, but when two or three gather in His name, then He is there with them (Matthew 18:20, NIV). The participants who prayed where Jesus suggested may select a similar setting for anxiety reduction. Due to the nature of this qualitative study, these answers were nonspecific in the categorical responses but closely related to Jesus' recommendations.

**Q05: To whom do you pray when having anxiety: God the Father, Jesus, Holy Spirit, or other?**

The node for this question is "To who do you pray," and it had three categories of the participants' responses, which include the following: Jesus (100%), God the Father (70%), and the Holy Spirit (50%). Understanding these three categories means that pastors or preachers of

the Church of God denomination will better instruct their weekly participants or church members how to incorporate the Divine Trinity (God the Father, Jesus the Son, and the Holy Spirit) into their prayers. Including the Divine Trinity into prayer, as intended according to the Bible and denominational doctrines, could indicate whether or how prayers are answered when having anxiety. In this study, all the participants prayed to Jesus, and 100% of them had satisfying results.

**Q06: When feeling anxious, what prayer rituals do you use: conversation, meditation, mindfulness, communion, or petition?**

The node for this question was “Prayer rituals,” and it had five categories, which are the following: conversation (80%), meditation (50%), petition (30%), mindfulness (20%), and communion (10%). In this study, conversation was the most prevalent among the participants when praying. This type of prayer ritual could suggest that a relationship is present between the participants and Jesus. In addition, having a conversation with Jesus could indicate that the participants view Him as a living person, though He is also God. However, this does not indicate that 20% of those who did not use this ritual has a view of Jesus the same or different from the other participants.

**Q07: What are your feelings toward prayer when experiencing anxiety?**

The node of this question was “Feelings towards prayer,” and it had six categories. The participants' responses are as follows: sanctuary or peace (70%), release (40%), beneficial to all or awesome (20%), hope (20%), lifesaving (20%), and my solution (20%). This question was meant to identify the attitude or belief that Christians have towards prayer. One hundred percent of the participants responded with a positive affect towards prayer. Though 100% of the

participants experienced positive feelings about prayer, this result does not necessarily mean that satisfying prayers will always occur as an end result.

**Q08: What are your feelings towards God, Jesus, or the Holy Spirit when experiencing anxiety?**

The node for this question was “Feelings towards God, Jesus, or the Holy Spirit, and it had eleven categories: comforter (60%), faith or trust (50%), intervenes (50%), refuge (40%), calm or peace (30%), hope (30%), trinity (20%), empathy (10%), heals (10%), internal (10%), and love (10%). Since the participants were all created in the image of God (Genesis 1:27, NIV), this question could be related to how the participants feel about themselves when combating the anxiety. In other words, the participants’ responses have the potential to identify strengths and weaknesses regarding self-esteem or self-image. Developing stronger identities with God increases the chances of viewing personal image the same, especially during situations of anxiety. Previous research does not mean this assumption per se, but it should be considered in future research.

**Q09: When and how do you ask others to pray for you?**

The node for this question was “When and how ask others to pray for you,” and it had eleven categories. In the following categories, 100% of the participants asked these others to pray for them: unspecified they or them (70%), Christians (30%), acquaintances (10%), Church congregation (10%), Facebook connections (10%), family (10%), friends (10%), and strangers (10%). The following three categories list the types of prayers requested from the participants: prayer for specific situations (70%), prayer for me in general (50%), and prayer for others (10%). Though all the participants requested corporate prayers, only 70% were open with others about their experiences with anxiety. In other situations, 5 out of 10 participants were less specific. Of

the 50% who divulged fewer specific details, some of them had anxious experiences that involved sharing less private information with others. Clearly, there are moments of experiencing anxiety that involve requesting specific prayers from others. In addition, there are moments of having anxiety when it is not essential to request specific prayers from others.

**Q10: What are the results of your prayers when praying about your existing anxiety?**

The node for this question was “Results of your prayers,” and it had ten categories of responses from participants. Based on the ten participants, all of them showed satisfying results when praying about their anxiety, which are as follows: faith or confidence (90%), comfort or peace (60%), God with me (30%), time it takes (30%), miraculous or astounding (20%), release (20%), unanswered prayers (20%), joy or laughter (10%), healing (10%), and praying more consistently (10%). This question was meant to determine whether prayer relieves either psychological or physiological reactions to anxiety. Consequently, the results can predict that prayer does impact the participants in a satisfying way, both psychological or physiological. Anxiety reduction does not mean that participants will experience both psychological or physiological reactions. Prayer may affect participants differently depending on how anxiety impacts them.

### **Discussion**

The discussion section will address the corroboration between previous research to the results of this study: *The Impact Prayer has on Reducing Anxiety*. This section will also focus on the ways this study diverges from and extends beyond previous research. In making a case for this research to appeal in the field of pastoral counseling and psychology, evidence will shed light on the novel contributions to current research. As a result, a new theory of information about the topic of this research study will be presented.

### **Corroboration of Previous Research**

Christian prayer is God recognizing and responding to the conversation or communion that Christians have or share with Him (Monroe & Jankowski, 2016, p. 237). In doing so, research suggests that Christians are supporting the notion that there are intrapersonal and interpersonal emotional benefits to praying (McCulloch & Parks-Stamm, 2018, p. 1). In this research study, all the participants had satisfying results when praying about their anxiety. This was stated in the Q10 of the data. For instance, the satisfactory results included the following: positive emotions that associated with prayer and positive attributes of prayer. The positive emotions include comfort, peace, and joy. The positive attributes included words, such as faith, confidence, healing, an omnipresent God, miracles, astonishment, and release.

As Poloma & Lee (2011) found, prayer is having a dialogue with God. In this study, 100% of the participants use prayer rituals when praying to God about their anxiety. The participants who use conversation prayers totaled 80%. The participants who use petition prayers totaled 30%, which of whom was in the 20% of those that did not use conversation. Thus, 90% of the participants verbalized their prayers to God, and 100% of them believed that God hears their prayers and reduces anxieties. For example, Participant Two said that God communicates in an inaudible voice to help find the right solution about the anxious situation. Furthermore, among the 30% of the participants who use petition, which is verbal requests to God, 100% of them found the satisfaction that God responds to their prayers. For example, Participant Three stated that when petitioning God during anxious moments, solutions were provided through the use of petition prayer.

In addition, previous research noted that anxiety reduction could occur when praying about non-related medical issues (Zenevicz, Moriguchi, & Madureira, 2014). In this study, it is

assumed that non-medical problems were mentioned as factors needing prayer, such as "Children, friends or neighbors," "Gods will be done," "healing," "household problems," "how to pray," "knowledge and understanding," "myself," "peace and comfort," "protection," "resolution," and "strength." This research suggests that many anxiety reduction prayers are related to social or psychological issues. According to Breslin and Lewis (2015), when Christians pray frequently, they become aware of the phenomenon in a non-dissociative manner. In this study, 40% of the participants prayed frequently, and 30% prayed nonstop. All the participants reported a non-dissociative experience, which is awareness of their feelings towards prayer during anxious moments. This awareness that stems from prayer includes peace (70% of the participants), release (40% of the participants), an overwhelming attitude of gratitude (20% of the participants), hope (20% of the participants), and a life-saving (20% of the participants) or a solution-oriented mindset (20% of the participants).

Past research revealed a belief that evidence supporting claims about anxiety suppression had a causal relationship with repression (Obaid, 2012, p. 93). When this occurs, Freud believed people will use their defense mechanisms and ignore undesirable feelings (Obaid, 2012, p. 93). The Apostle Paul describes prayer in Ephesians chapter 6 as an "Armor of God" (Ephesians 6:10, NIV). In Ephesians 6:18, Paul says, "Pray in the Spirit on all occasions with all kinds of prayers and requests. With this in mind, be alert and always pray for all the Lord's people" (NIV). Similar to Freud's beliefs that people with anxiety use defense mechanisms, this Scripture aligns with anything that is against God's emotional intent of peace for Christians. When this occurs, Christians should use prayer as a defensive action to combat anxiety. This study will also diverge from Freud's beliefs in the next section.

### **Divergence from Previous Research**

Anxious feelings can disrupt the experience of God's Spirit, such as those listed in Galatians 5:22-23: "Love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness, and self-control" (NIV). God intends to instill courage within Christians' to combat anxiety. Courage drives out fear (Joshua 1:9, NIV), though fear's core is anxiety, which means that courage from God drives out anxiety (Quinones-Camacho & Davis, 2018, p. 301). When Christians pray, fear becomes limited or reduced. For instance, in Ephesians 6:19, Paul says, "Pray also for me, that whenever I speak, words may be given me so that I will fearlessly make known the mystery of the gospel" (NIV). The mystery of the Gospel is Jesus, and 100% of the participants within this study prayed to Jesus. As a result, the participants all experienced an unspecified level of satisfaction with their situation when praying about anxiety.

In modern research, many researchers dismiss anxiety repression as a norm in contemporary society. Anxiety is beginning to be embraced as a learning resource for training to overcome anxious situations (Lawrence et al., 2014, p. 649). In many anxious situations of the participants' experiences, they were aware of the factors impacting them that needed prayer. Here is a list of things the participants pray for when experiencing anxiety: "Children, friends or neighbors, God's will be done, healing, household problems, how to pray, knowledge and understanding, myself, peace and comfort, protection, resolution, and strength." Previous research found that anxiety observed in various settings is considered environmental or personal factors creating worry, apprehension, stress, concern, or fear (Bakkes, 2017). This research study argues that Christians experiencing anxiety may not use repression as a defense mechanism. This allows them to take a more active approach to combating anxiety through situational awareness and the use of prayer. The researcher suggests that prayer enables

situational awareness within Christians. Thus, Christians are not repressing anxiety because God, Jesus, and the Holy Spirit are supernaturally combating the effects it has on them using self-awareness.

### **Contributions to Research**

Focusing on contributions to research, this study sheds new light on supporting biblical claims that Christians should be using prayer, especially when experiencing anxiety. Verbalizing the anxiety to Jesus and understanding feelings about prayer, participants are able to focus on situational awareness. As stated in 1 Peter 5:7, "Cast all your anxiety on Jesus because He cares for you" (NIV). This means that when Christians feel anxious, they should talk to God, as though He is alive. For instance, the prayer ritual of conversation is supported among the Christians within this study to support the 1 Peter 5:7 Scripture that is listed above. The participants discussed the effectiveness of this type of prayer, and among the participants, 80% of them showed satisfying results that anxiety reduction occurred when praying. However, it is arguable that other prayer rituals could be effective, especially since 100% of the participants expressed satisfying results that prayer reduced anxiety, but not all the participants used conversation. The participants who did not use conversation as a ritual also experienced anxiety reduction using other prayer rituals. Nevertheless, all the participants focused on Jesus during their prayers when experiencing anxiety, and all of them experienced an unspecified level of anxiety reduction. Thus, it is believed that Jesus provides many positive experiences to the Christians who use conversation, meditation, petition, mindfulness, or communion with Him when having anxiety. As stated by the participants, God replaces anxiety with positive feelings and attributes, such as love, joy, peace, faithfulness, trustworthiness, comfort, and hope.

### **Prayer Reduces Anxiety**

In the realm of pastoral counseling, ministers and counselors now have the research to support biblical claims that prayer reduces anxiety. Contemporary society often seeks ways of expressing views that other therapeutic techniques are more effective than prayer. However, this is due to limited research of the contrary. This research focuses on opposing contemporary, secular views of eliminating prayer from therapy. In doing so, the research shows that prayer has a 100% satisfaction of anxiety reduction when praying to Jesus. It is important to note that prayer is effective when the person praying is a Christian. In addition, this study provides evidence that those practicing or believing in the Church of God denominational doctrines have direct links to a positive prayer experience when using prayer to reduce anxiety. Prayer used throughout this study provided at least 90% of the participants with faith and confidence that God would reduce anxiety. Sixty percent of the participants experienced peace or comfort when praying, which reduced their anxiety.

### **Implications**

The research study focused on *the Impact Prayer has on Reducing Anxiety*. Once completing the research and analyzing the data, it became clear to the researcher that theoretical, empirical, and practical implications were significant. Each of these domains provides a significance to the study that could be beneficial to all current and future Christians. All the research material discussed in this section is found in the raw and analyzed research data. As a result of these findings, the researcher will explain how this study impacts counselors, ministers, policymakers, administrators, teachers, parents, and others working in Christian ministry.

**Theoretical**

Throughout the research, it is evident that 100% of the participants prayed to Jesus during moments of anxiety. In addition, 100% of the participants reported experiencing satisfying results when praying during their experiences with anxiety. Based on the data, the researcher concludes that it is probable to believe Jesus has a direct impact on reducing Christians' anxiety levels when praying to Him. This also supports Jesus' claim: "And I will do whatever you ask in my name, so that the Father may be glorified in the Son. You may ask me for anything in my name, and I will do it" (John 14:13-14, NIV). The level of anxiety reduction and satisfaction is unspecified in this research. However, the evidence suggests that anxiety reduction did occur for all participants in at least one or more experiences with anxiety.

**Empirical**

During this study, the researcher observed the participants' reactions to the interview questions as of legitimate, genuine importance to the Christian community. All the participants expressed sincere regard to praying when feeling anxiety about various situations. For instance, Participant Five said, "It's a matter of coming to that point in your life that you get a relationship with the lord that makes a difference." In many of the participants' responses, the word "relationship" was not mentioned, but it was observed through their tone that it occurs with Jesus. For instance, Participant Nine said, "I feel a peace, and I know that Jesus has got his arms around me and holding me tight" when praying. The participant said the word "Holding," which implies that a relationship is present as peace derives in the affectionate moment. Though the participant did not infer this relationship to be in the physical realm, the participants felt it in a spiritual element. Thus, there is a strong importance of having a relationship with Jesus before prayer manifests into satisfying results.

**Practical**

There is a logical connection between prayer and anxiety reduction by Christians who use prayer to cope or heal. Throughout many books and scriptures of the Holy Bible, anxiety is extensively mentioned. Since anxiety is a prevalent occurrence in many Christians' lives, this study focuses on biblical interventions to relieve its stronghold. According to all ten Christian participants, prayer results in an unspecified level of anxiety reduction. The importance of this implication is providing evidence through research that supports the Bible in an empirical-based society. As a result, the researcher has confidence that counselors, ministers, policymakers, administrators, teachers, parents, and others working in Christian ministry can promote prayer among Christians, and it will be effective. There are many quality interventions available to Christians as support for anxiety relief, but none of them will be more productive and operative as praying in the name of Jesus when feeling anxious.

**Delimitations and Limitations**

The delimitations and limitations are purposeful in this section because it allows the researcher to define boundaries or weaknesses within the research study. Since research follows strict guidelines, the researcher is not usually permitted to adjust the study while its being conducted. Upon observing or experiencing newly introduced perspectives about those boundaries of the research, the researcher must only describe them in this section so that biases do not occur due to impermissible changes to the study. When this occurs, it is not likely that the researcher can make changes; however, it is suggested to note recommended changes to future research. Similarly, weaknesses may pose drawbacks or disadvantages throughout the research study. These weaknesses may expose gaps or participant deficiencies in the research study. In

this section, the researcher brings attention to several delimitations and limitations that surfaced during the research study.

### **Delimitations**

Delimitations were unavoidable within this study because the researcher required conditions of participation. Delimiting conditions were non-environmental, though the conditions of the research were intrapersonal and religious-affiliated. Intrapersonal connections to this study consisted of the following criteria requirements: 1.) each participant must be 18 years of age or older. While the age of Christianity varies, the researcher believed it would not be advantageous to expose minors, with underdeveloped brains, to potential mental health risks. Consent was based on the federally recognized legal age of 18. 2.) Each participant must be a Christian. Focusing on Christian prayer is not a matter of heresy because, according to the Bible, God recognizes only the prayers of Christians. 3.) Each participant must be a weekly participant or member of the Church of God denomination. This was a significant delimitation because other Christian denominations also pray in accordance with God's Word. 4.) Each participant had to experience anxiety at least once. There may have been unidentifiable or unspecified levels of anxiety that made it difficult for the participant to understand the exact psychological condition or state of being at that time. This study does not focus on other mental health issues, such as depression, insomnia, anger, narcissism, impulsivity, mood swings, delusions, and other cognitive or emotional impairments. 5.) Each participant must have prayed during one or more experiences with anxiety. The level of faith may have been unsettled or unspecified during the times of praying when experiencing anxiety. 6.) Each participant must never have been diagnosed with anxiety-related disorders. Though this placed the participants in the undiagnosed category, it did not allow them or the researcher to identify the level of anxiety experienced, such

as mild, moderate, or severe. Understanding the level of anxiety could have quantified the results of prayer more specifically than the percentage of participants experiencing satisfaction when praying. However, it was necessary to categorize only the undiagnosed anxiety because doing otherwise could have limited the number of participants to identify and join the research study.

### **Limitations**

Limitations that the researcher could not control are as follows: 1.) the participants were not categorized into age groups because the identifiers would vary. Another limiting factor was not using participants under the age of 18. The reason is due to Jesus recognizing the faith of children when He said, "Truly I tell you, anyone who will not receive the kingdom of God like a little child will never enter it" (Luke 18:17, NIV). Since Jesus regards children as having strong faith, it is possible that using children in the study could have improved the results. 2.) Gender and ethnicity were not mentioned in the study because the researcher did not want to indicate discriminative factors based on the small sample size of the qualitative research study. 3.) The use of only one denomination could be a limiting factor within the study. The reason is due to not focusing on the entire body of Christianity by including other Christian denominations. Using a single Christian denomination sample population could potentially show biased results about prayer reducing anxiety among other Christians. This limitation could refer to religious, cultural, or environmental conditions and doctrines. 4.) Limitations could also include the non-use of Christians not attending church. There are many Christians who are unable or choose not to attend church for various reasons. In addition, there are Christians who view the Internet, satellite, or television churches but do not attend church in-person.

### **Recommendations for Future Research**

Future research should include the participation of children, adolescents, and adults since the Bible does not state an age requirement for being a Christian. In addition, since this study was qualitative, the basis for this study has been established to conduct quantitative research. In a quantitative research design, the researcher should implement these three recommendations: first, determine a measuring instrument that quantifies the intensity level of Christian experiences during moments of anxiety. Second, create a measuring instrument that quantifies the level of a Christian's faith. Third, consider questioning a Christian's feelings towards God, Jesus, or the Holy Spirit more closely as they compare him or her with the image of God.

#### **Measure the Level of Anxiety**

In this research, measuring the level of anxiety could be implemented by using an instrument such as the Beck Anxiety Inventory. Using this instrument to measure anxiety before and after praying during moments of anxiety has the potential to pinpoint where, when, or how prayer becomes effective. This instrument has the potential to quantify the level of anxiety reduction of Christians who use prayer as an intervention. Thus, ministers and pastoral counselors could understand the effectiveness of prayer when comparing it against other interventions and methods used in secular psychology.

#### **Measure the Level of Faith**

Measuring the level of faith of Christians would allow researchers to quantify their intimacy or relationship ranks with God. However, the measure of faith must be self-reported based on behavioral attributes that may or may not be assessed by a researcher. The behavioral attributes indicate the fruits of the participant, which is the only way Scripture informs Christians to discern another person's genuineness to God. For example, the Scripture says in Matthew

7:16, “By their fruit you will recognize them” (NIV). Focusing on the fruit of Christians fixates on the faithfulness between them and God. However, without faithfulness, there is an absence of faith. For the writer of Hebrews said, “And without faith it is impossible to please God, because anyone who comes to him must believe that He exists, and that he rewards those who earnestly seek him” (Hebrews 11:6, NIV). However, faith become disturbed through social interactions that impose internal dangers within the hearts and minds of Christians. For example, God said, “Do not be yoked together with unbelievers. For what do righteousness and wickedness have in common?... Or what does a believer have in common with an unbeliever” (2 Corinthians 6:14-15, NIV). If Christians are mingling with non-Christians, then their relationships are with those outside of God. For this reason, God concludes that unless Christians have like-minded beliefs, then they should depart from non-Christian assembly. Consequently, God said, “I will live with them and walk among them, and I will be their God, and they will be my people.” Therefore, “Come out from them and be separate, says the Lord. Touch no unclean thing, and I will receive you” (2 Corinthians 16-17, NIV). This gives researchers reason to believe that God receives and hears the prayers of the righteous but not of the wicked (Proverbs 15:29, NIV).

Developing or implementing an assessment that measures the level of faith a Christian has during anxiety could also indicate whether or not prayers are being effective. For instance, in Hebrews 11:1, the writer stated, “Now faith is confidence in what we hope for and assurance about what we do not see” (NIV). Similar to the well-known characters of the Bible, in Hebrews 11, the writer describes them as having strong faith, though not all their prayers were always answered. Nevertheless, the characters knew by faith that God works out His divine promises (NIV). Thus, a measurement system that identifies specific feelings, social interactions, and holy or unholy lifestyles of the Christians could assist researchers in specifying and analyzing the

satisfying results of prayer when participants experience anxiety. This measurement, however, can be determined only by God unless self-reported by the participants examining their hearts before God. In 1 Corinthians 11:28-32, Paul says that Christians who do not discern themselves before Christ bring personal judgment. This brings on discipline or condemnation for the current or former Christian (NIV).

### **Identify Feelings Towards God, Jesus, and Holy Spirit**

In research question number 10, when referring to the participants' feelings towards God, Jesus, or the Holy Spirit, researchers should consider these emotions in future research. The reason is that all participants are created in the image of God (Genesis 1:27, NIV), which could help ministers and pastoral counselors bridge how Christians feel about themselves when compared with God's image through prayer. In addition, it is recommended that researchers identify how the participants feel and think about themselves when combating the anxiety. For this reason, the research of Christians responses has the potential to identify strengths and weaknesses regarding their self-esteem or self-image when compared to their image of God. Developing stronger identities with God increases the chances of viewing their image in more likeness to His, especially during situations of experiencing anxiety. This step has the potential to help Christians in their prayer lives to reduce anxiety by taking on more of God's image. Thus, this notion should be grafted into specific research questions when considering future research.

### **Summary**

The summary findings concluded that 100% of the participants prayed to Jesus when experiencing anxiety. Among the participants who prayed to Jesus, all of them reported satisfying levels of anxiety reduction. The correlations of this study to previous research

recognize that God responds to prayer. Conversation was used by 80% of the participants more frequently than the other forms of prayer. Poloma & Lee (2011) found that prayer is having a dialogue with God. One hundred percent of the participants in this study used prayer rituals when praying to God about their anxiety. Eighty percent of the participants used conversation, and 30% of the participants used petition. The 20% who did not use conversation had one participant who used petition. As a result, 90% verbalized their prayers to God. Altogether, 100% of them believed that God hears their prayers by reducing anxiety when requested.

Previous research found that anxiety reduction could occur when praying about non-related medical issues (Zenevicz, Moriguchi, & Madureira, 2014). The data of this study correlate because the participants' prayers included the following: "Children, friends or neighbors, Gods will be done, healing, household problems, how to pray, knowledge and understanding, myself, peace and comfort, protection, resolution, and strength." These were prayer areas about anxiety reduction. However, former researchers believed that anxiety suppression had a causal relationship with repression (Obaid, 2012, p. 93). However, in this study, the participants diverged from this latter belief by becoming aware of anxiety. In their anxious feelings, the participants found the mystery of Jesus, and 100% prayed directly to Him. Consequently, all participants experienced an unspecified level of satisfaction with their situation when praying about anxiety. This study contributes to current research because it provides evidence for theoretical and empirical implications that supports biblical claims of God responding to Christians' prayers. As God hears the prayers of Christians, He replaces anxiety with more satisfying feelings. Though there are many quality interventions to reduce anxiety, prayer is a practical application because it is effective and productive.

Delimitations were unavoidable due to criteria that must be set as boundaries before the study begins. There were six criteria the researcher used as participation requirements. Limitations included not being grouped into categories based on age, gender, and ethnicity due to those not being discriminative factors within Christianity. Other limitations included not using non-weekly church attendees or Christians who do not attend church. Nevertheless, future research on this topic should implement a quantitative measuring system to indicate levels of anxiety. The study should also include other denominations of participants to determine the results of the highest prayer satisfaction among Christians today.

It is recommended that future research include the participation of children, adolescents, and adults since the Bible does not state an age requirement for being a Christian. The qualitative research study should now be conducted using a quantitative research design. In a quantitative research study, the researcher recommends the following: first, determine a measuring instrument that quantifies the intensity level of Christian experiences during moments of anxiety. Second, create a measuring instrument that quantifies the level of a Christian's faith. Third, researchers should consider questioning a Christian's feelings towards God, Jesus, or the Holy Spirit more closely as it compares him or her with the image of God.

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## APPENDICES

## Appendix A

Here is the list of questions each participant answered: 1.) How often do you pray when feeling anxious? 2.) How much time do you spend praying when feeling anxious? 3.) About what types of things do you pray when having anxiety? 4.) Where do you usually pray during anxious moments? 5.) To whom do you pray when having anxiety: God the Father, Jesus, Holy Spirit, or other? Please explain. 6.) When feeling anxious, that prayer rituals do you use: conversation, meditation, mindfulness, communion, or petition? Please explain. 7.) What are your feelings toward prayer when experiencing anxiety? 8.) What are your feelings towards God, Jesus, or the Holy Spirit when experiencing anxiety? 9.) When and how do you ask others to pray for you? 10.) What are the results of your prayers when praying about your existing anxiety? After answering each question, the participants will no longer be needed for the study.

## Appendix B

The revised questions of the A Prayer Inventory are as follows: 1.) How often do you pray when feeling anxious? 2.) How much time do you spend praying when feeling anxious? 3.) About what types of things do you pray when having anxiety? 4.) Where do you usually pray during anxious moments? 5.) To whom do you pray when having anxiety: God the Father, Jesus, Holy Spirit, or other? Please explain. 6.) When feeling anxious, what prayer rituals do you use: conversation, meditation, mindfulness, communion, or petition? Please explain. 7.) What are your feelings toward prayer when experiencing anxiety? 8.) What are your feelings towards God, Jesus, or the Holy Spirit when experiencing anxiety? 9.) When and how do you ask others to pray for you? 10.) What are the results of your prayers when praying about your existing anxiety? After answering each question, the participants will no longer be needed for the study.

Here is the list of the inclusive or exclusive demographic questions: 1.) Are you 18 years of age or older? 2.) Are you a Christian? 3.) Are you weekly member or participant of the Church of God denomination (i.e., attends no fewer than two church services per month)? 4.) Have you experienced anxiety at least one or more times during your life span? 5.) Did you use prayer as a technique to reduce anxiety at least one or more times when experiencing anxiety symptoms? 6.) Have you ever been diagnosed with an anxiety-related disorder? To qualify for participation, the participants must answer yes to questions 1-5, and they must answer no to question 6. However, if the participant answers no to one or more of the questions, then he or she will not qualify to participate in the study.

Here is a list of the non-inclusive or non-exclusive demographic questions: What is your gender: male or female? What is your race or ethnicity? What is your highest education level?

What is your socioeconomic status: lower, middle, or upper class? What is your marital status: married, single, widowed, or divorced? How long have you been a Christian? Have you ever been diagnosed with an anxiety-related disorder? If so, please list the diagnosis. How long has anxiety been present in your life?

## Appendix C

**Research Permission Letter to Church**

August 28, 2019

TO WHOM IT MAY CONCERN:

I, Casey Groover, am writing this letter to (**Name of Church included here**) to seek the church administration's permission to conduct the following research at your church using weekly church attendees and members.

The research focuses on the impact prayer has on reducing anxiety. The research will consist of asking 15-to-20 participants a total of 10 open-ended interview questions. Each participant will meet separately with me for one session that will last approximately 45-minutes in length. It is preferred to interview the participants at church in an office that is conducive for a quality research experience. Sessions will be held on two Saturday's with meeting times from 8 A.M. until 5 P.M. The first session will last approximately 45 minutes in length, and the second will last an estimated 10-to-15 minutes.

Recruiting the participants will be done through the church administration and pastor. As such, the pastor will use the inclusion and exclusion criteria to select the potential volunteer participants. Inclusion criteria consist of the following: Each participant must be at least 18 years of age or older, a Christian, have experienced anxiety one or more times, and have implemented prayer one or more times when suffering from anxiety, a weekly participant or member of the Church of God denomination, and have never been diagnosed with an anxiety-related disorder. The potential volunteer participants will be informed about the purpose of the study by the researcher contacting each of them separately. At that time, the volunteer participants will set up a time and date to interview with the researcher.

Church administrators must provide verbal agreement for allowing the study to be conducted at their church. Participants will sign a consent form acknowledging their information can be used for research. Participants will understand that signing their name is a way of proving their participation to the Liberty University Institutional Review Board (IRB). In addition, the church's name will not be listed or described in the study, nor will not be displayed as a public spectacle for community scrutiny. Upon your approval, a confidential agreement will be delivered to the church administration.

Thank you for granting permission for this research to be conducted at your church by a Christian researcher and student who attends Liberty University. You may contact me by phone at 910-574-092. To confirm the church's endorsement of this research, a written approval letter can be sent to [cdgroover@liberty.edu](mailto:cdgroover@liberty.edu) (Opens in a New Window).

Sincerely,

Casey Groover, MA, LPC  
Doctoral Candidate, Liberty University

Appendix D

**The 10 Open-Ended Interview Questions**

- 1.) How often do you pray when feeling anxious?
- 2.) How much time do you spend praying when feeling anxious?
- 3.) About what types of things do you pray when having anxiety?
- 4.) Where do you usually pray during anxious moments?
- 5.) To whom do you pray when having anxiety: God the Father, Jesus, Holy Spirit, or other?

Please explain.

- 6.) When feeling anxious, what prayer rituals do you use: conversation, meditation, mindfulness, communion, or petition? Please explain.
- 7.) What are your feelings toward prayer when experiencing anxiety?
- 8.) What are your feelings towards God, Jesus, or the Holy Spirit when experiencing anxiety?
- 9.) When and how do you ask others to pray for you?
- 10.) What are the results of your prayers when praying about your existing anxiety?

## Appendix E

**INFORMED CONSENT FORM**

The Impact Prayer has on Reducing Anxiety

Casey D. Groover, MA, LPC

Liberty University

Doctorate of Education in Community Care and Counseling: Pastoral Care and Counseling  
Cognate/School of Behavioral Sciences

You are invited to be in a research study of focusing on the impact prayer has on reducing anxiety. You were selected as a possible participant because you are 18 years of age or older, a Christian, experienced anxiety, prayed when having anxiety, and weekly participant or member within the Church of God denomination Please read this form and ask any questions you may have before agreeing to be in the study.

Casey Groover, a doctoral candidate in the Doctorate of Education in Community Care and Counseling: Pastoral Care and Counseling Cognate/School of Behavioral Sciences at Liberty University, is conducting this study.

**Background Information:** The purpose of this study is determining whether or not prayer, a technique used throughout Christian churches, colleges, organizations, and agencies, is an effective technique for reducing anxiety.

**Procedures:** If you agree to be in this study, I would ask you to do the following things:

1. Setup an appointment date and time to have an in-person interview with the researcher for approximately 30-to-45 minutes. This interview session will take place the Praise Fellowship Church of God.
2. During the interview session, the researcher will ask the participant 10 open-ended questions and audio record his or her responses.
3. Once the recording of the interview has been transcribed, the researcher will setup another appointment with the participant to verify the transcription for accuracy. This process will take approximately 5-to-10 minutes.

**Risks:** The risks involved in this study are psychological in nature, which means the participant may experience psychological or emotional arousal that may cause adverse effects. In the event of an psychological crisis or emergency, call 911 Emergency or the Behavioral Health Care of Cape Fear Valley Medical Center at 910-615-3333. If a psychological crisis or emergency occurs as a result of this study, the researcher has the right to terminate the study. Participation that is deemed a crisis or emergency may be noticed as marked distressed that causes the following participant reaction: unwanted upsetting thoughts, flashbacks, aggression or

irritability, hypervigilance, or heightened responses. If responses to the research questions involve child abuse, child neglect, elder abuse, or intent to harm self or others, the researcher, a licensed professional counselor, is a mandatory reporter of such incidents.

**Benefits:** Participants should not expect to receive a direct benefit from taking part in this study. Meanwhile, potential benefits to society include: building a knowledge about the impact prayer has on reducing anxiety or its symptoms, improving psychological treatment, advancing a collective understanding of the subject matter, and the opportunity to implement future researcher.

**Injury or Illness:** Liberty University will not provide medical treatment or financial compensation if you are injured or become ill as a result of participating in this research project. This does not waive any of your legal rights nor release any claim you might have based on negligence.

**Compensation:** Participants will not be compensated for participating in this study.

**Confidentiality:** The records of this study will be kept confidential. In any sort of report that I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. I may share the data I collect from you for use in future research studies or with other researchers; if I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data. The researcher will keep confidential anything the participant says as part of the professional, research relationship, with the following exceptions:

- (a) If the researcher has reason to believe it is determined the participant is a danger to himself, herself, or others (including child or elder abuse), or
- (b) If the researcher is ordered by a court to disclose information.
- (c) If the participant expresses intent to commit a crime,
- (d) If there is evidence of a communicable disease that could put others at risk,
- (e) If consulting with Liberty University faculty supervisor or IRB board about the participant's case.

In situations a through e, the participant's privileged confidentiality may be waived. All digital records will be saved for a duration of three years in a locked filing cabinet. The only person with a key is the researcher, Casey Groover. After three years, the records will be destroyed.

- Participants will be assigned a pseudonym (e.g., participant 1, participant 2, participant 3). I will conduct the interviews in a location where others will not easily overhear the conversation.

- Written documents or data that are stored onto a flashdrive will be filed into a locked filing cabinet behind a locked door in a storage room at the residence of the researcher. Data that is temporarily stored computer will be locked with password protection. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a flash-drive and locked in a filing cabinet within a storage area for three years and then erased. Only the researcher will have access to these recordings.
- Limits of confidentiality include: There may be periods of time when the researcher must consult with the Liberty University faculty supervisor or the IRB board about the participant's case. In addition, the researcher cannot assure participants that data breach is impossible to occur. However, as listed above, measures are taken to limit potential data breach.

**Voluntary Nature of the Study:** Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Praise Fellowship Church of God. If you decide to participate, you are free to withdraw at any time or not answer any question.

**How to Withdraw from the Study:** If you choose to withdraw from the study, please contact the researcher at [cdgroover@liberty.edu](mailto:cdgroover@liberty.edu) and/or 910-574-0792. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

**Contacts and Questions:** The researcher conducting this study is Casey Groover. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at 910-574-0792 and/or [cdgroover@liberty.edu](mailto:cdgroover@liberty.edu). You may also contact the researcher's faculty chair, Dr. June Tyson, at [jtysen15@liberty.edu](mailto:jtysen15@liberty.edu).

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Please notify the researcher if you would like a copy of this information for your records.*

**Statement of Consent:** I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

---

Signature of Participant

Date

---

Signature of Investigator

Date

## Appendix F

**Demographic Information**

Voluntary Participant Identification Number: \_\_\_\_\_

Please check yes or no to the following questions:

Yes\_\_\_ No\_\_\_ 1.) Are you 18 years of age or older?

Yes\_\_\_ No\_\_\_ 2.) Are you a Christian?

Yes\_\_\_ No\_\_\_ 3.) Are you weekly member or attendee of the Church of God denomination  
(i.e., attends no fewer than two church services per month)?

Yes\_\_\_ No\_\_\_ 4.) Have you experienced anxiety at least one or more times during your life  
span?

Yes\_\_\_ No\_\_\_ 5.) Did you use prayer as a technique to reduce anxiety at least one or more  
times when experiencing anxiety symptoms?

Yes\_\_\_ No\_\_\_ 6.) Have you ever been diagnosed with an anxiety-related disorder?

Please answer the following questions by filling in the blanks:

1.) What is your gender (i.e., male or female)?

\_\_\_\_\_

2.) What is your race and/or ethnicity?

\_\_\_\_\_

3.) What is your highest education level?

\_\_\_\_\_

4.) What is your socio-economic status (i.e., lower, middle, or upper class)? \_\_\_\_\_

5.) What is your marital status (i.e., married, single, widowed, or divorced)? \_\_\_\_\_

6.) How long have you been a Christian? \_\_\_\_\_

7.) What anxiety-related symptoms have you experienced?

\_\_\_\_\_

8.) What anxiety-related disorders have you ever been diagnosed? (Optional answer)

\_\_\_\_\_

9.) How long has anxiety been present in your life?

\_\_\_\_\_

Appendix G

## Anglican Fellowship of Prayer (Canada)

September 4, 2019

Liberty University Institutional Review Board (IRB).  
1971 University Blvd  
Lynchburg, Va. 24515  
Tel: (434) 582-2000

To Whom It May Concern:

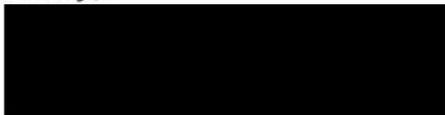
Further to a request received July 13 from Casey Groover, we are writing to give our permission for Mr. Groover to use our publication, "A Prayer Inventory" created by the Anglican Fellowship of Prayer in 2004, in his doctoral studies.

We would ask that proper accreditation be given for any of our materials used, and would be very happy to receive a copy of the resultant research.

The Anglican Fellowship of Prayer is an apolitical and non-partisan organisation. We would like to highlight that as with all academic research, citation of our materials does not imply our endorsement of your work or any opinions expressed in it.

We wish you well in your studies!

Yours truly,



Venerable Paul Feheley  
Anglican Fellowship of Prayer (Canada), Director

[pfeheley@national.anglican.ca](mailto:pfeheley@national.anglican.ca)

The Anglican Church of Canada  
80 Hayden Street  
Toronto, On M4Y3G2

416 924 9199 ext 277  
416 451 8474 (mobile)

cc Casey Groover [cdgroover@liberty.edu](mailto:cdgroover@liberty.edu)