

**The Influence of Prayer on Anxiety in Black Males: A Hermeneutic
Phenomenological Study**

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I have no conflict of interest

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Abstract

Prayer is a primary indicator that Christians use to infuse meaning into their lives and navigate life's difficulties. Acquiring the capacity to cope with anxious feelings through spiritual disciplines, practices, and rituals can assist in anxiety relief. The literature indicates that the church has always served as a refuge when life-altering events occur. According to I Corinthians 12:13, the church is one body of believers, unified for a common purpose. Anxiety is defined as a state of distress caused by a perceived social threat. The purpose of this study in Pastoral Care and Counseling was to ascertain why studies have found Black males experience less anxiety than their black female counterparts and what effects prayer has on this phenomenon. The sample and size were taken from the population of Black males near the AME Zion Church, located in Concord, North Carolina. The data was gathered by conducting interviews, observations, and a study group of eight black males. These data sources answered the research questions: (1) What verbalizations best describe Black males' prayer-based strength? What prayer practices produce strength in black males? This qualitative study is a hermeneutic phenomenological approach developed by Martin Heidegger. The research found that prayer is critical in reducing anxiety in Black males. The primary themes that were obtained from the findings included prayer motivations, impact of prayer, attitudes, and knowledge. Participants mentioned COVID-19 and personal problems as some of the motivations for their prayerful life. Their responses underscored the significance of prayer in the reduction of anxiety. One of the implications of this study is that mental health practitioners can use this knowledge to advise religious clients on ways to reduce anxiety through prayer and fellowship.

Keywords: *gender, anxiety, faith, prayer, peace, neuroticism,*

Dedication

I dedicate this dissertation to my beloved children, Charles, Sheena, and Tonya. Since I began my college career, inspired by my children, they have provided encouragement and support in pursuing the highest level of education—a doctorate. I gained the confidence and fortitude to embark on this pilgrimage to academic scholarship. This journey was inspirational, spiritual, thought-provoking, and challenging. My children have never lost faith in my academic success, which fueled my determination to overcome numerous obstacles. They have restored confidence in myself, which I had lost following the death of my husband of 25 years. Everything I believed I had lost has been fixed. My faith in God is stronger than ever, and I appreciate the value and effectiveness of faith and prayer.

Additionally, my family taught me that a successful life frequently involves overcoming obstacles. Though numerous perplexing moments occurred from time to time, making victory appear impossible, I knew that with Jesus, anything is possible. My children have always emphasized the value of endurance and perseverance in the race of life, even more so when victory appears nearly impenetrable. Their voices would encourage me to persevere in the Lord. This was the genesis of the fundamental principles that shaped my spirituality and determination to earn a doctorate in community care and counseling. While concentrating my efforts on studying pastoral counseling, I want to express my appreciation for their encouragement, support, prayers, and love. I'm well on my way to fulfilling this vision and calling, not just for myself but for the kingdom of God. I am nothing without Him, but with Him, I am capable of anything through Christ who strengthens me.

Acknowledgments

Influence is an extremely powerful tool. God, who has always had a greater impact on my life, especially on this educational journey, has convinced me that "anything is possible when we trust him!" There is no one else I would rather have for his grace, favor, and mercy at this moment. However, there is one individual I'd like to acknowledge.

The Bible states, "We give thanks to God always for all of you, constantly mentioning you in our prayers." (1 Thessalonians 1:2 *The English Standard Version*.). As Paul expressed gratitude to God and his Thessalonian brothers and sisters, I would like to express my gratitude to God for bestowing his glorious grace upon one whom I now consider a friend and sister in Christ. I want to take this opportunity to express my gratitude to Dr. Frances Sanford, my department dissertation chair, for her steadfast diligence in guiding me through this process. Dr. Sanford provided constructive criticism and encouraged me to complete this task. She encouraged me with words that pushed and stretched my thinking, provided direction, and prompted critical thinking, all of which were necessary during the numerous days and nights when I doubted my decision.

Additionally, I'd like to express my gratitude to my dissertation reader Dr. Jacqueline Wirth, who aided me in writing a proposal that was properly formatted and literary distinguished. Without these individuals, none of this would be possible. To God be the glory for all he has done to enable me to proudly proclaim that I am a champion for Christ and the kingdom. This is one of my most significant life accomplishments, and I am eternally grateful that God chose to do this for me and my ministry!

Table of Content

Abstract	2
Dedication	3
Acknowledgments.....	4
List of Tables and Figures.....	10
List of Abbreviations	11
CHAPTER ONE: INTRODUCTION.....	12
Overview.....	12
The Biblical Perspective on Anxiety	14
Egotropic versus Sociotropic Anxiety	16
Anxiety and Media Coverage	19
The Past and Anxiety	19
Background.....	21
Historical.....	21
Social.....	23
Situation to Self.....	24
Adoration through Prayer	27
Problem Statement	27
Research Theories	31
Significance of the Study	34
Research Question(s)	35
Definitions.....	36

Summary	37
CHAPTER TWO: LITERATURE REVIEW	38
Overview	38
A Spiritual Antidote to Ailment.....	39
Religion as a Coping Mechanism	40
The Churches' Reaction to Anxiety	42
Theoretical Framework.....	44
Prayer Camps and Anxiety, Healed by Religion	47
Related Literature.....	48
Defining Anxiety	48
The Influence of Gender on Anxiety	50
Cultural Factors Influencing Anxiety	52
The Influence of Culture and Religion on Anxiety	53
Anxiety-Affecting Therapies	56
Therapeutic Considerations	57
Advantages of Collaboration	58
The Effect of Religion on Anxiety.....	59
Spiritual Assessments	61
Praying and Anxiety-Related Health Outcomes	62
The Curative Nature of Prayer	64
Understanding Prayer.....	65

Prayer's Advantages	66
Divine Scripture and Prayer	67
The Church and Praying	68
The Impact of Prayer on Anxiety	68
Prayer and Spiritual Guidance	73
Summary	75
Future Studies	77
CHAPTER THREE: METHODS	79
Overview	79
Research Design	79
Design Interpretation Methodologies	83
Research Question	84
Participants	85
Recruitment	85
Participant Inclusion & Exclusion Requirements	87
Procedure	88
Letter to the Church	88
Participant Screenings	89
Scheduling Meetings	89
Consent Form and Conducting Initial Interviews	90
Interpretation Meeting	91

The Researcher's Role	92
Role of Investigator Biases	93
Initial Interview Starter Questions	94
Study Questions Explained	96
Surveys/Questionnaires/Sample Spiritual Genogram	99
The Depression Anxiety Stress Scales-21 (DASS-21)	99
Study group	102
Data Analysis	103
Trustworthiness	104
Dependability, Confirmability, and Transferability	105
Ethical Considerations	105
Summary	106
CHAPTER FOUR: FINDINGS	108
Overview	108
Participants	109
Results	112
Theme Development	113
Research Question 1	116
Research Question 2	125
Summary	129
CHAPTER FIVE: CONCLUSIONS	132

Overview	132
Summary of Findings.....	132
Discussion	134
Implications.....	136
Delimitations and Limitations.....	138
Recommendations for Future Research	139
Summary	141
REFERENCES	143
APPENDICES	164
APPENDIX A: Open-ended Questions for Individual Interviews	164
APPENDIX B: Research Permission Letter to Church	166
APPENDIX C: Informed Consent Form	168
Consent	168
APPENDIX D: Participant Information Sheet	175
APPENDIX E: Initial Demographic Survey Questionnaire	177
APPENDIX G: Spiritual Experience Index Revised (SEI-R)	181

List of Tables and Figures

Table 1.1.....	p 20
Table 1.2.....	p 24
Table 2.....	p 110
Table 3.....	p 115
Figure 1.....	p 102
Figure 2.....	p. 117

List of Abbreviations

1. Diagnostic and Statistical Manual of Mental Disorders	DSM-5
2. The United States	US
3. National Institute of Mental Health	NIMH
4. Social Anxiety Disorder	SAD
5. Generalized Anxiety Disorder	GAD
6. Study Group	SG
7. Depression Anxiety Stress Scale	DASS-21
8. Spiritual Experience Index-Revised	SEI-R
9. Patient Health Questionnaire Anxiety and Depression Scale	PHQ-ADS
10. Mindfulness-Based Stress Reduction	MB
11. Latino Day Laborers'	LDLs
12. Religion/Religious	REL
13. African Methodist Episcopal Zion	AMEZ

CHAPTER ONE: INTRODUCTION

Overview

The title of this dissertation is "The Influence of Prayer on Anxiety in Black Males: A Hermeneutic Phenomenological Study."

One can only imagine what occurs at the juncture of mental health and knowledge as a member of the Black community. At the same time, the experience of being Black in the United States varies. Shared cultural aspects play a role in defining mental health and encouraging well-being, resilience, and healing. Characteristics of this shared cultural experience, such as family ties, beliefs, spiritual or melodious expression, and reliance on community and religious networks, are improving and can serve as significant sources of depth and assistance.

Nevertheless, being subjected to discrimination, inequity, and racism can have a significant impact on a person's mental health. Being treated or perceived as "beneath" others due to the color of one's skin can be traumatic and distressing. According to the Office of Minority Health of the Department of Health and Human Services, Black adults in the US are more likely than caucasian adults to report lasting symptoms of emotional distress, such as feelings of exhaustion and sadness (NAMI, 2022). Black adults living below the poverty line are more than twice as likely as those with greater financial security to report serious psychological distress.

In the past few years, terrible things have happened, like the George Floyd death video that went viral and caused anxiety. The U.S. Census Bureau told Fox News that the number of Black Americans with anxiety and depression symptoms went up from 36% to 41% (Hayes, 2020). Since the Coronavirus pandemic began, the number of people with depression and anxiety has increased by more than three times. According to data from the Centers for Disease Control (CDC), this is especially true for black Americans. It's clear that a lot of black

Americans have anxiety. Still, black men's cultural experiences have less of an effect on their health and ability to deal with anxiety-related trauma than their female counterparts. Black men seem to have a natural ability to deal with, function through, and move past anxiety and its symptoms. This study wanted to find out more about how black males reduce their anxiety symptoms and whether it was possible that prayer could help black males feel less anxious.

Since the beginning of time, man has dealt with anxiety. Biblical history accounts mention Adam and Eve as the first who would experience anxiety. In the Bible, specifically in the book of Genesis chapter 3, Adam was faced with anxiety as he and Eve realized their nakedness once they sinned (The King James Bible, 1769/2017, Genesis 3:8-10; Quinones-Camacho & Davis, 2018). Anxiety and guilt followed their awakening considering their transgression, prompting anxiety over what was ahead (The King James Bible, 1769/2017, Genesis 3:6-7). In this case, an awakening happens when sin or nakedness, which was before invisible or unnoticeable, becomes evident or noticeable. What the Bible previously referred to as fear is today known as anxiety. Fear is not the antecedent to anxiety but is a form of anxiety as we know it in the field of psychological science. Unfortunately, we have only one word for anxiety in the English language. Hart (1999) goes on to suggest this often restricts our understanding of the many facets of anxiety.

The Bible offers guidance on how to understand prayer as a form of anxiety relief. The Bible indicates that in times of need, one should approach the throne of grace with confidence to obtain mercy and grace (The King James Bible, 1769/2017, Hebrews 4:16). Before Adam and Eve sinned, it was obvious that prayer was not required for surviving in the garden. After this couple was expelled from the garden, prayer first began when Abraham pleaded with God not to murder the people of Sodom, where his nephew Lot lived (The King James Bible,

1769/2017, Genesis 18: 20-33). The reader may see that the connection between fear (anxiety) and the transformation of certain people's lives is significant. For example, Moses was exhausted and worn out from carrying a great deal of responsibility, which can create anxiety. Moses was instructed by God, who had shown to him in a bush that was on fire but not consumed, to retrieve the Israelites and lead them out of Egypt. Moses' entire mission would not have been possible without calling out to God in his earlier anxiety (The King James Bible, 1769/2017, Exodus 4: 1-17). Hart (1999) quotes a familiar passage of scripture that explains to the reader even though one has difficulties, one should not be upset even when confused, and one should not feel hopeless (The King James Bible, 1769-2017, II Corinthians 4:8). In other words, anxiety is a possibility, but recovery is possible. In the modern world, people confess their faults and pray for one another's healing, but only the prayers of the righteous reach God's ears (James 5:16, King James Bible, 1769/2017). Therefore, it should be recognized that a person who has a relationship with God can conquer anxiety through prayer.

The Biblical Perspective on Anxiety

Women's anxiety levels are relevant to the discussion of men's anxiety, so there is something to consider. The Bible suggests that women are the "weaker vessel," indicating that they are created differently than men. The Bible indicates that Peter says to husbands, As you live with your wives, keep in mind two essential truths; in other words, live in accordance with knowledge. What you should know is as follows: You, the husband, are the stronger vessel while she is the weaker one, and she lacks your superior masculine strength (The King James Bible, 1769/2017, I Peter 3:7). Note that superior is not ordinary but suggests a significant distinction. Although husbands and wives are mentioned in this passage of scripture, the focus is on the characteristics of men and women. Therefore, we can conclude that men's strength

differs from that of women, which may explain why men respond to or experience anxiety differently than women. Other accounts from the Bible provide a small image of what this strength looks like.

A biblical account of anxiety occurred when Abraham and Sarah traveled to King Abimelech's land. Out of anxiety, Abraham instructed Sarah to claim she was his sister. God appeared to Abimelech in a dream and warned him that he would perish if he did not return Sarah to Abraham. Although Abimelech had not touched Sarah, he was afraid of what might happen if he disobeyed God's commands. Abimelech interrogated Abraham about his business dealings and later restored his wife Sarah to him, as well as sheep, oxen, and silver. This account demonstrates how anxiety can manifest as a sense of punishment for wrongdoing (The King James Bible, 1769/2017, Genesis 20:2-14). Anxiety is fear, as the Bible demonstrates.

From a biblical perspective, fear is a lower level of anxiety that drives people into anxious feelings. Recent studies and from a hermeneutical approach indicate the state of anxiety involves fear (Ellison et al., 2014). Fear is defined as "an unpleasant, often strong emotion caused by anticipation or awareness of danger (Merriam-Webster, n. d.). One author suggests fear coupled with stress is what is believed to produce anxiety (Hart, 1999). For this study, anxiety is what is known to be a fear in secular circles. On the other hand, anxiety is defined as a negative emotional state associated with a perceived or ambiguous threat. It is a defensive reaction characterized by a sense of apprehension, uncertainty, tension, uneasiness, or worries caused by anticipating a potential threat or negative outcome (Ennaceur, 2014). Whether it is called fear in the Bible is not essential; it is understood to be anxiety that causes great distress in some individuals.

The Bible indicates Adam was fearful because he knew he had disobeyed God's commandment (producing anxiety) and perhaps imagined there would be a consequence for his actions. For example, the fear of being punished, destroyed, or losing their place in the world because they disobeyed God. These things suggest that anxiety results in an imagined belief that punishment is inevitable or, at the very least, possible when one disobeys God or engages in some wrong actions.

Examining healing from a biblical perspective teaches something about how human anxiety is generated. Healing has a pattern that is evident in literature, scripture, the church, and the lives of others. The pattern begins by distorting what is good and turning it into something evil. Thus, the garden experience is recreated and or relived. God endowed humans with volition, agency, and selfhood. It enables one to fall in love, set goals, form meaningful relationships, and engage in creative activity in work and play. However, humans, like Adam and Eve, are prone to exaggerate liberties without regard for the consequences of their actions (McMinn, 2011).

Unbridled independence results in wounding, brokenness, and pain. Throughout the Old Testament, a nation that rejects God experiences suffering and loss. Thus, the person is left with anxiety. Men, on the other hand, appear to be more reticent to express their anxieties than women. This raises the question of how to assist males in coping with their anxiety, which is frequently concealed but must be addressed.

Egotropic versus Sociotropic Anxiety

Research further indicates that while trait anxiety/neuroticism is included in this study, the emphasis is on explanations for egotropic versus sociotropic anxiety, which are more temporal emotional reactions than trait anxiety. Egotropic anxiety is concerned with risks and threats specific to the individual's personal situation, such as becoming a victim of crime, illness,

or unemployment. In contrast, sociotropic anxiety is concerned with risks and threats specific to society, such as environmental degradation, pandemics, and economic crises (Wangnerud et al., 2019). As a result, while males and females experience ecotropic and sociotropic anxiety differently, women's experiences are amplified or suppressed, depending on their degree of conformity to "typical" feminine or masculine phenotypes. The literature on male anxiety and masculine phenotypes is lacking.

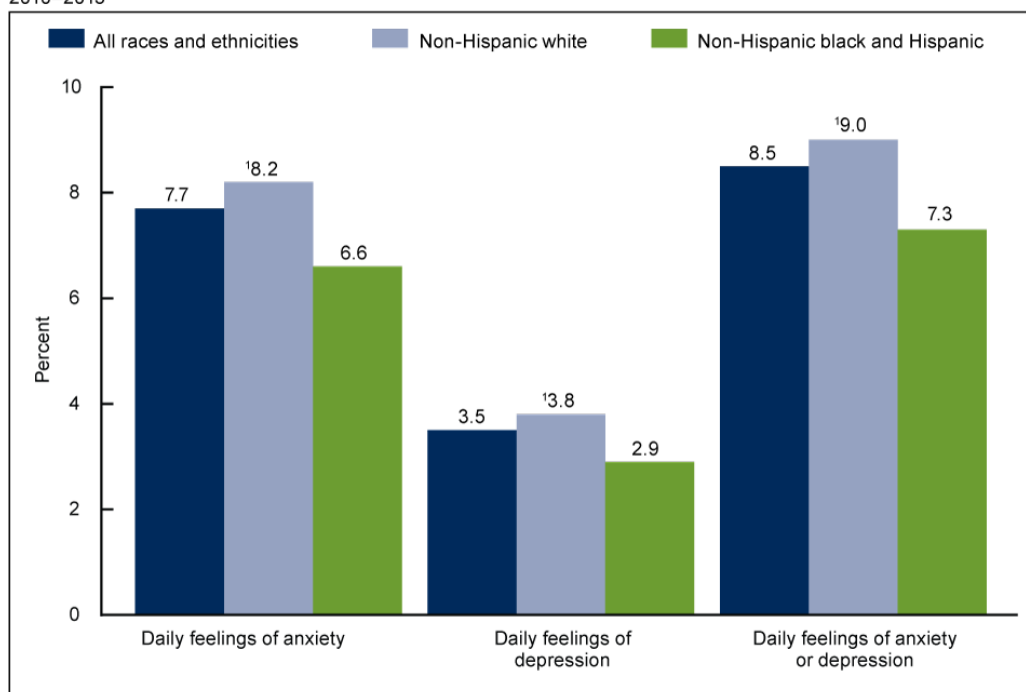
Gaps in the literature indicate a compelling distinction between males' and females' vulnerability, anxiety/neuroticism, and risk aversion (Wangnerud et al., 2019; Esarey & Chirillo, 2013). According to research, gender differences in risk aversion are related to social norms and are the result of social learning rather than inherent gender characteristics (Wangnerud et al., 2019). A variety of non-identifiable cues can trigger anxiety. One cue is based on the female versus male body, which is argued and can be captured by a categorical sex/gender measure. However, another cue is based on social standards of femininity versus masculinity and how individuals relate to these standards. Therefore, it is likely anxiety would have a different effect on men, as research indicates that men have lower levels. The purpose of this study was to determine what mechanisms (factors) contributed to men's lower levels of anxiety and how they coped with stressful situations.

Women and men may attribute different meanings to what appear to be the "same" risks based on gendered practices and ideologies about social roles. This blurred line between quantifiable risk and the perception of risk (an emotional component) has prompted scholars to investigate the role of social norms when it pertains to anxiety and gender differences (Wangnerud et al., 2019). Furthermore, it has been discovered that gender is a significant predictor of an individual's sociotropic anxiety. When it comes to coping with anxieties,

vulnerability, personality characteristics, ideology and values, and awareness all act as moderators of the gender effect. The Bible indicates that burdens and concerns can be brought to God, who is willing to assist those who seek him in times of need (The King James Bible, 1769/2017, Psalms 55:22). Black males have difficulty expressing anxiety and thus require assistance in developing a functioning coping mechanism to avoid needless suffering. Unfortunately, Black males have higher levels of anxiety than other men of color, as demonstrated in the table below, indicating the critical need for research on this phenomenon. (Table 1.1).

Table 1.1: Feelings of Anxiety by Race in the US. This chart shows men of color experience higher levels of anxiety than non-Hispanic black, Hispanic, and non-Hispanic white men (Blumberg et al., 2015).

Figure 1. Men aged 18 and over with daily feelings of anxiety or depression, by race and ethnicity: United States, 2010–2013



*Significantly different from non-Hispanic black and Hispanic men.
SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2013.

Anxiety can be triggered by a variety of signals that a person is not always aware of. These emotions can originate from an array of sources, such as fear, strong worry, or anything else that interferes with the quality of life for the individual, including socially constructed gender and physical attribute images (Wangnerud et al., 2019, p.832).

Anxiety and Media Coverage

Different indicators arise from personal encounters with negative events, from the media, or from social interaction with others. Researchers believe media and culture, including advertisements, newspapers, magazines, and films, create images that portray women as helpless and men as strong and capable of handling events that produce anxiety (Wangnerud et al., 2019; Djerf-Pierre & Wangnerud, 2016). Additionally, they conclude that because of these stereotypes, men are less likely to exhibit anxiety symptoms and thus experience lower levels of anxiety (Wangnerud et al., 2019). The gaps in the literature concerning men's anxiety effects are modest and should be investigated to develop approaches that aid in understanding the gender effect. Further researchers suggest a fuzzy-logic approach is an efficient method for capturing gender social constructions and their effect on individual anxiety levels. It defined gender ambiguity as an attempt to "fill in the gaps" between "naive essentialism and hyper-constructivist philosophy." It rejects, without resorting to radicalism, simplistic interpretations of gender deconstructionism, which foregoes all attempts at categorizing male and female anatomy (Wangnerud et al., 2019, p.832). Distinguishing males' and females' perceptions is critical because it provides insight into how each gender manages anxiety based on what they see and learn from the media.

The Past and Anxiety

Throughout history, people have managed and overcome their anxiety in life through the practice of prayer. While the symptoms of anxiety have remained consistent over time, the

presentation of these symptoms has evolved due to differing causations (Craske & Stein, 2017). Following that, as Western culture sought to comprehend, define, and categorize the symptoms of anxiety, the Diagnostic and Statistical Manual of Mental Disorders (DSM: 1-V) was developed. Although this level of empirical research has enabled clinical professionals to develop treatments, there are research approaches that suggest prayer is beneficial for people with anxiety. Researchers are integrating theology, spirituality, and psychology to conduct research on prayer and its effect on anxiety. Thus, this study proposed a hypothesis promoting prayer as a moderating factor that can help individuals with anxiety through a relationship with God and this practice. I further theorized that gender was also a moderating factor, as evidenced by the lower reported levels of anxiety in men, specifically Black males.

According to previous research, meditative practices (such as those found in religious sects) appear to reduce the risk of anxiety-related symptoms because they are considered complementary to one another (Bartkowski et al., 2017). Due to the scarcity of previous research on prayer's direct effect on anxiety, combined with current changes in the Christian church and world (the Covid-19 pandemic), this study might serve as a springboard for future research on the effects of anxiety in the church or multiple religious societies. Additionally, as church members gather each week to worship and praise God, these individuals face significant anxiety because of their personal struggles. Now that the church is dealing with a pandemic (Covid-19), one may wonder how Covid-19 affects anxiety in the Christian church and, for the purpose of this dissertation, men specifically, and what effect, if any, does prayer have on assisting men in managing it? There is also the question of whether the ongoing challenges of the pandemic itself increased male anxiety levels. This research aimed to demonstrate the importance of utilizing prayer disciplines in conjunction with a Christian worldview to alleviate anxiety in the church in

men who rely on the transformative power of God to change their situations. Another factor lurking in the shadows of this research was black males' hidden innate ability to respond differently to anxiety than their black female counterparts. Because anxiety has existed since the beginning of time, it is critical to understand its complexity by looking at the origins of anxiety and how prayer affects it.

Background

Faith and prayer are frequently used in Christian churches and other organizations where individuals participate. There is a dearth of research on how prayer can help people cope with anxiety (Belding et al., 2009). However, the study sheds some light on how prayer promotes positive mental health outcomes (Ellison et al., 2014). On the other hand, acknowledging certain religions and prayers precludes some people from experiencing anxiety (Bartkowski et al., 2017). This is because it is difficult to define or limit prayer's psychological and physiological aspects and identify commonly used practices and techniques (Krause & Hayward, 2012). Various practices and principles may dictate how and why someone may use prayer to promote healing from any ailment, including anxiety.

Historical

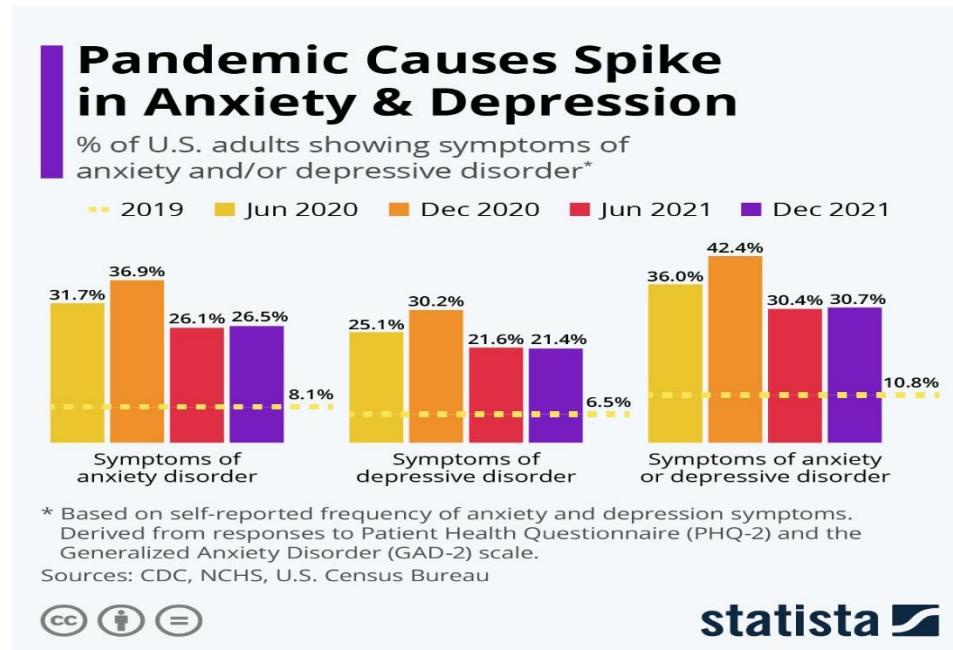
Anxiety was historically referred to as fear. Fear is a pervasive and historical emotion that dates back to humanity's inception. Now, fear is understood to be anxiety. Adam and Eve were the first to develop an understanding of this emotion because of their vulnerability and sin (The King James Bible, 1769/2017, Genesis 3:10). When they disobeyed God, their sound minds became distorted in ways that forced them to conceal themselves revealing the knowledge of their nakedness. Due to Adam and Eve's sinful behavior, evil was associated with good. They previously knew what was good in the Garden of Eden; however, their eyes were opened to raw

emotion—anxiety—after encountering evil (The King James Bible, 1769/2017, Genesis 3:6).

This type of anxiety would begin to change the world as they knew it and would someday become a household term.

Eventually, the newly coined term "anxiety symptoms" spread to succeeding generations. Individuals from various cultures have defined anxiety in unique ways throughout history; no single cultural standard can ever be used to define anxiety (Horwitz, 2013). In the United States, anxiety can manifest itself in a range of ways, from generalized symptoms to anticipation and fear. (National Institute of Mental Health, 2021). This evidence demonstrates that anxiety is a significant problem that causes emotional distress and dysfunction in those who suffer from it. The Bible suggests peace will calm the weary soul and troubled heart (The King James Bible, 1769/2017, John 14:27). Thus, real peace comes when we learn to weigh our anxieties compared to God's Word. There, one discovers that we are incapable of self-repair or self-protection. Instead, the Bible tells us that we can rest in the knowledge that Jesus appears in the shattered, heartbreaking, and terrifying places to free and love us. Not only is the anxiety a household term, but it has gained momentum in the aftermath of the coronavirus pandemic.

By examining Table 1.2, it is clear how the world perceives or even acknowledges the presence of anxiety. (Table 1.2).

Table 1.2: Spikes in anxiety since the Coronavirus pandemic

*There is an increase in the number of individuals who are experiencing anxiety and depressive symptoms in the US, which also supports the evidence of anxiety's existence and prevalence in adults (Richter, 2022).

Social

There are Western cultures that are learning more about how to define anxiety using several categories of distinction according to the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013). Prior to the development of any manual for diagnosing anxiety, the only guide was provided by the Institutions for the Insane, created in the early 1940s and was used until the current manual was published (Goncalves et al., 2018). There are benefits of having an updated guide to diagnosing mental health disorders as times and culture change in the world we live in.

Theoretical

In 2013, the DSM-V surpassed all other current and relevant diagnostic trends in psychology. The DSM-V grew out of prior field research, conferences, and task force meetings (Singh, 2012). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), is the current gold standard for classifying and diagnosing specific mental illnesses (APA, 2013). It is an invaluable resource for clinicians and researchers who recognize anxiety as a diagnostically distinct disorder. According to anxiety research, stress, worry, and the relationships between mental, physical, and spiritual health are all associated with lower levels of physical, functional, emotional, and affective well-being (Khamnaty & Parikh, 2017). All of which can contribute to anxiety in people who perform poorly in these areas.

Hart (1999) defines another type of anxiety as "endogenous" or occurring "from within" the brain. He goes on to explain that while this type of anxiety is biological, worry anxiety is purely psychological; the two frequently coexist. While the DSM-5 focuses on the psychological characteristics of anxiety and the impact of brain and chemical imbalances on anxiety, it is critical to remember that anxiety has multiple classifications and can be influenced by a variety of factors (Hart, 1999; APA, 2013). Nonetheless, this study focused on the effects prayer has on biological and psychological anxiety.

Situation to Self

This qualitative research focused on the study's ontological philosophical assumption. The study's ontology was to understand better the relationship between psychology and religion and the ritualistic practice (of prayer) of individuals who regularly use this practice when managing anxiety (VanderWeele, 2017). Spirituality is centered on transcendence, which is treated dynamically and relationally (Charzynska, 2015). This would enable the researcher to understand the various facets of a person's life on four distinct levels: social, environmental,

personal, and religious. Additionally, the study would demonstrate the relationship between prayer and anxiety by using Black male Christians as subjects. As a result of this approach, the Methodist faith's doctrinal beliefs would be revealed through the practical application of prayer.

This research was personal in that it established a sound empirical foundation for individuals to use prayer to alleviate and eliminate anxiety. I have seen the effects of anxiety on several people I encountered in my work as a counselor and ordained pastor over the last year. Christians and Black males struggle with anxiety because of previous relationship breakdowns. These men are so broken that breaking down the walls of hurt would take time. Men, in general, are wounded and broken because of their ability to conceal their true emotions. Unfortunately, Black men have erected barriers to their ability to express emotions, which stands to reason (Djerf-Pierre & Wangnerud, 2016). As a result of their wounding, men have developed an astonishing numbness to their emotions. These men frequently identify as religious but struggle with anxiety.

At times, counseling (both pastoral and professional) alone is insufficient to resolve anxiety-related situations and issues. However, when life's pressures become too great, they can impair daily functioning and relationships to the point where people require a means of coping (Charzynska, 2015). Furthermore, religious individuals thrive on attachments, and because the attachment to God is a secure one, it can be lost in the event of a negative life situation, resulting in the development of anxiety (Ellison et al., 2009). When a person is unable to function at their full potential, the situation can quickly deteriorate, increasing the likelihood of developing anxiety. When anxiety becomes chronic and has a detrimental effect on a person's education, career, or relationships, it progresses to pathology (Bradley, 2016). When Christians' anxiety persists or continues to impair their ability to perform or operate at their best, it develops into a

genuine problem. The authenticity of an individual's anxiety is determined by the circumstances surrounding their problems. It is critical to understand the authenticity of anxiety to develop self-awareness. Living in the moment alleviates the stress associated with future concerns, as anxieties are common during life stages or what is referred to as transitional periods (Seligman & Reichenberg, 2014). Therefore, developing resilience when confronted with anxiety is critical for recovery and maintaining a productive life.

Resilience is not always the panacea or solution to the gridlock caused by anxiety about future events. Rather, it acts as a link between negative and positive emotions. Adverse emotions are not always associated with anxiety; in fact, they may accompany negative reactions to people, places, or situations (Seligman & Reichenberg, 2014). While responses to people, places, and situations are normal, one may wish to alleviate anxiety before adopting a pessimistic outlook on it. Daily prayer enables one to overcome the cynicism engendered by anxiety-inducing factors in one's environment. Prayer enables one to connect with God through meditation, mindfulness, and communion. Thus, with these routine actions, one frequently develops a sense of fortitude, allowing one to overcome operational constraints, social and occupational anxieties, and relationship concerns. Personally, daily prayer enables me to combat issues that arise because of anxiety-inducing factors. Prayer allows me to connect with God, giving me solace and strength to overcome life's numbing, paralyzing, and horrifying moments. Nevertheless, I can trust that when I am anxious, God will remove it and turn those moments of trials into triumph.

As a Disciple of Christ, prayer enables one to live by Jesus' commands (The King James Version, 1796/2017, Matthew 28:16-20). As a result, educating others about him and the transformative power of prayer for changing the circumstances that consume individuals helps

with anxiety. Through prayer, one can gain a new perspective on life situations (biblically) regarding how God works things out for our good (The King James Version, 1796/2017, Romans 8:28). Prayer is methodological in nature, as it entails the use of biblical practices such as dialogue, liturgical practices, and reflection. Additionally, delighting in the Lord involves day and night meditation on His Word (The King James Version, 1796/2017, Psalms 1:2). When I am anxious, I will remember to trust God, which is an inward act of faith (The King James Version, 1796/2017, Psalms 56:3). Wherever an inward development of faith occurs, an outward manifestation of gratitude through prayer accompanies it to overcome obstacles and defeat.

Adoration through Prayer

Christians can accomplish the task of adoration through prayer in various ways. One way is through corporate worship. Corporate worship is a type of public prayer that connects Christians. When prayers are combined with those of others, they become an offering of fragrant incense to God, brimming with the potential to bring about a miraculous change in the heavens and on the earth (The King James Version, 1796/2017, Revelation 8:3 and 8:5). Thus, God is mighty in the universe by virtue of his presence and power. He can also use prayer to calm his believer's anxiety because he can effect change in those who trust and have faith in him to keep his promises. Thus, his followers learn to express their adoration for his presence in their situations.

Problem Statement

Recent years have seen an increase in research on how modern-day anxiety affects the body, mind, and soul. One issue with anxiety and mental health treatments is that in Christianity, prayer is typically not associated with treatment. According to research, approximately 78.8% of the US population has prayed for their healing, and about 87.4% have prayed for the healing of

others (Levin, 2016). Prayer is a common human activity, with research indicating that 90% of Americans pray (McMinn, 2011). However, research has not established the effect of those prayers on healing. According to additional studies, two-thirds of the world's population is Christian, and reports of healing prayers are increasing (Brown, 2012). While Christianity and healing prayers are gaining popularity in modern times, the issue is clinical efficacy and its implications for the healing process.

Moreover, the efficacy of healing prayers does not always correlate with the type of healing, recovery, or therapy. Although anxiety prevalence increased between 1952 and 2013 (American Psychiatric Association, 1952; American Psychiatric Association, 2013), there is no evidence that prayer reduces anxiety alone. Despite widespread belief in its benefits, prayer lacks credibility in psychological research but suggests positive relationships using a coping model of assistance (Gubi, 2008; You & Yoo, 2016).

Given the growing interest in counseling, psychology, and religion around anxiety, research on prayer is scarce. Moreover, the effect of prayer on anxiety is not well documented in the relevant literature (Horowitz, 2013). Additionally, research has uncovered potential problems associated with the use of prayer in counseling and psychiatric therapy treatments: a) Professionals in mental health may lack training in prayer, spirituality, and religion. b) Mental health professionals who practice outside their expertise must be competent. c.) There are no personal or professional boundaries between mental health professionals and the religious convictions of their clients. d) Due to their independence and self-reliance, mental health professionals and patients may lack godly humility. e). Not included in mental health moral principles are requirements for practicing and maintaining prayer. f) The correct forms, techniques, reflections, and vocalizations of prayer may not be indicated by evidence-based

approaches (Gubi, 2008). These concerns appear to be justifications for not incorporating prayer into counseling or psychotherapy strategies for recovery, even though 99.33% of those who pray believe it is necessary for recovery (Nimbalkar et al., 2019). Before modern psychological research, prayer was identified as assisting patients in healing in seventeenth-century literature, even though anxiety was not considered a mental disorder at the time (Horowitz, 2013). As life creates stressors that cause anxiety, individuals should understand how, when living in an energy-dense environment, human beings can crash and burn because of anxiety effects.

Hart (1999) asserts that the dramatic increase in anxiety is a result of humans being designed for camel travel but living at supersonic speed. Due to the constant flow of high-octane, supercharged energy produced by adrenaline, people typically burn out quickly as life pushes them beyond their natural limits. With life posing difficulties for individuals who are constantly on the move, anxiety levels may potentially arise. Therefore, the Bible states, "Take therefore no thought for the morrow: for the morrow shall take thought for the things of itself. Sufficient unto the day is the evil thereof" (The King James Bible, 1769/2017, Matthew 6:34). This passage of scripture warns the reader against worrying, which is something that no Christian believer should do yet is all too common.

Approaching one's religion for guidance on how to deal with anxiety is critical for survival during times of difficulty. Persons can benefit from prayer as inspirational behavior. Prayer is one spiritual practice that is symbolic of assisting in the recovery process associated with health problems (Hvidt et al., 2017). Faith-inspired behaviors have the potential to accelerate and improve one's health and well-being, including effecting positive social change (Summerskill & Horton, 2015). According to research, religion and health issues have exploded in popularity over the last two decades. When people face a crisis or disease, they frequently

rediscover their faith in God, and prayer is critical for overcoming life-altering dilemmas and health outcomes. In comparison, anxiety is the most common mental health problem. While effective treatments are available, research is underway to develop more effective, evidence-based treatments for a larger population than those currently available to people suffering from anxiety.

Existing research on the efficacy of prayer on anxiety is constrained by significant methodological limitations (Craske & Stein, 2016). In some cases, the patient only exhibits psychomotor symptoms of anxiety, while in others, the patient exhibits a primary manifestation of anxiety in the form of avoidance behavior (Glas, 2007; Charzynska, 2015). Religiously based anxiety treatments are, at best, sporadic (Hvidt et al., 2017). This research included true good health outcomes-based experiments on religious practice and methodological significance.

This study addressed gaps in the literature by combining religious behavior practices that promoted overall health and well-being. Moreover, this study discussed the benefits of religious organizations developing protocols for their members' physical, spiritual, and mental health (Glas, 2007; Woodard et al., 2011). Male members of the Christian church were to be the subjects of this study.

Purpose Statement

The purpose of this hermeneutic phenomenological study was to determine the effect of prayer on anxiety in male members of the Methodist church and to deduce the rationale for an inherent component of anxiety reduction in men. As participants' anxiety changed, developed, and evolved throughout the study, it focused on prayer as the central phenomenon. While social research sought to explain and generalize claims that go beyond the idiographic accounts of individuals, it was not always possible to establish universal social laws that apply, in this case,

"to every religious person" (Hood, 2016). Prayer would be discussed as God's presence being addressed through a person's expressed desires and expectations of a response (Immink, 2016). Furthermore, the literature indicated that people view God as an attachment figure and, thus, a safe haven because he provides comfort and protection during times of threat (Ellison et al., 2012). Faith has been discussed as a multifaceted, intricate phenomenon centered on one's beliefs (Ellison et al., 2009). This examination of belief aided in determining how participants view their faith and how that view affects their ability to handle anxiety. Finally, we discussed anxiety as a psychological or physiological state that manifests itself through behavioral, cognitive, emotional, and somatic symptoms, thus aiding in the further understanding of anxiety and its effects (Shah & Han, 2015).

Another purpose of this study was to define anxiety and to discuss the component of prayer that acts as a moderating factor in church-based anxiety. Additionally, the objective of this hermeneutic phenomenological study was to gain a better understanding of the anxiety experienced by Black males. The study was guided by the hypothesis that prayer aids in managing anxiety. The researcher interviewed participants in a study group setting and elicited information about how they deal with anxiety through prayer. Afterwards, the researcher collected and analyzed data via observations and verbal communication, which was later revised for accuracy. After validating the data, it was coded and organized to aid the researcher in identifying themes, patterns, and behaviors associated with anxiety, identifying innate traits, and developing interventions for pastoral counselors to use in a church setting.

Research Theories

Carl Jung's psychoanalytic theory served as a guide for the study, which defined anxiety as a nervous or mental disorder (Jung, 1915; Digitized in 2007). Jung, who believed God was

present regardless of summons, acknowledges God's active involvement in the lives of those who believe in his existence (Clark, 2021). Furthermore, research demonstrates that Jung, who left the church his father pastored, was exceptionally astute in identifying the Christian church's symbolism and meaning to its adherents. Although Jung had divergent views on the church, his concepts of (self-realization and coming-to-self) are critical components of a religious (experience) journey. Moreover, with the establishment of the concept of self-realization, faith, and prayer have been associated with a subjective sense of well-being. In comparison to those who do not have faith and pray or pray infrequently, those who pray frequently report a stronger sense of life purpose, religious fulfillment, and overall well-being (McMinn, 2011). Additionally, religious life follows a comparable pattern. To approach God, to grasp his grace and love, one must first grasp their desperate need for God. Prayer is a consistent method of approaching God and surrendering control of one's life to Him.

According to Jung, "Jesus' self-sacrifice in his death is eternally present in this timeless dimension of one's life and is thus always powerfully available as a symbol of immediate and contemporary relevance to human needs" (Clark, 2021). This implies that developing a relationship with God can benefit individuals. According to Jung, every aspect of Jesus' life, as well as each of the biblical parables, can be interpreted as symbols of an individual's psychic development; as a result, when a person identifies with the Christian story, certain aspects of Jesus' life and religious discipline (prayer), people develop a type of healthy religious foundation.

I have hypothesized that with prayer, anxiety will remain lowered in Black males, owing to a male's inherent propensity for managing situations. This is analogous to the testimonies found throughout the Bible. Understanding that "prayer" refers to Christian prayer as defined in

the Bible's Old and New Testaments is critical. Christian believers who prayed asserted in these testimonials defending the integrity of God's responses to specific prayers. For instance, John the author declares,

And this is the confidence that we have in him, that, if we ask anything according to his will, he heareth us: and if we know that he hear us, whatsoever we ask, we know that we have the petitions that we desired of him. If any man sees his brother sin a sin which is not unto death, he shall ask and give him life for them that sin not unto death. There is a sin unto death: I do not say he shall pray for it (The King James Version, 1796/2017, I John 5:14-16).

In his testimony, John emphasizes that prayers will be answered favorably for a Christian who does not engage in sinful behavior that contradicts God's Word. Another scripture reference states, "Therefore I say unto you, What things soever ye desire, when ye pray, believe that ye receive them, and ye shall have them" (The King James Version, 1796/2017, Mark 11:24). One could argue that part of God's response to prayer is to remind Christians that they must have faith in Him to receive what they request. A prayer is a form of communication between God and humanity in and of itself. Therefore, it necessitates that the Christian prays directly to God through faith. For instance, David, the author of the Psalms, wrote, "Hear me when I call, O God of my righteousness: thou hast enlarged me when I was in distress; have mercy upon me and hear my prayer" (King James Version, 1796/2017, Psalm 4:1). The writer expressed his joy at being relieved of his distress. In other words, the researcher asserted that God continues to answer Christians' prayers in the modern era, just as He has done with others throughout biblical history.

Reality suggests anxiety distorts one's experience of life, and biblical authors recognize that life is restored to Jesus' truth. Jesus declares,

I am the way, and the truth, and the life.... Without him, no "Way" would be revealed, no divine and saving truth, no immortal life. The passage further states, No man cometh unto the father but by me. No one can enter the father's house without him, and no man can come to the father on earth to enjoy his favor. (The King James Version, 1796/2017, John 14: 6).

This and other passages demonstrate that Jesus brings to the world favor, peace, salvation, and truth. These factors work against anxiety's apprehensive reactions, demonstrating that God's promise to intercede in a spirit of truth trumps any denial of Christ acting as an advocate for Christians when confronted with anxiety-producing factors (Barnes et al. 1996; Zarzycka & Krok, 2021). Thus, it was essential to establish the significance of this study to demonstrate that prayer was effective in coping with anxiety.

Significance of the Study

The significance of this study was to establish and support a correlation between prayer as a moderating factor in the Christian church's efforts to manage anxiety. Additionally, this study focused on prayer as a long-established biblical technique for improving mental health in the Christian church. Men's lives have been shattered to the point of psychological breakdown in the current climate of the Covid 19 pandemic because of unknown pressures associated with daily functioning. This was critical because novel interventions aimed at preventing the development of anxiety are required in the church setting. The early church (religious communities) lacked a viable response to adversity. Rather, they placed their complete trust in God to intervene during times of anxiety (Bussing et al., 2015). This demonstrates the vital

nature of the church implementing multilevel strategies to assist those who are afflicted by the demon of anxiety.

According to research, interventions supporting church-based health programs are frequently designed by researchers, address specific health concerns, and typically involve one or two levels of intervention strategies (Berkley-Patton et al., 2018). This study might serve as a springboard for the development of interventions and treatments aimed at managing anxiety and promoting church-based strategies to assist religious individuals in managing anxiety.

The researcher emphasized faith in this study because it enabled an individual to initiate prayer, thereby controlling anxiety. Religious struggles are associated with poorer health outcomes and psychological distress in people, according to the literature (Abu-Raiya et al. 2016). Developing a religious connection to God is necessary for some people to cope with life's most trying moments.

Research Question(s)

The researcher identified gaps in the existing literature regarding prayer's effectiveness on anxiety in Black males. Particularly in a religious setting, most notably the Methodist church. The following question is what this study sought to answer.

RQ1: What verbalizations best describe Black males' prayer-based strength? The researcher searched for a pattern of words that connoted strength, such as faith, resiliency, and fortitude, as well as any other idioms that could connect prayer's influence on anxiety.

RQ2: What prayer practices produce strength in black males? The researcher sought specific prayer practices that correlated with anxiety relief.

Definitions

Including a glossary of terms will aid the reader in comprehending the language and nature of this study. A few terms must be defined because they will be used throughout the research dissertation.

1. **Anxiety**--is a broad term that refers to a variety of conditions, including anxiety, panic, dread, fear, and worry (Bartkowski et al., 2017).
2. **Coping**—is a technique (for example, prayer) for relieving anxiety (Dilworth-Anderson et al., 2007; Franklin, 2016).
3. **Faith**—is concerned with an individual's reliance on or adherence to a set of religious beliefs or practices as a foundation for developing an understanding of the world in which they live (Davis et al., 2018).
4. **Fear**—a repulsive, frequently strong emotion triggered by the anticipation or awareness of danger (Merriam-Webster, n. d.).
5. **Prayer**—is the fundamental mode of communication that links an individual to the rest of the world; when an individual prays, a spiritual connection is formed that connects to personal struggles, community, worship, and God (Smith, 2018).
6. **Religion**—devotion to and worship of God or the supernatural, commitment or devotion to religious faith or observance, a personal collection or institutionalized system of religious attitudes, beliefs, and practices (Merriam-Webster, n. d.).
7. **Spirituality**—something that, according to ecclesiastical law, belongs to the church or a particular cleric, sensitivity or attachment to religious values, the quality or state of being spiritual, which is an individual practice centered on personal peace and purpose (Merriam-Webster, n. d.).

Summary

In summary, approaches to pre- and post-anxiety care exclude prayer-based treatments for anxiety sufferers. According to research, healthcare professionals should be better informed about faith drivers influencing patients' behaviors, attitudes, prejudices, desire for healthcare services, and response to illness to provide compassionate, empathetic, and professional care (Tomkins et al., 2015). The same is true for the church, where pastors and lay members should receive training on how to teach parishioners simple self-care strategies that aid in managing anxiety. Furthermore, the church can serve as a research facility for developing healthcare interventions and treatments for people who suffer from anxiety as the first line of defense against factors that contribute to the development of anxiety. Faith leaders, healthcare professionals, and policymakers should collaborate to improve health outcomes while acknowledging the importance of faith-based policies and practices in healthcare. This concept may also be applicable in the church, where health disparities (such as anxiety) afflict religious communities. While the task is to provide healing for those suffering from anxiety, the larger context is to educate individuals about the religious resources God provides to help them cope with life situations (Hart, 1999).

For Christians, healing equates to wholeness or completion, which can occur only when the body, mind, and soul work in concert to promote health and recovery. I would theorize that prayer both influence and regulate anxiety and that the Black male participants' experiences would validate this theory' indicating that prayer disciplines work and result in positive health outcomes for anxiety.

CHAPTER TWO: LITERATURE REVIEW

Overview

Regrettably, anxiety is pervasive in the human population. One in every four adults, according to research, will experience anxiety during their lifetime (Rector et al., 2008; APA, 2017). In 2019, one in every six adults aged 18 and over reported experiencing anxiety symptoms over two weeks. (Terlizzi & Villarroel, 2019). In women, anxiety is one of the most prevalent mental health problems in comparison to men (Rector et al., 2008; Craske & Stein, 2016). On the other hand, men, too, suffer from anxiety. For instance, older males were more likely to report witnessing traumatic events during war or combat and being involved in a serious accident (Vasilidis et al., 2020). While the reasons for men's reluctance to disclose anxiety are unknown, there is no doubt that they experience it. This study aims to determine the effect of prayer on Black males in alleviating anxiety. According to empirical research, nearly 9% of men suffer from anxiety daily (Blumberg et al., 2015). This reaffirms the importance of further investigation into this phenomenon.

The COVID-19 pandemic was an unforeseeable event that altered the course of human history by instilling anxiety in the populace. According to the literature, anxiety is a prevalent condition in later life. It is associated with a variety of negative mental and physical outcomes, including anxiety/depression, cognitive decline, decreased physical function, and even mortality (Stokes, 2017). Additionally, this researcher concluded that several factors, including employment, marital support, living situation, child count, and retirement, contribute to men's anxiety. Furthermore, research indicates that men and women may have distinct coping mechanisms for occupational and household changes, and an increased proclivity for developing

bad habits may indicate future anxiety problems (Bazarkulova & Compton, 2021). As a result, the pandemic's impact may influence a person's ability to cope with anxiety.

Religious Black people, according to research, have lower rates of anxiety and depression than non-religious Blacks because they historically believed religious faith and teachings were sources of strength. (Franklin, 2016). Furthermore, research indicates that prayer improves subjective well-being and that religion can act as a buffer against anxiety for individuals (You & Yoo, 2016). The second chapter of this dissertation examines the effect of prayer on anxiety as a theoretical framework. It is a widely held Christian belief that prayer influences anxiety (Dreyer, 2016). There is, however, a lack of empirical evidence to support the Christian belief that prayer is effective at reducing anxiety symptoms.

A Spiritual Antidote to Ailment

Sickness is defined as not only anguish (pathos) but also toil (ponos), that is, the struggle of the body to return to normal despite damage (Selye, 1994). This author defines a stressor as something that naturally produces an unpleasant psychological state. Hart (1999) helps one understand the spiritual or biblical antidote for anxiety. Reviewing the life of Jesus is a spiritual antidote for stress (what we often term anxiety). Jesus exemplified harmony and calmness in the way he responded to stress-producing events.

Regarding the account of Jesus on a boat with a storm brewing on the horizon, waves beating the boat, and the boat quickly filling with water. Jesus did not fear the storm because he had confidence. Secondly, Jesus lived an unhurried life, which caused him to slow down, rest, and restore himself in times of stress. In the time of the New Testament, when the Gospels were written, time passed more slowly than it does now. Slowing down was vital for achieving peace and tranquillity and shielding oneself from anxiety's ravages. Jesus was able to prioritize amid

the crowds that pulled on him for relief of their ailments and trials, as seen by his visit to the home of Mary and Martha (Luke 10:38–42, King James Version; 1796/2017). Martha was busy working and preparing to make Jesus feel comfortable, while Mary was attentive to Jesus only. Jesus's account demonstrates that he was unconcerned about rushing to Mary and Martha's home; his objective was to introduce himself to the sisters. What they were both doing was significant, but Mary's mission drew her into a personal relationship with the Savior. Jesus' sense of purposefulness and ability to balance priorities might teach us much about reducing anxiety in our hectic lives.

Religion as a Coping Mechanism

Religious coping is a broad term that refers to the process by which an individual utilizes their religious beliefs to comprehend and adapt to anxiety (Franklin, 2016). Intrinsic elements of religiosity include personal religious practices such as faith that are unaffected by external forces. In contrast, extrinsic elements include rituals such as prayer practices and non-personal assistance with spiritual matters. In chapter two of this dissertation, the researcher looked at anxiety and prayer separately to determine their distinct characteristics and effects on Black males. The purpose was to fill in gaps in the literature regarding why males experience anxiety at a lower rate than females, as well as to ascertain possible explanations for these lower "reported" anxiety rates observed when men practice the discipline of prayer.

Knowing how and what to pray for can be exhausting, even when it appears as if the entire world is resting on one's shoulders. The world is experiencing greater levels of anxiety than ever before because of the current state of the coronavirus pandemic. Individuals face insecurity and uncertainty as these perilous times exert an escalating amount of force, leaving people feeling helpless, hopeless, and fearful of what lies ahead. As it stands, health concerns,

relationships, employment, financial difficulties, and other factors weigh heavily on the minds of those who encountered this unforeseen reality that altered their lives forever. Unfortunately, individuals are exposed to anxiety daily, which contributes to anxious feelings (American Psychological Association, 2017). Exposure to anxiety is already a significant issue; the presence of the coronavirus only increases the likelihood of exposure. Therefore, religion is an important part of healing and managing anxiety.

A significant objective of psychological research is to evaluate techniques for reducing anxiety that contribute to the maintenance of anxiety in those who experience it. Throughout history, anxiety has been associated with existential and religious concerns. Epidemiological studies conducted on the general population established a link between religion and anxiety (Glas, 2007; Ellison et al., 2009). While research demonstrates that anyone can experience anxiety, it also indicates that religion may not act as a preventative measure against developing anxiety but rather as a coping mechanism that benefits those in distress or with poor health deficiencies (Glas, 2007; Rainville, 2018). Religious studies indicate that practicing certain disciplines and rituals, such as prayer, may enhance one's ability to cope with trauma and deepen one's religious experiences (Glas, 2007; Puchalska-Wasył & Zarzycka, 2020). With these skills and practices, one can begin to appreciate and comprehend the value and impact of religious experiences on overall health outcomes. By grasping this, one can examine anxiety from a biblical perspective, delving deeply into understanding how anxiety came to be.

The use of the term "anxiety" in the Bible implies that this type of anxiety is learned (Hart, 1999). The anxiety epidemic afflicting society is a result of daily stressors that individuals face. One might believe that learned anxiety is reversible and that it may contain an inherent factor that facilitates its management. The reason people struggle with anxiety is the stressors

associated with living a fast-paced life filled with supercharged, high-energy, adrenaline-pumping activities (Hart, 1999). Unfortunately, everyone walks perilously close to the edge of anxiety, unaware until it manifests. According to research, adrenaline is produced to heighten one's excitement during a crisis and can easily be misinterpreted as a safe space. It is critical to make a distinction to comprehend the balance between anxiety-inducing characteristics and relevant anxious emotions. Therefore, from a biblical perspective, the church should seek ways to assist its members in managing anxiety and become integral to assisting those in need.

The Churches' Reaction to Anxiety

The church has been actively and strategically involved in assisting the broader community in coping with public health issues related to the coronavirus pandemic and its aftermath and other personal or private issues that individuals have encountered. Anxiety is just one of the issues that have surfaced. Religion is critical to people's spiritual well-being and health (Glas, 2007; Bussing et al., 2015). During times of distress, believers seek comfort, peace, and healing in the church. The Bible states, "Is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: And the prayer of faith shall save the sick, and the Lord shall raise him; and if he has committed sins, they shall be forgiven him" (The King James Bible, 1769/2017, James 5:14-15). This passage of scripture implies that the church (the people of God) is entrusted with the responsibility of using prayer to achieve healing and forgiveness in the sick person. Accordingly, active faith and disciplined prayer life are essential to healing and recovery.

Prayer is a significant Christian principle that is symbolic of assisting in recovering from health-related issues such as anxiety (Hvidt et al., 2017). When confronted with anxiety, applying the biblical principle of prayer can aid in the reduction of anxiety in those who are

religiously connected to God (Ellison et al., 2017; Shaikh et al., 2015). One cannot pray without considering their faith as the guiding principle of their prayer life. Faith entails demonstrating a belief powerful enough to move mountains in the sense that religion is somehow associated with generating beneficial health outcomes (Hvidt et al., 2017; Cuneo, 2017). Prayer is a buffer, actively bringing one's faith (belief) to fruition (South & McDowell, 2018). Thus, faith and prayer demonstrate the importance of possessing the robust characteristics of Christian disciplines that motivate God to act in accordance with his authority as "Father" to produce the desired results encountered and requested by the believer. As a child looks to his father for assistance when life presents difficulties, the Christian believer looks to his heavenly father for assistance and relief.

According to research, anxiety is both an emotion and a condition caused by emotion. While anxiety-related emotions are frequently negative, they do not always remain constant (Young et al., 2019). Anxiety manifests itself in a variety of ways due to the way it immobilizes people through the fear of impending dangers and threats. Two positive emotions, love, and gratitude, can support a person in overcoming anxiety (Bakkes, 2017). Therefore, fear is straightforwardly obliterated by love. Gratitude alleviates Christians' resentment, allowing them to think and feel more rationally. These are important considerations for Christians who are emotionally invested in a God-centered belief system.

Christians frequently pray to involve God directly in this process. Anxiety is reportedly managed through four rituals: To begin, Christians express themselves to God through prayer. Second, corporate prayer is led by a group of Christian believers who share a common viewpoint on various issues. Thirdly, they eliminate petitionary prayer from their ritualistic practices as their relationship with God grows. Finally, when Christians engage in meditative practices such

as mindfulness, they can increase their self-awareness and make positive changes. When anxiety is understood, the individual can fight off its effects.

This study integrated the biblical principle of prayer as a moderating factor in influencing anxiety in the church, as well as laying the groundwork for future research that would aid in the treatment of anxiety on a larger scale. Moreover, this review examined the research on prayer in the church context. This section discussed prayer in general terms and its theoretical and historical contexts. The researcher then examined how prayer can be used in a religious context to lessen anxiety (Shiah et al., 2015). The themes of religion, prayer, and anxiety would be discussed and highlighted throughout the literature review. These themes have been interwoven to demonstrate a correlation between religious factors such as prayer and its ability to moderate anxiety in a church setting and a personal context and generate improvements in an individual's overall health when consistently practiced. To truly comprehend the dynamic of prayer, a theoretical framework should address both the principle and its application to influence anxiety management.

Theoretical Framework

Religion psychology is critical in research that examines the relationship between religious beliefs and other domains of functioning, such as emotions, cognitions, and behaviors related to anxiety management, physical and mental health, and coping with significant life events (Bussing et al., 2015). It forms the theoretical framework of this study. When stressors manifest despite symptoms, individuals occasionally find it beneficial to adapt and maintain their emotional, spiritual, and physical health by seeking additional external resources and seeking assistance from transcendent sources such as God. The seeker's ability to trust God to answer a problem (such as anxiety) is essential. While religion can be a source of anxiety, it also has the

potential to provide solutions to certain religious issues (Aba-Raiya et al., 2016). In other words, religion may offer a means of resolving issues inherent in one's spiritual and personal life.

An examination of prevalent mental health conditions reveals that anxiety, which causes distress and dysfunction in individuals, is growing (Craske & Stein, 2016). The Bible states, "Let not your heart be troubled: ye believe in God, also believe in me" (The King James Bible, 1769/2017, John 14:1). One should not be concerned or anxious about life's events but rather trust in God and his ability to alter one's circumstances. Furthermore, the Bible states, "Be careful (anxious) for nothing; but in everything by prayer and supplication with thanksgiving let your requests be made known unto God" (The King James Bible, 1769/2017, Philippians 4:6). These scriptures offer the reader an opportunity to connect with God and experience the impact of God's merciful healing power while eliminating anxieties, concerns, and worries. Along with a theoretical framework, the biblical account of Jesus speaking with his disciples following their failure to heal a man using prayer is vital for comprehending the value of engaging in biblical examples as demonstrated by Christ during his earthly ministry. A story in the scriptures about a man who came to Jesus to plea for mercy for his insane son demonstrates the effectiveness of prayer in healing when one simply believes (The King James Bible, 1769/2017, Matthew 17). Jesus' response to this issue was to simply "fast and pray" to observe a change in the body during times of difficulty, such as anxiety. The fact that this man's son suffered from what would have been classified as a mental illness in those days indicates that the moderating factor of prayer acts as a catalyst for resolving troubling health challenges.

While effective pharmacological and psychological treatments are available today, ongoing research efforts are focused on developing effective, evidence-based treatments for a larger population of people with anxiety (Craske & Stein, 2016). This study builds on prior

research on religion's psychology and its impact on overall health outcomes. People profess a belief in God and the curative power of prayer, saying, "O Lord my God, I cried unto thee, and thou hast me" (The King James Bible, 1769/2017, Psalm 30:2). There appears to be a biblical connection between calling on the Lord's name and requesting assistance when one needs healing, which draws God's attention and prompts him to intervene as the Chief (Great) Physician, as Luke describes him (The King James Bible, 1769/2017, Luke 5:12-15). How people view religion reveals a lot about how they view the benefits of practicing it in terms of improving their life experiences.

Since religion and spirituality have few distinctions, they are commonly conflated (Balboni et al., 2015). Religious individuals mention prayer as a coping mechanism, the researchers discovered. This evidence demonstrates that those who adhere to some form of religious faith believe it benefits them when confronted with a situation that is too great for them to handle alone. According to the Bible, "Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth (The King James Bible, 1769/2017, III John 1:2) is proof God desires wholeness in the lives of his people. As a result, those who believe in religion (God) may take his word as a literal promise to address the specifics of any potential health and well-being issues.

Again, while religion and spirituality are conflated, faith and hope are not. Though faith can refer to "belief or a belief system," hope connotes "expectation or desire" (Superdock et al., 2018). These themes are religious in nature because they connect an individual's thoughts or beliefs to a favorable outcome trajectory in a situation. When prayer is consistently incorporated into these themes, the likelihood of making health-related decisions that would not have been made otherwise improves. Religious adherents have used religion to overcome adversity and

make serious life choices that promote healthy living and other health-related outcomes. The Bible states, "Now faith is the substance of things hoped for; it is the evidence of things not seen" (The King James Bible, 1796/2017, Hebrews 11:1). Thus, faith is central to the tenets of a wide variety of religious traditions, not just Christianity. Buddhists, for example, believe that deep contemplation, energy, faith, virtue, vision, wisdom, and right actions all contribute to an individual's capacity to overcome life's sorrows, whereas non-believers typically reject such beliefs (Levin, 2009; Djurovic et al., 2017). Additionally, research indicates that previous studies on prayer and religion have produced favorable outcomes, depending on the health outcome examined (Levin, 2009; Puchalska-Wasyl & Zarzycka, 2020). As a result, those experiencing distress may turn to faith-based healing to ease their anxiety.

Prayer Camps and Anxiety, Healed by Religion

Faith healing is a widespread practice in some countries. A study conducted in Ghana on prayer camps sheds additional light on how religion, through worship services and Bible study, can be an effective tool for supporting certain mental health patients (Ofori-Atta et al., 2018). While prayer camps frequently have harsh conditions, research indicates they collaborate on religious and biomedical treatment of mentally ill individuals, some of whom have anxiety (Arias et al., 2016). The research's overarching theme was that health and religion have polarized epidemiological effects, implying that (1) religiosity is associated with poor health and crisis experiences, (2) prayer is beneficial, and (3) health measures are associated with a belief in God and finding comfort and strength through religion (Hvidt et al., 2017). Thus, religion has a significant impact on health outcomes, which benefits believers of all religious sects when confronted with a disturbing situation that induces any level of anxiety. Before

proceeding, it appears reasonable to discuss anxiety in relation to previous literature in the development of this study.

Related Literature

This section discussed related research on anxiety, as well as the religious implications of prayer as a moderating factor in influencing this strange yet pervasive phenomenon.

Defining Anxiety

Anxiety refers to both physiological and psychological responses to situations and conditions, such as agitation and restlessness (Knabb & Vasquez, 2018). It is not a pathological disorder until it significantly impairs an individual's school, work, and interpersonal activities on a chronic or frequent basis (Bradley, 2016). Anxiety is not uncommon to develop in the aftermath of a distressing or traumatic event, and its effects and symptoms may be immediate or persist over time (DiTomasso & Gosch, 2006). The duration of the symptoms can range from one day to one month (Briere & Scott, 2015). On the other hand, if left untreated, anxiety tends to be chronic (Craske & Stein, 2016). Chronic anxiety is the counterpart to acute anxiety. This indicates that the complexity of chronic anxiety may differ from the short duration of anxiety symptom relief to longer durations (Dow et al., 2019). These researchers discovered that cognitive awareness can significantly improve distress prediction.

Anxiety that begins in childhood can significantly impair an adult's ability to function. According to the Oxford Lexico dictionary, anxiety is "a state of nervousness, or unease, typically associated with an impending event or something whose outcome is uncertain." (Lexico, n. d.). This also explains how anxiety is defined as "a nervous disorder characterized by an excessive sense of unease and apprehension, accompanied by compulsive behaviors or panic attacks" (Lexico, n. d.). The term "anxiety" is synonymous with "stress," "distress,"

"nervousness," "uncertainty," and "apprehension" (Hart, 1999; Craske & Stein, 2016). The Bible states that "Heaviness in the heart of a man maketh it stoop" (The King James Bible, 1796/2017, Proverbs 12:25a). This passage of scripture implies God's original design for humanity did not include anxiety. Another version of the Bible describes this passage of scripture like this, "Anxiety in a person's heart weighs it down, But a good word makes it glad" (The New American Standard Bible, 1960/2020, Proverbs 12:25). As a result, it could be assumed that when anxiety is present, it should and can be avoided.

Anxious persons are extremely worried, nervous, and avoidant of perceived threats in their environments of unfamiliar or social situations or internally with typically bodily sensations associated with danger (Craske & Stein, 2016). These threats are commonly exaggerated compared to the danger they represent but are extremely real to the individual who encounters them. Anxiety is a mental state associated with any alleged future threats, but anxiety is also a physiological response to a perceived threat.

Although this research does not exclusively discuss anxiety in detail, it is critical to note that both internal and external stimuli contribute to the widespread, excessive, and extreme characteristics of anxiety or avoidance behaviors that impair people's ability to function. Additionally, it is important to emphasize how debilitating anxiety can become if a person is unaware of the level of distress they are experiencing. Social Anxiety Disorder (SAD), Generalized Anxiety Disorder (GAD), separation anxiety disorder, panic and panic attacks, agoraphobia, specific phobias, and selective mutism are all classified as anxiety disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). These classifications reflect the changing nature of culture and society (APA, 2013; Khambaty & Parikh, 2017). Furthermore,

these descriptive anxiety disorders illustrate the breadth of manifestations that would change as society and culture evolve, altering the context in which anxiety is understood.

Moreover, anxiety is a common emotional disorder in the modern era and the leading cause of mental illness in females in the United States (Hart, 1999; Farooq et al., 2019). According to research, women are twice as likely as men to experience anxiety and depressive symptoms. However, black males are more likely than non-Hispanic Whites and Asians to experience and or express anxiety (Terlizzi & Villarroel, 2020). Early detection and intervention can help diminish the growing burden of mental health disorders associated with physical conditions, some of which are chronic (Farooq et al., 2019). As literature has suggested, gender plays a role in the onset of anxiety.

The Influence of Gender on Anxiety

Both the public and scientists are captivated by gender, resulting in an ongoing debate about how nature and nurture influence female and male behavior. Yet, everyday experiences and observations suggest that gender remains a complex system of influences on individual decisions, social interaction, and societal institutions (Eagly, 2009; Eagly & Steffen, 1984; 2000). This researcher believed gender role beliefs are both descriptive and normative, indicating what men and women typically do and what they ought to do. The descriptive aspect of gender roles or stereotypes informs individuals about what is typical for their gender. Especially in ambiguous or confusing situations, people tend to exhibit sexist behaviors. The prescriptive aspect of gender roles informs individuals of what is respected for their gender in their cultural context. Further, gender role beliefs imply that women and men engage in distinct prosocial behaviors. The beliefs about men and women can be summed up in two aspects: communion, connection with others, and agency, or self-assertion. Women are perceived to be communal,

that is, sociable, selfless, empathetic, and emotionally expressive. Men are viewed as agentic, masterful, assertive, competitive, and dominant than women. This demonstrates that prior research on gender differences and how men and women handle situations is essential for this study to comprehend why or how men react to anxiety or what makes anxiety have less of an effect on them.

According to research, a person's anxiety is influenced by factors such as age, income, education, neuroticism, ideologies and values, and social background (Wangnerud et al., 2011). Moreover, gender differences in personality traits result from different social roles and socialization, with girls being taught to be nurturing and attentive to others' needs, while boys are socialized to be assertive and autonomous. Among personality traits, anxiety is strongly associated with being female (Djerf-Pierre & Wangnerud, 2016). The widespread cultural association between femaleness and anxiety may encourage women to express their concerns publicly, whereas these same socializing factors may suppress anxiety expression in males. Research further suggests women are more concerned about environmental risks and threats than men because they believe such risks directly threaten their health or their families. Although anxiety symptoms are a result of actual threatening situations, in certain instances, gender researchers emphasize the importance of becoming a woman in literature. Additionally, it entails developing the ability to be "on guard" and naturalizing the worry of victimization. For instance, research indicates that women have a greater capacity for emotions, physical vulnerability to violence, and the sensitization this creates.

Moreover, researchers have suggested that men and women form attachments or various interpretations of what appear to be the "same" risks, depending on gendered social roles, practices, and ideologies (Wangnerud et al., 2011). In essence, research indicates female

perceptions of social norms and roles are distinct. Furthermore, this suggests that males may have an instinct or learned response to anxiety.

Cultural Factors Influencing Anxiety

The world is an unenchanted place in secular society, devoid of God, supernatural sources, miracles, spirits, and divinely orchestrated interventions. Meanwhile, secular Western culture has cultivated an attitude that encourages people to be prayerless because of a lack of knowledge about "how to pray" (Immink, 2016). However, God is perceived through the soul's eyes when a person prays. Faith and prayer go hand in hand for believers seeking answers and relief from difficult situations.

Theoretical and practical implications arise from the fact that anxiety and depression are prevalent in the general population, and individuals with chronic diseases are likely to develop anxiety symptoms (Farooq et al., 2019). By 2020, anxiety is expected to overtake heart disease and diabetes as the leading causes of death and disability on a global scale (Farooq et al., 2019; Malone & Wachholtz, 2018). People who suffer from anxiety have multiple comorbidities, and one in four individuals in developed countries already does, a statistic that increases with age (Farooq et al., 2019). Mental health problems such as anxiety are commonly underdiagnosed in low- to middle-income countries such as Pakistan, resulting in treatment limitations. In countries where multimorbidity is prevalent, this type of disparity sets the stage for poorer health outcomes, healthcare complications, and social stigma associated with mental illness. While multimorbidity is not uncommon, comorbidity likely exists in cases of anxiety, as it is regularly caused by another disease or illness, like rheumatoid arthritis (Matcham et al., 2016). Being aware of the onset of anxiety assists in promoting positive health outcomes when dealing with another disease, illness, or mental health issue.

Examining anxiety from a theological perspective enables a nuanced understanding of how individuals rely on their theoretical assumptions to assist them in coping with symptoms when they occur. Anxiety has long been associated with existential, religious, and spiritual concerns (Glas, 2007; Franklin, 2016). While contemporary sociological and psychopathological research appears to have lost touch with anxiety's cultural, existential, and spiritual dimensions, they do exist. These multiple dimensions of anxiety should not be overlooked in terms of their capacity to foster resilience in the face of adversity (Shiah et al., 2015). Adults place a premium on religion and report possessing beneficial religious-based coping mechanisms. How an individual manages periods of anxiety can be attributed to anxiety-related cultural dimensions. The way a person describes their diagnosis is influenced by their beliefs and experiences (Khambaty & Parikh, 2017). In every country, culture has a significant impact on how anxiety is presented, diagnosed, and treated.

The Influence of Culture and Religion on Anxiety

While mental disorders are prevalent in all cultures, anxiety is particularly prevalent. For instance, while studies in Indian culture indicate a high prevalence of neurotic disorders, only generalized anxiety disorder (GAD) and phobias are classified as anxiety under the current DSM-5 criteria (Khambaty & Parikh, 2017). In rural areas of India with low penetration of psychiatric services, faith healers are in high demand. Certain Hindu rituals can be used to treat mental illnesses and anxiety. Another study discovered that individuals who indicated they were unconcerned about religion or who did not identify with any religious group were likely to experience anxiety (Lerman et al., 2018). Prior research, however, indicates that regular church attendance helps lessen anxiety symptoms. This suggests faith-based research and interventions are needed to enhance the religious community's ability to manage anxiety among its members.

Religion and religious beliefs are significant to the Hispanic and Latino populations because they shed light on the relationship between mental health issues and anxiety. Women are likelier than men to report anxious symptoms and seek treatment, according to research (Lerman et al., 2018). This explains why religiosity, when used in conjunction with treatment or simply as a collection of beliefs, may be less effective than previously believed at affecting anxiety symptoms. However, research indicates that cultural factors unique to India have a significant impact on how anxiety manifests, is diagnosed, and treated (Khambaty & Parikh, 2017). Additionally, culture plays a significant role in the treatment alternatives sought by Indians, such as Ayurveda, faith healers, psychotherapy, yoga, and meditation.

According to another study, Denmark is regarded as one of the least religious countries in the world. They have the lowest "in-church" attendance rates, with only 10% of Danes attending worship monthly (Hvidt et al., 2017). This may be because a large proportion of the Danish population is composed of younger adults, and Danish younger adults are generally less religious than their elders. Chronic illness, life-threatening disease, and crisis are all associated with the three religious dimensions of "Cognition, Practice, and Importance." Individuals indicated they found comfort in God, which had the strongest correlation with an illness of any measure of religiosity.

By focusing on the present moment, the Buddhist practice of mindfulness encourages conscious responses and reflection to enhance insight and alleviate suffering (Khambaty & Parikh, 2017). Mindfulness appears to be an effective strategy for promoting positive outcomes in small doses (Tollerson et al., 2017). A fascinating aspect of mindfulness is that research has demonstrated as little as five to ten minutes of practice per day can significantly ease anxiety. This religious practice teaches the individual to resist automatic responses and focus their

attention inward, away from the typical patterns of response that occur during times of anxiety (Khambaty & Parikh, 2017). Furthermore, mindfulness encompasses a variety of relaxation techniques that can assist a person in effectively lessening anxiety. Thus, for individuals seeking to improve anxiety, the efficacy of cultural religious practices and rituals is vital.

In Chinese culture, anxiety is associated with lower measured emotional well-being on all levels of operation: functional, physical, and affective (Malone & Wachholtz, 2018). Certain impediments (cultural, logistical, and social) contribute to China's and Chinese emigrant communities' underutilization of mental health care. Once again, cultural expectations and norms surrounding mental illness exacerbate an individual's capacity to manage anxiety.

South Africa, one of the most religious countries on the planet, deals with anxiety, which includes the worry that is harmful and destructive on an individual level but also on communal and societal levels (Dreyer, 2018). People in South Africa are unable to express faith's life-affirming effects because their culture has been infiltrated by anxiety. This culture believes that anxiety can be expressed excessively or insufficiently, as its purpose is to strengthen a person's ability to deal with threats and avoid loss, with either expression having destructive and dangerous consequences. Certain communities in South Africa believe that by eliminating anxiety, the message of freedom and hope has the potential to touch and heal people's lives. This belief is predicated on the premise that anxiety is incompatible with freedom and hope.

Religion plays a significant role in health practices and is widespread across all societies, according to research on American Indian (AI) and Alaskan Native (AN) women (Roh et al., 2018). These women relied on religious coping mechanisms to overcome health-related obstacles and found support in their communities, which fostered religious beliefs and alleviated burdens.

As a result, during times of illness, culturally accepted practices and rituals of prayer were used to promote healing and ease anxiety.

In individuals of Western and other Asian ancestries, there is a significant correlation between lower levels of physical, functional, emotional, and affective well-being and higher levels of anxiety (Malone & Wachholtz, 2018). In general, prayer is a critical component of one's life, as is its application to facilitate healing and recovery from anxiety and the internal battles that accompany it.

Anxiety-Affecting Therapies

While the church would never use these therapies to help parishioners handle anxiety, they are worth mentioning because they can help pastors recognize the severity of anxiety when left undiagnosed or untreated. Previously conducted studies on the efficacy or impact of prayer on anxiety face significant practical constraints (Craske & Stein, 2016).

Mindfulness meditation and self-compassion are two constructs that contribute to the exploration of anxiety not only because they can contribute to the suffering associated with anxiety but also because they have suggested intervention targets (Hoge et al., 2013). Additionally, this protocol will include a true outcome-based experiment on religious practices to advance our understanding of religion's effect on anxiety. Anxiety is an emotional state characterized by cognitive disintegration in response to unexpected and threatening changes from a cognitive perspective (Dreyer, 2018). As with other emotions (anger, distress, interest, and shame anxiety can be triggered by an external or internal event or person. Because emotions are autonomous and unrelated to cognition, they are constantly in connection with one another. As a result, when someone is likely to become anxious. While cognitions are not solely responsible for anxiety, forms of motivation derived from learning, conditioning, or experience

initiate the thought process that results in anxiety. Thus, it is worthwhile to consider thoughts as a factor that contributes to anxious feelings.

Anxiety is a natural part of the human experience; one determines what to anxiety (a cognitive process) and then works through their faith, ethics, or value system in response to that anxiety, all of which play a significant role in response to anxiety (Dreyer, 2018). While studies demonstrate that spirituality has a beneficial effect on health and well-being when considering the behavioral perspective on anxiety, others demonstrate that religion has a detrimental effect on health and well-being. Religion plays a significant role in decision-making as it affects both "what" and "how" decisions are made (Superdock et al., 2018). This is critical when events occur but can also be interpreted biblically as indicating the need for prayer and guidance.

Therapeutic Considerations

There is an understanding that not every parishioner will seek medical treatment for anxiety but will seek assistance from the church when problems become overwhelming. Anxiety is a serious problem for those who are diagnosed with it. According to research, anxiety and depression regularly co-occur and not only develop concurrently but also in conjunction with other neurological diseases (Shah & Han, 2015). These co-occurring conditions aid clinicians and other healthcare professionals in comprehending and achieve optimal patient health outcomes during treatment. When the clinician can elicit a response from God that requires action on the part of the believer, prayer is a critical component of the healing process.

Additionally, research indicates that prayer camps benefit patients with mental illness, and biomedical staff believes that providing a safe and secure environment for patients with mental illness to receive treatment and engage in religious practices benefits patients. The staff unanimously agreed that medical knowledge is highly regarded and that integrating health's

biomedical and religious dimensions would improve health outcomes (Arias et al., 2016). This opens the door of opportunity for community partnerships like the church to provide health care to those in need actively. On the other hand, there are benefits to using psychotropic medications in prayer camps with patient support (Ofori-Atta et al., 2018). Certain prayer camp settings have been shown to have a detrimental effect on the effectiveness of medications used to treat patients. Individuals who rely on prayer to help them manage anxiety in their lives benefit from learning how to cope effectively with anxious symptoms, as the research indicates.

Ironically, faith healers use religious gestures of prayer like laying on their hands, prayer clothing, and miracle water sprinklings on television and other forms of social media (Blanton, 2016). Faith-healing programs have grown in popularity in recent years, particularly among those seeking prayer. Additionally, this researcher is a proponent of the "belief apparatus" concept in technology, particularly prayer radio broadcasts. Faith healing programs offer individuals anointed handkerchiefs and prayer clothes to bolster their confidence in divine healing. Believers can benefit from something that assists them in strengthening their faith and cultivating a robust prayer life. This demonstrates the pervasiveness of prayer, as well as its efficacy.

Advantages of Collaboration

Healthcare policymakers who collaborate with faith-based healthcare organizations can advance agendas and policies that seek to eliminate religious and faith-based dimensions of care. While anxiety-relief prayers include the phrase "anxiety and depression," intercessory prayers do not (Baldwin et al., 2016). Prayer has been shown to reduce anxiety and boost hope and spirituality. Likewise, prayer decreases anxiety and improves other aspects of daily life. A critical consideration for healthcare professionals is to determine whether their patients'

responses to illness, attitudes, behaviors, prejudices, and desires for healthcare services and treatments are influenced by their faith (Tomkins et al., 2015). Any clinician who is committed to providing the kind of compassionate, professional, and empathetic care that a client deserves will recognize the value of religious components in services requested by the client, such as prayer.

The Effect of Religion on Anxiety

Religious experiences offer insight into an individual's emotions, imagination, and conscious and unconscious beliefs. One need not accept a person's claims of religious experiences as authentic to recognize an authentic personal relationship with God (Mooney & Manglos-Weber, 2014). Accordingly, people may be receptive to an individual's rationalizations for religious behaviors such as prayer. While religion can be a source of stress, it can also offer viable solutions to one's circumstances (Aba-Raiya et al., 2016). In other words, religion may be used to address issues of anxiety that are an inherent part of religious life. A person can experience relief from anxious symptoms with pastoral care, counseling, and religious support (Djurovic et al., 2017). Human beings do not exist independently of God or outside of the spiritual realm of God.

Moreover, religiously committed individuals tend to involve themselves in the lives of others to strengthen, edify, and deepen their own personal faith walk (Cuneo, 2017). When someone sees faith in another, they will likely see faith in themselves. Faith teaches us that God is just and that the universe is under His control. Because our lives have taught us that the world is destructive and unjust, we are taken aback by hope as healed healers transcend anxiety that contributes to the world's current state (Dreyer, 2018). One discovers that God is actively engaged in the great purification of the world, purging it of all its ills, including anxiety.

Religion has demonstrated improved physical health and well-being (Simao et al., 2016). Studies indicate that religious beliefs and a variety of spiritual practices are associated with improved physical and mental health outcomes and reduced anxiety (Simao et al., 2016). Additionally, religion has always lent substance to the search for life's meaning. The meaning of life helps to mitigate the effects of anxiety on a person's overall mental health, but only partially. Religion is unique in that it emphasizes the growth and understanding of the meaning of life, the provision of social and psychological support, and the promotion of a healthy lifestyle (Shiah et al., 2015). Individuals should use their awareness of the meaning of life to help them overcome adversity while also acknowledging the possibility of alternative religious resources validating the meaning of life. Religious treatment components benefit people by improving coping, providing support, strengthening faith, and facilitating collaborative healing efforts (Stanley et al., 2011). Suggestions that religion may be an appropriate component of treatment for older adults to foster faith while reducing anxiety are evolving.

There is a shortage of research on prayer's ability to ease anxiety. However, researchers discovered that Christians who have a strong relationship with God become equipped to deal with anxiety. (Ellison, et. al., 2014). Anxiety is alleviated through consistent prayer and a desire to grow in intimacy with God because an established relationship with Him is important to the believer. Additionally, researchers discovered that praying about unrelated medical issues can help reduce the intensity of anxiety. Furthermore, requesting prayer from others has reduced anxiety (Zenecivz et al., 2014). Evidence supports the efficacy of prayer in reducing anxiety in instances where believers consistently practiced this discipline. Moreover, the researcher discovered that recipients of prayer experienced a significant increase in anxiety reduction following six weeks of one-hour prayer sessions. Christians believe contemplative prayer is

critical for reducing anxiety (Boelens et al., 2012). This entails giving up personal efforts to eliminate ambiguity (Knabb et al., 2017). Second, this method necessitates submission to God's active presence and trust in it.

Finally, while prayer frequency is unrelated to anxiety or tranquility, prayer can help mitigate the effects of poor health (Ellison et al., 2009; Kahn, 2018). Through communal worship, religion strengthens because it lessens anxiety and uncertainty and fosters an internal sense of peace and harmony. Additionally, worshiping alongside other believers in a trusting and supportive environment fosters feelings of assurance and relaxation, which helps with anxiety. It is important to note that while one's religious beliefs can assist with anxiety, this notion through biblical support is necessary. The following section discusses further anxiety-reduction practices that have been shown to be effective in contemporary research.

Spiritual Assessments

In pastoral care and counseling of individuals, it is essential to be competent in spiritual matters and to be able to comprehend spoken narratives that describe a person's experience and how it affects their emotional well-being to handle situations. A lack of spiritual sensitivity to African Americans' spiritual beliefs and values may explain why Blacks with an issue such as (anxiety), are further prone to seek help from clergy than a mental health professional, according to research (Hodge & Williams, 2002). Studies indicate people want their spiritual and religious beliefs incorporated into the therapeutic conversation (Hodge, 2013). One way to conceptualize spirituality is as a connection to what is regarded as sacred or transcendent. Religion can be conceptualized as a set of shared beliefs and practices that have been established over time by individuals with analogous conceptions of the sacred or transcendent. Spirituality is typically more subjective, private, and individual than religion. Spirituality and religion are corresponding

but distinctive concepts. Moreover, assessments of the two are essential, particularly those that can impart meaning and purpose to an individual's life.

Hodge (2000) created spiritual genograms to evaluate consumers' existential relationships to various spiritual dimensions in the natural environment. In other words, the personal strengths central to African Americans' spiritual life are the principal characteristics operationalized by spiritual concepts (Hodge & Williams, 2002). Listening to implied spiritual content in a client's narratives and attending to emotional changes at climaxes are particularly helpful as clients relate their narratives (Hodge, 2013). The possible presence of spirituality can be investigated using a series of questions that probe the clients' beliefs. Additionally, a spiritual genogram assists the client in explaining their spiritual history. Briefly, an implicit assessment assists practitioners in identifying and analyzing client experiences that a conventional assessment might otherwise overlook.

Praying and Anxiety-Related Health Outcomes

As demonstrated by prior research, individuals use prayer as a complementary healing method. The findings indicated that subjects had support systems in place, including clergy, healthcare workers, family, and friends, who prayed for them in response to other people's requests or desires for prayer (South & McDowell, 2018). Participants said prayer lessened anxiety, increased calmness, and promoted a sense of well-being. Because prayer promotes healing, it can be used when anxiety strikes. For instance, research has revealed that prayer plays a significant protective role in the cancer experiences of respondents. Women were members of religious communities and believed that their connections supported them when the community prayed for them.

Furthermore, women frequently felt empowered when they prayed to God, which provided hope and healing during recovery (Roh et al., 2018). Prayer activation and application resulted in a favorable response to health outcomes. The emphasis on religious elements such as compassion, faith, and hope in the healing process, health, and quality of life results in a holistic view of health that emphasizes the non-material aspect of healing (Saad & Medeiros, 2016). Nonetheless, religious students and healthcare professionals alike have developed an appreciation for compassion, faith, and prayer as critical methods for working with people (Balboni et al., 2015). It would be prudent to believe that pastoral care incorporates the same beneficial processes for assisting individuals in managing anxiety. Confronted by those in need, the participants in this study had religious socialization experiences that emphasized empathy, trust, and prayer. This could mean those who value religious dimensions allow activated faith and God to dominate recovery dynamics.

Prayer can be used as a nonpharmacologic pain management technique (Embry, 2018). As individuals cope with anxiety brought on by traumatic experiences, prayer may influence the symptoms of both conditions, which impair daily functioning. Moreover, as physicians are critical in the process of healing and recovery, a useful strategy for physicians is to examine religion as a means of managing life on an existential level (Glas, 2007; Stanley et al., 2011). In other words, religion aids an individual in defining and comprehending their fundamental existence and how their perception of life affects daily living, illness, and other factors. Pastoral counselors can use an existential strategy to assist people in identifying their life's meaning and finding coping mechanisms to enhance the intimate moments of experienced life transitions. According to research, there is peace following a health diagnosis, as evidenced by lower levels

of anxiety, depression, and overall distress (Davis et al., 2018). Therefore, engaging in meaningful activities such as prayer may benefit one's overall health and well-being.

Equally significant, prayer has grown in popularity in healthcare as its association with religious activity develops (Simao et al., 2016). Regardless of whether intercessory or petition prayers are used in a variety of contexts in healthcare, scientific communities recognize prayer as a complementary therapy and intervention that provides holistic support. For example, prayer has been shown to help cancer patients overcome anxiety, improve their spiritual well-being, and assist the elderly in resolving crises and personal issues. For example, religious care addresses major characteristics that people seek in life, including values, sources of strength, life goals, beliefs, and meaning (Lutz et al., 2018). Researchers are evaluating this method of religious care to determine its effect on both the professional and the patient, with the hope of reducing client anxiety and increasing overall patient satisfaction and quality of life.

The Curative Nature of Prayer

Religious traditions consider the curative nature of prayer, and research has established a link between religion and physical and mental health for decades (Aguilar et al., 2017). Prayer requires concentration and focus, which activates the self to move by faith and achieves God's referential and evocative presence when one prays in his name (Immink, 2016). Christians, according to the Apostle Paul, owe it to God to have faith and pray and should "make their request known to God" while remaining calm (The King James Bible, 1796/2017, Philippians 4:6-8; Romans 8:26). People pray for the healing of disease, but they also use prayer as a guide during the illness journey (South & McDowell, 2018). Consequently, prayer can be used to cope with illness and the anxiety that results from it. When prayer is used in conjunction with other therapies, the following statistics demonstrate its efficacy: (1) Half of women who pray say they

do so for their own well-being, (2) prayer's effectiveness is rated 4.33 on a 1-5 Likert scale, and (3) prayer is the most frequently used complementary therapy, Anyone can participate in prayer, from clergy to friends and family members who offer comfort and support to those with anxiety while attempting to cope with tragic circumstances. The bottom line is prayer is an extraordinary source of strength and resilience that guards against anxious reactions to adversity. Biblical examples contribute to our ever-evolving understanding of prayer's anti-anxiety effect. John describes how the waters of Bethesda's pool healed the blind, lame, and crippled historically (King James Bible, 1769/2017, John 5:1-5). This biblical account demonstrates that healing can take place in unlikely places. In the same way, prayer can take place anywhere by simply speaking a word of faith.

Understanding Prayer

Prayer has played an integral role throughout biblical history. Prayer is a direct and simple interaction between man and God. In the book of Genesis, prayer was a regular component of daily life. God would typically converse with Adam and his wife, Eve, in the middle of the garden (The King James Bible, 1796/2017, Genesis 2-3). That is when prayer started.

Now, it is understood that this was a regular occurrence in Adam and Eve's existence. The text makes it very clear that prayer was an ongoing delight and blessing for Adam and Eve and that it was a daily aspect of their lives. This appears to be a pattern of behavior on God's behalf. During the cool of the day, he enters the garden to converse with two of his creations, and together they converse in the garden.

It is not known how exactly God appeared to them. This is not mentioned in the Bible, but it appears he appeared as another person. However, the fact that they heard God strolling in

the garden suggests that he came here as a man. The sound of his footsteps reminded Adam and Eve that it was time for their daily discussion and exchange with God. Therefore, one Could see this behavior as a time of prayer.

For the Christian believer, prayer is critical. It is a necessary component of the church and life. Prayer ingrained in the history of the world's oldest religious and cultural traditions is astounding. To be specific, prayer is a part of people's daily lives worldwide. It is how they communicate with God, their superior power, inner strength, and spiritual energy (Andrade & Radhakrishnan, 2009). The participant's experience of prayer becomes enlightening. Prayer is an intensely personal experience. It can be silent, as in meditation, or spoken aloud. Alternatively, chanting or singing practiced by believers enhances prayer. While prayer is included in formal religious services, the believer anticipates benefits from prayer using it anywhere, alone or in a community.

Prayer's Advantages

Prayer has beneficial effects, including increased resilience, strength, and direction in life (Bade and Cook, 2008). It is critical to consider how to encourage individuals to participate in this beneficial practice on a larger scale. "Do you pray?" is a frequently asked question within the confines of research methodologies, such as Gallup polling (Gallup, 2002; Immink, 2016). Investigations conclude prayer research has concentrated on health outcomes (Baker, 2008; Tomkins et al., 2015). This is advantageous when examining the effects of anxiety. According to 2008 findings citing the Baylor Religion Survey, prayer appears as a coping mechanism from a theoretical standpoint (Baker, 2008; Immink, 2016). Additionally, research indicates that prayer is a coping mechanism from a sociological standpoint. Prayer can be helpful to individuals suffering from anxiety to cope with its effects.

It is becoming common in communities to encourage those who are ill to pray. Prayer is an effective method of managing and coping with pain (Wachholtz & Sambamthoori, 2013). Similarly, prayer has been shown to be effective in reducing anxiety. To gain a complete understanding of prayer's benefits, examining a biblical worldview of how prayer works is necessary.

Divine Scripture and Prayer

The Bible demonstrates that prayer directly affects healing by demonstrating that prayer alleviates physical and psychological symptoms and diseases. This exemplifies the vastness of prayer. Prayer is effective because it conveys human words to God's ears. Prayer can take different forms: conversational, liturgical, petitionary, or contemplative (Brown, 2012).

According to this researcher, a proportion of Protestants believe God responds to prayer through the Holy Spirit and in the name of Jesus. Its full power becomes apparent when prayer assumes a conversational tone with God. For example, John states, "In the beginning was the Word, and the Word was with God, and the Word was God" (King James Bible, 1796/2017, John 1:1). This scripture encapsulates the idea that every person place and thing that exists is spoken into existence. Someone who communicates with God can do so through the death and resurrection of His son, Jesus. John, a disciple of Jesus, penned the following words to facilitate communication with a gracious God: The Bible states, "For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life" (King James Bible, 1796/2017, John 3:16). As a result, Jesus came to save, not condemn, the world. This means that when someone accepts Jesus as their Lord and Savior, they will receive eternal life. Additionally, because this relationship with God is established through salvation, the believer has the assurance that God will hear their prayers. It also emphasizes the

Christian's awareness of God's presence and provision (in this case, healing). When a person believes that prayer works and that God is present, assurance that healing is possible grows.

The Church and Praying

Prayer is a religious practice or discipline of the faith for Christians. Religious disciplines are Christ's followers' deliberate and consistent practices that position them before God for Him to transform them. Religious disciplines include Bible reading, prayer, fasting, self-examination, journaling, serving, meditating, giving, and worship" (Call, 2011). Each person's prayer has a unique meaning and function. Prayer is "contemplative thoughts, attitudes, and behaviors aimed at expressing or experiencing a connection with the sacred" (McCullough & Larson, 1999; Ellison et al., 2012). Individuals would then be attempting to contact and connect with God.

Churches facilitate these religious practices by enabling individuals to develop a relationship with God and allowing God to transform them. To determine their effectiveness in this role, churches must examine the people who attend their assemblies to determine whether personal religious practices are quantifiable. When church leaders are aware of their preferred methods of religious practices, they will be able to improve their facilitation of religious growth for those they lead. This would enhance their effectiveness as religious guides and result in improved anxiety reduction outcomes.

The Impact of Prayer on Anxiety

Researchers have established a positive correlation between Christian prayer and mental health. However, the relationship is fraught with complexities in relation to their ability to work together. God acknowledging and reacting to the conversation (through the acts of reflection, experiencing, listening, or meditation) that believers have or experience with Him constitutes Christian prayer (Monroe & Jankowski, 2016). Prayer is an incredibly effective tool for

promoting religious coping, offering hope, and assisting people in feeling secure as they deal with disease treatment and developing a holistic understanding of who they are (Brasilerio et al., 2017). The Bible indicates the confidence one has in God fosters his willingness to hear and answer when it is done according to his will (The King James Bible, 1769/2017, I John 5:14). The scriptures additionally suggest the things one prays for can be received when one believes by faith (The King James Bible, 1769/2017, Mark 11:24). This passage of Scripture encourages the reader that there is nothing that Christian believers who trust and depend on God cannot accomplish through prayer.

Prayer fosters resilience and provides support in the face of adversity. Similarly, prayer is the lifeblood of religion; it is the mode of communication through which individuals can connect and identify with God (Puchalske-Wasyl & Zarzycka, 2020). These researchers concluded that of the three types of prayers studied: (1) upward prayer, which emphasizes the divine-human relationship; (2) inward prayer, which emphasizes one's relationship with oneself; and (3) outward prayer, which emphasizes one's relationship with others, upward prayer had the strongest positive correlation with well-being. Additionally, upward prayers elicit existential concerns, which aid in forming a sacred worldview and bond with God and other believers, which define religious identity. However, differing types of prayer have varying associations with subjective well-being; for example, supplication prayers correlate negatively with subjective well-being, whereas thanksgiving prayers correlate positively (You & Yoo, 2016). This implies that the type of prayers offered influences perceived responses.

Prayer, however, is a necessary and deliberate religious act that serves to connect the mind, body, and soul. Prayer increases our sensitivity to God's presence (Immink, 2016). When a believer prays, he or she hopes that God will intervene in the circumstances they are praying for.

Prayer is a fundamental and implicit mode of communication, for it is the only mode of communication that unites people with the entire world in a sacred union. When someone prays, they form religious bonds with their communities, past and present struggles, and worship (Smith, 2018). People have said, "A family that prays together stays together," emphasizing the critical nature of being a believer when communicating with others publicly and privately through prayer. Prayer is a means of communication between people and God and is necessary if one wishes to influence God's mind.

Petitionary prayer enables an individual to communicate with God in a timely and heartfelt manner, emphasizing God's willingness to listen and ensuring that people are inclusive of God's divine plan (Muzio, 2019). Thus, if a person is anxious, it is God's will that he or she experiences peace amid confusion or chaos. Prayer serves as a catalyst for change that would not have occurred without faith and prayer. Thus, a person is pleading with God for the grace necessary to continue contributing to the world in which they live.

Prayer is also a fundamental mode of communication, both explicit (spoken) and implicit (unspoken), that embraces the individual as a sacred part of the world, fusing the person's present and past struggles (Smith, 2018). These forms of prayer require the user to be brutally honest, as they cultivate depth in the meaning of life through self-emptying while anticipating (expecting) the manifestation of the divine presence of God. Thus, prayer is both an active form of religion and a form of personal worship. Christians believe that regardless of religion, God answers prayer. A benefit of petitionary prayer is that knowing God answers specific prayers for the reasons and expectations associated with the prayer is sufficient (Tajadini et al., 2017). One should never be concerned with determining which prayers God will answer but ensuring that he does so in accordance with the motive or need that prompted the prayer.

Additionally, prayer is a valuable tool for communicating with God. Whenever discussing prayer and its effect on anxiety, one critical component is the belief that God answers prayers. According to the Bible, "Jesus answered and said unto them, Verily I say unto you, if ye have faith and do not doubt, ye shall not only do what is done to the fig tree but also what is done to this mountain; it shall be done." And whatsoever ye shall pray for in faith, ye shall receive" (The King James Bible, 1769/2017, Matthew 21:21-22). Each person has the right to make a request to God and wait for his blessing to manifest in the situation, disease, emotion, or anything else requested. Prayer is an expression of faith that occurs when someone seeks assistance, deliverance, or hope to overcome life's obstacles.

This is how one can interpret prayer's function: (1) as supplication, the vows and desires of a superior being that transcends physical space, and (2) as a critical intervention in religious care for anyone who is suffering (Simao et al., 2016). Prayer is more than a means of promoting positive religious coping mechanisms in response to a situation; it offers hope by establishing a connection with a sacred and self-transcending dimension that connects others, self, and the sacred. As a result, prayer becomes ingrained in religious practices and beliefs. Prayer is rooted in religious life or communities of faith, and as such, it fundamentally incorporates the human self (Immink, 2016). When a person prays, the entire self (heart and mind) is engaged, and when addressing God, a sense of God's presence overshadows its host (alive, active, and present), which establishes the fundamental practices of prayer. Praying is an energizing act, a personal connection, and a two-way communication channel between man and God. These actions foster relationships with others and foster long-lasting bonds within the faithful community of believers.

Individuals flourish when they form bonds with others. This also holds true for our religious allegiances. When a person experiences a traumatic life event that leaves them feeling disconnected from God, secure attachments to God get lost (Ellison et al., 2014). God, viewed as the catalyst (secure attachment) that controls the consequences associated with improved mental health during times of high anxiety, is important to a believer. Consistent with previous research, prayer (intercessory or petitionary) assists individuals in coping with and recovering from times of crisis and illness. Incorporating prayer into a patient's mental health care plan can promote healing and positive overall well-being (Simao et al., 2016). Prayer can help expedite the healing process as people use their faith to recover.

Researchers discovered a positive correlation between Christian prayer and mental health. Their relationship, however, is complicated by the fact that they work together daily. God acknowledges and responds to the dialogue that Christians possess or share with Him through prayer (Monroe & Jankowski, 2016). David writes in the Book of Psalms, "But his delight is in the law of the Lord, and he meditates on it day and night" (The King James Bible, 1796/2017, Psalms 1:2). Contemplating God's Word and character builds faith, which is the goal of contemporary mindfulness (prayer) practice.

Science cannot prove or disprove God's existence or prayer's efficacy. However, science can account for empirical evidence of prayer and curative action relationships (Brown, 2012). Researchers employ self-reports to contextualize testimonies about God's beneficent miracles and communication through prayer. To ascertain the effects of prayer implementation, behavioral and emotional changes should be monitored to help guide interventions in the religious community.

Christians pray, which may result in religious encounters (Breslin & Lewis, 2015). Jesus prophesied to his disciples that God would send them a comforter, the Holy Spirit, who would bring peace and remembrance of his deeds on earth (The King James Bible, 1796/2017, John 14:26–29). This is how the disciples began. They pray earnestly each day for the gift promised by Jesus. Researchers have cast doubt on God's method of calculating religious giving through prayer. Acts chapter 2 refers to believers who regularly prayed on the day of Pentecost. Paul explains that after fifty days of prayer in the designated place of worship, the disciples suddenly began speaking in unknown tongues as if struck by a rushing wind. The Holy Spirit anointed them all (The King James Bible, 1796/2017, Acts 2:1-4). During the moment of the filling with the Holy Spirit, the evidence of measurement is revealed in the single word—filled. When each believer attained 100%, they became aware of their filling and began generously sharing the evidence with the nations (The King James Bible, 1796/2017, Acts 2:4). The scriptures emphasize the importance of prayer as a significant component of the Christian life and an indication of God's presence when one prays.

Prayer and Spiritual Guidance

Prayer seems to be a regular but not routine component in Christian counseling. Several motives exist for incorporating prayer into counseling: (1) Prayer can improve a client's spiritual life and viewpoints. (3) Clients seek prayer as part of the counseling session, and it increases therapeutic rapport. These reasons can assist pastors in educating their congregations about the Christian life, God, and other interpersonal relationships. The counselor may encourage the client to pray outside of therapeutic sessions. In the meantime, the counselor can pray for the client outside of regular meetings. Pastoral counselors may employ quiet prayer during

conversational pauses to maintain spiritual concentration and avoid filling the silence with superfluous words (McMinn, 2011).

When one prays, one humbles oneself and begs to know God's will alongside him. From this position of humility, we can understand God's purpose more clearly, and God will grant us our innermost wishes; for instance, Peter walked on water since he was the only disciple to beg to do so (The King James Bible, 1796/2017, Matthew 14:22-33). The Bible instructs us to pray consistently because consistent prayer is motivated by a sense of urgency (The King James Bible, 1796/2017, Luke 11:8-10). By continuously and persistently praying, one remembers to seek God and expresses his deepest desires. In addition to communicating our needs to God, Christian prayer allows one to confess sins, express adoration for God, and express gratitude in one's daily life and throughout history. When one prays, one engages in worship (McMinn, 2011).

McMinn (2011) references Dr. Michael McCullough's research on the psychological impacts of prayer, which suggests that prayer is related to a subjective sense of well-being. Secondly, he mentions that studies have proven that prayer is utilized as a tool to assist individuals in coping with physical discomfort and medical issues. In addition, he proposes that persons facing extreme bodily and emotional pain utilize prayer. Thirdly, psychological symptoms and prayer studies contain methodological flaws and should be evaluated with caution, although prayer appears to have a favorable relationship with abstinence in alcohol treatment programs. He further indicates that those who received intercessory prayer were healthier when released from the hospital following a major illness. In summary, those who accept the Bible as authoritative will not be surprised by these conclusions about prayer.

Notably, the transformative effect of prayer cannot be completely experienced by praying at the start or finish of a therapy session. Transformational prayer requires diligent practice and time. Second, spiritually attuned counselors may occasionally need to instruct clients on prayer. Counselors provide clients with homework, and prayer homework is a valid assignment for assisting clients in comprehending the purpose and concepts of prayer. When Christian counseling is effective, the understanding individuals gain via counseling can be beneficial to their personal prayer life.

Summary

To summarize, managing anxiety in the church is critical because congregants are experiencing an increase in personal, religious, and moral suffering because of the coronavirus pandemic. Christians believe in the work of the Holy Spirit, and as a result, the revelation that the Holy Spirit is a healer and restorer pervades testimonies, which confirm the belief that healing occurs by God intervening in the ailing individual's life (Pillay & Moonsamy, 2018). People become forced to reflect on their current state when they face difficult, challenging, and frustrating times. Individuals begin to experience unexplained anxiety about the unknown because of the accumulation of these cognitive realities. As anxiety levels rise, it leaves individuals wondering what they can do to improve their situation. Individuals seek relief from their confusion and feelings of helplessness through religious resources. This study, along with others, impacted how anxiety develops, is diagnosed, and treated in the future. Additionally, it provided valuable information about the role of religion in the personal lives of people who are experiencing other health-related or anxiety-related problems.

Gaps and Limitations

One shortcoming of the research is that the researchers did not propose a substitute for prayer that might influence the results of anxiety (Baldwin et al., 2016). Alternative religious beliefs may have similar or dissimilar effects. Additionally, life presents difficulties that should consider anxiety as a moderator as research progresses. Unmeasured life events such as employment status, family, health, marital status, stability, and economic changes may influence mental health outcomes. There are cultural gaps in the literature; for example, studying African Americans, Native Americans, and Alaskan Natives reveals distinctions between tribes, regions, and individuals in their religious and healing rituals (Roh et al., 2018). Due to the cultural disparities in the research, one might speculate that differences in age and gender may contribute to anxiety reduction in these populations.

Limitations of the research also included the following: while studies examine prayer and its effect on anxiety, they do not provide sufficient evidence to determine whether prayer is potentially harmful to those who practice it or whether interventions incorporating these practices have any adverse effects (Aguiar et al., 2017). Furthermore, models of non-local consciousness that demonstrate the brain's ability to operate outside space and time constraints, such as telepathy or remote viewing, should be studied. These models implied an ability to perceive visual information beyond biological capabilities and to communicate with a distant receiver without using a known mediator.

Certain studies concentrated exclusively on specific populations, making it difficult to generalize findings to other groups, such as Christians in the Bible Belt (South & McDowell, 2018). Additionally, church studies may affect the generalizability of findings in secular settings and among non-church members (Baldwin et al., 2016). Moreover, participants' use of prayer may have been the only option available to promote anxiety reduction or overall healing. As

prayer is proven a moderating factor in anxiety reduction, other factors such as repentance or forgiveness may have a similar effect. Furthermore, the African-American male population lacks sufficient studies to ascertain the reasons for lower anxiety rates or the existence of the anxiety reported by men in general.

Future Studies

Continued research into the health benefits of prayer is critical. According to research, healthcare teams should receive education and training on how to conduct themselves ethically when dealing with religion (Simao et al., 2016). Additionally, training ministry leaders would aid in the development of new interventions and treatments that would benefit both congregations and ministerial staff.

Individuals diagnosed with anxiety will benefit from advancements in anxiety treatment. Future research should concentrate on self-compassion and mindfulness meditation, both of which have the potential to improve anxiety treatment in church populations (Hoge et al., 2013). Given that the church is a culture comprehending the benefits of religion in cultures may assist in explaining why certain populations develop anxiety. The cultural ramifications of prayer's impact on anxiety in the church require thorough investigation. For instance, research indicates that Latinos in the United States would benefit from a Catholic faith-based promotion program that incorporates religion into its content and context and serves as an effective intervention to improve lifestyles and health (Schwingel & Galvez, 2016).

Furthermore, Latino day laborers (LDLs) exhibit a prominent level of resilience and reliance on noneconomic factors to improve their perceived quality of life (Boyas et al., 2018). Thus, it is critical to investigate the significant role of an individual's sense of resilience in defending against negative experiences that have a detrimental effect on well-being. Likewise,

understanding diverse cultural practices for coping with anxiety can assist pastoral counselors in developing innovative ministries that engage individuals in reducing their anxiety levels (Smith, 2018). These are the future research recommendations that will contribute to the contentious debate over the efficacy and impact of prayer in the lives of people who suffer from anxiety.

In conclusion, the challenge for researchers was to close gaps in our understanding of the relationship between religion and anxiety issues and the utility of integrating practices and principles that provide individuals with resources for assistance in both church and secular settings. Additionally, research enabled academic and literary support for researchers interested in addressing these and other factors contributing to anxiety and adversity resilience. Persons require a method for resolving problems; when those methods are insufficient, the situations become traumatic (Dreyer, 2018). According to research, individuals' approaches to conflict resolution impact the person's religious convictions. Thus, when confronted with difficulties that may result in the development of anxiety, a person's religious convictions (beliefs) will dictate how they respond to the disturbing event. As a result of their prayers, they activate the hope of healing and recovery.

CHAPTER THREE: METHODS

Overview

A qualitative phenomenological study investigated the effect of prayer on anxiety in the church (or religious) community. The purpose of this study was to examine the religious practices of prayer in relation to health-related issues, such as anxiety in Black males, in the African Methodist Episcopal Zion Church (Hvidt et al., 2017). According to research, religion, and health issues have been the subject of intense debate for the last two decades. When people face a crisis or disease, they rediscover their faith in God and pray, which are critical components of overcoming life-altering difficulties and improving overall health outcomes. This research aided pastoral counselors, mental health professionals, and general healthcare facilities in comprehending why religious individuals seek to practice principles and rituals (biblical and otherwise) rather than relying solely on physicians and pharmacology to alleviate anxiety symptoms within the church. Additionally, this research examined the low rate of anxiety in Black males and the factors that contributed to these lower rates of anxious emotion (Woodard et al., 2011). The following information served as a guide for the method design of the research proposal.

Research Design

Rather than conducting a quantitative study, a qualitative one has been conducted to elicit information about individuals' firsthand experiences. By utilizing a qualitative research method, the author can advance her understanding of the relationship between prayer and anxiety, resulting in new research opportunities. The objective of the hermeneutical phenomenological researcher was to describe a phenomenon accurately and precisely without introducing prior knowledge while remaining true to presented facts (Giorgi, 2012). Phenomenology is a

descriptive science that sought to comprehend how a phenomenon manifests in consciousness. Thus, the purpose of this phenomenological study was to precisely characterize the effect of prayer on anxiety in a church setting, as perceived by black males who have or are experiencing these phenomena.

Consensual phenomenology was the preferred research design; on this basis, the writer focuses her efforts on the study's participant study group. This consensual phenomenological study allowed the researcher to identify common threads connecting participants' direct experiences, self-awareness, and prayer's effect on their anxiety level (Ferguson et al., 2009; Abu-Raiya et al., 2016). The current study's exploratory efforts have been motivated by participants' reliance on prayer during times of anxiety. Additionally, the researcher's primary goal in this study was to thoroughly understand the underlying factors that influence prayer's effect on anxiety, hoping to develop future qualitative research from this study. This study employed African Methodist Episcopal Zion Church denomination members who share some characteristics and differences with other Christian religious denominations. Since the interviewer is gathering information about personal experiences, this study was limited to a single denomination (AMEZ). Qualitative research uses textual materials (for example, artifacts, documents, field notes, photographs, and recordings) or anything else that elicits information about people's experiences (Saldana, 2011). The researcher wishes to comprehend and evaluate all the data gathered for this study.

The proposed method has examined the role of prayer as a moderating factor in the reduction of anxiety in the church setting and specifically looks at possible reasons black males experience lower levels; thus, it has employed a phenomenological approach. The phenomenological method is concerned with elucidating and accounting for the phenomena

associated with everyday life experiences (Heppner et al., 2015). Phenomenology recognizes that humans are intrinsically linked to their life experiences and that the ambiguity inherent in all relationships is always concurrently subjective/objective, which has consequences for how people live their lives (Moreira & Souza, 2017). In other words, descriptions provide a language for expressing information about the objects of experience.

Anxiety scale questionnaires and a study group for the selected participants were conducted at a Methodist church. This enabled the survey to be contextualized within the participants' experience of attending church and possibly praying during times of anxiety. The research questions are intended to elicit succinct descriptions of recent or prior anxiety experiences. The researcher then determined whether prayer effectively reduced anxiety throughout the study, regardless of external or internal variables. While the responses from participants might result in the development of future variables to assess prayers' effect on anxiety, the study collected only experiential and self-reported data. Phenomenology is the study of the existence of situations that people encounter (Giorgi, 2012). This field of study is concerned with the examination of concepts, emotions, and beliefs.

Consent from study participants was required to ensure that a consensual phenomenology of the interview process could take place from a direct perspective. The participants' direct experiences reduce the likelihood that their accounts (narratives) would be distorted or skewed. Consensual phenomenology recognizes the agreement between the researcher and participants that contributes to developing an exploratory culture. At that point, the researcher obtained consent to write a narrative analysis from the anxiety scales and study group to ensure the validity of the research on prayer's effect on anxiety. The narratives would be true to the interviewees' words and phrases.

Looking ahead to the research, the primary and secondary hypotheses of this study were that (1) the application of prayer would result in a measurable/observable decrease in participants' perceptions of anxiety using the Depression Anxiety Stress Scale (DASS-21) and the Spiritual Assessment Toolkit (SAT), respectively, and (2) the results of adopting the discipline of prayer with the Spiritual Experience Index Revised (SEI-R) would result in a reduction of anxiety perception.

This theory is based on the observation that in the general population, religious affiliation appears to be associated with lower levels of anxiety (Glas, 2007; Haynes et al., 2018). Intrinsic religiosity has been shown to reduce anxiety and worry, whereas contemplative prayer has been shown to increase insecurity and anxiety. As a result, several of these components addressed portions of the question of prayer reducing or positively impacting anxiety through inclusion and practice.

By determining an individual's level of anxiety and implementing a practical measure for reducing the anxiety participants experience when they are anxious, the research design and hypotheses were connected. The hypotheses and research design are inextricably linked because a qualitative hermeneutic phenomenology research design focuses on lived experiences (Giorgi, 2012). As is customary in research, data was gathered through conversational, semi-structured interviews within the study group as the primary method for delving deeply into the phenomena (lived experiences) of prayer and anxiety as they emerge among the study's participants during the data collection process (Bussing et al., 2015). Personal interviews with participants served as a starting point for further inquiry into the effects of prayer on anxiety.

The research questions for phenomenological studies are intended to facilitate comprehension of an individual's daily lived experience and to ascertain the extent to which

those experiences matter to the person who lives them (Heffner et al., 2015). This study used a study group to describe and collect data about prayer-related phenomena. The research questions were used to acquire and comprehend the daily lived experience of men who struggle while delving into how prayer was used.

Religious beliefs appear to have a function in relation to behaviors, cognitions, and emotions (Bussing et al., 2015). These relationships were critical in determining how certain individuals respond to anxiety that occurs in their daily lives. A study group of no less than 5-8 individuals (Black males) from the AMEZ church assisted in quantifying the depth of experience among participants. It facilitated the creation of a descriptive narrative as free of knowledge constructs and societal influences as possible. The researcher then examined the participant's experience objectively, absolving the participant of any predictions, interpretations, prejudices, presuppositions, or assumptions about how and why the participant encountered the experience.

Design Interpretation Methodologies

Following the data collection process, the data has been analyzed to determine the structural relationship between prayer and units of measurement (Bussing et al., 2015). This technique is referred to as "internalization through identification," and it refers to the process by which the researcher attempts to control and order the data by "seeking" meaning within it (Hvidt et al., 2015). The data analysis process entailed carefully listening to and observing black males in the study group and during personal interviews, reviewing notes, transcriptions, and other participant documentation to ascertain the significance of relevant measuring units, statistical structures, and amalgamation of religious beliefs. The transcripts highlighted keywords and phrases with theoretical implications for this study. Following the reading, data that are causally related to the study's research questions will be coded for meaning and assigned to meaning

units, yielding the study's themes and subthemes. Coding is a method of analysis that identifies the themes, patterns, assumptions, and relationships that shape the participants' experiences with a topic (Heffner et al., 2015). A final check with participants and concurrent peer review of data and interpretation of the sacred text was conducted to ensure the analysis's credibility, reliability, and trustworthiness (Tomkins et al., 2015). As is the case with any research study, objectivity is critical throughout the process.

Research Question

The researcher identified gaps in the literature regarding prayer's effect on anxiety, particularly among Black males in the AMEZ church community. The following question to which this study sought to provide an answer is:

RQ1: What verbalizations best describe Black males' prayer-based strength?

RQ2: What prayer practices produce strength in black males?

Setting

This research project occurred at a Methodist church in the participant's community affiliated with his denomination. The meetings were held in a distraction-free private office, classroom, sanctuary, or conference room where participants would feel comfortable expressing themselves freely. The researcher believes that conducting interviews in a familiar setting is appropriate when the church is a known location for prayer and worship that are exercised and experienced. To maintain confidentiality, the researcher met with each participant individually; additionally, at the time of enrollment, a mutually convenient time was discussed for conducting the meeting. The researcher spent approximately 60 minutes interviewing potential study participants on the date and time specified. This allowed sufficient time for a thorough interview. Church administrators or leadership staff members must be aware of these meetings to ensure

that both the researcher and participant receive assistance and provisions if needed. Each participant must be a member of an AMEZ denominational church in Concord, North Carolina, and a regular attendee. This aided in the development of a geographical study of Black Christian males who face anxiety and overcome it through prayer in this denomination.

Participants

The recruitment strategy is project-based in nature, identifying and enrolling study participants (International, nd). Participants were chosen for the study using two distinct criterion sampling methods: interviews and a study group (Bussing et al., 2015). Participants must have first encountered the phenomenon and then be able to articulate their experience (Heffner et al., 2015). Participation was determined precisely by an individual's perception of how prayer integration can be useful with anxiety. Additionally, participants were asked, "How has prayer shaped your response to anxiety?" This single question was asked during the initial interview stage of the study. According to their responses, individuals who frequently do not experience anxiety were invited to participate in this study. The second portion of the study then took place in the same AMEZ church and took the form of a study group with a minimum of five to eight participants. No compensation was provided to study participants. Each participant received a snack (chips or crackers) and a beverage (water or soda) before the study group session began.

Recruitment

The first step in the research process is participant selection, which should be rigorous and broad in scope (Englander, 2012). When selecting participants, it is necessary to consider the generalizability of the findings in relation to the researchers' "who," which includes personality, social categories, and biological characteristics. In other words, this section of the study and evaluation details the selection process for the "how" and "who." Purposive sampling will be

used to classify participants based on pre-selected criteria pertinent to the research questions (International, n. d). The sample size (which may or may not be predetermined prior to data collection) varied depending on the study's objectives, time constraints, and available resources. Additionally, purposive sample sizes are determined by theoretical saturation, the point at which additional data collection provides no additional insight into the research questions. Research recommends a sample size of at least three participants, as managing the researcher's imagination would be difficult (Englander, 2012).

Local church leaders were contacted to assist in recruitment, and members who met the criteria were invited to participate. The researcher contacted the AME Zion Church, Concord, NC, for this study. By limiting the study to one church, we eliminate sampling bias and increase the study's reliability and validity. This denomination was formed in response to the diversity of doctrines found in other religious organizations. As a result, future researchers could use this denomination's principles to understand better how prayer affects anxiety in religious organizations with various doctrinal perspectives and rituals (Walls, 1974). The researcher wrote to the church administration to obtain permission to conduct a confidential study using parishioners as subjects. It is critical to provide the administration with a letter like Appendix B outlining the research's purpose and how it would benefit the community. Upon their approval, a confidential agreement, as detailed in Appendix C, was delivered to the administration; during the research, the only information provided about the churches would be their denomination.

The church was informed that the primary objective of the researcher is to examine congregants' prayer-based responses to anxiety. On the other hand, correlations between variables are a secondary concern. The researcher recruited members in collaboration with the church administration. As such, a church pastor or administrator provided the researcher with the names

and contact information of male participants who had experienced anxiety based on pastoral observations, conversations, or counseling. Once the researcher received the names of potential participants, she contacted them to determine who met the study's eligibility requirements for the study group. During the conversation, the researcher scheduled a time and date for the individual interviews and a study group session. The church's study group session lasted approximately 90 minutes. About one ten-minute break will be scheduled throughout the session to ensure participant involvement.

Additionally, the roles of participants were discussed during the initial process. This role requires participants to respond truthfully to each question. A list of questions is included in Appendix A. After the study group session concluded, the researcher met with participants to ensure that all responses were accurately transcribed for the summary. A follow-up meeting will be scheduled two weeks after the study group session.

Participant Inclusion & Exclusion Requirements

Participants were chosen using the following criteria: 1.) Must be a black male 2.) A Christian who has confessed Jesus Christ as Lord and Savior. 3.) Throughout his life, the participant must have encountered anxiety but not on multiple occasions. 4.) The participant must have relied on prayer when the anxiety was experienced. 5.) The participant must attend church regularly. 6.) The participant must never have been diagnosed with an anxiety disorder.

Gender was defined in this study as male participants. Additionally, participants must have experienced at least one period of anxiety in the aftermath of their salvation experience. There is no upper limit on how frequently an individual experiences anxiety, but they must report a lower occurrence of the phenomena. Exclusions for non-participation in the research included 1.) any black male who has not attained salvation. 2.) Not being of African descent 3.) Any male

who has never encountered anxiety in his life. 4.) When anxiety struck, a male's prayer life was neglected. 5.) A black male disregarded the means of grace, as demonstrated by his lack of weekly attendance at church. 6.) Any black male who has been diagnosed with anxiety-related disorders according to the DSM5. 7.) A subject who willfully fabricates information to participate in a study. Participants who are excluded will not be contacted to participate in the study.

Procedure

The procedure entails writing a letter to the AME Zion Church administration to recruit, meet with prospective participants, interview participants, and schedule a date to review interview transcripts for accuracy of interpretation. As such, these procedures are detailed to facilitate future study replications.

Letter to the Church

In Appendix B, the researcher included the permission letter that was sent to the church requesting permission to conduct the study with their members. The letter requested approval from the church administration and pastor for the research study. The letter described the research study's purpose, the required number of participants, the number of questions to ask participants, and the study's inclusion and exclusion criteria. Additionally, and to ensure confidentiality, the church received a statement ensuring that their name would not be mentioned or described in the study. A confidential agreement was delivered to the church administration and pastor following church approval (via mail or secure email). One church was chosen to facilitate the research study due to its central location in the community. (See Appendix B)

Participant Screenings

The researcher conducted the initial screening of demographic and other pertinent information, after which the researcher will obtain the names and contact information of potential participants from the church administration. This determination was made entirely based on the assessment of a member's prayer and anxiety experiences based on responses to surveys. The researcher then contacted prospective participants for a second screening. The researcher verified the prospective participant's religion, church affiliation, and age during this verbal communication. If the candidate's demographics indicated that they were not Christians, were not affiliated with any church denomination, were not of African American descent, or had been diagnosed with an anxiety-related disorder, no further contact with the candidate was anticipated. Additionally, initial data was collected using a demographics form, which can be found in Appendix E.

Scheduling Meetings

Initially, the researcher contacted each participant individually via phone to explain the selection process for the study. This enabled the researcher to educate participants about correlational experiments via a qualitative interview. Each participant developed an understanding of the significance of data collection in explaining correlations between variables and other aspects of the research process. Notifying participants that they must answer the research questions truthfully contributes to the study's reliability while providing valid results for determining the efficacy of prayer. The researcher had to reassure participants that their responses remained confidential. A written agreement would establish and maintain confidentiality between the researcher and the participant (contract). Rather than using their

names, all participants were assigned a unique identification number, effectively concealing their names and identities.

To ensure the research's integrity, all communication during the session did not include audio or video recordings. However, participants could review notes made by the researcher upon request. Throughout the process, the researcher maintained the confidentiality of anything the participant said as part of the research relationship, with the following exceptions: (a) the researcher had reason to believe the participant posed a threat to himself or others (including child or elder abuse), or (b) the researcher was ordered by a court to disclose information. (c) The participant communicates criminal intent. (d) There was evidence of an infectious disease that risks others' health. A researcher may consult with Liberty University's supervisor or the IRB board regarding a participant's case, in which case privileged confidentiality may be waived. All electronic notes were stored on an external hard drive and in a locked file cabinet for at least three months. After the dissertation was completed, the hard drive was destroyed. Printed records were retained to assist the researcher while validating the dissertation.

Consent Form and Conducting Initial Interviews

The researcher then initiated the interviews by informing participants that the study examined two primary variables: prayer (an independent variable) and anxiety (a dependent variable). The moderating variable is Christianity in any church denomination. Fundamentally, religious practices are assumed to permit and encourage prayer. As a result, Christianity acted as a third (moderator) variable, affecting the correlation between the dependent and independent variables (Warner, 2012). Following an explanation of the research's terms and conditions, participants signed a consent form indicating their agreement to participate in the study by providing self-reported responses to the research questions. This means that while responses

would remain confidential, they may be used in future research. Additionally, participants understood that signing their names serves as a means of demonstrating to the Liberty University Institutional Review Board (IRB) their participation in the current study.

Participants gained a better understanding of the relationship between their religion, prayer, and anxiety. If participants have any questions, this is their chance to have them addressed prior to their study group session. Following the study group session, the researcher conducted a question-and-answer session during which participants could express their concerns and their positive and negative opinions and perspectives on the study. The researcher scheduled another meeting prior to dismissal to conduct an analysis of the brief transcription.

Interpretation Meeting

Approximately two weeks after the study group session, the researcher met with the participants and read through the researcher's interview summary. This procedure enabled participants to verify the researcher's accuracy in interpreting the interview analysis. In other words, participants are responsible for ensuring that their responses are accurately recorded. During this period, the researcher revised the transcription verbiage considering the information the participants conveyed.

Conversational Starters Questions for Study Group

The initial interviews began with a demographic survey to determine whether there were any correlations between gender, age, religious affiliation, and geographic location. The questionnaire for the preliminary survey contained approximately five questions. Additional questions were asked to arouse participants' sense of recalling details about the experience, thinking, and reflecting in a way that encourages participants to focus on aspects of the phenomena. The following are several examples of possible questions: 1) Do you have another

word to describe anxiety? 2) How do you define anxiety? 3) How do you define prayer? 4) How has your religion helped you cope with traumatic events? 5) What are some of the things you recall praying for? The purpose of this section is to describe phenomena, not offer interpretations or develop a theory (Heffner et al., 2015). Additionally, interviews are an effective method of gathering information, and this proposal included individual interviews and a study group. The study group lasted approximately 90 minutes, and one-on-one interviews lasted approximately 15 minutes. They began with a series of "conversation starter" questions, such as "Do you believe prayer is beneficial when facing difficult times?" to assist participants in developing a fundamental understanding of their religion's significance (Bussing et al., 2015). The study group was not audiotaped; the researcher developed a transcribed summary. Additional feedback on the research process and findings was elicited through follow-up questions or interviews.

A study group was used to elicit participants' reflections on a specific topic of interest, such as prayer or anxiety. The study group aims to elicit participants' perspectives and demonstrate the multiplicity of their beliefs, attitudes, and experiences (Heffner et al., 2015). Participants would disagree on points, provide details, and reconcile differences throughout the study group as they respond to a social context that appears to provide responsible and honest comments. The interviewer must bear in mind that such opinions are naturally suppressed.

The Researcher's Role

The researcher's role throughout this study was to collect data from participant interviews. The researcher conducted the study with permission at AME Zion Church. The possibility of unethical questioning is eliminated by asking each participant open-ended questions. The researcher asked open-ended questions throughout the interview without implying that participants responded in a biased manner. Participants were aware of the research's nature

and scope; as a result, straightforward ethical concerns should be expected. By providing participants with a list of questions before the session starts, they can review them at any point during the interview process. Throughout the data collection process, the researcher gathered all documents containing participants' identifying information and separated them from those of other interviewees. The participants' initial data was electronically scanned and stored, which would later aid in analyzing and comparing the participants' results.

The data analysis took place in a private and confidential environment, with no one other than the researcher able to modify or alter the participants' responses to questions. Additionally, the researcher kept participant documentation in a locked filing cabinet in a storage room at the researcher's residence for at least three months after completing the dissertation. After three months, all participant data and written documentation were shredded permanently. The data on external hard drives and flash drives was permanently deleted, and the flash drive was destroyed.

Role of Investigator Biases

In an ideal world, a researcher would conduct the study objectively without introducing bias to the findings (Heffner et al., 2015). In this study, the researchers' ability to avoid imposing personal religious beliefs and opinions on participants taints the results or results in a favorable outcome that supports the researchers' expectations. Thus, the study's strategy for avoiding bias was to avoid overgeneralization of results, to assess the accuracy of experimenters' expectations while monitoring researchers' involvement, to describe experimental procedures explicitly, and to check experimenters' performance to avoid frequent investigational fatigue. When conducting interviews and study group activities for this research, it was critical for the experimenter to avoid such gestures (head nods, subtle comments, or enthusiasm). Additionally, it is critical to

ensure that all procedures adhere to ethical and quality standards (for example, recruitment, informed consent, and research administration).

Data Collection

This section summarizes the data collection methodology used in this research study. A study group was held at the AME Zion Church within the participant's neighboring community. The session occurred on the agreed-upon day of the week at a time that was convenient for each participant. The session began promptly and lasted approximately 90 minutes. The researcher began by collecting data from participants via demographic forms, a study group, and completing questionnaires (anxiety scales). Second, the researcher analyzed the survey responses for each study participant who is an AMEZ church denominational member. While all participants are black males, their rituals, beliefs, and expectations may vary considerably. As a result, the section titled "Results" of a qualitative research study compares all findings. Research can identify similarities and differences in the participants' anxiety by conducting this type of study. The objective is to retain the relationships between variables in the survey to compare or contrast them in future quantitative research. Finally, the researcher electronically recorded and transcribed the participants' responses to the questions using word processing software and digitally stored the data in a secure file on a password-protected computer that would be destroyed after the dissertation was approved.

Initial Interview Starter Questions

As is customary in research, data was gathered primarily through informal, semi-structured interviews with black male members to delve deeply into the phenomenon of prayer and anxiety (Bussing et al., 2015). Interview questions are instrumented in such a way that they aid in comprehending phenomena from the participants' perspectives (Englander, 2012).

Currently, this study considers only (five) conversational starter questions (attached as Appendix A). The following is a list of likely interview questions: 1) Do you have another word to describe anxiety? 2) How do you define anxiety? 3) How do you define prayer? 4) How has your religion helped you cope with traumatic events? 5) What are some of the things you recall praying for? Another fifteen (15) study group conversational starter questions (attached as Appendix AA) could be used as follow-ups or may be answered by participants in general conversation during the study group session. The format of the questions is determined by the participants' opinions or beliefs (Heffner et al., 2015). When necessary, these semi-structured questions elicited additional information from respondents. The researcher may use "follow-up" questions or probes but should exercise caution to prevent the researcher from purposefully steering the interview. The following is a list of interview questions that are likely to be asked:

1. What things make you want to pray?
2. How important is your religion to you?
3. How important is a prayer to you?
4. How would you define your prayer frequency?
5. To whom do you pray?
6. Explain how you devote your time to prayer.
7. Do you believe that COVID-19 has impacted your prayer life? If so, explain how.
8. Where are some of the places you usually pray? Please explain.
9. Explain how prayer makes you feel when you are anxious.
10. What feelings do you have towards God, Jesus, or the Holy Spirit?
11. Why do you ask others to pray for you if you do?
12. Can you describe your level of ease when praying in the church?

13. What circumstances would make you pray more often or less often than you do now?
14. How has the pandemic changed the way you pray or your anxiety level?
15. What are some of the results of your prayers?

Study Questions Explained

The following section attempts to explain why the participants were asked each of the research questions. Once again, these questions served as a jumping-off point for discussion about how individuals use prayer to combat anxiety. The initial question was concerned with the factor that contributes to an individual's prayer life.

Anxiety is the most pervasive emotional problem in our society (Hart, 1999). Due to the frequent coexistence of anxiety and depression, it's difficult to tell the two apart, and it's critical to understand that medication alone will not cure anxiety problems. By observing prayer moments, one can gain insight into the factors that contribute to a flourishing prayer life or a lack of one.

Question Two: Emphasizes the value of relying on prayer. Certain traumatic life events are defined by an individual's labeling and interpretation of an experience (Klan, 2018). Individuals prefer to incorporate religion into their anxiety therapy, according to prior research (Stanley, 2011). Incorporating religion may be beneficial for certain individuals in terms of anxiety.

Question Three: Refers to the importance of prayer. Individuals pray for various reasons, and this question may be beneficial for those who pray during times of anxiety. Faith and prayer, according to research, are necessary components of the healing process (Roh et al., 2018). This could be critical in determining whether faith and prayer influence anxiety.

Question Four: Is concerned with the frequency of prayer. Prayer can be an effective tool for coping with situations that cause anxiety (Brasilerio et al., 2017). When an anxious person prays, they may experience less anxious emotions and a capacity to cope with adverse situations.

Fifth Question: Inquires about the “whom” an individual prays. Prayer is a means of communication with God in the Christian church (Muzio, 2019). Knowing to whom one prays can reveal whether a person believes they require God during times of anxiety or whether they believe God can answer prayers.

Question Six: Continues the examination of the frequency with which an individual prays. Participants who supplement their therapy with prayer may see positive results in terms of anxiety (South & McDowell, 2018). When people believe that prayer can aid in healing, they may pray more frequently and for longer.

Question Seven: Inquire objectively about how Covid-19 affects a participant's prayer life. Faith and hope, according to research, provide comfort and strength during times of adversity (Roh et al., 2018). This question attempted to rationalize how individuals cope with not only physical dysfunction but also environmental disruptions that could produce anxiety.

Question Eight: Describe the locations where individuals pray. This question can help pastoral counselors develop novel approaches to prayer and identify problematic behaviors that obstruct prayer use in situations where a person may experience a breakdown of mental anxiety (Tolleson et al., 2017).

Question Nine: Considers how individuals feel about prayer when they are anxious. Individuals pray without knowing whether the benefactor will grant their request, but they can express gratitude to the benefactor for considering it (Embrey, 2018). Individuals who pray can express gratitude for unanswered and answered prayers while they have anxious feelings.

Tenth Question: Inquires whether an individual harbors any animosity toward (the Trinity).

Individuals who are insecure and have not internalized their religiosity prior to a crisis are likely to develop negative religious coping patterns, resulting in a lack of preparation and trained coping resources (Hvidt et al., 2017). When religious individuals face adversity, they draw strength from their feelings toward a deity.

Eleventh Question: Indicates whether it is necessary to solicit the prayers of others for oneself.

According to research, the church has "operative members" who perform certain functions on its behalf, acting as an agent for it (the church), which may include praying for others when requested (Cuneo, 2017). Individuals can deepen their religious lives as they witness the power of others' prayers working in their favor through this alignment of faith.

Question Twelve: This is a follow-up to a previous question about prayer environments. This question expands on the previous discussion of whether a person feels at ease praying in a church setting during which numerous requests are made. Individuals who attend and participate in the church have a greater sense of self-worth and lower levels of anxiety, depression, and aggression, according to research (Sotodehasl et al., 2016). The more one publicly participates in such rituals, the more at ease one feels when praying.

Thirteenth Question: Inquire about the extent to which prayer is practiced. One study discovered strong correlations between various religiosity measures and various behaviors and beliefs, including prayer (Mannheimer & Hill, 2015). As a result, this may help explain how individuals value and practice prayer.

Fourteenth Question: Inquire whether the COVID-19 pandemic has impacted how people pray and their level of anxiety. According to the literature, prayer has a few benefits, including providing hope to those in distress (Levin, 2009; Mannheimer & Hill, 2015). Hope has been a

major theme of the pandemic and may aid in determining whether individuals have been impacted by the loss of hope experienced by many believers, which may influence changes in one's capacity to pray or one's decision or desire to forego prayer entirely.

Question Fifteen: Inquires whether the participant's prayers have been answered. According to research, repeated exposure to pro-social content embedded in worship services can assist in developing resources for contemplation and integration during private prayer (Rainville, 2018). Thus, concerns about answered prayers are set aside in favor of daily prayer as a form of religious discipline.

Hopefully, the answers to these questions shed light on the research questions raised in the proposed study, demonstrating the efficacy of prayer in anxiety in Christian, black males who attend church. A qualitative research study's critical components are comprehending the research questions and developing strategies for data interpretation.

Surveys/Questionnaires/Sample Spiritual Genogram

The researcher used various instruments and scales to determine whether the study's proposed hypothesis should be accepted or rejected Appendix G and Appendix F. The study's first hypothesis was that by incorporating prayer, participants' perceptions of anxiety would decrease significantly in the Study group (SG) as measured by the DASS 21. The second hypothesis of this study was that by adapting prayer disciplines to a Christian worldview, the (SG) group would demonstrate improved health and well-being as measured by DASS-21 and SEI-Spiritual Support subscale responses.

The Depression Anxiety Stress Scales-21 (DASS-21)

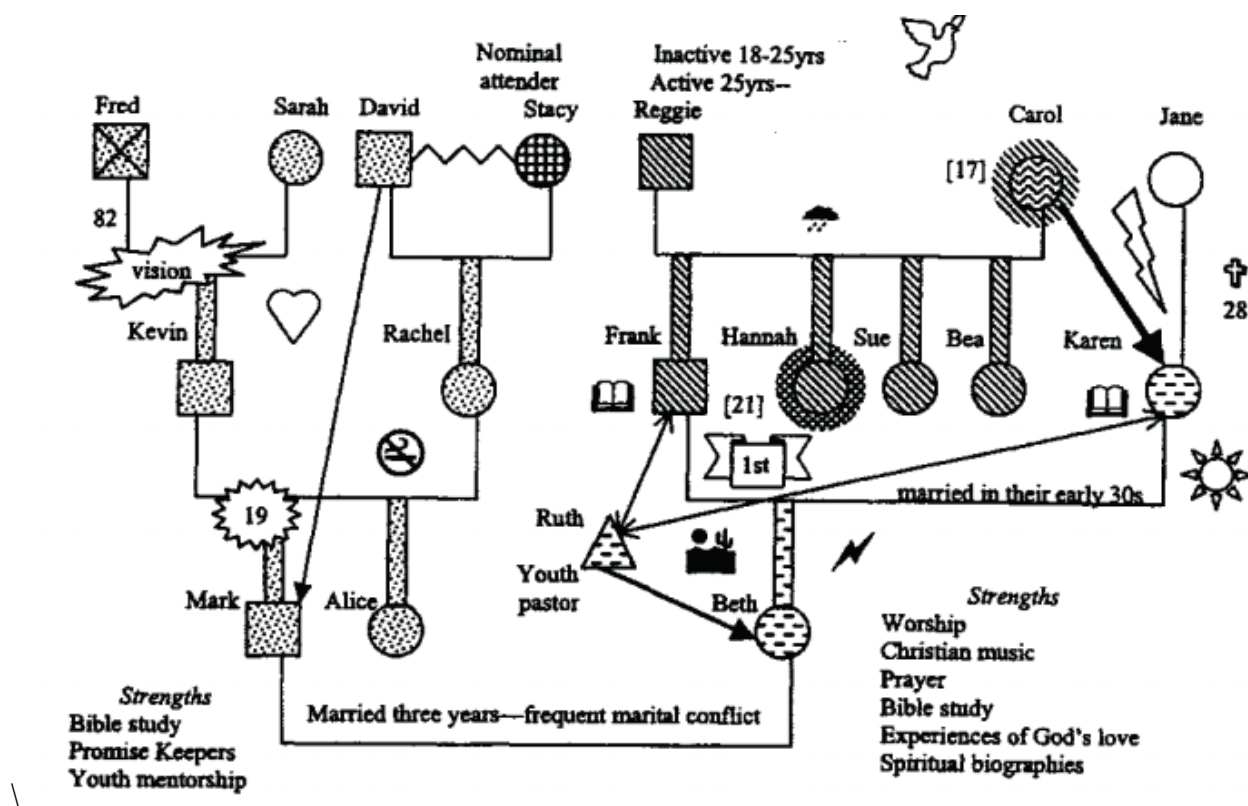
The DASS-21 "is a 21-item questionnaire used to assess clinical patients and the general population for depression, anxiety, and stress" (Fischer & Corcoran, 2007, pp. 219-221).

According to research, culture influences how anxiety is expressed and experienced, as well as the types of illnesses encountered and the way symptoms are interpreted (Oei et al., 2013). This is a scale used for determining an individual's level of anxiety. While other anxieties and depression scales are available when validated, the Patient Health Questionnaire Anxiety and Depression Scale (PHQ-ADS) can be useful as a single measure for assessing two psychological issues in clinical research and practice encountered frequently (Kroenke et al., 2017). (See Appendix F)

The Spiritual Experience Index Revised (SEI-R)

The SEI-R is a 23-item scale found in Appendix I that assesses a person's spiritual journey and faith without imposing any faith or religion. The Spiritual Experience Index (SEI) is a condensed version of the SEI, which is composed of two subscales: Spiritual Support and Spiritual Openness (Genia, 1997). The Spiritual Support Scale will be used exclusively in this study. (See Appendix G)

Figure 1: A Sample Spiritual Genogram



Spiritual genograms concern the clients' current spiritual connections (Hodge, 2000; Hodge & Williams, 2002; McGoldrick et al., 2008). In other words, this instrument focuses on clients' current existential ties to religious systems. Rather than focusing on the past, spiritual eco-maps are present-oriented. Utilizing the initial assessment serves a dual purpose. One objective is to determine the impact of client spirituality on service delivery and client care. For service delivery to be as efficient as possible, spiritual beliefs and practices must be considered (Hodge, 2005). Another objective is to determine whether an additional, comprehensive spiritual evaluation is necessary. However, a professional must use their own discretion if the client's religious norms impact service delivery and client care. Another evaluation may be necessary when the client's spirituality is central to their life. Spiritual genograms are intended to focus on

the client's current relationships, thereby tapping into the client's spiritual story as it has evolved over time.

Study group

A Study group enables the researcher to interact with many people at the same time. The study group session lasted 90 minutes. Participants will be asked the following questions throughout the session to elicit discussion about their relationship with prayer.

1. What things make you want to pray?
2. How important is your religion to you?
3. How important is a prayer to you?
4. How would you define your prayer frequency?
5. To whom do you pray?
6. Explain how you devote your time to prayer.
7. Do you believe that COVID-19 has impacted your prayer life? If so, explain how.
8. Where are some of the places you usually pray? Please explain.
9. Explain how prayer makes you feel when you are anxious.
10. What feelings do you have towards God, Jesus, or the Holy Spirit?
11. Why do you ask others to pray for you if you do?
12. Can you describe your level of ease when praying in the church?
13. What circumstances would make you pray more often or less often than you do now?
14. How has the pandemic changed the way you pray or your anxiety level?
15. What are some of the results of your prayers?

Observations

The study group session will be observed only. Apart from what participants shared, the researcher did not judge their feelings, emotions, or thoughts.

Data Analysis

The interviewing process is a two-way street between the researcher and the participant. During the session, the researcher asked the precise questions listed in the conversational starter section. No questions required modification, but additional follow-up questions could be required to elicit further or supplementary content. Qualitative research employs a consensual phenomenological approach to elucidate the relationship between participants' anxiety levels and their use of prayer. The researcher collected data in response to the questions and stored it in a secure, confidential location. Their contribution was evaluated approximately two weeks after the participant study group session. Following that, the researcher precisely evaluated the participants' responses. The comparison section assessed participants' responses to those of other participants to identify commonalities. The contrast section analyzed the data from the participants to describe the differences and variations in their responses to the study group session.

The researcher wrote a theological section that contrasted the participants' responses to God's sacred word and church doctrines. Sections were organized around the definitions of anxiety, religion, and prayer found in the dissertation. This strategy paves the way for future research to replicate this work. Additionally, removing the researcher's bias when comparing sections requires the researcher to use subjective responses from participants and to convey those responses verbatim in the study. Bias is reduced because the researcher eliminates the irrelevant variable of their personal opinions from participants' responses (Heppner et al., 2016). On the

other hand, the researcher's interpretations of the biblical narrative were subjective, based on personal experience with Christian doctrines, religious morals, and convictions.

For three months following the research study's conclusion, all participants' documentation records were stored in a locked filing cabinet. The researcher will have sole access to keys to maintain confidentiality. After three months, the documentation records were destroyed. Printed records have been retained with the dissertation to validate this and future research.

Trustworthiness

The researcher demonstrated the validity of the following using four distinct domains of trustworthiness: 1.) social validity; 2.) subjectivity and self-reflexivity; 3.) data sufficiency; and 4.) research data sufficiency (Heppner et al., 2016). Societal norms and Christianity determined the study's social validity. Except where biblical references are included, the researcher never interjects her opinions into the study. Throughout this section, the researcher was aware of personal biases such as morals, beliefs, and assumptions. If the definitions of religion, prayer, and anxiety used throughout this study are accurate, the data gathered would be adequate. These definitions are drawn from peer-reviewed psychology research articles. Initial interviews and study group field notes were not altered and were written verbatim. Finally, the analysis's sufficiency substantiated the participants' genuine and trustworthy responses to the questions. The researcher then accurately communicated the study's findings and collected data using summarized notes; the study group sessions were then accurately authenticated by sharing the summary with the participants for validation.

Credibility

The researcher is a North Carolina-licensed clinical mental health counselor associate whose credentials align with the study's objectives. Authentic descriptions of the participants' responses will be provided throughout the study's duration. Thus, the possibility of bias-related errors and unethical research is eliminated (Heppner et al., 2016). There was no triangulation in this study because participants were observed for subjective explanations of religion or prayer on anxiety. The context of the questions asked of participants contributes to the validity of this study. The purpose of the questions was to determine the extent to which participants' opinions have been internalized and to validate their perception of the effect of incorporating prayer on anxiety in Christian black males.

Dependability, Confirmability, and Transferability

The study's location provides a safe environment for participants to describe their religious beliefs and prayer practices or rituals. As participants had access to comfortable environmental settings, the research could be conducted at various times. As a result, this study could be conducted at the AME Zion Church at a specific date and time convenient to the study group participants.

Ethical Considerations

The likelihood that the communities of participants and researchers overlap is an ethical consideration; thus, both participant and researcher may know or socialize with friends, colleagues, church or family members, or other community members. As a result, the researcher adhered to the licensure requirements of the North Carolina State Board of Licensed Clinical Mental Health Counselors: <https://www.ncblcmhc.org/>. Participants would be informed of confidentiality and ethical concerns during the initial interview. Additionally, the researcher

stored the participants' data and information in a locked cabinet in her home office. All digital files were stored on password-protected devices and were later deleted three months after the research study concluded to prevent hackers from obtaining participants' information via a breach of confidentiality.

Summary

Finally, this section contains a detailed, outlined description of the proposed methodology for the research study. A qualitative method was used to ensure the accuracy, reliability, and validity of the study's findings regarding the effect of prayer on anxiety among Black males in the Black church. One-on-one interviews for approximately 60 minutes with each participant were performed to collect initial data. A study group consisting of five to eight participants was interviewed for approximately 90 minutes with open-ended questions at the AME Zion Church. The researcher's objective is to gain a better understanding of how prayer can help black males handle anxiety. The study group was held at the AME Zion Church to ensure that discussions about prayer take place in a healthy environment. Permission must be obtained in writing to conduct and form the study group.

Participants were chosen voluntarily, with input from the pastor or church administration on who might be a good fit for this type of research. Following that, the researcher contacted prospective participants via letter. The researcher solicited volunteers when the pastor introduced the study at a special meeting. Volunteers must meet research criteria, and the church must consent to the study's conduct verbally and in writing. Additionally, participants must consent to future research using their personal information without descriptive identifiers.

In this study, prayer is the dependent variable, anxiety is the independent variable, and religion is the moderating variable. The study addressed some of the gaps in the literature by

combining religious behavior practices and psychological treatments to improve the overall health and well-being of the Christian black male population. Additionally, this study should demonstrate some of the benefits of religious diversification by encouraging religious entities (other religions) to develop practices to improve their members' physical, spiritual, and mental health (Glas, 2007; Bussing et al., 2015). By conducting this research, religious leaders (both clergy and laity) can collaborate with individuals who suffer from anxiety in ways that benefit their beliefs and perspectives on their overall health concerns while also providing the support they need to alleviate or eliminate anxiety symptoms when reported. Additionally, this study employed and analyzed clinically validated scales to determine participants' anxiety levels. According to research, religions promote forgiveness, which has been shown to restore and improve one's health and well-being (VanderWeele, 2017). This combination of variables would prove helpful in future research studies on the black male population.

Maintaining a healthy religious life can help individuals cope with anxiety, particularly in their later years. The Bible indicates a directive from God to “fear not,” with the assurance that he will strengthen, help, and uphold his children (those who trust him) with his righteous hand. In other words, God promises all that there is no anxiety because of the provisions to overcome it he has provided (The King James Version, 1796/2017, Isaiah 41:10). As one is instructed to “fear not”, it is imperative that individuals seek God for direction on how to manage anxieties when it arrives.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this research was to establish the impact of prayer on anxiety reduction among black males. It was determined to establish whether prayer could reduce anxiety levels among black men in Methodist churches in the US. The study, being a hermeneutical phenomenological one, reviewed many biblical analogies to establish the deep connection between prayer, spirituality, and religion of the modern-day church and weighed on anxiety reduction ability. Many studies have been conducted on anxiety among black people and how religion influences it. However, there is a narrow empirical study done on the impact of prayer on anxiety. Again, there are plenty of biblical pieces of evidence that support prayer reduces anxiety. For example, when Jesus ascended the mountain for his final prayer before his crucifixion, he was anxious and asked his father why he had forsaken him. He requested that this cup may pass him (The King James Bible, 1769/2017, Matthew 26:19). However, he finished by accepting that the will of his Father be done. This demonstrates that after prayer, he made peace with the fact that he would pay the price of our sins on the cross. At that moment, peace was with him, and no more anxiety.

Based on the study's literature, there were two validated research questions:

RQ1: What verbalizations best describe Black males' prayer-based strength? The researcher will search for a pattern of words that connote strength, such as faith, resiliency, and fortitude, as well as any other idioms that could connect prayer's influence on anxiety.

RQ2: What prayer practices produce strength in black males? The researcher seeks specific prayer practices that correlate with anxiety relief.

In this chapter, study findings were described in detail. The process of how research instruments were developed, screening of participants, data collection, data cleaning and transcription, coding, and analysis. The researcher will guarantee the study's trustworthiness by describing 1.) Social validity, 2.) Subjectivity and self-reflexivity, 3.) Data sufficiency, and 4.) Research data sufficiency. This ensured the study was not biased and could be replicated.

Participants

Eight participants cheerfully took part in this study. As part of the inclusion criteria, they were all black males living in North Carolina and members of the Methodist church. They were born again and believers of Jesus Christ who understood the value of prayer. The youngest participant was 39, while the oldest one was 55. Below in table 3, is a summary of the demographic characteristics of each participant. In the table, the SEI-R score and DASS score for each participant were calculated and added based on how they filled out the SEI-R assessment and DASS assessment forms. Below is a description of each participant with pseudo-names. The inspiration for this table has been adopted from Bosanquet et al. (2017).

Table 2: Participants' Demographics

Participant	Age range	Occupation	Income	Marital status	Education	SEI-R score	DASS score
Subject 51101	40-49	Truck driver	0-20000	Married	Some college	78	22
Subject 51102	40-49	Teacher	21000-40000	Married	Master's degree	75	25
Subject 51103	40-49	Entrepreneur	21000-40000	Divorced	Bachelor's degree	70	23
Subject 51104	40-49	Clinical counselor	41000-60000	Divorced	Bachelor's degree	69	45
Subject 51105	40-49	Nurse	41000-60000	Divorced	Master's degree	75	24
Subject 51106	50-59	Realtor	41000-60000	Married	Associate's degree	77	30
Subject 51107	40-49	Occupational therapist	0-20000	Married	Bachelor's degree	78	21
Subject 51108	50-59	Social worker	0-10000	Married	Bachelor's degree	78	35

Subject 51101

James is a 45-year-old man who works as a truck driver. He is married and has a stable family of two children and a wife. He dropped out of college before obtaining skills and a heavy truck driving license. He has been a truck driver for 15 years and was born in a Methodist church

family. Therefore, he has been a member of this church since childhood. He proclaimed to be born again and prayed daily. His income belongs to the category of \$0-20,000 per month. Regarding anxiety, he has a long experience especially due to past road accident encounters. However, the current DASS score of 22 proved he was not experiencing any anxiety or depression. His spirituality and faith in God were high, as evidenced by the SEI-R score of 78/78.

Subject 51102

Fredrick is a 49-year-old high school teacher who is married and a father of three. He used to be a Catholic Church member before joining the Methodist church. He is well-educated, with a master's degree from one of the prestigious universities in North Carolina. His income is close to \$35,000. He prays every moment apart from Sundays. He has experienced anxieties related to school shootings he experienced at one time while teaching in an elementary school some 12 years ago. He has also experienced other anxiety episodes related to exams, financial stress, and family sicknesses. He claims to be more spiritual than religious. Currently, he is not anxious, and the DASS score is 25, while the SEI-R score is 75. Prayer helped him overcome anxieties wherever he encountered them.

Subject 51103

Walker is a 43-year-old entrepreneur. He holds a bachelor's degree in business management and is currently an entrepreneur and a life coach. He claims to be less religious but has a close connection with God. Therefore, prayer is his daily routine. He confesses that his wife divorced him due to his busy schedule, something that he regrets and has been giving him anxiety. He has an SEI-R score of 70 and a DASS score of 23. However, he is motivated by the fact that he is rich, with a monthly income of close to \$40,000.

Subject 51104

Mike is a 48-year-old clinical counselor. He holds a bachelor's degree in clinical psychology. However, he is divorced but lives happily. His income is stable to live a good life in North Carolina, close to \$20,000 bi-monthly. He has experienced anxiety many times due to the nature of his work, where clients break down in his office. He describes himself as less spiritual and religious but acknowledges the positive impact of prayer in his life. His DASS score is 45, and his SEI-R score is 65.

Subject 51105

Craig is a 40-year-old registered nurse. He has a master's degree in critical care nursing. He has a stable income of over \$60,000 per year, but he is divorced. He has experienced several anxiety episodes in the past due to his busy work schedule and encountering serious health conditions in the emergency room in the hospital. As a Methodist church member and a firm believer of God, he prays to overcome stress and challenges. His SEI-R score is 75, while his DASS score is 24.

Subject 51106

Malcolm is a 55-year-old Realtor. He is married with four children and lives with his wife while all kids are grown, studying, and working. He said that he was not so good at studying and only obtained an associate degree. His polished skills and experience in real estate have earned him a fortune. He has an income of close to \$60,000. However, he remains humble and a God's servant at African Methodist Episcopal Zion Church. Therefore, he appreciates religion and upholds spirituality. Prayer is his weapon when he faces troubles. His SEI-R score is 77, while his DASS score is 30.

Subject 51107

Jason is a 49-year-old gentleman who works as an occupational therapist at a local hospital. He is married with two kids and is a firm believer and follower of Jesus Christ at African Methodist Episcopal Zion Church. This is evident in his SEI-R score of 78/78 and low anxiety with a DASS score of 21. He is grateful for his possessions and, foremost, the salary above \$10,000 monthly. He holds a bachelor's degree, and he is planning to enroll in a master's degree.

Subject 51108

Cleveland is a 57-year-old gentleman. He is a social worker at one of the local hospitals. He is married with three children. He holds a bachelor's degree in social work from New York University. He has a lot of experience in traversing different states while working and studying. He is originally from Atlanta, Georgia, but relocated to North Carolina. While in North Carolina, is when he joined the Methodist church. He is not much into religion but pursues his personal relationship with God. He has encountered many anxiety episodes in the past, one of them being racial discrimination 20 years ago. Being a black person and having lived old enough, he has experienced past inequalities especially due to racism. However, prayer has been one of his weapons of defense and solutions to his anxiety. His stable income of approximately \$6500.00 monthly has enabled him to take good care of his family.

Results

This hermeneutical phenomenological study was conducted at the African Methodist Episcopal Zion Church, where several data collection tools were utilized. The study used both individual interviews and a focused study group. The first interview was conducted on September 1, 2023, while the last one was done on September 15, 2023. The interviews were done over a phone call where audios were recorded and comprised of 8 participants. The focused

study group was conducted physically on September 20, 2023, at African Methodist Episcopal Zion Church, where 9 participants took part. I had hoped to conduct the study in 20 weeks, but this was never a reality as gathering a sample size that met the inclusion criteria was challenging; hence, it took longer. The participants and the study group members received a consent form in their emails that they signed and replied with before the interview date. The study group session took 1 hour and 25 minutes, as there was an actual prayer that was conducted for 10 minutes to support one of the ailing church members. The interviews took 10-25 minutes for each participant.

All audios were transcribed verbatim, cleaned, and imported into the NVivo -12 plus software for data analysis. The other tools that the customer filled in included the DASS score assessment, Spiritual genogram assessment, demographic questionnaire, and SEI-R assessment. These tools provided key demographic information and spiritual and anxiety level patterns, and thus they were incorporated into the analysis. However, the spiritual genogram was omitted during the analysis as it did not provide any meaningful information that correlates with the impact of prayer on anxiety among black males.

Theme Development

After the verbatim was imported into Nvivo, key codes that were meaningful and relevant to this research were identified. These codes were grouped together under the respective sub-themes. The sub-themes were collectively identified as themes. In the end, four themes were identified, including prayer motivations, attitude, knowledge, and impact. In Table 4, the codes, sub-themes, and themes on how this process was developed are presented. The inspiratiot of this table was obtained from Naeem et al. (2023), who made a step-by-step themes development using tables and trees.

Table 3: Theme development

Codes-examples	Sub-themes	Theme
‘... it had caused me to pray more.’ ‘Covid...taught me...pray’	Covid-19	Prayer motivations
‘Sense of fear’, ‘forgiveness’ I got patients ‘My children, grandchildren, marriage...’	Personal problems	
‘Dealing with the kids and they'll smoke social...’ ‘My wife doesn’t want praying, so I'm still praying’. ‘Teach, pray, sing.’ ‘Problems in jail’ ‘Prayer warriors’	Fellowships	
God, forgive us, ‘I ask God...’, Relationship with God, Hope in God, ‘...Lord knows...’	Supreme Being	Attitude
‘If the people pray, the preacher will preach...’ ‘...If the people pray, the preacher will preach...’ preaching, ‘God’s house...’	Church	
‘I believe an intercessory prayer...’ ‘...I rarely ask people to pray for me...’	Prayer	

Pulpit, thank God, morning prayer, ‘...pray on Sunday morning...’ church, ‘... the spirits are not Jing...’, ‘...my religion is my foundation...’, scripture	Spirituality vs religion	
Fear, pure nervousness, fearful, unnerving feeling, edgy, mess	Understanding anxiety	Knowledge
‘...Know how to pray...’ ...prayer is a part of my relationship with God...’ ‘...Prayer is the way I talk to God...’	Understanding prayer	
‘...the better I felt and the stronger I got to deal with it...’ ‘...calm down...’	Anxiety reduction	Impact of Prayer
‘...I can pray and ask the Lord to be with me...’ ‘...strength, endurance, patience, and life...’ ‘...better or a stronger person...’	Spiritual strength	
‘...I could barely walk...’ ‘...my family was on the verge of being homeless...’ ‘...traumatic events...’	Other Results of prayer	

Two of the four themes were found to have a relevant answer to this question. Below is the description.

Attitude

This theme explored how different participants perceived church, spirituality, religion, prayer, and their supreme being. This would demonstrate if they acquired any strength from prayer since it revolves around the above-mentioned aspects.

Towards Spirituality vs Religion. The population's source of strength was studied based on whether they embraced spirituality, religion, or both. Based on how they viewed spirituality or religion would reveal if their source of strength to pray was motivated by their church or their faith and personal connection with God. Some of the participants had this to say:

Craig from the study group embraced spirituality in his pursuit to pray.

Craig ([19:06](#)): Else. I believe with all my heart that I probably never will learn how to pray adequately, forcefully, as much as I need. But I'm thankful because I know I need to pray and thank God for his spirit knows that me.

Mike from the study group embraced religion in his pursuit of prayer. He preferred the religious gathering as a motivation to pray, as evident in his response:

Mike ([22:31](#)):...it'll make you come up with some decisions about when people come to you or when you have been called to the pulpit as we all have been called. And we have a program that always includes morning prayer...

Cleveland also believed in a fellowship prayer at the church, implying that he embraced religion.

This was the same case with Fredrick and Walker in the study group:

Cleveland ([44:52](#)): ...one of the things I do at church, I'll ask different people to pray on Sunday mornings...

Fredrick ([45:41](#)): ...So, because I'm, I'm not one to, and I, I too call on people to pray at church...

Walker ([01:02:11](#)): You know, and even I was told, man, you know, you can't interpret without saying the name of Jesus. I was taught that too. But because of my relationship, I become daddy, Papa, you know, whatever ([01:02:40](#)): I know. I just start with a scripture. Sometimes I thought I start with a song, uh, you know, like thought of what friend we have in Jesus when you are formal.

On the individual interviews, the subjects viewed religion as a strong pillar in their prayer and connection with God.

Fredrick: My religion means more to me than anything else in this world. I have found that true religion for me has stemmed from decades of traditional beliefs from my parents, grandparents, and community.

Walker: My religion has helped me to cope with traumatic events by allowing me to be able to pray about situations.

Mike: Every problem I have ever dealt with my religion has helped me to cope through prayer, fasting, and even singing songs, all of which help me to feel better.

Jason: My religion has helped me cope in several ways. First, I can talk to God about any issues I have.

Cleveland: So, my religion has helped me learn to reflect on past mistakes, failures, and flaws and correct those issues that led to traumatic events over the span of my lifetime.

However, Malcolm was more spiritual than religious. He had this to say:

Malcolm: I guess in the bigger scheme of things, people would rely on religion, but I choose to rely on God.

Towards Church. Church has been perceived as a place of solace and personal connection with God. However, other believers embrace praying in solitude while others believe that there is a stronger prayer outcome when done together with other believers (Stilley & Stilley, 2014). This disparity was investigated in this study on church and prayer. Cleveland from the study group demonstrated that he preferred the church set up and gathering where preaching augments prayer for a more robust connection with God:

Cleveland ([46:58](#)): ...If the people pray, the preacher will preach. I always say in my opinion that that's not going outside this room. One thing we must be careful about, and I had to learn this, you can't preach like somebody else...

Mike had a contrasting opinion, where he perceived solitude prayer as easier to conduct than praying together in church with other believers:

Mike ([01:01:38](#)): What we're going through, like in church is formal. I'll say, our father, my father, whatever. But like when Reverend Thompson was saying, when we're conscious, and I'm at work, I don't, oh lord our father, I say, Lord, I say Lord first.

Mike ([01:05:05](#)): ...if a person takes five to 10 minutes to say everything, they wanna say before they start preaching, hell, you gonna have a long day. Because what they're trying to do is, like methods was saying, they're trying to get their silver...

Mike ([01:06:35](#)): ...people gonna get distracted. All they need to hear is one thing. Drop, they get distracted, and here it goes. That's it. Somebody's phone rings...

Fredrick also preferred to pray at home or while driving due to the convenience in the busy work schedule:

Fredrick ([01:07:40](#)): Well, I got a longer drive to work now, so a lot of my time, I have my devotion in the house.

Towards Payer. All participants and study group members believed in the power of prayer in healing their traumas and calming their anxieties. Here is what some of them had to say:

Fredrick ([41:48](#)): I believe an intercessory prayer. I believe that those who, once again, present themselves before him with a clean heart and pray on my behalf that intercessory prayer can be extremely powerful if you believe in the power of prayer....

Mike ([42:21](#)): ...That's, um, this is just my perception of it. I rarely ask people to pray for me. That's just true. Um, it's not that I don't feel that I don't need it. It's not that I don't feel that they, they can, they can, um, do it better. Because there's no such thing as one prayer being better than another prayer...

Craig: Prayer helps me to cope with traumatic events by allowing me to understand that God is with me no matter what I'm going through.

Cleveland: I feel like I pray about everything that I can think of, uh but maybe I don't pray as much as I should, and that can be a mess.

Impact of Prayer

Various impacts of prayer can be realized based on one's level of faith. In this context, the respondents claimed to have experienced great peace when they prayed during troubles and anxiety. As found in the study by Upenieks (2022), prayer can have positive impacts such as anxiety reduction, spiritual strength, and other life changes.

Anxiety Reduction. Most of the participants expressed their positive attitude towards prayer in that it reduced their anxieties.

Here is what some of the participants had to say.

Jason ([03:01](#)): ...because I would question myself, uh, Lord, what am I doing to cause this? But the more I prayed, uh, the better I felt and the stronger I got to deal with it...

Cleveland ([08:10](#)): ...It, it's gonna be meaningless. Yeah. Meaning it's meaningless. Why even try, I mean, I need to go calm down and get myself together and think...

Walker ([11:07](#)): ...I prayed more, and Lord, you know, help me calm down because, you know, it depends...

Walker: I didn't feel this anxious, I wasn't worried, and I knew in my heart that things were going to be OK...

Malcolm: I wouldn't necessarily say my religion helps me to cope with traumatic events as much as I would say or believe that God helps me to cope with traumatic events.

Malcolm: My religion helps me to cope with traumatic events by taking the sting out of the reality of what has happened.

Spiritual Strength. Many participants had their spirits lifted after prayer. Their personal connection with God and faith was refreshed every day after daily devotion. Here is what they had to say:

James: Whenever I'm going through something I can pray and ask the Lord to be with me or to guide me or to show me how to make a rational decision about something important.

James: Some of the last things I recall praying for are strength, endurance, patience, and life.

Walker: Because I was able to pray, I felt like it made me capable of dealing in a healthy manner with my grief.

I've prayed for strength, courage to face the unthinkable, and for faith. I've prayed for anything that would make me a better or a stronger person.

Craig: Some of the things I recall praying for are healing, wisdom, faith, forgiveness, and empathy for others.

Other Results of Prayer. Apart from spiritual nourishment, the participants were given an opportunity to mention any other results of prayer. Majorly, it included solving their health and financial problems. Here is what some of them said:

Fredrick ([01:14:49](#)): ... I'm like, I'm healed. I'm like, wow. I could barely walk. You know, I've been dealing with this for a long time. Almost a month now. Almost a month. But I was able to run down that field, and I just know it was God....

Walker ([01:15:55](#)): ... Some 22, 25 years ago, myself and my family were on the verge of being homeless.

Mike: My personal religion has helped me to cope with traumatic events by allowing me the opportunity to talk to God about my struggles.

Prayer Motivations

Covid-19. Even though the Covid-19 pandemic has significantly been controlled globally, its impact can still be felt up to date. Individuals have experienced anxiety out of fear that they might contract the disease. The participants in this study demonstrated the use of prayer to calm their anxieties. Others learned a lesson that they should depend on God and prayer from season to season. Here is what some of the study group members had to say.

Craig ([02:30](#)): ...Covid 19, my wife and I had it at the same time...

Jason ([03:01](#)): Covid 19. Uh, it, it affected me, um, excuse me, tremendously. I had it three times because of the areas that I, that I worked, and it had caused me to pray more...

Fredrick (03:40): And I felt like I was, even though it didn't, it affected me in so many different ways, but at the same time I felt like life itself was like I was losing control and it caused me to pray more.

Jason (04:34): I feel that, that during this Covid-19, we had so many people passing and that we question ourselves if our life was in order, if that would happen to us and would cause us to look tape, make sure Mm-Hmm. <affirmative> that would cause us down to look to a higher power.

Cleveland (48:17): And Covid has taught that, that even if I'm driving, I just reach over there and touch my phone and say a prayer.

Fellowships. Some individual's motivations to pray came from their togetherness with fellow believers at the church, praying for their friends and relatives, and having compassion towards their countrymen. The following are some participants' relevant responses to this sub-theme:

Fredrick (01:31): I think one of the things that make me pray a lot is that I work with young people, and they make me pray a lot because I pray for them as well as myself. And, um, I have to like, lift him up daily.

Walker (02:08): ... dealing with the kids and they'll smoke social, emotional issues, um, has affected the school system....

Craig (06:45): My wife don't want praying, so I'm still praying. Yeah.

Fredrick (24:13): Problems in jail. Uh, like everyday situations.

Fredrick (24:31): I think one of the things that make me pray a lot is that I work with young people and they make me pray a lot because I pray for them as well as myself...

Cleveland ([42:21](#)): ...If I'm living a life that's pleasing to God, showing kindness, love, and you know, to everyone, if they see something bothering me, if they are truly a Christian, they gonna pray for me.

Walker ([44:18](#)): I do have my prayer warriors. Mm-Hmm. <affirmative>. And the reason why I have those because there are times, like last night, uh, I went to Doctor Thursday and I got a diagnosis.

Cleveland ([45:02](#)): I really need someone to hold my hands up Yeah. Then I know of about three or four that I can call... They gonna go and intercede right then and there on my behalf. Yes.

Personal Problems. Individuals in this study mentioned that their own problems motivated them to pray more. This would go a long way to resolve their anxieties associated with the problems. Some of the participants said this:

Mike ([04:04](#)): ...Motivated by fear. I agree. It was uncertain and uh, sometimes you could have a slight sense of fear, but not knowing is most overwhelming. Not knowing which way to turn, how it's gonna turn out.

Walker ([05:26](#)): And, and even now, I still pray that it has no adverse effect because people talking about, you know, people die with hearts and all that.

Mike ([08:52](#)): ...I just, that's God, give my prayer and forgive us because we get beside ourselves sometimes...

Craig ([01:25:04](#)): And I can tell you one more, one quicker one. My wife had a regressive condition that led to her ultimate divide. It was neurological. I had to stand firm in prayer.

Fredrick: I pray for myself a lot, I guess it's because I don't feel like other people pray for me sometimes.

Mike: Some of the things I've recalled praying for have been my children and grandchildren, my marriage, things that happen in the world, and my health, and I find myself praying a lot for those who are sick.

Jason: I pray about everything, and I pray all the time. Short prayers and long-drawn-out prayers.

Research Question 2

What prayer practices produce strength in black males? The researcher sought specific prayer practices that correlated with anxiety relief.

This question was related to the ways of devotion and culture of prayer at the participants' church and daily lives. Some participants preferred to pray from wherever they were with eyes open or closed; others preferred kneeling at church and praying as a team, while others embraced fasting.

Knowledge

The emerging theme was knowledge whose subthemes included understanding anxiety and prayer. For this theme to be relevant and appropriately answer the research question, it was necessary to first examine if the participants understood the concept of anxiety.

Understanding Anxiety. The participants demonstrated their knowledge and awareness of anxiety by accurately defining it, giving its synonyms, and mentioning tips on coping with it. From the descriptions below, it was clear that all participants were knowledgeable and experienced anxiety. Here are how the participants understood anxiety:

James: Another word I have for anxiety is fear. I don't like to use that word, but sometimes that's all I can think of.... The way that I define anxiety is pure nervousness. You know, the kind where you might tap your hands on the table or tap a pencil or shake

your leg because you have all this nervous energy pent up on the inside, and you don't know what to do with it.

Fredrick: Being afraid or fearful could be another word that I would use to describe anxiety.

Walker: I define anxiety as being afraid or fearful of something or someone

Mike: I would define anxiety as that unnerving feeling that you get when things just don't seem right.

Craig: To me anxiety is feeling afraid uh, being scared, feeling out of control of the things around you.

Malcolm: I define anxiety as the way I feel when I'm concerned about life circumstances.

Jason: Anxiety is that feeling that you can't shake when things around you are chaotic.

Cleveland: Well as I see it, I define anxiety as a mess, a chaotic mess that's uncontrollable, undefined, and unconscious. It has no concept of morally correct values, and it just causes a person to become afraid.

Understanding Prayer. Various participants and study group members demonstrated different approaches they applied to prayer. However, the common root established was that they had one faith. They also understood that prayer was a way to communicate with their God.

Mike ([18:45](#)): ...So I, I just wanted to make that statement that we all need to know how to pray...

Mike ([19:54](#)):... So, when I gather myself for prayer, if I can gather myself with these things in mind, because you have to be, you have to have faith and believe....

Mike ([22:31](#)): ...prayer is a part of my relationship with God. So how I pray and what's meaningful to me is between me and my God and faith, and how I communicate with him

and how he communicates with me...And we have to believe that and feel that and understand that and know that and live that and grow in that. That's how strongly I feel about the program.

This study group member above embraced faith in his personal prayer.

Fredrick ([39:32](#)): I feel like it should because prayer is your sincere desire. Whatever's on your heart, that is your prayer. And different things are on your heart. So you have different prayers. So when you say it's, you develop a habit. I would, I wouldn't use that word as saying habit of prayer.

Fredrick ([41:01](#)): And we have a program that always includes Morning Prayer.

Fredrick ([41:48](#)): I believe an intercessory prayer. I believe that those who, once again, present themselves before him, they clean heart and pray on my behalf that intercessory prayer can be extremely powerful if you believe in the power of prayer...But if there are those who understand the whole concept of intercessory prayer, because if you follow the scripture right when Jesus would pray...,

Fredrick believes in having a sincere heart in prayer rather than having prayer as a normal routine. He also prefers an intercessory prayer in the morning as a routine.

Walker ([01:02:11](#)):...you know, you can't interpret without saying the name of Jesus...

Walker ([01:02:40](#)): ...I just start with a scripture. Sometimes, I thought I start with a song...

Walker from the study group understood the power of Jesus' name. Before prayer, he also practiced reading scripture and singing.

Craig ([01:07:16](#)): ...I gotta have my eyes closed, you know? But no, I, I realize you just pray....

Craig ([01:07:33](#)): ... You know, it, it's no harm praying with your eyes open, you know?

Craig had his approach towards prayer, where he preferred to pray with eyes open.

Fredrick ([01:07:40](#)): Well, I got a longer drive to work now, so a lot of my time, I have my devotion in the house.

Fredrick above seems to like flexibility in prayer. He prefers to pray even when he is driving or at the house.

In the responses below, the participants for individual interviews expressed their knowledge about prayer meaning:

James: The way that undefined prayer is a time to talk to the Lord.

Fredrick: Prayer is the way I talk to God; it's my opportunity to tell him how I feel what's going on in my life, and what I need for him to do for me.

Walker: I would define prayer as communication with God.

Mike: Prayer is how we talk to God, it's all about communication. I define prayer as necessary and definitely a way to get closer to God.... prayer, fasting, and even singing songs all help me feel better.

Craig: What would define prayer as a conversation I like talking, so I get an opportunity to talk to God whenever I want to, and he hears me.

Malcolm: Oh yes, prayer is one of the most valuable tools I could ever have. Prayer is an open, honest, transparent conversation with God. It's my time to share my deepest and sometimes darkest thoughts with him.

Jason: Prayer is the grounding force of my religious practice. It's the ritual I use daily to communicate with my God. Prayer expels any and all doubt and loads my heart with faith and trust in God to do the things that I'm requesting during prayer.

Summary

This hermeneutical phenomenology study comprised eight participants who were interviewed separately. It also involved a 9-member focused study group who answered 15 questions. The participants also received several assessment tools, which included a DASS score assessment, Spiritual genogram assessment, demographic questionnaire, and SEI-R assessment. However, spiritual genogram assessment was found to be irrelevant to this study. The scoring of these tools was combined with the demographic data output and will be described in the next chapter. The recorded audio and videos were transcribed verbatim and were analyzed qualitatively using NVIVO-12 software. This study analysis found central themes that were relevant enough to answer the research questions. The themes included Attitude, Impact of prayer, knowledge, and prayer motivations. Three themes were able to answer research question 1, while one theme answered research question 2.

Research Question 1

The first question explored the verbalizations that best describe prayer-based strengths among black males. The attitude theme used the sub-theme of spirituality vs religion, church, prayer, and Supreme Being to assess how the participants perceived each. Some of the participants preferred to be more spiritual than religious; others preferred to be religious, while some had a mixed perception of the same. Being religious or spiritual communicated the source of prayer-based strength for the population. The attitude towards the church as a sub-theme assessed whether the participants had a positive or negative perception towards the church and if they preferred to pray at the church or at their private confinement. The positive perception was evidenced by the participants mentioning terms like preaching, Reverend, God's house, and devotion.

Additionally, the attitude towards the Supreme Being evaluated how the participants loved God with passion or if they were only motivated by their prayers to be answered. The terms that indicated a positive perception towards God included forgiveness, relationship with God, the Lord, thankfulness, faith, trust, and gratitude.

Furthermore, the attitude towards prayer aimed to assess whether the participants were passionate about prayer. Words like ‘intercessory prayer’ and ‘every day’, were relevant in assessing this attitude.

The impact of prayer was a theme whose objective assessed the outcome of prayer-based strength. The main impact studied was anxiety reduction. This would be followed by assessing if it enhanced spiritual strength and solved other problems such as physical healing, family conflicts, and financial stress, among others.

The third central theme for this research question was prayer motivations. Individuals could be motivated to pray by different factors. In this theme, three main sub-themes came up as the factors: Covid-19, fellowships, and personal problems. During the emergence of COVID-19, there could be individuals who experienced a lot of anxiety and resolved to pray. The other factor is fellowships, where believers can pray for other believers, family members, friends, and the nation at large. Lastly are the personal problems that everyone has. These could be education, family, work, loans, sickness, etc. These could motivate the participants to pray and calm the anxieties associated with the problems.

These themes adequately answered the first research question. By highlighting the codes verbatim, the results were satisfactory the objectives of the study could be achieved. Therefore, prayer-based strengths were identified as related to anxiety reduction.

Research Question 2

This question aimed to establish prayer practices that produced strength in black males as correlated with anxiety relief. The theme of knowledge was the only relevant one in this question. The participant's knowledge and awareness of different prayer and religious practices in the Methodist church faith was key in answering this question. This theme had two sub-themes: understanding anxiety and understanding prayer. In understanding anxiety, the researcher aimed to see if participants understood the meaning of anxiety before applying any prayer practice to reduce it. The participants were found to understand anxiety by defining and giving synonyms such as fear, pure nervousness, being in trouble, being terrified, and chaotic mess. Even though not all terms were correct, most had a close meaning to anxiety.

On understanding prayer, the participants were asked to mention terms that implied specific cultures, practices, and beliefs of the Methodist church. They mentioned faith, communication, programs, intercessory prayer, Jesus Christ, scripture, song, eyes open, and conversation with God.

Through these concepts, this research question was adequately answered. The next chapter is chapter 5, where the interpretation of these findings is provided through discussion and implication. The limitations and recommendations for future research are also mentioned.

CHAPTER FIVE: CONCLUSIONS

Overview

This section is the culmination of a detailed examination of how prayer helps black males reduce anxiety within Methodist churches. Understanding the complex relationship between prayer, spirituality, and black men's experience of anxiety has been the primary objective of this research. This chapter summarizes the findings and incorporates them into selected literature. Ultimately, this will lead to understanding how prayer becomes a form of protective agency and a source of strength for people plagued by anxiety. The scope of this section focuses on a thorough examination of study results, revealing the various facets and components that make up prayer motivations, fellowships, attitudes, and knowledge about prayer. This conclusion enriches academic works and practical applications, allowing a deeper understanding of how prayer can help black males achieve mental health.

Summary of Findings

The research into Black males 'prayer-based strength has led to the realization of significant insights. Through thematic analysis, the study identified several key patterns within the themes of Attitude, knowledge, the impact of prayer, and prayer Motivations. Based on the hermeneutical phenomenological study, it was revealed that participants had very different points of view about spirituality and religion concerning why they pray. The COVID-19 pandemic became essential for urgent prayer and spiritual training in every corner of this planet. The results also enhanced the apparent differences among participants in their attitudes toward prayer locations, some favoring a communal environment riven with noise such as that provided by church walls. In contrast, others found solace in alone time. Participants articulated diverse motivations for engaging in prayer, reflecting on personal problems, societal challenges, and the

transformative impact of the COVID-19 pandemic. The communal aspect of prayer experiences emerged as a pivotal theme, underscoring the significance of fellowships, and shared spiritual endeavors within the church community. Prayer attitudes span from highly religious to simplistic utilitarianism, with people talking about their relationship to the Supreme Being, how they viewed the church and the thin line between spirituality and religion. This heterogeneity revealed the interaction between personal faith and external forces shaping attitudes toward prayer. Participants' experiences and data analysis have revealed profound insights into the themes of Prayer Motivations, Attitude and Knowledge, and the Effects of Prayers.

Participants revealed the myriad of motives that prompted them to pray. Their reflections covered a wide range, from personal problems to larger social ills. An epochal event was the Impact of COVID-19 and its effect as a stimulus to more intensive prayer activity. Participants highlighted that the pandemic made the society to be unstable. The crisis had swept the world and offered solace, strength to deal with trials, and a sense of spiritual rootedness in prayer for consolation during disorientation. A vital keystone was the communal nature of prayers, reflecting how moving and meaningful fellowships together with praying brothers can be. Participants have emphasized that it is only by praying together that the community avails itself of that focal point for the power its spiritual allies provide. In brief, this theme emphasizes the interdependence of personal spiritual journeys within a network and family of believers.

The responses from the participants reveal a rich diversity of spiritual links and practical views. Participants' attitudes between shades of color reflect different relationships with the High Lord and varying conceptions of what the church signifies, along with this balance between religion and spirituality. This great variety showed that both internal convictions and external pressures can shape individuals' attitudes toward prayer. Additionally, Participants understood

anxiety and its reduction through prayer in a subtle way. They also stressed that prayer helped build up spiritual power. This reverberated through all aspects of their lives, providing endurance and patience. Thus, the participants' understanding of anxiety-reducing techniques illustrated the complexity by which faith and practical coping mechanisms are woven into prayer. The participants were also found to be quite knowledgeable on the concepts of prayer, anxiety, and faith practices and how prayer alleviates anxiety. Their profound knowledge reflected how they overcame anxiety in the past through church fellowships, having faith in God, praying, and fasting.

Discussion

The primary aim of this study was to unravel the intricate relationship between spirituality, prayer, and anxiety among Black males within the Methodist church. This section comprehensively explores the research questions, drawing upon the findings, literature, and theoretical frameworks.

Research Question 1: What Verbalizations Best Describe Black Males' Prayer-Based Strength?

The articulations of the participants were reflected in a perspective consisting of many-layered verbalizations embodying prayer strength. Attitude became a key common theme, manifesting in and reflecting the participants' conceptions of church, spirituality, religion, and their preeminent divine being. This dynamic interplay between the spiritual and religious made their prayer practices of great significance. The results resonated with findings in the literature, particularly studies emphasizing the importance of attitudes toward prayer in dealing with hardship. The varied attitudes toward prayer, from spiritual connection to practical views, are consistent with the diversity of religious beliefs found in many religions (Bakkes, 2017). The

research's appreciation of prayer-based strength corresponds to theories in which personal beliefs are already seen as a determining factor in individuals' coping methods.

Research Question 2: What are the Motivations for Black Males to Engage in Prayer During Times of Anxiety?

Motivations for praying became an all-dimensional journey, linking private problems to public woes and the changes brought by COVID-19. The communal nature of prayer experiences became a central issue, focusing attention on the church as a fellowship and shared spiritual endeavor. The literature review showed what motivated people to pray in anxiety, bringing out the social and individual causes. These conclusions echo the literature's acknowledgment that prayer is an act of refuge and strength for individuals in moments of hardship (Stanley et al., 2011). The increased prayer activities during the pandemic are like research conducted by the Pew Research Center, which found that people tend to turn toward religion when hardship occurs. In this setting, the participants' fellowship and communal prayer experiences reflect literature that emphasizes common religious practice within faith communities (Abu-Raiya et al., 2016). The reported impetuses for prayer covering private afflictions, socio-cultural problems, and changes brought about by the scourge of COVID-19 are entirely consistent with previously published studies on why people pray (Smith, 2018). The results of the study also coincided with earlier studies, showing that these motivations have roots in personal experience and group feelings.

The role of prayer in reducing anxiety became a major theme, including the lowering of anxieties themselves and other positive transformations at all levels. Participants described deep-rooted tranquility and strength deriving from prayer, which reflects an awareness of the complex relation between anxiety resolution on one hand and spirituality or religiousness on the other.

A literature review on the positive effect of prayer on mental well-being offered a conceptual framework with which to understand these results. The participants' experiences are comparable with previous studies. In particular, the attitude toward anxiety and its solution in praying is consistent with current literature that reports a positive association between religious coping strategies (such as prayer) and mental health outcomes among individuals diagnosed with schizophrenia (Smith et al. 2018). The focus on spiritual power found through prayer among the participants coincides with research demonstrating that religious practices are linked to high levels of psychological resilience and well-being (Hayes, 2020). The varied aspects of the health benefits conferred by prayer presented in these results continue as part of this dialogue over faith and mental illness by Baldwin et al. (2016). Thus, prayer appears to be a powerful means to alleviate anxiety.

Implications

Given that prayer is a natural response to personal difficulties and social changes, perhaps encouraging people to develop individualized prayer may encourage improvements in their lives. The Methodist church is one of the faith communities that can serve as a helping hand during life's stormy weather. Suppose one recognizes that the power of belonging to a community comes from joint spiritual experiences. In that case, this suggests interventions stressing group prayer and fellowship may have positive effects on mental health.

Pastoral leaders and mental health practitioners serving within religious settings should admit the plurality of attitudes toward prayer. This broad spectrum- ranging from profoundly spiritual and metaphysical connections to pragmatic views of how things get done- helps tailor pastoral care and counseling services. Incorporating spiritual practices consistent with personal

convictions will help strengthen the effectiveness of mental health interventions in religious settings.

Participants' understanding of anxiety and its amelioration through prayer can help enrich educational programs within faith communities. Weaving in teachings on the multifaceted role of prayer for mental health could make spiritual and religious education more comprehensive. It can even give people a stronger sense of spiritual resilience to face difficulties.

The research findings underscore the connection between faith and mental health, particularly within Methodism. Addressing mental health disparities among religious groups requires a case-by-case approach at this intersection. Future programs should consider the unique ways in which prayer serves as a source of strength and endurance for Black men so that this may be considered when designing mental health interventions.

Methodological, Theoretical and Empirical Implication

This hermeneutical phenomenological study (HPS) employed qualitative methods to answer the research questions after analyzing the key data collected. HPS allows the researcher to study a particular population's traditions, experiences, and cultures (Oerther, 2020). In this case, the study focused on studying a religious organization, specifically the black males from the Methodist church, on how prayer impacted their anxiety levels. Proper use of this study design provides a comprehensive description of a population behavior under study. Indeed, the data I collected using this qualitative method greatly helped me achieve the research objectives and significantly contribute to literature and scholarly works. This has proved useful in mental health and anxiety alleviation, especially in minority groups who suffer from current and historical injustices, such as black people.

Nonetheless, Carl Jung's psychoanalytic theory proved to be quite relevant based on this study's findings. Just like how Jung left his father's church for his self-realization, faith and prayer, this study found out that participants sought their personal time with God and self-introspected on the fellowships to belong to. This was geared relevantly to fighting anxiety.

Delimitations and Limitations

Delimitations

- **Contextual Focus:** In particular, this study explores Black males' experiences within the Methodist church. It offers a targeted analysis of prayer practices and their effects on anxiety. The results, therefore, may not be generalized to people outside this age group or of other religious traditions.
- **Cohort and Age Range:** The study sample was restricted to a given cohort of Black males between designated age limits. An in-depth investigation was left out of the perspectives and experiences of people not part of this demographic, that is, different age groups or genders.
- **Methodological Approach:** This research uses a hermeneutical phenomenological study design, which stresses interpretation and understanding. Although it illuminates the participants' subjective experiences, that is not all the objective factors affecting prayer practices and anxiety relief.

Limitations

- **Generalizability:** The study's conclusions are limited to this Methodist church and cannot be extended to other denominations or religious environments generally. Moreover, the socio-cultural environment of respondents might affect the generalizability of results.

- **Self-reporting Bias:** Self-report data are used to analyze attitudes toward prayer and anxiety reduction, which may be subject to social desirability bias. Answers may have been influenced by what is believed to be expected in society or personal prejudices.
- **Qualitative Nature:** This study, which is of a qualitative nature, makes it difficult to quantify the findings. Though rich in narrative material, the lack of quantitative measurements will undoubtedly limit the degree to which results might be considered precise or capable of being generalized statistically.
- **Temporal Factors:** Its time limit is restricted to the period during and after the COVID-19 pandemic. This period, or its effect on participants' prayer motivation and anxiety reduction at that time, may not be representative of the long-term structure of their experiences.
- **Interpretation Challenges:** Hermeneutical phenomenology interprets lived experiences. The process of interpreting, however subjective, by its very nature introduces a researcher bias into the understanding and reporting of participants' experiences.

It is necessary to recognize these limitations and delimitations to have a balanced understanding of the study's conclusions. In future work, the sample must be expanded in terms of age and length of residence; more variety is needed regarding methods used; biases that have not been considered may also exist. Only then can individuals enrich their understanding of prayer practices among religious people's mental health counterparts.

Recommendations for Future Research

- **Diverse Demographic Exploration:** Further research is needed to go beyond the special case of Black males in the Methodist church. However, a comparative study of people from various age groups and both genders with differing religious affiliations would provide further insight into how prayer practices vary across different populations.

- **Longitudinal Studies:** Longitudinal studies can provide information on how prayer affects mental health over the long run. Investigating how prayer has changed over time and its long-term effect on anxiety will provide useful information for both researchers and practitioners.
- **Mixed-Methods Approaches:** Taking such a combined approach would broaden and deepen research findings. Combining surveys, physiological recordings, or observational techniques with qualitative interviews could help better understand the complex link between prayer and anxiety.
- **Comparative Religious Studies:** Investigate whether prayer practices and their relationship with anxiety differ between religious traditions. Simply conducting comparative studies can help point out similarities and differences, create space for cross-faith dialogue, and develop an appreciation of spirituality's function in improving one's mental health.
- **Technological Influences:** Explore how technology has reshaped prayer and its effects on anxiety. Therefore, understanding how these communities on the Internet, prayer apps, or spiritual spaces help relieve anxiety is a relevant topic of inquiry.
- **Incorporating Mental Health Metrics:** Include standardized mental health indicators to measure levels of anxiety and relate these measures with prayer practices. Such an approach would objectively assess prayer's role in reducing anxiety, complementing what was gained qualitatively.
- **Cross-Cultural Studies:** Expand research beyond a single cultural area to explore the cross-cultural differences in prayer practices and anxiety reduction. Looking at how prayer is seen and used culturally can help us to grasp a more global perspective.

- **Community-Based Interventions:** Investigate integrating prayer-based interventions into community mental health programs. Between religious communities and mental health professionals working together, various methods may be found to reduce the anxiety that is aimed at the overall welfare of man.
- **Educational Initiatives:** Provide education that increases understanding of the psychological value of prayer. Dialogue between two camps and conversations that reach out to religious communities and mental health professionals can help create a more holistic treatment for affected persons.

Summary

This research journey explored a critical domain in which spirituality, prayer, and anxiety coincide among black males within Methodism. The inception laid the scene, generating questions that reverberated throughout the exploration. An all-around literature review helped flesh out the background and provided a steppingstone for empirical studies. The research results emerged under various themes--Prayer Motivations, Fellowships, Attitude, and Knowledge and emotional dynamics. Participants' voices revealed the varying reasons, including personal challenges as well as the pastoral nature of the church. Those about prayer painted a spectrum, illustrating the equilibrium of spirituality and pragmatism. Such a nuanced awareness of anxiety and its relief through prayer emerged, indicating every aspect in which the prayers helped promote mental health.

The discussion carefully weaves these findings into the fabric of existing literature. It connects and notes insights that transcend the boundaries of this study alone. It opened a dialogue that spills into the intricacies of psychology, religion, and communal practice. The implications rippled through the story, emphasizing opportunities to integrate prayer practices

into mental health interventions. Acknowledging boundaries and limitations cleared the way for further exploration. The chart Recommendations for Future Research outlined directions to probing more deeply into these areas of research. To sum up, the participants' voices and the resonances with pre-existing literature speak loudly to this crucial dance between prayer and anxiety inhabiting all corners of Methodism. The journey presents an offer inviting reflection, dialogue, and examination, as seen in the complex dance between faith, spirituality, and sanity.

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APPENDICES

APPENDIX A: Open-ended Questions for Individual Interviews

- 1) Do you have another word to describe anxiety?
- 2) How do you define anxiety?
- 3) How do you define prayer?
- 4) How has your religion helped you cope with traumatic events?
- 5) What are some of the things you recall praying for?

Appendix AA**The 15 Open-Ended Focus Group Questions**

1. What things make you want to pray?
2. How important is your religion to you?
3. How important is a prayer to you?
4. How would you define your prayer frequency?
5. To whom do you pray?
6. Explain how you devote your time to prayer.
7. Do you believe that COVID-19 has impacted your prayer life? If so, explain how.
8. Where are some of the places you usually pray? Please explain.
9. Explain how prayer makes you feel when you are anxious.
10. What feelings do you have towards God, Jesus, or the Holy Spirit?
11. Why do you ask others to pray for you if you do?
12. Can you describe your level of ease when praying in the church?
13. What circumstances would make you pray more often or less often than you do now?
14. How has the pandemic changed the way you pray or your anxiety level?
15. What are some of the results of your prayers?
16. NOTE: There is the potential for not all of these questions being asked during the Focus Group

APPENDIX B: Research Permission Letter to Church

(Date)

Dear Reverend,

I, Robin Stitt, am writing to request permission from the church administration to conduct the following research using regular church attendees and members of your church.

The research examines the influence of prayer on anxiety. The study will consist of asking a total of five (5) open-ended questions and fifteen (15) Study group questions to a group of no less than five to eight male participants. Each participant will meet with me individually for a 60-minute interview session. Conducting the interviews at a church in a setting conducive to a quality research experience is preferable. However, they can be done by phone to aid in the convenience of the participants. Interview sessions will take place two days prior to the Study group session and will be determined by participants' availability, with meeting times ranging from 9 a.m. to 7 p.m. The Study group session will be approximately 90 minutes in duration.

The church administration and pastor will recruit participants. As such, the administrators will make recommendations based on participants' inclusion and exclusion criteria. The following criteria apply to inclusion: Each participant must be a black male, a Christian, having experienced anxiety once and implemented prayer once during that experience, a regular attendee or member of a (Black Church) denomination, and never having been diagnosed with an anxiety-related disorder. When contacting potential participants, the researcher will inform them of the study's purpose. The researcher will schedule an interview time and date with the prospective participants.

Church administration must verbally consent to the study's conduct carried out among congregants and potentially at their church. Once verbal consent is made, the administration will sign a consent form for members to participate in the study. Participants will sign a consent form authorizing the use of their personal information for research purposes. Participants acknowledge that their signature serves as proof of their participation in the Liberty University Institutional Review Board (IRB). Additionally, the study will not describe the church's name. A confidential agreement will be delivered to the church administration upon your approval.

We appreciate your permission to conduct this research at your church by a Christian researcher and Liberty University student. You may reach me via telephone at (XXX) XXX-XXXX. To confirm the church's endorsement of this research, please send a written approval letter to _____@liberty.edu I remain,

Sincerely.

Robin Stitt, MA, LCMHC

Doctoral Candidate, Liberty University

APPENDIX C: Informed Consent Form**Consent**

Title of the Project: The Influence of Prayer on Anxiety in Black Males: A Hermeneutic Phenomenological Study

Principal Investigator: Robin H. Stitt, Doctoral Candidate, Department of Behavioral Health Department at Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 or older: 1.) a black male 2.) A Christian who has confessed Jesus Christ as Lord and Savior. 3.) The participant must have encountered anxiety throughout his life but not on multiple occasions. 4.) The participant must have relied on prayer when the anxiety was experienced. 5.) The participant must attend church regularly. 6.) The participant must never have been diagnosed with an anxiety disorder. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to determine the effect of prayer on anxiety in male members of the black community and to deduce the rationale for an inherent component of anxiety reduction in men.

What will happen if you take part in this study?

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

2. During the interview, the researcher will pose five open-ended questions to the participants and record (in writing) their responses. The same will take place in the study group session, with 15 open-ended questions being asked of the participants.
3. Once the interview responses have been validated, the researcher will establish a follow-up appointment with the participants to verify the accuracy of the transcription. This entire process should take no more than ten minutes.
1. Arrange a time and date approximately two days before the actual study for an in-person interview with the researcher for about 60 minutes. This interview session will take place at the AME Zion, where the study will be conducted. For the first task, participants will complete demographic information and sign the consent form, which will last approximately 10-15 minutes. In the second phase, participants will be asked to complete a spiritual genogram, answer five starter questions (recorded in writing), and complete an anxiety and spiritual experience scale lasting approximately 30 minutes. Once the interviews are completed the researcher will spend the last 15 minutes verifying the accuracy of the transcriptions with the participants.

2. For the final task, two days after the initial interviews, the study research group participants will take part in a video-recorded study group.

How could you or others benefit from this study?

The direct benefits participants should expect to receive a direct from taking part in this study include personal satisfaction in helping to discover some of the themes and patterns of prayer's impact on anxiety in their personal lives. However, potential societal benefits include increasing knowledge about the effect of prayer on reducing anxiety or its symptoms, enhancing psychological treatments, fostering a collaborative understanding of the subject, and enabling future research studies.

Benefits to society include establishing a foundation for future research to fill in some of the gaps that are presently lacking in evidence-based literature.

What risks might you experience from being in this study?
--

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked to recall and discuss prior trauma. To reduce risk, I will monitor participants, discontinue the interview if needed, and provide referral information for counseling services.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?
--

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher[s] will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms or numbers.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in research study group settings. While discouraged, other members of the research study group may share what was discussed with persons outside of the group.
- Data will be stored on a password-locked computer in a locked office. After 3 years from the completion of the dissertation research, all electronic records will be deleted and/or all hardcopy records will be shredded.
- Recordings will be stored on a password-locked computer for three months until participants have reviewed and confirmed the accuracy of the transcripts and then

deleted/erased. The researcher, members of her doctoral committee, and the study team will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study with a snack.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether to participate will not affect your current or future relations with Liberty University.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you apart from research study group data will be destroyed immediately and will not be included in this study. Research study group data will not be destroyed, but your contributions to the study group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Robin H. Stitt. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at (XXX) XXX-XXXX or email _____@gmail.com or _____@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Frances Sanford, _____@liberty.edu

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and want to talk to someone other than the researcher[s], **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) ensures that research on human subjects will be conducted ethically as defined and required by federal regulations. The topics covered, and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy of the study records. If you have any questions about the study

after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to [audio-record/video-record/photograph] me as part of my participation in this study.

Printed Subject Name

Signature & Date

APPENDIX D: Participant Information Sheet

Potential Participant Identification Number: _____

Please check yes or no to the following questions:

_____ 1.) Write in your age

Yes____ No____ 2.) Are you a Christian?

Yes____ No____ 3.) Are you a regular attendee or member of a (Methodist) denomination?

(i.e., attends no fewer than two church services per month)?

Yes____ No____ 4.) Have you experienced anxiety at least once during your life span?

Yes____ No____ 5.) Have you used prayer as a discipline (technique) at least one or more times in your life?

Yes____ No____ 6.) Have you been diagnosed with an anxiety-related disorder in the past 12 months?

Please answer the following questions by filling in the blanks:

1.) What is your religious denomination?

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

3.) What is your highest education level?

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

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

6.) How long have you been a Christian? _____

7.) What anxiety-related symptoms have you experienced? In the past or currently,

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

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

10.) When did you first notice anxious symptoms with your most recent episode?

APPENDIX E: Initial Demographic Survey Questionnaire

1. What type of job do you have?

2. What is your salary range?

0-20,000

21,000-40,000

41,000-60,000

61,000-80,000

81,000-up

3. Which range below best indicates your age?

20-29

30-39

40-49

50-59

60 or older

4. Which of the following best describes your relationship status?

Married

Divorced

Widowed

Single

Separated

Domestic partnership/union

Single, but cohabitating

5. Which of the following best describes your employment status?

Employed

Self-employed

Unemployed

Retired

Disabled

6. What is your highest level of education?

High school

Some college

Associate degree

Bachelor's degree

Master's degree

Doctorate degree

7. What is your religious affiliation?

Baptist

Methodist

Presbyterian

Lutheran

Other

APPENDIX F: Depression Anxiety Stress Scale 21 (DASS 21)

DASS 21	Name:	Date:
<p>Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you <i>over the past week</i>. There are no right or wrong answers. Do not spend too much time on any statement.</p> <p><i>The rating scale is as follows:</i></p> <p>0 Did not apply to me at all</p> <p>1 Applied to me to some degree or some of the time</p> <p>2 Applied to me to a considerable degree or a good part of the time</p> <p>3 Applied to me very much, or most of the time</p>		
1	I found it hard to wind down	0 1 2 3
2	I was aware of the dryness of my mouth	0 1 2 3
3	I couldn't seem to experience any positive feelings at all	0 1 2 3
4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0 1 2 3
5	I found it difficult to work up the initiative to do things	0 1 2 3
6	I tended to over-react to situations	0 1 2 3
7	I experienced trembling (e.g., in my hands)	0 1 2 3
8	I felt that I was using a lot of nervous energy	0 1 2 3
9	I was worried about situations in which I might panic and make a fool of myself	0 1 2 3

10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy,	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

APPENDIX G: Spiritual Experience Index Revised (SEI-R)**Scale:**

Please indicate to what extent you agree or disagree with the following statements.

1= Strongly Disagree, 2= Disagree, 3= Somewhat Disagree, 4= Somewhat Agree, 5= Agree, 6= Strongly Agree

Spiritual Support Subscale

1. I often feel strongly related to a power greater than myself. 1 2 3 4 5 6
2. My faith gives my life meaning and purpose. 1 2 3 4 5 6
3. My faith is a way of life. 1 2 3 4 5 6
4. I often think about issues concerning my faith. 1 2 3 4 5 6
5. My faith is an important part of my individual identity. 1 2 3 4 5 6
6. My relationship with God is experienced as unconditional love. 1 2 3 4 5 6
7. My faith helps me to confront tragedy and suffering. 1 2 3 4 5 6
8. I gain spiritual strength by trusting in a higher power. 1 2 3 4 5 6
9. My faith is often a deeply emotional experience. 1 2 3 4 5 6
10. I make a conscious effort to live in accordance with my spiritual values. 1 2 3 4 5 6
11. My faith enables me to experience forgiveness when I act against my moral conscience. 1 2 3 4 5 6
12. Sharing my faith with others is important for my spiritual growth. 1 2 3 4 5 6
13. My faith guides my whole approach to life. 1 2 3 4 5 6

Scoring: Each subscale is scored separately. Scoring is kept continuous.