

SPIRITUAL DISCIPLINES AND MENTAL RESILIENCY

SPIRITUAL DISCIPLINES AND MENTAL RESILIENCY:

The Effectiveness of Spiritual Coping Mechanisms to Decrease Anxiety and Depression  
Symptoms

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirement for the Degree

Doctor of Education

School of Behavioral Sciences

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Approved by:

Name and degree, Committee Chair

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### Abstract

The outcome of anxiety and depression's symptomology is an ever-rising global economy cost of 1 trillion U.S. dollars, due to medical costs and loss of productivity, leading researchers and clinicians to search for effective cost saving solutions (Chodavadia et al., 2023). Religion/Spirituality (RS) based cognitive therapy treatments are recognized in alleviating maladaptive behaviors and cognitive distortions, offering comfort to the afflicted, hope and belief that God is available for the seeker (Ramos et al., 2018). Therefore, the researcher conducted an internet-based, self-paced intervention of a mixed methods study of a 40-Day Biblical Worldview Educational Treatment Program of a convenience sample of women (n= 5) ages 20-45 with adjustment disorder with anxious mood or depressed mood or mixed anxiety/depression. The current investigation addressed whether Christian spiritual disciplines (reading Scripture and prayer) build resilience in the cognitive dimension and whether there is a correlation between Christian spiritual disciplines (reading Scripture and prayer) and Christian spiritual coping (reading Scripture and prayer), and whether Christian spiritual coping (reading Scripture and prayer) decrease the common symptomology of anxiety and depression. The majority participants (80%) experienced a decrease in negative mood symptomology post 40-Day Biblical Worldview Educational Treatment Program, with qualitative data revealing increased resilience and spiritual coping. Nevertheless, the paired samples *t* test indicated the small sample size of the current investigation to not be statistically significant with the pre- and post-depression scores ( $M = 3$ ,  $t = 0.900$ , and  $p = 0.209$ ), the pre and post anxiety scores ( $M = 2.6$ ,  $t = 0.905$ ,  $p = 0.208$ ), the pre and post stress scores ( $M = 5.2$ ,  $t = 0.927$ ,  $p = .203$ ) all showing a decrease in the Mean, however, not enough to be statistically significant.

*Keywords: Spiritual disciplines, reading Scripture, prayer, resilience, spiritual coping, anxiety, depression*



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### **Dedication**

I dedicate my dissertation to my parents, who entered the arms of Jesus a year and a half apart during the time I was gathering data for my study.

To my strong mama, who valiantly faced Stage 4 cancer – thank you for your love and support. Proverbs 11:30 reminds me of you, “The fruit of the righteous is a tree of life, and he (she) who wins souls is wise.” In your last weeks you continued to tell me I needed to focus and finish my dissertation, and your last complete sentence to me was “I’m proud of you.” This meant the world to me, Mama! I love you so much!

And to my loving, proud father – thank you for your love and support. You told me you looked forward to the day you could call me “Doctor.” You created a loving, secure home, always pointing us kids to Jesus Christ – the One in whom our confidence resides. Psalm 17:15 reminds me of you, “Because I am righteous, I will see You. When I awake, I will see You face to face and be satisfied.” Your last sentence to me was “I love you.” This meant the world to me, Dad! I love you so much!

They both really loved my dissertation topic, believing in the efficacy of reading Scripture and prayer, and encouraged me in completion. From heaven, I know they both see.

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**List of Abbreviations**

Activities of Daily Living (ADL)

Adjustment Disorder (AD)

American Psychiatric Association (APA)

Anxiety and Depression Association of America (ADAA)

Asian Christian Stress Coping Support Group (ACSCSG)

Canadian Psychiatric Association (CPA)

Centers for Disease and Control Prevention (CDC)

Child Sexual Abuse (CSA)

Cognitive Behavioral Therapy (CBT)

Cognitive Emotion Regulation Strategies (CERS)

Cognitive Processing Therapy for Trauma (CPTT)

Coronavirus Anxiety Scale (CAS)

Coronavirus Disease (COVID-19)

Depression, Anxiety, and Stress Scale (DASS)

Extrinsic Religious Orientation (ER)

Faith Adapted Treatment for Cognitive Behavioral Therapy (F-CBT)

Generalized Anxiety Disorder (GAD)

Impact of Event Scale – Revised (IES-R)

Institutional Review Board (IRB)

Intrinsic Religious Orientation (IR)

Low Frustration Tolerance (LFT)

Major Depressive Disorder (MDD)

Mental Health Professionals (MHP)

Prayer Functional Scale (PFS)

Post-Traumatic Stress Disorder (PTSD)

Religion/Spirituality (RS)

Religious Problem-Solving Scale (RPSS)

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

Secure Sockets Layer (SSL)

Socioeconomic Status (SES)

Spiritual Education Program (SEP)

Statistical Package for the Social Sciences (SPSS)

World Health Organization (WHO)

World Psychiatric Association (WPA)

## **Chapter One: Introduction**

### **Overview**

The continuous rise in anxiety and depression throughout the world, as the most common mental health issue reported (Bryan et al., 2016) with an approximate global economy cost of 1 trillion U.S. dollars every year due to loss of productivity and medical costs (Chodavadia et al., 2023), has brought researchers and clinicians to repeatedly analyze effective solutions. Research has revealed pharmacological and non-pharmacological treatments for anxiety, leaving approximately 50% of the patients symptomatic (Gutierrez & Camarena, 2015) and the availability of pharmacological treatments for depression unable to stop the recurrence of depression post remission (Waugh & Koster, 2015), identifying a need for an increase in scientific research on effective coping mechanisms for anxiety as well as for depression. In recent years, empirical studies have been emerging on spiritual coping strategies and have shown to be applicable sources for those who adhere to a specific faith (Krägeloh et al., 2012). This research study will present the current research concerning Christian spiritual coping, resilience, anxiety, and depression while demonstrating whether Christian spiritual disciplines 1) build resilience in the cognitive dimension by changing mood, 2) provide spiritually based cognitive mechanisms for managing anxiety and depression symptoms, and 3) protect individuals by decreasing the common symptomology associated with anxiety and depression.

### **Background**

For over 40-years there has been research published regarding secular coping strategies (Krägeloh et al., 2012). One of the early research studies, in 1981, specifically discussed the coping strategies of depressed persons, covering 15 depressed persons and 72 non-depressed middle-age persons for over a year (Coyne et al., 1981). At that time, the researchers found those

with depression to cope by pursuing emotional and educational support and wishful thinking (Coyne et al., 1981). Only recently (approximately the past twenty-years) have spiritual coping strategies been emerging in psychological literature (Krägeloh et al., 2012). Researchers recognize scientific study has been hindered by the lack of empirically based studies holding reliable and valid measures for spiritual coping strategies (Unterrainer et al., 2014).

The research on resilience has recognized spirituality as a resilience factor/source, identifying religion as one of the core components because it encourages an optimistic outlook on life and a sense of meaning in adverse situations (Kim & Esquivel, 2011). Overall, resilience denotes how individuals can adjust to life's challenges and sustain mental well-being even when faced with adversity (Chmitorz et al. 2018). Therefore, this current research will contribute to the ongoing dialogue of spiritual coping mechanisms and resilience by discussing whether Christian spiritual disciplines build resilience within an individual, while also providing Christian spiritual coping mechanisms for those struggling with anxiety and depression.

Anxiety and depression are recognized as two distinct mental health conditions with overlapping symptoms. Both conditions attribute negative cognitions to the individual's current state of being, thus distinguishing a negative effect on one's quality of living. Researchers differentiate between anxiety and depression: anxiety focuses on the individual's selective processing of threatening information where the person feels like they are in some type of danger, while depression focuses on the individual's selective processing of negative information such as a loss or failure (Beck & Clark, 1988; Weeks et al., 2015). The specific symptoms for anxiety are based off real or imagined events including excessive rumination, worrying, uneasiness, apprehension, and fear about the future (Bryan, et al., 2016). The differing symptoms for depression include depressed mood, feelings of guilt and worthlessness, helplessness and

hopelessness, loss of appetite, and sleep disturbance (Bryan, et al., 2016). The effects of anxiety and depression compose a major comorbidity for many health conditions; they are multisystemic, involving cognitive processes, perception, comprehension, motivation, interpersonal communication, and relationships. They also undermine physiological functions that may exacerbate health conditions (Zisberg, 2017).

### **Situation to Self**

My motivation for this study comes from my love for God, His word, and the free gift of salvation, which is like a helmet guarding our mind. Salvation is the deliverance from the power and effects of sin through Jesus Christ's death on the cross and His resurrection. A personal relationship with Jesus Christ sustains people through times of trial and times of joy; He is the higher power, the Mighty One, who empowers people to thrive through pain with eyes set on heaven. Jesus Christ says in John 17:3, "This is eternal life – knowing God and Jesus Christ whom He has sent." Our assurance of eternal life in heaven resides on our personal relationship with Jesus Christ, for He is "the way, the truth, and the life" (John 14:6 NKJV) – no one can enter God's presence fearless, assured of His glad welcome, without Jesus Christ as their personal Lord and Savior (Ephesians 3:12). For we have all fallen short of the glory of God, and the wages of sin is death, but the free gift of God found in Jesus Christ's atoning death on the cross and His resurrection, gives us the hope of heaven as a child of God (Romans 3:23, 6:23). Truly, all who call on the name of the Lord will be saved (Romans 10:13).

In 1 John 2:3, we are informed that the greatest test of knowing God is living out His word and His word is the strongest source of stability we, Christians, have for our mind. In God's word, we are called to seek Him (2 Chronicles 7:14, Psalm 27:8). He commands us to pray without ceasing (1 Thessalonians 5:18), a call to be in constant conversation with Him.

Such a command declares He wants to talk to us, as prayer is a two-way conversation – talking and listening to God. We benefit enormously by seeking God regarding the situations we face in life, asking for His help and guidance to overcome. He is our Counselor (Isaiah 9:6). He has given us the Bible, our counseling manual (Psalm 119:24) written at the perfect time, so that we can understand how to live victoriously here on earth in end times, no matter what we are facing. Anxiety and depression seek to immobilize Christians, but Jesus Christ who is the Beginning and the End and the Word made flesh, has given us two coping methods to overcome: talking to Him in prayer and listening to Him by reading Scripture.

During the dissertation process, I experienced more than one situation that were cause for anxiety and depression. My mother, whom I had a really good relationship with, was diagnosed with Endometrial cancer, which metastasized to her lungs and brain. I watched her struggle with anxiety upon diagnosis, as she experienced a very real threat to her life. I gave her my *Mountaintop Mornings for Forty Days*, which she read at every doctor's appointment, while waiting to hear her prognosis. As I sat next to her, I watched how Scripture eased her countenance, bringing peace of mind and heart. Witnessing cancer slowly kill her body caused personal depression. Each day, after tending to her needs, I left emotionally drained, experiencing caregiver burnout and helplessness. Despite this, I remained committed to her care, unwilling to stop. My family and I fought for her when she did not have the strength to fight for herself; we cared for her at home, and I was at her bedside when she entered the arms of Jesus.

The next year and a half I cared for my grieving, depressed father, who was also sick, battling heart failure and the symptoms that come with it. He, too, would read through my *Mountaintop Mornings* devotional and rally, appearing to heal. He then experienced sickness that caused him to be incredibly weak and, thus, entered the hospital. My siblings and I never



entertained the thought that those would be his last weeks. We thought he simply needed some medication to get back on his feet. But he deteriorated as the week went on. I woke up to the hospital's phone call informing me my father went into cardiac arrest and was being transported to the ICU. This is the phone call no child wants—a call that brings immediate stress and anxiety. I was at the hospital every day for 14 days advocating for him. The doctors told me he would not be able to live off the ventilator, and I made the call to my siblings. As I sat by my father's bedside alone, waiting for my siblings to arrive at the hospital – knowing we were going to take our dad off of the ventilator that night, and these were our last moments on earth with him - I myself read through the *Mountaintop Mornings for Forty Days* devotional that the participants in this study read. I personally experienced the peace that surpasses understanding that comes from God alone. The entries were so timely, like these from Ecclesiastes 3 and Romans 16:27: “There is a time for everything, a season for every activity under the sun ... A time to be born and a time to die ... He has made everything beautiful in its time. He has also set eternity in the human heart; yet no one can fathom what God has done from beginning to end”; “To the only wise God be glory forever through Jesus Christ! Amen.” My siblings and I sat with our dad that night as the nurses took him off of the ventilator, watching him slowly fade, entering the arms of Jesus – completely healed.

I know first-hand the importance of a personal relationship with Jesus Christ and the power found in the spiritual disciplines of prayer and reading Scripture. When our minds are immobilized by anxiety and/or depression, we instinctively cope by way of our training – our disciplined habits. There is nothing more comforting than reading the Word of God, hearing God's voice speak regarding the hardship we are facing. God does not always remove the hardship, but He is present with us during, carrying the weight, and He upholds us like no one

else can. God's unfailing love is truly found in His Word and in his invitation for us to talk to Him regarding anything concerning us.

### **Problem Statement**

There is a gap in the scientific literature regarding the question of whether Christian spiritual disciplines build resilience in the cognitive dimension in those struggling with anxiety and depression, and whether there is a correlation between Christian spiritual disciplines and Christian spiritual coping. Therefore, the researcher plans to contribute an empirically sound study to scientific literature, reviewing the testing of 40-day Biblical Worldview educational treatment program (a 40-day devotional, *Mountaintop Mornings for Forty Days*). This Biblical worldview treatment program focused on the Christian spiritual disciplines of reading Scripture and prayer and their relation to building resilience in the cognitive dimension, while also providing Christian spiritual coping for those struggling with anxiety and depression. The problem is: scientific literature needs more empirical studies on spiritual coping mechanisms (reading Scripture and prayer) and resilience in relation to Christianity; therefore, this empirical study adds to the scientific discussion by presenting the association of Christian spiritual disciplines and resilience in the cognitive dimension, and the impact Christian spiritual disciplines have on Christian spiritual coping and its effect on anxiety and depression symptomology.

### **Purpose Statement**

The purpose of this study was to test a 40-day Biblical Worldview educational treatment program to determine whether the practice of Christian spiritual disciplines (reading the Bible and prayer) builds resilience in the cognitive dimension, while also providing Christian spiritual coping mechanisms, and thus decreases symptomology for those struggling with anxiety and

depression. The program was delivered via the Relentless Prayer website (Relentless Prayer, 2020). The participants were directed to download the 40-day devotional, *Mountaintop Mornings for Forty Days*, to read through each day and to journal their prayers.

The researcher contacted churches, counseling centers, and licensed therapists by email, explaining the reasoning for the research study and asking if they had any self-identified Christian clients, men or women age 20-45, who were diagnosed with Adjustment disorder with anxious mood (F43.22), Adjustment disorder with depressive mood (F43.21), and/or Adjustment disorder with mixed anxiety and depression (F43.23), or were diagnosed with anxiety and/or depression and the therapist believed the Biblical worldview educational treatment program would be a good fit for them.

### **Significance of the Study**

Only recently has Christian spiritual coping been emerging in the psychological scientific literature. This study adds to the research body, helping clinicians gain understanding of the Christian spiritual disciplines' (reading Scripture and prayer) impact on individuals' resilience and as the foundation of Christian spiritual coping, specifically for those struggling with anxiety and depression. Anxiety and depression are two of the most common incapacitating mental health issues in the world today with increasing economic burdens, leaving many unable to continue in their normal daily activities of living, while incurring increasing financial costs. The need for coping skills is apparent for individuals to continue functioning in their day-to-day living; Christian spiritual coping has shown to aid individuals who believe in God. Moreover, studies have found Internet-based treatments for depression and anxiety to be effective (Tulbure et al., 2018). Therefore, the results of this study contribute to the ongoing dialogue in the psychological scientific literature on Christian spiritual disciplines (reading Scripture and

prayer), resilience, Christian spiritual coping and anxiety and depression, as well as the efficacy of internet-based counseling.

### **Research Questions**

**RQ1:** Do Christian spiritual disciplines (reading Scripture and prayer) build resilience in the cognitive dimension by changing mood?

**RQ2:** Do the Christian spiritual disciplines of reading Scripture and prayer provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression?

**RQ3:** Do the Christian spiritual coping mechanisms of reading Scripture and prayer protect individuals by decreasing the common symptomology associated with anxiety and depression?

### **Definitions**

1. *Spiritual disciplines* — Biblical forms found in God's word, not originating from man or culture (Whitney, 2001). They are the words and actions ordained by God, as the ordinary way God conveyed to His people the meaning of justification and sanctifying grace (Schwanda, 2017; Wesley, 2014;). These are the consistent habits established by God in which we bring ourselves before Him by way of reading/meditating on Scripture, and prayer, to know Him and experience Him on an intimate level, while undergoing change in our lives, becoming like Christ (Whitney, 2001).
2. *Christian spiritual coping* — Seeks comfort, guidance, and support from a divine being; it is a specific act of turning to God (Bryan et al., 2016).
3. *Resilience* — Allows people to maintain psychological strength when faced with adversity, enabling them to adapt to current stressors (Haglund et al., 2007; Smith et al.,

2015); witnessed in the ability of an individual to return to normal after some sort of traumatic event (Neocleous, 2012). Spiritual resilience is described as one having divine support, maintaining purpose, and voicing gratitude amidst affliction (Manning, 2014).

4. *Adjustment Disorder with mixed anxiety and depression* — (DSM-5 309.28) is a diagnosis made when the level of psychological distress in mood, anxiety, or conduct exceeds what is normally expected or when the singular event and/or multiple stressors and/or recurrent stressors and/or continuous situations and/or stressors accompanying specific developmental events precede immobility, which may vary for cultures (American Psychiatric Association [APA], 2013).
  - a. *Anxiety* — Focuses on the individual’s selective processing of real or perceived threatening information where the person feels like they are in some type of danger (Beck & Clark, 1988; Weeks et al., 2015). The symptoms the individual experiences are nervousness, worry, jitteriness, or separation anxiety (APA, 2013).
  - b. *Depression* — Focuses on the individual’s selective processing of negative information such as a loss or failure (Beck & Clark, 1988; Weeks et al., 2015); a dysphoria that may fluctuate in intensity from a “normal mood to an extreme feeling of sadness, pessimism, and despondency” (Neimeyer & Burke, 2017, p. 40). The symptoms the individual experiences are low mood, tearfulness, or predominant feelings of hopelessness (APA, 2013).

### **Summary**

Throughout the years of scientific literature’s discussion on Religion/Spirituality (RS) and resilience, researchers have overlooked the discussion of whether Christian spiritual

disciplines (reading Scripture and prayer) build resilience in the cognitive dimension in those struggling with anxiety and depression. Moreover, the gap in scientific research indicates a lapse in identifying the correlation of the spiritual disciplines of reading Scripture and prayer with the cognitive spiritual coping mechanisms of reading Scripture and prayer to manage anxiety and depression symptomology as well as the question of whether the spiritual coping mechanisms of reading Scripture and prayer decrease symptomology of anxiety and depression. The purpose of this study was to test a 40-Day Biblical Worldview Educational Treatment Program to determine whether the practice of Christian spiritual disciplines (reading Scripture and prayer) builds resilience in the cognitive dimension (mind), while also providing Christian spiritual coping mechanisms, and thus decreases symptomology for those struggling with anxiety and depression. This study sought to provide the needed data to contribute to the ongoing discourse of RS, resilience and Christianity, spiritual coping, anxiety, and depression.

## Chapter Two: Literature Review

### Overview

Anxiety and depression are two mental health conditions known as mental health's common cold (Perkins and Parish, 2011). The World Health Organization (WHO) defines mental health as “a state of in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO, 2018; Korbman et al., 2021). The Anxiety and Depression Association of America (ADAA) reports 18.1% of persons in the United States struggle with anxiety disorders, which results in 40 million adults; while the WHO reports 1 in 13 adults struggle with anxiety globally (ADAA, 2020b). Truly, “anxiety is one of the most common and incapacitating mental disorders” with pharmacological and non-pharmacological treatments leaving approximately 50% of the patients symptomatic (Gutierrez & Camarena, 2015).

Moreover, as of 2019, the United States has 255,200,373 adults ages 18 and older (The Annie E. Case Foundation, 2021), and approximately one in five adults experienced depression with varying severities (Centers for Disease and Control Prevention [CDC], 2020). Furthermore, the Coronavirus Disease (COVID-19) in 2020 reportedly tripled the 2019 depression rate in the United States adults (Van Beusekom, 2020). Globally, in 2019, the WHO stated there were more than 300 million people suffering with depression (WHO, 2019). The global prevalence of depression surged to 25% during the COVID-19 pandemic, which was 7 times higher than 3.44% in 2017 (Bueno-Notival et al., 2021), resulting in an increase of 53.2 million cases of major depression (Isaacs, 2022).

For over 40-years there has been research published regarding secular coping strategies; however, only since approximately 2000 have spiritual coping strategies been emerging in the

psychological literature (Krägeloh et al., 2012; Tepper et al. 2001). The spiritual coping strategy of prayer has been readily appearing in the scientific literature; however, researchers have neglected reading scripture as a means for spiritual coping (DeAngelis et al., 2019). Literature has stated that scientific study has been impeded by the lack of empirical evidence of reliable and valid measures for spiritual coping strategies (Unterrainer et al., 2014). Nevertheless, religion/spirituality (RS) has been noted through extensive literature during the past two decades to defuse life stress; therefore, researchers argue RS has the possibility of preventing depression, which is distinguished often with a loss of hope and loss of meaning in life, or if depression does take place, it has the possibility of shortening the duration (Braam & Koenig, 2019).

Counselors look to scientific studies in order to incorporate constructs into their treatment plan for their Christian clients. Therefore, this gap in the scientific study of Christian spiritual coping strategies indicates the need for published literature on Christian spiritual coping strategies holding valid empirical evidence. So far, the literature detailing Christian spiritual coping strategies has neglected to address Christian spiritual disciplines connection with resilience within the individual, and the literature has overlooked the Christian spiritual disciplines as being the foundation of Christian spiritual coping strategies. This current study is important as it continues the research conversation on RS and Christian spiritual coping strategies with empirically sound evidence and reveals the association Christian spiritual disciplines (reading Scripture and prayer) have with resilience and Christian spiritual coping strategies.

### **Christian Spiritual Disciplines**

Spiritual disciplines are personal (in isolation) or corporate (in community) practices that are sanctifying, transforming individuals into the likeness of Christ (Whitney, 2001). They are



biblical forms found in God's Word; they do not originate from us, nor are they derived from culture (Whitney, 2001). Spiritual disciplines are the God-ordained way He reveals Himself to Christian believers, such as reading the Bible and praying (Laurie, 2011). No other ritual is needed outside of what is provided in Scripture for one to become more like Christ; the spiritual disciplines disclosed by God are sufficient (Whitney, 2001).

In the 1700's, John Wesley referred to the spiritual disciplines as the means of grace (the words and actions ordained by God), as the ordinary way God conveyed to His people the meaning of justification and sanctifying grace (Schwanda, 2017; Wesley, 1984). Wesley stated, sanctification is "to be renewed in the image of God, in righteousness and true holiness;" though justified because one has repented and sins are forgiven, the believer still has sin within him/her, but the "believer gradually dies to sin, and grows in grace" (Wesley, 2014). Thus, Wesley highlighted cultivating this means of grace by depending on the Holy Spirit's guidance through the spiritual disciplines of prayer (private and public), searching through Scripture (listening, reading, and meditating on it), and the Lord's Supper (remembering the Lord and self-examining oneself) (Schwanda, 2017; Wesley, 1984). This evangelical devotion spurred a revival in the 1700's as people began reading their Bible, joining small groups for fellowship, spending time in prayer, sharing personal testimonies and worshipping (Schwanda, 2017).

The Eighteenth century also witnessed George Whitfield encouraging individuals to be reconciled to God by repenting of their sin, and thus able to walk with God in an intimate relationship by way of the means of grace (spiritual disciplines) (Schwanda, 2017). Whitfield encouraged this intimate relationship by way of seven spiritual disciplines to help believers in their spiritual progress, and they include: reading Scripture, secret prayer including ejaculatory prayers, frequent meditation, observing God's providential dealings, watching the movement of

the Holy Spirit, obeying God's commands, and fellowshiping with other Christians who are walking with God (Schwanda, 2017).

### **Bible**

The Bible reveals everything we need to know about God (Laurie, 2011). It is God's voice to mankind (VanderWeerd, 2020), expressing His person in human words (Mathis, 2016); revealed in a document encasing sixty-six books written over a time span of 1600 years by kings, philosophers, fishermen, poets, and statesmen (Laurie, 2011). These men were inspired by God to write the words in Scripture; however, they are not the author of the Bible – God is (Laurie, 2011). Therefore, the Bible is God breathed and a trustworthy document studied by Christians (Laurie, 2011), shallow enough so that a lamb can enter in, and deep enough for an elephant to drown (Henry, 1706, as cited in VanderWeerd, 2020). It is complete and through these enclosed words the Holy Spirit teaches individuals everything pertaining to life lived in Jesus Christ and brings to one's remembrance the words of Christ (John 14:26), filling individuals with understanding so that they are able to live the words taught (Psalm 19:8) (VanderWeerd, 2020). Thus, when Christians recognize the Bible as “the only standard of truth, and the only model of pure religion” (Wesley, 2014), they remain receptive to God's Word—abiding and applying what they learn—and thus, bear fruit in their life; the Word affects their lifestyle as their ideas, speech, and actions hold to a Biblical worldview (Laurie, 2011).

### **Prayer**

The spiritual discipline of prayer establishes Christians' dependence upon God, as He works in their life (Laurie, 2011). It is a two-way conversation as Christians approach God's throne of grace – Hebrew 4:16, assured of His glad welcome because of Jesus Christ's death on the cross and His resurrection – Ephesians 3:12 (VanderWeerd, 2019). God is the author and

finisher of the faith of believers, reigning sovereignly (Laurie, 2011); therefore, no prayer has the power to change what God has already established, as His Word will never change (Hebrews 13:8) (VanderWeerd, 2019). Prayer is not an opportunity to manipulate God to do what individuals desire Him to do; it is an invitation to align one's will with God's established will found in His Word, asking for His will to be done on earth (VanderWeerd, 2019). Thus, there are times God calls individuals to press on in prayer, praying relentlessly, not giving up, but waiting upon Him in dependence – listening (VanderWeerd, 2019).

The Bible details people praying on mountaintops, in valleys, in prison, on their knees, standing, and even from the belly of a whale; God hears prayer no matter the location (Laurie, 2011). For example, in the book of Ezra, the prophet said, “I fell on my knees, and spread out my hands to the LORD my God” (Ezra 9:5 NKJV). In absolute surrender, not concealing anything, Ezra went to God in prayer, a posture where one's mind and soul appear naked before God Almighty, holding nothing back (McGee, 1991). Thus, as Christians seek God in His Word, they know how to express their adoration, petitions, and intercessions in prayer because knowledge of God's Word determines one's knowledge of His will (VanderWeerd, 2018). Becoming one with God (John 17:21) entails an individual being intimately acquainted with God just as Jesus was, prioritizing God over personal desires. Asking questions in prayer serves to deepen one's understanding of Him, thus necessitating consistent prayer in order to come “to a perfect understanding of God Himself” (Chambers, 1935, sec. March 20).

The heart of prayer, therefore, is to respond to God's word, enjoying Him as an end—as His friend, not just a servant—and in conversation, not looking simply to Him as a means to answer our petitions (Mathis, 2016). It is not an avenue to impress people; God is more concerned with the heart being genuine and honest before Him (Laurie, 2011). Mainly, “God

prefers realism to ritualism” (Psalm 50:8-15), disregarding the formalities when the heart is absent but welcoming the many forms of offerings of real prayer as they hold meaning, spiritual life, a recognition of the living God, sincerity, humility, and faith (Spurgeon, 1998).

People distinguish prayer according to the content of the prayers, for instance, adoration, confession, thanksgiving, supplication, reception, and obligatory prayer (Tatala & Wojtasiński, 2021). Researchers “indicate three directions of the influence of prayer resulting from cognitive connections made by the person who is praying: inwards (prayer helps with self-discovery), outwards (prayer improves the quality of social relations), as well as ‘upwards’ (focus on the relationship person-God)” (Tatala & Wojtasiński, 2021). Truly, individuals’ understanding of prayer depends on their past, upbringing, personality, education, cognitive, emotional, and social functioning (Tatala & Wojtasiński, 2021).

People with low quality of life often practiced prayers of confession, supplication, or obligatory prayers, while people with high quality of life practiced prayers of adoration, thanksgiving, and acceptance (Tatala & Wojtasiński, 2021). Prayer can potentially impact healing and also be used as a coping strategy (Tatala & Wojtasiński, 2021). People often pray when they are coping with persisting problems that are difficult (Tatala & Wojtasiński, 2021). One study indicated that people who pray forgive their partners more often than people who do not pray (Tatala & Wojtasiński, 2021). The current research on prayer focuses on cognitive topics, developmental, and motivational (Tatala & Wojtasiński, 2021).

### ***Prayer Expectancies***

People who pray often expect God to do something (Upenieks, 2021). When it comes to prayer, individuals often have different prayer expectancies due to either their culture or religious tradition or age along with different reasons for praying (Hayward & Krause, 2013). There are

individuals who pray to participate in a dialogue with God, while others pray out of obligation to God, or individuals pray to receive some type of personal benefit (Hayward & Krause, 2013). The individuals' expectancies regarding prayer stem from the outcome they desire with some individuals anticipating a quick and tangible response from God, while others expect God to respond more slowly (Hayward & Krause, 2013). Some expect God to answer the prayer when He feels it is best, as His reasons are far beyond the comprehension of the individual (Krause, 2004; Upenieks, 2021). This expectancy requires trust in God as well as trust in His provision and timing in answering prayers, believing He will not give believers more than they can handle (Upenieks, 2021).

Prayer expectancies may lead to religious disillusionment and one being angry with God if what is anticipated is not fulfilled, while they also may lead to more frequent prayer if one believes they will be rewarded (Hayward & Krause, 2013). Individuals' prayer expectancies may also affect the content of their prayers, where the subject of the prayer is either self or other individuals; moreover, within the subject of the prayer, the content of the expectancies may also vary from health, material gain, or spiritual benefits (Hayward & Krause, 2013). Researchers note that when individuals pray to receive material gain, their prayer stems from a faith that is self-focused, while a prayer for the salvation of the non-believers reflects a mature faith (Hayward & Krause, 2013).

### **Lectio Divina**

*Lectio divina*, or "divine reading," stems from the patristic era (first century) and is found in the Rule of Benedict (RB 48.1), instructing monks to set aside specific time for the practice (Howard, 2012). It is the reading and meditation of Scripture that leads to communing with God in prayer to know Him; thus, it differs from "scientific exegesis, hermeneutics, and the study of

Scripture for specifically theological purposes” (Howard, 2012, p. 57). Forms of *lectio divina* have been the normal practice in evangelical traditions, as evangelicals have emphasized the importance of devotional reading of Scripture as a practice that calls for a right attitude with an open heart and mind, a dependency, expectancy, and attitude of humility and obedience; the tradition includes “reading, meditation and consideration, prayer, illumination and experience of the Holy Spirit, and action” that bears fruit from a transformed life rather than an informed life (Howard, 2012, p. 57).

The life of monks in medieval times held to the practice of devotional reading of Scripture (meditating and praying) to know God and thus differed from the early universities’ lifestyle of reading Scripture for head knowledge acquired by questioning and disputing (Howard, 2012). Around 1955, Thomas Merton mentioned to his protégés, “One of the most important aspects of our monastic formation, and often one of the most neglected, is the development of our mind and heart by *lectio divina*, so that we can enter into the wisdom and knowledge of God. . . We have come to the monastery to seek God. . . in meditative reading and in contemplative prayer. . . and above all to know God in that knowledge which flows from love and leads to more love. Knowledge and love must go together. They must complete and assist one another and bring us deep into the mystery of Christ” (Merton, 1955/2015).

Evangelical expression does not include the specific term “*lectio divina*”; the evangelicals’ practice that is similar in definition (divine reading and prayer to know God) is termed “duties,” “exercises,” “means of grace” (by John Wesley), “secret devotion,” “acts of religion,” exemplifying the “God given means whereby the Christian may grow in the grace and knowledge of God” (Howard, 2012, p. 59). Reading the Bible is foundational as a spiritual practice for evangelicals and thus J.C. Ryle, the Evangelical bishop, stated “Next to praying there

is nothing so important in practical religion as Bible-reading” (Howard, 2012). Moreover, the American Puritan John Cotton said, “To read the word and to meditate thereon, is a daily part of a Christian holy life” (Howard, 2012).

### **Motives for Spiritual Disciplines**

Researchers note that some individuals self-identify as failures when it comes to spiritual disciplines, identifying their own shortcomings as causes for unfulfilled prayers or not sensing God’s presence in their lives; thus, their commitment to the religious practice wanes as they believe it lacks efficacy (Johnston, 2017). Attribution theory acknowledges the individual’s perception of failure to be the impacting source for the individual’s desire to persist or stop in an action, and their perception is shaped by the people they are around, as well as their cultural context; however, their perception can be changed by instruction from an authority figure (Johnston, 2017; Weiner, 1985).

The teacher of the institution does have an authoritative influence over the individuals’ interpretation of their experience as the people listen to them for guidance in their faith; at times, teachers correct the expectations of the individuals that led to the individual’s self-identification of failure by describing the expectations as “ego-concerns” as opposed to a desire for spiritual growth or transformation (Johnston, 2017). Therefore, individuals can spend hours practicing the spiritual disciplines and not grow spiritually into Christlikeness if their motives are amiss or if they define the activity as a form of godliness; for example, even the Pharisees were very devout in discipline, as are some cults (Whitney, 2001). The activity of the spiritual discipline is the path to Christlikeness, not the identification of it (Whitney, 2001).

### **Spiritual Coping Strategies**

The health sciences have been giving more attention in recent years to the importance of spiritual coping in managing health (Warner et al., 2019). For over 40-years, research has been published regarding secular coping strategies (Krägeloh et al., 2012), and has detailed how coping is an active life-preserving process of responding to various threats to self (Ng et al., 2017). Since religion offers a variety of unique ways to help individuals when they are facing trials and crises in life (June & June, 2021), it is only natural that researchers turned to analyzing spiritual coping and its impact on mental health. The empirical studies have confirmed religion assists people with their ability to cope (Bryan et al., 2016) as spiritual coping is witnessed in the specific act of turning to God to seek comfort, guidance, and support from a divine being during a difficult time (Bryan et al., 2016). Spiritual coping activities include prayer, meditation, church attendance, fasting, and interpreting one's circumstances through religious texts (Areba et al., 2018).

Spiritual coping, therefore, is one coping strategy that individuals struggling with anxiety and depression may seek out (Bryan et al., 2016). These individuals often have difficulty with cognitive control and positive refocusing, areas that may be targeted in therapy (Domaradzka & Fajkowska, 2018). Research indicates therapy for anxiety and depression should focus on stopping maladaptive strategies while focusing on adaptive ones (Domaradzka & Fajkowska, 2018); thus, helping individuals move from negative to positive is important in therapy, and helping an individual gain cognitive control over their emotional state will help alleviate depressive symptoms (Domaradzka & Fajkowska, 2018). One way for individuals to gain cognitive control is to come up with reasons for living to help avoid withdrawal from life (depressive state) by remaining life-engaged; for example, individuals have found purpose in life



by serving others, serving God, and also by creating career goals (Hayes & Hubley, 2017).

Otherwise, individuals may remain stuck in an anxiety-depression cycle—in an anxious state of vigilance then withdrawn from life—if they cannot find their purpose in life that calls for long-term engagement (Hayes & Hubley, 2017).

### **Counselors Addressing Religion/Spirituality in Therapy**

Some counselors are unsure of how they are to address religion in therapy (Schindler & Hope, 2016), as religion remains controversial in the counseling field, with some psychologists skeptical regarding the efficacy of faith-based interventions such as faith adapted treatment for cognitive behavioral therapy (F-CBT) thus desiring more performed trials to ensure efficacy (Anderson et al., 2015). However, the last twenty years have witnessed an increase in psychological literature documenting the positive associations of spiritual coping with mental health outcomes, arguing RS based Cognitive Behavioral Therapy (CBT) treatments may help alleviate maladaptive behaviors and cognitive distortions, as they offer comfort to the afflicted, hope for the future, and belief that the higher power is available (Ramos et al., 2018). Research also states *religion and spirituality* provide positive coping mechanisms that assist trauma survivors in overcoming the negative effects of trauma, allowing them to more likely experience posttraumatic growth (Korbman et al., 2021).

Therefore, some contend for the inclusion of RS in psychiatric care, believing the incorporation of the religious disciplines of Bible reading and prayer into CBT would enhance the treatment's efficacy amongst Christian clients who are experiencing depression and anxiety more so than non-religious CBT (Dein, 2018). Most clients who hold to a specific faith do not want their counselor negating their faith in therapy, but to acknowledge it (Schindler & Hope, 2016). Moreover, religious interventions have been shown to be either equal or superior to non-

religious interventions, specifically for religious individuals, resulting in increased treatment accessibility and high levels of positive spiritual coping (Tulbure et al., 2018). So too, the research is consistent regarding the relationship between individuals' religiosity (religious involvement) and their anxiety and depression (negative emotions) (Koenig et al., , 2018). Individuals with higher levels of spirituality, of turning to God, display more active spiritual coping strategies as opposed to maladaptive coping strategies (Krägeloh et al., 2012). Therefore, counselors need to be prepared to utilize spiritual coping mechanisms in therapy, dependent on the individual's adherence to a religious faith (Krägeloh et al., 2012).

The "religiosity gap," however, between clients with high levels of religiosity and their mental health care provider reveals one reason as to why religion is often not incorporated into treatment, as the mental health care provider is not adequately trained to assess RS factors in the clinical setting (Dein, 2018). Therefore, practitioners would benefit by understanding the accepted definitions of *religion* and *spirituality* in order to bridge the religious gap. Scholars state, "Religion involves beliefs and practices related to the Transcendent;" with the Western religions calling the Transcendent God, Allah, HaShem, or Higher Power, while the Eastern religions call the Transcendent Vishnu, Lord Krishnan, Buddha, or Ultimate Reality (Koenig, 2015, p. 19). It involves an organized community yet is also practiced in private, with each religion following specific doctrines and rules to guide one's behavior here on earth (Koenig, 2015). Spirituality, on the other hand, describes the individuals "who are deeply religious and live a life dedicated and surrendered to the Divine" (Koenig, 2015, p. 19); it is "a personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent" (Koenig, 2001; Oxhandler, 2019). Nevertheless, a modern definition has emerged for *spirituality*, which includes the religious and secular humanists, those

who identify existence outside of God and focus on rational self and science and community; it is self-defined and very broad (Koenig, 2015).

Unfortunately, therapists can misuse or abuse Scripture and prayer in therapy with their clients (Pan et al., 2012); therefore, researchers indicate the importance of sensitive, prayerful, and ethical standards when incorporating prayer and Scripture, as these two coping methods can significantly help the clients (Pan et al., 2012). Monroe (2007) reviewed Christian counseling's use of Scripture and stated therapists' attention to the purpose, contextualization, and their client-counselor relationship is an important guide when utilizing prayer and Scripture in counseling (Pan et al., 2012).

Some professionals state utilizing prayer in mental health clinics remains controversial amongst them and their mental health colleagues (van Nieuw Amerongen-Meeuse et al., 2020). Mental Health Professionals (MHP) state they fear the blurring of boundaries should they pray for patients during therapy, believing prayer should be left to spiritual caregivers (van Nieuw Amerongen-Meeuse et al., 2020). They also admit uneasiness when a patient asks for prayer, stating the right vocabulary matters and they doubt their capabilities (van Nieuw Amerongen-Meeuse et al., 2020). The uneasiness may be due to the MHP's professional role, but also the vulnerability attached to prayer in the horizontal relationship with the client when praying together (van Nieuw Amerongen-Meeuse et al., 2020).

Patients in a Christian clinic setting stated they regretted prayer was not a part of therapy, as they identify the benefits of prayer to be tranquility and relief (van Nieuw Amerongen-Meeuse et al., 2020). Researchers argue MHP's should think about the meaning and purpose of prayer in therapy with their patients in respect to ethics in the medical field involving autonomy,

nonmaleficence, beneficence and justice (van Nieuw Amerongen-Meeuse et al., 2020). Koenig (2008) addresses the issue in the *Psychiatric Bulletin*:

Prayer with a religious patient can have a powerful positive effect and strengthen the therapeutic alliance. This, however, can be a dangerous intervention and should never occur until the psychiatrist has a complete understanding of the patient's religious beliefs and prior experiences with religion. Prayer should only be done if the patient initiates a request for it, the psychiatrist feels comfortable doing so, and the religious backgrounds of patient and psychiatrist are similar. Even if all the right conditions are present, there will be some patients for whom prayer would be too intrusive, too personal and may violate delicate professional boundaries. Prayer should never be a matter of routine. The timing and intention must be planned out carefully with clear goals in mind. (p. 203).

### ***Canadian Psychiatric Care and RS***

In 2014, the Canadian Psychiatric Association (CPA) released a position statement indicating psychiatric care in Canada's multicultural nation should be done in a secular fashion in order to prevent conflict should there be differing belief systems between the patient and psychiatrist (Adams et al., 2020). The fear of religious discrimination and the variety of RS beliefs between the patient and psychiatrist have thus led to professional reservation in Canada, even though there is extensive research regarding the benefits of RS in clinical care (Adams et al., 2020). Therefore, researchers looked at a group of Canadian psychiatric outpatients and the impact of RS on mental illness and the patient's coping in order to encourage the needed update of psychiatric guidelines in Canada, especially since more than 75% of Canadians associate with RS beliefs (Adams et al., 2020).

The study sought to clearly identify “how individuals with psychiatric difficulties use their religious beliefs when faced with mental health adversity” (Adams et al., 2020, p. 918). The researchers concluded more than half of their sample of Canadian psychiatric outpatients held RS beliefs, and they significantly used positive religious coping (Adams et al., 2020). This conclusion is not surprising and is consistent with RS studies. Such a finding is clinically relevant because positive religious coping is significantly linked to positive psychological adjustment and mental health outcomes in patients (Adams et al., 2020). The results of this study, therefore, supported the recommendation of the World Psychiatric Association (WPA) who presented a position statement encouraging psychiatrists to be aware and sensitive to their patient’s RS beliefs. Adams et al. (2020) state, “In keeping with these recommendations, mental health professionals can play a crucial role in understanding and supporting patients in various stages of their spiritual journeys and, when appropriate and desired by patients, engaging in conversations about spiritual needs and the helpfulness of spiritual coping strategies” (p. 923). This approach to psychiatric care promotes a holistic and patient-centered care that is respectful of the patients’ faith tradition (Adams et al., 2020).

### ***Conflict between Religion and Psychology***

The conflict between religion and psychology began with Freud’s views and influence over the field of psychology as well as Albert Ellis’, as they encouraged a negative attitude towards the effect religion has on mental health (Dein, 2018). Nevertheless, though Freud’s and Ellis’ views affected the psychology field, they have since been debunked by Christian psychologists.

**Freud.** Freud held a pessimistic view of the nature of humans, identifying the struggle between the id that holds aggressiveness with sexual instincts, the perfectionism of the superego,

and the mediating effects of the ego (Tan, 2011). Though Freud's explanation of the human psyche is similar to the biblical worldview of sinful mankind (as Romans 3:23 states, "For all have sinned and fall short of the glory of God"; *New King James Bible*), his view that individuals' personality is shaped by the age of five or six negates the pure reality of individuals being created in the image of God (Genesis 1:26-27), becoming new creations upon acceptance of Jesus Christ as their Lord and Savior (2 Corinthians 5:17), "capable, by the power of the Holy Spirit, to be transformed into deeper Christlikeness" (Romans 8:29), thus able to change through Christ (Tan, 2011, p. 53). Moreover, Freud's focus on human behavior's aggressiveness and sexual instincts fails to realize that there are other motivations within individuals, such as human behavior's desire for loving God and loving others (Mark 12:30-31); these desires are not "a pathological obsessional neurosis," as Freud called them based on his belief that individuals longed for a father and thus created God in their image, but are real (Tan, 2011). Furthermore, the traditional psychoanalyst's aloofness has shifted into a more relational stance with their clients through the years that is similar to the Christian's agape love (Tan, 2011).

**Ellis.** Christian psychologists have critiqued Ellis' Rational Emotive Behavior Therapy as problematic "because of its very humanistic definition of rationality, its vision of human health that is individualistic, hedonistic, and rationalistic, and its troubling views on rationality and emotion" (Tan, 2011, p. 274). The therapist as coach, teacher, or role model has the authoritative ability to challenge the Christian client's irrational beliefs based on their personal definition and criteria of irrationality and rationality that is based in Western culture, as well as their own values and goals, as behavior therapy is a directive approach to therapy (Tan, 2011), which can easily persuade those who are vulnerable, seeking help. Christians note that from a biblical perspective, values and goals in therapy come from God and His Word (2 Timothy 3:16) (Tan,

2011). Moreover, behavior therapy, from a biblical perspective, overlooks freewill and does not hold a place for “transcendence and the supernatural,” as it reduces complex processes to simplistic assumptions based on what the therapist deems natural (Tan, 2011). The Bible speaks of eternal rewards that surpass immediate gratification, while behavior therapy focuses on immediate positive reinforcement and behavior conditioning (Tan, 2011). The behavior techniques also focus on self-efficacy, as opposed to God-dependency, as they emphasize a “sinful self-sufficiency and over-dependency on one’s own skills to cope effectively with the problems in one’s life” (Tan, 2011, p. 239).

Nevertheless, though Freud and Ellis affected the field of psychology, nine in ten individuals in the United States believe in God/or a higher power, while 56% of Americans believe in the God found in the Bible (Pew Research Center, 2018), and approximately 55% of Americans pray daily (Pew Research Center, 2019), oftentimes for healing for themselves or others; therefore, individuals are more than likely to cope either positively or negatively in ways that include God or the higher power they believe in or by way of their RS practices (Oxhandler & Parrish, 2018). Moreover, with the emerging research on the positive outcomes of incorporating the client’s RS in treatment, clinicians need to prepare how to ethically integrate the client’s RS during treatment (Oxhandler & Parrish, 2018).

### **Main Functions of Religion in Coping**

Researchers state there are five main functions of religion in coping: 1. Give meaning to an event; 2. Provide a framework to achieve a sense of control over a difficult situation; 3. Provide comfort in times of difficulty; 4. Provide intimacy with other likeminded individuals; 5. Assist people in making life transformations (Ng et al., 2017). Moreover, the Religious Problem-Solving Scale (RPSS) identifies the spiritual coping styles of self-directing, deferring, and

collaborative (Hernandez et al., 2010). The self-directing coping style is witnessed in individuals who view themselves as independent from God; the deferring coping style is seen in individuals who wait for God to solve the problem or offer the solution; and the collaborative coping style is witnessed in individuals who feel that they work together with God to solve the problems (Hernandez et al., 2010).

### **Religiosity**

Researchers identify religiosity as a multidimensional construct involving a person's personal and positive relationship with God, and it is "realized through religious awareness, religious feelings, religious decisions, bond with a fellowship of believers, religious practices, religious mortality, religious experience and forms of professions of faith" (Tatala & Wojtasiński, 2021, p. 1032). Religiosity (religious involvement) appears to have more value over social support when one experiences an onset of physical or mental illness, reducing mortality while increasing likelihood of recovery from or an easier adjustment to the mental or physical illness (Clements & Ermakova, 2012). The critics argue that there are variables to such studies such as gender, social support, age, social desirability responding, and income (Clements & Ermakova, 2012). However, when the study controls for these variables, the connection between religion and health remains the same (Clements & Ermakova, 2012). Empirical findings declare a consensus, stating religiosity contributes to good health on the macro level (Clements & Ermakova, 2012). However, some studies do not emphasize what aspects of religiosity promote this positive effect (Clements & Ermakova, 2012).

Religious affiliation safeguards individuals from the stress rejection causes; thus, religious affiliation is an effective coping mechanism for those who feel socially excluded (Bryan et al., 2016). Individuals normally experience a positive effect on health outcomes



because of their religious affiliation, except in pathological dysfunction when one has a blind loyalty to authoritarianism (Areba et al., 2018). So too, having contact with people in a religious organization helps reduce psychological distress as emotional and informational support is offered (Ng et al., 2017), and “religion-associated words” decrease the levels of negative emotion (Bryan et al., 2016). Religion, therefore, may help to reduce externalizing problems by encouraging moral values, positive behaviors, and the purpose and meaning of life (Kim & Esquivel, 2011).

Studies confirm religiosity is linked to good health (Clements & Ermakova, 2012). For instance, researchers have identified that one’s connection to God decreases depressive symptoms (Neimeyer & Burke, 2017); individuals with high religiosity, as opposed to those unaffiliated with religion, experience at a significant level increased positive emotion, such as hope, optimism, purpose and meaning in life, thankfulness and gratitude, and generosity (Koenig, 2015). Research notes that “though religious involvement may not always prevent depression, it may alter the experience of depression” (Koenig, 2015, p. 25). Moreover, individuals with higher levels of religiosity are less likely to use substances like alcohol, tobacco, and marijuana (Kim & Esquivel, 2011). Also, an individual’s surrender to God—a one’s commitment to God’s will in their life—is at the core of religiosity’s contribution to health, as surrender results in improvement in health or maintenance, physiological conditions, and stress reduction (Clements & Ermakova, 2012). Surrender to God indicates less stress in a life because the act of surrendering relinquishes control, acknowledging God’s oversight of the situation that the individual views as negative (Clements & Ermakova, 2012).

### ***College Students and Religiosity***

Research studies indicate college students utilize spiritual coping mechanisms to navigate challenges (Schindler & Hope, 2013). The University students state turning to God helped them cope, and thus decreased their alcohol consumption (Bryan et al., 2016). These University students who turned to God also shared they had a higher satisfaction with life (Bryan et al., 2016). Moreover, minority students who turned to God stated they experienced less minority stress and higher academic achievements (Bryan et al., 2016). So too, an online study of 156 Somali college students (ages 18-21) in Minnesota concluded the association of negative religious coping with an increase in both anxiety and depressive symptomology while positive religious coping was connected to a decrease in depressive symptoms (Areba et al., 2018).

### ***Intrinsic and Extrinsic Religious Orientation***

Intrinsic religious orientation (IR) defines individuals who identify their religion as their way of life, who are pursuing spiritual growth, and see religion as an end of itself, while extrinsic religious orientation (ER) defines individuals who identify their religion as a means to an end in order to gain status, security, social relationships, self-justification, or peace (Clements & Ermakova, 2012). Thus, there is a dichotomy between IR/ER, and investigation has shown that IR individuals experience the benefits of the religion-health relationship and have decreased stress and positive health, unlike ER or non-religious individuals who do not experience the beneficial effects (Clements & Ermakova, 2012). Moreover, the construct surrender identifies individuals whose focus is God and individuals whose focus is not God, thus qualitatively differentiating between IR and ER individuals (Clements & Ermakova, 2012).

### **Effective Spiritual Coping**

Spiritual coping strategies are effective when facing the realities of life (Amjad & Bokharey, 2015) as the different spiritual coping mechanisms offer social support and help with adjustment.

#### ***Social Support***

Spiritual coping offers social support; for example, computer support groups including prayer and religious expression have shown to increase psychosocial outcomes in individuals (Bryan et al., 2016).

#### ***Adjustment***

Spiritual coping strategies also help patients adjust with cancer, connecting higher levels of religiosity with lower levels of distress in cancer patients (Ng et al., 2017) while also producing positive effects in cancer patients as it decreases fear of reoccurrences of cancer (Bryan et al., 2016). Studies also show there is a negative correlation between Generalized Anxiety Disorder (GAD) symptoms and spiritual wellness and a positive correlation between spiritual wellness and spiritual coping strategies (Amjad & Bokharey, 2015). Moreover, spiritual coping is a buffer between personal victimization and depression (Bryan et al., 2016).

#### ***Prayer***

Prayer is a recognized positive spiritual coping strategy (Boelens et al., 2012). A study conducted with 44 women who struggled with anxiety and depression consisted of six weekly 1-hour prayer sessions in an office setting and concluded in post-evaluations (one month after and one year after) that following the prayer interventions, the women experienced less depression and anxiety, increased optimism, and higher levels of spiritual experience than they did prior to the prayer intervention (Boelens et al., 2012). The subjects maintained improvement in their

struggle with anxiety and depression throughout the year, thus indicating the beneficial use of person-to-person prayer as an aid in the standard medical care for patients with anxiety and depressive symptomology (Boelens, et. al., 2012).

Researchers indicate some individuals utilize prayer as a form of therapy with good results instead of taking pharmaceuticals or receiving psychotherapy treatment because the use of such treatments for depressive symptoms does not aid in the relief for everybody (Wachholtz & Sambamthoori, 2013). Moreover, the selective drugs treating anxiety and depression often have various side effects, such as dependence and developing tolerance (Rabiei & Setorki, 2019).

South and McDowell (2018) acknowledge prayer has been utilized as a complementary therapy to traditional medical treatments; the different themes from their study included prayers of the people (self-prayer, prayers of the family, prayers of the clergy, church family, friends, faith communities, and health care professionals), rituals and traditions associated with prayer (anointing, laying on of hands, healing services, quoting scripture), prayers of supplication (intercessory and supplication), and experiences related to the act of praying (faith, visions, physical manifestations, and feelings of calmness, comfort and peace). The participants in the study shared the positive effects of prayer as increasing their well-being and decreasing their anxiety (South & McDowell, 2018).

### **Positive Spiritual Coping**

Positive spiritual (religious) coping is recognized in a secure relationship with a supportive God/higher power (Ng et al., 2017); it is a belief that because of God, people have meaning in their current situation and in life, and they have a connection with others who are like-minded spiritually (Neimeyer & Burke, 2017). The specific details of the individual's religious beliefs may influence their interpretation of the outcome of their situation (Ng et al.,

2017). Nevertheless, positive religious coping is a predictor of better mental health (Ng et al., 2017) with positive spiritual coping mechanisms being linked with lower levels of anxiety and depression as well as positive emotional well-being and higher quality of life (Areba et al., 2018; Tulbure et al., 2018). So too, research has indicated a better mental health outcome in those who believe others are praying for them (Hayward & Krause, 2013).

### ***God Attachment***

Individuals who are secure in their God attachment, housing a strong emotional relationship, manage with positive spiritual coping by trusting God and easily defer to Him for problem solving; they have a collaborative coping style with less self-directing coping and have better adjustment (Hernandez et al., 2010; Parenteau et al., 2019). Specifically, these individuals have feelings of security, comfort, and satisfaction in their relationship to God (Hernandez et al., 2010); thus, their positive relationship with God helps them enjoy functioning in their daily living at higher levels even amidst adversities and life stressors, such as economic duress, marital conflict, parents' struggle with adolescent issues, and/or neighborhood violence (Sisselman-Borgia et al., 2018). Moreover, caregiver's positive relationship with God buffers the chaos of life stressors; therefore, caregivers are able to provide a nurturing environment for children to thrive in, reporting with children having fewer behavior problems (Sisselman-Borgia et al., 2018).

One research study found that individuals with secure God attachment, who believe God responds to their needs, utilized emotion focused strategies to manage their emotions rather than coping with problem focused strategies that would alter the stressful situation (Parenteau, et. al, 2019). This study also found that secure God attachment is not frequently associated with dysfunctional coping strategies such as self-blame, behavior disengagement, denial, self-

distraction, substance abuse, or venting (Parenteau, et. al, 2019). When one feels cared for by God or loved by God, it is often associated with less negative psychological adjustment (Parenteau, et. al, 2019).

### *Scriptural Coping*

There are only eight quantitative studies, to the researcher's knowledge, in scientific literature that identify individuals reading the Bible as a means for coping during times of adversity (DeAngelis, et al. 2021; DeAngelis, et al., 2019; Johnson et al., 2016; June & June, 2021; Koenig et al., 2013; Krause & Pargament, 2018; Pan et al., 2012; Tepper et al., 2001).

**Tepper, L. et al. (2001).** There were 406 patients at one of the thirteen Los Angeles mental health facilities, 238 men (59%) and 161 women (41%) with persistent mental health illness who incorporated religious coping to help with their persistent mental health illnesses. The study revealed 325 individuals (80%) relied on a specific religious activity or religious belief to deal with the difficulties of their illnesses, while 372 individuals (92%) conveyed they participated in religious activity and a total of 246 individuals (61%) stated they spent approximately half of their coping time with religious practices and have been doing so for over 16 years. The analysis found a connection between religious coping and severity, identifying individuals who were experiencing severe symptoms and low functioning to cope by way of prayer and reading the Bible. Researchers concluded the number of years the individuals coped spiritually and the amount of time they spent coping spiritually for their mental health illness resulted in increased functioning and less severity of symptoms, with lower levels of depression, hostility, and frustration. Lower symptom levels in obsessive-compulsiveness, interpersonal sensitivity, phobic anxiety, paranoid ideation, psychoticism, and overall symptomology were witnessed in individuals with many years of coping religiously. Researchers concluded that

practitioners need to create a natural place for religious coping in treatment, assessment, and research.

**Pan, P. J. et al. (2012).** Researchers recognized a lack of empirical evidence regarding stress coping amongst Asian Christians; thus, they created a study hypothesizing the positive effectiveness of using prayer and Scripture in an Asian Christian Stress Coping Support Group (CSCSG). Their purpose was to analyze the participant's perception of CSCSG using prayer and Scripture, while also assisting church professionals in helping their congregation manage stress. The CSCSG comprised 10 one-and-a-half-hour sessions, including prayer and Scripture with a psychological lecture for people to learn cognitive and behavioral skills, while also providing remediation for stress-caused problem behaviors. This group-based intervention provided cognitive, affective, behavioral, and systematic intervention strategies. The religious lessons focused on Psalm 17 (A prayer of David) and Psalm 90 (A prayer of Moses), and the participants shared their insights on the psalms in the beginning of each session. The CSCSG followed eight steps: 1) Begin with prayer, thanking the Lord and asking for the power of the Holy Spirit to fill the entire session, 2) Invite participants to share their insights regarding Psalms 17 and 90, 3) Facilitate the participants' self-disclosure regarding their stress or stressors, life events, or stress coping experiences from the past week, 4) Encourage participants to take turns praying for the other participants silently as the leader prayed for them out loud, 5) Apply Scripture appropriately for participants as a spiritual intervention, 6) Give lecture and lead discussion regarding stress, stressors, life events, stress coping strategies, 7) Invite participants to discuss in the groups through self-reflection and provide feedback, and 8) Close the session with prayer, asking the Lord's blessing and guidance in the process of stress coping. The results of the research indicated the participants really valued the practice of Christian faith in coping with

stressors, they highly valued the peer support in CSCSG, and they enjoyed learning the stress coping strategies. The participants acknowledged that stressful life events included financial pressure, occupations, raising children, job uncertainty, retirement, and a sense of loss. “The inner resources for coping with stress included being loved and cared for, praying, cultivating a relationship with God, spiritual meditation, selective perception, obedience, thinking about inspirational words, and positive attribution,” and “the external resources for coping with stress included peer support, setting up a roadblock, physical exercises, and volunteer services” (p. 9). The study revealed the participants found peer support to be effective, which is congruent with other findings indicating religion provides access to social support and promotes spiritual coping. Thus, the study concluded the use of prayer and Scripture coping did act as a buffer to stress.

**Koenig, H. et al. (2013).** The researchers note that less is revealed in the scientific literature regarding the use of the Bible and the specific passages read to help with guidance and comfort in order to manage stress that may lead to negative mood disorders associated with major life events. They also noted a significant gap in the healthcare literature regarding Christian African Americans use of Scripture as a means for mental health coping during stressful life events. Thus, the researchers conducted a qualitative descriptive study with fifty-four African American adults in Southeastern United States, examining how the men and women found comfort in reading Scripture when faced with a family death or a life-threatening illness. The study included open-ended questions where the participants described their use of Scripture reading and the personal associations ascribed with the passages in context to family death or a life-threatening illness. The researchers noted the participants utilized scripture passages categorized as *God as Protector*, *God as Beneficent*, *Praise and Thanksgiving*, *God as Healer*, *Memory of Forefathers*, *Prayers to God*, and *Life after Death*; and there were few gender



differences. The researchers found that just as singing religious songs was a self-management strategy that promoted positive mental health during stressful life events, so was the use of reading passages from the Bible. Moreover, the participants read “Scripture passages for guidance, comfort, strength, and peace during sleepless nights or when feeling depressed” (p.178). The participants stated times they relied on God’s word as the sole strategy in overcoming traumatic life events. To them, reading Scripture passages was the way God spoke directly to them. The participants frequently referred to passages that “emphasized God’s ability to protect and heal them during the stress of a family death or one’s own life-threatening illness” (p.179). Researchers argue the data presented can help nurses who are recognizing the importance of addressing the spiritual care needs of their diverse patients, as it can assist them in using specific passages from the Bible.

**Johnson, S. et al. (2016).** This study focused on 101 African American women, ages 28-53, who had experienced some sort of traumatic event, with 27 % of the women reporting post-traumatic stress disorder (PTSD) symptoms. Seventy-six percent of the women experienced the unexpected death of a friend or relative, while 58% of the women experienced rape; sixty-one percent of the events experienced by the women caused the women to lose interest in other people or specific activities, and the women could not stop thinking about the event. Researchers found 80% of the women shared they prayed every day, and the women with PTSD said they received comfort and security from their faith and reported regular Bible reading; overall 35% of the women stated they read a holy book (Bible) and 84% reported God exists, and they knew He was active in their life.

**Krause & Pargament (2018).** Researchers presented the reading of scripture as a safeguard against stress. Their data revealed a “significant interaction between stress and Bible

reading” (p. 1435). Those who read the Bible less than once a month or a few times a month, who experienced stressful life events, had lower hope scores. Those who read the Bible a few times a week and those who read the Bible several times a day did not have a significant connection between stress and hope. Thus, the researchers concluded, reading the Bible more often moderates the negative relationship between stress and hope. Moreover, data showed that those who read the Bible more often “adopt a benevolent religious reappraisal coping style” (p. 1436), and those who utilized benevolent religious coping dealt with their stressors with more hope.

**DeAngelis, R. et al. (2019).** The researchers created a hermeneutic theory for scriptural coping and tested it on a national sample of US adults. The study indicated individuals with poor health and socioeconomic status (SES) were more likely to read Scripture for insights to attaining health and wealth as a personal quest to find meaning in life. Moreover, the researchers identified that “low SES and poor health were positively associated with depressive symptoms” (p. 184) and reading Scripture moderated the effect, thus, indicating scriptural coping for stressful life events. The hermeneutic theory hypothesized individuals’ approaches to Scripture as based on preconceived notions that came about by their life experiences, thus, asserting Scripture serves a different purpose for different people. The study also indicated it did not analyze other reasons as to why individuals would read Scripture; however, hermeneutic theory, as opposed to rational choice theory, does not reduce Scripture reading to solely a means for compensation for a deprived season but moves beyond it to highlight the human need for meaning. Thus, researchers came to the conclusion—though with limited data that did not provide a lot of detail—that scripture reading for coping alters the reader’s sense of meaning in life as they engage in the scriptural passages. At the end of their study, the researchers indicated,

“more work is clearly needed to uncover and explain the varied contexts in which scriptural coping either buffers or exacerbates stressors” (p. 186).

**DeAngelis, R. et al. (2021).** In this study, the researchers highlighted the limited amount of scientific literature on scriptural coping and stated the two most recent studies conducted on it offered different results. Thus, they sought to provide more evidence regarding scripture reading’s association between stressors and mental health. For instance, Krause and Pargament (2018) found scripture reading to provide a safeguard between the associations of stressors and mental health, while DeAngelis, et al. (2019) found scripture reading to increase the association between stressors and mental health.

To advance the literature on scriptural coping, the researchers studied data collected from an original survey of 1,201 congregants in South Texas. The 13 Christian churches that participated included evangelical, mainline, Catholic, and black American traditions with each church having between 50-1,500 congregants. Modifying the K10 and CES-D scales to measure psychological distress, the researchers asked participants questions pertaining to recent life events, scriptural coping, and their beliefs about an evil world.

The results of the study indicated that 46 percent of the participants read scripture for insights into the future, and 14 percent of the participants believed the world is evil. The participants average age was 63, 65 percent were female, 35 percent were employed full time, 45 percent were retired, and on average the participants were college educated with a household income ranging from 50 to 100,000 dollars. In analyzing the data from the congregants in South Texas, the researchers concluded, “scriptural coping buffered stressors only if congregants didn’t believe the world was fundamentally evil” (p. 651) and scriptural coping increased stressors for the congregants who believed the world was evil.

**June & June (2021).** During the COVID-19 pandemic, researchers called seventy-three African American Christians asking them six open ended questions pertaining to how they were coping during the government lockdown: Question One – “How are you coping with the Coronavirus pandemic?” Question Two – “How has your religious faith helped you cope during the Coronavirus pandemic?” Question Three – “What Scripture passages, if any, are you finding helpful during the Coronavirus pandemic?” Question Four – “What advice would you give to Christian/Believers during the Coronavirus pandemic?” Question Five – “How are you maintaining your worship practices during this period?” Question Six – “Have your prayer life, Bible reading, and personal meditation changed during this period, and if so, how?”

The study found important elements of coping and protection against anxiety include knowing, believing, and utilizing Scripture (June & June, 2021). The prominent Scripture verses the participants shared involved descriptions of God’s characteristics or verses that contained comforting words, encouraging a reliance on God as a protector and comforter (June & June, 2021).

Therefore, researchers repeatedly found reading Scripture to be an essential component of spiritual coping for those who self-identify as Christians. Individuals with more severe psychiatric disorders who consistently read Scripture experienced an increase in functioning and less severity of symptoms (Tepper et al., 2001). Reading Scripture moderated the negative relationship between hope and stress (Krause & Pargament, 2019), while also acting as a self-management strategy that promoted positive mental health during stressful events (Koenig, 2013). It has also been shown to moderate the effect SES and poor health have on depressive symptoms (DeAngelis et al., 2019). Moreover, multiple researchers have advocated for reading Scripture to be brought to the attention of health care and mental health care providers to be

incorporated in treatment and assessment to address the spiritual care needs of the patients and clients (Tepper et al., 2001; Koenig et al., 2013).

### *Prayer Coping*

Prayer is shown by extensive research to be the most frequently used spiritual coping mechanism (June & June, 2021). Research indicates the positive effects of prayer coping when facing stressful situations (Tait et al., 2016) as empirical evidence has relayed how prayer helps reduce distress (Ng et al., 2017). Studies also state intercessory prayer (praying for oneself and others) has had the greatest effect on depression's cognitive symptoms (Pan et al., 2012).

The way in which people pray and process their stress indicates positive or negative wellbeing (Tait et al., 2016). When one has a negative view of God as distant and unloving, their prayer life is related to psychopathology; whereas, when one has a positive view of God as loving, the opposite proves true (Tait et al., 2016). Moreover, prayer focused on God has shown to result in positive correlation with well-being, whereas ego focused prayer is negatively correlated with well-being (Tait et al., 2016). Prayers filled with thanksgiving are negatively correlated with depressive symptoms, as individuals are filled with a positive mood, not negative (Tait et al., 2016). How one prays, therefore, affects their health (Tait et al., 2016). So too, how often one prays can have a positive effect on individuals' mental health, decreasing likelihood of experiencing major and minor depression (Possel et al., 2014); individuals' frequency of prayer also reveals lower levels of self-reported anxiety (Possel, et. al., 2014).

In a nationwide study of 1511 adults, researchers found those who prayed and had a secure God attachment experienced fewer symptoms of anxiety; while in contrast, prayer was related to greater symptomology in those with an insecure God attachment (Koenig, 2015). Thus, researchers concluded in conjunction with numerous studies that the effectiveness of prayer

coping is determined by God attachment and whether the individual has a secure relationship with Him (Koenig, 2015).

Prayer coping functions found on the Prayer Functions Scale (PFS) provide a description of four different types of prayer (Tait et al., 2016). The coping functions include prayer that provides acceptance as the individual learns how to accept the difficult situation; the second coping function of prayer is that it provides calm and a focus, where the individual develops positive attributes to deal with their adversity; the third coping function is prayer that provides assistance, as individuals call upon God for help during their hardship; and the fourth coping function of prayer is deferring their situation to God's care and His divine intervention to solve the problem (Tait et al., 2016). It is noted that prayer for calm and focus is connected with lower depressive symptomatology; however, if prayer for calm and focus is not a part of an individual's coping strategies prior to the stressful/traumatic event, it may not help the individual suffering with severe depression (Tait et al., 2016). A severely depressed person may only be able to pray for God to intervene due to increased symptomology (Tait et al., 2016).

**Expectancy Theory.** The Expectancy Theory (Possel, et. al., 2014) predicts that when individuals pray and their prayer is answered in the affirmative, they experience an enhanced security in their close relationship with God, increasing their sense of well-being. In contrast, Expectancy Theory predicts anxiety, depression, confusion, and uncertainty in individuals who prayed and what they expected did not happen (Possel, et. al., 2014). This occurrence could lead to the individual struggling with doubt in regard to their faith due to the prayer expectancy not being fulfilled (Possel, et. al., 2014).

Prayer's encompassed attribute of trust-based belief in God is supported by empirical studies focusing on three trust-based beliefs; these flexible beliefs (trust in God's superior

judgment) have been shown to be consistent with Expectancy Theory (Possel, et. al., 2014). The three trust-based beliefs include “whether prayers are answered, when prayers are answered, and how prayers are answered” (Possel, et. al., 2014, p. 906). Krause (2004) conducted a qualitative study that revealed two different thought processes regarding *when* prayer would be answered, as some individuals believed they would receive an answer to their prayer right away, while others believed they would receive the answer in God’s perfect timing; so too, there were differences in *how* the individuals believed their prayers would be answered, as some expected to receive what they prayed for, while others expected God’s judgment to overrule what was not good for them, thus, giving them what they need (Possel, et. al., 2014).

### ***Forgiveness***

Forgiveness, as a spiritual resource, is a positive coping method that can reduce depression and anxiety (Worthington et al., 2016). Research states it is effective for individuals who have experienced person-induced traumas, as it lessens the negative emotions towards the offender while increasing positive emotions (Ha et al., 2019). Therefore, when an individual experiences interpersonal crimes ranging in intensities from small offenses to major offenses, forgiveness then allows the victim to manage their own pain and avoid the development of psychiatric disorders (Ha et al., 2019).

### ***Collaborative Religious Coping***

A positive spiritual coping style where one believes that during distress they collaborate with God (Buser et al., 2017).

### ***Active Religious Coping***

A positive spiritual coping style where one defers responsibility for the distress to God after making an effort to manage the distress (Buser, et. al., 2017).

### **Negative Spiritual Coping**

Negative spiritual coping refers to a distant and punishing relationship with God/higher power or as a religious struggle searching for significance (Ng et al., 2017). This religious struggle and doubt are associated with higher levels of depression and anxiety as well as higher levels of distress in cancer patients (Ng et al., 2017; Possel, et. al., 2014). The individual's struggle in their relationship with God may be witnessed in behaviors and attitudes that indicate a volatile relationship with God, or an uneasy and menacing worldview, or an unprofitable search for a spiritual meaning (Neimeyer & Burke, 2017). Spiritual discontent is one such negative spiritual coping style, believing one has been abandoned or disregarded by God in times of distress (Buser, et. al., 2017); another is the punishing God reappraisal where an individual believes their distress is a direct punishment from God (Buser, et. al., 2017).

Some trauma survivors experience negative spiritual coping, such as Child Sexual Abuse (CSA) survivors; they mention the difficulty in connecting with a faith community, difficulty trusting in God, and viewing God as unfair (Korbman et al., 2021). Cognitive Processing Therapy for Trauma (CPTT) focuses on how "trauma disrupts a person's schemas about the world, himself, and others" (Korbman et al., 2021). Thus, CSA may be a risk factor for spiritual struggles, as the trauma experience leads some to question, "Why did God allow this?" (Korbman et al., 2021). If the individual's questions are not addressed, it may lead to negative spiritual coping, resulting in mental health issues (Korbman et al., 2021).

### ***Avoidant or Anxious Ambivalent God Attachment***

Individuals who have a distant relationship with God have avoidant God attachment (Hernandez et al., 2010); they believe God to be uncaring, disinterested, and rejecting (Parenteau et al., 2019). Moreover, when individuals have feelings of confusion or inconsistency in their



relationship with God, they have an anxious-ambivalent God attachment (Hernandez et al., 2010). Research indicates individuals struggle with higher levels of anxiety and depression when they have an avoidant or anxious-ambivalent attachment to God; their spiritual coping is negative and they struggle with adjustment (Parenteau, et. al, 2019). So too, when an individual believes God is inconsistent in His love or non-responsive, they often struggle with dysfunctional coping strategies that result in negative psychological adjustment (Parenteau, et. al, 2019).

### **Resilience**

Resilience allows people to maintain psychological strength when faced with adversity, enabling them to adapt to and recover from current stressors successfully (Haglund et al., 2007; Smith et al., 2015; see also Tan, 2013; Waugh & Koster, 2015). It is a phenomenon revealing individuals experiencing psychological burdens that are short-term/acute, long-term/chronic, social or physical burdens, and yet they remain free from mental health issues or are only temporarily affected and regain stability (Chmitorz et al., 2018). Resilience, thus, is multidimensional, including many facets such as one's ability to bounce back after an overwhelming incident; confronting challenging events in life and handling them well; growing when faced with challenges and various adversities; overcoming odds; recovering from setbacks; healthy adjustment to change; the ability of an individual to thrive and return to normal after some sort of traumatic event; and maintaining a healthy life (Tan, 2013; see also Neocleous, 2012). There are many factors that deter the negative effects stressors bring to individuals, protecting the individual by modifying the stressor. These internal factors consist of genetics, personality traits, and/or the individuals' beliefs, while the external factors include access to social, material, and/or energy resources and the stability of that environment (Chmitorz et al., 2018).

### **Traumatic Event**

Research shows approximately 60% of the North American population will experience a traumatic event in their lifetime, such as victimization (e.g., rape, sexual abuse, or terrorist attack), natural disasters (e.g. hurricane, fire, flood, earthquake, tornado, volcanic eruption), sickness, losses, accidents; 20% of the population will experience them within a given year (Tan, 2013). Just the same, research states 70% will recover from the traumatic event with resilience, while 30% will remain affected with mental health conditions (e.g., PTSD, anxiety, depression, adjustment disorder) (Tan, 2013), and approximately 25% of the youth will experience a traumatic event by the time they are 16 years old (Tan, 2013). Moreover, it is normal for resilient individuals to experience both positive and negative emotions when facing a major traumatic event in their lives (Tan, 2013).

### **Factors Contributing to Resilience**

There are various factors that contribute to resilience including biological, psychological, social, and cultural factors that connect with each other impacting the individual's response to adversity (Southwick et al., 2014). Specifically, the individual's demographics (i.e., age, sex, and education) are significantly connected with resilience and its protective mechanisms of the affective symptoms of anxiety and depression (Morote et al., 2017). Research indicates higher levels of resilience in adults impacts individuals positively, with such individuals experiencing lower levels of anxiety and depressive symptomology (Morote et al., 2017). For example, education contributes to the individual's ability to define their own goals and plan a strategy to accomplish them while maintaining a positive outlook (Morote et al., 2017). Interestingly, consistent with resilience literature, women often experience higher levels of anxiety and depressive symptomology along with lower levels of confidence in their own abilities in

comparison to men, inciting lower levels of resilience; however, culture does affect this conclusion (Morote et al., 2017).

### **Spiritual Resilience**

Today, there is widespread interest in resilience across various domains such as leadership development, psychology, sports, child development, the military, and the helping professions (Smith et al., 2015). However, leaders often do not recognize the spiritual aspects of resilience (Smith et al., 2015) even though resilience research has recognized spirituality as a factor/source of resilience; R/S is a core component because religion encourages an optimistic outlook on life and a sense of meaning in adverse situations (Kim & Esquivel, 2011). Spiritual resilience is described as one having divine support, maintaining purpose, and voicing gratitude amidst affliction, essentially helping people with good quality of life (Manning, 2014). Over the years, the literature exploring the relationship between religion and mental health has grown, specifically on how religion helps individuals adapt to psychological stressors (Koenig, et al, 2018).

A study consisting of over 30 interviews with 6 women aged 80 and older found the women to attribute their relationship to God as their source of strength in overcoming adversity, and a component of their resilience stemmed from their sense of purpose (Manning, 2014). At times, researchers group hope and resilience together as two sources of inner strength that protect people while facing harsh life circumstances (Morote et al., 2017). Thus, religion may facilitate resilience by helping build attachment relationships, opening access to social support, guiding conduct and moral values, and offering opportunities for personal growth and development (Kim & Esquivel, 2011).

Frankl (1946/2006) states the search for the meaning of life is necessary for an individual's psychological well-being. When individuals have a sense of purpose, they often then have prosocial behaviors and few internalizing and externalizing behaviors (Kim & Esquivel, 2011). Therefore, human beings are often resilient while facing various difficulties that obstruct their way of life and when resisting opposing threats to their survival (LaMothe, 2015). In these times, individuals use their faith as a source of resilience when encountering discrimination (Ogtem-Young, 2018). This is why social imaginaries of faith who display resilience are often looked up to and attitudes/morals adopted and followed (LaMothe, 2015).

### ***Forgiveness***

Forgiveness is also said to contribute to an individual's resilience as it affects one's ability to cope with various life stressors during and after a crisis or disaster, thus igniting a spiritual resilience within the individual who may be lacking other resources to cope with the disaster (Worthington et al., 2016). Neuroticism can hinder resilience; hence, forgiveness allows resilience as it removes the self-focus (Worthington et al., 2016). In turn, resilience can affect forgiveness, as individuals who are resilient are able to forgive their offender and bounce back from negative mood and ruminations over the offense (Worthington et al., 2016). Nevertheless, even as faith communities can offer support that enables resilience, they also can cause individuals' experience to be worse; for example, in Rwanda when Christians were harmed by other Christians, it was more difficult for them to forgive the transgression (Greer et al., 2014; Worthington et al., 2016).

### **Resilience Learned and Earned**

Individuals have the ability to develop resilience because effective coping strategies that enable a person to go through and overcome adversity can be learned (Smith et al., 2015). Thus,

resilience can be learned as well as earned (Isaacs, 2018). There are some studies that suggest resilience might be a trait, while other studies propose resilience is established by a process (Worthington et al., 2016). In a meta-analysis of 60 studies, Hu, et al. (2015) found “trait resilience to be negatively correlated to negative indicators of mental health and positively correlated to positive indicators of mental health” (p.18). Also, the age of the individual impacted the connection between trait resilience and negative factors, gender affected the correlation between trait resilience and the individual’s mental health, and adversity affected trait resilience’s connection to mental health (Worthington et al., 2016, p. 157). In terms of resilience as a process, some argue that individuals who have experienced stressful events deliberately engaged in effective coping strategies (Worthington et al., 2016).

### **Clinical Applications to Increase Resilience**

Tan (2013) has presented clinical applications compiled from research that may increase one’s resilience, They fall into six areas:

#### ***Physical Fitness***

Taking care of one’s body by exercising regularly; healthy eating; getting regular quality sleep; avoiding mood altering drugs and overuse of alcohol consumption.

#### ***Interpersonal Fitness***

Taking care of interpersonal relationships by participating in community; reconnecting with friends; recognizing social supports; accepting help from others; giving support to others; sharing emotions with trusted people; seeking to improve communication skills; seeking to improve conflict management skills; becoming a good problem solver for social issues; making a point to nurture relationships with spouses; utilizing community support resources; seeking a mentor; recognizing cultural traditions as a support; and employing pets to help manage mood.

***Emotional Fitness***

Taking care of emotions by identifying ways to increase positive emotions such as engaging in enjoyable hobbies and activities; creating long-term goals; utilizing positive humor; being thankful; regulating negative emotions by allowing and expressing sadness; crying, grieving, or becoming angry; participating in constructive grieving (honoring those who have been lost); facing fears; sharing testimony; journaling; incorporating creative/expressive ways to work through feelings; changing negative self-talk to positive self-talk; incorporating relaxation into routines.

***Thinking Fitness***

Taking care of one's thought life by being psychologically flexible; changing thinking from negative to positive; utilizing constructive thinking; seeking alternative solutions; creating achievable goals; seeking the higher ground in situations by identifying benefits; remembering the positive that has taken place; thinking of those less fortunate; setting specific goals with meaning; remaining in the present; connecting with people who are like-minded with positive values; cultivating a positive view of self, others, and the future.

***Behavioral Fitness***

Taking responsibility of one's actions by developing routines; when under pressure, seeking to remain calm; breaking down tasks into what is doable; confronting traumatic experiences; choosing quality friends; joining a group that brings direction and purpose; changing any "I can't do this" mentality to a "I can do" attitude; reading different resources to find comfort; creating and utilizing action plans; identifying setbacks as an opportunity to learn; sharing information with trusted people.

***Spiritual Fitness***

Utilizing positive spiritual coping; reviving hope; talking to a pastor for help; incorporating a devotional into daily routines; participating in religious activities; forgiving others and asking for forgiveness; utilizing religious beliefs to experience peace of mind; sharing the spiritual lessons learned; addressing ‘moral injuries’ and ‘soul wounds.’

**Resilience Program*****Acute Anxiety***

A Spiritual Education Program (SEP) was conducted in 2011-2012 for primary caregiver parents to help build resilience in their children who suffered with clinically diagnosed acute anxiety symptoms (Pandya, 2019). This study was a multicity 1-year long program comprised of 3,689 primary caregiver parents and their children, from 180 schools spanning 15 cities (Pandya, 2019). The SEP was developed by four experts associated with spiritual organizations, including two experts aligned with Christian spiritual organizations, one member from a Hindu-inspired movement, and one member aligned with a Buddhist organization (Pandya, 2019). The experts evolved a 4-day SEP package for the parents that fit a Universalist or Unitarian spiritual system that comprised four lessons of 1-hour duration each, with each lesson delivered through discussions, open-ended dialogue, and reflective exercises (Pandya, 2019). This 4-day SEP package was delivered to the individuals four times in one year (Pandya, 2019). The results of SEP displayed spirituality-driven parenting has a positive mediated effect on building resilience in children (Pandya, 2019), proving spiritual intervention affects resilience in children with acute anxiety symptoms (Pandya, 2019).

### *Chronic Disease*

Strengthening resilience in individuals with chronic disease is less concerned with overcoming the disease as it is with helping one positively adapt to their situation, accepting their physical and social state, while complying with therapeutic care (Kim et al., 2018). Chronic diseases are noncommunicable diseases that account for 46% of the global disease burden and entail a slow progression; they are categorized into cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease, and cerebrovascular disease (Kim, et. al, 2018).

Individuals with chronic disease often experience repeated psychological stress, exacerbation of physical symptoms, low self-esteem, and sometimes social intimidation; thus, they are vulnerable to maladaptation and depression (Kim, et. al, 2018). The focus of the treatment plans for individuals with chronic disease is not to obtain a complete cure but to prevent further complications while helping the individual maintain superior quality of life (Kim, et. al, 2018). Thus, resilience enhancing programs help patients engage in positive healthy behaviors and reduce negative emotions while refraining from behaviors that exacerbate the disease, enabling patients to positively adapt (Kim, et. al, 2018).

### **Adjustment Disorder with Anxious Mood (F43.22), Depressed Mood (F43.21), and/or Mixed Anxiety and Depression (F43.23)**

When an individual is diagnosed with adjustment disorder (AD) with anxious mood (F43.22), AD with depressed mood (F43.21), and/or AD with mixed anxiety and depression (F43.23), the onset of symptoms may come from various sources. These may include a singular event such as termination from a job, the end of a romantic relationship, or the loss of a loved one. Alternatively, symptoms may arise from multiple stressors such as business difficulties, financial difficulties, and marital problems. Recurrent stressors, like seasonal business crises or



unfulfilling sexual relationships can also contribute. Additionally, continuous situations such as persistent illness leading to increasing disability or residing in a crime ridden neighborhood can be factors. Stressors may also coincide with specific developmental events such as starting school, leaving or returning to a parental home, getting married, becoming a parent, failure to achieve career goals, or retirement (APA, 2013). This diagnosis is only made when the level of distress witnessed in changes in mood, anxiety, or conduct exceeds what is normally expected or when the event precedes immobility, which may vary for cultures (APA, 2013). A lifetime history of functionality is needed to differentiate distressed behaviors from normal functioning (APA, 2013).

The individual's abnormal emotional or behavior response to a singular or multiple stressors may be alleviated within 6 months if the stressor is eliminated; however, if the stressor remains, the individual's AD may persist (Winter et al., 2020). Researchers have found that untreated AD may create an avenue for other psychiatric disorders, such as major depressive disorder (MDD) (Winter et al., 2020).

In the past, the scientific literature on (AD) has lacked substantial empirical research, despite evidence suggesting higher prevalence rates compared to depressive or anxiety disorders. This deficiency may be attributed to the absence of clearly defined criteria (O'Donnell et al., 2019). Therefore, not much is known in regard to the risk factors, course of treatment, prevalence, the phenomenology of the disorder, or its neural correlates (O'Donnell et al., 2019). The prevalence that is indicated by psychiatric services varies due to factors such as population and the measures used to assess and diagnose (O'Donnell et al., 2019). Psychiatric services in the United States, Canada, and Australia revealed in a multisite study to have diagnosed AD in 12% of their clients, with 11% more as possible candidates for AD; a study conducted in Irish general

hospitals indicated 18.5% of consultation liaison referrals with AD; other consultation psychiatry samples reported 30% prevalence (O'Donnell et al., 2019). In the medical setting, specifically in emergency settings when psychiatric assessments are conducted, AD reports 32% prevalence in individuals presenting with self-harm injuries; the prevalence of AD in oncology reports 15-19% with 35% prevalence reported in women with recurrent breast cancer in Japan; and those in an inpatient setting with acute illness reported 14% prevalence, which was more prevalent than those diagnosed with MDD or anxiety (O'Donnell et al., 2019).

### **Cognitive Patterns of Anxiety and Depression**

Throughout the world, anxiety and depression are some of the main sources of disability (Kladnitski et al., 2018; see also Hayes & Hubley, 2017; Tulbure et al., 2018). They are currently the most prominent mental health symptoms reported (Bryan et al., 2016); and often co-occur with each other (Craske & Stein, 2016). The effects of anxiety and depression compose a major comorbidity for many health conditions; they are multisystemic—involving cognitive processes, perception, comprehension, afflicting motivation, interpersonal communication, and relationships—and they undermine physiological functions that may exacerbate health conditions (Zisberg, 2017). Unlike other comorbidities, those of anxiety and depression stem from subjective reactions to conditions the individuals experienced (internal and external) that they believe are threatening (Zisberg, 2017). These maladaptive cognitive patterns contribute to anxiety and depressive disorders (Weeks et al., 2015); thus, it is also said that traumatic memory may cause more suffering than the original experience (Scheper-Hughes, 2008). Therefore, the condition of individuals with anxiety and depression are shaped by their perception of their experience and of reality (Zisberg, 2017).

The negative cognitions of individuals induce their anxiety and depression, which leads to a negative impact in the individual's daily living as they struggle with daily functioning, have difficulty with peer relationships, experience difficulty in school, and have poor quality of life (Weeks et al., 2015). These negative cognitions are also witnessed in Low Frustration Tolerance (LFT), which is an irrational belief where one cannot stand the event occurring and believes one will not experience happiness if that situation were to take place (Buschmann et al., 2018).

The individual's cognitions include their irrational beliefs that then influence their automatic anxious/depressive thoughts, which influence their symptomology of anxiety and depression (Buschmann et al., 2018). Beck states the individuals' beliefs encompass their fears, assumptions, expectancies, rules and evaluations (as cited in Buschmann et al., 2018). These beliefs are divided into a hierarchy according to the levels of cognition where the core beliefs tend to be absolute regarding one's fundamental view of themselves, others, and the world and the intermediary beliefs are at a higher level within the individual's consciousness, impacting the individual's view of situations, thus affecting their thinking, affect, and behavior (Buschmann et al., 2018). The core and intermediary beliefs influence the individual's automatic thoughts, which are immediate, specific, discrete, and autonomous in manner and are very difficult to suppress (Buschmann et al., 2018).

The tripartite model of anxiety and depression theorizes the affect and emotional symptomology of anxiety and depression, construing three distinct points in the emotional disorders (Mezo et al., 2018). The first point is negative affect, covering both anxiety and depression; it is described as neuroticism, comprising the symptoms of oversensitivity to criticism and negative events, and preoccupation with negative social comparisons leading to distress (Mezo et al., 2018). The second point is positive affect, which conveys feelings of

energy and pleasure; it describes depression more than anxiety in the way of low positive affect where the symptomology relays the absence of energy and/or pleasure (Mezo et al., 2018). The third point is physiological hyperarousal; it describes anxiety and the symptomology of physiological tension and reactivity (Mezo et al., 2018).

Hayes and Hubley (2017) argue the root of depression revolves around the goal to continue living, stating individuals with depressive symptomology have withdrawn from this goal. The specific goal of living or remaining alive serves as the distinct motivation behind many movements in daily activities of living (Hayes & Hubley, 2017). Reactivating this goal in those who are life-withdrawn, however, presents the problem of activating anxiety as the individuals face motivational conflict where the goal to live is met with the awareness of death, making the goal useless. Thus, the behavioral inhibition system is activated, constraining movement forward as it triggers the individual's anxious state of vigilance, causing the individual to be overly cautious or to abandon the goal to live that proves to be unproductive in the end (Hayes & Hubley, 2017).

Differentiating between anxiety and depression has remained difficult for researchers and counselors, though necessary for therapeutic programs (Domaradzka & Fajkowska, 2018). These two mental health conditions share main cognitive elements while maintaining different meanings (Zisberg, 2017). There is a debate in literature as to whether anxiety and depression, which contain an overlap in symptomatology, should remain distinct or include overlapping constructs (Weeks et al., 2015).

Beck and Clark (1988) differentiate between anxiety and depression. Anxiety focuses on the individual's selective processing of threatening information where the person feels like they are in some type of danger, while depression focuses on the individual's selective processing of

negative information such as a loss or failure (Beck & Clark, 1988; Weeks et al., 2015). Cognitive biases, filled with negative thinking, distinguish the symptoms of anxiety and depression (Weeks et al., 2015). When an individual is catastrophizing, their symptomology relates to anxiety more than to depression as they are expecting the worst outcome in their situation (Weeks et al., 2015).

The cognitive patterns of thinking in anxiety and depression are two distinct but related categories (Weeks et al., 2015). Researchers propose the use of cognitive emotion regulation strategies (CERS), where individuals keep track of and evaluate their expression of emotion to identify the distinctive and overlapping features of anxiety and depression because there are predictive differentiating cognitive emotion patterns in individuals with anxiety and depressive disorders (Domaradzka & Fajkowska, 2018). Some evidence indicates those with anxiety and depression have an impaired positive emotion regulation (Domaradzka & Fajkowska, 2018). Cognitive emotion regulation strategies impact emotional responding and may be helpful in clinical settings with those who struggle with anxiety and depression (Domaradzka & Fajkowska, 2018).

### **Secular Trends Impact on Anxiety and Depression**

The 21<sup>st</sup> century studies show that people's worry over job safety, security, finances, and other social aspects grew, thus, inducing anxiety and depressive traits (Schürmann & Margraf, 2018). However, different secular trends in the societal factors of the countries have been found that might reflect different social structures and their differing impact on the mental health of the countries, for example: personal values, social values (consumerism and individualism), positive mental health, avoidance behaviors, and macro-social factors (wealth, justice, and freedom) (Schürmann & Margraf, 2018).

One study researched Germany, the UK, and North American societies over the last two decades and found the European countries to differ from North America in their unemployment rate, criminality, and suicidal rate; Germany's unemployment had decreased while North America's increased; Germany's and England's crime rates decreased while North America's remained stable; and the suicide rates decreased in Germany and England while North America's showed no change (Schürmann & Margraf, 2018). Thus, the two populations from the European countries displayed a decrease in anxious and neurotic traits while in contrast in the North American population, the study revealed an increase; this difference could be due to secular trends and the different courses these societal factors took in the various countries (Schürmann & Margraf, 2018).

### **The Financial Cost of Anxiety and Depression**

Researchers estimate anxiety and depression cost the global economy 1 trillion U.S. dollars every year due to loss of productivity and medical expenses; they anticipate the cost will rise to 16 trillion dollars by 2030 (Chodavadia et al., 2023). The WHO ranks depression as the number one contributor to global disability, while anxiety is ranked 6<sup>th</sup>; thus, these mental health conditions increase the rates of work absenteeism and contribute to a reduction in productivity—termed “presenteeism,” where individuals continue to work but are working far below their potential (as cited in Chodavadia et al., 2023).

Moreover, the personal medical costs of anxiety and depression include inpatient visits, medical office visits, emergency department visits, annual drug costs, and other medical costs thus increasing the economic burden on individuals while decreasing quality of life (Armbrecht et al., 2021). The direct costs of medical visits in addition to the indirect costs on the individual

from wages lost due to inability to work are what increase economic burden on the individuals struggling with anxiety and depression (Mohandas et al., 2022).

### **Anxiety**

The ADAA reports 18.1% of persons in the United States struggle with anxiety disorders, which results in 40 million adults while the WHO reports 1 in 13 adults struggle with anxiety globally (ADAA, 2020b). The DSM-5 states there are 11 anxiety disorders, which include: separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, generalized anxiety disorder (GAD), agoraphobia, substance/medication-induced anxiety disorder, anxiety disorder due to another medical condition, other specified anxiety disorder, and unspecified anxiety disorder (APA, 2013). During the COVID-19 pandemic in 2020, researchers indicated there was a global increase of anxiety cases with as many as 76.2 million additional cases (Isaacs, 2022).

Individuals struggling with anxiety anticipate a negative outcome in future events (Weeks et al., 2015); thus, they often try to plan or control their surroundings (ADAA, 2023). The DSM-5 states anxiety is an expectation of a future threat to one's life that is "excessive or persisting beyond developmentally appropriate periods" and is "often associated with muscle tension and vigilance in preparation for future danger and cautious or avoidant behaviors" (Vu & Conant-Norville, 2021). This was witnessed during the COVID-19 pandemic. Moreover, researchers indicate those who react to a negative event, like the COVID-19 pandemic, with high levels of anxiety do not think rationally or logically, which often affects their actions and words (Evren et al., 2022).

The different symptoms for anxiety based off real or imagined events include excessive psychological rumination, worrying, uneasiness, apprehension, and fear about the future (Bryan

et al., 2016). Anxiety is significantly related to feelings of threat, economic conditions, and low social connectedness in the North American population (Schürmann & Margraf, 2018). Research indicates an individual's culture of origin may contribute to their expression of symptoms of anxiety (Zisberg, 2017). Different anxiety disorders are common globally and often begin during childhood, adolescence, and early adulthood (Craske & Stein, 2016). The onset in childhood and adolescence tends to predict later psychopathology (Craske & Stein, 2016).

When anxiety is not treated, it tends to recur chronically (Craske & Stein, 2016). One effective psychological treatment researchers and psychologists have identified for anxiety is cognitive behavioral therapy (Craske & Stein, 2016). Another nonpharmacologic treatment is exercise, including yoga, tai chi, and participating in sports (Vu & Conant-Norville, 2021). Exercise programs are noted to reduce stress reactivity in cortisol levels and heart rate in contrast to relaxation programs (Vu & Conant-Norville, 2021). For example, one study compared acute exercise to subjects at quiet rest, and those who participated in the acute exercise experienced a reduced state of anxiety, suggesting acute exercise may decrease anxiety symptoms (Vu & Conant-Norville, 2021).

Another situational occurrence for anxiety takes place when an individual believes their coping resources are under some type of threat or challenge due to internal or external conditions (Zisberg, 2017). Therefore, due to the individual's sensitivity to the context of their situation and their processes of vigilance, researchers state anxiety may negatively affect an individual's concentration (Vu & Conant-Norville, 2021, p. ). Anxiety is not stress; it occurs when stress persists unresolved, resulting in lingering distress. If left unaddressed, this distress can escalate into depression extending beyond the initial stressful situation, whether subjective or objective (Zisberg, 2017).



## **Depression**

Depression is not a respecter of persons; people who are successful, having so many reasons to live and thrive struggle just as much as individuals who have not experienced much success (Tan & Ortberg, 2004). The Centers for Disease Control and Prevention (CDC) reports 9.1% of persons in the United States with diagnosed depression (as cited in Bryan et al., 2016), while the ADAA reports 322 million individuals worldwide battle depression daily (ADAA, 2020a). Depression differs from anxiety with symptoms including depressed mood, feelings of guilt and worthlessness, helplessness and hopelessness, loss of appetite, and sleep disturbance (Bryan et al., 2016). The underlying feelings of distress as expressed through sorrow, a deep sadness, emptiness, and despair lead to psychomotor dysfunction and the inability to experience pleasure (Clack & Ward, 2019) along with a decreased interest in life, decreased ability to concentrate, suicidal tendencies, and decreased energy (Tan, 2004). The American Psychiatric Association (APA) has established diagnostic criteria differentiating the concepts of depression in individuals: mild, moderate, severe, major depressive disorder (MDD), dysthymia (chronic depression), and seasonal affective disorder (APA, 2013; Clark & Ward, 2019).

Individuals struggling with depression experience continual extreme negative moods, combined with negative outlooks on life and self; such individuals often pull away from relationships and commitments such as work and/or childrearing with certain behaviors that may be focused on harming self or others (Zisberg, 2017). Irrational beliefs filled with self-downing or other self-statements reflecting hopelessness also provide an underlying mechanism for depression (Buschmann et al., 2018). Moreover, the depressive responses by an individual may be caused by their rumination of an adverse event (APA, 2013). Those struggling with depression tend to harbor a negative perception of themselves, the world, and/or the future. They

also tend to engage in overgeneralization, personalization, and selective abstraction (Weeks et al., 2015).

Individuals struggling with depression often have specific communication patterns including an extreme focus on negative topics while conversing with others, disclosing their negative feelings voluntarily during socially inappropriate times, seeking reassurance excessively, and seeking negative feedback (Nalipay & Ku, 2019). These communication behaviors often lead to interpersonal issues and social rejection, increasing their depressive symptomology (Nalipay & Ku, 2019). An individual experiencing depressive symptoms is often deprived of their resilience to combat their psychopathological condition (Sahoo et al., 2018); thus, they struggle socially.

### **Situational Causes for Anxiety and Depression**

Different situations will bring about anxiety and depression in individuals such as alcohol and substance abuse, bereavement, burnout, cancer, caregiving, chronic disease, cyberbullying, disasters, economic stress, global pandemics, hopelessness, hospitalization, interpersonal problems, lifestyle disease, loneliness, and sexual abuse.

#### ***Alcohol and Substance Abuse***

Alcohol and substance abuse may surface in individuals struggling with anxiety and depression as a means of coping, or the consumption of alcohol and substance abuse may cause anxiety and/or depression. Anxiety often co-occurs with alcohol and substance abuse (Craske & Stein, 2016).

***Bereavement***

When analyzing bereavement and the role of spirituality, the use of positive spiritual coping has been shown to result in fewer symptoms of anxiety and depression (Neimeyer & Burke, 2017).

When one has experienced loss, the major life stressor of a severed relationship with a primary attachment figure can affect one's secure relationship with God and with the religious community, witnessed in the attitudes and behaviors of negative spiritual coping (Neimeyer & Burke, 2017). This severe spiritual struggle may stem from the individual's belief that God has abandoned them and/or is punishing them while remaining in control over their life, but not offering the comfort and care they expect (Neimeyer & Burke, 2017).

In the situation where the loved one lost their life from a violent death or extreme injustice, the surviving individuals may also experience intense anger toward God in a spiritual struggle (Neimeyer & Burke, 2017). Other negative spiritual coping attitudes and behaviors found in Christians experiencing bereavement distress include questioning what one did to deserve God's punishment, questioning God's love for them, questioning God's power, and also feeling abandoned by their church community; this spiritual crisis may be indicative of the individual's struggle to adapt to life after their loss (Neimeyer & Burke, 2017).

The aftermath of bereavement mood disturbance in grieving Christians often coincides with a spiritual struggle (Neimeyer & Burke, 2017). Secular therapists are encouraged to assess their Christian clients who are experiencing depression for spiritual struggle, as spiritual unrest may deepen their depressive mood due to the fact the foundation of their faith is in question (Neimeyer & Burke, 2017). At the same time, pastoral counselors are encouraged to identify whether bereaved Christians who are struggling in their faith also inhabit mood disturbances

found in depression, as that negatively affects the individual's psychological and physical health (Neimeyer & Burke, 2017).

Some depressed bereaved Christians report a sense of being distant from God in their time of need, thus, feeling angry with God, or they feel punished and abandoned by God, or they attributed the responsibility of the death of their loved one to Satan (Neimeyer & Burke, 2017). The anger in depressed bereaved Christians may then be directed toward self, in negative spiritual coping, in feeling they deserved the punishment of the loss, or in feeling they failed in saving their loved one from death. Anger can also be witnessed in self-neglect or active self-punishment (Neimeyer & Burke, 2017).

### ***Burnout***

Medical students are known to experience depression due to burnout, as many articles in scientific literature have proven (Ernst et al., 2021). Approximately "44% of all medical students reported symptoms of burnout, and approximately one third showed clinically relevant symptoms of depression" (Ernst et al., 2021; Frajerman et al., 2019; Puthran et al., 2016). Burnout is characterizing emotional exhaustion and depersonalization, which are both associated with depression and anxiety symptomology (Ernst et al., 2021).

### ***Cancer***

The cause for cancer patients' distress is multifactorial, including physical symptoms, psychosocial, and practical concerns through the cancer duration (Ng et al., 2017). Anxiety and depression have become the most common psychological disorders in those diagnosed with cancer, disabling cancer patients psychologically during treatment, which negatively affects treatment adherence and outcome (Clover et al., 2022). Physicians have recognized the importance in attending to the psychosocial (physical, psychological, social, and spiritual)

aspects of cancer care as it impacts patients' well-being (Clover et al., 2022). Anxiety is understandable in cancer patients due to the very real threat of death and may possibly be a normal psychological reaction in individuals diagnosed (Esser et al., 2018). The severity of the cancer patient's distress often fluctuates, with high distress occurring at the initial diagnosis, during any recurrence, with the onset of treatment-related side effects, and when facing uncontrollable pain, fatigue, or psychosocial stressors (Ng et al., 2017).

Researchers recognized more than 35% of cancer patients struggled with anxiety or depression (Ng et al., 2017). The psychological distress of anxiety and depression in cancer patients was found to be higher in patients with a lower education, lower income, unemployment, younger age, and widowhood or divorcee (Ng et al., 2017). Researchers could not find a correlation between the duration of illness and depression (Ng et al., 2017); however, anxiety is more prevalent at the beginning stages of cancer (Ng et al., 2017). Fatigue in cancer patients was found to be closely related to depression and reduced performance. Physical pain, nausea, and lethargy related to the cancer illness or the treatments are determined to be causes for depression and anxiety in cancer patients (Ng et al., 2017). Psychological factors (e.g., depression and anxiety) do influence the individual's experience during cancer and the outcome of cancer, as psychological stress can affect the individual's immune functions (Koenig, 2015).

### ***Caregiving***

When caregivers and non-caregivers are compared, studies found caregivers to experience greater levels of distress, anxiety, depression, and sleep disorders in addition to psychosomatic disorders such as hypertension, obesity, and cardiovascular disorders (Saffari et al., 2018). Caregivers are often family members, such as adult children and their spouses, who set aside a significant amount of time providing for the well-being of the individual with a

disorder or illness (Saffari et al., 2018). The amount of time caregivers spend with the individual tends to overtake enjoyable activities and hinders social relationships, and thus, when combined with the difficult tasks and Activities of Daily Living (ADL) needs of the one being cared for and the emotional duress of the caregiving, the caregiver develops psychological, emotional, social, and physical problems over time (Saffari et al., 2018).

### *Chronic Disease*

Chronic diseases are noncommunicable diseases, accounting for 46% of the global disease burden and entail a slow progression; they can be categorized into cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease, and cerebrovascular disease (Kim, et. al, 2018). Approximately 80% of older adults living in the United States suffer from chronic disease and 60% experience two or more comorbidities (Warner et al., 2019). Many studies have concluded depressive symptomology to be found in individuals with poor health, disability, and/or pain (Warner et al., 2019).

Depression can become a significant complicating factor for individuals with these chronic diseases (Tan & Ortberg, 2004). It is noted that individuals with chronic disease who also struggle with depression simultaneously include: 25% of individuals with chronic obstructive lung disease, 16% of diabetics, 5% of individuals with dermatitis, 20% of individuals with gouty arthritis, 14% of individuals with hypertension, 30% of individuals who have experienced a stroke, and 22% of individuals with systemic lupus erythematosus (Kim, et. al, 2018).

Approximately one-third of post-stroke survivors suffer with depression, and studies indicate the individual's depression is associated with poor functioning, worse stroke outcomes, and increased mortality (Redmond et al., 2022). The stroke survivor's frequency of depression is

highest during the first year after the stroke in one out of three stroke survivors (Redmond et al., 2022).

### ***Cyberbullying***

The effects of cyberbullying include anxiety, depression, suicidal ideation, suicide attempts, and obsessive-compulsive disorders (Jenaro et al., 2017). It is difficult for people to escape the pervasive harassment of cyberbullying; thus, the effect on the individual is severe (Jenaro et al., 2017). When a group of 1,593 college students were analyzed (79.7% female and 20.3% male), 6.2% of the participants experienced cyberbullying; 9.8% of those who stated they were victims of cyberbullying exhibited symptoms of clinical depression, while 6.4% of the participants demonstrated depressive symptoms but were not cyberbullied, and 17.5% of the participants scored high on anxiety (Jenaro et al., 2017).

### ***Disasters***

Disasters are psychologically distressing and outside the normal human experience as a type of trauma that involves actual death or threatened death, serious physical injury to the individual or to others, involving intense fear and helplessness (Fahrudin, 2012). They are negative events that can compromise individuals' mental health, causing anxiety and depression within the affected community (Worthington et al., 2016). During the disaster, most people experience some level of anxiety with some experiencing a debilitation due to overwhelming fear (Worthington et al., 2016). Research reveals in the midst of anxiety, individuals are "unable to activate the executive functioning part of their brains" that is needed to think of new ways to move forward after the disaster (Worthington et al., 2016, p. 154). Thus, mental health experts acknowledge there appears to be a hidden psychological toll that natural disasters have on people that builds up over time and is often expressed in heightened rates of depression, anxiety, post-

traumatic stress disorder, substance abuse, domestic violence, divorce, murder, and suicide (Vestal, 2017).

Specifically, four to seven months after the disaster individuals experience different post-disaster symptoms needing specific support and treatment as this is when high levels of distress and anxiety often set in (Godwin et al., 2013). The desire to bounce back after the natural disaster and recover diminishes over time, as the individual sees their days turn into weeks and the weeks turn into months and signs of life returning to normal look bleak (Vestal, 2017). Researchers note that the socioeconomic status (SES) of an individual affects their post-disaster distress, and those who are socially disadvantaged will be exposed to stressful situations at a higher rate than those who are socially advantaged (Godwin et al., 2013). Therefore, depending on their financial state prior, it takes years for individuals to restore their losses while they experience displacement, and this also causes many adults to suffer with depression and anxiety (Vestal, 2017).

### ***Economic Stress***

Financial threat, economic hardship, and financial well-being are known to increase mental health issues in individuals, specifically anxiety and depressive symptomology (Viseu et al., 2018). For example, women who are the caregivers of their home reported higher levels of depression when they experienced a decrease in their finances (Sisselman-Borgia et al., 2018).

### ***Global Pandemic***

There have been various global pandemics throughout history, with the “Spanish flu” of 1918 being named one of the most severe as it killed approximately 50 million individuals (Wheaton et al., 2012). Global pandemics often lead to mass media coverage, which is helpful to an extent, as media coverage increases anxiety and causes individuals to adapt to necessary



specific behavior changes, like washing one's hands, to prevent the spread of the disease (Wheaton et al., 2012). Nevertheless, mass media coverage often leads to mass anxiety as the 2005 avian flu outbreak revealed when individuals experienced more anxiety upon increased exposure to television (Wheaton et al., 2012). Thus, the increase in anxiety may also cause unwarranted behaviors that lead to total avoidance of work or public transportation, even though this was not recommended by governing authorities (Wheaton et al., 2012).

**COVID-19.** The 2019 novel coronavirus (COVID-19), named by the WHO, originated in Wuhan, Hubei, China at the end of 2019, and was identified as a new pneumonia caused by a novel Coronavirus, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Lei et al., 2020). The disease is transmitted from human to human by way of droplets from nose or mouth or by direct contact, and quickly spread throughout China's provinces within one month (Lei et al., 2020). Weeks after detection, COVID-19 spread to 18 countries and was declared a Public Health Emergency of International Concern (PHEIC) on January 30, 2020, by WHO (Khanna et al., 2020). The WHO proceeded to identify the fast spread of COVID-19 a pandemic on March 11, 2020 (Ahmed et al., 2020).

The global pandemic rampantly spread throughout the nations and as of June 4, 2020, COVID-19 infected 6,600,692 individuals with 389,620 deaths globally; it infected 1,872,528 individuals in the United States with 108,208 deaths; 283,079 individuals in the United Kingdom were infected with 39,987 deaths; 234,013 individuals in Italy were infected with 33,689 deaths; 240,660 individuals in Spain were infected with 27,133 deaths; 84,166 individuals in China were infected with 4,638 deaths (Johns Hopkins University and Medicine Coronavirus Resource Center [JHUMCRC], 2020b).

A team of researchers analyzed the immediate psychological responses of the general population in China during the first two weeks of the COVID-19 pandemic to assess the levels of depression, anxiety and stress (Wang et al., 2020). The study was conducted online from January 31, 2020- February 2, 2020, including 1210 individuals from 194 cities in China who filled out the Impact of Event Scale-Revised (IES-R) to identify the psychological impact, and the Depression, Anxiety, and Stress Scale (DASS-21) to identify their mental health status (Wang et al., 2020). Few participants had direct contact with others who had confirmed COVID-19, and the majority of the participants (84.7%) spent 20-24 hours a day at home; most of the participants (60.81%) did not have any physical symptoms of COVID-19, and 68.3% of the participants reported good health (self-rated) (Wang et al., 2020). The research concluded that in the initial stages of COVID-19, 53.8% of the participants reported the psychological impact of COVID-19 to be moderate to severe, 16.5% of the participants reported moderate to severe depression symptoms, while 28.8% of the participants reported moderate to severe anxiety symptoms, and 8.1% of the participants reported moderate to severe stress levels (Wang et al., 2020).

The novel coronavirus, COVID-19, lacked a vaccine in 2020 and spread rapidly through the nations, overwhelming people due to deficient knowledge and understanding of the virus, along with many people holding multiple opinions that lacked empirical evidence; thus, the world experienced an increase in anxiety and depression. Many nations asked their residents to quarantine in their homes and to practice social distancing to prevent the disease from spreading quickly. The quarantine—the practice of social distancing and the closure of all non-essential businesses—was based on the mindset that should COVID-19 become endemic and the 60-70% infection spread slowly through the next 3 years, the hospitals would not be overwhelmed with

patients while waiting for a vaccine to be created; otherwise, the fast spread was feared to become a disaster (Johns Hopkins Bloomberg School of Public Health Global Health Now, 2020).

Nevertheless, isolation and social distancing are known to increase anxiety and depression; all the while, individuals were receiving anxiety-increasing news regarding the pandemic, which became an overwhelming combination (Johns Hopkins University HUB, 2020). One study conducted in Germany found the frequent, daily duration of COVID-19 media consumption and the diversity of media coverage to be positively related to increased depression levels, concluding the overconsumption of media had a negative effect on individuals' mental well-being (Bendau et al., 2021). Therefore, while on lockdown, individuals were consumed with negative media, almost seemingly stuck, instead of participating in positive activities in the home that counterbalanced negativity and increased positive mood. Another academic study argued greater COVID-19 media consumption with the absence of a solution like a vaccine heightened individuals' anxiety about their future, as the virus threatened their health and well-being, thus increasing their psychological distress, resulting in depression (Stainback et al., 2020).

During the COVID-19 pandemic, one psychologist with Johns Hopkins Medicine, Joseph McGuire, Ph.D., M.A., shared the best way to deal with the stress and anxiety of COVID-19 was to prepare: "knowledge and preparation can help reduce feelings of panic . . . Individuals can use information from trusted resources to develop personal plans of action" (Johns Hopkins Medicine [JHM], 2020).

The United States diagnosed their first case of COVID-19 on January 22, 2020, and saw 25,050 confirmed new cases in one day, on May 15, 2020, with 1,632 deaths (JHUMCRC,

2020a). On February 22, 2022, around the two-year anniversary of when the WHO initially identified the fast spread of COVID-19 as a pandemic, Johns Hopkins University and Medicine declared there were 427,634,188 global confirmed COVID-19 cases with 5,905,173 deaths; the United States had 78,648,651 confirmed COVID-19 cases, with 939,061 deaths; the United Kingdom had 18,785,333 confirmed COVID-19 cases, with 161,179 deaths; Italy had 12,494,459 confirmed COVID-19 cases, with 153,190 deaths; Spain had 10,858,000 confirmed COVID-19 cases, with 98,462 deaths; and China had 134,106 confirmed cases, with 4,936 deaths (JHUMCRC, 2022).

The COVID-19 pandemic has had direct and indirect effects on mental health. Ongoing direct effects for some people diagnosed with SARS-CoV-2 include acute and long-lasting neuropsychiatric sequelae such as fatigue, cognitive impairments, sleep disturbance, and other health conditions that last for an unknown duration, contributing to anxiety and depressive symptoms (Chodavadia et al. 2023). The indirect effects of COVID-19 on individuals' anxiety and depression stemmed from social isolation and stress (Chodavadia et al., 2023). Since the start of the pandemic, the WHO has estimated COVID-19 to have contributed directly and indirectly to an additional 53.2 million depression cases and 76.2 million anxiety cases (Chodavadia et al., 2023).

Individuals who were functionally affected by “coronavirus fear and anxiety” showed increasing measures of despair, suicidal ideation, religious crisis, and alcohol/substance abuse as coping mechanisms as opposed to those who struggled with anxiety but were not functionally affected psychologically (Evren et al., 2022). Healthcare professionals, thus, need to identify the psychological functionality of those who struggle with high coronavirus anxiety (Evren et al.,

2022). Due to this need, researchers created the Coronavirus Anxiety Scale (CAS), that is said to have quality psychometric properties (Evren et al., 2022).

### *Hopelessness*

Hopelessness takes place when an individual is looking at their situation and future in a negative light, feeling helpless (Dunn et al., 2019). Hopelessness is a cognitive vulnerability and is one contributing factor to the development of depression (Nalipay & Ku, 2019). It may be a state response to an overwhelming situation (Dunn et al., 2019). The overwhelming situation may be a negative life event that is global, or the negative life event's consequence remains unchanged, affecting the individual's life, or the negative characteristics within the individual brought about by the negative life event hinder the individual's achievement in their goals (Nalipay & Ku, 2019). Hopelessness may also be a trait in an individual indicating their habitual outlook on their life (Dunn et al., 2019). Those struggling with state-hopelessness may benefit from short-term interventions, while individuals struggling with trait-hopelessness may benefit from long-term cognitive therapy (Dunn et al., 2019).

The Hopelessness theory states individuals form a causal attribution in response to the negative life event they experience, and this causal attribution (fundamental cause) influences their risk of depressive symptomology (Liu et al., 2015). The theory hypothesizes that individuals form these causal attributions from internal to external, stable to unstable, and global to specific (Liu et al., 2015). For example, an individual who has an argument with a friend would be more likely to suffer with depression if they interpreted the argument as a result of their poor interpersonal ability (internal), which they believe will not change (stable), and will always negatively affect their future relationships (global), as opposed to the individual who interpreted the argument as stemming from their own or their friend's irritability that day

(external), and it happened because they had a bad day (unstable), and it was very uncharacteristic of them and their other social interactions (specific) (Liu et al., 2015).

### ***Hospitalization***

Anxiety and depression in older adults during hospitalization is a concern as the disorders lead to negative hospitalization outcomes and serious comorbidities and are associated with a decrease in adherence to treatment and recovery and an increase in functional deficits (Zisberg, 2017). Specifically for stroke patients, a common practice for doctors is to check for depression while the patient is hospitalized, as depression is common in approximately half of stroke patients in the first few days after stroke (Redmond et al., 2022). In addition, one-fourth of stroke survivors experience anxiety disorders, which is associated with worse functional outcomes and a decrease in quality of life (Redmond et al., 2022).

### ***Interpersonal Problems***

Depressive symptomology is predicted in individuals when their family experiences interpersonal problems comprising conflict, lack of cohesion, lack of expressiveness, and poor relationship quality (Nalipay & Ku, 2019). It is also experienced by people who are rejected by their peers and by individuals with unsatisfying sexual relationships (Nalipay & Ku, 2019). Thwarted belongingness is a construct of interpersonal stress and it is described as one feeling lonely and isolated socially while the need for social connectedness remains unfulfilled; perceived burdensomeness is also a construct of interpersonal stress and it refers to the idea that one is a burden to others and is either unwanted or expendable, thus the thought that people would be better off without them (Nalipay & Ku, 2019).

### *Lifestyle Disease*

The lifestyle disease of type II diabetes has a higher depression rate of 27% than type I diabetes of 21.3%, as most individuals struggle with various emotional reactions such as shame, guilt, fear and shock (Yasui-Furukori et al., 2019). Depression can negatively affect patients' self-management of the disease and may decrease patients' self-care of exercise, diet control, and rest that will positively affect their glycemic control (Yasui-Furukori et al., 2019). Psychological intervention has been shown to positively affect patients' depression and glycemic control (Yasui-Furukori et al., 2019).

### *Loneliness*

Individuals who experience negative thoughts and feelings due to times of isolation and social disconnection are believed to be suffering from loneliness (Wu et al., 2020), and many studies indicate loneliness to be associated with anxiety and depression (Wu et al., 2020).

During the first year of COVID-19, a study evaluated 458 university students in China during three different time periods (T1, T2, and T3), with each time period separated by one month (Wu et al., 2020). Their findings indicated the depression experienced in the first month (T1) positively predicted anxiety and loneliness in the second month (T2); loneliness experienced in the first month (T1) positively predicted depression in the second month (T2); anxiety experienced in the second month (T2) positively predicted depression to be experienced in the third month (T3); depression experienced in the second month (T2) positively predicted anxiety and loneliness to be experienced in the third month (T3); loneliness experienced in the second month (T2) positively predicted depression in the third month (T3); and loneliness in the first month (T1) positively predicted anxiety in the third month (T3) through the mediating effect of depression experienced in the second month (T2) (Wu et al., 2020). Thus, loneliness was

found to be both a predictor of depression and anxiety and an outcome of depression. Therefore, since the effect of loneliness on depression and anxiety is greater than the effect of depression and anxiety on loneliness, researchers suggest clinicians should focus on loneliness in their interventions in order to disrupt the loneliness, anxiety and depression comorbidity cycle (Wu et al., 2020).

Individuals who struggle with loneliness often have less social support, and thus may experience anxiety and/or depression when they face some type of difficulty (Wu et al., 2020). Loneliness may lead to interpersonal problems, which, in turn, can result in anxiety for those experiencing it (Wu et al., 2020).

Moreover, when individuals suffer from chronic disease, they also tend to have a decrease in activities increasing social isolation, which cumulates in loneliness and thus, depression (Warner et al., 2019). Poor physical health, age-related losses, transitions, changes in routine, being over 80 years of age, and lower income are also factors associated with loneliness in adults (Warner et al., 2019).

### *Sexual Abuse*

People who are victims of sexual abuse often struggle with self-esteem, have negative self-perception, suffer with loss of interest, and experience anxiety, depression, anger, and shame (Ha et al., 2019). Childhood sexual abuse (CSA) negatively impacts many different long-term problems and negative mental health and physical outcomes, including posttraumatic stress, anxiety, depression, substance use, sexual problems, self-injury, eating disorders, suicidality, increased risk for revictimization or perpetration of abuse, behavior problems at home and at school, and other interpersonal problems and emotional problems (Korbman et al., 2021). Individuals who have experienced CSA exhibit higher levels of anxiety and depression



symptomology and engage in negative religious coping compared to those who have not experienced CSA (Korbman et al., 2021). Researchers state the prevalence rates of CSA are comparable across secular and religious groups even with religious denominations' strict rules regarding sexual behavior; thus, studies argue the national and international problem of CSA has affected approximately 4% and 36% of adults worldwide (Korbman et al., 2021).

### **Unhealthy Coping for Anxiety and Depression**

When trauma and stress are not addressed, individuals often develop negative coping skills (Areba et al., 2018). One unhealthy coping mechanism people gravitate towards when struggling with anxiety and depression is alcohol use (Bryan et al., 2016); other negative coping mechanisms include cigarette smoking, marijuana, and cocaine use (Millett-Thompson, 2017). Symptoms of depression are associated with social, legal, psychological, and physical health problems; thus, individuals struggling with depression often miss work or school (absenteeism) or they go to work and work far below their potential with less productivity (presenteeism) or miss other obligations (Bryan et al., 2016; Chodavadia et al., 2023).

### **Summary**

The continuous rise in anxiety and depression throughout the world—as the two most common mental health issues reported (Bryan et al., 2016) with an approximate cost of 1 trillion U.S. dollars in medical and loss of productivity (Chodavadia et al., 2023)—has brought researchers and clinicians to repetitively analyze effective solutions. Anxiety and depression are two distinct mental health conditions with overlapping symptoms. Both conditions attribute negative cognitions to the individual's current state of being, thus distinguishing a negative effect on one's quality of living. Beck and Clark (1988) differentiate between anxiety and depression by noting anxiety focuses on the individual's selective processing of threatening information

where the person feels like they are in some type of danger, while depression focuses on the individual's selective processing of negative information such as a loss or failure (Beck & Clark, 1988; Weeks et al., 2015). There are different symptoms for anxiety based off of real or imagined events, including excessive rumination, worrying, uneasiness, apprehension, and fear about the future (Bryan et al., 2016). There are different symptoms for depression, including depressed mood, feelings of guilt and worthlessness, helplessness and hopelessness, loss of appetite, and sleep disturbance (Bryan et al., 2016).

There is a plethora of research literature on coping strategies from the past 40 years (Krägeloh et al., 2012); however, the scientific study of spiritual coping strategies only spans the past 20 years and needs more empirical research for complete understanding (Tepper et al., 2001; Unterrainer et al., 2014). There are many studies that discuss prayer as a coping mechanism; however, there are only eight empirical studies, to the researcher's knowledge, that discuss reading Scripture as a coping mechanism (DeAngelis et al., 2019; Johnson et al., 2016; Krause & Pargament, 2018; Tepper et al., 2001). Nevertheless, religion/spirituality (RS) has been noted through extensive literature during the past two decades to defuse life stress. Therefore, researchers argue RS has the possibility of preventing depression, which is often correlated with a loss of hope and loss of meaning in life; if depression does take place, R/S has the possibility of shortening the duration (Braam & Koenig, 2019). Thus, this current study is important as it continues the research conversation on the Christian spiritual coping strategies of reading Scripture and prayer, with empirically sound evidence and reveals the association Christian spiritual disciplines have with resilience and Christian spiritual coping strategies.

## Chapter Three: Methodology

### Overview

Researchers and counselors are continuously analyzing effective solutions to combat the rise in anxiety and depression and the approximate cost of 1 trillion U.S. dollars accrued in medical bills and loss of productivity (Chodavadia et al., 2023). Anxiety and depression are the most common mental health issues reported (Bryan et al., 2016), and during the COVID-19 global pandemic, psychologists saw an even greater surge in cases (JHMH, 2020). The effects of anxiety and depression compose a major comorbidity for many health conditions; they are multisystemic, affecting cognitive processes, perception, comprehension, motivation, interpersonal communication, relationships, and undermining physiological functions, potentially worsening health conditions (Zisberg, 2017). Thus, the researcher chose an outcome research treatment strategy (Heppner et al., 2016), a 40-Day Biblical Worldview educational treatment program (*Mountaintop Mornings for Forty Days*) to identify the effectiveness of spiritual disciplines in building resilience in the cognitive dimension, providing the spiritual coping mechanisms of reading Scripture and prayer, while decreasing the symptomology of anxiety and depression. The outcome of this study will reveal whether *Mountaintop Mornings for Forty Days* is an effective solution for combatting anxiety and depressive symptoms for self-identified Christians.

For over 40-years, research has been published regarding secular coping strategies; however, only recently have spiritual coping strategies been emerging in the psychological literature (Krägeloh et al., 2012). Some literature indicated that scientific study has been impeded by the lack of empirical evidence of reliable and valid measures for spiritual coping strategies (Unterrainer et al., 2014). Secular counselors look to scientific studies in order to incorporate

constructs into their treatment plan for their Christian clients. Therefore, this current research will contribute to the ongoing dialogue of spiritual coping mechanisms by discussing whether Christian spiritual disciplines (Scripture reading and prayer) build resilience in the cognitive dimension while also providing Christian spiritual coping mechanisms for those struggling with anxiety and depression.

### **Design**

Koenig (2015) states, “human emotions and behavior are nonlinear and complex and are adaptive phenomena. Classical reductionist linear statistical methods used in the vast majority of studies reported ... may not be the best for a real understanding of religious or spiritual effects on health” (p. 25-26). The researcher, therefore, has chosen a quantitative/qualitative mixed methods study of a 40-Day Biblical Worldview educational treatment intervention program to identify whether the treatment intervention contributes to resilience in the cognitive dimension, provides spiritual coping mechanisms, and decreases anxiety and depressive symptomology. The planned quantitative and qualitative mixed methods approach is to identify nonlinear factors as well as linear. The quantitative data provides objective, generalized data, while the qualitative data provides a depth of understanding for scientific research of the participants’ lived reality. The inclusion of qualitative data allows researchers to understand the complexity of individuals lives by examining the individuals’ personal perspectives of their experience. Therefore, the quantitative and qualitative data will provide scientists, researchers, psychologists, and students with objective data of anxiety, depression, and stress. Additionally, it will offer descriptive insights into the impact of spiritual disciplines on resilience in the cognitive dimension, providing spiritual coping mechanisms and determining whether these contribute to the reduction of anxiety and depression symptoms. Thus, scientists, researchers, psychologists, and students

have the opportunity to understand a Christian's relationship with Jesus Christ, particularly during periods of anxiety and depression. This understanding is evidenced in the participants' explanations of their practice of the spiritual disciplines of reading Scripture and prayer, as well as their experiences with resilience and explanations of spiritual coping mechanisms.

### **Research Questions**

**RQ1:** Do Christian spiritual disciplines (reading Scripture and prayer) build resilience in the cognitive dimension by changing mood?

**RQ2:** Do the Christian spiritual disciplines of reading Scripture and prayer provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression?

**RQ3:** Do the Christian spiritual coping mechanisms of reading Scripture and prayer protect individuals by decreasing the common symptomology associated with anxiety and depression?

### **Setting**

The setting for this study is Relentlessprayer.org, the researcher's Christian non-profit website. This allows for best optimal participation in the study, as the individuals are able to access the website at their own appointed time, fill out the questionnaires, and proceed with the self-paced study throughout the forty-days. By conducting the study on the internet, the Biblical Worldview study argues the efficacy of internet-based counseling.

### **Participants**

The participants for the quantitative/qualitative study were acquired through a convenience sampling technique, to acquire the target sample size of 30 participants (male and female) to account for potential missing or incomplete data. However, due to difficulties with

recruiting the minimum number of participants over a 28-month period during the COVID-19 pandemic, and the fact that licensed therapists were experiencing work overload and therefore unable to participate, the number of participants was lowered after obtaining approval from the dissertation chair and reader to accommodate. Warner (2012) determined a convenience sample as a sample of readily available subjects, which limited the number of participants for this specific study. The people invited to participate in this study were self-identified Christians, ages 20-45, male and female, self-identified with anxiety and/or depression or diagnosed with adjustment disorder with anxious mood and/or depressed mood and/or mixed anxiety and depression. The focus of the study is on Christian spiritual disciplines and Christian spiritual coping strategies; thus, people who are affiliated with other religions are ineligible. Initially, thirteen people agreed to participate in the study; however, only five participants completed the entire study including the pre-study questionnaire, the Forty-Day devotional of Scripture reading and prayer, and the post-study questionnaire. The participants who agreed to participate in the study were female, of any ethnicity, self-identified with anxiety and/or depression or identified with adjustment disorder with anxious mood (F43.22), depressed mood (F43.21), or mixed anxiety and depression (F43.23), or upon the licensed therapist, counselor, or pastor's approval were deemed to have any anxiety disorder or depression disorder. The researcher recruited people from counseling clinics by contacting therapists, churches, and Christian leaders by email and inviting Christian individuals with these diagnoses to participate in the educational online study of spiritual disciplines and spiritual coping strategies for anxiety and depression. The researcher explained the reasoning for the study to every therapist and Christian leader, and participants signed a consent form prior to beginning the study.

### **Procedures**

The researcher secured Institutional Review Board (IRB) approval to conduct the study and contacted licensed therapists, churches, pastors, and Christian leaders by email, informing them of the research study. The body of the email to the therapists, pastors, and Christian leaders included the permission request (see Appendix A), explaining the purpose of the research study and the candidates the researcher was looking for. Attached to the email was a recruitment flyer (see Appendix B) that had an example of the 40-day Scripture reading/prayer devotional; a permission letter template (see Appendix C) for the licensed therapist to copy and paste into an email to send back to the researcher; and a recruitment letter (see Appendix D) to be handed to self-identified Christian clients. Once the researcher received permission to contribute to the therapists' client's treatment with the Biblical worldview educational treatment program, the researcher emailed a Follow up Letter (See Appendix E) to the therapist that had a username and password to access the Biblical worldview educational treatment program. The therapist then informed their client of the username and password. The username and passwords provided prevented unauthorized individuals from accessing the study materials.

Participants were asked to go to the researcher's non-profit website, [Relentlessprayer.org](http://Relentlessprayer.org). This website has the Secure Sockets Layer (SSL) standard security system to ensure encryption between the client and the server. Once at [relentlessprayer.org](http://relentlessprayer.org), the participant clicked on the "Christian Worldview Counseling" link and then clicked on the link "Spiritual Disciplines and Mental Resiliency." They were then asked to type in the username and password to access the open interview questions and the DASS survey and 40-day study.

A consent form (See Appendix F) was provided as the first page of the survey. The consent form invited the individual to participate in the study; explained the purpose of the

study; described the steps of the study; provided the direct benefits of the study; explained that the researcher had sought to make sure the risks to the participant were minimal, but with online studies absolute confidentiality cannot be guaranteed; explained how the individual's personal information would be protected; informed that there was no cost to the individual to participate; explained that the researcher had an interest in the outcome of this study, as the researcher is the editor of the devotional, *Mountaintop Mornings for Forty Days*, being utilized within this study and that this disclosure was provided so they could determine their willingness to participate in this study; shared with the individual the opportunity to withdraw from the study at any time; and provided the researcher's email, the researcher's faculty sponsors' emails, and the Institutional Review Board's (IRB) contact information should the participant have any questions.

After signing the consent form, the participants filled out a Demographic questionnaire (See Appendix G), the 10- Open Interview questions (see Appendix H), and the Depression Anxiety and Stress Scale (DASS) (Corcoran & Fischer, 2013) (see Appendix I) to assess depression, anxiety and stress (Fischer, 2013). The approximate time to fill out the consent form and questionnaires is 30 minutes. The participants were then instructed to download the 40-Day Scripture/prayer devotional. They read the allotted Scripture for each day during the 40-Days and prayed. The approximate time for this reading and prayer each day was as little as 5 minutes to however long they liked. The Scripture reading and prayer was self-paced. At the conclusion of the 40-days, the participants filled out the demographic questionnaire, open interview questions, and DASS measure, which took approximately 25 minutes.

The surveys were created utilizing Survey Monkey. Upon completion of the surveys, the survey responses were available for the researcher on their private, password protected, account with Survey Monkey. The researcher is the only individual accessing the data from the surveys.



Data has been and will continue to be stored on a password-protected computer, and participant responses have been kept confidential through the use of pseudonyms. Written responses to interview questions have been viewed solely by the researcher. This data will also be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

### **The Researcher's Role**

The 40-Day Biblical Worldview Educational Treatment Program was conducted on the researcher's Christian non-profit website, [relentlessprayer.org](http://relentlessprayer.org). The researcher is the Founder of the non-profit and chose to use this site as the designation for the internet-based study for convenience for the participants; it also allowed for optimal anonymity so that the researcher would not have to come into contact with the participants in order to prevent bias. The researcher's role in this study was contacting churches and therapists regarding participants and viewing/analyzing the data once the participants completed the forty-day study. The researcher is the editor of *Mountaintop Mornings for Forty Days* and thus has an interest in the outcome and efficacy of the study.

### **Data Collection**

Liberty University's Institutional Review Board reviewed the planned study and upon approval the researcher commenced the data collection. The researcher remained the primary instrument in collecting the data, utilizing their website, [Relentlessprayer.org](http://Relentlessprayer.org), and Survey Monkey. Next, the researcher emailed licensed therapists and churches (See Appendix A). The licensed therapist and Christian leaders/pastors were the contact persons who assisted with the recruitment and dissemination of recruitment flyers and letters.

Recruitment of participants began with emailing the licensed therapists and churches. A recruitment letter (See Appendix D) and an electronic version of the recruitment flyer (See Appendix B) were sent to each licensed therapist and church. Upon hearing back from the licensed therapists or church leader, the researcher emailed the username and password to the protected website for participant participation.

Before participating in the study, three inclusion eligibility identifiers were presented to ensure participants met the inclusion criteria: 1. Self-identified as a Christian, 2. Male or female, 20-45 years of age, and 3. Self-identified with anxiety and/or depression or diagnosed with adjustment disorder with mixed anxiety/depression or adjustment disorder with anxiety or adjustment disorder with depression or identified with anxiety or depression and believed to be a good fit for the study. Participants who met the eligibility criteria were directed to [relentlessprayer.org](http://relentlessprayer.org) and to the Christian Worldview Counseling tab and the Spiritual Disciplines and Mental Resiliency tab. The participants filled in the Username and Password and were directed to the consent form (See Appendix F), which included the purpose of the study and a detailed explanation of the procedures, risks, and benefits. The participants were encouraged to provide electronic consent to proceed with the study. Individuals were informed the study was voluntary and participation or the lack thereof would not hinder nor benefit their relationship with Liberty University, they could withdraw from the study at any time, and ethical considerations would be strictly followed. The individuals who did not consent were exited from the survey, and the individuals who chose to withdraw from the study had their electronic data deleted.

Data collection occurred in three phases. The first phase included the administration of the three questionnaires online in the following order:

1. Demographic Questionnaire
2. Depression and Anxiety and Stress Survey
3. 10 Open Interview Questions

Individuals were informed the online surveys would take an approximate time of 30 minutes or less. Incomplete surveys were deleted and excluded from data analysis. The study included anonymous responses which allowed participants' IP addresses to be removed from results. The data was saved on the Survey Monkey platform, on the researcher's password protected profile. The researcher will preserve all data for 3 years. After 3 years, the researcher will discard all of the data.

The second phase of the data collection included participants downloading *Mountaintop Mornings for Forty Days*. The 6-week (40-Day) Biblical Worldview program consisted of a 40-Day Scripture reading/prayer devotional (see Appendix J). Individuals proceeded to read Scripture and pray, self-paced for the next forty days.

The third phase of the data collection involved participants returning to [relentlessprayer.org](http://relentlessprayer.org) and to the Christian Worldview Counseling tab and the Spiritual Disciplines and Mental Resiliency tab. Participants filled out the username and password and proceeded to fill out the demographic questionnaire, the DASS, and the 10 open interview questions.

### **Instrumentation**

In this mixed methods study, three instruments were utilized. The DASS-42 instrument was used to gather quantitative data, while two instruments were used to collect qualitative data, including the demographic questionnaire and open interview questions.

**Depression, Anxiety and Stress Scale – 42 (DASS-42)**

DASS-42 is a 42-item inventory that measures depression, anxiety and stress, three-negative emotional states that impact human function (Fischer, 2013). This is an instrument that is available on the open domain (See Appendix I); thus, no permissions were needed. Each of the items rate the severity of the symptoms for the past week by way of 0 – Did not apply to me at all; 1 – Applied to me to some degree, or some of the time; 2 – Applied to me to a considerable degree, or a good part of the time; 3 – Applied to me very much, or most of the time (Fischer, 2013).

**Demographic Questionnaire**

For this study, the researcher developed an 18-item demographic questionnaire that described the demographic characteristics of the participants (See Appendix G). The questionnaire was fill-in-the-blank. Eleven items allowed the participants to fill in answers regarding personal characteristics, including age, gender, ethnicity, marital status, years as a Christian, church attendance, children, education level, and employment status. Four items related to possible causes of anxiety and/or depression, time struggling with anxiety and/or depression, and onset of anxiety and/or depression symptomology contributing to the diagnosis of anxiety and/or depression.

Age was measured as a continuous variable. Gender was measured as a categorical variable with two levels: male and female. Marital status was measured as a categorical variable with six levels including single, engaged, married, separated, divorced, and widowed. Education level was measured as a categorical variable with six levels including some high school, high school diploma or GED, some college, bachelors, masters, or doctorate. Employment status was

categorized as a categorical variable with 4 levels including employed full-time, employed part-time, unemployed, and stay at home.

## **Interviews**

### **The Demographic Questionnaire**

1. What is your age?
2. What is your gender? Male/Female
3. What is your ethnic background?
4. What is your marital status? Single/Engaged/Married/Separated/Divorced/Widowed
5. How many years have you been a Christian?
6. Do you attend church? Yes or No
7. Do you have children? Yes or No
8. If Yes, how many children?
9. How many years of education have you completed? Some high school/High school diploma or GED/Some college/ Bachelors/Masters/Doctorate
10. What best describes your employment status? Employed full-time / Employed part-time/Unemployed / Stay at home
11. What is your Job Title:
12. What is the amount of stress you experience at work? (0 – no stress; 10 – extreme stress)  
What is the amount of stress you experience at home? (0 – no stress; 10 – extreme stress)
13. Are you in debt? Yes or No
14. How long have you been struggling with anxiety and/or depression?
15. Describe the onset for your anxiety and/or depression:

The first eleven questions provide information regarding the individual's personal characteristics. The last four questions address areas that may contribute to the individual's anxiety and/or depression, as well as a description of the onset of the individual's anxiety and/or depression.

### **Open Interview Questions**

The 10-interview questions that the participants answered (pre- , post-) include:

1. Has the situation that caused your anxiety and/or depression alleviated? Explain.
2. Describe your relationship with God.
3. Share how often you read Scripture during the week and why you read Scripture. (Joshua 1:8, Psalm 1:2)
4. Share how often you pray during the week and why you pray. (Psalm 116:1-2)
5. After reading Scripture and praying, are you able to control your thought processes by taking every thought into captivity to the obedience of Christ –2 Corinthians 10:5; thinking upon things that are true, noble, right, pure, lovely, of good report, virtuous and praiseworthy – Philippians 4:8? Explain.
6. After reading Scripture, do you apply what you have learned to your daily activities of living? Explain.
7. Explain how you cope.
8. Does your relationship with Jesus Christ help you deal with current stressors in your life, or do you find it difficult to deal with current stressors regardless of your relationship? Explain.
9. Do you find yourself growing/thriving even when faced with your anxiety and/or depression? Or do you feel immobilized by your anxiety and/or depression? Explain.

10. Are you struggling with anxiety and/or depression because of COVID-19? Explain.

### **Data Analysis**

#### **Quantitative Data Analysis**

The analysis was conducted using Statistical Package for the Social Sciences (SPSS) for Windows (IBM Corp., 2024). For the DASS-42 measure, a linear mixed model was constructed to identify the reductions in pre- and post-treatment (Kladnitski et al., 2018). Effect sizes were calculated to determine the reduction in scores between pre- and post-treatment intervention by utilizing the paired samples t test (Kladnitski et al., 2018). The data were checked for accuracy and the participants who did not complete the post-Forty Day Biblical Worldview Treatment program questionnaire were removed from the study. The data were renamed with numerical labels and input into SPSS. The quantitative analysis determined whether the program provided a decrease in anxiety and depression symptomology.

#### **Qualitative Data Analysis**

The qualitative analysis utilized the Nvivo 14 statistical software to organize, analyze, and code data supplied by the participants. This qualitative analysis software helped document the themes in an organized way, contributing to an effective systematic analysis of the dataset. The researcher distributed the data into themes, coding the data elements and creating categories, presenting the data in a narrative form (Center for Research Quality, 2015).

### **Trustworthiness**

The researcher established trustworthiness with this mixed methods research study in intervention treatment by utilizing several methods to ensure the credibility, dependability, confirmability, and transferability of this study. Mixed methods research in intervention education treatment programs have been extensively noted by researchers to be effective in

considering the content and context of the intervention, and in assessing the effectiveness of a clinical intervention (Kopac, G. et al., 2020). Researchers state mixed methods studies provide a comprehensive overview of the individual's experience (Kopac, G. et al., 2020).

### **Credibility**

For the quantitative research, the researcher utilized the DASS-42 questionnaire, an approved valid reliable instrument available on the open domain for measuring anxiety, depression, and stress symptomology (Marijanovic, I. et al., 2021). For the qualitative research, the 10 open interview questions were utilized for each participant to maintain credibility, contributing to the data's trustworthiness. The validation of the findings occurred through the participants sharing their reality, their personal experiences with spiritual disciplines, resilience, spiritual coping, anxiety, and depression. The researcher utilized direct quotes for credibility.

### **Ethical Considerations**

The researcher completed the Collaborative Institutional Training Initiative (CITI) required online modules prior to commencing with research involving human subjects, utilizing every effort to adhere to the ethical principles of confidentiality, privacy, and autonomy of participants.

### **Informed Consent**

Every participant received an informed consent document prior to participating in the research study. The informed consent included: Title of the project, principal investigator, invitation to participate in the research study, what the study was about and why it was being done, what would happen if participants engaged in the study, how the participants or others could benefit from the study, risks involved, how personal information would be protected, costs to participate, any identified conflicts of interest by the researcher, the voluntary nature of



participation, what participants should do if they wanted to withdraw from the study, whom participants should contact if they had questions or concerns regarding the study, whom participants should contact if they had questions about their rights as a research participant, and their signed consent.

### **Conflict of Interest**

The researcher has an interest in the outcome of this study, as the researcher is the editor of the devotional, *Mountaintop Mornings for Forty Days*, that is being utilized within this study. This disclosure was made so that participants could decide if it would affect their willingness to participate in this study.

### **Risks and Benefits**

The researcher sought to ensure that there were no risks to participants; nevertheless, studies on the internet cannot guarantee absolute confidentiality. This disclosure was made so that participants could decide if this would affect their willingness to participate in this study. There were no financial costs to participate in this research study. The participants received *Mountaintop Mornings for Forty Days*, valued at \$9.99, for free. The direct benefits participants should have expected to receive from taking part in this study were growth in one's relationship with Jesus Christ as one reads Scripture and prays; learning how to cope with anxiety and depression spiritually by reading the Scripture and praying, and experiencing a decrease in anxiety and/or depressive symptoms.

### **Confidentiality and Privacy**

The website utilized for this study, [relentlessprayer.org](http://relentlessprayer.org), has SSL security. The surveys were created through SurveyMonkey and were embedded on the website. The researcher selected "Anonymous Responses" on the surveys to ensure IP Addresses were not recorded

when participants filled out the surveys. Participants' data was transmitted to the researcher's private account with SurveyMonkey. The published reports have not and will not include any information that will make it possible to identify a subject. Research records have been and will be stored securely on a password protected computer, and only the researcher has had and will have access to the records. Moreover, participant responses have been kept confidential through the use of pseudonyms. Written responses to interview questions have been and will be viewed solely by the researcher. Interview question data has been and will be stored separately from confidential pseudonyms on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

### **Participation**

Participation in this study is voluntary. The participants' decision whether to participate should not affect their current or future relations with Liberty University. Participants who decided to participate were free to not answer any question or withdraw at any time without affecting those relationships. Participants who chose to withdraw from the study contacted the researcher and the data collected from them was destroyed immediately and is not included in this study.

### **Summary**

The researcher chose an outcome research treatment strategy (Heppner et al., 2016) to identify whether the intervention of a 40-Day Biblical Worldview educational treatment program (*Mountaintop Mornings for Forty Days*) would reveal the effectiveness of spiritual disciplines in building resilience in the cognitive dimension, providing the spiritual coping mechanisms of reading Scripture and prayer, while decreasing the symptomology of anxiety and depression for self-identified Christians. By utilizing a mixed methods research design (qualitative and

quantitative), the researcher provided objective and generalized data in addition to the subjective viewpoint of the respondents' lived experiences, allowing researchers a greater depth of understanding of the effects religion and spirituality have on individuals' mental health as human emotions are non-linear and complex, and linear statistical methods do not provide an accurate understanding of the effects religion and spirituality have on mental health (Koenig, 2015). SPSS and NVivo were used in the data analysis to ensure trustworthiness of analysis. The main instrument for data collection, the DASS-42 questionnaire, is an approved, credible, valid instrument for accurate analysis of measuring depression, anxiety, and stress symptomology. Moreover, the researcher made every effort to adhere to ethical principles and standards of confidentiality, privacy, and autonomy of the respondents.

## Chapter Four: Findings/Results

### Overview

This mixed methods study addresses the problem in scientific literature of needing more empirical studies on spiritual disciplines' connection to resilience in the cognitive dimension, as well as spiritual disciplines' relationship with spiritual coping). This study also sought to narrow the gap in scientific literature by analyzing whether spiritual coping decreased the symptomology of anxiety and depression. Truly, a significant portion of the academic literature focused on spiritual coping has presented efficacy regarding prayer coping (June & June, 2021); however, there have been limited studies identifying the importance of Scripture reading as a spiritual coping mechanism (DeAngelis et al. 2021; June & June, 2021), as well as limited studies linking both Scripture reading and prayer with resilience and a decrease in anxiety and/or depression symptomology in ages 20-45 of self-identified Christians. Moreover, studies have found Internet-based treatments for depression and anxiety to be effective (Tulbure et al., 2018).

Three research questions that were derived from this problem statement guided this study's inquiry. The questions, and their corresponding hypotheses, are as follows:

**RQ1:** Do Christian spiritual disciplines (reading Scripture and prayer) build resilience in the cognitive dimension by changing mood?

**H<sub>a1</sub>:** Christian spiritual disciplines (reading Scripture and prayer) build resilience in the cognitive dimension by changing mood.

**H<sub>o1</sub>:** Christian spiritual disciplines (reading Scripture and prayer) do not build resilience in the cognitive dimension by changing mood.

**RQ2:** Do the Christian spiritual disciplines of reading Scripture and prayer provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression?

**H<sub>a</sub>2:** Christian spiritual disciplines (reading Scripture and prayer) provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression.

**H<sub>o</sub>2:** Christian spiritual disciplines (reading Scripture and prayer) do not provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression.

**RQ3:** Do the Christian spiritual coping mechanisms of reading Scripture and prayer protect individuals by decreasing the common symptomology associated with anxiety and depression?

**H<sub>a</sub>3:** Christian spiritual coping mechanisms of reading Scripture and prayer protect individuals by significantly decreasing the common symptomology associated with anxiety and depression.

**H<sub>o</sub>3:** Christian spiritual coping mechanisms of reading Scripture and prayer do not protect individuals by significantly decreasing the common symptomology associated with anxiety and depression.

This current study collected quantitative and qualitative data to test and answer the research questions using the validated instrument, Depression, Anxiety and Stress Scale-42 (DASS-42), a demographic questionnaire, and 10 open answer interview questions. This chapter provides the demographics of the participants, detailed descriptions of the qualitative data, analyses, and quantitative data results from participants.

### Descriptive Statistics

This study was conducted by contacting churches and licensed therapists, asking if they had any parishioners or clients diagnosed with adjustment disorder with anxiety or depression or mixed anxiety and depression. In order to achieve an adequate sample size, subjects were recruited from March 2021 to December 2021. However, due to COVID-19 and licensed therapists being overworked in their practices, no participants were acquired. Recruitment then continued from January 2022 to May 2023 but remained challenging due to the ongoing impact of COVID-19, with therapists and churches overwhelmed and unable to provide assistance. As a result, descriptive statistics were gathered from 13 participants; however, only five respondents (38%) completed the study filling out the questionnaires both pre - and post- 40-day Biblical Worldview Educational Treatment program (*Mountaintop Mornings for Forty Days*), 7 respondents (53%) did not complete the post- 40-Day Biblical Worldview Educational Treatment program, and 1 participant (7%) withdrew, unable to complete the study due to experiencing severe anxiety. Table 1 describes the five completed respondents and their demographics.

**Table 1**  
*Descriptive and Demographic Frequency*

Variable/Category	<i>n</i> (5)	%
<b>Age Category</b>		
27 years	1	20
34 years	1	20
35 years	2	40
39 years	1	20
<b>Gender</b>		
Female	5	100
Male	0	0
<b>Ethnicity</b>		
White	1	20
Hispanic	3	60
White/Hispanic	1	20
<b>Marital Status</b>		
Married	4	80.0
Engaged	1	20.0
Widowed	0	0
Single	0	0
Divorced	0	0
<b>Highest Education</b>		
High School Graduate	0	0
Some College	0	0
Bachelor's	3	60.0
Master's	2	40.0
Doctorate	0	0
<b>Current Employment</b>		
Employed Full-time	2	40.0
Employed Part-time	0	0
Unemployed	0	0
Stay at Home	3	60.0

Table 1 displays the frequencies of the demographic variables. The five respondents' ages ranged from 27 to 39 ( $M = 34$ ,  $SD = 4.359$ ). The respondents were all women (100%), with no men participating (0%). Most of the respondents were married (80 %,  $n=4$ ), with one

respondent engaged (20%,  $n=1$ ). For ethnicity, the respondents self-identified as White/Caucasian (20%,  $n=1$ ), Hispanic (60%,  $n=3$ ), and one respondent self-identified as both White/Caucasian and Hispanic (20%,  $n=1$ ). This was a well-educated sample, reporting having a bachelor's degree (60%,  $n=3$ ) and having their master's degree (40%,  $n=2$ ). Over half of the respondents stayed at home (60%,  $n=3$ ), with the rest employed full-time (40%,  $n=2$ ).

Table 2 displays the frequency counts for stress/anxiety/depression variables for the five respondents. Eighty percent of the sample reported to be in financial debt; the remaining twenty percent reported to not be in financial debt. Eighty percent reported to be married, and twenty percent reported to be engaged. Eighty percent reported to have children, and twenty percent reported not having children. Forty percent reported working full-time, and sixty percent reported staying at home. Twenty percent reported having a 0-2 stress level at work, sixty percent reported having 5-6 stress level at work, and twenty percent reported having a 7-8 stress level at work. Forty percent reported having a 3-4 stress level at home, forty percent reported a 5-6 stress level at home, and twenty percent reported a 7-8 stress level at home.



**Table 2**  
*Frequency Counts for Stress/Anxiety/Depression Variables*

Variable/Category	<i>n</i> (5)	%
<b>Financial Debt</b>		
Yes	4	80.0
No	1	20.0
<b>Marital Status</b>		
Married	4	80.0
Engaged	1	20.0
Widowed	0	0
Single	0	0
Divorced	0	0
<b>Children</b>		
Yes	4	80.0
No	1	20.0
<b>Current Employment</b>		
Employed Full-time	2	40.0
Employed Part-time	0	0
Unemployed	0	0
Stay at Home	3	60.0
<b>Stress at Work</b>		
0-2	1	20.0
3-4	0	0
5-6	3	60.0
7-8	1	20.0
9-10	0	0
<b>Stress at Home</b>		
0-2	0	0
3-4	2	40.0
5-6	2	40.0
7-8	1	20.0
9-10	0	0

Table 3 displays the frequency counts for religiosity/spirituality variables for the five respondents. They all stated they attended church. Twenty percent said they have been a Christian from 0-10 years, forty percent said they have been a Christian from 11-20 years,

twenty percent said they have been a Christian for 21-30 years, and twenty percent said they have been a Christian for 31-40 years. Forty percent said they read Scripture several times a week, and sixty percent said they read scripture every day. Forty percent said they pray one to two times daily, and sixty percent said they pray several times a day.

**Table 3**  
*Frequency Counts for Religiosity/Spirituality Variables*

Variable/Category	<i>n</i> (5)	%
<b>Attend Church</b>		
Yes	5	100.0
No	0	0
<b>Years as a Christian</b>		
0-10	1	20.0
11-20	2	40.0
21-30	1	20.0
31-40	1	20.0
<b>Frequency in Scripture Reading</b>		
Less than once a week	0	0
Several times /week	2	40.0
1-2 times daily	3	60.0
Several times/day	0	0
<b>Frequency in Prayer</b>		
Less than once a week	0	0
Several times /week	0	0
1-2 times daily	2	40.0
Several times/day	3	60.0

## Participants

### Jane

Jane, a Caucasian and Hispanic female, was 27-years-old. She was married with two children. She has her bachelor's and is employed full-time as a Finance Manager/Director of Marketing. She has been a Christian for 27 years and attends church. She has been struggling with anxiety and depression for as long as she can remember. She said she was "bullied in grade

and middle school, [had an] emotionally abusive mother, [and struggled with a] suicide attempt and eating disorders in high school.”

***Pre- 40 Day Biblical Worldview Treatment Program***

In the pre- 40 Day Biblical Worldview Treatment Program, Jane states her stress level at work is a level 6 out of 10, with 10 being the most severe. Her stress level at home is a level eight with 10 being the most severe. She is in financial debt. She states her situation has not alleviated. When describing her relationship with God, she states it is “very personal and close.” She says her depression often makes her question her relationship though she knows what she should believe or feel. She says, “I really got into my faith individually in college after some bad choices and being raped. In general, I have many trust issues even with God, but I do know He does things in His time and not mine.” She says she attempts to read Scripture “every other day or once a week.” She states, “I usually am on and off about my bible studies, but I also lead weekly high school girls in senior high ministry.” She believes this confirms her faith to her. When it comes to prayer, she says she prays “sometimes in the moment, but every morning and evening,” as “prayer is worship and therapy.” After reading Scripture, she says she is usually able to control her thought processes by taking every thought into captivity to the obedience of Christ, thinking upon things that are true, noble, right, pure, lovely, of good report, virtuous, and praiseworthy. She says she is a “mom of two toddlers” and is “happy to hit the pillow at the end of the day burnt out.” She says sometimes she does not feel like being in God’s word when she needs to rest or when her “husband is acting up.” She says she knows it is not a good reason, but her depression wins out like that. She says that after reading Scripture, she is usually able to apply it to her daily activities of living. She says, “There are many times past a certain point in my anxiety that I break and lose control of those emotions though.” When she is struggling with

anxiety and/or depression, she says she copes by “sleeping, shopping, [and] forgetting about it usually.” She says that her relationship with Jesus Christ helps her deal with her current stressors in life, “but I still at times just want my marriage or my husband’s own issues to not reflect on me so hard.” When asked if she finds herself growing/thriving even when faced with anxiety and/or depression or feeling immobilized, she says, “It’s like a prison, like I’m a puppet let out of the box to put on a picture-perfect show. But if I were myself, I’m just too much. It’s hard to trust and go through the messiness of growth with a husband who doesn’t want to admit his own short-comings, or any faults really. The depression feels like I’m drowning and just want to die, though, on the really bad days. Usually hits hardest around my period.” When asked if she was struggling with anxiety and/or depression due to COVID-19, she says, “Probably made it worse, but I’ve always had it. Think Luisa in *Encanto*. It was modelled like that by a narcissistic mom and took me marrying one to realize that I couldn’t do this feasibly.”

#### ***Post- 40 Day Biblical Worldview Treatment Program***

In the post- 40 Day Biblical Worldview Treatment Program, Jane states her stress level at work is a level three out of 10, and her stress level at home is a 10 out of 10. She is in financial debt. She says the situation that caused her anxiety and/or depression has alleviated. When describing her relationship with God, she states God “is all that I have.” When explaining how often she reads Scripture in a week and why, she states, “To seek God's voice probably 3-5 times a week.” She says she prays “all of the time, literally.” After reading Scripture verses, she says she is able to “for the most part” take every thought captive to the obedience of Christ, thinking upon things that are true, noble, right, pure, lovely, of good report, virtuous and praiseworthy. She says, “In that moment of discernment, I am able to release all that is going on rather than bottle and hide it. But I'm usually comforted hearing God's responses.” After reading Scripture,

she says she applies what she learned to her everyday activities of living, saying, “[I] try to keep reminders and notes for myself.” When she is struggling with anxiety and depression, she says she copes with “faith and also lifting weights.” She says her relationship with Jesus Christ helps her deal with the current stressors in her life. When asked if she found herself growing/thriving even when faced with anxiety and/or depression or if she felt immobilized by her anxiety and/or depression, Jane responded, “Growing with therapy, too.” And she said she is not struggling with anxiety and/or depression due to COVID-19.

### **Grace**

Grace, a White female, was 39-years-old and engaged. She has her master’s and was employed full-time as an Engineer. She has been a Christian for 39 years and attends church. She has been struggling anxiety and depression for three years, with the onset being a death in the family.

### ***Pre- 40 Day Biblical Worldview Treatment Program***

In the pre- 40 Day Biblical Worldview Treatment Program questionnaire, Grace stated her stress level at work was an eight out of 10, and her stress level at home a three out of 10. She is not in financial debt. The situation that has caused her anxiety and/or depression has not alleviated. She said her relationship with God is “good.” She reads Scripture once or twice a week. She said she prays every day, stating, “It gives me peace.” When asked if she is able to control her thought processes after reading Scripture, by taking every thought captive to the obedience of Christ, she said, “No.” When asked if she applies what she learned while reading Scripture, she said, “At times.” When she is struggling with anxiety and depression, she said she does not always cope by reading the Bible or praying. She said she tries to do breathing exercises. When asked if her relationship with Jesus Christ helps her deal with her current

stressors in life or if she still found it difficult regardless of her relationship with Jesus, she said, “I find it difficult regardless. Death in general scares me.” When asked if she was growing and thriving, even while faced with anxiety and depression, she said, “Yes. I’m not immobilized; it just makes me feel sick.” She said she is not struggling with anxiety and depression due to COVID-19.

***Post- 40 Day Biblical Worldview Treatment Program***

In the post- 40 Day Biblical Worldview Treatment Program questionnaire, Grace said her stress level at work remained an eight out of 10, and her stress level at home was a six out of 10. She said she is not in financial debt, and the situation that caused the onset of anxiety and depression has not alleviated. She described her relationship with God, as “strong.” She said she reads Scripture weekly “for wisdom and guidance.” She said she prays daily “for peace.” When asked if she is able to take every thought captive to the obedience of Christ, thinking upon things that are lovely, pure, and worthy of praise after she reads Scripture, she said, “Sometimes. Other times, meditation and exercise help.” She said that after reading Scripture she does apply what she learned to her daily activities of living by “helping others.” When asked if she copes by way of reading Scripture or prayer when struggling with anxiety and/or depression, she said, “Yes. I also try to be active and move around. Moving makes me feel less anxious.” When asked if her relationship with Jesus Christ helps her deal with her current stressors in life or if she still found it difficult regardless of her relationship with Jesus, she said, “Sometimes it’s hard regardless.” When asked if she finds herself growing and thriving even when faced with anxiety and/or depression or if she finds herself immobilized by the anxiety and/or depression, she said, “Yes. I’m not immobilizing.” When asked if she is struggling with anxiety and/or depression due to COVID-19, she said, “No.”

**Maria**

Maria, a Hispanic female, who was 34-year-old, was married with three children. She has been a Christian for 13-years and attends church. She has her bachelor's degree and stayed at home, as a homemaker. She said she has been struggling with anxiety and/or depression for "4 years on and off," stating her anxiety began post-partum after her second child was born.

***Pre- 40 Day Biblical Worldview Treatment Program***

In the pre-40 Day Biblical Worldview Treatment Program questionnaire, Maria said she experienced a five out of 10 stress level at work and a five out of 10 stress level at home. She said she is in financial debt, and the cause for her anxiety and/or depression has not alleviated. When asked to describe her relationship with God, she said, "There is a lot of room for growth, but I know God knows my heart and loves me. He is growing me each day as I try my best to draw closer to Him." When asked to share how often she reads Scripture during the week, she said, "It varies a lot but on good weeks, daily. On rough weeks, maybe 2-3 times. I read to know who God is, seeking wisdom and guidance." When asked to share how often she prays and why, she said, "Almost daily, I pray to share my heart with God and also to align my heart with His heart." When asked after reading Scripture and praying, if she is able to take every thought captive to the obedience of Christ, thinking upon things that are lovely, pure, and worthy of praise, she said, "When I read a passage that speaks to me, yes, I can take a step back and control my thoughts. When I don't feel like I'm getting a word from the Lord, I still struggle with my thoughts." She said after reading Scripture, she tries the best that she can "to allow scripture to shape my thoughts and actions throughout the day." When asked if she copes spiritually by reading Scripture and/or praying when she struggles with anxiety and/or depression she said, "Yes, I read the Bible, I pray, I worship and journal, just depends on the specific stressor." When

asked if her relationship with Jesus Christ helps her deal with her current stressors in life or whether regardless of her relationship with Jesus does she find it difficult, she said, “Absolutely; knowing that God is Sovereign, Faithful and He cares, helps to release some of that anxiety and place my trust in Jesus.” When asked if she finds herself growing and thriving even when faced with anxiety and depression or whether she experiences immobility with anxiety and depression, she said, “Both, and I never know which it will be. When anxiety levels are through the roof, fear often immobilizes me but when I struggle with depression, I see God growing me.” When asked if she is struggling with anxiety and/or depression due to COVID-19, she said, “No.”

#### ***Post- 40 Day Biblical Worldview Treatment Program***

In the post- 40 Day Biblical Worldview Treatment Program questionnaire, Maria said, she has a zero out of 10 stress level at work, and a seven out of 10 stress level at home. She said she is in financial debt and the cause of her anxiety and/or depression has alleviated. When asked to describe her relationship with God she said, “I would probably say transparent. I know God knows everything about me but I'm trying to be honest with Him and myself at all times, especially when things are not great.” When asked to share how often she reads Scripture during the week, and why she reads, she said, “I try for daily, but most of the time 5 times a week. I read it to remind myself of who God is and I need to hear truth daily.” When asked to share how often she prays during the week and why she prays she said, “Daily. I have a lot to be thankful for and I also have a lot of burdens on my heart for people I love and care about, so I talk with God about it all.” When asked after reading Scripture and praying, if she is able to control her thought processes by taking every thought captive to the obedience of Christ, thinking upon things that are true, lovely, worthy of praise and pure, she said, “Yes, after reading scripture it helps to be able to tell truth and lies apart more easily. This clarity then helps take thoughts



captive.” When asked after reading Scripture, if she applies what she learned to her daily activities of living, she said, “Yes, as I meditate on what I have read I do try to apply the scriptures to my daily activities.” When asked if she copes spiritually by reading Scripture and/or praying when struggling with anxiety and depression, she said, “Yes, I pray, read the Bible, listen to worship music and have been listening to church sermons.” When asked if her relationship with Jesus Christ helps her deal with her current stressors in life or if she finds herself struggling regardless, she said, “I would say that if I didn't have Jesus in my life, I wouldn't be here today. I find that God gives me strength to go through current stressors and I cannot imagine trying to navigate this life without Him.” When asked if she finds herself growing and thriving even when faced with anxiety and/or depression or if she finds herself immobilized by her anxiety and/or depression, she said, “I do know that God is growing me through the anxiety. Perhaps at a slower pace than I would like, but He knows exactly what I need and what He is doing. I believe He is using it all to strengthen me.” When asked if she is struggling with anxiety and/or depression due to COVID-19, she said, “No.”

### **Sophia**

Sophia, a Hispanic female, who was a 35-year-old, was married with two children. She has been a Christian for eight years and attends church. She has her bachelor's and stayed at home as a homemaker. She has been struggling with anxiety and/or depression for three years. The onset of her symptoms began toward the end of 2019. She said, “I had surgery to fix my umbilical hernia...[a] couple weeks after I started a post-bachelor's program to complete the prerequisites for a masters in speech pathology. During this time, I experienced great stress, due to the above, as well as anxiety due to my mother-in-law wanting to move in with me and my family as well as a falling out with a friend and a death of a puppy. So many anxiety provoking

situations that I began to experience chest pain. Then 2 months after [that] I experienced a panic attack while driving. Since I had never experienced anything like it, I ended up calling 911 since I believed I was experiencing a heart attack/stroke. Some of the symptoms I experienced during the panic attack [were] numbing to my left side and tingling sensation to my left side of my face and leg and arm. My hands also stiffened, and I could not move. After this panic attack, I became fearful that I would experience the same thing.”

***Pre- 40 Day Biblical Worldview Treatment Program***

In the pre- 40 Day Biblical Worldview Treatment Program questionnaire, Sophia said she experiences zero out of 10 stress levels at work and five out of 10 stress levels at home. She said she is in financial debt. She said the situation that caused her anxiety and/or depression has alleviated. When describing her relationship with God she said, “I believe that I am a child of God because of my faith and belief in Jesus Christ. I believe that God sent Jesus to earth, and he lived a sinless life in a sinful world. I believe that is the reason Jesus was able to die on the cross for my sins. He was the perfect sacrifice, and he took upon himself my sins and died for the penalty of my sins. I believe God accepted this sacrifice and through Jesus I am accepted by God and forgiven. I believe Jesus resurrected on the 3rd day. And because Jesus rose, I believe I too will rise. I believe in the Holy Spirit. I believe the Holy Spirit lives in me and that He teaches me His word and to obey it. I also believe that the Holy Spirit convicts me of sin and leads me to live a life that is according to the will of God.” When asked to describe how often she reads Scripture during the week and why, she said, “I read a proverb and psalm a day. I try to read the bible every day. I also start reading the Old Testament and go from there until I complete it. Then, I start with [the] New Testament. Reading the scriptures is essential. I try to remember it so that I can obey it. I believe scripture is God's word to me and is true and reliable and relatable.” When

asked to describe how often she prays during the week and why, she said, “I (try to) pray every morning. I pray when I am struggling. I pray when I water the grass. I pray when someone needs prayer. I believe prayer is communication with God. I believe that God hears my prayer and cares about my needs.” When asked if after reading Scripture and praying if she is able to control her thought processes by taking every thought into captivity to the obedience of Christ – 2 Corinthians 10:5, thinking upon things that are true, noble, right, pure, lovely, of good report, virtuous and praiseworthy – Philippians 4:8, she said, “Yes, I believe that when I read the scriptures and pray, I am able to align my emotions/feelings with the truth of God's word. I believe this is a difficult thing, but I believe that it is a habit I can adopt the more I do it.” When asked if she applies the Scripture she read to her daily activities of living, she said, “Ideally, I want my life to reflect scripture. However, I fail all the time (it seems like it). But I very often come to the Lord for forgiveness and ask the Lord for strength to repent (or change the direction of my feelings so that my actions can follow). I am comfortable asking for forgiveness [of] others like my husband and children when I do something wrong. And I like to think I am a forgiving person. God forgave me so I can forgive others.” When asked if she copes spiritually by reading Scripture and praying when she is struggling with anxiety and/or depression, she said, “YES!!! I find great comfort confessing my struggles to the Lord and laying my burdens down. I also like to ask friends for prayer, and I also find great relief through worshipping the Lord through thanksgiving and songs.” When asked if her relationship with Jesus Christ helps her deal with the current stressors in her life or if she finds it difficult to deal with the stressors regardless of her relationship with Jesus Christ, she said, “Yes, my relationship with Jesus does help me with my current stressors. I find that my emotions don't align with God's truth, so meditating on a verse that counteracts that feeling/thought helps me to believe the truth and reject the lie

(feeling/thought).” When asked if she finds herself growing and thriving even when faced with anxiety and/or depression or if she finds herself immobilized by anxiety and/or depression, she said, “Yes!!! I like to say that I do what I don't ‘feel’ like doing but then my feelings catch up. For example, when I am stressed, I don't necessarily want to read my bible but I ‘force’ myself and I am always glad I did. Sometimes I listen to worship music or a sermon too.” When asked if she is struggling with anxiety and/or depression due to COVID-19, she said, “NO. I believe during the beginning of the pandemic I was afraid of not being able to feed my little girls, but I didn't really experience any fear about the virus itself. Interestingly, the pandemic year brought a lot of blessings and things I am thankful for although it was scary (threats of sickness/dying).”

#### ***Post- 40 Day Biblical Worldview Treatment Program***

In the post-40 Day Biblical Worldview Treatment Program questionnaire, Sophia said her stress level at work is a seven out of 10, and her stress level at home is a six out of 10. She is in financial debt. When describing her relationship with God, she said, “I believe the I am a child of God chosen and accepted through the redemptive love and sacrifice of Jesus Christ. I believe the Holy Spirit is with me and disciplines me through all of my challenges. I rely on the Lord through prayer and worship with thanksgiving in all seasons of my life. I am realizing more and more how much I need Jesus and I am so thankful for the blood of Jesus Christ - His love and His grace.” When sharing how often she reads Scripture in a week and why, she said, “I read scripture 5 - 7 days a week. I read scripture to lean closer to the Lord. I believe scripture is used to correct me and to direct me and I try to use it for wisdom and discernment as well as for comfort when I am struggling.” When asked how often she prays during the week and why, she said, “5 - 7 days a week. I pray because it is necessary. I pray to worship God and remember all His goodness. I pray to ask the Lord for help. And I pray to Thank the Lord for all he has done. I

believe it's essential and necessary." When asked if she is able to control her thought processes after reading Scripture by taking every thought captive to the obedience of Christ – 2 Corinthians 10:5, thinking upon things that are true, noble, right, pure, lovely, of good report, virtuous and praiseworthy – Philippians 4:8, she said, "Yes definitely! Scripture aligns my thoughts and heart with what is true." When asked if she applies what she learned in Scripture to her daily activities of living she said, "I try! That is why I make great effort to memorize scripture so I can remember to do what it says and tell my mind and heart to believe only what is true." When asked if she copes spiritually by reading Scripture or praying when struggling with anxiety and/or depression she said, "Yes! I read the bible, I pray, I ask a couple of trusted friends to pray alongside me and I meditate on one or few scriptures and prepare a 'battle plan' (this I do when I struggle with in-laws). I also listen to worship music to help." When asked if her relationship with Jesus Christ helps her deal with her current stressors in life or if she finds it difficult to deal with stressors regardless of her relationship with Jesus Christ, she said, "Absolutely! I would be reacting out of my emotions if I didn't have a relationship with Jesus. Jesus is my anchor and my light. I know that I have a purpose and that I am loved by God." When asked if she finds herself growing and thriving even when faced with anxiety and/or depression or if she feels immobilized by anxiety and/or depression she said, "It is easy to feel immobilized when I am faced with anxiety. But I made every effort to not stay in that place. I have a great support system that helps me." When asked if she is struggling with anxiety and/or depression due to COVID-19, she said, "No!"

### **Sally**

Sally, a Mexican American female who was a 35-year-old, was married with two children. She has been a Christian for 13 years and attends church. She has her master's degree

and stayed at home as a homemaker/school counselor. She has been struggling with anxiety and/or depression for six years. When describing the onset she said, “When I had my first-born, I started to feel anxious about my capabilities as a mom.”

***Pre- 40 Day Biblical Worldview Treatment Program***

In the pre-40 Day Biblical Worldview Treatment Program question, Sally says she experiences a six out of 10 stress level at work and a three out of 10 stress level at home. She says she is in financial debt. When describing her relationship with God she said, “I believe that Jesus has saved me from my sins. He has given me a new heart and a new spirit. I am now a child of God because of the work of Jesus. I choose to walk with Jesus every single day, and by the power of the Holy Spirit I am able to walk this walk and produce fruit for God’s glory.”

When asked how often she reads Scripture during the week and why she said, “I read scripture every day (that’s my goal; however, there are days that I don’t). I read scripture because it is how I fellowship with God and how I hear from Him. I love to read the word of God to remember how He wants me to live and to remember what Jesus has done for me. God’s word encourages me, guides me, and gives me wisdom.”

When asked how often she prays during the week and why, she said, “I pray every day throughout the day. I don’t have a regular time set for prayer, but I try to wake up every day with a prayer on my tongue (one of thanksgiving to the LORD). I pray because God listens.”

When asked if she is able to control her thought processes after reading Scripture processes by taking every thought into captivity to the obedience of Christ – 2 Corinthians 10:5; thinking upon things that are true, noble, right, pure, lovely, of good report, virtuous and praiseworthy – Philippians 4:8, she said, “Yes. I noticed that when I am meditating on God’s word, I am thinking in that instead of my anxious thoughts. This way I am able to fight against the anxiety that my thinking brings.”

When asked if she applies what she learned from

Scripture to her daily activities of living she said, “I try, but sometimes I fail. My emotions get the best of me, and I stumble.” When asked if she copes spiritually by reading Scripture and/or praying when she is struggling with anxiety and/or depression, she said, “Yes. I definitely go to prayer first. Then I listen to a worship song to help ease my anxiety. I find it difficult to read scripture when I’m too anxious. Journaling/praying helps, and then I’ll go to scripture.” When asked if her relationship with Jesus Christ helps her deal with current stressors in life or if she finds it difficult to deal with stressors regardless of her relationship with Jesus, she said, “My relationship with Jesus helps me deal with all my stressors. His word helps me through.” When asked if she finds herself growing and thriving even when faced with anxiety and/or depression or if she feels immobilized by anxiety and/or depression, she said, “I find myself growing because I face my fears/anxieties face on. I hold on to God’s promises/His word and push forward regardless how anxious I might be.” When asked if she is struggling with anxiety and/or depression due to COVID-19, she said, “I had some anxiety during the pandemic. I no longer feel that way, though.”

#### ***Post- 40 Day Biblical Worldview Treatment Program***

In the post-40 Day Biblical Worldview Treatment Program questionnaire, Sally said she experiences a six out of 10 stress level at work and a five out of 10 stress level at home. When describing her relationship with God, she said, “Jesus is my Savior. God is my Father. The Holy Spirit guides, reveals truth to me, and gives me strength. I seek daily to walk with God through prayer and reading the bible.” When asked how often she reads Scripture during the week and why she said, “My goal is to read it every day. I read it because I love Jesus and I like to meditate on it as I walk through life. I need it every day!” When asked how often she prays during the week and why she said, “I pray throughout the day. I pray because God listens.”

When asked if she is able to control her thought processes after reading Scripture by taking every thought into captivity to the obedience of Christ – 2 Corinthians 10:5; thinking upon things that are true, noble, right, pure, lovely, of good report, virtuous and praiseworthy – Philippians 4:8, she said, “Yes. It is the only way I am able to get through tough times.” When asked if she applies what she learned in Scripture to her daily activities of living, she said, “I try my best. I definitely fall short. However, I seek to obey God's word and use it as the authority over my life.” When asked if she copes spiritually by reading Scripture and/or praying when she is struggling with anxiety and/or depression, she said, “Yes. I definitely go first to prayer. Then, I meditate on the bible verses that help keep my mind on Jesus and the truth.” When asked if her relationship with Jesus Christ helps her deal with current stressors in life or if she finds it difficult to deal with stressors regardless of her relationship with Jesus Christ, she said, “Yes. Definitely. He is God and His word is truth. When I am stressed, it is usually because I am focused on things that aren't truth or reality. So, when I seek God first, He reveals the truth and brings comfort.” When asked if she finds herself growing and thriving even when faced with anxiety and/or depression or if she feels immobilized by her anxiety and/or depression, she said, “Growing and thriving. I have become more brave in times of anxiety. I trust God and I walk in that confidence, that He holds my hand so that I won't slip (Psalm 37:24).” When asked if she is struggling with anxiety and/or depression due to COVID-19, she said, “Yes. There was so much fear of death and of losing loved ones. Also, there were so many political issues that were stressful. However, now I know that God is in control, even when there seems to be so much evil and wickedness around us.”



## Results

The purpose of this study was to investigate whether the spiritual disciplines of reading Scripture and prayer build resilience in the cognitive dimension, provide the spiritual coping mechanisms of reading Scripture and prayer, and to identify whether the spiritual coping mechanisms of reading Scripture and prayer decrease the common symptomology of anxiety and/or depression in self-identified Christians, ages 20-45. In seeking answers to the three research questions that follow, the first two questions were answered by way of qualitative data, and the third question was answered through quantitative data with the null hypothesis tested at the 0.05 significance level.

**RQ1:** Do Christian spiritual disciplines (reading Scripture and prayer) build resilience in the cognitive dimension by changing mood?

**H<sub>a</sub>1:** Christian spiritual disciplines (reading Scripture and prayer) build resilience in the cognitive dimension by changing mood.

**H<sub>0</sub>1:** Christian spiritual disciplines (reading Scripture and prayer) do not build resilience in the cognitive dimension by changing mood.

**RQ2:** Do the Christian spiritual disciplines of reading Scripture and prayer provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression?

**H<sub>a</sub>2:** Christian spiritual disciplines (reading Scripture and prayer) provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression.

**H<sub>0</sub>2:** Christian spiritual disciplines (reading Scripture and prayer) do not provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression.

**RQ3:** Do the Christian spiritual coping mechanisms of reading Scripture and prayer protect individuals by decreasing the common symptomology associated with anxiety and depression?

**H<sub>a</sub>3:** Christian spiritual coping mechanisms of reading Scripture and prayer protect individuals by significantly decreasing the common symptomology associated with anxiety and depression.

**H<sub>0</sub>3:** Christian spiritual coping mechanisms of reading Scripture and prayer do not protect individuals by significantly decreasing the common symptomology associated with anxiety and depression.

### **Qualitative Statistics Theme Development**

The results of the qualitative data in this study are organized by themes including stress, anxiety/depression, relationship with God/Jesus Christ, spiritual disciplines (reading Scripture and prayer), resilience, and spiritual coping (reading Scripture and prayer). Another theme that did not correlate with the specific research questions was COVID-19. The sample consisted of five females. Only the participants who consented to the study and completed the study by answering the questions Pre – Forty Day Biblical Worldview Treatment Program and Post – Forty Day Biblical Worldview Treatment Program were used to analyze the qualitative data. The qualitative methods and analysis were implemented using random sampling. The participants' responses to the structured interview questions identified seven themes. The participants in the study articulated their experience with the spiritual disciplines of reading Scripture and prayer

and its impact on their relationship with Jesus Christ and resilience and their ability to cope spiritually by way of reading Scripture and prayer.

***Theme 1: Stress***

Theme 1 presented the stress variables in the respondents' lives that could contribute to their anxiety and/or depressive symptoms, as repeated high levels of stress often cause the cognitive impairments of anxiety and depression (Avdija, A., 2022). Table 4 presents the cluster of stress themes pre-Forty Day Biblical Worldview Treatment Program found in the study including job title, employment status, stress levels at work, stress levels at home, and whether the respondents are in financial debt. Jane, Grace, Maria, and Sally indicate they experience high levels (5+) of stress at work, while Jane, Maria, Sophia indicate they experience high levels (5+) of stress at home. Debt is a known contributor to psychological stress, decreased physical health, and shorter lifetimes (Haurin, D.R., et. al., 2021) and Jane, Maria, Sophia, and Sally indicate they are in debt. Table 5 presents the cluster of stress themes post-Forty Day Biblical Worldview Treatment Program. Jane, Grace, Maria, and Sally indicate they continued to experience high levels (5+) of stress at work, and Jane, Grace, Maria, Sophia, and Sally indicate they experience high (5+) levels of stress at home, with Jane, Maria, Sophia, and Sally indicating they continue to be in debt.

**Table 4***The Cluster of Stress Themes Pre- Forty-Day Biblical Worldview Treatment Program*

	<b>Job Title</b>	<b>Employment</b>	<b>Stress Levels at Work (0-10)</b>	<b>Stress Levels at Home (0-10)</b>	<b>Debt</b>
<b>Jane</b>	Finance Manager/ Director of Marketing	Full-time	6	8	Yes
<b>Grace</b>	Engineer	Full-time	8	3	No
<b>Maria</b>	Homemaker	Stay at home	5	5	Yes
<b>Sophia</b>	Homemaker	Stay at home	0	5	Yes
<b>Sally</b>	Homemaker/School Counselor	Stay at home	6	3	Yes

**Table 5***The Cluster of Stress Themes Post- Forty-Day Biblical Worldview Treatment Program*

	<b>Job Title</b>	<b>Employment</b>	<b>Stress Levels at Work (0-10)</b>	<b>Stress Levels at Home (0-10)</b>	<b>Debt</b>
<b>Jane</b>	Finance Manager/ Director of Marketing	Full-time	3	10	Yes
<b>Grace</b>	Engineer	Full-time	8	6	No
<b>Maria</b>	Homemaker	Stay at home	0	7	Yes
<b>Sophia</b>	Homemaker	Stay at home	7	6	Yes
<b>Sally</b>	Homemaker/School Counselor	Stay at home	6	5	Yes

***Theme 2: Anxiety/Depression***

Table 6 presents the cluster of anxiety/depression themes pre-40-Day Biblical Worldview Educational Treatment Program including how many years the respondents had been struggling with anxiety and/or depression, the onset of symptoms, whether the symptoms have been alleviated and whether the symptoms are due to COVID-19, while Table 7 presents the cluster of anxiety/depression themes post- 40-Day Biblical Worldview Educational Treatment Program.

**Table 6**

*The Cluster of Anxiety/Depression Themes and COVID-19 Theme Pre- Forty-Day Biblical Worldview Treatment Program*

	<b>How many years struggling?</b>	<b>Onset</b>	<b>Symptoms alleviated?</b>	<b>Due to COVID-19?</b>
<b>Jane</b>	“Ever since I can remember”	“Bullied in grade and middle school, emotionally abusive mother, suicide attempt and eating disorders in high school.”	“No”	“Probably has made it worse but I’ve always had it. Think Luisa in Encanto. It was modelled like that by a narcissistic mom and took me marrying one to realize that I couldn’t do this feasibly.”
<b>Grace</b>	“3 years”	“Death in the family”	“No”	“No”
<b>Maria</b>	“4 years on and off”	“Anxiety began postpartum after my second child.”	“No”	“No”
<b>Sophia</b>	“3 years”	“In the end of 2019 I had surgery to fix my umbilical hernia. A couple weeks after I started a post bachelor’s program to complete the prerequisites for a masters in speech pathology. During this time, I experience great stress due to the above as well as anxiety due to mother-in-law wanting to move in with me and my family as well as a falling out with a friend and a death of a puppy. So many anxiety provoking situations that I began to experience chest pain. Then 2 months after I experience a panic attack while driving. Since, I had never experienced anything like it I ended up calling 911 since I believed I was experiencing a heart attack/stroke. Some of the symptoms I experienced during the panic attack was numbing to my left side and tingling sensation to my left side of my face and leg and arm. My hands also stiffened and I could not move. After this panic attack, I became fearful that I would experience the same thing.”	“Yes”	“No. I believe during the beginning of the pandemic I was afraid of not being able to feed my little girls but I didn’t really experience any fear about the virus itself. Interestingly, the pandemic year brought a lot of blessings and things I am thankful for although it was scary (threats of sickness/dying).”
<b>Sally</b>	“6”	“When I had my first born I started to feel anxious about my capabilities as a mom.”	“Yes”	“I had some anxiety during the pandemic. I no longer feel that way, though.”

**Table 7**

*The Cluster of Anxiety/Depression Themes Post- Forty-Day Biblical Worldview Treatment Program*

	<b>How many years struggling?</b>	<b>Onset</b>	<b>Symptoms alleviated?</b>	<b>Due to COVID-19?</b>
<b>Jane</b>	“10+ years”	“Emotional abuse from a parent”	“Yes”	“No”
<b>Grace</b>	1 year	“Death in the family”	“No”	“No”
<b>Maria</b>	“On and off for the past 4 years”	“It began after I gave birth to my second son.”	“Yes”	“No”
<b>Sophia</b>	“4 years”	“Due to financial stress and debt. Some anxiety was due to inlaw and marital stress.”	“Yes”	“No!”
<b>Sally</b>	“2 years”	“The pandemic brought about many anxious feelings.”	“Yes”	“Yes. There was so much fear of death and of losing loved ones. Also, there were so many political issues that were stressful. However, now I know that God is in control, even when there seems to be so much evil and wickedness around us.”

### **Theme 3: COVID-19**

An unexpected theme arose involving COVID-19 (Table 6 and Table 7). The participants were asked whether their anxiety and/or depression symptoms were caused by COVID-19. Jane on her pre- questionnaire, stated, COVID-19 “probably made it worse, but I’ve always had it.” Sally stated on her pre- questionnaire, “I had some anxiety during the pandemic.” However, the other three participants indicated COVID-19 did not cause their anxiety and/or depression symptomology.

### **Theme 4: Relationship with God/Jesus Christ**

Table 8 presents the cluster of relationship with God/Jesus Christ themes pre-40-Day Biblical Worldview Educational Treatment Program including a description of their relationship

with God, and whether their relationship with Jesus Christ helped or did not help with their current stressors. Table 9 presents the cluster of relationship with God/Jesus Christ themes post-40-Day Biblical Worldview Educational Treatment Program.

**Table 8**

*The Cluster of Relationship with God/Jesus Christ Themes Pre- Forty-Day Biblical Worldview Treatment Program*



	<b>Relationship with God</b>	<b>Relationship with Jesus helps/or does not help with stressors</b>
<b>Jane</b>	<p><i>“Very personal and close. My depression often makes me question it though I “know” what I should believe or feel. I really got into my faith individually in college after some bad choices and being raped. In general, I have many trust issues even with God but do know he does things in his time and not mine.”</i></p>	<p><i>“It does help but I still at times just want my marriage or my husband’s own issues to not reflect on me so hard. But we attend therapy and I know I will personally need a lot of encouragement to even find out who I am on the other side of this.”</i></p>
<b>Grace</b>	<p><i>“Good”</i></p>	<p><i>“I find it difficult regardless. Death in general scares me.”</i></p>
<b>Maria</b>	<p><i>“There is a lot of room for growth, but I know God knows my heart and loves me. He is growing me each day as I try my best to draw closer to Him.”</i></p>	<p><i>Absolutely, knowing that God is Sovereign, Faithful and He cares, helps to release some of that anxiety and place my trust in Jesus.</i></p>

**Sophia** *“I believe that I am a child of God because of my faith and belief in Jesus Christ. I believe that God sent Jesus to earth and he lived a sinless life in a sinful world. I believe that is the reason Jesus was able to die on the cross for my sins. He was the perfect sacrifice and he took upon himself my sins and died for the penalty of my sins. I believe God accepted this sacrifice and through Jesus I am accepted by God and forgiven. I believe Jesus resurrected on the 3rd day. And because Jesus rose,*

*“Yes my relationship with Jesus does help me with my current stressors. I find that my emotions don't align with God's truth so meditating on a verse that counteracts that feeling/thought helps me to believe the truth and reject the lie (feeling/thought).”*

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of sin and  
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live a life  
that is  
according  
to the will  
of God.”*

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<b>Sally</b>	<i>“I believe that Jesus has saved me from my sins. He has given me a new heart and a new spirit. I am now a child of God because of the work of Jesus. I choose to walk with Jesus every single day, and by the power of the Holy Spirit I am able to walk this walk and produce fruit for God’s glory.”</i>	<i>“My relationship with Jesus helps me deal with all my stressors. His word helps me through.”</i>
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**Table 9**  
*The Cluster of Relationship with God/Jesus Christ Themes Post- Forty-Day Biblical Worldview Treatment Program*

	<b>Relationship with God</b>	<b>Relationship with Jesus helps/or does not help with stressors</b>
<b>Jane</b>	<i>“All that I have”</i>	<i>“Yes, both”</i>
<b>Grace</b>	<i>“Strong”</i>	<i>“Sometimes it’s hard regardless.”</i>
<b>Maria</b>	<i>“I know God knows everything about me but I’m trying to be honest with Him and myself at all times, especially when things are not great.”</i>	<i>“I would say that if I didn’t have Jesus in my life, I wouldn’t be here today. I find that God gives me strength to go through current stressors and I cannot imagine trying to navigate this life without Him.”</i>
<b>Sophia</b>	<i>“I believe the I am a child of God chosen and accepted through the redemptive love and sacrifice of Jesus Christ. I believe the Holy Spirit is with me and disciples me through all of my challenges. I rely on the Lord through</i>	<i>“Absolutely! I would be reacting out of my emotions if I didn’t have a relationship with Jesus. Jesus is my anchor and my light. I know that I have a purpose and that I am loved by God.”</i>

*prayer and worship with thanksgiving in all seasons of my life. I am realizing more and more how much I need Jesus and I am so thankful for the blood of Jesus Christ - His love and His grace.”*

**Sally**

*“Jesus is my Savior. God is my Father. The Holy Spirit guides, reveals truth to me, and gives me strength. I seek daily to walk with God through prayer and reading the bible.”*

*“Yes. Definitely. He is God and His word is truth. When I am stressed, it is usually because I am focused on things that aren't truth or reality. So, when I seek God first, He reveals the truth and brings comfort.”*

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### ***Theme 5: Spiritual Disciplines (Reading Scripture and Prayer)***

Table 10 presents the cluster of spiritual discipline themes pre-40-Day Biblical Worldview Educational Treatment Program including respondents' reading Scripture frequency, why they read Scripture, their prayer frequency and why they pray. Table 11 presents the cluster of spiritual discipline themes post-40-Day Biblical Worldview Educational Treatment Program.

**Table 10**  
*The Cluster of Spiritual Disciplines Themes Pre- Forty-Day Biblical Worldview Treatment Program*

	<b>Reading Scripture Frequency</b>	<b>Why Read Scripture?</b>	<b>Prayer Frequency</b>	<b>Why Pray?</b>
<b>Jane</b>	<i>“I attempt to do every other day or once a week. I usually am on and off about my bible studies but also lead weekly high school girls in senior high ministry.”</i>	<i>“It is confirmation about my faith to me.”</i>	<i>“Sometimes in the moment but every morning and evening.”</i>	<i>“Prayer is worship and therapy.”</i>
<b>Grace</b>	<i>“Once or twice a week”</i>		<i>“Every day.”</i>	<i>“It gives me peace.”</i>
<b>Maria</b>	<i>“It varies a lot but on good weeks, daily. On rough weeks, maybe 2-3 times.”</i>	<i>“I read to know who God is, seeking wisdom and guidance.”</i>	<i>“Almost daily”</i>	<i>“I pray to share my heart with God and also to align my heart with His heart.”</i>
<b>Sophia</b>	<i>“I read a proverb and psalm a day. I try to read the bible every day. I also start reading the old testament and go from there until I complete it. Then, I start with New testament.”</i>	<i>“Reading the scriptures is essential. I try to remember it so that I can obey it. I believe scripture is God's word to me and is true and reliable and relatable.”</i>	<i>“I (try to) pray every morning. I pray when I am struggling. I pray when I water the grass. I pray when someone needs prayer.”</i>	<i>“I believe prayer is communication with God. I believe that God hears my prayer and cares about my needs.”</i>
<b>Sally</b>	<i>“I read scripture every day (that’s my goal, however, there are days that I don’t).”</i>	<i>“I read scripture because it is how I fellowship with God and how I hear from Him. I love to read the word of God to remember how He wants me to live and to remember what Jesus has done for me. God’s word encourages me, guides me, and gives me wisdom.”</i>	<i>“I pray everyday throughout the day. I don’t have a regular time set for prayer, but I try to wake up everyday with a prayer on my tongue (one of thanksgiving to the LORD).”</i>	<i>I pray because God listens.</i>

**Table 11**

*The Cluster of Spiritual Disciplines Themes Post- Forty-Day Biblical Worldview Treatment Program*

	<b>Reading Scripture Frequency</b>	<b>Why Read Scripture?</b>	<b>Prayer Frequency</b>	<b>Why Pray?</b>
<b>Jane</b>	<i>"probably 3-5 times a week"</i>	<i>"To seek God's voice"</i>	<i>"all the time, literally"</i>	
<b>Grace</b>	<i>"Weekly."</i>	<i>"For wisdom /guidance"</i>	<i>"Daily."</i>	<i>"For peace"</i>
<b>Maria</b>	<i>"I try for daily, but most of the time 5 times a week."</i>	<i>"I read it to remind myself of who God is and I need to hear truth daily."</i>	<i>"Daily."</i>	<i>"I have a lot to be thankful for and I also have a lot of burdens on my heart for people I love and care about so I talk with God about it all."</i>
<b>Sophia</b>	<i>"I read scripture 5 - 7 days a week."</i>	<i>"I read scripture to lean closer to the Lord. I believe scripture is used to correct me and to direct me and I try to use it for wisdom and discernment as well as for comfort when I am struggling."</i>	<i>"5 - 7 days a week."</i>	<i>"I pray because it is necessary. I pray to worship God and remember all His goodness. I pray to ask the Lord for help. And I pray to Thank the Lord for all he has done. I believe its essential and necessary."</i>
<b>Sally</b>	<i>"My goal is to read it every day."</i>	<i>"I read it because I love Jesus and I like to meditate on it as I walk through life. I need it every day!"</i>	<i>"I pray throughout the day."</i>	<i>"I pray because God listens."</i>

### ***Theme 6: Resilience***

Table 12 presents the cluster of resilience themes pre-40-Day Biblical Worldview Educational Treatment Program including whether the respondents were able to control their thought processes after reading Scripture, whether the respondents were able to apply what they learned after reading Scripture, and whether they self-identified as growing/thriving or immobilized by anxiety and/or depression. Table 13 presents the cluster of resilience themes post-40-Day Biblical Worldview Educational Treatment Program.

**Table 12**  
*The Cluster of Resilience Themes Pre- Forty-Day Biblical Worldview Treatment Program*

	<b>After reading Scripture and prayer, can you control your thought processes?</b>	<b>After reading Scripture and prayer, do you apply what you learned?</b>	<b>Are you growing/thriving or immobilized by anxiety and/or depression?</b>
<b>Jane</b>	<i>“Usually yes, however, I’m a mom of two toddlers and am happy to hit the pillow at the end of the day burnt out. Or don’t feel like being in God’s word when I need rest, or my husband is acting up. I know it’s not a good reason, but my depression wins out like that.”</i>	<i>“Usually this and therapy, YES. There are many times past a certain point in my anxiety that I break and lose control of those emotions though.”</i>	<i>“It’s like a prison like I’m a puppet let out of the box to put on a picture-perfect show. But if I were myself, I’m just too much. It’s hard. to trust and go through the messiness of growth with a husband who doesn’t want to admit his own short comings. Or any faults really. The depression though feels like I’m drowning and just won’t die though on the really bad days. Usually hits hardest around my period.”</i>
<b>Grace</b>	<i>“No”</i>	<i>“At times.”</i>	<i>“Yes. I’m not immobilized, it just makes me feel sick.”</i>
<b>Maria</b>	<i>“When I read a passage that speaks to me, yes, I can take a step back and control my thoughts. When I don’t feel like I’m getting a word from the Lord, I still struggle with my thoughts.”</i>	<i>“I try the best I can to allow scripture to shape my thoughts and actions throughout the day.”</i>	<i>“Both, and I never know which it will be. When anxiety levels are through the roof, fear often immobilizes me but when I struggle with depression, I see God growing me.”</i>
<b>Sophia</b>	<i>“Yes, I believe that when I read the scriptures and pray, I am able to align my emotions/feelings with the truth of God’s word. I believe this is a difficult thing, but I believe that it is a habit I can adopt the more I do it.”</i>	<i>“Ideally, I want my life to reflect scripture. However, I fail all the time (it seems like it). But I very often come to the Lord for forgiveness and ask the Lord for strength to repent (or change the direction of my feelings so that my actions can follow). I am comfortable asking for forgiveness to others like my husband and children when I do something wrong. And I like to think I am a forgiving person. God forgave me so I can forgive others.”</i>	<i>“Yes!!! I like to say that I do what I don’t “feel” like doing but then my feelings catch up. For example, when I am stressed, I don’t necessarily want to read my bible but I “force” myself and I am always glad I did. Sometimes I listen to worship music or a sermon too.”</i>
<b>Sally</b>	<i>“Yes. I noticed that when I am meditating on God’s word I am thinking in that instead of my anxious thoughts. This way I am able to fight against the anxiety that my thinking brings.”</i>	<i>“I try, but sometimes I fail. My emotions get the best of me and I stumble.”</i>	<i>“I find myself growing because I face my fears/anxieties face on. I hold on to God’s promises/His word and push forward regardless how anxious I might be.”</i>



**Table 13**

*The Cluster of Resilience Themes Post- Forty-Day Biblical Worldview Treatment Program*

	<b>After reading Scripture and prayer, can you control your thought processes?</b>	<b>After reading Scripture and prayer, do you apply what you learned?</b>	<b>Are you growing/thriving or immobilized by anxiety and/or depression?</b>
<b>Jane</b>	<i>“Yes, for the most part. In that moment of discernment, I am able to release all that is going on rather than bottle and hide it. But I’m usually comforted hearing God’s responses.”</i>	<i>“Yes, try to keep reminders and notes for myself”</i>	<i>“Growing with therapy too”</i>
<b>Grace</b>	<i>“Sometimes. Other times, meditation, and exercise help.”</i>	<i>“Yes. Helping others.”</i>	<i>“Yes. I’m not immobilized.”</i>
<b>Maria</b>	<i>“Yes, after reading scripture it helps to be able to tell truth and lies apart more easily. This clarity then helps take thoughts captive.”</i>	<i>“Yes, as I meditate on what I have read I do try to apply the scriptures to my daily activities.”</i>	<i>“I do know that God is growing me through the anxiety. Perhaps at a slower pace than I would like but He know exactly what I need and what He is doing. I believe He is using it all to strengthen me.”</i>
<b>Sophia</b>	<i>“Yes definitely! Scripture aligns my thoughts and heart with what is true.”</i>	<i>“I try! that is why I make great effort to memorize scripture so I can remember to do what it says and tell my mind and heart to believe only what is true.”</i>	<i>“It is easy to feel immobilized when I am faced with anxiety. But I made every effort to not stay in that place. I have a great support system that helps me.”</i>
<b>Sally</b>	<i>“Yes. It is the only way I am able to get through tough times.”</i>	<i>“I try my best. I definitely fall short. However, I seek to obey God’s word and use it as the authority over my life.”</i>	<i>“Growing and thriving. I have become more brave in times of anxiety. I trust God and I walk in that confidence, that He holds my hand so that I won’t slip (Psalm 37:24).”</i>

**Theme 7: Spiritual Coping (Reading Scripture and Prayer)**

Table 14 presents with the cluster of spiritual coping themes pre-40-Day Biblical Worldview Educational Treatment Program including the respondents’ answers to the questions: Do you cope spiritually by reading Scripture and/or praying? How do you cope with your anxiety and/or depression? Table 15 presents with the cluster of spiritual coping themes post-40-Day Biblical Worldview Educational Treatment Program.

**Table 14**

*The Cluster of Spiritual Coping Themes Pre- Forty-Day Biblical Worldview Treatment Program*

	<b>Do you cope spiritually by reading Scripture and/or praying? How do you cope with your anxiety and/or depression?</b>
<b>Jane</b>	<i>“Sleeping, shopping, or forgetting about it usually.”</i>
<b>Grace</b>	<i>“Not always. I try to do breathing exercises.”</i>
<b>Maria Sophia</b>	<i>“Yes, I read the Bible, I pray, I worship and journal, just depends on the specific stressor.” “YES!!! I find great comfort confessing my struggles to the Lord and laying my burdens down. I also like to ask friends for prayer, and I also find great relief through worshipping the Lord through thanksgiving and songs.”</i>
<b>Sally</b>	<i>“Yes. I definitely go to prayer first. Then I listen to a worship song to help ease my anxiety. I find it difficult to read scripture when I’m too anxious. Journaling/praying helps, and then I’ll go to scripture.”</i>

**Table 15**

*The Cluster of Spiritual Coping Themes Post- Forty-Day Biblical Worldview Treatment Program*

	<b>How do you cope with your anxiety and/or depression?</b>
<b>Jane</b>	<i>“With faith and also lifting weights.”</i>
<b>Grace Maria</b>	<i>“Yes. I also try to be active and move around. Moving makes me feel less anxious.” “Yes, I pray, read the Bible, listen to worship music and have been listening to church sermons.”</i>
<b>Sophia</b>	<i>“Yes! I read the bible, I pray, I ask a couple of trusted friends to pray alongside me and I mediate on one or few scriptures and prepare a "battle plan" (this i do when I struggle with in-laws). I also listen to worship music to help.”</i>
<b>Sally</b>	<i>“Yes. I definitely go first to prayer. Then, I meditate on the bible verses that help keep my mind on Jesus and the truth.”</i>

**Quantitative Statistics**

Research Question 3 is, “Do the Christian spiritual coping mechanisms of reading Scripture and prayer protect individuals by decreasing the common symptomology associated with anxiety and depression?” The paired samples *t* test was utilized to compare the means of the negative emotion groups of scores of the DASS-42, pre- and post-40-Day Biblical Worldview Educational Treatment Program to answer this question.

Table 16 displays fourteen negative emotional symptoms of depression, rated on the severity of the previous week. Table 17 displays fourteen negative emotional symptoms of

anxiety rated on the severity of the previous week. Table 18 displays fourteen negative emotional symptoms of stress rated on the severity of the previous week. The scores on the Depression, Anxiety and Stress Scales (DASS-42; Lovibond, & Lovibond, 1995) were represented on a Likert Scale as follows: 0=Did not apply to me at all, 1=Applied to me to some degree, or some of the time, 2=Applied to me to a considerable degree, or a good part of the time, 3=Applied to me very much, or most of the time.

**Table 16***The Depression, Anxiety and Stress Scales – Depression Items*

<b>Question #</b>	<b>Question Description</b>
Question #3	I couldn't seem to experience any positive feeling at all.
Question #5	I just couldn't seem to get going.
Question #10	I felt that I had nothing to look forward to.
Question #13	I felt sad and depressed.
Question #16	I felt that I had lost interest in just about everything.
Question #17	I felt I wasn't worth much as a person.
Question #21	I felt that life wasn't worthwhile.
Question #24	I couldn't seem to get any enjoyment out of the things I did.
Question #26	I felt downhearted and blue.
Question #31	I was unable to become enthusiastic about anything.
Question #34	I felt I was pretty worthless.
Question #37	I could see nothing in the future to be hopeful about.
Question #38	I felt that life was meaningless.
Question #42	I found it difficult to work up the initiative to do things.

**Table 17***The Depression, Anxiety and Stress Scales – Anxiety Items*

<b>Question #</b>	<b>Question Description</b>
Question #2	I was aware of dryness of my mouth.
Question #4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)
Question#7	I had a feeling of shakiness (e.g., legs going to give way)
Question #9	I found myself in situations that made me so anxious I was most relieved when they ended.
Question #15	I had a feeling of faintness.
Question #19	I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion.
Question #20	I felt scared without any good reason.
Question #23	I had difficulty in swallowing.
Question #25	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)
Question #28	I felt I was close to panic.
Question #30	I feared that I would be “thrown” by some trivial but unfamiliar task.
Question #36	I felt terrified.
Question #40	I was worried about situations in which I might panic and make a fool of myself.
Question #41	I experienced trembling (e.g., in the hands).

**Table 18***The Depression, Anxiety and Stress Scale – Stress Items*

Question #	Question Description
Question #1	I found myself getting upset by quite trivial things.
Question #6	I tended to overreact to situations.
Question #8	I found it difficult to relax.
Question #11	I found myself getting upset rather easily.
Question #12	I felt that I was using a lot of nervous energy.
Question #14	I found myself getting impatient when I was delayed in any way (e.g., elevators, traffic lights, being kept waiting)
Question #18	I felt that I was rather touchy.
Question #22	I found it hard to wind down.
Question #27	I found that I was very irritable.
Question #29	I found it hard to calm down after something upset me.
Question #32	I found it difficult to tolerate interruptions to what I was doing.
Question #33	I was in a state of nervous tension.
Question #35	I was intolerant of anything that kept me from getting on with what I was doing.
Question #39	I found myself getting agitated.

Quantitative statistics were gathered from thirteen participants, all female (100%,  $n=13$ ) ages ranging from 27 to 42 ( $M= 34.69$ ,  $SD=4.5$ ). However, only five respondents (38%) completed the entire study filling out the questionnaires both pre - and post- 40-Day Biblical Worldview Educational Treatment program (*Mountaintop Mornings for Forty Days*). On the pre-40-Day Biblical Worldview Educational Treatment program DASS questionnaire, those five respondents presented with 60% normal severity and 40% moderate severity for depression; for anxiety, they presented with 40% normal severity, 20% mild severity, and 40% moderate severity; and for stress they presented with 60% normal severity, 20% moderate severity, and 20% extremely severe severity (see Table 19).

**Table 19**

*The 5 Respondents Pre-40-Day Biblical Worldview Educational Treatment Program Depression, Anxiety and Stress Scale*

<b>Depression, Anxiety, Stress Severities</b>	<i>n</i> (5)	%
Depression – Normal Severity	3	60
Depression – Moderate Severity	2	40
Anxiety – Normal Severity	2	40
Anxiety – Mild Severity	1	20
Anxiety – Moderate Severity	2	40
Stress – Normal Severity	3	60
Stress – Moderate Severity	1	20
Stress – Extremely Severe Severity	1	20

There were seven respondents (53%) who did not complete the post- 40-Day Biblical Worldview Educational Treatment program. There was one participant amongst the seven that stopped filling out questions halfway through. Thus, the six respondents that filled out the entire pre-40-Day Biblical Worldview Educational Treatment program DASS questionnaire presented for depression with 33.33% normal severity, 16.66% moderate severity, 16.66% severe severity, and 33.33% extremely severe severity; for anxiety with 33.33% normal severity, 16.66% moderate severity, 16.66% severe severity, and 33.33% extremely severe severity; and for stress with 16.66% normal severity, 33.33% moderate severity, 33.33% severe severity, and 16.66% extremely severe severity (see Table 20).

**Table 20**

*The 6 Respondents who only filled out the Pre-40-Day Biblical Worldview Educational Treatment Program Depression, Anxiety and Stress Scale*

<b>Depression, Anxiety, Stress Severities</b>	<i>n</i> (6)	%
Depression – Normal Severity	2	33.33
Depression – Moderate Severity	1	16.66
Depression – Severe Severity	1	16.66
Depression – Extremely Severe Severity	2	33.33
Anxiety – Normal Severity	2	33.33
Anxiety – Moderate Severity	1	16.66
Anxiety – Severe Severity	1	16.66
Anxiety – Extremely Severe Severity	2	33.33
Stress – Normal Severity	1	16.66
Stress – Moderate Severity	2	33.33
Stress – Severe Severity	2	33.33
Stress – Extremely Severe	1	16.66

Therefore, the eleven participants who completed the pre-40- Day Biblical Worldview Educational Treatment program presented for depression with 45.45% normal severity, 27.27% moderate severity, 9.09% severe severity, and 18.18% extremely severe severity; for anxiety they presented with 36.36% normal severity, 9.09% mild severity, 27.27% moderate severity, 9.09% severe severity, and 18.18% extremely severe severity; and for stress, they presented with 36.36% normal severity, 27.27% moderate severity, 27.27% severe severity, and 9.09% extremely severe severity (see Table 21). One participant (7%) withdrew, unable to complete the study, stating she was experiencing severe anxiety.

**Table 21**

*The 11 Respondents who filled out the Pre-40-Day Biblical Worldview Educational Treatment Program Depression, Anxiety and Stress Scale*

<b>Depression, Anxiety, Stress Severities</b>	<i>n</i> (11)	%
Depression – Normal Severity	5	45.45
Depression – Moderate Severity	3	27.27
Depression – Severe Severity	1	9.09
Depression – Extremely Severe Severity	2	18.18
Anxiety – Normal Severity	4	36.36
Anxiety – Mild Severity	1	9.09
Anxiety – Moderate Severity	3	27.27
Anxiety – Severe Severity	1	9.09
Anxiety – Extremely Severe Severity	2	18.18
Stress – Normal Severity	4	36.36
Stress – Moderate Severity	3	27.27
Stress – Severe Severity	3	27.27
Stress – Extremely Severe	1	9.0

For the post-40-Day Biblical Worldview Educational Treatment program DASS questionnaire, the five respondents for depression presented with 80% normal severity, and 20% severe severity; for anxiety, they presented with 80% normal severity and 20% severe; and for stress they presented with 60% normal severity, 20% mild severity, and 20% severe severity (see Table 22).

**Table 22**

*The 5 Respondents Pre-40-Day Biblical Worldview Educational Treatment Program Depression, Anxiety and Stress Scale*

<b>Depression, Anxiety, Stress Severities</b>	<i>n</i> (5)	%
Depression – Normal Severity	4	80
Depression – Severe Severity	1	20
Anxiety – Normal Severity	4	80
Anxiety – Severe Severity	1	20
Stress – Normal Severity	3	60
Stress – Mild Severity	1	20
Stress – Severe Severity	1	20

The DASS scale (Lovibond & Lovibond, 1995) includes the scoring ranges for Depression as Normal (0-9), Mild (10-13), Moderate (14-20), Severe (21-27), and Extremely



Severe (28+); for Anxiety the scoring ranges include Normal (0-7), Mild (8-9), Moderate (10-14), Severe (15-19), and Extremely Severe (20+); and for Stress the scoring ranges include Normal (0-14), Mild (15-18), Moderate (19-25), Severe (26-33), and Extremely Severe (34+). Corcoran and Fischer (2013) state the scoring of Mild is above the population mean; however, it is below the severity of those seeking professional help.

Table 23 displays the respondents' pseudonyms and their pre-and post-40-Day Biblical Worldview Educational Treatment Program DASS scores. Jane presented with Moderate Depression (19) pre-program and Severe depression (22) post-program; Moderate anxiety (14) pre-program and Severe anxiety (19) post-program; and Severe stress (31) pre-program and Moderate stress (21) post-program. Grace presented with Normal depression (0) pre-program and Normal depression (0) post-program; Mild anxiety (8) pre-program and Normal anxiety (3) post-program; and Normal stress (6) pre-program and Normal stress (4) post-program. Maria presented with Moderate depression (16) pre-program and Normal depression (1) post-program; Moderate anxiety (12) pre-program and Normal anxiety (2) post-program; and Moderate stress (22) pre-program and Mild stress (16) post-program. Sophia presented with Normal depression (1) pre-program and Normal depression (0) post-program; Normal anxiety (2) pre-program and Normal anxiety (0) post-program; and Normal stress (13) pre-program and Normal stress (5) post-program. Sally presented with Normal depression (2) pre-program and Normal depression post-program; Normal anxiety (1) pre-program and Normal anxiety (0) post-program; and Normal stress (2) pre-program and Normal stress (2) post-program.

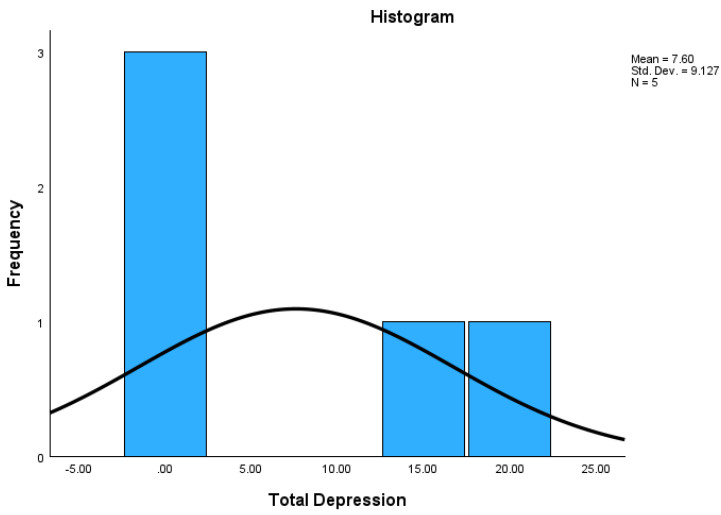
**Table 23**

*The 5 Respondents Pre- and Post- 40-Day Biblical Worldview Educational Treatment Program Depression, Anxiety and Stress Scale*

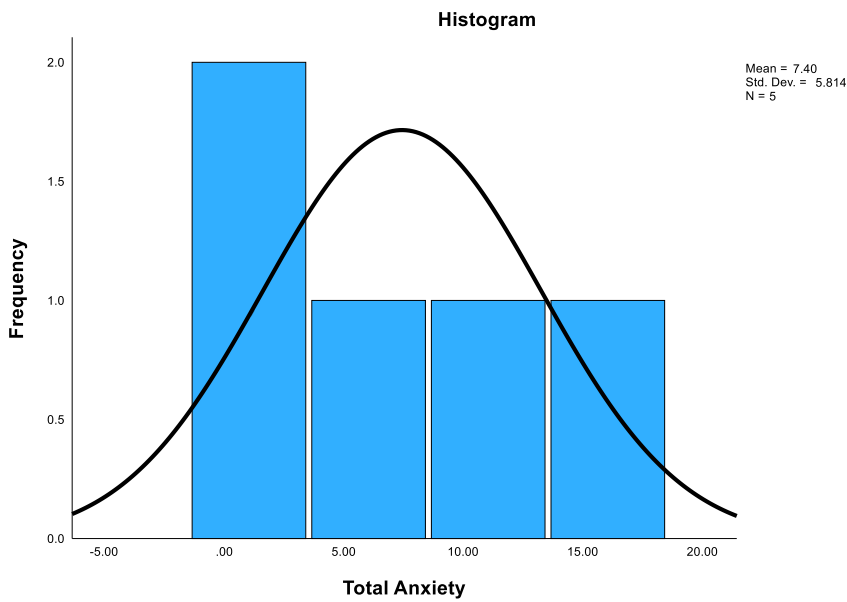
	Depression		Anxiety		Stress	
	Pre-	Post-	Pre-	Post-	Pre-	Post-
<b>Jane</b>	19 Moderate	22 Severe	14 Moderate	19 Severe	31 Severe	21 Moderate
<b>Grace</b>	0 Normal	0 Normal	8 Mild	3 Normal	6 Normal	4 Normal
<b>Maria</b>	16 Moderate	1 Normal	12 Moderate	2 Normal	22 Moderate	16 Mild
<b>Sophia</b>	1 Normal	0 Normal	2 Normal	0 Normal	13 Normal	5 Normal
<b>Sally</b>	2 Normal	0 Normal	1 Normal	0 Normal	2 Normal	2 Normal

To determine the normality of distribution, scores were computed for each subscale (depression, anxiety, and stress) for pre and post DASS-42. In addition, values for skewness and kurtosis were calculated. The SPSS program generated the value for skewness and divided by the standard of error skewness, and it generated the value for kurtosis and divided by its standard error to determine the deviation from the bell-shaped curve from the normal distribution. A normal distribution is defined by having a skewness and kurtosis of zero (Warner, 2013). A platykurtic distribution is flatter than a normal distribution that holds a symmetric bell-shaped curve (see Figure 1 and Figure 4) (Warner, 2013). When the skewness is statistically positive, it holds a longer tail on the right-hand distribution (See Figure 3 and Figure 5) (Warner, 2013). The critical value of  $\pm 1.96$  reveals whether the  $t$  lies beyond the range showing a distribution that is skewed. Table 24 displays the normality statistics for the DASS-42, pre and post 40-Day Biblical Worldview Educational Treatment Program.

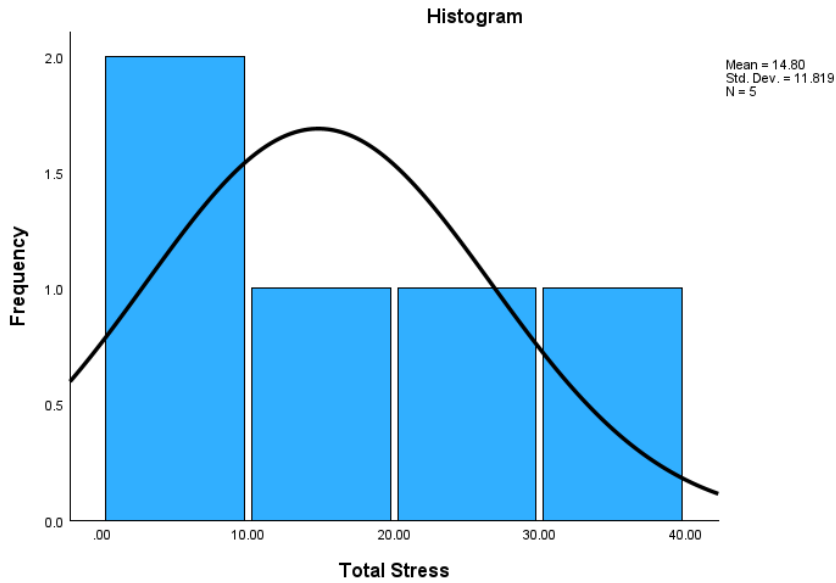
**Figure 1**  
*Distribution of Total Depression Scores Pre-Biblical Worldview Educational Treatment Program*



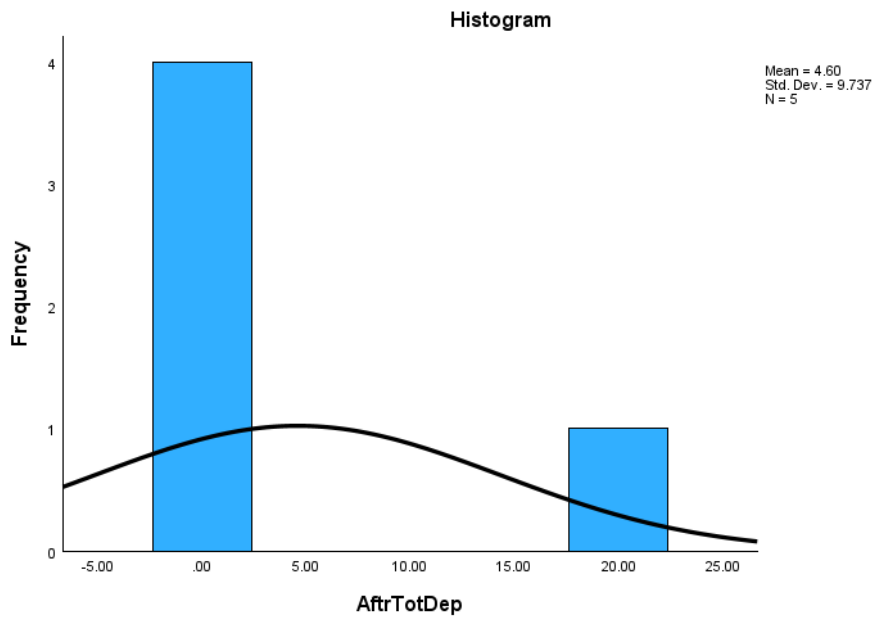
**Figure 2**  
*Distribution of Total Anxiety Scores Pre-Biblical Worldview Educational Treatment Program*



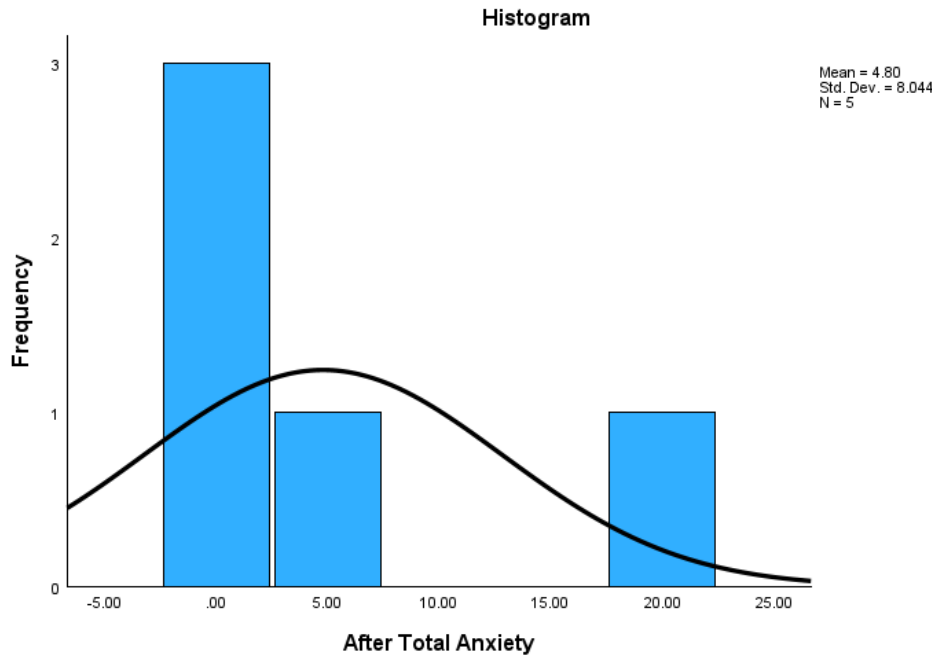
**Figure 3**  
*Distribution of Total Stress Scores Pre-Biblical Worldview Educational Treatment Program*



**Figure 4**  
*Distribution of Total Depression Scores Post-Biblical Worldview Educational Treatment Program*



**Figure 5**  
*Distribution of Total Anxiety Scores Post-Biblical Worldview Educational Treatment Program*



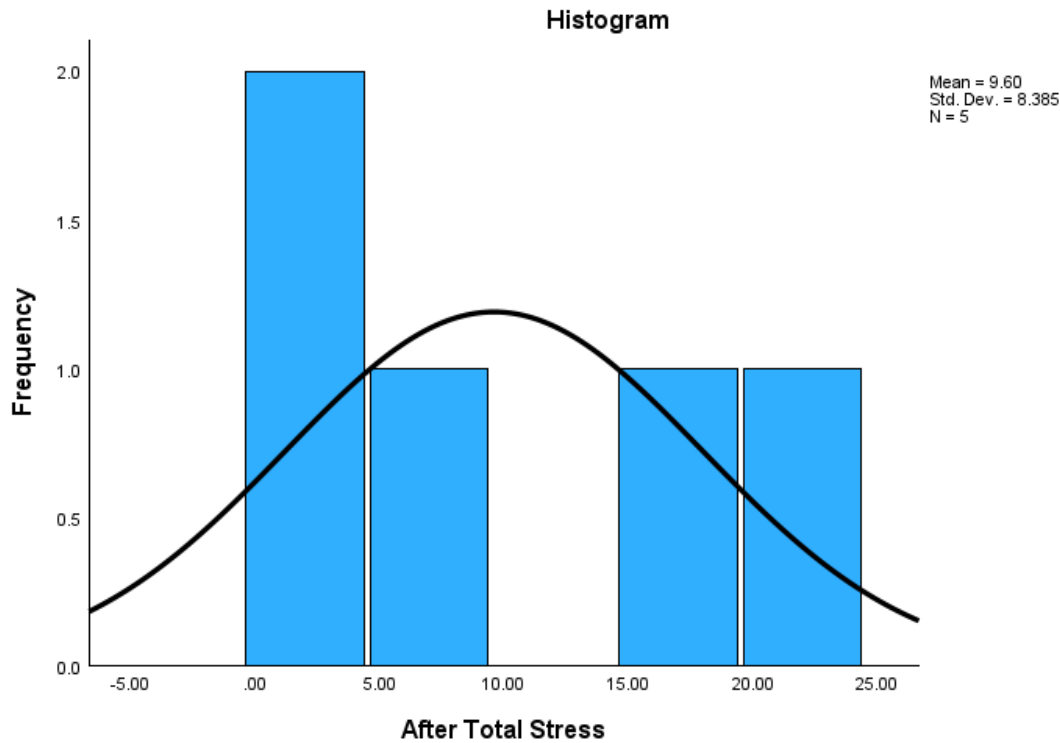
**Table 24**  
*Normality Statistics for DASS Survey Scores*

		Pre-				Post-			
		Total	Depression	Anxiety	Stress	Total	Depression	Anxiety	Stress
N	Valid	5	5	5	5	5	5	5	5
	Missing	0	0	0	0	0	0	0	0
Mean			7.6	7.4	14.8		4.6	4.80	9.60
Median			2.0	8.0	13.0		.00	2.00	5.00
Mode			.00 <sup>a</sup>	1.00 <sup>a</sup>	2.00 <sup>a</sup>		.00	.00	2.00 <sup>a</sup>
Std. Deviation			9.12688	5.81378	11.81948		9.73653	8.04363	8.38451
Variance			83.300	33.80	139.70		94.80	64.700	70.300
Skewness			.642	-.073	.464		2.225	2.093	.729
Std. Error of Skewness			.913	.913	.913		.913	.913	.913
Kurtosis			-2.941	-2.668	-1.312		4.960	4.480	-2.098
Std. Error of Kurtosis			2.00	2.00	2.00		2.00	2.00	2.00

The standard measure of skewness for post – depression, and post- anxiety were outside the  $\pm 1.96$  range, as was the kurtosis for pre- depression, pre- anxiety, post- depression, post- anxiety, and post- stress. For all of the other variables, the standard measures of skewness were

within range. The mean decreased for each negative mood variable from pre- intervention to post- intervention. The variation is shown in Figure 6.

**Figure 6**  
*Distribution of Total Stress Scores Post-Biblical Worldview Educational Treatment Program*



The paired samples t test was performed to identify whether there was a statistically significant decrease in Mean scores from pre and post DASS-42. The pre- and post-depression scores ( $M = 3$ ,  $t = 0.900$ , and  $p = 0.209$ ) show a decrease in the Mean, however, not enough to be statistically significant. The pre- and post-anxiety scores ( $M = 2.6$ ,  $t = 0.905$ ,  $p = 0.208$ ) show a decrease in the Mean, however, not enough to be statistically significant. The pre- and post-stress scores ( $M = 5.2$ ,  $t = 0.927$ ,  $p = .203$ ) show a decrease in the Mean, however, not enough to be statistically significant. The 95% CI for the difference between sample means,  $M_1 - M_2$ , had a lower bound for Depression of -6.25 and an upper bound of 12.25, a lower bound for Anxiety of

-5.379 and an upper bound of 10.579, and a lower bound for Stress of -10.367 and an upper bound of 20.767.

**Table 25**  
*Paired Samples Test Correlations*

		Mean	Std. Deviation	Std. Error Mean	Paired Differences		t	df	Significance		
					95% Confidence Interval of the Difference	Lower			Upper	One-Sided p	Two-Sided p
Pair 1	Total Depression - AftrTotDep	3.0000	7.44983	3.33167	-6.25019	12.25019	.900	4	.209	.419	
Pair 2	Total Anxiety - After Total Anxiety	2.6000	6.42651	2.87402	-5.37956	10.57956	.905	4	.208	.417	
Pair 3	Total Stress - After Total Stress	5.2000	12.53794	5.60714	-10.36791	20.76791	.927	4	.203	.406	

**Table 26**  
*Paired Samples Test*

		N	Correlation	Significance	
				One-Sided p	Two-Sided p
Pair 1	Total Depression & AftrTotDep	5	.690	.099	.197
Pair 2	Total Anxiety & After Total Anxiety	5	.612	.137	.273
Pair 3	Total Stress & After Total Stress	5	.266	.332	.665

**Table 27**  
*Paired Samples Effect Sizes*

			Standardizer <sup>a</sup>	Point Estimate	95% Confidence Interval	
					Lower	Upper
Pair 1	Total Depression -	Cohen's d	7.44983	.403	-.536	1.298
	AftrTotDep	Hedges' correction	9.33698	.321	-.428	1.035
Pair 2	Total Anxiety - After Total	Cohen's d	6.42651	.405	-.535	1.300
	Anxiety	Hedges' correction	8.05443	.323	-.427	1.037
Pair 3	Total Stress - After Total	Cohen's d	12.53794	.415	-.527	1.312
	Stress	Hedges' correction	15.71398	.331	-.421	1.047

a. The denominator used in estimating the effect sizes.  
Cohen's d uses the sample standard deviation of the mean difference.  
Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

Reporting an effect size is as important as the statistical significance test because the effect size helps detect the minimum sample size needed for statistical power in order to reject the null hypothesis while demonstrating whether the treatment had an effect or no effect on the outcome variables (Warren, 2013). The paired samples t test utilizing the Cohen’s d revealed a medium effect size (d = 0.403) for Depression, a medium effect size (d = 0.405) for Anxiety, and a medium effect size (d = 0.415) for Stress.

**Research Question Responses**

***Research Question 1 (RQ1)***

RQ1 asks, “Do Christian spiritual disciplines (reading Scripture and prayer) build resilience in the cognitive dimension by changing mood?” The Biblical Worldview of the spiritual disciplines of reading Scripture and prayer discloses they are the God-ordained way God reveals Himself to Christian believers in their relationship with Him (Laurie, 2011). Thus, RQ1 presents the question of whether the reading and meditation of Scripture that leads to



communing with God in prayer to know Him in relationship (Howard, 2012, p. 57) builds a psychological strength amidst adversity by changing negative emotion. The following themes answered RQ1: Theme 2 (Anxiety/Depression), Theme 4 (Relationship with God/Jesus Christ), Theme 5 (Spiritual Disciplines), and Theme 6 (Resilience).

**Theme 2: Anxiety/Depression.** Theme 2 contributed to the answer of RQ1 as Jane, Grace, and Maria shared on their pre- intervention open answer questionnaire that their negative emotional symptoms had not alleviated (see Table 6); however, both Jane and Maria shared on the post-intervention open answer questionnaire that their negative mood symptoms had alleviated (see Table 7). This indicates the incorporation of the spiritual disciplines of reading Scripture and prayer influenced the change in mood post forty days.

**Theme 4: Relationship with God/Jesus Christ.** Theme 4 contributed to the answer of RQ1 as the pre- intervention questionnaire showed Jane identifying her relationship with God as “very personal and close,” stating her relationship with Jesus helps her deal with her stressors (see Table 8); however, she also stated, “I just want my marriage or my husband’s own issues to not reflect on me so hard.” Grace stated her relationship with God is “good”; however, when dealing with stressors, she stated, “I find it difficult regardless. Death in general scares me.” Maria admitted there is room for growth in her relationship with God but stated, “I know God knows my heart and loves me;” and shared, “Knowing that God is Sovereign, Faithful and He cares, helps to release some of that anxiety and place my trust in Jesus.” Sophia identified herself as a “child of God ...and through Jesus I am accepted by God and forgiven” and stated her relationship with Jesus helps her with her current stressors, sharing, “I find that my emotions don't align with God's truth so meditating on a verse that counteracts that feeling/thought helps me to believe the truth and reject the lie (feeling/thought).” Moreover, regarding her relationship

with God, Sally stated, “I believe that Jesus has saved me from my sins. He has given me a new heart and a new spirit. I am now a child of God because of the work of Jesus. I choose to walk with Jesus every single day, and by the power of the Holy Spirit I am able to walk this walk and produce fruit for God’s glory.” Sally also indicated her relationship with Jesus helps her deal with all of her stressors, as “His word helps me through.”

After reading Scripture and praying for forty days, Sally stated on the post- intervention questionnaire that her relationship with God is “all that I have,” and that her relationship with Jesus does help her deal with stressors (see Table 9). Grace stated her relationship with God is “strong”; however, she still found stressors difficult regardless of that relationship. Maria stated, “I know God knows everything about me, but I’m trying to be honest with Him and myself at all times, especially when things are not great.” Maria also said, “I would say that if I didn't have Jesus in my life, I wouldn't be here today. I find that God gives me strength to go through current stressors, and I cannot imagine trying to navigate this life without Him.” Sophia said, “I believe the I am a child of God, chosen and accepted through the redemptive love and sacrifice of Jesus Christ. I believe the Holy Spirit is with me and disciplines me through all of my challenges. I rely on the Lord through prayer and worship with thanksgiving in all seasons of my life. I am realizing more and more how much I need Jesus and I am so thankful for the blood of Jesus Christ - His love and His grace.” When asked if her relationship with Jesus Christ helped her with her stressors, Sophia said, “Absolutely! I would be reacting out of my emotions if I didn't have a relationship with Jesus. Jesus is my anchor and my light. I know that I have a purpose and that I am loved by God.” After reading Scripture and praying for forty days, Sally said, “Jesus is my Savior. God is my Father. The Holy Spirit guides, reveals truth to me, and gives me strength. I seek daily to walk with God through prayer and reading the bible.” Moreover, when asked

about her relationship with Jesus Christ helping with her current stressors, Sally said, “Yes. Definitely. He is God and His word is truth. When I am stressed, it is usually because I am focused on things that aren't truth or reality. So, when I seek God first, He reveals the truth and brings comfort.”

The respondents' answers indicate both pre and post intervention. Jane, Maria, Sophia, and Sally identified their relationships with Jesus as core components of their resilience, especially when handling their current stressors. Jane admitted she still experienced frustration with her situation, while Grace stated both pre- and post- intervention that regardless of her strong relationship with God, she still experienced difficulty with current stressors. Maria's responses emphasized God's knowledge of her and her knowledge of God as the core component of ease of her anxiety and helping her place her trust in Jesus, stating she would not be here without Him. Moreover, both Sophia and Sally emphasized the Trinity (God the Father, Jesus Christ the Son, and the Holy Spirit) in their description of their relationship with God, stating they are children of God, saved from their sins by Jesus Christ's death and resurrection, and the Holy Spirit helps them live their life. Both Sophia and Sally also indicated that when they face stressors, they go to the word of God for help.

**Theme 5: Spiritual Disciplines (Reading Scripture and Prayer).** Theme 5 contributed to the answer of RQ1 as the pre- intervention questionnaire shared the reading Scripture frequency and prayer frequency and why the respondents read Scripture and prayed (see Table 10). Jane indicated she attempts to read Scripture every other day or once a week, as “it is confirmation about my faith to me,” and she prays “sometimes in the moment but every morning and evening,” as it “is worship and therapy.” Grace stated she read Scripture “once or twice a week” and prayed “every day” because it gave her “peace.” Maria shared that her reading of

Scripture varied a lot, “but on good weeks, daily. On rough weeks, maybe 2-3 times.” Maria stated she reads Scripture “to know who God is, seeking wisdom and guidance,” and she prays “almost daily” to “share my heart with God and also to align my heart with His heart.” Sophia stated, “I read a proverb and psalm a day. I try to read the bible every day. I also start reading the Old Testament and go from there until I complete it. Then, I start with [the] New Testament.”

When stating why she reads Scripture, Sophia continued to say, “Reading the scriptures is essential. I try to remember it so that I can obey it. I believe scripture is God's word to me and is true and reliable and relatable.” Regarding prayer, Sophia stated, “I (try to) pray every morning. I pray when I am struggling. I pray when I water the grass. I pray when someone needs prayer,” and “I believe prayer is communication with God. I believe that God hears my prayer and cares about my needs.” Lastly, Sally stated she reads Scripture everyday “because it is how I fellowship with God and how I hear from Him. I love to read the word of God to remember how He wants me to live and to remember what Jesus has done for me. God’s word encourages me, guides me, and gives me wisdom.” When asked about prayer, Sally stated, “I pray every day throughout the day. I don’t have a regular time set for prayer, but I try to wake up every day with a prayer on my tongue (one of thanksgiving to the LORD);” and she prays “because God listens.”

In the post- intervention questionnaire, Jane stated she read Scripture three to five times a week “to seek God’s voice” and prayed “all the time literally” (see Table 11). Grace indicated she read Scripture weekly “for wisdom/guidance” and that she prayed “daily” for “peace.” Maria, Sophia and Sally indicated they seek to read Scripture every day. Maria said she reads Scripture to “remind myself of who God is and I need to hear truth daily.” Sophia said, “I read scripture to lean closer to the Lord. I believe scripture is used to correct me and to direct me and

I try to use it for wisdom and discernment as well as for comfort when I am struggling,” while Sally said, “I read it because I love Jesus and I like to meditate on it as I walk through life. I need it every day!” Maria says she prays “daily,” Sophia says she prays “5-7 days a week,” and Sally says she prays “throughout the day.” Maria says she prays because “I have a lot to be thankful for and I also have a lot of burdens on my heart for people I love and care about, so I talk with God about it all.” Sophia says she prays “because it is necessary. I pray to worship God and remember all His goodness. I pray to ask the Lord for help. And I pray to thank the Lord for all he has done. I believe it’s essential and necessary.” And Sally continued to say she prays “because God listens.”

All five of the respondents indicated they practice the spiritual disciplines of reading Scripture and prayer. The respondent’s frequency in reading Scripture and prayer remained approximately the same between pre- and post- intervention with slight variations; for example, Jane went from pre- intervention reading Scripture every other day or once a week to three to five times a week post- intervention and her prayer frequency went from “sometimes in the moment but every morning and evening” to “all the time literally.” Each respondent’s reason for reading Scripture and prayer supports their responses shared regarding their relationship with Jesus Christ.

**Theme 6: Resilience.** Theme 6 contributed to the answer of RQ1 as the pre- intervention questionnaire shares Jane stating that after reading Scripture and praying, she “usually” can control her thought processes; “however, I’m a mom of two toddlers and am happy to hit the pillow at the end of the day burnt out. [I] don’t feel like being in God’s word when I need rest, or my husband is acting up. I know it’s not a good reason, but my depression wins out like that” (see Table 12). Jane continues to state she “usually” applies what she learned after reading

Scripture; however, “there are many times past a certain point in my anxiety that I break and lose control of those emotions though.” When asked if she was growing/thriving or immobilized by anxiety and/or depression, Jane responded saying, “It’s like a prison, like I’m a puppet let out of the box to put on a picture-perfect show. But if I were myself, I’m just too much. It’s hard to trust and go through the messiness of growth with a husband who doesn’t want to admit his own shortcomings. Or any faults really. The depression, though, feels like I’m drowning and just won’t die though on the really bad days. Usually hits hardest around my period.”

In discussing resilience’s connection to reading Scripture and prayer, Grace indicated that after reading Scripture and praying, she was unable to control her thought processes and “at times” applied what she read to her daily life. She stated, “I’m not immobilized; it just makes me sick.” Maria said, “When I read a passage that speaks to me, yes, I can take a step back and control my thoughts. When I don’t feel like I’m getting a word from the Lord, I still struggle with my thoughts.” She continued to say, “I try the best that I can to allow scripture to shape my thoughts and actions throughout the day.” When asked whether she was growing/thriving or immobilized by her anxiety and/or depression, Maria shared, “Both, and I never know which it will be. When anxiety levels are through the roof, fear often immobilizes me but when I struggle with depression, I see God growing me.” Sophia stated, “Yes, I believe that when I read the scriptures and pray, I am able to align my emotions/feelings with the truth of God’s word. I believe this is a difficult thing, but I believe that it is a habit I can adopt the more I do it.” Regarding applying the Scripture she read to her daily life, Sophia said, “Ideally, I want my life to reflect scripture. However, I fail all the time (it seems like it). But I very often come to the Lord for forgiveness and ask the Lord for strength to repent (or change the direction of my feelings so that my actions can follow).” Sophia said, “Yes,” she is growing/thriving and stated,

“When I am stressed, I don't necessarily want to read my bible but I ‘force’ myself and I am always glad I did.” Sally stated, “Yes. I noticed that when I am meditating on God’s word, I am thinking in that instead of my anxious thoughts. This way I am able to fight against the anxiety that my thinking brings.” With respect to applying Scripture to her life after reading, Sally stated, “I try, but sometimes I fail. My emotions get the best of me, and I stumble.” Sally continued saying, “I find myself growing because I face my fears/anxieties face on. I hold on to God’s promises/His word and push forward regardless how anxious I might be.”

After reading Scripture and praying for forty days, the post- intervention questionnaires revealed Jane stating she was able to control her thought processes “for the most part. In that moment of discernment, I am able to release all that is going on rather than bottle and hide it. But I'm usually comforted hearing God's responses,” and that she tried to keep reminders and notes for herself to apply what she learned after reading Scripture and praying (see Table 13). In contrast to her first response, where she said she felt like she was in a prison, Jane forty days later said she was growing “with therapy too.” Grace stated that she “sometimes” was able to control her thought processes after reading Scripture but noticed “meditation and exercise” helped her also. Grace continued to say that after reading Scripture, she applied what she learned and focused on “helping others.” Grace stated that she is growing and not immobilized. Regarding controlling her thought processes after reading Scripture, Maria said, “It helps to be able to tell truth and lies apart more easily. This clarity then helps take thoughts captive,” and she does try to apply what she read to her daily activities. Maria continued saying, “I do know that God is growing me through the anxiety. Perhaps at a slower pace than I would like but He knows exactly what I need and what He is doing. I believe He is using it all to strengthen me.” Sophia stated, “Yes definitely! Scripture aligns my thoughts and heart with what is true,” and then said

she tries to apply what she read to her life: “That is why I make [such a]great effort to memorize scripture so I can remember to do what it says and tell my mind and heart to believe only what is true.” After forty days of reading Scripture and praying, Sally said she is “growing and thriving. I have become more brave in times of anxiety. I trust God and I walk in that confidence, that He holds my hand so that I won't slip (Psalm 37:24).”

The respondents' answers indicate Jane experienced increased resilience by way of reading Scripture and prayer and attributed it to therapy as well. Grace experienced resilience; however, she did not necessarily attribute it to reading Scripture and prayer but to meditation and exercise. Maria, Sophia, and Sally correlated their resilience to applying Scripture to their lives and recognized their ability to take control of their thoughts after reading Scripture and praying, experiencing the ability to thrive amidst anxiety and/or depression symptomology.

### ***Research Question 2 (RQ2)***

RQ2 asks, “Do the Christian spiritual disciplines of reading Scripture and prayer provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression?” The themes that answer this question include Theme 5: Spiritual Disciplines (presented under RQ1) Theme 6: Resilience (presented under RQ1), and Theme 7: Spiritual Coping.

**Theme 7: Spiritual Coping.** Theme 7 contributed to the answer of RQ2 as the pre-intervention questionnaire shares Jane stating that she copes with her anxiety and/or depression by way of “sleeping, shopping, or forgetting about it usually” (see Table 14). Grace stated she does not always cope by reading Scripture or by praying; she tries “to do breathing exercises.” Maria shared that “Yes, I read the Bible, I pray, I worship and journal, just depends on the specific stressor.” Sophia said, “YES!!! I find great comfort confessing my struggles to the Lord and laying my burdens down. I also like to ask friends for prayer, and I also find great relief



through worshipping the Lord through thanksgiving and songs.” Sally responded, “Yes. I definitely go to prayer first. Then I listen to a worship song to help ease my anxiety. I find it difficult to read scripture when I’m too anxious. Journaling/praying helps, and then I’ll go to scripture.”

On the post- intervention questionnaire, Jane shared that after the forty days of reading Scripture and prayer, she coped with her anxiety and/or depression “with faith and also lifting weights” (see Table 15). Grace shared, “Yes. I also try to be active and move around. Moving makes me feel less anxious.” Maria shared, “Yes, I read the Bible, I pray, I worship and journal, just depends on the specific stressor.” Sophia said, “Yes! I read the bible, I pray, I ask a couple of trusted friends to pray alongside me and I mediate on one or few scriptures and prepare a ‘battle plan’ (this I do when I struggle with in-laws). I also listen to worship music to help.” And Sally shared, “Yes. I definitely go first to prayer. Then, I meditate on the bible verses that help keep my mind on Jesus and the truth.”

The respondents’ answers indicate an increase in coping by way of reading Scripture and prayer for Jane and Grace post- intervention, while Maria, Sophia, and Sally continued to cope with their anxiety and/or depression by way of reading Scripture and prayer.

### ***Research Question 3 (RQ3)***

RQ3 asks, “Do the Christian spiritual coping mechanisms of reading Scripture and prayer protect individuals by decreasing the common symptomology associated with anxiety and depression?” Theme 7: Spiritual Coping (presented under RQ2) and the quantitative statistics answer this question.

The pre- and post-depression scores ( $M = 3$ ,  $t = 0.900$ , and  $p = 0.209$ ) show a decrease in the Mean, however, not enough to be statistically significant; the pre- and post- anxiety scores

( $M = 2.6$ ,  $t = 0.905$ ,  $p = 0.208$ ) show a decrease in the Mean, however, not enough to be statistically significant; and the pre and post stress scores ( $M = 5.2$ ,  $t = 0.927$ ,  $p = .203$ ) show a decrease in the Mean, however, not enough to be statistically significant. Therefore, the quantitative data from the 40- Day Biblical Worldview Treatment Program did not have a statistically significant effect on the respondents' anxiety and/or depression symptomology.

### **Summary**

The purpose of this study was to identify whether self-identified Christians, ages 20-45, diagnosed with adjustment disorder with anxious mood, depressed mood or mixed anxiety and depression experience a decrease in anxious or depressive symptomology after practicing the spiritual disciplines of prayer and reading Scripture, and whether the spiritual disciplines of reading Scripture and prayer contribute to resilience in the cognitive dimension, and whether the practice of the spiritual disciplines of reading Scripture and prayer provide the spiritual coping mechanisms of reading Scripture and prayer. Three research questions were derived from the problem statement to test the 40-Day Biblical Worldview Treatment Program to identify whether the intervention treatment had an effect on outcome variables. To address the first two questions and null-hypothesis, qualitative data was acquired. To address the third research question and null-hypothesis, the paired samples  $t$  test was computed.

## Chapter Five: Conclusion

### Overview

RS effects on mental health call for more than a classic reductionist linear statistical method, as human emotions, behavior, and symptomology are complex, adaptive, and non-linear (Koenig, 2015). Therefore, the current qualitative/quantitative study was conducted to address the problem statement questioning whether Christian spiritual disciplines build resilience in the cognitive dimension in those struggling with anxiety and depression and whether there is a correlation between Christian spiritual disciplines (reading Scripture and prayer) and Christian spiritual coping (reading Scripture and prayer), and whether Christian spiritual coping decreases the common symptomology of anxiety and depression. The problem was identified due to anxiety and depression's ever-rising global economy cost of 1 trillion U.S. dollars in medical expenses and loss of productivity and researchers' and clinicians' search for effective solutions (Chodavadia et al., 2023).

Individuals who struggle with anxiety and depression experience difficulty with cognitive control and positive refocusing, and thus need help moving from negative cognitions to positive cognitions in order to gain cognitive control over their emotional state and alleviate their symptoms (Domaradzka & Fajkowska, 2018). RS-based cognitive therapy treatments may help alleviate these maladaptive behaviors and cognitive distortions, as they offer comfort to the afflicted in addition to hope and belief that God is available for the seeker (Ramos et al., 2018). Thus, there is the argument for the inclusion of RS in psychiatric care with the belief that the incorporation of reading Scripture and prayer into CBT enhances the treatment's efficacy amongst Christian clients who are experiencing depression and anxiety symptomology (Dein, 2018). However, some psychologists remain skeptical regarding the efficacy of faith-based

interventions, such as faith adapted treatment for cognitive behavioral therapy (F-CBT), desiring more performed trials to ensure efficacy (Anderson et al., 2015). The current study presenting a Biblical worldview intervention of reading Scripture and prayer for anxiety and depression seeks to contribute to the ongoing discourse of RS CBT.

In addition, there is a scarcity of scientific literature correlating the Christian spiritual disciplines of reading Scripture and prayer with resilience and the Christian spiritual coping mechanisms of reading Scripture and prayer. Moreover, while there is a plethora of scientific literature on prayer coping for anxiety and/or depression, there is a gap in the empirical literature covering Scripture coping as a spiritual coping mechanism (DeAngelis et al., 2019), and the articles presented do not specifically identify Scripture coping as a means to help ease anxiety and/or depression symptomology. Therefore, the following chapter provides a description of the research questions presented that guided this investigation, the methodology used to address the questions, a summary of the findings, discussion of the findings, implications, limitations and delimitations, and recommendations for future research and clinical practice based on the results of the data analysis.

## **Summary of Findings**

### **Qualitative Findings**

The qualitative phase of this study aimed to identify the lived experience of the Christian spiritual disciplines of reading Scripture and prayer and the correlation with resilience and its effect on changing mood as well as answer the question of whether the spiritual disciplines of reading Scripture and prayer provide spiritually based coping mechanisms of reading Scripture and prayer for managing symptoms of anxiety and/or depression. Six themes (stress,

anxiety/depression, relationship with God/Jesus Christ, spiritual disciplines, resilience, spiritual coping) emerged from the results to answer the following two questions.

***Research Question 1 (RQ1)***

RQ1 asked, “Do Christian spiritual disciplines (reading Scripture and prayer) build resilience in the cognitive dimension by changing mood?”

The answers the respondents shared regarding their anxiety and/or depression in Theme 2 (anxiety/depression) indicate the incorporation of the spiritual disciplines of reading Scripture and prayer influenced a positive change in mood post forty days (see Tables 6 and 7). Moreover, the respondents’ answers in Theme 4 (relationship with God/Jesus Christ) indicate both pre (see Table 8) and post intervention (see Table 9) that Jane, Maria, Sophia, and Sally identified their relationship with Jesus as a core component of their resilience and in handling their current stressors with Jane identifying she still experienced frustration with her situation; Grace stated both pre- and post- intervention that regardless of her strong relationship with God, she still experienced difficulty with current stressors. Maria’s responses emphasized God’s knowledge of her and her knowledge of God as the core component of ease of her anxiety and helping her place her trust in Jesus, stating she would not be here without Him. Moreover, both Sophia and Sally emphasized the Trinity (God the Father, Jesus Christ the Son, and the Holy Spirit) in their description of their relationship with God, stating they are children of God, saved from their sins by Jesus Christ’s death and resurrection, and the Holy Spirit helps them live their life. Both Sophia and Sally also indicated that when they face stressors they go to the word of God for help.

All five of the respondents indicated they practice the spiritual disciplines of reading Scripture and prayer (Theme 5). The respondents’ frequency in reading Scripture and prayer

remained approximately the same between pre- and post- intervention (see Tables 10 and 11) with slight variations; for example, Jane went from pre- intervention reading Scripture every other day or once a week to three to five times a week post- intervention and her prayer frequency went from “sometimes in the moment but every morning and evening” to “all the time literally.” Three of the respondents indicated they seek to read Scripture every day and two respondents indicated they read Scripture weekly or three to five times a week; each respondent stated she prayed every day, with two respondents stating they prayed throughout the day.

The respondents’ reasons for reading Scripture and prayer support their responses shared regarding their relationship with Jesus Christ. For instance, Jane said that her relationship with Jesus Christ is “very personal and close” and “all that I have,” and she stated she read Scripture to “seek God’s voice” and prayed because it is “worship and therapy” for her. Grace indicated her relationship with Jesus is “strong,” and she prayed to experience “peace.” When Maria described her relationship with Jesus, she stated, “God knows my heart and loves me.” She reads Scripture because she “desires to know God and seek His wisdom and guidance,” and she prays to “share her heart with God and align her heart with His.” Sophia identifies herself as “a child of God” and reads Scripture to “lean closer to the Lord” and for Him to “correct her and direct her and for wisdom, discernment and comfort.” She prays because “God cares” and she “prays to worship God and remember His goodness and to thank Him.” Sally stated, “Jesus is my Savior” and said she reads Scripture because “it’s how I fellowship with God and how I hear Him,” and “I love Jesus.” She prays because “He listens.” Thus, the respondents’ relationships with Jesus and how they identify those relationships have a direct effect on their behaviors in reading Scripture and prayer which positively effects their resilience. Therefore, a relationship with Jesus positively correlates with resilience, providing a psychological strength amidst adversity.

The respondents discussed resilience (Theme 6) when comparing the pre- and post-intervention questionnaires (see Tables 12 and 13). Jane experienced increased resilience by way of reading Scripture and prayer and attributed it to therapy as well. Grace experienced resilience; however, she did not necessarily attribute it to reading Scripture and prayer but to meditation and exercise, while Maria, Sophia, and Sally correlated their resilience to applying Scripture to their lives and recognized their ability to take control of their thoughts after reading Scripture and praying, experiencing the ability to thrive amidst anxiety and/or depression symptomology. Therefore, Jane, Maria, Sophia, and Sally's answers indicated the Christian spiritual disciplines of reading Scripture and prayer do build resilience in the cognitive dimension by changing mood.

***Research Question 2 (RQ2)***

RQ2 asked, "Do the Christian spiritual disciplines of reading Scripture and prayer provide spiritually based, cognitive mechanisms for managing symptoms of anxiety and depression?"

The respondents' answers regarding their practice of the spiritual disciplines of reading Scripture and prayer (Theme 5) included why they practice the spiritual discipline and the frequency of their practice. While the frequency varied with three respondents stating they seek to read Scripture every day, two of the respondents indicated they read Scripture weekly or three to five times a week. Each respondent indicated they prayed everyday with two respondents' stating they prayed throughout each day. When answering the questions regarding spiritual coping (Theme 7), Jane and Grace showed an increase in coping by way of reading Scripture and prayer post-intervention of reading Scripture and praying for forty days (see Table 15), while Maria, Sophia, and Sally continued to cope with their anxiety and/or depression by way of reading Scripture and prayer (see Tables 14 and 15). The frequency of the respondents' practice

of the spiritual disciplines of reading Scripture and prayer appears to have a direct correlation with whether they cope by way of reading Scripture and prayer when struggling with anxious or depressive symptomology. Moreover, the respondent's personal relationship with Jesus correlates with their coping mechanism of reading Scripture and prayer, two main methods for knowing God.

### **Quantitative Findings**

The quantitative phase of this study aimed to identify whether the five respondents experienced a decrease in symptomology post-40-Day Biblical Worldview Educational Treatment Program. The paired samples *t* test was utilized to compare the means of the negative emotion group scores of the DASS-42 both pre- and post-40-Day Biblical Worldview Educational Treatment Program to identify whether the intervention treatment provided effective treatment.

### ***Research Question 3 (RQ3)***

RQ3 asked, "Do the Christian spiritual coping mechanisms of reading Scripture and prayer protect individuals by decreasing the common symptomology associated with anxiety and depression?"

The pre- and post-depression scores ( $M = 3$ ,  $t = 0.900$ , and  $p = 0.209$ ) show a decrease in the Mean, however, not enough to be statistically significant; the pre- and post- anxiety scores ( $M = 2.6$ ,  $t = 0.905$ ,  $p = 0.208$ ) show a decrease in the Mean, however, not enough to be statistically significant; and the pre and post stress scores ( $M = 5.2$ ,  $t = 0.927$ ,  $p = .203$ ) show a decrease in the Mean, however, not enough to be statistically significant. Therefore, the quantitative data from the 40- Day Biblical Worldview Treatment Educational Program did not



have a statistically significant effect on the respondents' anxiety and/or depression symptomology.

Nevertheless, though the quantitative data does not show the 40-Day Biblical Worldview Treatment Educational Program to be statistically significant due to the small sample size, all but one respondent had a lower DASS-42 score post-intervention. Jane showed an increase in symptom severity for depression and anxiety post-intervention, with a decrease in stress severity. However, her qualitative responses regarding her lived experience post-intervention indicate she coped with her symptoms with "faith" and that she was "growing" even while facing the anxiety and depressive symptomology. She said she read Scripture "to hear God's voice," she prayed "literally all of the time," and her relationship with God was "all that she had." Jane also indicated that her relationship with Jesus helped her with her stressors and when asked post-intervention, she said her symptoms had alleviated (even though the DASS-42 showed she had an increase in symptomology). Jane said she applies what she read in Scripture, tried "to keep reminders and notes for herself," and that after reading Scripture she was able to control her thought processes and "in that moment of discernment, I am able to release all that is going on rather than bottle and hide it. But I'm usually comforted hearing God's responses." Therefore, though the linear statistical method revealed the intervention to not be statistically significant, Jane's responses reveal human emotions and behavior to be non-linear and she was able to take her negative cognitions and change them to positive by way of spiritual coping.

### **Discussion**

This is the first study to assess the correlation between spiritual disciplines (reading Scripture and prayer) and spiritual coping by way of reading Scripture and prayer when experiencing anxiety and depressive symptomology. In addition, this study assessed the

effectiveness of an easy-to-administer book or internet intervention strategy that aids individuals in building resilience in the cognitive dimension, contributing to individuals' ability in gaining cognitive control over their emotional state by way of spiritual coping. This quantitative/qualitative mixed methods study provides insights, contributing to both empirical and theoretical literature for academic study and inclusion in clinical settings.

This current investigation corroborates with the previous positive findings of faith-based CBT and the inclusion of RS in therapy settings for Christian clients, as it is clear most Christian clients desire their therapist to acknowledge their faith in therapy and not neglect it (Schindler & Hope, 2013). Each of the respondents in the study emphasized their close relationship with God and highlighted their specific acts of turning toward God when experiencing anxious or depressive symptomology. Their shared lived experience confirms the argument stating human emotions, symptoms, and behavior are adaptive and multifaceted thus non-linear phenomena (Koenig, 2015). Nevertheless, the study also confirms researchers' statements indicating the efficacy in treatment may vary according to the perceived religiosity of the participants, thus due to mixed findings, more performed trials should be conducted to ensure efficacy and ability to inform best clinical practices (Dein, 2018).

The study diverges from the previous research by incorporating a specific 40-day Biblical Worldview Educational Treatment intervention, *Mountaintop Mornings for Forty Days*, that encourages individuals experiencing anxious and depressive symptomology in the discipline of Scripture reading and prayer. It is an easy to administer intervention for psychologists and therapists to incorporate into their patients and clients home routine, as it is self-paced. The post-intervention responses indicated the prompting to read Scripture and pray encouraged the spiritual coping mechanisms of reading Scripture and prayer in those who did not already

practice it (see Tables 14 and 15). However, due to the small sample size and the quantitative data revealing the current investigation to not be statistically significant, more performed trials of the efficacy of the 40-Day Biblical Worldview Educational Treatment Program would need to be completed to assure psychologists and therapists of its efficacy in increasing resilience by changing mood and providing spiritual coping mechanisms (reading Scripture and prayer) to decrease anxious and depressive symptomology.

The novel contribution this study adds to the scientific literature is the correlation of spiritual disciplines (reading Scripture and prayer) and resilience in individuals experiencing anxious and depressive symptomology, as well as the correlation of the spiritual discipline (reading Scripture and prayer) practiced and the spiritual coping mechanism (reading Scripture and prayer) during cognitive immobility. There is extensive literature indicating RS defuses life stress (Braam & Koenig, 2019); however, there is not enough literature indicating the specific practice of reading Scripture and prayer contributes to psychological strength by changing mood while experiencing anxious and depressive symptomology. Thus, this study sheds new light on faith-based CBT and RS in the way that it highlights one's relationship with God, witnessed in the disciplines of reading Scripture and prayer, to positively affect resilience in the cognitive dimension.

### **Implications**

This study holds several implications for the counseling field as it examines the relationship between the discipline of reading Scripture and prayer and its effect on resilience in the cognitive dimension by changing mood, and the spiritual coping mechanisms of reading scripture and prayer and its effect on anxious and depressive symptomology. The following section explores some theoretical and practical Christian Biblical worldview implications that

can be drawn from the qualitative/quantitative results of this study, providing an insight into how the results contribute to solving real problems and guide future research investigations.

### **Theoretical Implications**

The two main theoretical implications of the findings of this current study are faith-based CBT and RS. CBT is a well-researched, empirically-based theory providing efficacious treatment for individuals with anxiety and depression symptomology and has presented lowered anxiety and depressive symptomology in individuals, in addition to enhancing quality of life (Duarte et al., 2009; Ramos et al., 2018). Moreover, RS has emerged as an important facet in the psychology field due to its positive effects as a psychological variable. Religion serves as a psychological buffer by providing meaning in life, hope for the afflicted, and mitigating cognitive distortions, while also offering assurance of the availability of God (Ramos et al., 2018). Religion is also recognized as a positive coping resource for people who suffer with psychological distress (Ramos et al., 2018). Furthermore, religious interventions have shown to be either equal or superior to non-religious interventions resulting in increased treatment accessibility and high levels of positive spiritual coping (Tulbure et al., 2018), and most clients who hold to a specific faith want their counselor incorporating their faith into their treatment (Schindler & Hope, 2013).

Therefore, it is the belief that the incorporation of the religious disciplines of reading Scripture and prayer into CBT would enhance the treatment's efficacy amongst Christian clients who are experiencing depression and anxiety symptomology (Dein, 2018), as individuals who turn to God display more active spiritual coping strategies as opposed to maladaptive coping strategies (Krägeloh et al., 2012). The current investigation of the 40-day Biblical Worldview Educational Treatment program for self-identified Christians, ages 20-45, diagnosed with

adjustment disorder with anxious mood, depressed mood, or mixed anxiety/depression corroborates with faith-based CBT. This investigation revealed the respondents' lived experiences of the spiritual disciplines, resilience, and spiritual coping, and has revealed reading Scripture and prayer to be a psychological buffer for them as they struggled with anxious and depressive symptomology. The results of the investigation show the study is not statistically significant by way of the quantitative data, due to small sample size. Nevertheless, the participants' shared testimonies reveal an increase in their frequency of incorporating the spiritual disciplines of reading Scripture and prayer into their daily lives; and presented an increase in resilience, spiritual coping, and a decrease in symptomology.

### **Practical Implications with a Christian Biblical Worldview**

The 1 trillion dollar (U.S.) global economy cost of anxiety and depression shown in medical expenses and loss of productivity has led researchers and clinicians to search for effective solutions (Chodavadia et al., 2023). Researchers have noted through extensive literature that RS defuses life stress and has the possibility of preventing depression or at least shortening the duration of the depressive symptomology (Braam & Koenig, 2019). Therefore, RS CBT may enhance the efficacy of treatment amongst Christians who experience anxious and depressive symptomology (Dein, 2018), and very well may contribute to the decrease in the global economy cost of anxiety and depression.

Mental health care providers, however, have shown mixed views on incorporating RS into treatment. Some counselors have stated that they do not know how to address religion in therapy (Shindler & Hope, 2013), as religion remains controversial in the counseling field with psychologists desiring more performed trials to ensure efficacy (Anderson et al., 2015). Also, some mental health care providers believe incorporating RS into treatment blurs the boundary

lines and should be left to those who provide spiritual care (van Nieuw Amerongen-Meeuse et al., 2020). Moreover, there may be a “religiosity gap” between clients with high levels of religiosity and their mental health care provider, leading mental health care providers to be hesitant to incorporate RS into treatment plans unless they are trained in RS factors in a clinical setting (Dein, 2018). So too, therapists can misuse reading Scripture and prayer in therapy; thus therapists would need to adhere to ethical standards when incorporating the two methods into treatment plans (Pan et al., 2012). Nevertheless, positive religious coping is significantly linked to positive psychological adjustment and mental health outcomes in patients, and some therapists believe incorporating it into treatment for Christian clients is a holistic and patient care centered that is respectful of the patient’s faith tradition (Adams et al., 2020).

The current investigation of the 40-Day Biblical Worldview Educational Treatment Program reveals therapists would be able to point their Christian clients to a treatment plan, a 40-Day reading Scripture and prayer plan, that the client would engage in independently, without guidance from the therapist. This is a self-paced, isolated treatment plan, where the Christian client would be encouraged to spend individual time with God, growing in their relationship with Him by reading Scripture and praying, two disciplines that through the qualitative data have shown to positively correlate with resilience by changing mood and positively correlate with the spiritual coping mechanisms of reading Scripture and prayer in those struggling with anxious and depressive symptomology. This treatment plan is possibly easier for skeptical therapists and psychologists to administer, as they would not have to participate in discussing Christianity, while they can remain respectful of the Christians’ faith tradition. This is a treatment plan the Christian clients can be encouraged to participate in at home, as the 40-Day Biblical Worldview Educational Treatment Program is presented in a published book. More performed trials of the

efficacy of the 40-Day Biblical Worldview Educational Treatment Program would need to be completed to assure psychologists and therapists of its efficacy.

### **Delimitations and Limitations**

This study had several noteworthy strengths. Perhaps the most significant was the majority participants (80%) experienced a decrease in negative mood symptomology post- 40-Day Biblical Worldview Educational Treatment Program. There were also a few methodological strengths of the study. In terms of measures, the DASS has proven reliability and validity. The study was conducted online, available for the participants at their desired schedule, proving the strength in internet research. The qualitative design allowed the researcher to share respondents' lived experience with spiritual disciplines, their relationship with God (Jesus Christ), resilience, spiritual coping, stress, and anxiety and depression, while the quantitative design provided statistical data highlighting the respondents' symptomologies post- 40 Day Biblical Worldview Educational Treatment Program.

Despite the strengths in the study, there were several limitations. The main limitation to this study was conducting it during COVID-19, a real-life situation outside of the control of the researcher. This study focused on individuals struggling with adjustment disorder with anxious mood, depressed mood or mixed anxiety and depression, which the majority of individuals struggling with depression or anxiety during COVID-19 experienced; however, therapists and churches were too overwhelmed to participate in a research study. Another limitation to this study was acquiring participants who struggle with anxiety and/or depression. Hughes-Morley et al. (2015) state, many studies indicate the difficulty depression trials experience in recruiting participants, as the depressed patient judges between the risks involved in the trial in comparison to the reward. The researcher contacted many licensed therapists and churches by way of email

to accrue participants. Some therapists responded and said they liked the topic but were too overwhelmed with their clients to participate adequately in a dissertation study; although other therapists shared the opportunity with their clients/patients, those clients did not complete the entire study. Therefore, the sample size is smaller than the researcher desired. Some of the therapist's responses included:

- “I currently do not have any patients meeting these criteria. I will keep your research in mind as I take on new clients. However, I do like your dissertation topic.”
- “I'm interested in telling some of my clients about your study so they can participate. Also, would you email findings to me afterwards or tell me where I can find them?”
- “I do not feel comfortable asking my clients to do this. I wish you every success with your studies.”
- “Thank you for your inquiry, unfortunately at this time [A & A Counseling] will be declining participation in your study. We appreciate you thinking of us and wish you the best of luck with your doctoral research project. Have a great day.”
- “This sounds great, however I'm not available to dive into this albeit it sounds interesting! Good to connect possibly in the future. Covid has me swamped.”
- “So sorry for not responding sooner but would love to help with your study. This is important research for the cause of integration, for which I am passionate.”

Moreover, even though the study appears to have a null result by way of the quantitative statistics, indicating there was not a statistically significant enough outcome for the 40-Day Biblical Worldview Educational Treatment Intervention, it is most likely due to the study sample size being too small. Due to time constraints, the researcher could not keep searching for



participants, and eight of the thirteen participants did not complete the study. The qualitative statistics and the decrease in the Mean negative mood scores indicate respondents experienced an overall decrease in symptomology and acquired spiritual disciplines, spiritual coping mechanisms and resilience to incorporate into their daily living. The researcher believes further studies can be conducted to identify statistical significance. The 40-Day Biblical Worldview Educational Treatment Program holds real world value and is a practical, useful, and clinical application for psychologists, therapists, and churches to incorporate into their treatment programs for their self-identified Christian clients.

### **Recommendations for Future Research**

RS research will benefit from further qualitative studies identifying the correlation between the frequency of the practice of the spiritual disciplines of reading Scripture and prayer and the spiritual coping mechanism of reading Scripture and prayer when struggling with cognitive immobility. Moreover, the researcher focused on the spiritual disciplines of reading Scripture and prayer for this study, exploring their correlation with resilience and spiritual coping. Specifically, the study examined how reading Scripture and praying affects the symptomology of anxiety and depression in the cognitive dimension and their effectiveness in decreasing these symptoms. There are other spiritual disciplines researchers can study to identify whether the practice of the disciplines directly associates with the coping method and positively effects resilience, while decreasing anxiety and depression symptomology. For instance, researchers can study the spiritual discipline of worship and its connection to the coping mechanism of worship and resilience and its effect on the cognitive dimension in relation to anxiety and depression. Researchers can also study fasting and its connection to the spiritual coping mechanism of fasting and resilience and its effect on the cognitive dimension in relation

to anxiety and depression. Another example would involve studying whether the spiritual coping mechanisms of reading Scripture, prayer, worship and fasting positively correlate with the decrease in symptomology of post-traumatic stress syndrome. The researcher believes future research should also focus on the effect God-Attachment has on resilience and spiritual coping, as the respondents' comments indicated their relationship with God directly correlated with resilience and spiritual coping.

### **Summary**

Though the small sample size and quantitative data revealed the current investigation to not be statistically significant, the study conducted held several noteworthy strengths. Perhaps the most significant was that a majority of the participants (80%) experienced a decrease in negative mood symptomology post- 40- Day Biblical Worldview Educational Treatment Program. Moreover, this study shed new light on faith-based CBT and RS, the two main theoretical implications, in the way that it highlights one's relationship with God, witnessed in the disciplines of reading Scripture and prayer, to positively affect resilience in the cognitive dimension in those experiencing anxious and depressive symptomology, as well as increase spiritual coping. With the high price of anxiety and depression shown in medical expenses and loss of productivity (Chodavadia et al., 2023), the researcher argues faith-based CBT and RS found in the 40-Day Biblical Worldview Educational Treatment Program is a low cost avenue that may help decrease global costs by encouraging Christian clients to read Scripture and pray, growing in their personal relationship with Jesus Christ, especially when experiencing anxious and depressive symptomology. It is an easy to administer treatment plan (via book or internet intervention) that allows skeptical psychologists and therapists to indirectly aid their Christian clients in a holistic and client centered intervention. Psychologists and therapists who are

uncomfortable incorporating faith-based CBT and RS into their treatment plans due to possible blurred boundary lines would not have to discuss Christianity yet be able to respect their Christians clients' faith tradition. Finally, to encourage its positive use in clinical practice, more performed trials of the efficacy of the 40-Day Biblical Worldview Educational Treatment Program would need to be completed to assure psychologists and therapists of its efficacy in increasing resilience by changing mood and providing spiritual coping mechanisms (reading Scripture and prayer) to decrease anxious and depressive symptomology.

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## Appendix A: Permission Request Letter

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

Dear [Recipient]:

As a graduate student in the Community Care and Counseling department in the School of Behavioral Sciences at Liberty University, I am conducting research for the fulfillment of the doctoral degree in in Education in Community Care and Counseling: Family and Marriage. The title of my research project is Spiritual Disciplines and Mental Resiliency: The Effectiveness of Spiritual Coping Mechanisms to Decrease Anxiety and Depression Symptoms. The purpose of my research is to test a 40-Day Biblical Worldview educational treatment program to determine whether the practice of Christian spiritual disciplines (reading the Bible and prayer) builds resilience in the mind, while also providing Christian spiritual coping mechanisms; in turn, decreasing symptomology for those struggling with anxiety and depression.

I am writing to see if you have any self-identified Christian clients, male or female, and between the ages of 20-45, who are diagnosed with Adjustment Disorder with anxious mood, adjustment disorder with depressed mood or adjustment disorder with mixed anxiety and depression or if you have a client with a mood disturbance that you believe would be appropriate for the study, and would like to participate in this 40-day Biblical Worldview educational treatment program.

Participants will be asked to go to [Relentlessprayer.org](http://Relentlessprayer.org), click on the “Christian Worldview Counseling” link, and then click on the link “Spiritual Disciplines and Mental Resiliency.” They will then be asked to type in the username and password I will share with providers, so that they are able to login in to the secure network. Participants will then complete the 40- day educational treatment program. The quantitative/qualitative data will be used to identify the efficacy of the spiritual disciplines of reading the Bible and prayer on mental resiliency, spiritual coping and will reveal whether this provided a decrease in anxiety and depressive symptomology. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please respond by email to [REDACTED]. A recruitment letter is attached to share with your self-

identified Christian clients. A permission letter document is also attached for your convenience. Upon permission, I will email you the username and password for participants to utilize to access the study.

Sincerely,  
Alysa VanderWeerd  
Doctor in Education  
Community Care and Counseling: Family & Marriage

**Appendix B: Recruitment Flyer**

# Research Participants Needed

## Spiritual Disciplines and Mental Resiliency:

### The Effectiveness of Spiritual Coping Mechanisms to Decrease Anxiety and Depression Symptoms

**Looking for:**

- Self-identified Christians, Male or Female, Ages 20-45,
- Diagnosed with Adjustment Disorder with anxious mood, depressed mood or mixed anxiety and/or depression or mood disturbance

The purpose of this study is to test a 40-Day Biblical Worldview educational treatment program to determine whether the practice of Christian spiritual disciplines (reading the Bible and prayer) builds resilience in the mind, while also providing Christian spiritual coping mechanisms; decreasing symptomology for those struggling with anxiety and depression. Participants will be given a 40-day devotional and will be asked to read Scripture and pray. Benefits include growth in one's relationship with Jesus Christ, and decrease in anxiety and depression symptomology.

**Example of devotional reading:****DAY 31 With Jesus Christ as your Savior, you will overcome.**

Righteousness guards him whose way is blameless, but wickedness overthrows the sinner. \* For whatever is born of God overcomes the world. And this is the victory that has overcome the world—our faith. Who is he who overcomes the world, but he who believes that Jesus is the Son of God? \* You are of God, little children, and have overcome them, because He who is in you is greater than he who is in the world. \* These things I have spoken to you, that in Me you may have peace. In the world you will have tribulations; but be of good cheer, I have overcome the world. \* Peace I leave with you, My peace I give to you; not as the world gives do I give to you. Let not your heart be troubled, neither let it be afraid. \* But thanks be to God, who gives us victory through our Lord Jesus Christ. \* To God our Savior, who alone is wise, be glory and majesty, dominion and power, both now and forever. Amen.

Proverbs 13:6 NKJV \* 1 John 5:4-5 NKJV \* 1 John 4:4 NKJV \* John 16:33 NKJV \* John 14:27 NKJV \* 1 Corinthians 15:57 NKJV \* Jude 1:25 NKJV

**The study is being conducted at Relentlessprayer.org**

Alysa VanderWeerd, a doctoral candidate in the Community Care and Counseling: Family and Marriage department, School of Behavioral Sciences at Liberty University, is conducting this study.

Please contact Alysa VanderWeerd at [REDACTED]

### Appendix C: Permission Letter Template

[This permission letter template is provided for your convenience. Recommended information is included in brackets. Please select the desired information, remove the brackets, and remove the instructions and information that does not apply to your request.]

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear Alysa VanderWeerd:

After careful review of your research proposal entitled Spiritual Disciplines and Mental Resiliency: The Effectiveness of Spiritual Coping Mechanisms to Decrease Anxiety and Depression Symptoms, [I/we] have decided to grant you permission to contribute to the treatment of our client[s] care with your Biblical Worldview Educational Treatment Program. [I/we] have [number of clients] self-identified Christian client[s], between the ages of 20-45, who [is/are] willing to participate.

Check the following box, as applicable:

[I/We are requesting a copy of the results of the completed study and/or the publication.]

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization]

**Appendix D: Recruitment Letter**

[Date]

[Recipient]

Dear [Recipient]:

As a graduate student in the Community Care and Counseling department in the School of Behavioral Sciences at Liberty University, I am conducting research for the fulfillment of the doctoral degree in Education in Community Care and Counseling: Family and Marriage. The title of my research project is Spiritual Disciplines and Mental Resiliency: The Effectiveness of Spiritual Coping Mechanisms to Decrease Anxiety and Depression Symptoms. The purpose of my research is to test a 40-Day Biblical Worldview educational treatment program to determine whether the practice of Christian spiritual disciplines builds resilience in the mind, while also providing Christian spiritual coping mechanisms; and thus, decreases symptomology for those struggling with anxiety and depression.

Participants must be between the ages of 20-45, male or female, self-identified as a Christian, and diagnosed with adjustment disorder with anxious mood, adjustment disorder with depressed mood, or adjustment disorder with mixed anxiety and depression or have a diagnosis of mood disturbance with therapist approval to participate in the study. Participants, if willing, will be given a 40 day Scripture reading and prayer devotional to go through. In the beginning (day 1) it will take approximately 30 minutes to fill out the consent form, demographic information, measure and open questions; and 40 days to complete the Biblical Worldview educational treatment program. At the conclusion of the study (day 40) it will take approximately 25 minutes to fill out the measure and open interview questions. Participants names will not be included and any other identifying information requested as part of the study will remain confidential.

In order to participate, please go to [Relentlessprayer.org](http://Relentlessprayer.org) and click on the “Christian Worldview Counseling” link. You will then click on the link “Spiritual Disciplines and Mental Resiliency” and type in the username and password provided to you by your therapist, in order to login in to the secure network. Complete the attached surveys (approximately 30 minutes) and download the 40-day Scripture/prayer devotional. This educational treatment program is self-paced; you are encouraged to read and pray through the devotional each day for the 40 days. The length of time you read and meditate on Scripture and pray is up to you. If you have any questions during the study, feel free to email me at [REDACTED].

A consent document is provided as the first page of the survey on the [Relentlessprayer.org](http://Relentlessprayer.org) website. The consent document contains additional information about my research. You will need to sign the consent document before you proceed with the treatment plan. After you have read the consent form and signed your name, please click the button to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Sincerely,

Alysa VanderWeerd  
Doctor in Education  
Community Care and Counseling: Family & Marriage



### Appendix E: Follow Up Letter

[Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient]:

Thank you for your permission to contribute to your client[s] treatment for anxiety and/or depression with the Biblical Worldview educational treatment program.

The username and login password to access the study is: [username and password]

If you have any questions or concerns, please feel free to email me at [REDACTED]

Sincerely,

Alysa VanderWeerd

Doctor in Education

Community Care and Counseling: Family & Marriage

[REDACTED]



**Appendix F: Consent**

**Title of the Project:** Spiritual Disciplines and Mental Resiliency: The Effectiveness of Spiritual Coping Mechanisms to Decrease Anxiety and Depression Symptoms

**Principal Investigator:** Alysa VanderWeerd, Doctor in Education, Community Care and Counseling: Family & Marriage, Liberty University

**Invitation to be Part of a Research Study**

You are invited to participate in a research study. In order to participate, you must be: a self-identified Christian, male or female, between the ages of 20-45, diagnosed by a licensed therapist with Adjustment disorder with anxious mood, depressed mood or mixed anxiety and depression or diagnosed with anxiety and/or depression and recommended for the study by a licensed therapist. 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 project.

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

The purpose of this study is to test a 40-Day Biblical Worldview educational treatment program to determine whether the practice of Christian spiritual disciplines (reading the Bible and prayer) builds resilience in the mind, while also providing Christian spiritual coping mechanisms; decreasing symptomology for those struggling with anxiety and/or depression.

**What will happen if you take part in this study?**

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

1. The first task is to visit [Relentlessprayer.org](http://Relentlessprayer.org) and click on the “Christian Worldview Counseling” drop down menu, and then click on the “Spiritual Disciplines and Mental Resiliency” link. Type in the username and login password your therapist provided you with. Fill out the Demographic Questionnaire, the 10 Interview questions, and the Depression Anxiety and Stress Scales (DASS). The approximate time to complete this is 25 minutes.
2. The second task is to download the 40-day Scripture/prayer devotional. Read the allotted Scripture each day for 40-days and pray. The approximate time for this is as little as 5 minutes to however long you would like each day. This is self-paced.
3. At the conclusion of the 40-days you will be asked to fill out the Demographic Questionnaire, 10 Interview questions, and DASS. This will take approximately 25 minutes.

**How could you or others benefit from this study?**

**Direct Benefits:** The direct benefits participants should expect to receive from taking part in this study are: growth in one’s relationship with Jesus Christ as one reads Scripture and prays; learn how to cope with anxiety and depression spiritually by reading the Bible and prayer; experience a decrease in anxiety and/or depressive symptoms.

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

The researcher has sought to ensure that there are no risks to participants; nevertheless, studies on the internet cannot guarantee absolute confidentiality. This disclosure is made so that you can decide if this will affect your willingness to participate in this study.

### **How will personal information be protected?**

The website, [relentlessprayer.org](http://relentlessprayer.org), that will be utilized for this study has SSL security. The surveys are created through SurveyMonkey and are embedded on the website. The researcher has turned on “Anonymous Responses” on the surveys to ensure IP Addresses are not recorded when participants fill out the surveys. Participants’ data is transmitted to the researcher’s private account with SurveyMonkey. The published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely on a password protected computer, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Written responses to interview questions will be viewed solely by the researcher. Data will be stored separately from confidential pseudonyms.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

### **What are the costs to you to be part of the study?**

There are no financial costs to participate in this research study.

**Does the researcher have any conflicts of interest?**

The researcher has an interest in the outcome of this study; as the researcher is the editor of the devotional, *Mountaintop Mornings for Forty Days*, that is being utilized within this study. This disclosure is made so that you can decide if this will affect your willingness to participate in this study.

**Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**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 included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

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

The researcher conducting this study is Alysa VanderWeerd. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at

██████████. You may also contact the researcher's faculty sponsor, Dr. Timothy Heck, at ██████████.

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

**Your Consent**

By clicking the "Ok" box, you are agreeing to be in this study. Make sure you understand what the study is about before you agree. The researcher will keep a copy with 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. By clicking the "Ok" box, I consent to participate in the study.*

Ok

**Appendix G: Demographic Questionnaire**

What is your age? \_\_\_\_\_

What is your gender? Male/Female

What is your ethnic background? \_\_\_\_\_

What is your marital status?

Single/Engaged/Married/Separated/Divorced/Widowed

How many years have you been a Christian?

\_\_\_\_\_

Do you attend church? Yes or No

Do you have children? Yes or No

If Yes, how many children?

\_\_\_\_\_

How many years of education have you completed?

Some high school/High school diploma or GED/Some

college/Bachelors/Masters/Doctorate

What best describes your employment status?

Employed full-time / Employed part-time/Unemployed / Stay at home

What is your Job Title: \_\_\_\_\_

What is the amount of stress you experience at work? (0 - no stress; 10 - extreme stress)

\_\_\_\_\_

What is the amount of stress you experience at home? (0 - no stress; 10 - extreme stress)

---

Are you in debt? Yes or No

How long have you been struggling with anxiety and/or depression?

---

Describe the onset for your anxiety and/or depression:

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### Appendix H: Open Interview Questions

The 10-interview questions that the participants will answer (pre- , post-) include:

1. Has the situation that caused your anxiety and/or depression alleviated?  
Explain.
2. Describe your relationship with God.
3. Share how often you read Scripture during the week and why you read Scripture. (Joshua 1:8, Psalm 1:2)
4. Share how often you pray during the week and why you pray. (Psalm 116:1-2)
5. After reading Scripture and praying are you able to control your thought processes by taking every thought into captivity to the obedience of Christ –2 Corinthians 10:5; thinking upon things that are true, noble, right, pure, lovely, of good report, virtuous and praiseworthy – Philippians 4:8? Explain.
6. After reading Scripture, do you apply what you have learned to your daily activities of living? Explain.
7. Explain how you cope.
8. Does your relationship with Jesus Christ help you deal with current stressors in your life or do you find it difficult to deal with current stressors regardless of your relationship? Explain.
9. Do you find yourself growing/thriving even when faced with your anxiety and/or depression? Or do you feel immobilized by your anxiety and/or depression? Explain.
10. Are you struggling with anxiety and/or depression because of COVID-19? Explain.



**Appendix I: Depression Anxiety and Stress Scales (DASS)**

Please read each statement and circle a number, 0, 1, 2, or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

0 = Did not apply to me at all

1 = Applied to me to some degree, or some of the time

2 = Applied to me to a considerable degree, or a good part of the time

3 = Applied to me very much, or most of the time

1. I found myself getting upset by quite trivial things. 0 1 2 3
2. I was aware of dryness of my mouth. 0 1 2 3
3. I couldn't seem to experience any positive feeling 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 just couldn't seem to get going. 0 1 2 3
6. I tended to overeat to situations. 0 1 2 3
7. I had a feeling of shakiness (e.g., legs going to give way). 0 1 2 3
8. I found it difficult to relax. 0 1 2 3
9. I found myself in situations that made me so anxious I was most relieved when they ended. 0 1 2 3
10. I felt that I had nothing to look forward to. 0 1 2 3
11. I found myself getting upset rather easily. 0 1 2 3
12. I felt that I was using a lot of nervous energy. 0 1 2 3
13. I felt sad and depressed. 0 1 2 3

14. I found myself getting impatient when I was delayed in any way (e.g., elevators, traffic lights, being kept waiting). 0 1 2 3
15. I had a feeling of faintness. 0 1 2 3
16. I felt that I had lost interest in just about everything. 0 1 2 3
17. I felt I wasn't worth much as a person. 0 1 2 3
18. I felt I was rather touchy. 0 1 2 3
19. I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion. 0 1 2 3
20. I felt scared without any good reason. 0 1 2 3
21. I felt that life wasn't worthwhile. 0 1 2 3
22. I found it hard to wind down. 0 1 2 3
23. I had difficulty swallowing. 0 1 2 3
24. I couldn't seem to get any enjoyment out of the things I did. 0 1 2 3
25. 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
26. I felt downhearted and blue. 0 1 2 3
27. I found that I was very irritable. 0 1 2 3
28. I felt I was close to panic. 0 1 2 3
29. I found it hard to calm down after something upset me. 0 1 2 3
30. I feared that I would be "thrown" by some trivial but unfamiliar task. 0 1 2 3
31. I was unable to become enthusiastic about anything. 0 1 2 3
32. I found it difficult to tolerate interruptions to what I was doing. 0 1 2 3
33. I was in a state of nervous tension. 0 1 2 3

34. I felt I was pretty worthless. 0 1 2 3

35. I was intolerant of anything that kept me from getting on with what I was doing. 0 1 2 3

36. I felt terrified. 0 1 2 3

37. I could see nothing in the future to be hopeful about. 0 1 2 3

38. I felt that life was meaningless. 0 1 2 3

39. I found myself getting agitated. 0 1 2 3

40. I was worried about situations in which I might panic and make a fool of myself. 0 1 2 3

41. I experienced trembling (e.g., in the hands). 0 1 2 3

42. I found it difficult to work up the initiative to do things. 0 1 2 3

**Appendix J: Mountaintop Mornings for Forty Days****MOUNTAINTOP MORNINGS  
FOR FORTY DAYS**

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## INTRODUCTION

The power in prayer is found in God's Word, not our voice; it's God's voice, not our words.

God's word is timeless. It meets every need. It is the power of the Holy Spirit moving and breathing here on earth in the lives of God's children. God's word is an invitation to everyone to enter into a sweet relationship with Himself. He wants to speak to you. He wants you to hear His voice speak into your specific situation as you cry out to Him. When you pray God's word, mountains move effortlessly. Your heart is aligning with God's heart in a perfect position to battle.

So often, we believe we have to physically get away to a mountain to be refreshed, recharged, or renewed to tackle what God has placed before us. We want to meet with God. We want God to meet with us. We need His presence. We need His voice so clear. Yes, God meets people on the mountain when they physically step away to seek Him. Yes, when people get away from the distractions in daily life they hear God. However, not everyone can physically depart from the everyday for a retreat; and yet we all can have a mountaintop experience every morning when we read God's word, seeking to hear His clear voice. God wants to talk to you every day. He wants to hear your voice every day. He desires a dialogue, not a monologue. When you talk to God and read His Word, you enter into a conversation that transforms your heart—**Romans 12:1-2**, and gives you peace of mind—**Philippians 4:6-7**. And then when you begin praying His word, you show your submission to His Sovereign plan. God is all knowing. He knows what is best for every situation. Trust Him!

*Mountaintop Mornings for Forty Days* is a devotional that fits in a purse or pocket and is pure scripture. Every devotion ends with an “Amen,” as each devotion is a prayer; praying through scripture. It is my prayer that as you pray through scripture you will hear God speak directly to your heart. Whatever is concerning you right now, God has a word for you. He wants to comfort you, encourage you, and exhort you to right living. He loves you so much! It is also my prayer that we would be a generation that seeks to hear God’s voice over man’s voice. Who doesn’t love a good word found in a prayer journal? There are a lot of wise people that seem to spout gold all day long. However, the BEST journal is God’s journal—the story of redemption proclaimed in the Bible. God redeeming mankind from the destructiveness of sin through Jesus Christ’s death and resurrection. He says it the BEST! All wisdom comes from God’s word; it “is a tree of life to those who take hold of her, and happy are all who retain her”—**Proverbs 3:18 NKJV**. The wisdom you need, God has supplied. You simply need to seek Him—**Jeremiah 29:13**, and ask—**James 1:5**.

God bless you!

:: Alysa VanderWeerd

## KNOW GOD

God knows you. He loves you—**John 3:16**. He created you in your mother's womb—**Psalm 139:15**. Every day of your life was written in His book, the days yet unseen—**Psalm 139:16**. Nevertheless, with perfect knowledge, God is perfect love—**1 John 4:8**. He loves you so much that He allows you to choose the details of your life—**Deuteronomy 30:19**. He loves you so much that He allows you to choose whether you want to know Him. He doesn't force Himself upon you. Do you want to know God? It's up to you.

This is the way to have eternal life—to know God, the only true God and Jesus Christ—**John 17:3**. He's given you His Word, infallible; He's offered you redemption, unchanging. However, there is no redemption apart from repentance. You need to recognize the sin in your life and repent. The truth in God's Word is valid; He will never change—**Malachi 3:6**, and His offer of redemption is steadfast. So, what is holding you back from complete fellowship with God?

Sin stains a pure complexion. It mars a soul. It separates you from God on High—**Isaiah 59:1-2**. God is so holy and just that He cannot look upon sin. So yes, He allows you to choose the details of your life; but your choices separate you from Him or draw you close.

He knew you needed a rescuer. He knew you would be trapped in your sin. For all have fallen short of the glory of God—**Romans 3:23**. No one is perfect this side of heaven. Everyone misses the mark. The unspoken sin in your heart, He hears. What's in the dark, He sees. Nothing is hidden from Him. Yes! He knows you perfectly. And He absolutely loves you! The Good News

is: “For God so loved the world that He gave His only begotten Son, that whoever believes in Him should not perish but have everlasting life”—**John 3:16**. Born of a virgin, perfect in holiness, Jesus died the death you deserved. For the wages of sin is death but the gift of God is eternal life in Christ Jesus our Lord—**Romans 6:23**. Thanks be to God! Jesus is the indescribable gift that rescues us from our sin—**2 Corinthians 9:15**. He offered up His life, suffering a cruel and torturous death, taking all of our sin upon Himself—**2 Corinthians 5:21**. In that moment, His perfect connection with God the Father was broken as God turned His face away from sin. The greatest sacrifice. Jesus endured separation from God so we could enter God’s presence fearlessly, assured of His glad welcome—**Ephesians 3:12**. For by that one offering, Jesus forever made perfect those who are being made holy—**Hebrews 10:10**.

He was buried, but He didn’t stay dead. He rose again on the third day—**1 Corinthians 15:3-4**, and He is now sitting at God’s right hand—**Hebrews 1:3**. Jesus stood in the gap for you, providing a way for you to stand justified in God’s sight, just as if you never sinned.

When you repent of your sin and turn to Jesus Christ, asking Him to come live in your heart, you are set free from the bondage that holds you down—**John 8:36**. When God looks at you, He doesn’t see you in your sin; He sees you as pure, holy and righteous solely because of the death and resurrection of Jesus Christ. Your sin is cast as far as the east is from the west—**Psalms 103:12**. You’re forgiven because your Savior paid the ransom for your sin with His precious lifeblood—**1 Peter 1:19**.



Who is a God like this? Who has compassion that moves Himself to action? His mercy and grace is unmatched. God set the standard of holiness and we fell short; so, He stepped in Himself covering where we lacked. God shows His unfailing love and faithfulness in His words and actions. He tramples our sin under His feet and throws them into the depth of the ocean—**Micah 7:18-20**; while speaking words of love, saying, “You are Mine”—**Isaiah 43:1**.

The One who knows you perfectly, owns it. For by grace we have been saved through faith in Jesus Christ; you can't take credit for this. It's a gift from God—**Ephesians 2:8**. Salvation is not a reward for the good things we have done—**Ephesians 2:9**; it is deliverance from the power and effects of sin by Jesus Christ's death on the cross and His resurrection.

As we look to the Lord for His help, we can wait confidently for God to save us; God will surely hear—**Micah 7:7**. For some today, there is one prayer that God wants to hear uttered from their lips and that is a prayer of repentance. He is waiting so ever patiently; but there is a day when the waiting game ends—**2 Peter 3:9**. He knows your sin. He loves you. Will you repent today and experience the freedom found in Jesus Christ?

“If we confess our sins, He is faithful and just to forgive us our sins and to cleanse us from all unrighteousness”—**1 John 1:9**

Today, if you want to receive Jesus Christ into your life as your personal Lord and Savior you need to:

**Realize** you are a sinner — **Romans 3:23**

**Recognize** that Jesus Christ died on the cross for you — **Romans 5:8**

**Repent** of your sin — **Acts 3:19**

**Receive** Christ into your life — **Romans 10:9.**

You can pray a prayer like this one:

Dear Jesus, I know that I am a sinner. I believe You died on the cross for my sins and that You rose again from the dead. I repent of my sins. I confess You as my personal Lord and Savior. Please help me to follow You every day of my life. Thank You for saving me! Thank You for accepting me! Thank You for loving me! I pray this all in Jesus' precious name, Amen.

## READER'S GUIDE

There are many ways you can utilize this devotional as a tool to grow closer to God. The goal of every Christian is to know God—to know God's heart, to live His heart, and to share His heart with others. His heart is His word.

1. You can pray the Scripture verses each day.

“Because of Christ and our faith in Him, we can now come fearlessly into God's presence assured of His glad welcome.”—Ephesians 3:12 NLT

Every day you can enter God's presence knowing He wants to hear from you. He absolutely loves you and He loves those you care about. You don't have to fear. Jesus Christ's death on the cross forgave the sin that separated you from God. He rose again and is now seated at God's right hand; Jesus is praying for you specifically. He lives to intercede for you—Hebrews 7:25. When you pray God's word, you are aligning your heart with His heart for whom you are praying; saying, “Not my will Lord, but Yours be done”—Luke 22:42.

You can pray the verses for:

Your church

Family

Friends

Yourself

Nation

Spiritual Leaders

Workplace

Co-workers

School

Community Group

2. You can study each verse provided for on the given day.

a.) Pray and ask God by the power of His Holy Spirit to illuminate His truth to you.

“All Scripture is inspired by God and is useful to teach us what is true and to make us realize what is wrong in our lives. It straightens us out and teaches us to do what is right. It is God’s way of preparing us in every way, fully equipped for every good thing God wants us to do.”

Timothy 3:16-17 NLT

b.) Take one verse at a time.

- What is the main concept of the verse?
- What is God speaking to you personally?
- How can you apply that verse to your life? How can you live this word?
- Who does God want you to share this word with?

- c.) As you read all of the verses, ask how they connect with each other?
- Do some verses provide a greater depth of meaning to the first verse?
  - Is there a consistent theme in all of the verses?
  - What is the overall take away truth?
  - How can you live this truth?
  - Who can you share this truth with?

3. A journal is provided within the pages.

At a glance, you will be able to see what God has spoken to your heart. It is healthy to look back at your steps in history to see what choices brought you to today. Remembering those moments God called you to obey, ignites your heart with passion; while, recalling His deliverances affirms your faith.

God loves you so much! Every day matters. Your decisions today affect your tomorrows; they affect your family and all those around you. So, when you sit before the Lord, it is always good to ask Him to search your heart; to point out anything within you that offends Him — Psalm 139:23-24. Our thoughts affect our emotions, which in turn affect our actions. God is so faithful to correct our wrong thinking by directing us to His Word and right thinking. We then repent of sin and leave transformed, submitted to His Word—Romans 12:1-2.

But so too, the Lord comforts the afflicted and encourages the downcast with a right word at the right time. He strengthens us when we are tempted—Hebrews 2:18; He corrects us with right

discipline — Hebrews 12:5; He provides for all our needs—Philippians 4:19; He keeps every promise — Romans 4:20. God is faithful — 2 Timothy 2:13!

Life is purifying. We are all in the Refiner's fire, going from glory to greater glory — 2 Corinthians 3:18. But there is One who stands with us in the flame, never leaving us alone. With our eyes on Jesus Christ, the Great Shepherd of the sheep, we can endure until the end.

Patient endurance is what you need right now so that you are able to continue to do God's will— Hebrews 10:36. He is with you. He knows you. He loves you!

Do you desire to know Him on a deeper level?

In this life, learning never ends; every day it sharpens your mind, preparing you to see Jesus Christ face to face.

## DAY 1

This Book of the Law shall not depart from your mouth, but you shall meditate in it day and night, that you may observe to do according to all that is written in it. For then you will make your way prosperous, and then you will have good success. \* Blessed is the man who walks not in the counsel of the ungodly, nor stands in the path of sinners, nor sits in the seat of the scornful; but his delight is in the law of the LORD, and in His law he meditates day and night. He shall be like a tree planted by the rivers of water, that brings forth it's fruit in its season, whose leaf also shall not wither; and whatever he does shall prosper. \* No good thing will He withhold from those who walk uprightly. \* Blessed are the undefiled in the way, who walk in the law of the LORD! \* And blessed be His glorious name forever! And let the whole earth be filled with His glory. Amen and Amen.

Joshua 1:8 NKJV \* Psalm 1:1-3 NKJV \* Psalm 84:11 NKJV \* Psalm 119:1 NKJV \* Psalm 72:19 NKJV





## DAY 2

If we say that we have no sin, we deceive ourselves, and the truth is not in us. \* What fruit did you have then in the things which you are now ashamed? For the end of those things is death. \* For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord. \* For I acknowledge my transgressions, and my sin is always before me. Against You, You only, have I sinned, and done this evil in Your sight—that You may be found just when You speak, and blameless when You judge. \* I don't understand myself at all, for I really want to do what is right, but I don't do it. Instead I do the very thing I hate. I know perfectly well that what I am doing is wrong, and my bad conscience shows that I agree that the law is good. But I can't help myself, because it is sin inside of me that makes me do these evil things. \* When I want to do good, I don't. And when I try not to do wrong, I do it anyway. \* If we confess our sins, He is faithful and just to forgive us our sins and to cleanse us from all unrighteousness. \* For He made Him who knew no sin to be sin for us, that we might become the righteousness of God in Him. \* Create in me a clean heart, O God and renew a steadfast spirit within me. Do not cast me away from Your presence, and do not take Your Holy Spirit from me. Restore to me the joy of Your salvation, and uphold me by Your generous Spirit. \* Amen and Amen.

1 John 1:8 NKJV \* Romans 6:21 NKJV \* Romans 6:23 NKJV \* Psalm 51:3-4 NKJV \* Romans 7:15-17 NLT \* Romans 7:19 NLT \* 1 John 1:9 NKJV \* 2 Corinthians 5:21 NKJV \* Psalm 51:10-12 NKJV \* Psalm 72:19b NKJV



## DAY 3

For we are His workmanship, created in Christ Jesus for good works, which God prepared beforehand that we should walk in them. \* Every good gift and every perfect gift is from above, and comes down from the Father of lights, with whom is no variation or shadow of turning. \* If any of you lacks wisdom, let him ask of God, who gives to all liberally and without reproach, and it will be given to him. \* Then the word of the LORD came to me, saying: “Before I formed you in the womb I knew you; before you were born I sanctified you; I ordained you a prophet to the nations.” Then said I: “Ah, Lord GOD! Behold, I cannot speak, for I am a youth.” But the LORD said to me: “Do not say, ‘I am a youth,’ for you shall go to all to whom I send you, and whatever I command you, you shall speak. Do not be afraid of their faces, for I am with you to deliver you,” says the LORD. \* Amen and Amen.

Ephesians 2:10 NKJV \* James 1:17 NKJV \* James 1:5 NKJV \* Jeremiah 1:4-8 NKJV \* Psalm 72:19b NKJV



## DAY 4

No eye has seen, no ear has heard, and no mind has imagined what God has prepared for those who love him. \* For with God nothing will be impossible. \* Walk in wisdom toward those who are outside, redeeming the time. Let your speech always be with grace, seasoned with salt, that you may know how you ought to answer each one. \* Let the word of Christ dwell in you richly in all wisdom, teaching and admonishing one another in psalms and hymns and spiritual songs, singing with grace in your hearts to the Lord. And whatever you do in word or deed, do all in the name of the Lord Jesus, giving thanks to God the Father through Him. \* Your obedience has become known to all. \* Therefore, whether you eat or drink or whatever you do, do all to the glory of God. \* And whatever you do, do it heartily, as to the Lord and not to men, knowing that from the Lord you will receive the reward of the inheritance for you serve the Lord Christ. \* For I am not ashamed of the gospel of Christ, for it is the power of God to salvation for everyone who believes, for the Jew first and also for the Greek. \* And the God of peace will crush Satan under your feet shortly. The grace of our Lord Jesus Christ be with you. Amen.

1 Corinthians 2:9 NLT \* Luke 1:37 NKJV \* Colossians 3:16-17 NKJV \* Romans 16:19a NKJV  
\* 1 Corinthians 10:31 NKJV \* Colossians 4:5-6 NKJV \* Colossians 3:23 NKJV \* Romans 1:16  
NKJV \* Romans 16:20 NKJV



## DAY 5

There is a time for everything, and a season for every activity under the heavens. \* A time to be born and a time to die, a time to plant and a time to uproot. \* A time to kill and a time to heal, a time to tear down and a time to build. \* A time to weep and a time to laugh, a time to mourn and a time to dance. \* A time to scatter stones and a time to gather them, a time to embrace and a time to refrain from embracing. \* A time to search and a time to give up, a time to keep and a time to throw away. \* A time to tear and a time to mend, a time to be silent and a time to speak. \* A time to love and a time to hate, a time for war and a time for peace. \* He has made everything beautiful in its time. He has also set eternity in the human heart; yet no one can fathom what God has done from beginning to end. \* To the only wise God be glory forever through Jesus Christ! Amen.

Ecclesiastes 3:1 NIV \* Ecclesiastes 3:2 NIV \* Ecclesiastes 3:3 NIV \* Ecclesiastes 3:4 NIV \*  
Ecclesiastes 3:5 NIV \* Ecclesiastes 3:6 NIV \* Ecclesiastes 3:7 NIV \* Ecclesiastes 3:8 NIV \*  
Ecclesiastes 3:11 NIV \* Romans 16:27 NIV





## DAY 6

But You are the same, and Your years will have no end. \* “I am the Alpha and the Omega, the Beginning and the End,” says the Lord, “who is and who was and who is to come, the Almighty.” \* “For I am the LORD, I do not change.” \* Oh, give thanks to the LORD, for He is good! For His mercy endures forever. \* For I am persuaded that neither death nor life, nor angels nor principalities nor powers, nor things present nor things to come, nor height nor depth, nor any other created thing, shall be able to separate us from the love of God which is in Christ Jesus our Lord. \* Jesus Christ is the same yesterday, today, and forever. \* Amen and Amen.

Psalm 102:27 NKJV \* Revelation 1:8 NKJV \* Malachi 3:6a NKJV \* Psalm 136:1 NKJV \*

Romans 8:38-39 NKJV \* Hebrews 13:8 NKJV \* Psalm 41:13b NKJV



## DAY 7

I love your sanctuary, LORD, the place where your glory shines. \* My heart has heard you say, “Come and talk with me.” And my heart responds, “LORD, I am coming.” \* My life is an example to many, because you have been my strength and protection. That is why I can never stop praising you; I declare your glory all day long. \* The LORD is my shepherd; I have everything I need. \* Surely your goodness and unfailing love will pursue me all the days of my life, and I will live in the house of the LORD forever. \* Bless his glorious name forever! Let the whole earth be filled with his glory. Amen and Amen!

Psalm 26:8 NLT \* Psalm 27:8 NLT \* Psalm 71:7-8 NLT \* Psalm 23:1 NLT \* Psalm 23:6 NLT \*  
Psalm 72:19 NLT



## DAY 8

He who dwells in the secret place of the Most High shall abide under the shadow of the Almighty. I will say of the LORD, "He is my refuge and my fortress; my God, in Him I will trust." \* Trust in the LORD forever, for YAH, the LORD, is everlasting strength. For He brings down those who dwell on high, the lofty city; He lays it low, He lays it low to the ground, He brings it down to the dust. The foot shall tread it down—the feet of the poor and the steps of the needy. \* Surely He shall deliver you from the snare of the fowler and from the perilous pestilence. He shall cover you with His feathers, and under His wings you shall take refuge; His truth shall be your shield and buckler. You shall not be afraid of the terror by night, nor of the arrow that flies by day. Nor of the pestilence that walks in darkness, nor of the destruction that lays waste at noonday. \* Jesus said to him, "I am the way, the truth, and the life. No one comes to the Father except through Me." \* Let not your heart be troubled; you believe in God, believe also in Me. \* A thousand may fall at your side, and ten thousand at your right hand; but it shall not come near you. Only with your eyes shall you look, and see the reward of the wicked. Because you have made the LORD, who is my refuge, even the Most High, your dwelling place, no evil shall befall you, nor shall any plague come near your dwelling; for He shall give His angels charge over you, to keep you in all your ways. In their hands they shall bear you up, lest you dash your foot against a stone. \* Open the gates, that the righteous nation which keeps truth may enter in. You will keep him in perfect peace, whose mind is stayed on You, because he trusts in You. \* Because he has set his love upon Me, therefore I will deliver him; I will set him on high, because he has known My name. He shall call upon Me, and I will answer him; I will be with him in trouble; I will deliver him and honor him. With long life I will satisfy him, and show

him My salvation. \* Now to the King eternal, immortal, invisible, to God who alone is wise, be honor and glory forever and ever. Amen.

Psalm 91:1-2 NKJV \* Isaiah 26:3-6 NKJV \* Psalm 91:3-6 NKJV \* John 14:6 NKJV \* John 14:1  
NKJV \* Psalm 91:7-12 NKJV \* Isaiah 26:2-3 NKJV \* Psalm 91:14-16 NKJV \* 1 Timothy 1:17  
NKJV

DAY

8 .....

**God's presence protects.**

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## DAY 9

Here is my final conclusion: Fear God and obey his commands, for this is the duty of every person. God will judge us for everything we do, including every secret thing, whether good or bad. \* But even though a person sins a hundred times and still lives a long time, I know that those who fear God will be better off. The wicked will never live long, good lives, for they do not fear God. Their days will never grow long like the evening shadows. \* So try to walk a middle course—but those who fear God will succeed either way. \* Fear of the LORD is the beginning of wisdom. Knowledge of the Holy One results in understanding. \* Fear of the LORD is the beginning of knowledge. Only fools despise wisdom and discipline. \* Reverence for the LORD is the foundation of true wisdom. The rewards of wisdom come to all who obey him. Praise his name forever! \* Praise the LORD! Happy are those who fear the LORD. Yes, happy are those who delight in doing what he commands. \* Bless his glorious name forever! Let the whole earth be filled with his glory. Amen and Amen.

Ecclesiastes 12:13-14 NLT \* Ecclesiastes 8:12-13 NLT \* Ecclesiastes 7:18 NLT \* Proverbs 9:10 NLT \* Proverbs 1:7 NLT \* Psalm 111:10 NLT \* Psalm 112:1 NLT \* Psalm 72:19 NLT





## DAY 10

You are my hiding place and my shield; I hope in Your word. \* You are my hiding place; You shall preserve me from trouble; You shall surround me with songs of deliverance. \* The angel of the LORD encamps all around those who fear Him, and delivers them. \* For the arms of the wicked shall be broken, but the LORD upholds the righteous. \* No evil shall befall you, nor shall any plague come near your dwelling; for He shall give His angels charge over you, to keep you in all your ways. In their hands they shall bear you up, lest you dash your foot against a stone. \* Truly my soul silently waits for God; from Him comes my salvation. He only is my rock and my salvation; He is my defense; I shall not be greatly moved. \* Trust in Him at all times, you people; pour out your heart before Him; God is a refuge for us. \* Amen and Amen.

Psalm 119:114 NKJV \* Psalm 32:7 NKJV \* Psalm 34:7 NKJV \* Psalm 37:17 NKJV \* Psalm 62:1-2 NKJV \* Psalm 91:10-12 NKJV \* Psalm 72:19b NKJV



## DAY 11

Come, bless the LORD, all you servants of the LORD, who stand by night in the house of the LORD! Lift up your hands to the holy place and bless the LORD! \* Bless the LORD, O my soul, and all that is within me, bless his holy name! Bless the LORD, O my soul, and forget not all his benefits, who forgives all your iniquity, who heals all your diseases, who redeems your life from the pit, who crowns you with steadfast love and mercy, who satisfies you with good so that your youth is renewed like the eagle's. \* I will extol you, my God and King, and bless your name forever and ever. Every day I will bless you and praise your name forever and ever. \* All your works shall give thanks to you, O LORD, and all your saints shall bless you! They shall speak of the glory of your kingdom and tell of your power, to make known to the children of man your mighty deeds, and the glorious splendor of your kingdom. \* Amen and Amen!

Psalm 134:1-2 ESV \* Psalm 103:1-5 ESV \* Psalm 145:1-2 ESV \* Psalm 145:10-12 ESV \*

Psalm 72:19b ESV



## DAY 12

At midnight I will rise to give thanks to You, because of Your righteous judgments. \* Your commands make me wiser than my enemies, for your commands are my constant guide. \* Your word is a lamp to my feet and a light to my path. \* I am afflicted very much; revive me according to Your word. \* I have inclined my heart to perform Your statutes forever, to the very end. \* The entrance of Your word gives light; it gives understanding to the simple. \* Make Your face shine upon Your servant, and teach me Your statutes. \* Your word is very pure; therefore Your servant loves it. \* I rejoice at Your word as one who finds great treasure. \* My lips shall utter praise, for You teach me Your statutes. \* My tongue shall speak of Your word, for all Your commandments are righteousness. \* I long for Your salvation, O LORD, and Your law is my delight. \* Amen, and Amen.

Psalm 119:62 NKJV \* Psalm 119:98 NLT \* Psalm 119:105 NKJV \* Psalm 119:107 NKJV \*

Psalm 119:112 NKJV \* Psalm 119:130 NKJV \* Psalm 119:135 NKJV \* Psalm 119:140 NKJV \*

Psalm 119:162 NKJV \* Psalm 119:171 NKJV \* Psalm 119:172 NKJV \* Psalm 119:174 NKJV \*

Psalm 72:19b KJV



## DAY 13

Serve the LORD with gladness! Come into his presence with singing! \* Praise the LORD! For it is good to sing praises to our God; for it is pleasant, and a song of praise is fitting. \* Seek the LORD and his strength; seek his presence continually! \* Enter his gates with thanksgiving, and his courts with praise! Give thanks to him; bless his name! \* The eyes of the LORD are toward the righteous and his ears toward their cry. \* I cry aloud to God, aloud to God, and he will hear me. \* He heals the brokenhearted and binds up their wounds. \* The LORD redeems the life of his servants; none of those who take refuge in him will be condemned. \* You open your hand; you satisfy the desire of every living thing. \* You make known to me the path of life; in your presence there is fullness of joy; at your right hand are pleasures forevermore. \* I said, "Let me remember my song in the night; let me meditate in my heart." Then my spirit made a diligent search. \* By day the LORD commands his steadfast love, and at night his song is with me, a prayer to the God of my life. \* Blessed be his glorious name forever; may the whole earth be filled with his glory! Amen and Amen!

Psalm 100:2 ESV \* Psalm 147:1 ESV \* Psalm 105:4 ESV \* Psalm 100:4 ESV \* Psalm 34:15  
ESV \* Psalm 77:1 ESV \* Psalm 147:3 ESV \* Psalm 34:22 ESV \* Psalm 145:16 ESV \* Psalm  
16:11 ESV \* Psalm 77:6 ESV \* Psalm 42:8 ESV \* Psalm 72:19 ESV





## DAY 14

Now when Sanballat, Tobiah, the Arabs, the Ammonites and the Ashdodites heard that the repair of the walls of Jerusalem went on, and that the breaches began to be closed, they were very angry. All of them conspired together to come and fight against Jerusalem and to cause a disturbance in it. But we prayed to our God, and because of them we set up a guard against them day and night. \* Our enemies said, “They will not know or see until we come among them, kill them and put a stop to the work.” \* When I saw their fear, I rose and spoke to the nobles, the officials and the rest of the people: “Do not be afraid of them; remember the Lord who is great and awesome, and fight for your brothers, your sons, your daughters, your wives and your houses.” When our enemies heard that it was known to us, and that God had frustrated their plan, then all of us returned to the wall, each one to his work. \* So we carried on the work with half of them holding spears from dawn until the stars appeared. At that time I also said to the people, “Let each man with his servant spend the night within Jerusalem so that they may be a guard for us by night and a laborer by day.” So neither I, my brothers, my servants, nor the men of the guard who followed me, none of us removed our clothes, each took his weapon even to the water. \* Without wise leadership, a nation falls. \* Amen, and Amen.

Nehemiah 4:7-9 NASB \* Nehemiah 4:11 NASB \* Nehemiah 4:14-15 NASB \* Nehemiah 4:21-23 NASB \* Proverbs 11:14a NLT \* Psalm 72:19b NASB



## DAY 15

I will give thanks to You, for I am fearfully and wonderfully made; wonderful are Your works, and my soul knows it very well. \* Your eyes have seen my unformed substance; and in Your book were all written the days that were ordained for me, when as yet there was not one of them. \* For we are His workmanship, created in Christ Jesus for good works, which God prepared beforehand so that we would walk in them. \* That is what the Scriptures mean when they say, “No eye has seen, no ear has heard, and no mind has imagined what God has prepared for those who love him.” \* For I know the thoughts that I think toward you, says the Lord, thoughts of peace and not of evil, to give you a future and a hope. \* Now the God of peace, who brought up from the dead the great Shepherd of the sheep through the blood of the eternal covenant, even Jesus our Lord, equip you in every good thing to do His will, working in us that which is pleasing in His sight, through Jesus Christ, to whom be the glory forever and ever. Amen.

Psalm 139:14 NASB \* Psalm 139:16 NASB \* Ephesians 2:10 NASB \* 1 Corinthians 2:9 NLT \*  
Jeremiah 29:11 NKJV \* Hebrews 13:20-21 NASB



## DAY 16

Every word of God is pure; He is a shield to those who put their trust in Him. \* Your word is very pure; therefore Your servant loves it. \* For You, O LORD, will bless the righteous; with favor You will surround him as with a shield. \* As for God, His way is perfect; the word of the LORD is proven; He is a shield to all who trust in Him. \* You also have given me the shield of your salvation; Your right hand has held me up, Your gentleness has made me great. \* You, O LORD, are a shield for me, my glory and the One who lifts up my head. \* Truly my soul silently waits for God; from Him comes my salvation. He only is my rock and my salvation; He is my defense; I shall not be greatly moved. \* As for me, You uphold me in my integrity, and set me before Your face forever. Blessed be the LORD God of Israel from everlasting to everlasting!  
Amen and Amen.

Proverbs 30:5 NKJV \* Psalm 119:140 NKJV \* Psalm 5:12 NKJV \* Psalm 18:30 NKJV \* Psalm 18:35 NKJV \* Psalm 3:3 NKJV \* Psalm 62:1-2 NKJV \* Psalm 41:12-13 NKJV



## DAY 17

Therefore be patient, brethren, until the coming of the Lord. See how the farmer waits for the precious fruit of the earth, wait patiently for it until it receives the early or latter rain. You also be patient. Establish your hearts, for the coming of the Lord is at hand. \* The Lord isn't really being slow about his promise to return, as some people think. No, he is being patient for your sake. He does not want anyone to perish, so he is giving more time for everyone to repent. \* And so, dear friends, while you are waiting for these things to happen, make every effort to live a pure and blameless life. And be at peace with God. \* In this you greatly rejoice, though now for a little while, if need be, you have been grieved by various trials, that the genuineness of your faith, being more precious than gold that perishes, though it is tested by fire, may be found to praise, honor, and glory at the revelation of Jesus Christ, whom having not seen you love. Though now you do not see Him, yet believing, you rejoice with joy inexpressible and full of glory, receiving the end of your faith—the salvation of your souls. \* So think clearly and exercise self-control. Look forward to the special blessings that will come to you at the return of Jesus Christ. \* We are bound to give thanks to God always for you, brethren beloved by the Lord, because God from the beginning chose you for salvation through sanctification by the Spirit and belief in the truth, to which He called you by our gospel, for the obtaining of the glory of our Lord Jesus Christ. \* He who is the faithful witness to all these things says, "Yes, I am coming soon!" Amen! Come, Lord Jesus!

James 5:7-8 NKJV \* 2 Peter 3:9 NLT \* 2 Peter 3:14 NLT \* 1 Peter 1:6-9 NKJV \* 1 Peter 1:13 NLT \* 2 Thessalonians 2:13-14 NKJV \* Revelation 22:20 NLT





## DAY 18

Thus says the LORD, the King of Israel, and his Redeemer, the LORD of hosts: I am the First and I am the Last; besides Me there is no God. \* Most assuredly, I say to you, before Abraham was, I AM. \* Fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand. \* For I am the LORD, I do not change. \* I am the light of the world. He who follows Me shall not walk in darkness, but have the light of life. \* In Him was life, and the life was the light of men. \* I am the bread of life. He who comes to Me shall never hunger, and he who believes in Me shall never thirst. \* I am from above. \* I am not of this world. \* I am the door. If anyone enters by Me, he will be saved, and will go in and out and find pasture. \* I am the good shepherd. The good shepherd gives His life for the sheep. \* I am the resurrection and the life. He who believes in Me, though he may die, he shall live. \* I am the way, the truth and the life. No one comes to the Father except through Me. \* “I am the Alpha and the Omega, the Beginning and the End,” says the Lord, “who is and who was and who is to come, the Almighty.” \* Do not be afraid; I am the First and the Last. I am He who lives, and was dead, and behold, I am alive forevermore. Amen.

Isaiah 44:6 NKJV \* John 8:58 NKJV \* Isaiah 41:10 NKJV \* Malachi 3:6 NKJV \* \* John 8:12b NKJV \* John 1:4 NKJV \* John 6:35 NKJV \* John 8:23a NKJV \* John 8:23b NKJV \* John 10:9 NKJV \* John 10:11 NKJV \* John 11:25 NKJV \* John 14:6 NKJV \* Revelation 1:8 NKJV \* Revelation 1:17b NKJV



## DAY 19

But earnestly desire the best gifts. And yet I show you a more excellent way. \* The greatest of these is love. \* Greater love has no one than this, than to lay down one's life for his friends. \* Beloved, let us love one another, for love is of God; and everyone who loves is born of God and knows God. He who does not love does not know God, for God is love. In this the love of God was manifested toward us, that God has sent His only begotten Son into the world, that we might live through Him. \* We love Him because He first loved us. \* Therefore, be imitators of God as dear children. And walk in love, as Christ also has loved us and given Himself for us, an offering and a sacrifice to God for a sweet-smelling aroma. \* We know how much God loves us, and we have put our trust in Him. God is love, and all who live in love live in God, and God lives in them. And as we live in God, our love grows more perfect. So we will not be afraid on the day of judgment, but can face him with confidence because we are like Christ here in this world. \* Love is patient and kind. Love is not jealous or boastful or proud or rude. Love does not demand its own way. Love is not irritable, and it keeps no record of when it has been wronged. It is never glad about injustice but rejoices whenever the truth wins out. Love never gives up, never loses faith, is always hopeful, and endures through every circumstance. Love will last forever. \* My little children, let us not love in word or in tongue, but in deed and truth. \* There is no fear in love; but perfect love casts out fear, because fear involves torment. But he who fears has not been made perfect in love. \* Little children, keep yourselves from idols. Amen.

1 Corinthians 12:31 NKJV \* 1 Corinthians 13:13 NKJV \* John 15:13 NKJV \* 1 John 4:7-9 NKJV \* 1 John 4:19 NKJV \* Ephesians 5:1-2 NKJV \* 1 John 4:16-17 NLT \* 1 Corinthians 13:4-8a NLT \* 1 John 3:18 NKJV \* 1 John 4:18 NKJV \* 1 John 4:21 NKJV



## DAY 20

Brethren, if a man is overtaken in any trespass, you who are spiritual restore such a one in a spirit of gentleness, considering yourself lest you also be tempted. Bear one another's burdens, and so fulfill the law of Christ. \* For you, brethren have been called to liberty; only do not use liberty as an opportunity for the flesh, but through love serve one another. For all the law is fulfilled in one word, even in this: "You shall love your neighbor as yourself." \* Therefore, as we have opportunity, let us do good to all, especially to those who are of the household of faith. \* For by grace you have been saved through faith, and that not of yourselves; it is the gift of God, not of works, lest anyone should boast. For we are His workmanship, created in Christ Jesus for good works, which God prepared beforehand that we should walk in them. \* I, therefore, the prisoner of the Lord, beseech you to walk worthy of the calling with which you were called, with all lowliness and gentleness, with longsuffering, bearing with one another in love, endeavoring to keep the unity of the Spirit in the bond of peace. \* Having then gifts differing according to the grace that is given to us, let us use them: if prophecy, let us prophesy in proportion to our faith; or ministry, let us use it in our ministering; he who teaches, in teaching; he who exhorts, in exhortation; he who gives, with liberality; he who leads, with diligence; he who shows mercy, with cheerfulness. \* Amen and Amen.

Galatians 6:1-2 NKJV \* Galatians 5:13-14 NKJV \* Galatians 5:10 NKJV \* Ephesians 2:8-10 NKJV \* Ephesians 4:1-3 NKJV \* Romans 12:6-8 NKJV \* Psalm 41:13b NKJV



## DAY 21

The effective fervent prayer of a righteous man avails much. \* The righteous keep moving forward and those with clean hands become stronger and stronger. \* Indeed we count them blessed who endure. You have heard of the perseverance of Job and seen the end intended by the Lord—that the Lord is very compassionate and merciful. \* Therefore we also, since we are surrounded by so great a cloud of witnesses, let us lay aside every weight, and the sin which so easily ensnares us, and let us run with endurance the race that is set before us, looking unto Jesus, the author and finisher of our faith, who for the joy that was set before Him endured the cross, despising the shame, and has sat down at the right hand of the throne of God. \* Now to Him who is able to keep you from stumbling, and to present you faultless before the presence of His glory with exceeding joy, to God our Savior, who alone is wise, be glory and majesty, dominion and power, both now and forever. Amen.

James 5:16b NKJV \* Job 17:9 NLT \* James 5:11 NKJV \* Hebrews 12:1-2 NKJV \* Jude 24-25 NKJV





## DAY 22

Worship God. \* Holy, holy, holy, Lord God Almighty, Who was and is and is to come! \* You are worthy, O Lord, to receive glory and honor and power; for You created all things, and by Your will they exist and were created. \* You are worthy to take the scroll, and to open its seals; for You were slain, and have redeemed us to God by Your blood. Out of every tribe and tongue and people and nation, and have made us kings and priests to our God; and we shall reign on the earth. \* Worthy is the Lamb who was slain to receive power and riches and wisdom, and strength and honor and glory and blessing! \* Blessing and honor and glory and power be to Him who sits on the throne, and to the Lamb, forever and ever! \* We give You thanks, O Lord God Almighty, the One who is and who was and who is to come, because You have taken Your great power and reigned. The nations were angry, and Your wrath has come, and the time of the dead, that they should be judged, and that You should reward Your servants the prophets and the saints, and those who fear Your name, small and great, and should destroy those who destroy the earth. \* The grace of our Lord Jesus Christ be with you all. Amen.

Revelation 22:9b NKJV \* Revelation 4:8b NKJV \* Revelation 4:11 NKJV \* Revelation 5:9-10 NKJV \* Revelation 5:12 NKJV \* Revelation 5:13b \* Revelation 11:17-18 NKJV \* Revelation 22:21 NKJV



## DAY 23

The first time I was brought before the judge, no one was with me. Everyone had abandoned me. I hope it will not be counted against them. But the Lord stood with me and gave me strength, that I might preach the Good News in all its fullness for all the Gentiles to hear. And he saved me from certain death. \* I pray that from his glorious unlimited resources he will give you mighty inner strength through his Holy Spirit. \* And may you have the power to understand, as all God's people should, how wide, how long, how high, and how deep his love really is. May you experience the love of Christ, though it is so great you will never fully understand it. Then you will be filled with the fullness of life and power that comes from God. \* We also pray that you will be strengthened with his glorious power so that you will have all the patience and endurance you need. May you be filled with joy, always thanking the Father, who has enabled you to share the inheritance that belongs to God's holy people, who live in the light. For he has rescued us from the one who rules in the kingdom of darkness, and he has brought us into the Kingdom of his dear Son. \* Yes, and the Lord will deliver me from every evil attack and will bring me safely to his heavenly Kingdom. To God be the glory forever and ever. Amen.

2 Timothy 2:16-17 NLT \* Ephesians 3:16 NLT \* Ephesians 3:18-19 NLT \* Colossians 1:11-13

NLT \* 2 Timothy 2:18 NLT



## DAY 24

God has purchased our freedom with his blood and has forgiven all our sins. \* So if the Son sets you free, you will indeed be free. \* And you will know the truth, and the truth will set you free. \* This truth gives them the confidence of eternal life, which God promised them before the world began—and he cannot lie. \* But people who aren't Christians can't understand these truths of God's Spirit. It all sounds foolish to them because only those who have the Spirit can understand what the Spirit means. \* So now there is no condemnation for those who belong to Christ. For the power of the life-giving Spirit has freed you through Christ Jesus from the power of sin that leads to death. \* So Christ has really set us free. Now make sure that you stay free, and don't get tied up again in slavery to the law. \* My dear brothers and sisters, may the grace of our Lord Jesus Christ be with you all. Amen.

Colossians 1:14 NLT \* John 8: 36 NLT \* John 8:32 NLT \* Titus 1:2 NLT \* 1 Corinthians 2:14 NLT \* Romans 8:1-2 NLT \* Galatians 5:1 NLT \* Galatians 6:18 NLT



## DAY 25

When I thought how to understand this, it was too painful for me—until I went into the sanctuary of God; then I understood their end. \* O house of Jacob, come and let us walk in the light of the LORD. \* For you were once in darkness, but now you are light in the Lord. Walk as children of light (for the fruit of the Spirit is in all goodness, righteousness, and truth), finding out what is acceptable to the Lord. \* Therefore be imitators of God as dear children. And walk in love, as Christ also has loved us and given Himself for us, an offering and a sacrifice to God for a sweet smelling aroma. \* As you therefore have received Christ Jesus the Lord, so walk in Him, rooted and built up in Him and established in the faith as you have been taught, abounding in it with thanksgiving. \* And though the Lord gives you the bread of adversity and the water of affliction, yet your teachers will not be moved into a corner anymore, but your eyes shall see your teachers. Your ears shall hear a word behind you, saying, “This is the way, walk in it,” whenever you turn to the right hand or whenever you turn to the left. \* To God, alone wise, be glory through Jesus Christ forever. Amen.

Psalm 73:16-17 NKJV \* Isaiah 2:5 NKJV \* Ephesians 5:8-10 NKJV \* Ephesians 5:1-2 NKJV \*  
Colossians 2:6 NKJV \* Isaiah 30:20-21 NKJV \* Romans 16:27 NKJV





## DAY 26

God is not a man, that he should lie. He is not a human, that he should change his mind. Has he ever spoken and failed to act? Has he ever promised and not carried it through? \* God is faithful, by whom you were called into the fellowship of His Son, Jesus Christ our Lord. \* If we are faithless, He remains faithful; He cannot deny Himself. \* Let us hold fast the confession of our hope without wavering, for He who promised is faithful. \* No temptation has overtaken you except such as is common to man; but God is faithful, who will not allow you to be tempted beyond what you are able, but with the temptation will also make the way of escape, that you may be able to bear it. \* To God, alone wise, be glory through Jesus Christ forever. Amen.

Numbers 23:19 NLT \* 1 Corinthians 1:9 NKJV \* 2 Timothy 2:13 NKJV \* Hebrews 10:23

NKJV \* 1 Corinthians 10:13 NKJV \* Romans 16:27 NKJV

DAY

26 .....

**He who promised is faithful.**

Lined writing area with 20 horizontal lines.

## DAY 27

Seek the LORD while he may be found; call on him while he is near. Let the wicked forsake their ways and the unrighteous their thoughts. Let them turn to the LORD, and he will have mercy on them, and to our God, for he will freely pardon. \* Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable— if anything is excellent or praiseworthy—think about such things. \* Keep this Book of the Law always on your lips; meditate on it day and night, so that you may be careful to do everything written in it. Then you will be prosperous and successful. \* I have hidden your word in my heart that I might not sin against you. \* My love to all of you in Christ Jesus. Amen.

Isaiah 55:6-7 NIV \* Philippians 4:8 NIV \* Joshua 1:8 NIV \* Psalm 119:11 NIV \* 1 Corinthians 16:24 NIV



## DAY 28

They shall be mine, says the LORD of hosts, in the day when I make up my treasured possession, and I will spare them as a man spares his son who serves him. \* As a father shows compassion to his children, so the LORD shows compassion to those who fear him. \* For as high as the heavens are above the earth, so great is his steadfast love toward those who fear him. \* But the steadfast love of the LORD is from everlasting to everlasting on those who fear him, and his righteousness to children's children, to those who keep his covenant and remember to do his commandments. \* Then once more you shall see the distinction between the righteous and the wicked, between one who serves God and one who does not serve him. \* For behold, the day is coming, burning like an oven, when all the arrogant and all evildoers will be stubble. The day that is coming shall set them ablaze, says the LORD of hosts, so that it will leave them neither root nor branch. But for you who fear my name, the sun of righteousness shall rise with healing in its wings. You shall go out leaping like calves from the stall. And you shall tread down the wicked, for they will be ashes under the soles of your feet, on the day when I act, says the LORD of hosts. \* Amen and Amen!

Malachi 3:17 ESV \* Psalm 103:13 ESV \* Psalm 103:11ESV \* Psalm 103:17-18 ESV \* Malachi 3:18 ESV \* Malachi 4:1-3 ESV \* Psalm 72:19b ESV



## DAY 29

Surely goodness and mercy shall follow me all the days of my life; and I will dwell in the house of the LORD forever. \* Blessed be the God and Father of our Lord Jesus Christ, who has blessed us with every spiritual blessing in the heavenly places in Christ, just as He chose us in Him before the foundation of the world, that we should be holy and without blame before Him in love, having predestined us to adoption as sons by Jesus Christ to Himself, according to the good pleasure of His will, to the praise of the glory of His grace, by which He made us accepted in the Beloved. In Him we have redemption through His blood, the forgiveness of sins, according to the riches of His grace which He made to abound toward us in all wisdom and prudence, having made known to us the mystery of His will, according to His good pleasure which He purposed in Himself. \* Those who are planted in the house of the LORD shall flourish in the courts of our God. They shall still bear fruit in old age; they shall be fresh and flourishing, to declare that the LORD is upright; He is my rock, and there is no unrighteousness in Him. \* Now to Him who is able to do exceedingly abundantly above all that we ask or think, according to the power that works in us, to Him be glory in the church by Christ Jesus to all generations, forever and ever. Amen.

Psalm 23:6 NKJV \* Ephesians 1:3-9 NKJV \* Psalm 92:13-15 NKJV \* Ephesians 3:20-21 NKJV



DAY

29 .....

**One who flourishes has a close continual walk with God.**

Lined writing area consisting of 18 horizontal lines.

## DAY 30

And not only that, but we also glory in tribulations, knowing that tribulation produces perseverance; and perseverance character; and character, hope. \* Knowing God leads to self-control. Self-control leads to patient endurance, and patient endurance leads to godliness. Godliness leads to love for other Christians, and finally you will grow to have genuine love for everyone. The more you grow like this, the more you will become productive and useful in your knowledge of our Lord Jesus Christ. \* For our present troubles are quite small and won't last very long. Yet they produce in us an immeasurably great glory that will last forever! \* We are pressed on every side by troubles, but we are not crushed and broken. We are perplexed, but we don't give up and quit. We are hunted down but God never abandons us. We get knocked down, but we get up again and keep going. \* So we don't look at the troubles we can see right now; rather, we look forward to what we have not yet seen. For the troubles we see will soon be over, but the joys to come will last forever. \* This hope we have as an anchor of the soul, both sure and steadfast, and which enters the Presence behind the veil. \* Grace be with you all. Amen.

Romans 5:3-4 NKJV \* 2 Peter 1:6-8 NLT \* 2 Corinthians 4:17 NLT \* 2 Corinthians 4:8-9 NLT  
\* 2 Corinthians 4:18 NLT \* Hebrews 6:19 NKJV \* Hebrews 13:25 NKJV



## DAY 31

Righteousness guards him whose way is blameless, but wickedness overthrows the sinner. \* For whatever is born of God overcomes the world. And this is the victory that has overcome the world—our faith. Who is he who overcomes the world, but he who believes that Jesus is the Son of God? \* You are of God, little children, and have overcome them, because He who is in you is greater than he who is in the world. \* These things I have spoken to you, that in Me you may have peace. In the world you will have tribulations; but be of good cheer, I have overcome the world. \* Peace I leave with you, My peace I give to you; not as the world gives do I give to you. Let not your heart be troubled, neither let it be afraid. \* But thanks be to God, who gives us victory through our Lord Jesus Christ. \* To God our Savior, who alone is wise, be glory and majesty, dominion and power, both now and forever. Amen.

Proverbs 13:6 NKJV \* 1 John 5:4-5 NKJV \* 1 John 4:4 NKJV \* John 16:33 NKJV \* John 14:27 NKJV \* 1 Corinthians 15:57 NKJV \* Jude 1:25 NKJV



## DAY 32

God is in the midst of her, she shall not be moved; God shall help her, just at the break of dawn.

\* “No weapon formed against you shall prosper, and every tongue which rises against you in judgment You shall condemn. This is the heritage of the servants of the LORD, and their righteousness is from Me,” says the LORD. \* You are of God, little children, and have overcome them, because He who is in you is greater than he who is in the world. \* Do not marvel my brethren, if the world hates you. \* If the world hates you, you know that it hated Me before it hated you. \* He who hates Me hates My Father also. \* If we receive the witness of men, the witness of God is greater; for this is the witness of God which He has testified of His Son. He who believes in the Son of God has the witness in himself; he who does not believe God has made Him a liar, because he has not believed the testimony that God has given of His Son. And this is the testimony: that God has given us eternal life, and this life is in His Son. He who has the Son has life; he who does not have the Son of God does not have life. \* And Jesus said to them, “I am the bread of life. He who comes to Me shall never hunger, and he who believes in Me shall never thirst. \* Most assuredly, I say to you, he who believes in Me has everlasting life. I am the bread of life. \* Now to Him who is able to keep you from stumbling, and to present you faultless before the presence of His glory with exceeding joy, to God our Savior, who alone is wise, be glory and majesty, dominion and power, both now and forever. Amen.

Psalms 46:5 NKJV \* Isaiah 54:17 NKJV \* 1 John 4:4 NKJV \* 1 John 3:13 NKJV \* John 15:18 NKJV \* John 15:23 NKJV \* 1 John 5:9-12 NKJV \* John 6:35 NKJV \* John 6:47-48 NKJV \* Jude 1:24-25 NKJV



## DAY 33

But the Lord is faithful who will establish you and guard you from the evil one. \* The LORD is your keeper; the LORD is your shade at your right hand. The sun shall not strike you by day, nor the moon by night. The LORD shall preserve you from all evil; He shall preserve your soul. The LORD shall preserve your going out and your coming in from this time forth, and even forevermore. \* Now may the God of peace Himself sanctify you completely; and may your whole spirit, soul, and body be preserved blameless at the coming of our Lord Jesus Christ. He who calls you is faithful, who also will do it. \* Therefore let him who thinks he stands take heed lest he fall. No temptation has overtaken you except such as is common to man; but God is faithful, who will not allow you to be tempted beyond what you are able, but with the temptation will also make the way of escape, that you may be able to bear it. \* Awake, you who sleep, arise from the dead, and Christ will give you light. \* Grace be with all those who love our Lord Jesus Christ in sincerity. Amen.

2 Thessalonians 3:3 NKJV \* Psalm 121:5-8 NKJV \* 1 Thessalonians 5:23-24 NKJV \* 1  
Corinthians 10:12-13 NKJV \* Ephesians 5:14 NKJV \* Ephesians 6:24 NKJV





## DAY 34

When I think of the wisdom and scope of God's plan, I fall to my knees and pray to the Father, the Creator of everything in heaven and on earth. I pray that from his glorious, unlimited resources he will give you mighty inner strength through His Holy Spirit. And I pray that Christ will be more and more at home in your hearts as you trust in him. May your roots go down deep into the soil of God's marvelous love. And may you have the power to understand, as all God's people should, how wide, how long, how high, and how deep his love really is. \* We know how much God loves us, and we have put our trust in him. God is love and all who live in love live in God, and God lives in them. And as we live in God, our love grows more perfect. So we will not be afraid on the day of judgment, but we can face him with confidence because we are like Christ here in this world. Such love has no fear because perfect love expels all fear. If we are afraid, it is for fear of judgment, and this shows that his love has not been perfected in us. We love each other as a result of his loving us first. \* May God's grace be upon all who love our Lord Jesus Christ with an undying love. \* Amen and Amen.

Ephesians 3:14-19 NLT \* 1 John 4:16-19 NLT \* Ephesians 6:24 NLT \* Psalm 72:19b NLT

DAY

34 .....

**Do you grasp how deep God’s love is for you?**

Series of horizontal lines for writing.

## DAY 35

Victory comes from you, O LORD, may your blessings rest on your people. \* Listen to my cry for help, my King and my God, for I will never pray to anyone but you. Listen to my voice in the morning, LORD, each morning I bring my requests to you and wait expectantly. \* I cried out to the LORD, and he answered me from his holy mountain. I lay down and slept. I woke up in safety, for the LORD was watching over me. I am not afraid of ten thousand enemies who surround me on every side. Arise, O LORD! Rescue me, my God! Slap all my enemies in the face! Shatter the teeth of the wicked! \* O God, you take no pleasure in wickedness; you cannot tolerate the slightest sin. Therefore, the proud will not be allowed to stand in your presence, for you hate all who do evil. You will destroy those who tell lies. The LORD detests murderers and deceivers. Because of your unfailing love, I can enter your house; with deepest awe I will worship at your Temple. Lead me in the right path, O LORD, or my enemies will conquer me. Tell me clearly what to do, and show me which way to turn. \* Amen and Amen.

Psalm 3:8 NLT \* Psalm 5:2-3 NLT \* Psalm 3:4-7 NLT \* Psalm 5:5-8 NLT \* Psalm 72:19b NLT



## DAY 36

The LORD is my light and my salvation; whom shall I fear? The LORD is the strength of my life; of whom shall I be afraid? \* I would have lost heart, unless I had believed that I would see the goodness of the LORD in the land of the living. Wait on the LORD; be of good courage, and He shall strengthen your heart; wait, I say, on the LORD! \* The LORD will give strength to His people; the LORD will bless His people with peace. \* Blessed be the LORD, because He has heard the voice of my supplications! The LORD is my strength and my shield; my heart trusted in Him, and I am helped; therefore my heart greatly rejoices, and with my song I will praise Him. The Lord is their strength, And He is the saving refuge of His anointed. Save Your people, and bless Your inheritance; shepherd them also, and bear them up forever. \* Blessed be the LORD forevermore! Amen and Amen.

Psalm 27:1 NKJV \* Psalm 27:13-14 NKJV \* Psalm 29:11 NKJV \* Psalm 28:6-9 NKJV \* Psalm 89:52 NKJV

DAY

36 .....

**I would have lost heart unless I had believed that I would see the goodness of the LORD in the land of the living.**

Lined writing area consisting of 18 horizontal lines.

## DAY 37

O LORD my God, you have done many miracles for us. Your plans for us are too numerous to list. If I tried to recite all your wonderful deeds, I would never come to the end of them. \* Who else among the gods is like you, O LORD? Who is glorious in holiness like you—so awesome in splendor, performing such wonders? You raised up your hand, and the earth swallowed our enemies. With unfailing love you will lead this people whom you have ransomed. You will guide them in your strength to the place where your holiness dwells. \* “My thoughts are completely different from yours,” says the LORD. “And my ways are far beyond anything you could imagine. For just as the heavens are higher than the earth, so are my ways higher than your ways and my thoughts higher than your thoughts. \* “Be just and fair to all,” says the LORD. “Do what is right and good, for I am coming soon to rescue you. Blessed are those who are careful to do this. Blessed are those who honor my Sabbath days of rest by refusing to work. And blessed are those who keep themselves from doing wrong.” \* I will bring them also to my holy mountain of Jerusalem and will fill them with joy in my house of prayer. I will accept their burnt offerings and sacrifices, because my Temple will be called a house of prayer for all nations. For the Sovereign LORD, who brings back the outcasts of Israel, says: I will bring others, too, besides my people Israel. \* I will praise your mighty deeds, O Sovereign LORD. I will tell everyone that you alone are just and good. \* We will not hide these truths from our children, but will tell the next generation about the glorious deeds of the LORD. We will tell of his power and the mighty miracles he did. \* So the next generation might know them—even the children not yet born—so they in turn might teach their children. So each generation can set its hope anew on God, remembering his glorious miracles and obeying his commands. \* Now to Him who is able to do



exceedingly abundantly above all that we ask or think, according to the power that works in us, to Him be glory in the church by Christ Jesus to all generations, forever and ever. Amen.

Psalm 40:5 NLT \* Exodus 15:11-13 NLT \* Isaiah 55:8-9 NLT \* Isaiah 56:1-2 NLT \* Isaiah  
56:7-8 NLT \* Psalm 71:16 NLT \* Psalm 78:4 NLT \* Psalm 78:6- 7 NLT \* Ephesians 3:20-21  
NKJV

DAY

37 .....

**God is able to do exceedingly abundantly above all you ask or think, and He wants to.**

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## DAY 38

Blessed are those who mourn, for they shall be comforted. \* Also He spoke this parable to some who trusted in themselves that they were righteous, and despised others: “Two men went up to the temple to pray, one a Pharisee and the other a tax collector. The Pharisee stood and prayed thus with himself, ‘God, I thank You that I am not like other men—extortioners, unjust, adulterers, or even as this tax collector. I fast twice a week; I give tithes of all that I possess.’ And the tax collector, standing afar off, would not so much as raise his eyes to heaven, but beat his breast, saying, ‘God, be merciful to me a sinner!’ I tell you, this man went down to his house justified rather than the other; for everyone who exalts himself will be humbled, and he who humbles himself will be exalted.” \* For all have sinned; all fall short of God’s glorious standard. Yet now God in his gracious kindness declares us not guilty. He has done this through Christ Jesus, who has freed us by taking away our sins. For God sent Jesus to take the punishment for our sins and to satisfy God’s anger against us. We are made right with God when we believe that Jesus shed his blood, sacrificing his life for us. God was being entirely fair and just when he did not punish those who sinned in former times. And he is entirely fair and just in this present time when he declares sinners to be right in his sight because they believe in Jesus. Can we boast, then, that we have done anything to be accepted by God? No, because our acquittal is not based on our good deeds. It is based on our faith. So we are made right with God through faith and not by obeying the law. \* To God, alone wise, be glory through Jesus Christ forever. Amen.

Matthew 5:4 NKJV \* Luke 18:9-14 NKJV \* Romans 3:23-28 NLT \* Romans 16:27 NKJV

DAY

38 .....

**Are you quick to ask God to forgive you of your sin?**

Horizontal lines for writing.

## DAY 39

I thank my God upon every remembrance of you, always in every prayer of mine making request for you all with joy. \* That the God of our Lord Jesus Christ, the Father of glory, may give to you the spirit of wisdom and revelation in the knowledge of Him, the eyes of your understanding being enlightened; that you may know what is the hope of His calling, what are the riches of the glory of His inheritance in the saints and what is the exceeding greatness of His power toward us who believe, according to the working of His mighty power which He worked in Christ when He raised Him from the dead and seated Him at His right hand in the heavenly places, far above all principality and power and might and dominion, and every name that is named, not only in this age but also in that which is to come. \* For this reason we also, since the day we heard it, do not cease to pray for you, and to ask that you may be filled with the knowledge of His will in all wisdom and spiritual understanding, that you may walk worthy of the Lord, fully pleasing Him, being fruitful in every good work and increasing in the knowledge of God; strengthened with all might, according to His glorious power, for all patience and longsuffering with joy; giving thanks to the Father who has qualified us to be partakers of the inheritance of the saints in the light. \* That Christ may dwell in your hearts through faith: that you, being rooted and grounded in love, may be able to comprehend with all the saints what is the width and length and depth and height—to know the love of Christ which passes knowledge; that you may be filled with all the fullness of God. \* He has delivered us from the power of darkness and conveyed us into the kingdom of the Son of His love, in whom we have redemption through His blood, the forgiveness of sins. \* All who are with me greet you. Greet those who love us in the faith. Grace be with you all. Amen.

Philippians 1:3-4 NKJV \* Ephesians 1:17-21 NKJV \* Colossians 1:9-12 NKJV \* Ephesians  
3:17-19 NKJV \* Colossians 1:13-14 NKJV \* Titus 3:15 NKJV

DAY

39 .....

**Pray for the church.**

**Revival of the hearts.**

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## DAY 40

Trust in the LORD, and do good; dwell in the land and befriend faithfulness. \* Trust in the LORD with all your heart, and do not lean on your own understanding. In all your ways acknowledge him, and he will make straight your paths. Be not wise in your own eyes; fear the LORD, and turn away from evil. It will be healing to your flesh and refreshment to your bones. \* Trust in the LORD forever, for the LORD GOD is an everlasting rock. \* Trust in him at all times, O people; pour out your heart before him; God is a refuge for us. \* Delight yourself in the LORD, and he will give you the desires of your heart. \* But seek first the kingdom of God and his righteousness, and all these things will be added to you. \* Rejoice in the Lord always; again I will say, Rejoice. \* Commit your way to the LORD; trust in him, and he will act. \* Commit your work to the LORD, and your plans will be established. \* My love be with you all in Christ Jesus. Amen.

Psalm 37:3 ESV \* Proverbs 3:5-8 ESV \* Isaiah 26:4 ESV \* Psalm 62:8 ESV \* Psalm 37:4 ESV

\* Matthew 6:33 ESV \* Philippians 4:4 ESV \* Psalm 37:5 ESV \* Proverbs 16:3 ESV \* 1

Corinthians 16:24 ESV



