

THE IMPACT OF A CHRISTIAN ACCOMMODATED MINDFULNESS PROTOCOL ON
DEPRESSION, ANXIETY, STRESS, SPIRITUAL WELL-BEING, AND ATTACHMENT TO

GOD

by

Tonya Thompson Gardner

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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ABSTRACT

Best practices require those who work in the counseling field to ensure sensitivity to cultural norms and preferences among clients. While considering appropriate therapeutic interventions and treatment protocols, it is imperative that counselors remain aware of the personal beliefs of their clients. Thus, accommodating treatments to incorporate clients' religious preferences seeks to enhance the effectiveness and provide the greatest benefit to each client as an individual. The purpose of this study was to investigate the impact of a Christian accommodated mindfulness (CAM) protocol in a Christian sample and provide further evidence of the impact of Christian accommodated mindfulness protocol by extending the three-week treatment protocol from a previous study to six weeks. Volunteer participants (n= 27) were randomly assigned to one of two groups, either the treatment group or waitlist control group. The treatment group received six weeks of CAM protocol including psychoeducational group meditation sessions and assigned daily CAM meditation exercises. The researcher then compared pre-and post-differences on assessments related to depression, anxiety, stress, spiritual well-being and God attachment. The waitlist group began the same CAM protocol at the conclusion of the treatment group and continued the protocol for six weeks. The researcher then compared differences between the treatment group's post-treatment scores and the waitlist control group base scores on measures related to depression, anxiety, stress, spiritual well-being, and God attachment. Results indicated that statistical power was low due to the smaller size of the sample, and although there was some evidence of decreased scores on measures related to stress, depression, and anxiety, the results were not significant. Recommendations for future research were provided

Keywords: mindfulness, Christian accommodated mindfulness, meditation, God attachment, spiritual well-being

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List of Abbreviations

Acceptance and Commitment Therapy (ACT)

Attachment to God Inventory (AGI)

Christian Accommodated Mindfulness (CAM)

Cognitive Behavioral Therapy (CBT)

Depression Anxiety Stress Scales (DASS)

Mindfulness Based Cognitive Therapy (MBCT)

Mindfulness Based Stress Reduction (MBSR)

Providence-Focused Therapy for Recurrent Worry (PFT-RW)

Theistic Spiritual Outcomes Survey (TSOS)

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CHAPTER ONE: INTRODUCTION

Overview

This study proposes that adapting a mindfulness training protocol to a Christian worldview for a self-identified Christian sample will decrease depression, anxiety, and stress and increase feelings of spiritual well-being in a self-identified, Christian undergraduate college student and university staff population. According to Creswell (2017), mindfulness is best described as a process of present-moment awareness to one's experience. This present-moment awareness allows one to explore the self without judgment, providing a break from the daily grind of repressed thoughts and feelings (Nasser & Przeworski, 2017). Moreover, research indicates that even brief mindfulness meditation interventions have shown significant results in heart rate variability and self-reported stress levels in college students (Shearer, Hunt, Chowdhury, & Nicol, 2016). Thus, in this study, a mindfulness protocol is utilized as an effective treatment for depression, anxiety, and stress. Additionally, this study proposes that adapting a mindfulness protocol to a Christian worldview for an undergraduate Christian college student and staff sample will increase feelings of spiritual well-being.

Background

Accommodating Christian Clients

Mindfulness studies have yielded significant results in research regarding treatment for conditions related to depression, anxiety, and stress. However, conservative Christian populations may still exhibit hesitation when considering mindfulness as an option for treatment due to apprehension about roots in the Buddhist worldview (Garzon & Ford, 2016). Additionally, mental health practitioners understand that personal beliefs must not influence their

ability to counsel clients objectively, leading many professionals to struggle with the ethics of incorporating religion and spirituality into psychology (Tan, 2013).

According to Hathaway and Tan (2009), clients who value their religious beliefs have a tendency toward anxiousness and resistance when considering psychotherapeutic interventions. These tendencies are grounded in their personal concerns about the secular nature of psychotherapy and fear that a therapist will not honor their belief system during the course of treatment (Hathaway & Tan, 2009). According to Johnson (2016), there are instances when clients enter psychotherapy seeking comfort and healing for emotional distress or behavioral dysfunction that is in some portion related to religious issues. In such cases, practitioners may find themselves in an ethical and clinical quandary concerning appropriate treatment in relation to helping clients alleviate distress while ethically respecting their belief systems (Johnson, 2016).

Tan (2011), however, asserts that spiritual and religious issues often emerge during the course of treatment with clients (p. 356). Thus, it is important for the therapist to assess for spiritual needs or issues as part of the initial treatment process. Furthermore, Pargament (2007) contends that clients bring their spiritual beliefs and experiences into the therapist's office and these things must be addressed in the therapeutic process as a matter of best practice in providing an open, safe environment in which to heal from one's personal distress. All of these assertions bring forth a strong argument in favor of religiously accommodated interventions that are supported by empirical research. Thus, practitioners who take the time and effort to employ techniques that are specifically accommodated to their clients' religious preferences are able to avoid unnecessary resistance and also encourage a more collaborative dialogue between practitioner and client in the therapeutic process (Tan, 2011).

Christian Accommodated Therapy Research

The idea of incorporating religious or spiritual components and perspective into psychotherapeutic interventions, although somewhat controversial, has garnered much interest among researchers of psychological practice (Anderson, Heywood-Everett, Siddiqi, Wright, Meredith, & McMillan, 2015). One of the most prominent religiously-accommodated treatment protocols empirically supported in research is cognitive behavioral therapy (CBT). Several studies of varying methodological degree provide empirical support for the use of Christian accommodated CBT (Tan, 2007; Tan & Johnson, 2005; Worthington & Sandage, 2001). Traditionally, therapists who utilize CBT educate their clients to identify behavioral and functional patterns that are directly related to maladaptive thought processes (Tan, 2011). Tan (2007) contends that adding prayer and scripture to a traditional CBT protocol provides spiritual components that assist in the emotional/behavioral healing process for clients who identify with a Christian worldview.

Incorporating Mindfulness into Religiously Accommodated Treatment

Personality literature touts the usefulness of teaching clients present-moment awareness for the purpose of developing positive self-regulation. Thus, mindfulness is utilized to enhance self-regulation when negative emotions and thinking patterns are present. Current research findings support the theory that present-moment awareness may promote adaptive stress-responses in individuals who experience prolonged daily stress (Donald, Atkins, Parker, Christie, & Ryan, 2016).

Third-wave therapies including mindfulness-based cognitive therapy (MBCT) and acceptance and commitment therapy (ACT) (Tan, 2007) include the application of mindfulness techniques that provide richer therapeutic results. Accordingly, empirical studies continue to produce evidence of a greater need to provide treatments that incorporate spirituality, making the

practice of mindfulness, which has roots in both Zen Buddhism and Christianity, an important and essential part of the therapeutic process (Tan, 2011; Hoffman, Sawyer, Witt, & Oh, 2010).

Religiously-accommodated treatment has been examined in a number of research studies (e.g., Rubinart et al., 2017; Knabb, 2012; Blanton, 2011; Hathaway & Tan, 2009) during the past decade. For example, a study in Spain explored the psychological impact of the Jesus Prayer among a sample group consisting of middle-aged adults who were self-identified Catholics (Rubinart, Fornieles, & Deus, 2017). Quantitative data related to psychological symptoms was collected before and after the two-month intervention, utilizing the Revised Symptom Checklist 90 (SCL-90-R; Derogatis, 1994), while personality traits were measured with the Revised Temperament and Character Inventory (TCI-R; Cloninger et al., 1999). Statistical analysis revealed a reduction in anxiety and interpersonal sensitivity after completion of the intervention. Additionally, Rubinart et al. (2017) reported further success when analyses of data revealed lower scores as well as strong effect sizes on reported feelings of tension and fatigue post-intervention, as measured by the Profile of Mood States (POMS; McNair et al., 1971).

In keeping with spiritually accommodated treatment, Knabb (2012) posits the utilization of centering prayer, which is rooted in Christian mysticism rather than Buddhism, to serve as a religiously accommodated alternative to mindfulness-based cognitive therapy (MBCT) for Christian clients who are uncomfortable with MBCT due to its Buddhist influence. Furthermore, Knabb (2012) asserts that centering prayer assists in receiving God to the fullest extent, allowing for stronger feelings of love and peace, which has proven effective for reducing depression and anxiety (Pennington, 1999).

Problem Statement

A Need for Further CAM Research

Pargament (2011) asserts that clients who seek psychotherapeutic intervention do not walk into the therapist's office and put their religious beliefs aside; they bring their religious and spiritual beliefs, preferences, personal experiences, and struggles into therapy with them. Therefore, it is imperative that all facets of an individual's identity are acknowledged, incorporating them within the conceptual framework of the psychotherapeutic process.

However, regardless of the substantial interest in accommodating therapeutic interventions to allow for incorporation of religious values and beliefs, there is paucity of research that examines the impact of a Christian-accommodated mindfulness protocol that is explicitly accommodated for a Christian population. Furthermore, past studies designed to explore psychotherapeutic benefit derived from religiously accommodated treatment utilized techniques such as centering prayer (Knabb, 2012; Blanton, 2011), Christian-accommodated cognitive behavioral therapy (CBT; Tan & Johnson, 2005), and contemplative prayer (Knabb & Vazquez, 2018; Knabb et al., 2019). To date, research seeking to explore the effectiveness of a mindfulness protocol that is explicitly accommodated for a Christian population is minimal.

Although empirical Christian accommodated mindfulness research from which to gather evidence is limited, there are some recent studies that create a strong argument for providing mindfulness training that is explicitly accommodated for a Christian population. For example, a study by Ford and Garzon (2017) included a sample group of self-identified evangelical Christian students attending a small, private Christian college as well as alumni, faculty, staff, and spouses of the group. The three-week protocol consisted of weekly psychoeducational sessions designed to teach mindfulness principles. The purpose of the study was to investigate

the impact of Christian accommodated mindfulness training when compared to traditional mindfulness training. Participants were randomly assigned to one of two treatment protocols which consisted of Christian accommodated mindfulness training and traditional mindfulness training. Results of the study were indicative of a stronger therapeutic impact for participants who were assigned to the CAM group when compared to results of participants who were in the traditional mindfulness training group (Ford & Garzon, 2017). At the conclusion of the study, Ford and Garzon (2017) expressed the need for future research in order to provide further evidence of the impact of CAM for a Christian population.

Purpose of this Study

The purpose of this study is to expand on previous CAM research by lengthening the CAM protocol from 3 weeks to 6 weeks, to gain better understanding and provide further evidence of the impact of the intervention in an undergraduate Christian college student and university staff sample. For the purposes of this study, CAM (Garzon & Ford , 2016) is defined as a protocol which involves the utilization of present-moment awareness that has been adapted to a Christian worldview. Participants in this study will be assigned to one of two groups: intervention or waitlist control. The intervention group will complete a six-week mindfulness protocol which will include weekly group sessions as well as assigned daily application exercises. After completion of the six-week protocol, the researcher will compare pre- and post-treatment differences on measures related to levels of anxiety, stress, spiritual well-being, and God attachment.

Research Questions

Research Question 1: *Will a Christian accommodated mindfulness protocol reduce stress, anxiety, and depressed mood in an undergraduate Christian college student and university staff sample?*

Results of mindfulness research indicate mindfulness training is an effective therapeutic intervention for assisting individuals in managing stress and anxiety (Donald et al., 2016). Additionally, an understanding of client anxiety and resistance concerning treatments that may be perceived as spiritually incompatible provides strong evidence for psychotherapeutic interventions that accommodate individual religious preferences while still providing effective treatment (Hathaway & Tan, 2009; Garzon & Ford, 2016; Ford & Garzon, 2017). The most recent study involving Christian accommodated mindfulness (CAM) treatment was carried out by Ford and Garzon (2017). The study consisted of three weeks of CAM intervention that were explicitly adapted to a Christian worldview. The study produced results indicative of a positive impact of CAM as a therapeutic intervention for depression, stress, and anxiety. However, Ford and Garzon (2017) suggested the need for further research and the need for an expanded protocol. Thus, the first hypothesis of this study proposes that a six-week CAM protocol will be an effective tool for teaching college students and staff therapeutic ways in which to manage depressed mood, stress, and anxiety, as evidenced by lower levels of self-reported anxiety, stress, and depressed mood on the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995) after six weeks of treatment.

Research Question 2: *Will a CAM protocol produce stronger feelings of spiritual well-being in an undergraduate Christian college student and university staff sample?*

According to Symington and Symington (2012), accommodating mindfulness for a Christian worldview allows the believer to focus on his or her own spiritual journey, joining in closer relationship with God and keeping one's eyes on Him rather than the anxiety and stress that invade one's thoughts daily. In keeping with this assertion, they further compare the experience of the believer to that of Peter, who had to learn to focus on Jesus rather than the waves (Symington & Symington, 2012). This idea of deeper connection through meditation and focus on God and scripture in the present moment leads to the second hypothesis of this study, which proposes that CAM protocol will result in higher levels of self-reported feelings of spiritual well-being as measured by scores from the Theistic Spiritual Outcomes Survey (TSOS; Richards, Smith, Schowalter, Richard, Berrett, & Hardman, 2005).

Research Question 3: *Does God attachment moderate the effectiveness of a Christian accommodated mindfulness protocol in an undergraduate Christian college student and university staff sample?*

Attachment theory (Bowlby, 1969) has been utilized as a conceptual framework for providing understanding of the relationship between man and God (Homan, 2014). Thus, within this framework God is considered an attachment figure, much like a human parent, affording similar psychological and emotional benefits (Granqvist & Kirkpatrick, 2013; Homan, 2014). According to Kirkpatrick (2005), individuals who report a secure attachment to God have fewer psychological issues and present a greater sense of well-being. Furthermore, at the conclusion of their CAM study, Ford and Garzon (2017) suggested the need for further investigation of the impact of God attachment on the outcome of a CAM protocol after extending the length of the protocol. Therefore, the third hypothesis of this study proposes that an insecure God attachment will moderate the effectiveness of CAM, as evidenced by a negative correlation between scores

on the AGI (Beck & McDonald, 2004) and post-intervention scores on the DASS-A (Lovibond & Lovibond, 1995), indicating a reduced impact of CAM.

Definitions

Anxiety

Accumulating research seeks to propose a universal clinical definition for anxiety. Beck and Emery (2005) assert that *anxiety* is the emotional response to fear. Other theorists (Ohman, 2008; Barlow, 2002; Zinbarg & Mineka, 2007) propose that anxiety is defined by hypervigilance and feelings of uncertainty, a need to avoid a feared stimulus, unresolved fear, and an overestimation of the potential for threat, which results in physiological symptomology related to the “fight or flight” response. Symptoms of anxiety include rumination, extended hyperarousal, nervousness, and hypervigilance (Sylvers, Lilienfeld, & LaPrairie, 2011). For the purposes of this study, anxiety is measured by the anxiety subscale of the DASS (DASS-A; Lovibond & Lovibond, 1995).

Stress

For the purposes of this study, *stress* is defined as the self-identified degree to which an individual indicates feelings of tension, loss of control, and frustration. Stress will be measured by the stress subscale of the DASS (DASS-S; Lovibond & Lovibond, 1995).

Depression

For the purposes of this study, *depression* is defined as a persistent feeling of sadness or hopelessness that involves one’s body, mood, and thought processes and affects one’s ability to function in daily life. Symptoms of depression include feelings of sadness or hopelessness, changes in appetite, lowered self-esteem, sleep issues, and lack of interest or fulfillment in activities that were previously enjoyed. According to Parker and Paterson (2015), depression is

best classified by severity of symptoms, but each case is subjective, rendering the actual diagnosis of clinical vs. non-clinical depression to be problematic in some circumstances. In this study, depressed mood and/or depressive symptoms were measured by the depression subscale of the DASS (DASS-D; Lovibond & Lovibond, 1995). As stated earlier in the chapter, potential study participants who presented with symptomology related to severe depression, such as suicidal ideation, were excluded from participation in the study.

God Attachment

Utilizing the conceptual framework of Bowlby's (1969) attachment theory, *God attachment* is defined as the relationship an individual has with God, seeking Him in the same way in which a child seeks a primary caregiver, affording similar psychological and emotional benefits (Granqvist & Kirkpatrick, 2013; Homan, 2014). Therefore, one who displays a secure attachment to God would move closer to Him in times of need or distress, seeking comfort and security within the relationship. In this study, God attachment is measured by the AGI (Beck & McDonald, 2004).

Spiritual Well-being

According to Fernando and Chowdhury (2010), spiritual well-being is the product of one's experience with spirituality. In the simplest of terms, *spiritual well-being* refers to one's level of closeness and satisfaction with God, which affects other areas of one's life in a positive manner (Chowdhury, 2018). In this study, spiritual well-being is measured by the Theistic Spiritual Outcomes Survey (TSOS; Richards, Smith, Schowalter, Richard, Berrett, & Hardman, 2005).

Mindfulness

Having been utilized in a number of research studies and psychotherapeutic theories during the past twenty years (Kabat-Zinn, 1990; Teasdale, 1999; Bishop, 2002), the operational definition of *mindfulness* includes bringing awareness to one's current experience and regulating the focus of one's attention to the here and now while maintaining an attitude of curiosity about one's thoughts, feelings, and sensations, relating openly to the experience (Bishop et al., 2006).

Christian Accommodated Mindfulness

Christian accommodated mindfulness (CAM) is defined as a mindfulness technique which allows an individual to focus on present-moment awareness, openly experiencing one's thoughts, feelings, and sensations that is explicitly adapted to a Christian worldview (Garzon & Ford, 2016; Ford & Garzon, 2017).

Conclusion

Research suggests that mindfulness meditation is becoming a more accepted practice for assisting clients by teaching them to deal with issues such as stress and anxiety (Brown, Marquis, & Guiffrida, 2013). Although mindfulness meditation is known to reduce stress and anxiety as well as reduce overall heart rate and lower blood pressure even in brief interventions (Shearer, Hunt, Chowdhury, & Nicol, 2016), there are still conservative Christians who have an issue with its roots being primarily Buddhist in nature (Garzon & Ford, 2016). According to Tan (2011), it is necessary to provide treatment to clients that is sensitive to their individual worldview and is religiously accommodated. In an increasingly diverse society where lines between religion, spirituality, and therapeutic intervention may become blurred, there is an increased necessity for practitioners to be aware of individual needs of the clients to whom they are providing services.

CHAPTER TWO: A REVIEW OF THE LITERATURE

Overview

Chapter two serves as a review of the most current literature and research as it relates to the impact of mindfulness as therapeutic application for the treatment of stress, anxiety, depression, and spiritual well-being. Additionally, this chapter will explore the connection between God attachment and the impact of a Christian accommodated mindfulness protocol as it pertains to current research.

Conceptual Framework

Conceptually, the practice of mindfulness meditation is similar to spiritual practice due to its subjective nature (Barnby, Bailey, Chambers, & Fitzgerald, 2015). Additionally, both mindfulness meditation and spiritual practice are reported to produce greater feelings of well-being, compassion, and wholeness (Sasaki et al., 2011), yet there are still clients who may be resistant to mindfulness as a therapeutic treatment.

Clients who value their religious beliefs may feel anxiety or exhibit resistance when considering psychotherapeutic interventions due to personal concerns that a therapist will not honor their personal belief system during the course of treatment (Hathaway & Tan, 2009). In response, professional organizations such as the American Psychological Association (APA; 2017b) and the American Counselor's Association (ACA; 2014) argue for counselor skills that include religious sensitivity (Soto et al., 2018). As most cultures have accepted practices and principles of religion and spirituality, it is important for clinicians to be culturally and religiously aware (Hodge, 2011), which implicates a need for religious accommodation when considering treatment protocols such as mindfulness.

One specific population that may exhibit hesitation about mindfulness is the conservative Christian population, who may view mindfulness as Buddhist in nature (Garzon & Ford, 2016). However, with its emphasis on presence of mind, acceptance, and internal observation, the practice of mindfulness provides an experience to which one's own individual meaning may be applied spiritually, allowing for accommodation of mindfulness-based practices to a Christian worldview (Symington & Symington, 2012).

Related Literature

Mindfulness Defined

Much scholarly debate occurs when considering an adequate way in which to define mindfulness. However, according to Creswell (2017), a working definition of mindfulness is best described as a process of present-moment awareness to one's experience, which is in sharp contrast to the mindless state in which individuals often find themselves during the daily grind of life. A state of mindlessness could best be described as unintentionally letting the mind wander, operating in an "autopilot" mode, or attempting to repress unwanted thoughts and feelings as an individual is going through the day (Killingsworth & Gilbert, 2010). In this present-moment awareness of mindfulness, an individual is curious about whatever thoughts, feelings, or emotions arise at that moment and approaches them as temporary rather than something permanent, allowing the self to explore without judgment (Nasser & Przeworski, 2017).

Origins of Mindfulness

Mindfulness is the primary factor in the practice of what is known as the "satipatthana", which is a Buddhist form of meditation. The root word "sati" means memory, but the two words together could best be defined as "lucid awareness" according to the teachings of Buddha (Bodhi, 2011). Mindfulness practice was taught by Buddha about 2500 years ago, as Buddha himself

described the process of being fully aware of that which is, as opposed to that which was or that which might be (Shonin et.al, 2014). Within the constructs of the meditation practice, two types of meditation were most prominent, *samatha* and *vipassana*.

Samatha meditation. Samatha means calm. Therefore, the purpose of samatha meditation is to train the mind to develop inner-strength and freedom from turmoil, leading one on a path to deeper understanding. By utilizing the daily techniques of the samatha meditation, the cluttered mind becomes free and develops a sense of calm and clarity. The goal of samatha meditation is to cultivate the power of concentration until one becomes able to focus on a chosen calming object. Once an individual reaches this state of concentration, the mind can then become free from all distraction, in a state of what could be referred to as mental unification (Harvey, 2013).

Vipassana meditation. Vipassana meditation is often referred to as insight meditation, and is the form of meditation most often used in secular mindfulness therapies. In his teaching, Buddha proposed that the cause of suffering could be erased when one gains insight into one's true nature. The premise of vipassana meditation is that in order to truly be free, an individual must know himself with clarity and accept that there is no permanent self. This form of insight meditation cuts away the perceptions of the mind, gradually cutting away attachments. It is focus on present-moment awareness of what is, accepting things as they are in that moment (King, 1980).

Traditional Mindfulness

The term "mindfulness" has grown in popularity, leading the way for secular versions of mindfulness meditation to develop in response to a growing curiosity and interest in its effectiveness. There has been rising interest in mindful awareness practices of many kinds

among mental health professionals over the past few years (Siegel, 2007). Among the practitioners who have been influenced by the mindfulness meditation teachings of Buddha are Jon Kabat-Zinn, who created Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn 1990, Stahl & Goldstein, 2010), and Zindel Segel, Mark Williams, and John Teasdale who developed Mindfulness-Based Cognitive Therapy (MBCT; Segal et al., 2013). Similarly, research supports evidence of several other mindfulness-based intervention protocols that are considered as therapeutically effective. Among these third-wave interventions are Dialectical Behavioral Therapy (DBT; Linehan, 1993) and Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999).

Overlap Between Traditional and Buddhist Mindfulness

The Buddhist influence on Kabat-Zinn is revealed in his vipassana approach to meditation (2011). However, the working definitions utilized by Kabat-Zinn and others act more as operational guides than definitions and hold closer to the vipassana approach to meditation rather than the samatha approach or the two combined as it is taught in traditional Buddhist mindfulness meditation. Additionally, the term "non-judgmental" may be potentially misleading, as Buddhist mindfulness, although not judgmental, is not free of judgment. The goal is to see things as they really are and to eventually develop a wiser form of discernment about them. Bishop et al. (2004) provide a thorough, although secular definition for mindfulness practice when they describe it as non-elaborative, non-judgmental, present-centered awareness where every thought, feeling, or sensation that enters the attention of the individual is acknowledged and accepted as it is.

Traditional Mindfulness Research

Although the scope of research on the effectiveness of mindfulness-based therapeutic intervention in regard to effect on psychological well-being is rather broad, mindfulness has become more of an accepted practice for addressing mental health issues (Vollestad, Nielsen & Nielsen, 2012). According to a review of empirical studies on the effects of mindfulness techniques, various elements of mindfulness practice such as self-focus and present-moment awareness have proven to be the antidote for anxiety, worry, depression, and several other issues (Keng, Smoski, & Robins, 2011). Numerous studies have linked mindfulness-based techniques to positive outcomes in decreasing perceived stress (Shapiro, Astin, Bishop, & Cordova, 2005), decreased anxiety (Shapiro, Schwartz, & Bonner, 1998), reduction in depressive symptoms in patients struggling with chronic illness (Sephton et al., 2007), and in some cases, suicidal ideation (Maxwell & Duff 2016).

Stress. Stress is the body's natural response when there is an imbalance between the demands that are placed on an individual and his or her ability to cope with those demands. The daily grind of life can produce stress professionally, socially, financially, and psychologically. Numerous studies have indicated significant results when utilizing mindfulness-based interventions for stress, as the most often intervention modality associated with mindfulness training is related to stress reduction (Schreiner & Malcolm, 2008). Several published studies indicate that mindfulness training has shown significant results in helping individuals learn to cope with distress and disability in daily life (Grossman, Nieman, Schmidt, & Walach, 2004). Even brief mindfulness meditation interventions have been shown to reduce heart rate variability and self-reported stress levels in college students (Shearer, Hunt, Chowdhury, & Nicol, 2016). In 2013, a study of the potential benefits of mindfulness-based stress reduction for parents of

children with disabilities showed a 33% reduction in perceived stress after an 8-week MBSR protocol (Bazzano, Wolfe, Zylowska, Wang, Schuster, Barrett, & Lehrer, 2013). Another study showed increases in mindfulness and well-being and decreases in perceived stress from pre-to post MBSR among individuals dealing with stress-related symptoms (Carmody & Baer, 2007).

Anxiety. Anxiety is a multidimensional response to stimuli in an individual's environment or a response to something internal resulting from a combination of physiological and psychological processes. Mindfulness research indicates that Mindfulness Training and meditation may elicit positive emotions, minimize negative affect, and decrease the tendency to ruminate, ultimately reducing anxiety (Davis & Hayes, 2011). Kabat-Zinn et al. conducted the first investigation of Mindfulness Based Stress Reduction (MBSR; 1990) for anxiety patients in 1992 (Kabat-Zinn et al., 1992). The small trial (n=22) yielded significant reduction in anxiety symptoms as well as panic symptoms. Three years later, a follow-up study showed maintenance of gains for 18 of the 22 original subjects (Miller, Fletcher, & Kabat-Zinn, 1995). A meta-analysis (Hoffman, Sawyer, Witt, & Oh, 2010) demonstrated the effectiveness of MBSR and other mindfulness-based interventions at reducing anxiety symptoms in patients (effect size = .63) from a variety of medical and psychiatric backgrounds. In one subgroup with anxiety and mood disorders (effect size = .97) the results were particularly significant.

Depression. Mindfulness-based cognitive therapy treatment involves identifying maladaptive thinking patterns in those individuals who are at risk for recurrent depression. In other words, an individual who is at risk for developing maladaptive thinking characteristic of sad moods might have a tendency toward sad moods that are triggered or reactivated by the experience of a sad mood (Segal et al., 2002). In this state, even a small increase in sadness could be capable of bringing about more depressive episodes. This is where mindfulness-based

treatment proves more effective due to teaching clients to become more aware of thoughts that trigger depressive episodes (Hathaway & Tan, 2009). Although many studies related to mindfulness have been published over the past few decades, there is paucity of research concerning the benefits of mindfulness specifically for depression, which leaves the researcher to extract findings measuring depression from studies not designed to formally test depression improvement exclusively (Greenblatt & Brogan, 2015). For instance, a study utilizing a 9-week MBSR protocol for veterans indicated improvement in self-reported anxiety symptoms as well as a decrease in depressive symptoms (Serpa, Taylor, & Tillisch, 2014). In an earlier study, Tan and Martin (2012) noted that mindfulness training improved resiliency and self-esteem in adolescents. Although depressive symptoms were not the focus of the study, improvement in self-esteem and overall resiliency would lead to a decrease in symptoms associated with depression such as feelings of low self-worth and hopelessness. Furthermore, qualitative studies on the effects of mindfulness in a young adult population who had been diagnosed with HIV reflected data from focus group interviews that referred to mindfulness as having a "soothing drug" effect after the 8-week protocol (Monshat, Khong, Hassed, Vella-Brodrick, Norrish, Burns, & Herman, 2013). Here again, the effect of the mindfulness intervention produced results congruent with reduction of some depressive symptoms, although the study was not specifically designed to formally measure exclusively for depressive symptoms. Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990) protocol combined with exercise has been shown in some preliminary studies to be effective at reducing the risk of relapse in clients with depression (Segal, Williams, & Teasdale, 2002). Thus, mindfulness-based interventions have become accepted by many in the medical community as positive treatments that can be used for depression, anxiety, stress, and in some cases, suicidal ideation (Maxwell & Duff, 2016).

Christian Accommodated Mindfulness

Integration with Christianity

Mindfulness practice, although rooted in Buddhist philosophy, is easily integrated into Christian practice due to the emphasis on self-awareness, non-judgment, and equanimity (Trammel, 2015). Many Christians will observe the commonalities between mindfulness-based treatments and Buddhist practices of mindfulness. While this is acceptable and encouraged in many ways, Christians can choose to evaluate the adopted practices and principles of mindfulness from a Christian perspective rather than maintaining a focus on its historical roots (Symington & Symington, 2012).

Breath Meditation

One of the common themes of mindfulness whether in mindfulness-based treatment or in Buddhist mindfulness practice is the breath meditation. A Christian can be engaged in meditation and breathing exercises much like a Buddhist. The difference is in the meaning the Christian chooses to assign to the breathing focus. The Christian should be focusing on and meditating on the breath of life God has gifted as well as God's presence (Symington & Symington, 2012). Each assigns his or her own meaning to the exercise, with the Buddhist being reminded of the self as an illusion, while the Christian is reminded of the loving presence, grace, and mercy of God. Garzon & Ford (2016) further expound on adapting breath meditation for a Christian population by emphasizing the importance of ensuring the client's understanding of breath from a biblical perspective. When breath becomes symbolic of God's presence within, the process of returning to the breath becomes relational, as attention to breathing brings focus and awareness of God's presence in that moment (Garzon & Ford, 2016).

The Three Pillars

The proposed model of Christian mindfulness is supported by three pillars: Presence of Mind, Acceptance, and Internal Observation (Symington & Symington, 2012). The principles of mindfulness are compatible with Christianity and can have an empowering effect on Christians to seek deeper relationship with God as they come to a much deeper understanding of themselves and their relationship to the One who created them. The three proposed pillars create a structural framework for Christians who practice mindfulness to gain a strengthened sense of self and a stronger moral and ethical base for behavior.

Presence of mind. Throughout each day, individuals are busy living their hectic lives, running on "autopilot" in a stream of consciousness akin to functioning like robots. While they are present in body, oftentimes they are not present in mind because the mind is wandering away. Neuroscience refers to the self-experience process as self-referencing, which is broken down into two types of focus. In narrative focus, an individual allows the mind to leave the present moment and engages in recollection (Farb, Segal, Mayberg, Bean, McKeon, Fatima, & Anderson, 2007). When one stays in narrative focus for too long, symptoms of anxiety and depression may appear, as narrative focus is when rumination occurs. In contrast, experiential focus occurs when an individual is focused on the here and now (Farb et al., 2007). Mindfulness exercises that allow for present moment awareness can cause a shift in negative, ruminating patterns of narrative focus and in a sense, force the mind to reset its negative thinking pattern.

Acceptance. At the heart of mindfulness is acceptance. In practicing mindfulness, individuals must practice the component of acceptance, which means accepting negative feelings, emotions, or physical issues. The practice of mindfulness does not teach individuals to switch or change their thought patterns so much as it teaches them to change the way in which

they relate to them (Hathaway & Tan, 2009). They must learn to accept that unpleasant thoughts and emotions happen just as thoughts occur in the mind, and the goal is to learn to substitute pleasant emotions for the unpleasant emotions. Once clients learn to stay in the present moment with whatever they're feeling, even when there is discomfort, the understanding happens eventually that unpleasant thoughts and feelings are not permanent. The individual learns to let go, accept, and not expend energy on thoughts and feelings that are beyond control (Symington & Symington, 2012). When the internal struggle ends, the less power the thought or feeling has over the individual. Also, once an individual learns to stop the internal struggle, a greater tolerance for a wider range of emotional states occurs.

Internal Observation. In everyone, there is a part of the self that is separate from internal sensations. Individuals in Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999) are taught to recognize a self who is observing everything from the outside, capable of watching his or her own body sensations, thoughts, and emotions (Baer, 2003). For example, an individual might be taught to recognize feelings of anxiety and would be encouraged to say, "I'm having anxious thoughts" rather than saying, "I'm anxious". Surrounding the self are three spheres of influence: feelings, thoughts, and physiology. The goal in mindfulness interventions such as ACT is to not allow these spheres of influence to become intertwined or "fused" together so that clusters form. In relation to the previous example, someone who is having anxiety issues might have anxious thoughts, feel the physiological symptoms of anxiety such as rapid heartbeat, or have feelings of fear, but they may not all occur at the same time. However, the activation of one sphere may cause the activation of the other spheres. Mindfulness intervention is the antidote to this type of negative fusion (Symington & Symington, 2012).

Centering Prayer

Developed in the 1970s during a movement among spiritual teachers of major eastern religions in which respective forms of meditation were presented, centering prayer, or contemplative prayer, is a synthesis of various sources from the Christian contemplation tradition (Blanton, 2011). Centering prayer was developed by William Mininger, M Basil Pennington, and Thomas Keating, three Trappist monks at St. Joseph's Abbey in Spencer, Massachusetts. Based largely upon the teachings of *The Cloud of Unknowing*, an anonymous fourteenth century English book that developed out of the monastic Catholic tradition, centering prayer finds its own place in mindfulness intervention as it is about one's total awareness to the presence of God (Knabb, 2012). Centering prayer, at its very core, is about awakening one to the presence of God and keeping the mind focused on Him (Blanton, 2011).

Rooted in Christian mysticism. The roots of centering prayer are not tied to Buddhist practices, but rather Christian mysticism, which has a considerable history with Roman Catholicism. According to McColman (2016), the first Christian mystics appeared in the Bible as figures such as John, the evangelist, and Paul of Tarsus (p. 173). However, the idea of mysticism did not end with the recording of scripture; Great mystics have been recognized throughout the history of Christianity. McColman (2016) further asserts that monasteries, which came into being during the fourth and fifth centuries when the Roman Empire began to socially accept the idea of Christianity, were home to mystics who lived as monks and nuns (pp. 180-181). Additionally, social changes brought about by the Reformation resulted in a move away from Catholic Christianity and an understanding that mysticism was for everyone rather than just those who were considered the “elite” Christians living in abbeys and convents (McColman, 2016, pp. 181-182).

Characteristics of centering prayer. According to Knabb (2012), centering prayer is comprised of several characteristics. First among these is allowing an individual to get to the center of being in order to have intimate union with God, and finding the path that allows one to live in the fullness of who he is. Secondly, centering prayer is meant to be effortless and simplistic so one can fully experience God in the present moment. Lastly, centering prayer is about learning to react differently to one's thoughts. As Knabb (2012) explains, there are several different types of thoughts humans encounter throughout the day, ranging from simple thought to stressful thought. The goal with centering prayer is for an individual to learn to not let thoughts stand between him and God.

Rules of centering prayer. When utilizing the method of centered prayer, one must choose a sacred word as a symbol of consent to God's presence within, sit comfortably with eyes closed, become aware of personal thoughts, then come back to the sacred word. At the end of the prayer, it is recommended that the individual sits quietly for a few moments with eyes still closed (Fox, Guitierrez, Haas, Braganza, & Berger, 2015). As far as choosing the sacred word, it must be a simple word that is grounded in love and is usually a single-syllable word such as "love" or "God". The idea is not to analyze or interpret the word, or even to attempt to repeat the word methodically during the prayer. The word is to be "hovering in the mind", much like white noise, and used gently (Knabb, 2012). It is recommended that the individual sit quietly and return to the word when he becomes aware of any intruding thoughts that take the focus off of the presence of God. According to Pennington (2000), with practice, centered prayer allows an individual to let go of the false self, or the self that is known by what we accomplish, the material things we possess, or how others see us, and to find the true self, which is found in the center of God's presence.

Overlap Between Mindfulness Based CBT and Centering Prayer

In developing a deeper understanding of centered prayer as a therapeutic intervention, there are many similarities between mindfulness, especially MBCT, and centering prayer techniques. The first observation is that both interventions are derived from religious traditions, MBCT from Buddhism and centered prayer from Catholicism. Both interventions emphasize finding the path to happiness by ridding oneself of those things that lead to unhappiness. In MBCT, one is taught to identify and rid oneself of negative thoughts about the self, the world, and the future, while centered prayer provides more of an emphasis on getting past the false self, or the part of the self that is based on what one owns, does, or how one is perceived by others. In addition, both approaches emphasize that an individual remain in a mode of "being" rather than a mode of "doing". Both approaches endorse thought distraction rather than rumination, MBCT by placing the focus on breathing when one feels intruding thoughts and centering prayer placing focus on the sacred word as a way of bringing one back to focus on God (Knabb,2012).

Contemplative Prayer in Research

Though there is paucity of research to measure the effects of centering prayer in therapeutic intervention, the studies that exist have shown some significance in the efficacy of centering prayer as a possible antidote to depression relapse as well as anxiety. For example, a recent phenomenological study utilizing a purposeful sample (n=20) of centering prayer practitioners in a focus group format for data collection purposes yielded a total of 50 codes which were then broken down into five categories: the divine, the mystical, spiritual development, action-contemplation, and contemplative life (Fox, Guterrez, Haas, Braganza, & Berger, 2015). In all of these outcomes, practitioners revealed a closeness to God, experiencing His presence in all areas of life in a centered way, even reporting having "visions" in some cases

of God's love and creation. Participants also identified spiritual growth as well as personal growth in all areas of their lives. Finally, participants cited feelings of greater compassion toward themselves and others as well as a sense of contemplative community where they knew they were no longer alone (Fox et al., 2015). In a previous pilot study utilizing centered prayer for women who had been diagnosed with ovarian cancer and undergoing chemotherapy treatment (n=10), results at the end of the 9-week intervention revealed positive outcomes physiologically in that practicing centering prayer helped the participants to feel more relaxed, calm, peaceful, and in tune with their bodies. Results also indicated decreases in anxiety levels and increases in both emotional well-being and spiritual connectedness (Johnson, Dose, Pipe, Petersen, Huschka, & Gallenberg, 2009). As Knabb (2012) emphasizes, there is still much research to develop in order to provide the empirical evidence needed to indicate significant therapeutic benefit from centering prayer.

Providence-Focused Therapy

A newer model of mindfulness-based therapy for Christian adults is in development and has been the focus of research. Providence-Focused Therapy for Recurrent Worry (PFT-RW; Knabb, Frederick, & Cumming, 2017) combines Jesuit contemplative writings on surrendering to divine providence, psychology of religion literature, and intolerance of uncertainty (IU) research. Recently, Knabb, Frederick, & Cumming (2017) conducted research on the effectiveness of PFT-RW via three separate studies about worry. In one portion of the study, contemplative prayer was utilized as the primary intervention, which is discussed in further detail later in this chapter.

Jesuit contemplative writing. In the mid-1500s, Ignatius Loyola founded the Society of Jesus, commonly known as Jesuits. Connected to the Roman Catholic Church, the Jesuits

followed certain spiritual principles. Around the same time, Ignatius developed a contemplative spirituality that seeks to find God in all things, documented in *Spiritual Exercises* (Knabb, Frederick, & Cumming, 2017). Claude de la Columbiere, a Jesuit spiritual author, recorded his own ideas about the providence of God. Within this 350- year-old document, Columbiere asserted God's providence and sovereignty in all things, further arguing that if humans believed in the providence, provision, and sovereignty of God, there would be no need to worry or become anxious about adversity in life. He offered the metaphor of a Christian sitting on a rock in the middle of the ocean, where rough waves are crashing all around. According to his assertions, the Christian can be in the midst of the roaring sea and not be troubled because there is confidence that God is there and is in control of all things. He further instructed that adversity and the pain that results should be accepted as that which is good for us, for everything is perfect in God's will and pain and adversity are necessary as it draws us closer to God (Colombiere, 1980).

Intolerance of uncertainty. Intolerance of uncertainty is best defined as one's disposition influenced by one's own set of negative beliefs about uncertainty and its implications (Dugas & Robichaud, 2007). Clinically, IU has been linked to diagnosis of anxiety disorders as well as other anxiety-related symptoms. Research has shown significant results in the effectiveness of mindfulness-based intervention in helping individuals who struggle with anxiety, stress, and chronic worry (Hoffman, Sawyer, Witt, & Oh, 2010; Vollestad, Nielsen, & Nielsen, 2012).

PFT-RW research. Recently, Knabb et al. (2017) conducted three studies to develop an integrative model for PFT-RW. In the first study, the team hypothesized that a deeply embedded mental representation of God's providence would correlate with increased level of surrender as a

form of religious coping, and in turn surrender would be negatively associated with worry (Knabb, Frederick, & Cumming, 2017). Working with a convenience sample (N=209) of Christian college students, utilizing the Providence Scale, a 12-item scale that assesses one's perception of how much control and care, or providence God has over one's life (Lawrence, 1997), the Surrender Scale, a 12-item scale that measures one's willingness to let go of one's personal will and surrender to the will of God (Wong, McDonald, & Gorsuch, 2000), and the Penn State Worry Questionnaire (PSQW), a 16-item scale that measures worry in several areas, including worry about projects as well as attempts at controlling worry (Meyer, Miller, Metzger, & Borkovec, 1990). The results of the study indicated a positive correlation between the Providence Scale and surrender and negative associations between IU and worry (Knabb et al., 2017).

The second study, similar to the first study, hypothesized that a deeply embedded mental representation of God's providence would yield higher levels of surrender as a method of positive religious coping, surrender would be negatively associated with worry, and IU would mediate the relationship between surrender and worry that would be consistent with the findings from the first study. Working with a convenience sample (N=99) of church members from a megachurch in Southern California, the Providence Scale, Surrender Scale, PSQW, and IU were utilized as measures for the study. Findings from this study were similar to results from the first study, with positive associations emerging between providence and surrender scales as well as negative associations between surrender and IU and worry (Knabb et al., 2017).

The third study hypothesized that participation in an 8-week program, developed as a result of positive outcomes from the first two studies, would result in improvement regarding ability to surrender to God during times of worry. Additionally, the PFT-RW, which includes

daily contemplative prayer in different formats, was hypothesized to result in significant reduction in IU and worry. Working with a convenience sample (N=21) of Christian adults from a megachurch in Southern California, therapy was offered in group format, with 2- hour sessions taking place over an 8-week period of time. Meditation, contemplative prayer, and group sessions focused on providence and surrender were included within the 8-week protocol. At the end of the study, results were measured utilizing the Providence Scale, the Surrender Scale, the PSQW, and the IUS. In addition, the Depression Anxiety Stress Scales (DASS-21) was added as a measure of outcome. The DASS-21 is a 21-item version of the DASS, including 7 items on each subscale for depression, anxiety, and stress. It is based on a 4-point Likert scale and has good internal consistency and validity (Henry & Crawford, 2005). Results indicated medium to large effect sizes for all five treatment variables pre-to post treatment, suggesting PFT-RW may hold promise as an effective treatment for spiritual struggles as well as anxiety, stress, and chronic worry (Knabb et al., 2017).

A Need for Religious Sensitivity

According to Smith, Bartz, and Richards (2007), religion and spirituality are becoming increasingly important when considering client diversity. For the purposes of this study, religion is defined as the core beliefs as well as the formal practices associated with those beliefs through one's membership in a body of fellow believers (Walsh, 2009). In contrast, spirituality is defined as one's belief in God or other higher power and the way in which those beliefs impact one's life (Pargament, 2007).

The Disadvantage of a Scientific View

Miller (2003) proposes that psychology has made the effort to separate itself from religion out of a need to establish the field as a science. Despite views of theorists such as Jung

(1933), the realm of psychology and counseling has historically been dominated by a scientific view where topics such as religion and spirituality were distanced from mental health practice (Maximo, 2019). Although individuals have varying attitudes toward spirituality and religion, if clients are not permitted to explore these areas, they miss the opportunity to participate in personal processing that is more thorough and valuable (Maximo, 2019). Therefore, a counselor who desires to be prudent would feel a need to consider client differences, which would require engagement with topics such as religion and spirituality, based on individual needs during the therapeutic process (Brown, Elkonin, & Naicker, 2013).

A Call for Cultural Sensitivity

In an ever-changing environment, religion and spirituality are increasingly becoming important factors in client diversity (Hodge, 2011). According to Hodge (2011), counselors are called to provide treatment that is congruent with clients' individual values and beliefs. This cultural sensitivity requires a level of understanding related to aspects of the belief systems of Jews, Muslims, Buddhists, Hindus, Christians, and Secularists (Peteet, 2014). Challenges such as how individuals cope with things such as depression, sexual orientation, and family conflict may certainly be related to individual belief systems. For instance, the research of Smith, Bartz, and Richards (2007) produced results that were indicative of cultural and religious differences among the African American community when coping with life issues such as depression, anxiety, marital distress, or family conflict. In the study, Bartz et al. (2007) discovered that African Americans who are active in church would place greater trust in their pastor than a mental health professional. According to Henry (2015), cultural competence among counselors is the solution. He further posits that mental health professionals who strive to be culturally competent must be aware of the spiritual preferences of their clients while establishing

therapeutic goals, which ultimately allows for greater levels of respect and cultural humility (Henry, 2015; Owen et al., 2014).

Mindfulness Through the Lens of Attachment

As mindfulness-based techniques have proven effective for a number of mental health issues as well as some physiological issues such as chronic fatigue and pain, there is additional research to suggest that an individual's attachment style may have a moderating effect on the outcome of mindfulness-based therapeutic intervention. For example, researchers hypothesized that taking a closer look at styles of attachment to God would help in understanding the association between frequency of prayer and a client's mental health (Ellison, Bradshaw, Flannelly, and Galek, 2014). In the study, the focus was on exploring the lives of those who prayed from the context of a secure relationship with God, or a secure attachment style, as opposed to those who prayed from the context of an anxious or avoidant attachment style to God. The outcome indicated a positive correlation between those who pray from a context of secure attachment and a decrease in anxiety symptoms.

Moreover, according to Bradshaw, Ellison, and Marcum (2010), an individual's relationship with God is linked to mental health above and beyond the usual indicators of religious commitment such as church attendance and frequency of prayer. Thus, styles of attachment to God are more consistent indicators of distress than are images of God. (Bradshaw, Ellison, & Marcum, 2010). The following section provides an overview of attachment theory.

Attachment Theory

Origins of Attachment Theory

Developed by John Bowlby (1969), the premise of attachment theory is that attachment figures, or early caregivers in the life of a child, have a profound effect on development. Bowlby

refers to the behavior of the primary caregiver, usually the mother, as the means by which a child learns how to feel secure in the world around him. If a child's needs are being attended to physically and emotionally, the child will react accordingly by being willing to venture further away from the caregiver for periods of time. However, if maternal behavior is inconsistent in that the caregiver frequently leaves the child behind or is not attentive to the child, the child becomes more anxious and afraid to not be in close proximity to the caregiver. Bowlby (1988) theorizes the idea of a "secure base" to which the child knows he may return. As long as the child feels secure in knowing there is a place in which to return, venturing out is much easier and the child begins to develop a stronger sense of self as he navigates the world around him, developing a secure attachment style (Bowlby, 1988). In contrast, when the child encounters the "insecure base", which would be indicative of neglectful parenting or an abusive parenting style, the child will develop an insecure attachment style that sets the tone for attachment relationships in the future (Powell, Cooper, Hoffman, & Marvin, 2014).

Adult Attachment

As Bowlby (1969) theorized that the most important relationship in life is the bond that forms between caregiver and child, this leads to implications of the shaping of one's personality and the subsequent relationships one is able to form with others later. Roisman, Collins, Stroufe, and Egeland (2005) link infant attachment security to the coherence of adult attachments to romantic partners. A 2011 longitudinal study followed 36 females beginning at 18 months of age. Maternal caregiving skills of each child's caregiver were assessed individually and recorded for later observation. Twenty years later, the same subjects were assessed for adult attachment issues such as fear of rejection and avoidance via questionnaire. Results of the study revealed those subjects who experienced greater maternal sensitivity at 18 months of age

reported lower avoidance to friends in adulthood, less avoidance of romantic relationships, and less anxiety about relationships. In contrast, those who experienced greater maternal controlling at 18 months of age reported higher avoidance to friends in adulthood, greater avoidance to partners, and more anxiety to partners (Zayas, Mischel, Shoda, & Aber, 2011).

Attachment to God

God attachment is defined as the extent to which an individual is able to perceive God as a secure base, seeks proximity to God, uses a relationship with God in order to explore life, and experiences distress when one feels separated from or abandoned by God (Kirkpatrick, 2005). In the same manner in which a child sees the early caregiver as a secure base in which to return when perceived stress or threat arises, research suggests the same attachment carries over into one's relationship or how one perceives God. According to Beck & McDonald (2004), events throughout our lives may affect our attachment to God, whether we see Him as our source of comfort and security or whether we view Him as something we avoid in times of distress or trouble (Beck & McDonald, 2004). This may depend upon our early relationships with caregivers or it may have more to do with early religious experiences. Different faith groups report differences in attachment bonds to God, possibly due to different worldviews (Beck & McDonald, 2004). According to Granqvist & Kirkpatrick (2008), God is an attachment figure when one is viewing Him as wise and strong, a secure base and safe haven, and a response to separation and loss.

God Attachment in Research

The first study of attachment and religion (Kirkpatrick & Shaver, 1992) found that subjects who described their own personal relationship with God as secure, or seeing God as warm, loving, and responsive, scored lower on measures of loneliness, depression, and anxiety

and higher on life satisfaction. In 2002, Belavich and Pargament recorded associations between Kirkpatrick & Shaver's (1992) attachment to God measures and styles of religious coping, suggesting that individuals who see God as warm, loving, and secure utilize more positive strategies of religious coping when a loved one is going through stressful or anxiety-provoking events such as major surgery (Belavich & Pargament, 2002).

Positive Religious Coping. Similar to God attachment, positive religious coping is seen as a secure relationship with a higher power/God. Negative religious coping is seen as a less secure relationship with a higher power/God who may be distant, not supportive, or punishing, which leads to a religious struggle (Ng, Mohamed, Sulaiman, & Zainal, 2017). Furthermore, in a 2004 study, Brown et al. found that positive religious coping following the death of a loved one was associated with less grief due to feelings of love, peace, and strength associated with a positive relationship with a higher power/God (Brown et al., 2004).

God Attachment as Moderator

Empirical literature supports the understanding that individuals who perceive being distanced from God often view prayer as a painful struggle, which is related to negative affect, hopelessness, guilt, and attachment issues (Ellison, Bradshaw, Flannelly, & Galleck, 2014). Attachment theorists argue that mental representations of the self in relation to others develop early in life with first caregivers and are reflected throughout life in other relationships (Bowlby, 1988). Real life situations such as divorce, separation, loss, betrayal, abandonment, and illness can interfere with a child's ability to bond with his caregiver (Granqvist & Kirkpatrick, 2008). Additionally, Kirkpatrick and Shaver (1992) propose when someone has experienced a caregiver who was inattentive, absent, or abusive, there may be a need to compensate later in life by replacing that caregiver with another attachment figure. In terms of spirituality, many times,

those with an unhealthy attachment to human caregivers will seek compensation through a spiritual attachment, which leads to a religious experience (Kirkpatrick & Shaver, 1990).

However, this sometimes leads to what is called an anxious attachment to God, where one is afraid of being abandoned or disappointed by Him. Researchers have suggested that attachment may be an interpersonal representation of mindfulness (Ryan, Brown, & Creswell, 2007).

Studies suggest that improving security attachment, or lowering levels of attachment anxiety and avoidance, has been associated with improvements in therapeutic outcomes in treating depression and anxiety (Lopez, Mauricio, Gormley, Simko, & Berger, 2001). A 2017 study hypothesized that mindfulness would mediate between increased secure attachment and decreased anxiety and depression. The results of the study indicated that mindfulness partially mediated the association between anxious and secure attachment and depressed mood (Martin, Gillath, Deboeck, Lang, & Kerr, 2017).

Implications for the Future

As researchers are in the early stage of exploring the efficacy of Christian accommodated mindfulness interventions (Hathaway & Tan, 2009; Symington & Symington, 2012; Garzon, 2013; Garzon & Ford 2016; Ford & Garzon, 2017; Knabb et al., 2017), it is important to continue to produce studies that investigate the impact of faith-based mindfulness interventions. According to Rosales and Tan (2017), as interest in mindfulness practice grows, it is no surprise that attempts have been made to adapt mindfulness-based interventions to faith-based contexts. However, despite the significant overlap between mindfulness and Christian contemplative traditions, there are still areas where adaptation is needed and would be beneficial (Rosales & Tan, 2017). To date, the most recent study involving Christian accommodated mindfulness interventions that are explicitly adapted for a Christian population was carried out

by Ford and Garzon (2017). In the study, the three-week CAM protocol produced results indicative of the positive benefits of Christian accommodated mindfulness as a therapeutic intervention for stress, depression, and anxiety. Additionally, Ford and Garzon (2017) suggest the need for further CAM research that would include extending the protocol as well as providing a deeper investigation focused on determining the effects of CAM protocol on measures related to God attachment.

CHAPTER 3: METHODS

Overview

Chapter three serves as a detailed discussion of the purpose of this present study as well as the proposed research design, research questions, and hypotheses. In addition, the process for selection of participants, measures that will be utilized in the study, specifics about the CAM protocol, and the proposed statistical analysis will be explained.

Purpose of the Study

The purpose of this study was to expand a previously researched Christian accommodated mindfulness protocol to a six -week study and assess the impact on depression, stress, anxiety, and spiritual well-being compared to waitlist control in a sample consisting of self-identified evangelical undergraduate Christian college students. In this study, Christian accommodated mindfulness (CAM) is defined as a mindfulness technique which allows an individual to focus on present-moment awareness, openly experiencing one's thoughts, feelings, and sensations that is explicitly adapted to a Christian worldview (Garzon & Ford, 2016; Ford & Garzon, 2017). Additionally, the study sought to investigate the moderating effect, if any, of God attachment on the impact of a CAM protocol for individuals with an insecure attachment to God.

Research Design

In the study, group participants were randomly assigned to one of two groups: intervention or waitlist control. A paired samples *t*-test was utilized to compare pre- and post-treatment differences within the intervention group. Additionally, an independent samples *t*-test was utilized to assess for mean differences between the intervention group scores following six

weeks of treatment and the waitlist control group base scores utilizing measures for depression, anxiety, stress, and spiritual well-being.

The treatment consisted of six weeks of Christian accommodated mindfulness training, including weekly educational sessions about mindfulness as well as assigned daily exercises that allowed for individual practice of mindfulness techniques. Participants were given opportunities to ask questions as they learned ways in which to utilize mindfulness techniques for reduction of stress and anxiety and greater spiritual awareness.

Statistical Analysis

In order to assess variance between the two groups on measures related to depression, stress, anxiety, and spiritual well-being, an independent samples *t*-test was utilized as an experimental comparison of means between the intervention group scores post-treatment and the waitlist control group baseline scores. Additionally, a paired samples *t*-test was utilized to compare mean pre-and post-assessment scores for the intervention group on measures related to depression, stress, anxiety, and spiritual well-being.

The participants were randomly assigned to group conditions in order to ensure equivalence of the groups prior to intervention. Randomization included assignment to one of two groups, intervention or waitlist control. Statistical analysis investigated the impact of Christian accommodated mindfulness training (CAM) on measures of depression, anxiety, stress, and spiritual well-being. Post-intervention scores on the DASS-D, DASS-A, DASS-S, total DASS, and TSOS were compared between participants designated as CAM intervention group members and waitlist control group members. Pre-and post-scores were also compared within the intervention group on the same measures.

Research Questions and Hypotheses

Question 1

Mindfulness research has provided consistent positive results concerning the effectiveness of mindfulness intervention techniques for relief of stress, anxiety, and depression (Donaldson et al., 2016). In particular, research directed toward mindfulness interventions that are explicitly adapted to a Christian worldview is providing evidence of potential therapeutic benefit for individuals who desire treatments that support their Christian beliefs (Ford & Garzon, 2017; Garzon & Ford, 2016; Symington & Symington, 2012). Therefore, the first question in this study is “Does a mindfulness intervention accommodated to a Christian worldview yield a statistically significant positive impact on measures related to depression, stress, and anxiety for an undergraduate Christian college student sample compared to waitlist control?” In order to investigate this question, participants in both groups were assessed on measures related to depression, stress, and anxiety both pre- and post- treatment, utilizing the depression, anxiety, and stress subscales of the Depression Anxiety Stress Scale (DASS; Lovibond & Lovibond, 1995).

Hypothesis 1

In response to research question 1, hypothesis 1 was that participant scores on the DASS would be significantly reduced post-treatment compared to pre-treatment scores and compared to waitlist control.

Question 2

According to Symington and Symington (2012), accommodating mindfulness for a Christian worldview allows the believer to focus on his or her own spiritual journey, joining in closer relationship with God and keeping one’s eyes on Him rather than the anxiety and stress

that invade one's thoughts daily. Teaching Christian clients to remain aware of the present moment, meditating on scripture and the fullness of communion with God leads the believer on a spiritual journey that provides peace and comfort even in times of stress and anxiety (Knabb, 2012). According to Knabb (2012), individuals have the ability to change their thought processes and draw closer to God by allowing themselves to stop, breathe, and be aware of His presence in the moment. Therefore, the second research question of this study is "Will there be a positive impact following the application of mindfulness techniques accommodated to a Christian worldview on feelings of spiritual well-being for an undergraduate Christian college sample compared to waitlist control?" In order to investigate this question, pre-and post- scores were compared on outcome measures related to spiritual well-being. For this study, the Theistic Spiritual Outcomes Survey (TSOS; Richards, Smith, Schowalter, Richard, Berrett, & Hardman, 2005) was utilized.

Hypothesis 2

The second hypothesis of this study was that application of mindfulness techniques that have been explicitly adapted to a Christian worldview would have a positive impact on feelings of spiritual well-being, as measured by the TSOS (Richards, Smith, Schowalter, Richard, Berrett, & Hardman, 2005), and compared both within and between groups.

Question 3

Researchers have suggested that feelings of security and secure attachment may relate positively to mindfulness due to a person's learned ability to be reflective and self-observant in personal relationships (Ryan, Brown, & Creswell, 2007). In contrast, individuals who do not grow up in environments where feelings of security, autonomy, and self-acceptance are encouraged may struggle with being mindful in relationships, often exhibiting an insecure

attachment style (Ryan, Brown, & Creswell, 2007). Studies suggest that improving security attachment, or lowering levels of attachment anxiety and avoidance, has been associated with improvements in therapeutic outcomes in treating depression and anxiety (Lopez, Mauricio, Gormley, Simko, & Berger, 2001). Additionally, researchers discovered a correlation between insecure God attachment and anxiety related to prayer (Ellison et al., 2014). Therefore, the third question for this study is “Will post-intervention outcomes of participants with insecure attachment to God indicate less positive impact from the CAM intervention compared to participants with more secure attachment?” In order to investigate this question, participants from the intervention group were assessed on outcomes related to attachment to God as well as anxiety. The measure pre- and post - treatment that was utilized was the anxiety subscale of the DASS (DASS-A; Lovibond & Lovibond, 1995). The Attachment to God Inventory (AGI; Beck & McDonald, 2004) was utilized to measure each participant’s level of security in God attachment pre-treatment.

Hypothesis 3

Hypothesis 3 of this study was that insecure attachment to God as measured by scores on the Attachment to God Inventory (AGI; Beck & McDonald, 2004) would have a negative influence on the impact of the CAM protocol on scores on the DASS-A, the anxiety subscale of the Depression Anxiety Stress Scales (DASS-A; Lovibond & Lovibond, 1995).

Method

Population Sample

Participants for this study were recruited as volunteers from a small Christian college in Florida. Participants were required to be between the ages of 18-35 years of age and be enrolled as undergraduate students at the college. Additionally, they were to be self-identified evangelical

Christians. Permission for the study was obtained through the office of administration at The Baptist College of Florida (Appendix G). Permission was also obtained from the Institutional Review Board at Liberty University (Appendix F).

Recruitment

To recruit students and staff for the study, the researcher sent an official e-mail out to the student body as well as faculty and staff at the college. The e-mail contained information about the practice of mindfulness, the benefits of mindfulness for issues related to depressed mood, stress, and anxiety, and included an invitation to participate in the research study. Students were provided with contact information in order to volunteer for the study. Additionally, the researcher reached out to the student chapter of the American Association of Christian Counselors (AACC) in order to reach the student body with information about the importance and benefits of the study.

In regularly scheduled faculty meetings, the researcher discussed the study with faculty and staff in an effort to gain assistance with recruiting of students and staff members for the study. Faculty and staff were provided with information regarding the study, including potential benefits of mindfulness and ways in which student life could be enhanced by participation in the study. The researcher requested faculty support in allowing students to earn extra credit points in their courses as an incentive for participation. Moreover, the researcher requested that faculty members support the study by allowing the researcher to utilize some of their class time in order to talk with students about the upcoming study. The researcher also posted informational flyers around campus in order to inform students, staff, and faculty about the study.

Criteria for Inclusion and Exclusion

Students who volunteered for participation in the study were screened via an initial assessment interview. Inclusion criteria included participants who were at least 18 years of age, self-identified as belonging to the evangelical Christian faith, and were able to provide written consent for participation in the study. Exclusion criteria included participants who were currently experiencing suicidal ideation, currently experiencing severe depressive symptoms, experiencing problems with addictions, or who were currently experiencing symptomology congruent with psychosis. Additionally, volunteers who were experiencing life situations that may have prevented them from being available for group sessions once per week for each of the six weeks were excluded from the study.

Procedures

Screening Process

During the initial screening process, volunteers were required to complete an initial assessment (Appendix A) in order to screen potential participants for apparent signs of psychological distress and difficulty. Applicants who identified with psychological distress such as severe depressive symptomology, psychotic symptoms, suicidal ideation, or addiction were excluded from the study and a referral plan for mental health services through the office of student life at The Baptist College of Florida was made available to them.

Consent for Treatment

Applicants who were screened and met criteria for inclusion in the study were then required to complete a consent for treatment form that provided information related to risks and benefits of participating in the treatment study, limits of confidentiality, and the incentive for

participation in the study (Appendix B). Participants were also be required to complete a form related to demographic information (Appendix C).

Once participants completed initial consent forms, each individual was required to complete the pre-treatment assessments in order to establish baseline measures. For assessment, participants completed the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995), the Theistic Spiritual Outcomes Survey (TSOS; Richards, Smith, Schowalter, Richard, Berrett, & Hardman, 2005), and the Attachment to God Inventory (AGI; Beck & McDonald, 2004) before the first session.

Research Design

Participants were randomly assigned to one of two groups, intervention or waitlist control, once they met inclusion criteria. Before the first session, participants assigned to the intervention group completed the DASS, TSOS, and AGI.

Participants assigned to the intervention group began six weeks of Christian accommodated mindfulness training with weekly sessions conducted by the researcher. Homework was assigned to include various Christian accommodated mindfulness exercises to complete at home every day. Following the six-week protocol, the DASS and the TSOS were re-administered to the intervention group as well as administered to the waitlist control group. Additionally, the intervention group was finalized with a debriefing session in the seventh week of the study, and the data was analyzed for variance in scores within and between groups.

Measures

Depression Anxiety Stress Scales

The Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995) is comprised of 42 items that measure the frequency of symptoms of psychological distress during the previous week. Developed by Lovibond and Lovibond (1995), the DASS is structured to load on three factors that assess symptoms using three subscales for Depression, Anxiety and Stress. The Depression subscale assesses symptoms related to dysphoric mood and hopelessness, while the Anxiety subscale assesses symptoms of physiological hyperarousal, and the Stress subscale assesses symptoms related to tension and irritability. The DASS utilizes a 4- point scale ranging from 0 (Did not apply to me) to 3 (Applied to me most of the time). Research analyses have established the validity and reliability of the DASS as a psychometric instrument and suggest that the DASS subscales successfully discriminate anxiety and depression (Antony & Barlow, 2010).

Attachment to God Inventory

The Attachment to God Inventory (AGI; Beck & McDonald, 2004), developed by Beck and McDonald (2004), allows for measurement of God attachment, or a perceived level of security in relationship with God. Consisting of 28 self- report items, responses on the AGI consist of two subscales, anxiety (AGI-Anxiety) or avoidance (AGI Avoidance), with high scores on either of these scales indicating an insecure attachment to God. Initial research showed internal consistency for the subscales of AGI-Anxiety ($\alpha=0.80$) and AGI-Avoidance ($\alpha=0.84$) in a sample of 118 university students (Beck & McDonald, 2004). The AGI is designed to reflect the attachment theory areas of Anxiety about Abandonment and Avoidance of

Intimacy as measured by the Experiences in Close Relationships Scale, as applied to an individual's perceived personal relationship with God.

Theistic Spiritual Outcomes Survey

The Theistic Spiritual Outcomes Survey (TSOS) is a 17- item self-report measure of spiritual outcomes of psychotherapy from a theistic spiritual perspective (Richards, Smith, Schowalter, Richard, Berrett, & Hardman, 2005). The TSOS consists of three subscales including Love of God, Love of Others, and Love of Self. In a clinical setting, the TSOS may be utilized weekly to measure clients' perceptions of their spirituality. Theistically, the TSOS includes components such as one's feelings of closeness to God, feelings of reverence for God, love for God, awareness of one's identity in God's creation, one's spiritual purpose, feelings of love for other people, an awareness of promoting the well-being of others, and feelings of moral acceptance and worthiness (Richards et al., 2005).

Data Analysis

Dependent variables in this study included the DASS (Lovibond & Lovibond, 1995) and the TSOS (Richards et al., 2005), comparing differences within the intervention group and between waitlist control at the $p < .05$ level of significance. The proposed moderator variable in this study included scores on the AGI (Beck & McDonald, 2004), which was administered pre-treatment during the first session of the study.

Summary

This study sought to provide further evidence of the impact of a Christian accommodated mindfulness (CAM) protocol used in a previous study by expanding the treatment protocol to six weeks. Participants in the study received mindfulness training that was explicitly adapted to a Christian worldview. Participants in the treatment group were assessed pre- and post-treatment

on measures related to depression, anxiety, stress, and spiritual well-being. Additionally, outcome scores were compared to waitlist control. Attachment to God was also assessed pre-treatment. Participants were required to complete six weeks of CAM protocol interventions with each session consisting of a psychoeducational presentation about the protocol, and assigned daily application exercises for practice. Each participant was required to maintain a log documenting personal experiences with the CAM interventions each week.

CHAPTER FOUR: DATA ANALYSIS AND RESULTS

Overview

The goal of this study was to provide further evidence of the impact of a Christian accommodated mindfulness protocol used in a previous study by expanding the protocol to six weeks. Furthermore, the researcher proposed that God attachment would have some influence on the impact of CAM. This present study sought to investigate the impact of a Christian Accommodated Mindfulness protocol on measures related to depression, anxiety, stress, spiritual well-being, and God attachment. Utilizing a randomized trial design, study participants were assigned to one of two groups, treatment or waitlist control. Each group was asked to complete six weeks of CAM protocol which included psychoeducational group sessions and assigned daily meditation exercises which allowed them to practice techniques learned in group sessions. Pre- and post-treatment outcomes were assessed to compare mean differences in measures related to depression, anxiety, stress, and spiritual well-being for the treatment group. Additionally, post-treatment scores for the treatment group were compared with baseline scores for the waitlist control group on these same measures, which included the DASS-A, DASS-D, DASS-S, DASS, and TSOS.

Demographics

Participants in this study (n=26) were recruited from a small Christian college in Florida. The sample consisted of 12 females and 14 males, 18- 22 years of age. Participants self-identified as evangelical Christians and were all undergraduate level college students who were living on campus at the time of the study. In the participant group, 12% identified as *African American* and 88% identified as *Caucasian*.

Statistical Analysis

The study sought to measure whether the CAM protocol would lead to a significant difference in scores related to depression, anxiety, stress, and spiritual well-being. In order to assess the effectiveness of the CAM protocol, a paired samples *t*-test was utilized as a way to compare the mean scores both pre- and post- intervention on the DASS and the TSOS for the intervention group. Additionally, an independent samples *t*-test was utilized to compare the mean scores for each measure post-intervention for the intervention group to the baseline scores of the waitlist control group on each measure.

Analyses of Intervention Group Pre-and Post-Assessment

Depression Anxiety Stress Scales (DASS) Analyses

Descriptive statistics for the intervention group suggest that scores on each subscale of the DASS decreased post-treatment. On average, depression scores after treatment ($M=9.50$, $SD=5.932$) were lower than before treatment ($M=9.79$, $SD=8.341$). Anxiety scores ($M=13.07$, $SD=7.259$) also decreased post-treatment ($M=10.64$, $SD=7.110$). Additionally, stress scores ($M=18.64$, $SD=8.025$) were lower after the six- week CAM protocol ($M=14.07$, $SD=10.336$).

As part of the analysis, a paired samples *t*-test was utilized to examine the bivariate Pearson correlation coefficient for the pre-and post-test scores of each measure. Pearson correlation results indicated pre-and post-treatment scores were moderately and significantly correlated for depression ($r=0.559$, $p<0.05$). However, no significant correlations were found between the pre-and post-test scores on anxiety ($r=0.096$, $p=0.744$) or stress ($r=0.339$, $p=0.236$).

Theistic Spiritual Outcomes Survey Analysis

On measures of spiritual well-being, assessment results revealed that pre- and post-scores for Love of God ($r=0.535$, $p<.05$) and Love of Self ($r=0.548$, $p<.05$) were significantly

positively correlated. On measures related to Love of Others ($r=0.275$, $p=0.342$) there was no significant correlation.

Intervention Group and Waitlist Control Comparison

A descriptive statistical analysis suggests that the mean post-treatment scores on each subscale of the DASS were lower for the treatment group when compared to the baseline scores of the waitlist control group (see Table 3). Additionally, post-treatment scores on each subscale of the TSOS were higher for the intervention group than the waitlist control group. Due to low statistical power, a Levene's test was utilized in order to test for violations of the homogeneity of variance assumption across group means. Results indicated no violations for DASS-S [$F(4, 24)=.007$, $p=0.932$] and the Love of Self subscale of the TSOS [$F(4,24)=.161$, $p=.691$]. However, results of the Levene's test revealed a violation of assumption of equal variances for the DASS-D, DASS-S, TSOS- Love of God, and TSOS- Love of Others (See Table 4).

Table 3. Descriptive Group Statistics.

Variable	N	Mean	SD
DASS-Depression			
Control	12	19.08	11.115
Intervention	14	9.50	5.932
DASS-Anxiety			
Control	12	18.33	13.062
Intervention	14	10.64	7.110
DASS-Stress			
Control	12	23.50	9.568
Intervention	14	14.07	10.336
TSOS-Love of God			
Control	12	20.25	6.384
Intervention	14	24.50	1.152
TSOS-Love of Self			
Control	12	13.08	2.906
Intervention	14	18.00	3.282

TSOS-Love of Others			
Control	12	21.08	5.696
Intervention	14	26.00	3.328

Research Question 1

The assumption for the first research question was that a mindfulness protocol that is accommodated to a Christian worldview would yield a statistically significant positive impact on measures related to depression, stress, and anxiety for an undergraduate Christian college student sample post-treatment compared to pre-treatment scores and waitlist control scores. In order to investigate this assumption, mean scores both pre-and post-treatment were compared on outcomes based on responses on all subscales of the Depression Anxiety Stress Scales (DASS-D; DASS-A; DASS-S; Lovibond & Lovibond, 1995). Furthermore, the post-treatment mean scores for the intervention group were compared with baseline mean scores for the waitlist control group on the same DASS subscales.

Hypothesis 1 Analysis

Hypothesis 1 of this study was that participant scores on the DASS would be significantly reduced post-treatment compared to pre-treatment scores and compared to waitlist control group scores. Following the six-week treatment protocol, findings showed a decrease in scores on all subscales of the DASS at the conclusion of the treatment protocol. Statistically, results of a paired samples *t*-test did not support the hypothesis, as the decreases were not shown to be significant (see Table 2). Additionally, results from an independent samples *t*-test provided support for a significant difference between the intervention group and the waitlist control group on measures related to Depression [$t(16.2)=-2.678, p=.016$] and Stress [$t(24)=-2.399, p=.025$].

Results indicated the treatment group's mean scores were 9.583 points lower for depression and 9.439 points lower for stress when compared to the mean scores of the control group. However, a significant difference was not found between groups related to measures of Anxiety. Thus, findings provide only partial support for the hypothesis that the treatment group would have significantly lower scores post-treatment than the waitlist control group (see Table 4).

Table 2. Paired Samples T-test for Intervention Group (CAM)

Variable	Paired Differences			95% CI	t	df	p
	M	SD	n				
Depression	0.286	7.032	14	-3.775, 4.346	.152	13	.882
Anxiety	2.439	9.661	14	-3.150, 8.007	.941	13	.364
Stress	4.571	10.725	14	-1.621, 10.764	1.595	13	.135
TSOS-God	.143	4.111	14	-2.231, 2.517	.130	13	.899
TSOS-Self	-1.357	2.977	14	-3.076, 0.362	-1.706	13	.112
TSOS-Others	-2.429	4.415	14	-4.978, 0.121	-2.058	13	.060

Table 4. Independent Samples T-Test Results

Variable	Levene's Test			t-test for Equality of Means			
	F	Sig.		t	df	p	MD
Depression	7.358	.012		-2.678	16.2	.016	-9.583
Anxiety	6.653	.016		-1.821	16.4	.087	-7.690
Stress	.007	.932		-2.399	24	.025	-9.429
TSOS-LOG	6.422	.018		1.956	18.9	.066	4.250
TSOS-LOS	.161	.691		4.012	24	.001	4.917
TSOS-LOO	4.929	.036		2.630	17.1	.017	4.917

Note. $p < .05$ for Levene's Test = equal variances not assumed; $p > .05$ = equal variances assumed.

Research Question 2

The assumption for the second research question in this present study was that application of mindfulness techniques that have been explicitly adapted to a Christian worldview would have a positive impact on feelings of spiritual well-being in an undergraduate Christian college sample. To further investigate this assumption, mean scores for the treatment group both pre-and post-treatment on outcomes based on responses to all subscales of the Theistic Spiritual Outcomes Survey (TSOS; Richards, Smith, Schowalter, Richard, Berrett, & Hardman, 2005) were compared. Additionally, mean scores on all subscales of the TSOS were compared between the treatment group post-treatment and the waitlist control group.

Hypothesis 2 Analysis

As expected, initial findings provided some evidence of increased scores on the Love of Self and Love of Others subscales of the TSOS at the conclusion of the six-week treatment protocol for the treatment group. However, there was a small decrease on the Love of God subscale post-treatment. Although the paired samples *t*-test did show an increase of 1.357 points post-treatment compared to pre-treatment scores for the Love of Self subscale and a 2.429 point increase post-treatment compared to pre-treatment scores for the Love of Others subscale, the results were not deemed to be a statistically significant increase (see Table 2). However, results from the independent samples *t*-test showed evidence of a significant difference in mean scores between the treatment group and the waitlist control group on outcomes based on responses to Love of Self [$t(24)=4.012, p=.001$] and Love of Others [$t(17.1)=2.630, p=0.17$]. Furthermore, the findings show that the treatment group's scores for Love of Self were 4.917 points higher than the waitlist control group as well for Love of Others (see Table 4). There was no significant finding in mean differences between groups for the Love of God subscale. Thus, results provided

partial support for hypothesis 2 that the treatment group would show significantly higher scores post-treatment on measures related to spiritual well-being when compared to baseline scores of the waitlist control group.

Research Question 3

The assumption for the third research question was that an insecure attachment to God would have a negative influence on the impact of the CAM protocol on scores on the DASS-A, the anxiety subscale of the Depression Anxiety Stress Scales (DASS-A; Lovibond & Lovibond, 1995). In order to further investigate the assumption for this present study, each participant's level of security in God attachment was measured pre-treatment on outcomes based on responses to the Attachment to God Inventory (AGI; Beck & McDonald, 2004). Furthermore, pre-and post-treatment differences in outcomes were measured based on responses to the DASS-A for the treatment group.

Analysis of Hypothesis 3

Although findings showed that the treatment group's scores on the DASS-A did decrease .286 after the six-week CAM protocol, the results were not statistically significant. Thus, the results did not provide sufficient evidence to determine whether God attachment had an influence on the impact of the CAM protocol on outcomes based on responses to the DASS-A. Therefore, findings did not provide evidence to support hypothesis 3.

Summary

A sample of volunteers (n=26) from a small Christian college undergraduate student body participated in a Christian accommodated mindfulness study and were randomly assigned to one of two groups, treatment or waitlist control. The treatment group completed six weeks of a

Christian accommodated mindfulness (CAM) protocol that was tailored specifically for individuals who identify with a Christian worldview. At the conclusion of the six-week protocol, the treatment group participated in a debriefing session and the waitlist control group began the six-week CAM protocol. Statistical analysis consisted of a paired samples *t*-test to assess mean differences pre-and post-treatment for the intervention group and an independent samples *t*-test to assess mean group differences between the intervention group post-treatment and the waitlist control group baseline scores. The results for this study revealed partial support for hypothesis 1 and partial support for hypothesis 2, but do not support hypothesis 3. Chapter Five will provide further discussion about the results of the study.

CHAPTER FIVE: SUMMARY AND CONCLUSIONS

Overview

This chapter serves as the summary for this present study. The chapter will briefly review the results of the six-week Christian accommodated mindfulness protocol study, provide discussion which examines how the results of this study align with past and current research, as well as examine the implications of the study as it pertains to the counseling field. Finally, this chapter will discuss limitations and recommendations for future research.

Discussion

The purpose of the study was to further investigate the impact of a Christian accommodated mindfulness protocol that was utilized in a previous study by expanding the protocol from three weeks to six weeks.

Research Question 1

Impact of CAM on depression, stress, and anxiety. In this present study, both the treatment group and the waitlist control group reported positive therapeutic benefits post-treatment after participation in six weeks of Christian accommodated mindfulness protocol techniques consisting of psychoeducational groups and prescribed daily meditation exercises. At the conclusion of the study, statistical analysis revealed a decrease in scores on outcome measures related to depression, stress, and anxiety for the intervention group when scores were compared pre-and post-treatment, although the decreases were not deemed statistically significant enough to support the hypothesis. However, on measures of depression and stress, mean score differences between groups did show lower scores for the treatment group at the end of the study protocol when compared to the baseline scores of the waitlist control group, which provided partial support for hypothesis 1.

Alignment with research. The results of the study indicated that depression, stress, and anxiety decreased after six weeks of CAM protocol for the treatment group when compared with the waitlist control group, which was consistent with expectations based on previous studies (Ford & Garzon, 2017; Garzon & Ford, 2016; Knabb, 2012). Additionally, although decreases in depression, stress, and anxiety did not yield results that could be deemed statistically significant in this study due to a decrease in statistical power as a result of the smaller size of the sample (n=26), descriptive data suggests that the treatment group's mean scores on items related to depression, stress, and anxiety did decrease, which aligns with study expectations based on previous research.

For instance, as mentioned in Chapter 2, Joshua Knabb's (2012) study provided clinical evidence of the benefits of centering prayer as a therapeutic application for treatment of depression and prevention of depression relapse. In this present study, part of the six-week CAM protocol includes the application of centering prayer, which was added during the development of the study due to expected therapeutic effectiveness for stress and anxiety. Furthermore, in their mindfulness study, Ford and Garzon (2017) found that when compared with a mindfulness treatment protocol that was not explicitly accommodated for a Christian worldview, the CAM protocol yielded a significant reduction in stress for a Christian sample.

Implications of the findings. Research question 1 sought to provide further evidence of the effectiveness of a Christian accommodated mindfulness protocol that was extended from three weeks to six weeks. The assumption for the first question was that extending the CAM protocol would yield statistically significant results on measures related to depression, stress, and anxiety. Based on the results of this present study, there were decreases post-treatment in measured levels of depression, stress, and anxiety for the treatment group. Furthermore, there

were significant differences in mean scores for those same measures between the treatment group and the waitlist control group when post-treatment scores for the treatment group were compared to waitlist control group baseline scores.

Although results pre-and post-treatment for the treatment group were not considered statistically significant, the researcher did collect anecdotal data during the debriefing session post-treatment that leads the researcher to propose that results would have been more significant had the sample (n=26) been larger. For instance, comments such as “ I don’t think I could have made it through the past week without this meditation” and “ I did not realize how stressed out I was until I started practicing meditation every evening” were recorded post-treatment from participants in the treatment group. In one instance, the researcher had a situation where random college students who were not participants in the study requested to “join the meditation class next semester.”

It must also be noted that this present study took place during the fall semester of 2020 in the middle of a national pandemic. Due to restrictions involving social distancing, wearing masks, etc. many students who initially showed interest in the study decided against participating in the study due to the inconveniences associated with Covid-19. This situation created an issue in recruiting participants for the study, which resulted in a much smaller sample than originally anticipated. Thus, statistical power was weak, and the statistical outcome of the study was not as significant as originally expected.

Research Question 2

Impact of CAM on spiritual well-being. In this study, the treatment group did increase scores on outcome measures related to Love of Self and Love of Others post-treatment, but there was a decrease in scores on outcome measures related to Love of God. Therefore, results were not as expected when comparing pre-and post-treatment outcomes based on previous research (Ford & Garzon, 2017; Garzon & Ford, 2016; Knabb, 2012). However, mean score differences between groups on measures related to Love of Others and Love of Self did produce significant results suggesting the efficacy of the CAM protocol for the treatment group when compared with the waitlist control group.

Alignment with research. For this present study, the assumption was that feelings of spiritual well-being for the treatment group would increase significantly post-intervention and data analysis would show those results, based on previous research. For instance, a 2017 study that sought to provide evidence of the impact of providence- focused therapy provided results that suggested mindfulness techniques such as centering prayer, meditation, and contemplative prayer that are accommodated to a Christian worldview are therapeutically beneficial, especially in teaching clients to surrender to God, which resulted in reports of greater feelings of spiritual well-being (Knabb et al., 2017). Additionally, according to Knabb (2012), this training leads to positive religious coping, less anxiety and worry, and greater confidence in God as sovereign over one's life, which is an indicator of greater spiritual well-being.

As mean score differences between groups on measures related to Love of Others and Love of Self did produce significant statistical results when comparing the treatment group scores post-intervention and the baseline scores of the waitlist control group, there is evidence in this present study that the six-week CAM protocol did align with previous research and does

provide support for the researcher's belief that extending the CAM protocol would provide greater feelings of spiritual well-being.

Implications of the findings. The assumption for the second research question was that a six-week CAM protocol would provide for greater feelings of spiritual well-being post-treatment for the treatment group as well as show significantly greater measures of increase in spiritual well-being for the treatment group when comparing the group's post-treatment scores to the baseline scores of the waitlist control group. Although results for within group comparison of mean scores pre- and post-treatment did not produce statistically significant results, there were increases on measures of Love of Others and Love of Self. Furthermore, the researcher collected anecdotal data during the debriefing session that included statements such as "There is a supernatural connection that happens when I practice the CAM protocol" and "I feel like I am forming a new relationship with God." In one instance, a student referred to his designated meditation time each day as his time to enter his "war room" where he felt as if he could connect with God in a way in which he had not connected before, resulting in feelings of spiritual power he had not experienced before. Additionally, it is worth considering the implications of utilizing a Christian college student sample when questioning the slight decrease in the Love of God subscale post-treatment for the intervention group. There is every possibility that the decrease is due to a ceiling effect in which the students were already feeling secure in their personal relationship with God, which is why the increases were found in measures related to Love of Others and Love of Self.

As mentioned before, the study was carried out during a national pandemic in which students were bound by numerous rules and regulations regarding restrictions related to Covid-19. As a result, many students who were initially interested in participating in the study decided

not to participate, which yielded a sample (n=26) that was much smaller than anticipated. Furthermore, the researcher proposes that results on measures related to spiritual well-being would have been statistically significant had the sample been larger.

Research Question 3

Influence of God attachment on anxiety. This study did not produce results that were significant to suggest whether God attachment has an influence on anxiety in the treatment group when outcome measures related to responses on the DASS-A were assessed post-treatment. Thus, the statistical results of this portion of the study did not align with the researcher's expectations based on previous research.

Alignment with research. The assumption of this present study was that God attachment would have an influence on scores related to outcomes based on responses to the anxiety subscale of the Depression Anxiety Stress Scales (DASS-A; Lovibond & Lovibond, 1995). In a previous study, researchers discovered a correlation between insecure God attachment and anxiety related to prayer (Ellison et al., 2014). The expected results for this study were that participants in the treatment group who identified with an insecure God attachment would not show significant improvement or would possibly show an increase in anxiety post-treatment when compared to pre-treatment scores on the DASS-A.

Implications of the findings. The assumption of the third research question was that an insecure God attachment would have an influence on the impact of the CAM protocol on measures related to anxiety post-treatment for participants in the treatment group. Although there were no significant results related to these measures, the researcher did collect a small amount of anecdotal data during the debriefing session post-treatment. Three participants self-identified as feeling "anxious and agitated" during the portions of the six-week protocol that

included visualization of God as present in the moment and visualization of themselves handing worries and frustrations over to Him. At one point in the study, a participant asked if she should leave the study due to feelings of disconnect when required to focus on an attribute of God. When questioned as to why she felt she needed to be dismissed from the study, she expressed concern that she was going to ruin the outcome of the study due to not being able to connect with God.

Limitations and Recommendations for Future Research

In retrospect, this study had several limitations. Demographically, utilizing a Christian college student sample from a small campus that is predominantly Caucasian and lacking in diversity in other areas such as socioeconomic status, age, and marital status could have impacted potential findings that might have been more significant. Additionally, the smaller sample size of the group obviously weakened the statistical power of the study. Furthermore, carrying out a research study in the midst of a national pandemic where participants were required to adhere to social distancing requirements, mask requirements, and sanitizing requirements caused many students who would have participated in the study to decide against it. Future recommendations for research include intentionally seeking a volunteer sample that is more diverse, possibly from a broader Christian group, such as a large church or multiple Christian college campuses. Also, consideration of the addition of an online component of a CAM protocol to allow for participants who would like to be a part of the study in the event of another Covid-19 lockdown would be beneficial in order to provide for greater statistical power in future studies. Lastly, in the event of utilizing this research design for a future study, it would be beneficial to collect post-assessment data from the waitlist control group in order to establish a stronger understanding of between groups differences.

Conclusion

This study did provide further evidence that increasing a Christian accommodated mindfulness protocol from three weeks to six weeks did provide therapeutic benefit for participants on measures related to depression, anxiety, and stress. Additionally, the study provided evidence that participants in the treatment group did experience greater feelings of spiritual well-being after six weeks of participating in a CAM protocol. These results support the assertion that Christian accommodative treatment applications such as mindfulness meditation, centering prayer, and counseling techniques that are designed to better align with personal beliefs of clients who identify with Christianity may produce more enhanced treatment outcomes.

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APPENDIX A: Initial Assessment Interview Form

Please provide the following information as an initial assessment of your appropriateness for participation in the study. This information will be kept confidential, unless ethical guidelines present a limit to confidentiality, such as in the case of reported suicidal or homicidal ideation. If you do not understand any question, please leave it blank and contact the researcher.

Name: _____ Date of Birth : ____ / ____ / ____ Age: _____

Phone: _____ May I call you? (Y / N) May I text you? (Y / N) Email:
 _____ May I email you? (Y / N)

1. Are you a Christian? (Y / N) If yes, please specify denomination: _____

2. Are you currently experiencing any psychiatric problems? (Y / N) If yes, please specify:

3. Are you experiencing any physical health concerns? (Y / N) If yes, please specify:

4. Are you currently receiving psychiatric, psychotherapy, and/or professional counseling services? (Y / N) If yes, please specify name and phone number of mental health provider:

5. Are you currently experiencing thoughts of suicide or homicide? (Y / N)

6. Are you experiencing any condition or life circumstance that would hinder your participation in six weeks of intervention? (Y / N)

7. Are you willing to complete an initial assessment that will include the completion of a psychometric inventory for investigating exclusion criteria? (Y / N)

Please direct any questions about this interview form to the researcher via:

Cell number- [REDACTED]

APPENDIX B:
CONSENT FORM

The Effectiveness of a Christian Accommodated Mindfulness Protocol on Depression, Stress, Anxiety,
Spiritual Well-Being, and God Attachment

Tonya Gardner

Liberty University

Department of Education/School of Behavioral Sciences

You are invited to participate in a research study that will investigate the impact of mindfulness training on perceived levels of stress, coping strategies, and attachment to God. The mindfulness training intervention will last for six weeks and will include six group instructional sessions and daily mindfulness exercises for practical application of the technique. You were selected as a participant because you are affiliated with the Baptist College of Florida and profess membership in the evangelical Christian community. After you have read this form, please ask any questions you may have before agreeing to participate in the study.

Tonya Gardner, an Ed D. student in the School of Behavioral Sciences, is conducting this study.

Background Information:

The purpose of this study is to investigate the impact of Christian accommodated mindfulness training on measures related to anxiety, stress, spiritual well-being, and God attachment.

Procedures:

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

1. You will be asked to sign this informed consent form and complete several measurements included in the pre-intervention packet, which should take less than 30 minutes to complete during the first group meeting.

2. You will be informed of the specific meeting information for the first meeting via email. The mindfulness training group sessions will meet six times, once per week during the six weeks of intervention.

The first session will include: (a) administration of pre-intervention assessment questionnaires (30 min), (b) brief presentation about mindfulness training techniques (30 min), and (c) a practice exercise of the technique (15 min).

The second session will include: (a) sharing of participant experiences (30 min), (b) brief presentation about the benefits of mindfulness (15 min), and (c) a practice exercise of the technique (15 min).

The third session will include: (a) sharing of participant experiences (20 min), (b) brief presentation about the benefits of mindfulness (20 min), and (c) a practice exercise of the technique (20 min).

The fourth session will include (a) sharing of participant experiences (20 min.), (b) brief presentation about the benefits of mindfulness (20 min), and (c) a practice exercise of the technique (20 min).

The fifth session will include (a) sharing of participant experiences (20 min), (b) brief presentation about the benefits of mindfulness (20 min), and (c) a practice exercise of the technique (20 min).

The sixth session will include (a) sharing of participant experiences (20 min), (b) a brief presentation about the benefits of mindfulness (20 min), and (c) a practice exercise of the technique (20 min).

A seventh meeting time will include (a) an opportunity to briefly share participant experiences and (b) post-intervention assessment (40 min).

3. You will be asked to participate in prescribed exercises for the purpose of practical application of the mindfulness technique on a daily basis. You will be asked to practice the mindfulness exercises for about 10-15 minutes using an audio instruction file (or written instruction) daily for 6 weeks. You will be asked to complete a daily practice log, recording the frequency and time/length of your practice.

Risks and Benefits of Participation in the Study:

- The risks involved in being in this study are low. Most individuals practicing mindfulness report that the technique helps them with relaxation, reduces stress, and increases positive coping strategies. However, a few people may experience mindfulness training in a way that increases their anxiety or produces a flashback of a traumatic experience. If this happens to you, please stop the meditation immediately and contact me. I will be glad to talk with you, help with problem-solving, and provide you with a referral to a mental health professional if necessary.
- The benefits of participation in this study include learning new skills related to mindful awareness that may help with managing daily stress and may increase the capacity to incorporate more positive coping strategies into daily life.

Compensation:

Compensation for participation in this study includes extra credit toward your final grade in select psychology courses for current Baptist College of Florida students. Completion of the full six weeks of the study is required to receive the extra course credit. Your participation allows for current research in this area and advances the understanding of how the Christian experience can be understood in relation to emerging psychological theory.

Confidentiality:

- The records of this study will be kept private. In any sort of published literature, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records. The information gathered in this study will not identify the participant in any way outside of general demographic data such as age and ethnicity. Assigned code numbers will be used to identify questionnaires in order to protect your privacy and confidentiality. This anonymous data will be stored in a computer file with access only

through a password. This password will be shared only among the raters and the advisors in this study. All hard copy forms will be stored in a locked file.

- All of the collected data will be kept for three years after the conclusion of this study. Following the storage period, the data will be destroyed in a manner that protects the confidentiality of the participants. Hard copies of the data will be shredded and electronic data files will be deleted from all storage devices including any recycling bins.
- **Limits of Confidentiality:** A report of suicidal or homicidal ideation does not qualify as confidential information, and will be conveyed to appropriate referral sources.

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 relationship with the Baptist College of Florida, with Liberty University, or with the professor of your course. If you decide to participate, you are free to not answer any question or to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Tonya Gardner. Questions regarding the study may be asked at any time, and you are encouraged to contact the researcher at phone number [REDACTED], or email address [REDACTED]. Questions may also be directed to Faculty Advisor, Kristy Ford, Ph D., at phone number [REDACTED] or email address [REDACTED]. 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.

Please notify the researcher if you would like a copy of this information to keep 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.

Signature of Participant Date

Signature of Investigator Date

APPENDIX C: Demographic Questionnaire

Name : _____ Today's Date: _____

(Last) (First) (M Initial)

Address: _____ (PO Box or

Street) (City) (State) (Zip)

Telephone: _____ (Home/Cell)

Date of Birth: ____/____/____ Age: ____ Gender: M ____ F ____

Marital Status: Single / Living with Partner / Married / Separated / Divorced / Widowed

Place of Employment: _____

Income Level: \$0-\$10,000 / \$11,000-\$15,000 / \$16,000-\$19,000 / \$20,000-\$25,000 / \$26,000 & Above

(Annual Funds in US Dollars)

Race: African American / Asian / Latino / Native American / White / Other _____

Highest Education Level: Freshman / Sophomore / Junior / Senior / Bachelor's degree / Master's degree /

Doctoral degree

Medical Insurance Coverage: Yes ____ No ____

Outpatient Therapist: _____ Phone: _____

In Case of Emergency Contact: _____ Phone:

_____ Relationship: _____

How long have you been a Christian? _____

What is your denominational affiliation? _____

APPENDIX D: Permission Letter for Assessment: Attachment to God Inventory

Richard Beck Jr. <[REDACTED]>

Thu 9/5/2019 3:20 PM

To: Gardner, Tonya

Hi Tonya,
Please feel free to use the AGI. And best of luck with your research!
Grace and peace,
Richard

--

Richard Beck, PhD
Abilene Christian University
[REDACTED]

On Thu, Sep 5, 2019 at 11:33 AM Gardner, Tonya <[REDACTED]> wrote:
09/05/19

Tonya Gardner
Liberty University Doctoral Student

Dear Dr. Richard Beck,

I am currently in the process of completing a doctoral dissertation at Liberty University in Lynchburg, VA entitled "The Effectiveness of a Christian Accommodated Mindfulness Protocol on Anxiety, Stress, Spiritual Well-Being, and Attachment to God." I would like to request your permission to utilize your assessment, the *Attachment to God Inventory*, in the research study. Please feel free to contact me if you have any questions or would like further information about the study.

Sincerely,
Tonya Gardner

APPENDIX E: Permission for Assessment/Theistic Spiritual Outcome Survey

From: Timothy Smith [REDACTED]
Sent: Wednesday, September 11, 2019 9:36 AM
To: Gardner, Tonya <[REDACTED]>
Subject: Re: Request for permission

You have my permission.
I assume you attempted to contact Scott Richards.
Thanks for your work,
Tim

“I love the Lord Jesus Christ”
<http://jesuschrist.lds.org/SonOfGod>

From: Gardner, Tonya [REDACTED]
Sent: Wednesday, September 11, 2019 8:22:04 AM
To: [REDACTED]
Subject: Request for permission

Dear Timothy B. Smith,

I am a doctoral student at Liberty University in Lynchburg, VA. Currently, I am working on a dissertation entitled "The Impact of Christian Accommodated Mindfulness Protocol on Anxiety, Stress, Spiritual Well-Being, and God Attachment. I would like to ask your permission to utilize the *Theistic Spiritual Outcomes Survey* in my research study. If you have any questions about the study or need further information, please don't hesitate to contact me.

Sincerely,
Tonya Gardner
[REDACTED]

APPENDIX F: IRB PERMISSION LETTER

March 17, 2020

Tonya Gardner

Kristy Ford

Re: IRB Exemption - IRB-FY19-20-18 The Impact of a Christian Accommodated Mindfulness Protocol on Depression, Anxiety, Stress, Spiritual Well-Being, and God Attachment

Dear Tonya Gardner, Kristy Ford:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:

101(b):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether

possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office

APPENDIX G: PERMISSION FROM THE BAPTIST COLLEGE OF FLORIDA



The
Baptist College
of Florida

"Changing the World Through the Unchanging Word"

Office of the President

October 29, 2019

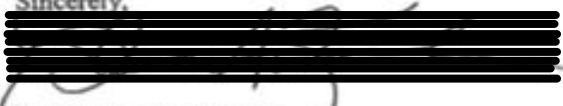
To Whom It May Concern,

I give my permission for Professor Tonya Gardner to recruit members of the student body for participation in her doctoral research project during spring semester in January, 2020 on campus.

The study will focus on the impact of Christian Accommodative Mindfulness protocol as an intervention for stress and anxiety. Student participants in the study will learn about the benefits of scriptural meditation as well as contemplative prayer as a tool for managing stress and anxiety, and will practice the protocol weekly for six weeks. Professor Gardner has permission to post flyers, promote the study via e-mail, and discuss her research study with students in the classroom for the purpose of recruitment as permitted by professors.

I understand that Professor Gardner will be compensating student participants by providing extra credit in psychology courses.

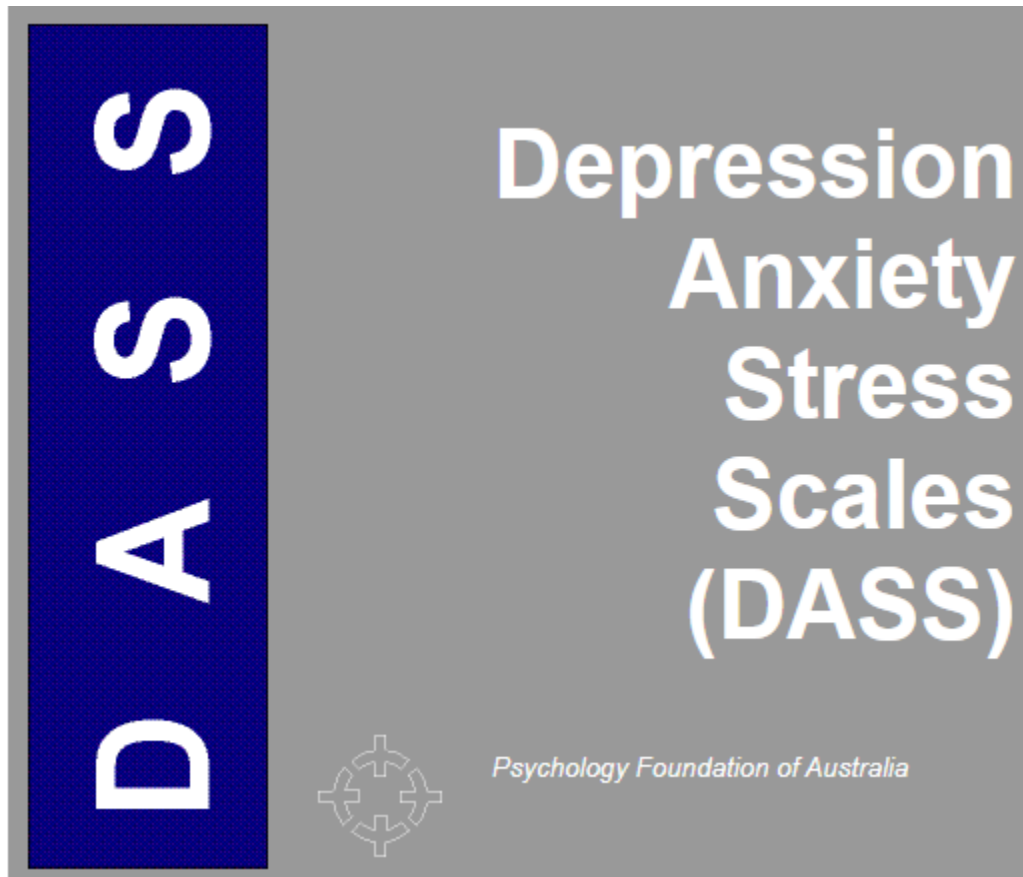
Sincerely,


Dr. Thomas A. Kinchen
President

TAK/ls

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Copyright 1998 by P. Scott Richards, Ph.D. [REDACTED]

APPENDIX I: Depression Anxiety Stress Scales

The DASS is a 42-item self-report instrument designed to measure the three related negative emotional states of depression, anxiety and tension/stress.

The DASS questionnaire is in the public domain, and may be downloaded from this website.

<http://www2.psy.unsw.edu.au/DASS/>

Last updated July 26, 2018

APPENDIX J: Attachment to God Inventory

Beck, R., & McDonald, A. (2004). Attachment to God: The attachment to God inventory, tests of working model correspondence, and an exploration of faith group differences. *Journal of Psychology and Theology*, 32, 92-103

***Removed from this page due to copyright**

APPENDIX K: CAM PROTOCOL/ WEEKS 1-6

Week 1: Handout 1 Introduction to Christian Accommodated Mindfulness Protocol

Introduction

As Christians, there are times when we struggle with the stressors of daily living. This may often lead to negative thinking dispositions that result in feelings of anxiety and stress. In some cases, it may even cause us to move further away from God because we assume He is not there sustaining us in our time of struggle or we feel we have disappointed Him too much. When we attempt to weather the storms of life on our own, we open the door for worry, stress, and anxiety. Struggling with anxiety causes us to anticipate future disappointment and sets the cycle of overthinking or repetitive negative thinking about all areas of our lives .

The good news is that Christianity, although not always an easy road, has much to offer in assisting believers who struggle with stress and anxiety because the focus is on God rather than self. Christian Accommodated Mindfulness protocol allows for the formal practice of scripturally-based Christian meditation and mindfulness techniques that assist in developing a more focused, long-term strategy for dealing with the negative thoughts that perpetuate anxiety, worry, and stress. By learning these techniques and putting them into practice, you will be repeatedly turning your attention to God, learning to completely trust Him throughout the process.

Since mindfulness originally developed within the Buddhist tradition, many Christians wonder whether or not it is safe to embrace the practice, for fear of opening their minds to things which are not of God. However, the CAM protocol incorporates a Christian worldview into the practice of meditation and mindfulness as it fosters a stronger personal connection with God.

Mindfulness is best described as a process of present-moment awareness to one's experience. This present-moment awareness allows one to explore the self without judgment, providing a break from the daily grind of repressed thoughts and feelings

Over the next few weeks, you will be learning about and practicing several forms of meditation that are all adapted to a Christian worldview. It is my hope that these sessions will provide you with the tools you need to shift your focus completely to God, creating a stronger awareness of

His loving presence in your life. I also pray that this protocol will allow you to draw closer to God as you come to know more of His true character along with awareness of His infinite goodness, wisdom, and power. The more you come to know these things, I believe you will find that you can trust in His providential care in every area of your lives.

Week 1: Breathing Exercise Verse

“The Spirit of God has made me; the breath of the Almighty gives me life.” (Job 33:4)

Psychoeducation

The average person breathes about 16 times per minute. On any given day, you will breathe at least 23,000 times or more. Since breathing is an automatic function, most people don't normally pay attention to how they're breathing. Learning to be in tune with your breathing is something that takes practice, but when you intentionally focus on your breath, being mindful of yourself and the way in which you are fearfully and wonderfully made, it causes you to slow down and truly rest in the peace and comfort that only He can provide. In this exercise, you will practice focusing on your breathing as you learn to be more aware of God's presence and His infinite love for you. You will also be utilizing this breathing exercise at home for the rest of the week.

Week 1 Goals

1. Develop a better understanding of how CAM will assist you in learning to focus your attention on God rather than allowing stress and anxiety to overcome you.
2. Become aware of your breathing and how to breathe mindfully.
3. Practice this CAM protocol each day in order to quiet yourself from the distractions of stress, anxiety, negativity, and worry.

Tasks

1. Review the verse for this week.
2. Review the informational handouts for this week.
3. Discuss the handouts and ask questions.
4. Practice breathing exercises together.
5. Review the homework assignment-to practice the breathing meditation exercise each day for the next week and record your efforts on the personal log (Week 1: Handout 4)

Week 1:

Handout 3 Breathing Exercise

Please clear everything away from the table in which you are sitting. No cell phones, laptops, books, or other distractions, please. Sit in a relaxed position, closing your eyes or focusing on one spot in the room if you are not comfortable closing your eyes. Allow yourself to simply be in this space at this moment, quietly preparing yourself to rest in the presence of God. As you allow your body to become still, notice your breathing. As you breathe in, visualize God breathing life into your body. With every breath out, place yourself in His hands, allowing Him to take away the stresses of the day and any heavy weight that may burden you in this moment.

Breathe in His life, and breathe out resting in Him. Breathe naturally...remember that God is with you in this moment. You can relax in God's grace.

Now focus on your breath more intently. If your mind begins to wander to other things, this is normal. There is no judgment or criticism in this space. Simply release those thoughts into God's loving hands and continue once again to focus on your breathing.

Become aware of the movement of your breath as it goes in and as it leaves your body. Notice how it feels to you. You do not have to change your breathing, just allow yourself to be aware of it. Notice how the air feels as it goes into your nostrils...Notice how the breath feels deep in your lungs...Observe your abdomen as it expands when you breathe in, and as it falls when you breathe out...Expanding and falling...Expanding and falling. Observe how the air feels going out...Be completely present in each moment and with each breath...No need to try to do anything, to go anywhere, or to think about anything; simply be present in your breathing.

Ride the waves of your breath, observing the rhythmic pattern...If your mind wanders, gently release those thoughts into God's hands and focus your attention back to the flow of your breathing. Your breath is an anchor to focus your attention, to bring you back to the present moment whenever you notice that your mind is becoming absorbed or reactive to something....Just relax and breathe.

In a moment, the breath meditation will end. When you are ready, gently bring your awareness back to the room, and open your eyes.

Adapted from:

Kabat-Zinn, J. (2002). Mindfulness meditation, CD series 1.

<http://www.mindfulnesscds.com/collections/cds/prodcuts/series-1> *Garzon & Ford, 2016.

(This script will be provided in both a paper form and as a recording via e-mail or flash drive)

Week 1: Handout 4**Personal Log: Breathing Exercise**

Please fill out this form each day of the week, noting the date, whether or not you practiced, and anything else that comes up in the “comments” section. Please remember to use the corresponding week 1 audio recording titled “Breathing Exercise.”

Day/Date	Practice (Yes/No)	Comments/Any Actions Taken Corresponding to the Focus of the Meditation
Monday Date: _____	Breathing Exercise Practice (Yes/No)	
Tuesday Date: _____	Breathing Exercise Practice (Yes/No)	
Wednesday Date: _____	Breathing Exercise Practice (Yes/No)	
Thursday Date: _____	Breathing Exercise Practice (Yes/No)	
Friday Date: _____	Breathing Exercise Practice (Yes/No)	
Saturday Date: _____	Breathing Exercise Practice (Yes/No)	
Sunday Date: _____	Breathing Exercise Practice (Yes/No)	

This form is adapted from Segal et al. (2012).

Week 2: Body Scan Exercise Verse

“For you created my inmost being; you knit me together in my mother’s womb.

I praise you because I am fearfully and wonderfully made.” (Psalm 139:13-14)

Psychoeducation

You have been fearfully and wonderfully made and your body is an integral part of the path to healing from negative thoughts and emotions, anxiety, and stress. There are many holistic approaches that emphasize this idea of the mind-body connection. This connection is part of God’s design. Every part of our body is affected by our life experiences, whether good or bad. For instance, you may experience headaches or stomach pains when you are feeling anxious or stressed. You might have shoulder and neck pain because you are tense due to stress. Oftentimes, we walk around unaware of how our negative emotional experiences are affecting our bodies. When we become more aware of our bodies, we can begin to heal. This exercise includes instruction about how to be still and allow God to bring you the peace, calm, and comfort that only He can provide.

Goals

1. Become more aware of your body and mindfully observe how it is connected to your thoughts and emotions in each moment.
2. Understand the relationship between thoughts, feelings, emotions, and your body.
3. Explore the role that Christian meditation and mindfulness plays in helping you to effectively respond to the negative thought patterns, stressors, and emotions that cause physiological symptoms.
4. Learn how to find a place of centering and silence that allows you to separate yourself from the distraction of negative thoughts, stress, and anxiety.

Tasks

1. Review last week’s log (Week 1: Handout 4).
2. Review the verse and discuss the psychoeducational component.
3. Review handouts for week 2.
4. Discuss week 2 handout.
5. Practice the body scan exercise together with the corresponding audio recording.
6. Review the homework-the body scan exercise, which should be practiced each day for the next week.
7. Review the personal log (Week 2: Handout 2) and the importance of completing the log

Week 2: Handout 1- Body Scan Exercise

I'd like you to sit comfortably with your feet on the floor and your eyes closed or you may find a comfortable spot in the room on which to focus. Notice the sounds in the room... Begin to turn your awareness to your body. Observe how you're sitting in the chair, how your hands are placed on your lap, and how they feel in this moment. Notice how your clothes feel on your shoulders, how your back feels against the back of the chair. Notice how your face feels. See if you can sense any differences in temperature with how the air feels around your face, perhaps some places are cooler than others. Feel your feet in your shoes pressing against the floor. Notice how your clothes feel against your legs. Just be aware of your experience, what is happening in this moment right now. While you are observing this experience, I invite you to become aware of God's presence with us in this room today, that He is here with us and wants to be with you in your experience. He created you and you are fearfully and wonderfully made.

Beginning with your neck, release tension you may be feeling in your muscles. Now notice your arms, then your legs, releasing any tension you may have as you focus on the presence of God in this room at this moment with you.

I invite you to yield everything you are experiencing to God in this moment. Let go in His presence, releasing your tensions, your thoughts, and worries into His hands. Just allow yourself to be with God. When you are ready, return your focus to the room.

*Adapted from Garzon (2013)

(This script will be provided in both a paper form and as a recording via email or flash drive)

Week 2: Handout 2 Homework Form: Body Scan Exercise

Please fill out this form each day of the week, noting the date, whether or not you practiced, and anything else that comes up in the “comments” section. Please remember to use the corresponding audio recording titled “Body Scan Exercise.”

Day/Date	Practice (Yes/No)	Comments/Any Actions Taken Corresponding to the Focus of the Meditation
Monday Date: _____	Body Scan Exercise Practice (Yes/No)	
Tuesday Date: _____	Body Scan Exercise Practice (Yes/No)	
Wednesday Date: _____	Body Scan Exercise Practice (Yes/No)	
Thursday Date: _____	Body Scan Exercise Practice (Yes/No)	
Friday Date: _____	Body Scan Exercise Practice (Yes/No)	
Saturday Date: _____	Body Scan Exercise Practice (Yes/No)	
Sunday Date: _____	Body Scan Exercise Practice (Yes/No)	

Week 3 Module

Week 3: Scriptural Meditation

Verse

Philippians 4:8 “Whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable-if anything is excellent or praiseworthy, think about such things.” (NIV) Psychoeducation

Throughout your day each day, your mind may be focused on many things. You might be worried about completing assignments in a timely manner, keeping your grade point average at an acceptable level, issues with personal relationships, problems back home with your family, your future plans, etc. It is easy to allow our minds to wander, which may sometimes lead to a repetitive thinking pattern that is negative. When our minds wander for too long, it may cause us to feel anxious, stressed, tired, sad, or hopeless.

Meditation, in simple terms, is focusing our thinking deeply on something specific. What we choose to meditate on can either be helpful or harmful to us. This week, you are going to practice a form of meditation called scriptural meditation. In this practice, you will focus on aspects of God, which include His characteristics, attributes, and actions. You will think about His infinite wisdom, goodness, power, and providence. These attributes, when focused on daily, can assist you in deepening your relationship with God while also allowing you to shift your focus away from repetitive thinking patterns that may be causing anxiety, stress, or feelings of sadness in your daily life. Over time, if you continue to practice scriptural meditation, it is my hope that you will begin to fill your inner thoughts with things that are heavenly-minded rather than earthly-minded.

Goals

1. Define and understand scriptural meditation and the difference between focusing on worldly issues as opposed to focusing on things of God.
2. Learn the potential benefits of scriptural meditation, especially as it applies to reducing stress and anxiety.
3. Understand how meditating on the characteristics and attributes of God will assist in building a closer relationship with Him.
4. Understand how to practice scriptural meditation daily and record your practice in your daily log.

Tasks

1. Review last week’s session and answer ask/answer questions.
2. Review this week’s verse.
3. Go over and discuss handouts for week 3.

4. Practice scriptural meditation with the corresponding audio recording.
5. Review homework assignment-to practice scriptural meditation daily for the rest of the week and keep a record of practice time in the daily log.

Week 3: Handout 1

Scriptural Meditation

What is Scriptural Meditation?

Although some people believe meditation to be derived from eastern religious practices, meditation itself has deep roots in the Christian tradition. In the 1500s and 1600s, Protestants from England believed strongly in turning to the Bible as a guide for living. Their practice of meditating on the word of God included choosing specific passages of scripture and pondering them. Theologians believed it was an experience where one could think of heavenly-minded things and gain a settling of one's mind.

Contemporary Understanding of Meditation

Today, we think of meditation as allowing ourselves to shift our minds from things that are causing us to feel stress and worry, the everyday things of life, to things that are of God and His word, which allows us to become more like Christ in both our behavior and in our actions.

When we focus on things that are scriptural, we enter into a state of being still, thinking about the scriptures, and asking God to reveal His peace, infinite love, and providence to us. We lay aside our own worries and focus only on the attributes of God.

If we focus on things that burden us, we are allowing our daily stressors, struggles, and worries to interrupt our time with God.

Types of Scriptural Meditation

Scriptural meditation can be occasional, meaning you might say very brief meditations throughout the day; or, scriptural meditation can be deliberate, which involves a more formal practice, in solitude and for a set amount of time. Although we recognize that these two forms of meditation may overlap, we distinguish between the two with a focus on *deliberate* meditation this week by asking that you choose a specific time each day to engage in practice.

Week 3: Handout 2

Scriptural Meditation

The purpose of Scriptural Meditation is to help us slow down and quietly reflect on a significant truth from Scripture.

1. Choose a Scripture phrase that is meaningful and comforting. Below are a few samples. Add others that are also encouraging. I will be glad to help you find other passages if you like.

Psalm 23:1, "The Lord is my shepherd."

I John 4:8b, "... God is love."

Philippians 4:13, "I can do all things through Christ who strengthens me."

Romans 8:1, "There is therefore now no condemnation for those who are in Christ Jesus."

Proverbs 3:5a, "Trust in the Lord with all your heart..."

Psalm 37:7a, "Be still before the Lord and wait patiently for him..."

I John 1:9a, "If we confess our sins, he is who just and faithful to forgive us our sins..."

Matthew 11:28, "Come to me, all you are weary and burdened, and I will give you rest."

2. As you sit in a comfortable position, say a short prayer asking for guidance for the next 10 minutes.
3. When your mind inevitably wanders to something other than the pre-selected verse, exercise a spirit of grace toward yourself by non-judgmentally refocusing your attention on the biblical passage.
4. Quietly reflect on the passage, focusing on the feeling that corresponds with the biblical topic and short passage in scripture, pondering its meaning and how its message is expressed in your life as you move from your "brain" to your "heart."
5. Your mind will eventually wander. This is normal. You do not need to beat yourself up but simply return to the Scripture phrase and deeply experience the feeling that corresponds with the biblical topic and passage in scripture.
6. As you conclude the meditation, make a commitment to act on what you have just focused all of your attention on in a Christ-like manner.

Week 3: Script for Handout 2

Scriptural Meditation

In this Scriptural Truth Meditation, the Bible Passage Version, you will practice slowing down and quietly reflecting on a significant truth from Scripture. First choose a Scripture phrase that is meaningful and comforting to you, such as Exodus 14:14: “The LORD will fight for you, you need only to be still”; or Philippians 4:13: “I can do all things through Christ who strengthens me”; or 1 John 4:8 “God is love”; whatever scripture is helpful to you in this moment today.

Take a moment to sit in a comfortable position and say a short prayer asking for guidance for the next 10 minutes as you complete this meditation.

Close your eyes and purposefully shift your focus from the thoughts that may be distracting you, letting go of stress and anxiety towards a single point of focus—the short passage of scripture that you have chosen.

Take a deep breath in and breathe out repeating the Scriptural phrase with focused, sustained attention. If you chose a longer scripture, you may want to do half the Scripture in one breath and the other half in your second breath. Repeat this breathing in and breathing out of the scripture slowly and intentionally several times.

Your mind will inevitably wander to something other than the verse you have selected. When this happens, gently exercise a spirit of grace toward yourself by non-judgmentally refocusing your attention back on the biblical passage. Breathing in and out the scripture.

Quietly reflect on the passage, noticing the feeling that arises with the biblical topic and short passage in scripture, pondering its meaning and how its message is expressed in your life as you move from your “brain” to your “heart.” Take a few more minutes to breathe in and breathe out saying the scripture a few more times.

Again, if your mind starts to wander, remember this is normal. Simply return to the Scripture phrase and deeply experience the feeling that corresponds with the biblical topic and passage in scripture.

As you conclude the meditation, make a commitment to act on what you have just focused all of your attention on in a Christ-like manner.

Say a short prayer to God, thanking Him for revealing Himself to you through His Word knowing it is always available to you. You can return to it at any point throughout your day breathing in and saying the scripture as you breathe out.

When you are ready, open your eyes and bring your awareness back to the room and your surroundings.

(This script will be provided in both a paper form and as a recording via email or flash drive)

Week 3: Handout 3**Homework Form: Scriptural Meditation**

Please fill out this form each day of the week, noting the date, whether or not you practiced, and anything else that comes up in the “comments” section. Please remember to use the corresponding audio recordings titled “Scriptural Meditation 1.”

Day/Date	Practice (Yes/No)	Comments/Any Actions Taken Corresponding to the Focus of the Meditation
Monday Date: _____	Scriptural Meditation (_____):	
Tuesday Date: _____	Scriptural Meditation (_____):	
Wednesday Date: _____	Scriptural Meditation (_____):	
Thursday Date: _____	Scriptural Meditation (_____):	
Friday Date: _____	Scriptural Meditation (_____):	
Saturday Date: _____	Scriptural Meditation (_____):	
Sunday Date: _____	Scriptural Meditation (_____):	

Week 4: Prayer Meditation

Psychoeducation

When we focus on the attributes of God, we become more connected to Him as it allows us to slow down and just be in the moment with Him, in His presence, and focused only on those things that pertain to His infinite love for us, the tenderness He has ~~tdwa~~, and the peace He brings to us.

Prayer is a focused action that moves us toward a more intimate relationship with God. For some people, this focused, intimate time with God may activate increased feelings of anxiety or even restlessness due to one's individual style of attachment to God. If the meditation causes feelings of stress or anxiety for you, please understand that it is acceptable to stop and just breathe.

Goals

1. To understand the importance of being still in His presence.
2. To internalize Biblical truths as you meditate.
3. To focus on the tenderness and love of God and ponder these things.

Tasks

1. Go over homework from last week and discuss.
2. Discuss the attributes of God, especially pertaining to the tenderness and ~~love~~ of God.
3. Practice the Accepted Tenderness Meditation together along with the audio.
4. Discuss homework for this week, practice the Accepted Tenderness Meditation exercise daily and record frequency/results on this week's personal log.

Week 4: Script

This prayer meditation is focused on the love God has for us, His children. By praying and meditating on these themes, the goal is to internalize these biblical truths as an experiential reality in our hearts.

First, seek to be still in God's presence. Sitting in your chair, make yourself comfortable and relaxed. Your posture should be upright so that you can remain alert during this time. You can close your eyes if you wish, allowing my voice to guide you through the prayer.

Now gently come to focus on your breathing remembering that the Holy Spirit himself is described as the breath of God. As you breathe in physically, seek to breathe in the very presence of God who is with you right here and right now in this moment. Spend a few moments simply breathing in His presence. The Scriptures describe the Holy Spirit as the breath of God. Welcome now the presence of the Holy Spirit who is the breath of God in you and around you.

AS I COME INTO YOUR PRESENCE LORD, I AM SURROUNDED BY YOUR LOVE AND PEACE.

Notice any questions or commentary that arise in your mind in this moment. As you become aware of any thoughts arising in your mind, gently seek to let those go, returning your focus to God and the words of the prayer.

IN YOUR PRESENCE LORD, I ACKNOWLEDGE THAT YOU ARE THE ONE WHO CREATED ME, YOUR LOVE FOR ME IS UNCHANGING, AND YOU LOVE ME AS I AM.

As much as you are able, use these words to express your own faith in God, but if you sense any resistance in your heart don't criticize yourself in any way. Simply acknowledge with kindness your honest response. As much as you are able, seek to identify with and pray these words from your own heart.

IN THIS MOMENT, IN YOUR PRESENCE, I ACKNOWLEDGE AND ACCEPT YOUR LOVE, MERCY, AND GRACE.

Knowing that God loves you and accepts you just as you are right now, you are free to rest in His love. Notice if any struggling, or arguments or questions arise in your mind. Gently watch these thoughts come and go and return your focus to the love and tenderness of God towards you personally.

TODAY I WILL REST IN KNOWING THAT YOU ARE ALWAYS WITH ME, LORD

In these moments, continue to rest in the love of God towards you personally, using the silence to simply be present with Him. In a few moments, I will say amen to signal the end of this prayer meditation.

Breathing in His presence, **I REST IN YOU, FATHER, CREATOR, AMEN**

Week 4: Handout 1**Prayer Meditation**

Please fill out this form each day of the week, noting the date, whether or not you practiced, and anything else that comes up in the “comments” section. Please remember to use the corresponding audio recordings titled “Prayer Meditation.”

Day/Date	Practice (Yes/No)	Comments/Any Actions Taken Corresponding to the Focus of the Meditation
Monday Date: _____	Meditation Practice (Yes/No)	
Tuesday Date: _____	Meditation Practice (Yes/No)	
Wednesday Date: _____	Meditation Practice (Yes/No)	
Thursday Date: _____	Meditation Practice (Yes/No)	
Friday Date: _____	Meditation Practice (Yes/No)	
Saturday Date: _____	Meditation Practice (Yes/No)	
Sunday Date: _____	Meditation Practice (Yes/No)	

*Adapted from Segal et al. (2012)

Week 5

Centering Prayer Exercise

Verse

Philippians 4:8 “Whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable-if anything is excellent or praiseworthy, think about such things.” (NIV)

Psychoeducation

Throughout your day each day, your mind may be focused on many things. You might be worried about completing assignments in a timely manner, keeping your grade point average at an acceptable level, issues with personal relationships, problems back home with your family, your future plans, etc. It is easy to allow our minds to wander, which may sometimes lead to a repetitive thinking pattern that is negative. When our minds wander for too long, it may cause us to feel anxious, stressed, tired, sad, or hopeless.

Meditation, in simple terms, is focusing our thinking deeply on something specific. What we choose to meditate on can either be helpful or harmful to us. This week, you are going to practice a form of meditation called centering prayer. In this practice, you will focus on aspects of God, which include His characteristics, attributes, and actions. You will think about His infinite wisdom, goodness, power, and providence. These attributes, when focused on daily, can assist you in centering yourself and deepening your relationship with God while also allowing you to shift your focus away from repetitive thinking patterns that may be causing anxiety and stress in your daily life. Over time, if you continue to practice centering prayer, it is my hope that you will begin to fill your inner thoughts with things that bring you comfort and peace, leading to you a more intimate relationship with God.

Goals

1. Define and understand centering prayer and the difference between focusing on worldly issues as opposed to focusing on God.
2. Learn the potential benefits of centering prayer, especially as it applies to reducing thinking patterns associated with stress and anxiety.
3. Understand how meditating on the characteristics and attributes of God will assist in building a closer relationship with Him.
4. Understand how to practice centering prayer daily and record your practice in the daily log.

Tasks

1. Review last week’s session and discuss
2. Review this week’s verse.
3. Go over and discuss handouts for week 5

Practice scriptural mediation with the audio recording.

4. Review homework assignment-to practice centering prayer daily for the rest of the week and record practice time in the daily log.

Week 5: Handout 1

Centering Prayer Exercise

The purpose of Centering Prayer is to help us slow down and quietly reflect on a significant truth about who God is. You are not studying this truth in an overly analytical manner, but rather receiving the depth of the truth at the heart level.

1. Choose a characteristic of God that is meaningful and comforting. Below are a few examples. You may add others as well. I will be glad to help you identify additional traits if you like.

God is love
God is in control
God is good
Jesus loves me

God forgives me
God is faithful
God is merciful
Jesus is Lord

2. As you sit in a comfortable position, say a short prayer asking for guidance for the next 10 minutes.
3. Take a deep breath in and breathe out repeating the characteristic (e.g. "God is...") with focused, sustained attention.
4. When your mind inevitably wanders to something other than the pre-selected character trait of God, exercise a spirit of grace toward yourself by non-judgmentally refocusing your attention on the biblical truth.
5. Quietly reflect on the characteristic, focusing on the feeling that corresponds with this part of God, pondering its meaning and how it is expressed in your life as you move from your "brain" to your "heart."
6. Your mind will eventually wander. This is normal. You do not need to beat yourself up but simply return to the trait and deeply experience the feeling that corresponds with this characteristic of God.
7. As you conclude the centering prayer exercise, make a commitment to act on what you have just focused all of your attention on in a Christ-like manner.
8. Say a short prayer to God, thanking Him for revealing Himself to you via the focus on His character trait.

When you are done, you may want to jot down any thoughts about your experience. Feel free to share them with me in our next session or to keep them private.

Stress Reliever: Jot down the Scripture on an index card or put it in your smart phone. During the day, when you feel stressed, take a deep breath and repeat quietly or in your mind the Scripture phrase you meditated on during your 10 minutes 1-3 times. You might look at your index card (or smart phone reminder). Then, return to what you were doing.

*Garzon, (2013)

Week 5: Script for Handout 1 Centering Prayer Exercise

In the Centering Prayer Exercise, you will practice slowing down and quietly reflecting on a significant truth about who God is. First choose a characteristic of God that is meaningful and comforting to you, such as “God is merciful” or “God is love” or “God is in control” or “God is good”, whatever trait of God that is helpful for you in this moment today.

Take a moment to sit in a comfortable position and say a short prayer asking for guidance for the next 10 minutes as you complete this meditation.

Close your eyes and purposefully shift your focus from things that may be distracting to you, letting go of stress and anxiety, and turning towards a single point of focus—the character trait of God that you have chosen.

Take a deep breath in and breathe out repeating the characteristic of God with focused, sustained attention. Repeat this breathing in and breathing out of the characteristic slowly and intentionally several times.

Your mind will inevitably wander to something other than the characteristic you have selected. When this happens, gently exercise a spirit of grace toward yourself by non-judgmentally refocusing your attention back on the characteristic of God. Breathing in and out the character trait.

Quietly reflect on the characteristic, noticing the feeling that arises with the thought and knowledge of this part of God, pondering its meaning and how it is expressed in your life as you move from your “brain” to your “heart.” Take a few more minutes to breathe in and breathe out saying the characteristic a few more times.

Again, if your mind starts to wander, remember this is normal. Simply return to the character trait and deeply experience the feeling that corresponds with this part of God.

As you conclude the meditation, make a commitment to act on what you have just focused all of your attention on in a Christ-like manner.

Say a short prayer to God, thanking Him for revealing Himself to you through His character knowing it is always available to you. You can return to it at any point throughout your day breathing in and saying the characteristic as you breathe out.

When you are ready, open your eyes and bring your awareness back to the room and your surroundings.

(This script will be provided in both a paper form and as a recording via email or flash drive)

Homework Form: Week 5 Handout 2**Centering Prayer Exercise**

Please fill out this form each day of the week, noting the date, whether or not you practiced, and anything else that comes up in the “comments” section. Please remember to use the corresponding audio recordings titled “Centering Prayer”

Day/Date	Practice (Yes/No)	Comments/Any Actions Taken Corresponding to the Focus of the Meditation
Monday Date: _____	Centering Prayer (_____):	
Tuesday Date: _____	Centering Prayer (_____):	
Wednesday Date: _____	Centering Prayer (_____):	
Thursday Date: _____	Centering Prayer (_____):	
Friday Date: _____	Centering Prayer (_____):	
Saturday Date: _____	Centering Prayer (_____):	
Sunday Date: _____	Centering Prayer (_____):	

Week 6: Prayer of Releasing and Receiving Verse

Matthew 11:28-30 Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke on you and learn from me, because I am gentle and humble in heart, 1/ to carry.

Psychoeducation

It is very easy to hold on to things that cause us worry, stress, and anxiety in our day to day lives. However, we must trust that God has so much more to offer us than the things on which we become fixated. Maybe it is a relationship, a bad grade, problems in the family, disappointments about plans that didn't work out, or uncertainty about the future. No matter the burden we carry, there is a loving God who wants nothing more than to see us lay those burdens at His feet and release everything into His hands, ultimately receiving from Him all He wants to offer us in place of those burdens.

When we spend time with God, allowing our focus to be solely on releasing our worldly troubles and frustrations to Him, we draw closer to Him. Eventually, placing our hope in the sovereignty and power of God becomes an easier process as we long to spend more time in His presence, embraced by the comfort and peace that only He can provide. It is my hope that this prayer meditation will bring you relief from troublesome thoughts, stressors, and anxieties as you learn to release your burdens into His loving hands and receive all of the blessings God has for you.

Goals

1. Understand and apply body scanning, breath awareness, and total release to God.
2. Identify various things in life that may cause stress, anxiety, and worry.
3. Identify worldly things to which you are holding that need to be released.
4. Practice the prayer meditation daily and record results in the personal log.

Tasks

1. Go over homework from week 5 and discuss.
2. Go over handouts for week 6 and discuss.
3. Practice the prayer meditation along with the audio recording.
4. Practice the meditation daily for the rest of the week and record results in the personal log.

Week 6: Script for Releasing-Receiving Prayer Meditation

In this last CAM session, we are going to practice putting everything we've learned the past five weeks together. First, we will focus on our bodies and our breathing as we center ourselves and prepare to relax and surrender in God's presence.

Make yourself comfortable, with your feet on the floor and your back straight. Stretch out your hands with your palms down. Close your eyes or find a comfortable spot to focus on in the room. Become aware of any tension you are feeling in your back, neck, and arms. Allow this tension to drain out of these places, flowing through your arms and out of your hands, releasing all your stress into God's hands...Any other tension you are feeling, just allow it to drain through your arms and out of your hands into God's hands.

Sit in a relaxed position, closing your eyes or focusing on one spot in the room if you are not comfortable closing your eyes. Allow yourself to simply be in this space at this moment, quietly preparing yourself to rest in the presence of God. As you allow your body to become still, notice your breathing. As you breathe in, visualize God breathing life into your body. With every breath out, place yourself in His hands, allowing Him to take away the stresses of the day and any heavy weight that may burden you in this moment. Breathe in His life, and breathe out resting in Him. Breathe naturally....remember that God is with you in this moment. You can relax in God's grace.

Now focus on your breath more intently. If your mind begins to wander to other things, this is normal. There is no judgment or criticism in this space. Simply release those thoughts into God's loving hands and continue once again to focus on your breathing.

Now notice the things you've been worried about. One by one, allow them to come to your mind. As they do, see yourself releasing them into God's hands. When something concerning you comes to your mind, see it flowing down your arms, out of your hands, and into God's hands. Just keep this process going, as things concerning you come to your mind, see yourself releasing them into God's hands...When it feels like you've released enough into God's hands, give me a slight nod of your head to let me know.

Now turn your palms up and look up keeping your eyes closed. Receive the gifts that God wants to give you right now...Take as long as you want in this posture...When it feels right, take a deep breath and rest your hands on your lap. Open your eyes when you are ready.

*Adapted from Garzon (2019)

Week 6: Handout 1

Please fill out this form each day of the week, noting the date, whether or not you practiced, and anything else that comes up in the “comments” section. Please remember to use the corresponding audio recordings titled “Release-Receive Prayer Meditation.”

Day/Date	Practice (Yes/No)	Comments/Any Actions Taken Corresponding to the Focus of the Meditation
Monday Date: _____	Meditation Practice (Yes/No)	
Tuesday Date: _____	Meditation Practice (Yes/No)	
Wednesday Date: _____	Meditation Practice (Yes/No)	
Thursday Date: _____	Meditation Practice (Yes/No)	
Friday Date: _____	Meditation Practice (Yes/No)	
Saturday Date: _____	Meditation Practice (Yes/No)	
Sunday Date: _____	Meditation Practice (Yes/No)	

*Adapted from Segal et al. (2012)