

The Shared Experiences of the Effectiveness of Christian Mindfulness Meditation for Adult
Evangelical Christians in Florida Experiencing PTSD Symptomatology

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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Abstract

Mindfulness meditation, though secular in origin, is a distinct Christian principle found in the Bible and are practices that Christians in general subconsciously subscribe to especially in times of traumatic stress. When adapted to reflect Christian principles, this practice should retain the basic concepts of mindfulness meditation while safeguarding the integrity of the biblical tenet. The purpose of this phenomenological study was to understand and describe the shared experiences of the effectiveness of Christian mindfulness meditation of adult evangelical Christians in Florida suffering from post-traumatic stress disorder symptomology. A gap in literature exploring the topics of Christian rumination (meditation) and mindfulness skills as a means of religious coping amid trauma among Christian adults, using qualitative methods, was identified. The guiding theory for the study was the empowerment theory of Perkins and Zimmerman to understand the relationship between the traumatic lived experiences of evangelical Christians and the management and improvement of their symptoms through participation in Christian mindfulness meditation. Integrative phenomenological analysis was used to identify themes from the shared experiences of the participants associated with the effectiveness of Christian mindfulness meditation.

Keywords: Evangelical Christians, posttraumatic stress disorder, mindfulness meditation, treatment modality, empowerment theory

Dedication

I dedicate this work to my three children, Sherri-Lee Sutanya, Errol Anthony, and Annastaeja Shevonne. You have been my rock, my source of inspiration, and the driving force behind all I do.

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First and foremost, I want to acknowledge my Lord and Savior Jesus Christ who endowed me with the gifts and the abilities to complete this work, and the Holy Spirit who has worked in me and through me actualize these gifts and abilities through His divine wisdom. I especially want to thank Dr. Lisa Ansell, my dissertation chair, for her unwavering guidance, instructions, directions, and consistent encouragement throughout this entire process. To Dr. Rodney Phillips, my reader. You have been a constant source of guidance and inspiration. Finally, to my classmates Lindsey and Jackie, and to all my family and friends, I thank you for all the support you so lavishly bestowed upon me throughout the course of this study. I pray God's continued divine guidance, favor, protection, and blessing upon you all, as you continue to traverse this journey called life.

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List of Abbreviations

Christian Accommodative Mindfulness (CAM)

Christian Mindfulness Meditation (CMM)

Mindfulness Meditation (MM)

Posttraumatic Stress Disorder (PTSD)

Chapter One: Introduction

Overview

This chapter provides a basic understanding of mindfulness meditation (MM), posttraumatic stress disorder (PTSD), and the unique cultural challenges that exist when working with impacted evangelical Christians who subscribe to the literal linguistic interpretation of the biblical text. The need for research on Christian mindfulness meditation (CMM) is presented, the problem under investigation is explained, and the purpose and significance of the study is identified. Then the chapter discusses the research relationship to self, research questions (RQs), and the definition of terms related to this research.

Background

Evangelicals are thought to be experiencing high rates of PTSD due to the church's traditional stance on mental health issues, their traditional interpretation of Christian doctrine that are perceived by some as shaming, and the church's position on traditional treatment modalities (Downie, 2022). The evangelical church, for the most part, holds that psychotherapy and other "secular" interventional methods contradict with or disregard biblical teachings, leaving many congregants to rely solely on their religious practices to help abate suffering theology (Jones et al., 2023). Religious faith practices are the resource that people will turn to first to help navigate their trauma, because through them most find a source of comfort and relief (Ochu et al., 2018). Current studies indicate that the standard treatment protocols for PTSD have a high variability of success; however, personalization based on individual characteristics such as culture and religious beliefs are said to produce greater efficacy especially in those who are fearful of engaging in traditional therapeutic interventions (Herzog & Kaiser, 2022). MM when adapted to a Christian worldview is thought to possess the ability to advance healing in impacted

evangelicals, which is an important gap that this current study investigates (Knabb et al., 2019).

Mindfulness Meditation

MM practices became popular in the Western world with the advent of Jon Kabat-Zinn's (2015) mindfulness-based programs in the early 1980s (Saunders & Kober, 2020) and is increasingly being employed by many organizations within the United States to help reduce employee burnout and stress (Kopel & Habermas, 2019; Latunde, 2022). Even though MM is deeply rooted in Buddhist theology, it is also a critical component of Christian theology, for both mindfulness and meditation are words and concepts that are repeatedly found in both the Old and New Testaments (Herzog & Kaiser, 2022; Timbers & Hollenberger, 2022). In fact, the King James version of the Bible (1976/2017) mentions these words specifically over 42 times, and many more inferences are made throughout this sacred text that precedes the origins of this Buddhist-associated practice. For example, in Psalms 1:1-3 (*New Living Translation* [NLT], 1997/2007), anyone who meditates upon the Word of God continuously will be blessed, fruitful, and prosperous. In Joshua 1:8 (NLT), God tells Joshua that if he meditated upon His Word incessantly, Joshua would be prosperous and successful in all he did. In Psalms 77:12 (NLT), the writer expresses to God that he is constantly mindful of all the wonderful things God has done for him, so much so, that he consistently meditated upon them. In Philippians 2:1-5 (NLT), the Apostle Paul reminds followers of Christ to live with a conscious awareness of the present moment, and to always be mindful. In Colossians 4:2 (NLT), the Apostle Paul again admonishes Christians to always be mindful and thankful. Further, the act of meditation was first explicitly practiced by Isaac in the book of Genesis, as "he walked and meditated in the fields" (Genesis 24:63a, NLT, 1996/2007), which infers that meditation has been in existence for almost 5,000 years, based on Bible chronology. Buddhism on the other hand is said to have originated 2,500

years ago, according to historical narratives. This supports mindfulness as a practice that was designed by God Himself for His people.

The principles and practices of secular MM offers a more in-depth explanation of how to be mindful during meditation through the practice of judgement-free, present moment awareness, for prolonged periods of time, which produces the capacity to foster a mindful attitude (Medvedev et al., 2021). The principles and practices of secular MM have shown significance for those experiencing PTSD symptomology (Zhmai, 2021). The principles of MM can be advantageous for evangelicals, as it may impart strategies and techniques that can help the affected to apprehend rebellious or ruminating thoughts, to bring them into alignment with the Word of God (2 Corinthians 10:5b, NLT), during times of traumatic stress. Nevertheless, many impacted evangelicals may fail to benefit from the benefits of MM because of its association with secularism and the cultures of the world, and MM's perceived contradiction with the biblical tenet, unless a culturally adapted version that integrates the Christian worldview is presented for consideration. One such culturally adapted, distinct Christian version that may provide invaluable benefits to those who subscribe to evangelicalism, is CMM (Ford & Garzon, 2017; Garzon et al., 2022; Hall et al., 2019; Jones et al., 2023; Lloyd, 2023; Lloyd & Waller, 2020; Timbers & Hollenberger, 2022).

Posttraumatic Stress Disorder

Everyone's response to trauma is unique, and not every individual who has encountered or experienced a traumatic event will be predisposed to trauma (Pugach et al., 2019). However, for those who suffer from enduring psychological distress with a maladaptive response, they are deemed to be experiencing PTSD, and most will continue to suffer throughout their lifetimes if they are not privy to or accepting of the help they need (Lazarov et al., 2022). Jesus specifically

stated that one of the reasons He came to earth was so humanity could experience a full and abundant life (John 10:10a, NLT, 1996/2007). But PTSD disrupts daily functioning, incites fixation on past traumatic events, and induces a whole range of negative emotions that can disable the impacted from living life to the fullest. The traumatic event affects the individual's capacity to cope with the resulting stressors, temporarily or permanently, and may alter the individual's view of themselves and of God (Nijdam et al., 2018).

Compatibility Between Mindfulness Meditation and the Christian Scriptures

Some evangelical Christians might be open to the idea of mindfulness practices such as meditation but may feel like they are betraying the foundational principles of their faith. However, the core tenets of mindfulness are compatible with the Christian worldview (Hoover, 2018). The Scriptures, some housed in the Book of Psalms, encourage meditation, quietness, and stillness (Woods-Giscombe & Gaylord, 2014; Psalms 119:11, 15, 23, 27, 52, 59, 117, 148; 120:1; 121; 131:2; 143:5, NLT, 1996/2007), which are the core components of MM. MM is shown to be effective in the management of PTSD (Muller-Engelmann et al., 2019), and this effectiveness is magnified with the integration of individuals' religious faith practices (Steenkamp et al., 2020). Based on the findings of cumulative studies, MM can be successfully integrated with the Christian worldview to help the suffering Christian, if the practitioner or counselor has the wisdom to find the commonalities between the two while safeguarding the integrity of the Scriptures (Buju, 2019).

Therapeutic and spiritual practices that aim to help individuals cope with emotional disturbances are most often focused on a common theme: improving the well-being of the individual and maintaining treatment effectiveness (Erford et al., 2016). Thus, when seeking to appropriate any Christian spiritual practice into any therapeutic treatment plan, a determination

first needs to be made to see if the plans are compatible, and if integration will result in greater treatment outcome (Karl et al., 2021). Current research suggests that the integration of spiritual-faith practices with secular therapies can be beneficial to the success of any treatment plan (Karl et al., 2021), even among evangelicals who subscribe to literal bibliology.

Situation to Self

Throughout the course of my childhood into my adult life, I have experienced enduring PTSD due to severe childhood abuse. I grew up in an evangelical church that held firmly to the doctrine that whatever could not be literally extrapolated from the Bible was sin, and that the antidote for all mental issues was fasting, prayer, and deliverance, for these mental disturbances were derived from the demonic realm. I participated in all these religious activities, but I was still struggling with PTSD that induced anxiety, an inability to focus, and maladaptive daydreaming. I became aware then that prayer, fasting, and deliverance, though important spiritual practices, were not enough to combat the issues I was experiencing, but I was fearful of voicing this to members of my church for fear of rejection and demonization. I also carried the burden of “not being good enough,” as the teachings and practices of the church consistently made me feel that I was not a Christian, that God did not love me as I was, and that I was going to hell. However, one morning during Bible reading, I stumbled upon a verse in the Book of Psalms: “I know the Lord is always with me. I will not be shaken for He is right beside me” (Psalms 16:9, NLT, 1996/2007). As I kept ruminating on these verses, I felt a sense of peace and joy wash over me that I had never experienced before. Later that day, I had a crisis, but as I kept meditating on these verses, my traumatic stress began to subside, until I was left with a deep sense of peace. This strategy to combat my ruminating thoughts and low self-concept I call CMM, a term I coined to reflect the components of the blueprint that God impressed upon me. CMM combines

the principles of MM with Christian meditation, enhanced by the memorization of Scriptures that is cognitively recalled, to aid in the mitigation and eradication of present moment triggers and stressors.

Like the Lord instructed Joshua: “Study this Book of Instruction continually. Meditate on it day and night ... Only then will you prosper and succeed in all you do” (Joshua 1:8, NLT). The consistent memorization of Scriptures allows me to utilize them when I encounter my trauma triggers that instigate my PTSD. By meditating or ruminating on the Scriptures that I have memorized, I am able to shift the focus off myself and onto God. When employed, the strategy empowers me to move from a place of darkness into His marvelous light, while I embrace the presence of God in that present moment. By meditating on memorized Scriptures instead of ruminating on my trauma, I become mindful in the present moment of the goodness and mercies of God toward me, His great love for me, and His comfort that He so lavishly bestows upon me even in times of suffering. I believe this strategy can be beneficial to evangelical Christians who are suffering from PTSD symptomatology, because my experience with CMM may work for others who are faced with similar circumstances.

The ontological assumption is the impetus that guides this research because the goal is to understand and describe the nature of reality from the viewpoint of evangelical Christians, even though the results might not be observable. The study is grounded in the Christian worldview and approached from the paradigm of interpretivism, as it is constructed on the stories and experiences of the research participants who have experienced the phenomenon (Albusaidi, 2019). However, I endeavored to be impartial in all aspects of the study, keep detailed records, summarize answers to interview questions only with the participants’ original content, and have participants fact check their transcripts from their recorded interview. During data analysis,

internal processes were consistently monitored to minimize subconscious influences.

Problem Statement

The problem is that Evangelicals as a group are thought to be suffering disproportionately from PTSD symptomology because of the evangelical church's history of demonizing mental illness (Lloyd, 2023). The evangelical Christian community, for the most part, also endorse the belief that PTSD and other mental distresses can be treated solely through spiritual interventional practices such as prayer, fasting, and deliverance, to the exclusion of "secular" treatments (Lloyd & Waller, 2020). The Church's doctrine that are based on conservative biblicism supports the perception that mental distress and illnesses are theological issues that should be "cured" through traditional spiritual interventions, thus many will most likely shun "secular" treatments, which can be detrimental to their mental, spiritual, emotional, and physical well-being. However, most mental issues are not spiritual in nature. Thus, most suffering evangelical Christians need culturally appropriate therapeutic interventions (Lloyd & Waller, 2020) that can aid in the mitigation of their distress (Herzog & Kaiser, 2022), which may significantly alter the way they view themselves (Barnes & Moodley, 2020) and the way they see and relate to God (Davis et al., 2019). MM practiced through the lens of a Christian worldview is a cultural intervention that may address this issue, and one whose compatibility with Scriptures can be determined through a thorough exegesis of the biblical text (Hoover, 2018; Woods-Giscombe & Gaylord, 2014).

Current research investigating the relationship between trauma-based rumination, mindfulness, and focusing on God in Christian individuals who were experiencing a wide range of traumatic stress found that Christian rumination in Christians experiencing PTSD symptomology was positively correlated with religious coping and focus on God, but this was moderated by mindfulness skills (Knabb et al., 2019). The research findings indicate that the

religious practices that allows one to focus on God was positively associated with coping with trauma, however, the mindfulness skills employed were secular in nature, and the study sample represent a wide range of Christian denominations. Future recommendations include that the study of a distinct Christian sect might generate different results (Knabb et al., 2019). The gap in literature led to this current research, which sought to understand and describe how evangelical Christians suffering from PTSD symptomology respond when they participate in MM adapted to reflect the Christian worldview.

For the purpose of the current research, Christian rumination is viewed as meditation upon Christian Scriptures. Every negative repetitive thought (rumination) is taken captive, and the mind is taught to obey Christ (2 Corinthian 10:5b, NLT) by fixing one's thoughts (meditation) on what is true, honorable, right, pure, lovely, and admirable (2 Philippians 4:8, NLT). Thus, the focus is on Scripture meditation as the strategy through which mental distress such as PTSD can be alleviated and controlled, where religious coping may be strengthened in the affected evangelicals, which might enable them to live normal functioning lives without fear of being ridiculed or ostracized.

Purpose Statement

The purpose of this phenomenological study is to understand and describe the shared experiences of the effectiveness of CMM among adult evangelical Christians in Florida suffering from PTSD symptomology. CMM can be defined as MM adapted to reflect Christian practices and principles that involves the memorization of and meditating upon Scriptures, diligently and consistently, which can produce intimacy with God and allows for an encounter with the living Christ (Walker, 2020). MM or rumination upon Christian Scriptures is the central focus. The theory guiding this study is the empowerment theory advanced by Perkins and Zimmerman

(Naidoo, 2015), as it explains the relationship between the traumatic lived experiences of evangelical Christians and the management and improvement of their symptoms through participation in CMM within the context of the evangelical church community.

Significance of the Study

Most human beings will be exposed to or encounter traumatic situations in life (Jon-Sun, 2019). While some possess the mental fortitude and personal qualities needed to develop resiliency to these stressors, many will succumb, including evangelical Christians (Cengiz et al., 2019). In these stressful times, the biblical antidotes of fasting, prayer, and deliverance that so many evangelicals rely on as a source of comfort and relief might not produce significant results (Hoover, 2018). Traditional or secular therapeutic interventions may be necessary to bring about healing and relief to those experiencing suffering, for not all mental distress originates from the spiritual dimension. Some are biological, neurological, or resulting from a traumatic event or lived experiences that require interventions of the same kind (Lloyd & Waller, 2020). Yet many impacted evangelical Christians are hesitant in seeking traditional treatments because of the unsurety that exists in determining whether effective secular treatment modalities will conflict with the biblical tenets espoused by the Church (Hoover, 2018). However, current research suggests that when MM is culturally adapted to reflect Christian principles, evangelicals who are experiencing traumatic stress are more willing to participate in these faith-based alternative treatment modalities if these alternate modalities align with their biblical faith practices and are proven to aid in their recovery (Currier & Carroll, 2018; Lloyd, 2023). Studies also consistently show that MM is compatible with the fundamentals of the Christian faith as evidenced by several Christian adapted treatment options that have achieved significance within the general Christian community (Garzon et al., 2022; Lloyd & Waller, 2020).

Though there are studies on the use of other Christian-adapted approaches to MM such as CAM among the targeted population, none specifically focused on MM on memorized Scripture as the focal point or area of concentration. CMM is an amalgamation of Scripture memorization, meditation upon these memorized Scriptures to silence ruminating thoughts and quiet the mind, and utilization of these memorized Scripture in the form of prayer mantras vocally and internally to create present moment awareness, which may help mitigate PTSD symptomatology and might foster healing and recovery (Ford & Garzon, 2017; Garzon et al., 2022; Hall et al., 2019; Jones et al., 2023; Lloyd, 2023; Lloyd & Waller, 2020; Timbers & Hollenberger, 2022). Thus, while CAM involves “Scripture meditation, breath meditation, body awareness, and loving-kindness meditation” (Garzon et al., 2022, p. 1), CMM focuses on Scripture memorization, meditation, prayer mantras, and bodily awareness, as the mindfulness practices through which the essence of the experience was studied. Christians who seek professional mental health services may prefer to turn to their own religion to alleviate psychological suffering, especially for evangelical Christians who subscribe to biblicism (Knabb et al., 2020). Thus, this study was necessary to address this gap in literature. In addition, throughout the Bible meditation upon God’s Word is the key to renewing the mind and brings healing to the body (Joshua 1:8; Psalms 1:1-3; Psalms 119:15, 23, 27, 48, 78, 97, 99, 148; Proverbs 4:20-22; Isaiah 26:3; Philippians 4:8; 1 Timothy 4:13-15). MM has been shown to help those who use this practice, and suffering evangelicals may achieve the same results (Hoffman, 2019; Latunde, 2022).

Research Questions

RQ 1

RQ 1 is “How do adult evangelical Christians suffering from PTSD symptomatology describe their experiences with CMM in Florida?” The practice of MM has shown efficacy in the

treatment and alleviation of day-to-day challenges, difficulties, psychosis and other PTSD symptomology (Sawyer, 2018). When MM is adapted to reflect Christian principles like those being posited by CMM, it has been found that trauma-impacted Christians enjoy greater success in the mitigation and alleviation of their symptomology, as it helps them to better observe themselves and regulate their strong emotions (Koenig, 2023; Wahbeh et al., 2016). CMM may motivate suffering evangelicals to take immediate action to resolve their symptomology, and through innate empowerment, the impacted may be encouraged to enact the necessary changes to improve their own situation (Naidoo, 2015).

RQ 2

RQ 2 is “How do adult evangelical Christians in Florida suffering from PTSD symptomology describe their lived experiences with the doctrines of the evangelical church that promotes shame, and their shared experiences with CMM as a coping strategy?” The tradition doctrines espoused by the evangelical church can heighten PTSD symptomology due to religious shame, which has the propensity to instigate further conflict within the affected (Downie, 2022). However, CMM can empower impacted individuals to enact changes that may positively impact their psychological, physical, and spiritual well-being, which might also help individuals develop a correct view of God and themselves.

RQ 3

RQ 3 is “What are the perceived cultural challenges, if any, associated with CMM as a viable treatment option for adult evangelical Christians experiencing PTSD?” MM is most often viewed as a life philosophy rather than a religion (Knabb et al., 2020); however, when adapted to principles and practices that are distinctively Christian, and individualized based on the needs of each demographic, the impacted evangelical can gain relief regardless of their propensity or

worldview (Green et al., 2021; Vazquez et al., 2022). CMM is one such Christian adaptation that may provide relief for impacted evangelical Christians, who are a distinct group within Christianity that espouses a conservative culture and subscribes to biblical literalism.

Definitions

Christian accommodative mindfulness (CAM): A Christian adapted alternative to mindfulness that focuses on the physiological and spiritual well-being of those who subscribe to Christian religiosity through a combination of Christian derived meditative practices and mindfulness meditation techniques modified to reflect the Christian worldview (Garzon et al., 2022)

Christian mindfulness meditation (CMM): MM adapted to reflect the Christian worldview, where one practices being still and quiet in the presence of God, so they can focus their thoughts and fill their minds with the Word of God (Knabb et al., 2020) through present moment awareness. CMM is an amalgamation of Scripture memorization, meditation upon these memorized Scriptures to silence ruminating thoughts and quiet the mind, and utilization of these memorized Scripture in the form of prayer mantras vocally and internally to create present moment awareness.

Evangelical Christians: A subgroup of Christians that subscribes to the literal interpretation of the biblical text and believe that this biblicism to be fundamental to the Christian faith (Griffis, 2017).

Meditation: Meditation involves a wide range of practices that employ the combination of mental and physical techniques aimed at clearing and quieting the mind so that the individual can consciously focus their attention on one thing (Farias et al., 2020).

Mindfulness: The focusing of one's attention on the present moment; fully accepting

one's thoughts, feelings, and bodily sensations, with non-judgmental awareness (Kabat-Zinn, 2015).

Mindfulness meditation (MM): Mental training practices that trains the mind to focus on a specific object or thing, with a goal of developing cognitive, emotional, and sensory control in participants (Zeidan & Vago, 2016).

Posttraumatic stress disorder (PTSD): A mental health condition that may be induced following exposure to a traumatic event witnessed or experienced or learning about the specific event (Greenberg et al., 2015).

Religious coping: The utilization of religious beliefs and practices, and entreating God directly, to cope with traumatic experiences and stressors (Wilt et al., 2019).

Rumination: A maladaptive coping mechanism that involves the individual incessantly and passively focusing on the symptoms of their distress, and the tendency to have persistent recurring thoughts that can be uncontrollable and intrusive, which can intensify PTSD symptomology in individuals (Roley et al., 2015).

Scriptural memorization: The act of committing and storing Scriptures to memory through deliberate repeated recitation, for spontaneous cognitive recall (Kalamangalam & Ellmore, 2014)

Summary

This study investigated the shared experiences of the effectiveness of CMM for adult evangelical Christians in Florida experiencing PTSD symptomology. MM has been growing in popularity within the United States because of its effectiveness in relieving stress and burnout, mitigating physical pain, restructuring mental process, and impacting behavioral and cognitive changes in those experiencing traumatic stress. CMM is MM culturally adapted to reflect

Christian principles, which is the Christian alternative proposed in this present study as a viable treatment option for suffering evangelicals experiencing PTSD symptomatology. The intent of this study was to determine if comparable benefits can be achieved like those enjoyed by secular society. Other Christian mindfulness adapted approaches such as CAM have produced parallel results among the general Christian population, and it was hypothesized that CMM can produce similar or significant results among suffering evangelical Christians.

Chapter Two: Literature Review

Overview

Current research exploring mindfulness practices indicates that Christian meditation, when incorporated with the benefits of MM operated through the lens of the Christian worldview, brings comfort and hope to the traumatized even among evangelical Christians who are deemed most hesitant to the integration of these practices because of the perception that their religious beliefs will be compromised (Button & De Pretto, 2023; Jones et al., 2023). Current research exploring mindfulness practices such as meditation finds that the significant benefits imparted to participants who utilize this methodology may be transferable to evangelical Christians who are experiencing trauma-induced PTSD, which is the phenomenon the current study investigated (Timbers & Hollenberger, 2022). Many studies have been conducted on the efficacy of MM within institutions and organizations, and many have explored the perceived benefits of MM when integrated with the Christian worldview (Knabb et al., 2020; Pfunger et al., 2019; Schwanda & Sisemore, 2020; Zhang et al., 2020). In addition to these studies that are part of the literature review, the theoretical framework is also discussed. There are many theories that guide this present study and are foundational to the theoretical framework, including Kabat-Zinn's (1977) mindfulness-based stress reduction [MBSR] theory, Perkins and Zimmerman's (1995) empowerment theory, and Herman's (1992) trauma theory.

Theoretical Framework

Many studies have been conducted that have explored mindfulness practices such as meditation among those experiencing traumatic stress, indicating that MM is gaining popularity in the Western world and in contemporary clinical psychology (Knabb, 2020; Kopel, 2019; Yousaf et al., 2022). MM has emerged as a common daily practice utilized by many segments of

society, such as in the religion, educational, occupational, and healthcare spheres (Knabb et al., 2020). However, no studies were found that examined MM adapted to reflect a Christian worldview, such as CMM, among a distinct sect of the Christian population like evangelical Christians and its efficacy in the treatment of PTSD symptomology among this demographic. The current research is founded on the ontological philosophical assumption that embraces the concept of multiple realities, which was gleaned from the many differing experiences of the participants in the study (Cresswell & Poth, 2018, p. 20). The three most significant theoretical models employed throughout this research were mindfulness theory, empowerment theory, and trauma theory. These theories provided a better understanding of and gave context to the lived experiences, beliefs, and perspectives of the participants, and how these can be transformed through CMM (Seema & Sare, 2019).

Mindfulness Based Theory

Jon Kabat-Zin is credited as the father of mindfulness in the Western world. During a 10-day meditative retreat, Jon Kabat-Zin had an enlightenment that meditation and other mindfulness practices could be integrated into the medical field to help patients suffering from chronic pain and other health problems. However, he had to “Westernize” this Eastern philosophy to make it acceptable to the medical professionals he was trying to convince of the innate healing powers of meditation and other mindfulness strategies (Saunders & Kober, 2020; Schlieter, 2017). He finally succeeded after he and his colleagues at the University of Massachusetts configured these practices to develop a technique called MBRS to help individuals develop coping strategies, handle stress, anxiety, and illness, and transform suffering (Juul et al., 2018; Wielgosz et al., 2019). When individuals are activated by trauma, MM has inherent capabilities to help in the development of coping and calming skills and increases the

tolerance capacity of individuals toward traumatic exposures overtime by increasing metacognitive awareness and reducing reactivity (Freese, 2023). Further, reactivity to traumatic materials and experiences has the propensity to decrease in frequency and intensity over the long run.

Mindfulness Meditation as an Intervention

MM is becoming a common intervention method incorporated into treatment plans because of its acclaimed results, but many evangelical Christians are resistant or hesitant to such integration (Weilgosz et al., 2018). CAM is a mindfulness approach that has been designed specifically to address the concerns posed by evangelical Christians, as MM is perceived to be contradictory with their conservative religious faith practices (Garzon et al., 2022) and the foundational tenets of evangelicalism. CAM addresses these concerns by proposing adaptations to mindfulness methods that are culturally sensitive (Garzon et al., 2022). The goal of CMM is similar to CAM, as both are Christian adapted propositions with a focus on the evangelical Christian population. However, while CAM involves “Scripture meditation, breath meditation, body awareness, and loving-kindness meditation” (Garzon et al., 2022, p. 1), CMM focuses on Scripture meditation through memorization, Scriptural prayer mantras, and body awareness.

Vipassana

The practice of mindfulness has a 2,500-year history in the Eastern world and consists of other aspects outside of meditation, but all are recognized as spiritual practices. However, in the Western world the form of mindfulness that is practiced focuses mostly on meditation derived from the Buddhist version of mindfulness called Vipassana, which focuses on insight and awareness, psychological well-being, and lowered levels of individual stress and depressive symptoms (Szekeres & Wertheim, 2014). Vipassana means to see things realistically, by training

the mind to focus attentively to bodily sensations and cognitions without reactivity to the experience and teaches the individual to be calm, silent, and peaceful (Buchanan, 2017; Szekeres & Wertheim, 2014). The central objective of Vipassana meditation is to foster an atmosphere of mindfulness by creating a meta-cognitive state of awareness that involves focusing the mind on the present moment, while acknowledging bodily sensations and experiences in a non-judgmental and non-reactive manner (Szekeres & Wertheim, 2014). Mindfulness is achieved when one's internal thoughts and perspectives about the phenomenon experiences a fundamental shift, and there is non-reactivity to negative thoughts and sensations. The concept of Vipassana meditation is thought to be essential to individual well-being, healing, and transformation—both in individuals' lives and the world in which they live (Kabat-Zinn, 2015).

Vipassana meditation postulates unity with the ultimate God (Hertogh, 2018). However, in the Western world it has become “secularized” to reflect religious neutrality, involving no forbidden Eastern practices (Mautner, 2022). Nevertheless, conscientious Christian practitioners of MM will engage in this practice in ways that are significant to them and not contradictory to their faith, without contemplating about concerns over idolatry (Mautner, 2022). Vipassana meditation is a sacred and spiritual practice that can be measured, learned, and adapted to any faith tradition; however, honoring the basic nature of the original practice has been deemed a powerful antidote for the alleviation of suffering (Bowen et al., 2015). MM as a Christian spiritual discipline can involve Bible reading, Scripture memorization, prayer, worship, and other religious activities that brings the mind to focus on God. When transported from the Buddhist tradition of Vipassana, the focus is primarily on Scripture meditation and prayer when confronting issues dealing with mental well-being (Walker, 2020). Optimal or functional well-being may be achieved through continuous engagement with these religious practices due to their

propensity to cognitively rewire the mind and improve attention focusing (Ray et al., 2021).

Empowerment Theory

Empowerment as a theoretical framework is often associated with the first wave of feminism in the late 19th century but later became a popular theory employed by all segments of society fighting for their rights (Turner & Maschi, 2014). The theory has roots in Marxist sociological theory of the 1800s (Naidoo, 2015). The contemporary empowerment movement that has become popular with social justice issues has been identified with Julian Rappaport (1981), a social scientist, but the development of the theory is credited to Perkins and Zimmerman, who postulated that knowledge is essential to empowerment, and that to gain control over one's destiny, individuals need to enhance their competency (internal strength) to influence their environment (external response), and act in a calculated manner to solve the eminent problems they face (Joo et al., 2019). Mental help is connected to mutual help with a focus on wellness instead of illness, strength and not weakness, and the connection with and participation in a community to achieve goals, which aids in increasing personal and interpersonal power. Thus, empowerment theory can encourage individuals to take immediate action and may stimulate activities that create a positive balance between agency and empowerment by encouraging constant self-reflection, collaboration, and partnership in a continuous process (Naidoo, 2015).

Empowerment theory, as noted by Perkins and Zimmerman (1995), centers on the individual gaining greater autonomy and influence over their own lives, and their ability to achieve control over environmental factors that impact this life, through the instillation hope, possibility, and empowerment (Peterson, 2014). Empowerment helps individuals to acquire the power and rights to make decisions in their own lives by weakening environmental, social, and

individual obstacles that affect the ability to gain control of their lives. The foundational tenets of empowerment theory are “empowerment, power, powerlessness and social stratification” (Liu & Wang, 2021, p. 2). Social stratification refers to unfair treatment and discrimination due to differences in demographic factors that exist among groups of people such as race, age, ethnicity, sexual orientation, income, religious affiliation, and mental health status. Empowerment provides affected individuals with the confidence to realize their ideals and achieve self-actualization in the process. The motivational power induced by empowerment manifests itself through high self-determination that is intrinsically driven (Liu & Wang, 2021). In terms of mental health and other issues involving trauma, empowerment helps impacted individuals to obtain the mental, physical, and emotional support they need, activates self-sharing of experiences with others that aids in cultivating a connection, and promotes self-efficacy (Liu & Wang, 2021).

The constructs of the empowerment theory can also be found throughout the biblical canon as several Scripture examples are provided. God gives empowerment to His people by their faith in Him, through the indwelling power of the Holy Spirit, and by His Word (NLT Bible, 1996/2007, Isa. 40:29; Eph. 3:16, Phil. 4:13). God’s Word is alive, powerful, and can transform minds, hearts, thoughts, and emotions (NLT Bible, 1996/2007, Heb. 4:12). The Word brings hope to the suffering and oppressed, and administers healing to the mind, spirit, soul, and body (NLT Bible, 1996/2007, Ps. 34:17; Isa. 61:1). His Word penetrates the core of the individual and transforms negative cognitions and emotions, retrains, and renews the mind to reflect that of Christ (NLT Bible, 1996/2007, Heb. 4:12; 1 Cor. 2:16). The Bible motivates and empowers readers and believers to live life to the fullest (NLT Bible 1996/2007, Ps. 16:11; John 10:10). Additionally, The Word teaches how to overcome fear and suffering, instills capability and strength, equips individuals to face challenges, empowers them to rise above their circumstances,

and galvanizes one to make lasting changes in their lives, which possesses the capability to make a permanent impact in the environment (NLT Bible, 1996/2007, Ezek. 36:26; Ps. 23; 46: 1-3; 147:3; Isa. 55:11). However, the principles of the Scriptures must be applied to reap the benefits (NLT Bible, 1996/2007, Gal. 1:9-11; 6:7; Eph. 1:17; 5:17). Evangelicals consider the Bible to be the most important Book, which contain the principles by which they are to live (Unsworth & Howard-Ecklund, 2021). Many consider the Bible as more than just a Book of ancient stories with teachings and relevancy equally important today as it was when written (La Cruz & Mora, 2024). However, within the evangelical church, many who are suffering with mental illnesses or PTSD symptomatology feel stigmatized and ostracized due to misinterpretation of the Scriptures (Downie, 2022). When Christians are made to feel inferior because of incorrect scriptural interpretation, trauma can ensue (Downie, 2022).

Trauma Theory

Trauma is inherent to human experience, but the way in which trauma is managed and understood differs significantly across culture, place, time, and is primarily identified through the diagnosis of individual symptoms (Thompson, 2021). In the late 19th century, trauma was found to be psychological in nature, and in later years, Sigmund Freud noted that the traumatic event or experiences that individuals had stored in the unconscious memory could be alleviated if they were able to verbalize their trauma (Levine, 2021). At the turn of the 21st century, trauma was directly associated with PTSD and was found to be the direct result of an experience or event that is so overwhelming that it induces a sense of helplessness and terror in the affected individual (Boyd et al., 2018; Greenberg et al., 2015). Current trauma literature categorizes trauma into three groups: physical, interpersonal, and relational. However, all three are interrelated, and when an individual is impacted in one aspect, all the others aspect of their being

will be equally impacted (Wilmshurst, 2020). If left untreated or unaddressed, the affected persons can be at a greater risk of developing behavioral health and chronic physical issues that may have lasting adverse effects on that individual throughout their lifetime (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022).

Trauma theory, as noted by Zaleski et al. (2016), posits that each individual experiences and reacts to traumatic stress or overwhelming life experiences in diverse ways and that the environment in which the trauma occurs influences individual outcomes. While each traumatized individual is the architect of their own recovery, healing is dependent on the strength of individual mental fragility and acuity (Zaleski et al., 2016). Trauma theories have been conceptualized as a useful framework when working with those experiencing trauma and other PTSD symptomatology (Tseris, 2019).

Related Literature

Traumatic events are said to be inevitable (Naguy & Alamiri, 2018). Jesus explicitly says, “Here on earth you will have many trials and sorrows” (NLT Bible, 1996/2007, John 16:33b). People who have and are dealing with trauma view the world through a different lens; they see and experience things differently than those who have not had similar experiences (Hill & Yancey, 2022). The impacted individuals are pushed beyond the limits of their mental and physical capacity, triggering a stress response that may lead to physical and mental illnesses, such as PTSD (Kuhfub et al., 2021). PTSD is characterized by a prolonged and maladaptive response to a traumatic event or events, and the stress of this response takes a significant toll on the affected individual, inducing significant psychological dysfunction and health impairments (Greenberg et al., 2015; Lazarov et al., 2020).

Current studies indicated that mental issues such as PTSD, and other psychological

distress within the evangelical Christian community are frequently stigmatized, with many attributing these struggles to lack of faith, demon possession, personal sin, or other negative spiritual experiences (Lloyd & Panagopoulos, 2022). The negative mindset toward suffering can leave many evangelical Christians with the reduced ability to appraise suffering as transformational. However, new modalities such as MM in conjunction with religious faith practices are thought to be viable option for evangelical Christians (Bock et al., 2018). A Christian-adapted version of mindfulness meditation has the potential to be one of those viable options and can be of great benefit to the traumatized evangelical (Davis et al., 2019; Sermac, 2018; Steenkamp, 2020).

The Impact of Religiosity on PTSD

Trauma is an individual emotional response to experiencing or witnessing a traumatic event, or series of events, during their life (Hill & Yancey, 2022). Trauma is exposure to an event that is perceived by the individual as threatening and is often accompanied by hopelessness and fear (Aguglia et al., 2021; Azza et al., 2020). Many people experience stressors throughout the course of their lives, but the distinguishing factor between stress and trauma is the degree of helplessness felt and expressed by the individual. The traumatic event overwhelms the individual to the degree that they might present with impaired cognitive performance, social and interpersonal problems, comorbid conditions, and impaired quality of life (Zhu et al., 2021). Those who experience trauma that does not dissipate and disrupts daily functioning suffer from PTSD (Njidam et al., 2018). But not everyone who experiences or witnesses a traumatic event will be predisposed to trauma, as many possess the mental fortitude to overcome stressors (Cengiz et al., 2019; Polusny et al., 2015; Pugach et al., 2020).

Religious spirituality has been found to be a reliable tool at all stages of the recovery

process for those experiencing trauma (Flint & Ronel, 2022). Religion and religious practices possess the ability to reconfigure identities, help the impacted to reconcile with their traumatic pasts, and holds supernatural power to effect change that is meaningful (DiPietro & Dickinson, 2021). Regular church attendance, habitual engagement in prayer, and other spiritual practices such as Scriptural meditation and memorization, have shown significant efficacy in the mitigation of PTSD (Carroll et al., 2020). Christians of all races have reported practicing meditation at least once per week (Knabb et al., 2020). Another study found that people who are more religious or spiritual have better psychological outcomes in the face of traumatic stress as opposed to the non-religious, and spirituality can provide an enhanced sense of meaning overtime in those who were experiencing active symptomology of PTSD (Hall et al., 2019). Other studies have found evidence suggesting spirituality is inherently involved in several facets of human functioning, and integrating spirituality with psychological treatments are found to be equally beneficial or more effective than psychological treatments alone (Bock et al., 2023). Thus, the sacred dimension or spirituality has the potential to contribute significantly to meaning making for individuals experiencing trauma, because it provides information and explanations about suffering that will inform how they should respond amid distress (Bock et al., 2023).

Rumination, PTSD, and Religious Faith

Rumination is one of the most pervasive cognitive vulnerabilities that most people with PTSD can encounter (Xu et al., 2021). Defined as a maladaptive coping mechanism among survivors of trauma, rumination can include incessant and passive focus on symptoms of their distress with persistent recurring thoughts that can be uncontrollable, intrusive, and intensify PTSD symptomology (Reyes & Cross, 2023; Roley et al., 2015). For the evangelical Christian, rumination may reduce their usefulness for Christ, themselves, and others around them (Vazquez

et al., 2022). Trauma-based rumination can be distressing because of the intrusive thoughts, pessimistic feelings, and negative affect that accompanies the defeatist contemplation, which has the capability to cripple the emotional regulation and cognitive flexibility (Uhlir et al., 2023). However, when the individual “ruminates” on Scriptures deliberately and utilizes MM practices that reflect distinctive Christian principles, a propensity to silence ruminating thoughts can create an atmosphere where protective factors can develop, which may be vital in stabilizing PTSD symptomatology (Reyes & Cross, 2023; Vazquez et al., 2022).

Trauma and Religious Leadership

Ministers of the Gospel have been tasked with feeding God’s people (NLT Bible, 1996/2007, Jer. 3:15; John 21:15-17). However, religious leaders, like their congregants, may have also been exposed to the adversities of life, and are grappling with trauma (Currier et al., 2019; Kuusi et al., 2024). Many of the traumatic stressors being experienced by religious leaders have been induced by the burden of the ministerial duties they are tasked to perform within the stressful vocation (Ruffing et al., 2021). The daily stressors that most religious leaders must endure may make it harder for them to effectively teach the Word of God and give religious guidance, to the detriment of the church and its members (Currier et al., 2019). The sermons from some pulpits on Sunday mornings are evidence that mental issues exist (Case et al., 2019). In addition, research finds that religious leaders who are prone to moral failures are more vulnerable to experiencing greater struggles in the fulfillment of their ministry roles, a phenomenon that is rampant throughout the evangelical church (Currier et al., 2019).

The evangelical church is suffering from a wounded mindset, both physically and spiritually, and mindfulness practices that are sanctified by the tenets of the Christian worldview may bring significant relief to both ministers of the Gospel and the people to whom they minister

(Ford & Garzon, 2017). There is a need for a change in theological perspectives within the evangelical church, so that the correct image of Christ can be reflected to watching world (Lloyd & Waller, 2020). Therefore, it is imperative the evangelical church in general create places of worship that are safe spaces, which allows those suffering from enduring trauma and its accompanying symptomatology to feel safe and in control of their environment (Campbell, 2021; Hill & Yancey, 2022). CAM may be the catalyst for lasting mental transformation within the evangelical church, from the pulpit to the pew, and has the potential to bring healing to many who are hurting and sick and may bring revitalization to a church that is bounded by biblical traditionalism (Li & Froese, 2023; Smith et al., 2018).

Evangelical Christians

Evangelicalism traces its roots back to Protestantism and is generally considered to be a subgroup, but the term was not associated with the identity of a Christian group until 1943, when the National Association of Evangelicals (NAE) was founded (Matzko, 2016). However, the term evangelicalism does not describe a single denomination, group, or a religious sect, but adherents are identified by their core religious convictions as they tend to be more conservative in their doctrinal, social, political, and cultural beliefs, than other branches of Christianity (Stutz, 2020). The term was first translated to mean “good news” but later evolved into the word Gospel (Stulz, 2020). Evangelicalism is about proclaiming the Good News or Gospel of Jesus Christ, and adherents are called evangelicals who are Christ followers subscribing to justification by faith in Jesus Christ alone (Chalfoun, 2023). They are a subgroup of Christians who subscribe to the literal linguist interpretation of the biblical text and believe this biblicism to be fundamental to the Christian faith, without question (Griffis, 2017). Evangelicalism holds to the foundational principle of sola scriptura, which affirms that the Scriptures housed in the Christian Bible is the

infallible Word of God, the supreme doctrine, houses the only rule for faith and practice, and anything that is not in agreement with the Christian Scriptures cannot be asserted and must be discarded (Kwok, 2020). Religious faith practices such as prayer, fasting, worship, and reading the Bible are some of the most common rituals engaged in by evangelical Christians. A recent study conducted by the Pew Research Center (2023) found that 63% of the evangelical Christians surveyed stated that they read the Bible once per week, 12% reported they read it once or twice per week, 7% said they read it several times per year, while 18% seldomly or never do.

In the United States, most evangelicals hold to conservative views, tout reliance on the Scriptures, uphold a fundamentalist ideology, believe the Bible to be unequivocally true and the infallible Word of God that has timeless authority, place emphasis on personal conversion, the acceptance of Jesus Christ as Savior, and the commitment to sharing the Gospel with others (Nagel, 2021). The term “evangelical Christian” is most often associated with conservative politics, and many practicing evangelicals have openly endorsed the political party or candidate they believe best reflects the mandates of the Bible, regardless of individuals’ moral character or religious affiliation (Wong, 2019). In fact, many evangelicals have become political activists and outspoken critics against many cultural practices that are deemed anti-Christian, which has led to the popularization of the church within society while being faced with stigmatization by many (Hexham, 2023) due to their vocal stance on politics, abortion, the lesbian, gay, bisexual, transgender, and queer [LGBTQ] community, and their silence on the injustices faced by minority groups (Gabriele-Black & Goldberg, 2021). Regardless, as a distinct religious subset of Protestantism, they are highly respected throughout society, and their stances, though sometimes controversial, are influential.

Evangelical Christians' General Attitude Toward Traditional Therapy

The evangelical church has a history of demonizing mental illnesses, which has led to many congregants suffering in silence, while other church denominations have over-secularized the issue by ignoring the power inherent in the principles and practices found in the Word of God (Lloyd, 2023). Within the Christian tradition, mental health issues and other forms of suffering are attributed to evil spirits or demonic possession that traces back to the New Testament Scriptures, a phenomenon that is evident in the Synoptic Gospels throughout the earthly ministry of Jesus, and many evangelicals today subscribe to this traditional or foundational view (Lloyd & Panagopoulos, 2023). Mental health issues are often perceived to emanate from the demonic realm because evangelicals most often evaluate the issue through conservative theological lenses and by the literal interpretation of the Scriptures they endorse (Lloyd & Panagopoulos, 2022; Upenieks, 2022). However, Scriptural literalism leads to prejudice, judgementalism, and stigmatization, inducing shame that could exacerbate the struggles of evangelicals who are suffering (Downie, 2022; Lloyd & Panagopoulos, 2023). Many of the afflicted within the evangelical church community have resorted to self-harm to deal with the stigmatization and shame due to the traditionalistic views of the evangelical church (Lloyd & Panagopoulos, 2022). Research findings indicated that shame and stigmatization ultimately worsened the illnesses of those experiencing trauma, because they were fearful to seek help from a church, which holds that prayer, fasting, and other religious practices are the antidote for mental illnesses while disavowing secular treatments (Lloyd & Panagopoulos, 2022).

This response to mental health underestimates the power of faith and community in aiding in the healing, recovery, and rehabilitation of the traumatized (Upenieks, 2022). For the many who are battling mental health issues such as PTSD, solely spiritualized approaches that

are founded on incorrect biblical interpretation have the tendency to exacerbate symptomology and interferes with treatment seeking. Thus, spiritual practices alone might not be an effective treatment for some, as it has the propensity to induce self-shame that hinders healing (Lloyd & Panagopoulos, 2022). Furthermore, congregants seeking professional help might feel like a lack of trust in God, which can be an indication of spiritual weakness (Lloyd & Waller, 2020). However, when the church interprets Scriptures in context and provides ongoing social support that is specific to its members in times of crisis, attitudes toward help-seeking dramatically increase (Lloyd & Waller 2020). Religion seemingly creates a strong social identity that influences individual belief systems and behavioral norms, which can act as a catalyst for help-seeking in those who are experiencing distress (Lloyd et al., 2021).

Church doctrine antithetical to traditional therapy may have convinced many evangelicals experiencing distress that no matter the illness or ailment, their faith in the God that heals is sufficient (Ademiluka, 2024). However, faith without corresponding works is ineffective for healing, and even if God chooses to heal supernaturally, there is still an individual responsibility to make certain lifestyle changes to help sustain that healing (NLT Bible, 1996/2007, James 2:14-26). In most cases psychological help is needed for those experiencing PTSD symptomatology and other mental health issues (Lloyd et al., 2021). Still, many who are suffering believe that seeking help from the “outside” is a great sin against God and a violation of their faith in Him (Lloyd et al., 2021). Yet Jesus makes it clear in Luke 5:31 (NLT Bible, 1996/2007), “healthy people do not need a doctor, but sick people do,” implying that finding a doctor to treat one’s illness and disease is applying the wisdom of God. This is on the condition that there is an awareness that it is not the doctor that effects healing but rather God using that professional as a vehicle of transmitting His healing power to those who exercise their faith (Payne, 2014).

Nevertheless, there is a subgroup of people within the evangelical Christian community who are seeking the help they need, albeit privately, but have found little relief. People suffering from trauma often experience different clusters of symptomologies and treatment homogeneity might be ineffective, potentially leading to increased nonresponse and dropout rates among conventional forms of treatment (Moreno et al., 2021). There is need for a Christianized integration of the secular in conjunction with the sacred to begin healing to this demographic within the evangelical church, and Christian-adapted mindfulness meditation could be one such integration (Knabb et al., 2020).

Evangelical Christians' General Perceptions of Mindfulness Practices

The Christian community generally views MM as a secular or worldly practice. Many may argue there is no need to adapt the Eastern religious meditation practice to reflect Christian principles, since Christianity has a heritage of meditation that can be successfully integrated into any treatment plan (Garzon et al., 2022). Evangelicals who present with PTSD symptomology are often partial toward their own religious practices and may be more apt to express concern about MM integration into their treatment plan because the practice is associated with both the Buddhist religion and the New Age religious movements (Garzon et al., 2022). Thus, they fear these services will contradict their religious beliefs (Jones et al., 2023). But broader trends suggest many Christians are becoming less religious and are turning to alternative methods such as mindfulness practices to connect with the Divine (Malone & Hargons, 2021). Mindfulness practices such as meditation are shown to be relevant in the treatment of PTSD due to the effectiveness in lowering symptomatology (Vujanovic et al., 2020).

Mindfulness Meditation Versus Christian-Adapted Mindfulness Meditation

MM is believed to emanate from Buddhist theology and tradition but later evolved to

exclude the religious aspect and is based on the technique of deliberately focusing one's attention on the present moment (Zhmai, 2021). MM is focused on freeing the mind from distractions and other ruminating thoughts, to become attuned to one's current cognitions to foster self-awareness, self-regulation, and acceptance. The practice of mindfulness focuses on external realities and how these are cognitively processed by an individual (Pflugner et al., 2019). Mindfulness guides participants toward compassionate thoughts and is a form of guided meditation requiring participants to focus on their feelings in the present moment, instead of ruminating on their traumatic experience (Schuman-Oliver et al., 2022). Mindfulness practices are concerned with the whole human being—body, soul, and spirit—and enable individuals to become aware of the interconnectedness between these three areas. Such practices help individuals to become aware of their whole person, so they are better able to address the physical, emotional, and mental symptoms they are experiencing due to trauma (Cooper, 2022).

Employed originally in the Western world with clients presenting with stress and pain management issues, MM is resurging in the modern medical community due to the increasing burnout that many people are facing today (Kopel & Habermas, 2019). The heightened stress levels induced by the COVID-19 pandemic lockdown have created an increased level of outreach among people seeking mental health services (Medvedev et al., 2021). The practice of MM is being touted for its efficacy in both clinical and non-clinical, individual, organizational, and other traditional and nontraditional settings and has shown efficacy in the management of PTSD (Hoffman, 2019; Muller-Engelmann et al., 2019; Latunde, 2022; Wahbeh, 2016). The findings have shown favorable results among individuals who have integrated MM with faith practices (Steenkamp et al., 2020).

Although the secular practices of meditation and mindfulness are thought to have

originated from the Buddhist religion, mindfulness and meditation are also distinct Christian principles that are found in the Bible and are practices that Judeo-Christians have subscribed to for hundreds of years prior to Buddhism (Brown & Collicutt, 2022). The biblical practice is thought to have first occurred in Genesis 24:63a (NLT Bible, 1996/2007), when Isaac meditated as he walked in the fields, an act that Bible chronology and historical narratives predates 1,500 years prior to the origination of the Buddhist religion. Christians in general may have different views of what Christian meditation entails, as the Bible may not provide a clear distinct set of procedures to follow that is evident to all Christians (Hwang, 2018). However, MM utilizes a specific set of techniques employed to guide meditational processes (Wielgosz et al., 2019). Nonetheless, when these techniques are modified to reflect Christian principles, the Buddhist practice can transform into CMM grounded in the Christian Scriptures yet retain the basic tenets of MM that are congruent with teachings of the Bible (Knabb et al., 2020).

The Church's Perceived Thoughts on Christian-Adapted Mindfulness Meditation

Religion and secularism are at two opposite ends. The presence of secularism denotes the absence of religion and vice versa, and the lines between the two are not always easily discerned (Hill, 2019). In the modern-day church, many practices that were once considered secular have been Christianized and accepted as religious, while in “the world,” religious practices have been secularized and accepted as culture (Brown, 2018). Thus, many practices are in the church that were once considered secular, and some evangelicals might struggle with such practices due to the biblical literalism they uphold (Brown, 2018). Increased technological and cultural shifts have seen some evangelical congregations becoming more open to secular originated practices that would have been explicitly forbidden decades ago (Brown, 2018). For instance, the practice of yoga, a form of meditative exercise associated with MM, is seen by some evangelical

Christians as idolatrous and an invitation to demonic spirits. Yet many evangelicals have adapted this practice to reflect Christian principles by using linguistic substitution thought to redeem yoga from its non-Christian roots (Brown, 2018).

Variances in expressions of religious beliefs within and between church denominations and within the community of faith have always existed due to the uncertainty surrounding the understanding of spirituality and religious practices. This has led to different perceptions among believers, contributing to the ambiguity concerning mindfulness practices (Gracie & Wilkinson, 2021). Therefore, evangelicals may express objections and hesitancy toward the practice of Christian-adapted mindfulness meditation (Garzon et al., 2022). However, when presented in a culturally appropriate manner, accompanied by correct exegesis of the biblical text, many may change their minds about CMM (Latunde, 2022). During times of suffering, Christians are likely to participate in faith-based treatment programs, because they believe that when their religious practices are integrated into their treatment plan, they will achieve greater success in the management of their traumatic symptoms (Currier & Carroll, 2018; Leo et al., 2019; Ochu et al., 2018). During times of traumatic stress, many people find they have better coping capabilities in dealing with negative emotions when they consistently turn to their spiritual faith or religious practices (Zhang et al., 2020).

Mindfulness Meditation's Compatibility with the Bible

The foundational tenets of MM have been found to be compatible with the Christian Scriptures within the Bible and have congruency with the Christian worldview (Hoover, 2018). For instance, Christ-followers are consistently instructed to be quiet and still in the presence of God and to meditate daily upon His Word (Woods-Giscombe & Gaylord, 2014; NLT Bible, 1996/2007, Josh. 1:8; Ps. 1:1-3; Matt. 4:4; 6:34; Rom. 12:2; Eph. 4:23; Phil. 4:8; Col. 4:2; 1 Tim.

4:13-15; James 1:25). Quietness, stillness, and meditation are core tenets of MM and are also core practices and principles of the Christian faith (NLT Bible, 1996/2007, Isa. 30:15; Matt. 6:31-34).

Another core tenet of MM is intentional awareness in the present moment, which is also a key feature of the Christian faith (Timbers & Hollenberger, 2022). Daily meditating on the goodness and faithfulness of God, prayer, worship, praise, and thanksgiving, are all Christian practices and principles that embodies intentional awareness, allowing one to focus their attention on the object of their affection, our Lord and Savior, Jesus Christ (Schuman-Oliver et al., 2020; NLT Bible, 1996/2007, Ps. 26:3; 63:6; 77:11-12; 119:27; 145:5; Col. 3:2). The practice of intentional awareness is represented in Matthew 7:5 (NLT Bible, 1996/2007), when Jesus instructed His hearers to first take the plank out of their own eye through self-introspection, so they could see clearly to remove the speck from the eye of another. Jesus also admonished His audience to not become distracted from the present by worrying about the future (NLT Bible, 1996/2007, Matt. 6:25-34). Intentional awareness in the present moment can also be found in the Books of Isaiah 43:18-19 and Philippians 3:12-14 (NLT Bible, 1996/2007). The Apostle Paul consistently admonished the early Christians to live mindfully in the present moment (NLT Bible, 1996/2007, Phil. 2:1-5; 2 Cor. 10:5; Rom. 12:2), to be thankful in every circumstance and never stop praying (NLT Bible, 1996/2007, 1 Thess. 5:17-18), and to consistently meditate on things that are true and admirable (NLT Bible, 1996/2007, Phil. 4:8; Heb. 12:2).

The Book of Psalms especially encourages biblical adherents to actively participate in these core tenets of MM, which shows a high positive correlation between these two distinct, often perceived opposing worldviews (Woods-Giscombe & Gaylord, 2014). It has been theorized that Psalms 90, 91, and 92, penned in the sixth century, may have been written in response to a

traumatic event that had occurred nationwide in the primitive Babylonian society, which details the religious coping mechanism of the followers of Yahweh (Brown & Collicutt, 2022). These Psalms offer hope to evangelical Christians today amid enduring traumas because in them they find religious coping mechanisms that can be adopted and mindfully utilized, providing a framework for the acknowledgement of existing mindsets, while creating an atmosphere for the acquisition of newly acquired schemas (Brown & Collicutt, 2022). Meditating or ruminating on the Psalms and other encouraging Scriptures in a mindful manner, creates an atmosphere where PTSD symptomatology can be overcome by the truths of God's Word. For the Word of God is alive and powerful (NLT Bible, 1996/2007, Ps. 107:20; Heb. 4:12), emitting healing to the body and activating strength to endure (NLT Bible, 1996/2007, Ps. 41:3; Prov. 3:8; Isa. 40:29-31, 58:11; Jer. 30:17, 33:6; Hab. 3:19). For there to be a successful integration of MM and biblical theology, the practitioner, counselor, or facilitator should ensure that the commonalities between the two worldviews is the primary focus while safeguarding the integrity of the biblical tenets (Buju, 2019; Karl et al., 2021).

The Necessity of Scripture Memorization for Effective Christian Meditation

Religious faith practices, engagement in prayer, fasting, church attendance, and reading the Scriptures are the most common rituals engaged in by many evangelicals. Christian meditation upon the biblical text is one such practice that evangelicalism espouses, and followers are presumed to adhere to this principle. The practice, however, is not unique to Christianity, and is widely embraced among many religious sects around the world. Some people may employ meditation as a therapeutic strategy or to enhance well-being, but most religions seemingly utilize the practice for spiritual contemplation (Farias et al., 2020). Meditation in general consists of various techniques that can create the ability to gain focus on one specific thing, and these

techniques if utilized in the proper manner should elicit a relaxation response (Matko et al., 2021).

Goal of Christian Meditation

There are several types of meditation, such as transcendental meditation, breath meditation, focused attention meditation, and open monitoring meditation (Colzato & Kibele, 2017). But Christian meditation is unique because it has one main goal: to foster awareness of and focus attention on God (Frederick & White, 2015). Christian meditation is an active process of deliberately focusing on specific Christian practices that brings one closer to God. The meditative process involves using the mind to commune and interact with God through daily devotional practices such as praise and worship, focused prayer, praying Bible Scriptures, and reading the Bible (Schwanda & Sisemore, 2020). Devotional time scheduled for participation in the various Christian practices are thought to bring one into the presence of God, and interacting with Scripture is central to this sacred time (Draycott, 2020; Steffen, 2017).

Scripture Memorization is Vital to Christian Meditation

The work of the Holy Spirit in the life of a Christian is believed to be transmitted through the Words that are written within the pages the Bible—God’s Manual to His people that details His plans and purposes for their lives (Admiraal, 2023). Some believe that the chapters and verses housed in this “Book” should be read aloud, written down, studied, and memorized, as these practices can radically alter the behaviors, cognitions, and overall quality of life for participants, which is crucial for those who are experiencing traumatic stress (Popovic, 2017). When evangelicals become familiar with the written Word, they can pray prayers that align with the Will of God and create an atmosphere where God speaks to His suffering children and encircles them with His providential care (Huggins, 2015). The Scriptures affirm that the Word

of God produces enormous success whenever applied (NLT Bible, 1996/2007; Isa 55:11). To practice Christian meditation, one needs to be committed to spending time in His written Word. For the evangelical experiencing PTSD symptomology, meditation can become easier when they become familiar with Scripture and have a treasure-trove of Bible verses ingrained in their psyche that they can draw on in times of traumatic stress. The religious practice that enables one to store Scriptures in their heart and mind is the act of memorization (Pilotti & Al Ghazo, 2022; Rahman et al., 2020).

Memorization Rewires the Brain to Store Scriptures for a Lifetime

The human brain possesses the ability to mix and integrate multiple pieces of information, change activity in response to an extrinsic or intrinsic stimuli, and exhibits the capability of storing lifelong information transmitted through visual and auditory pathways (Kumar et al., 2021). Similarly, the human brain has the capability to store memorized Scriptures that may be retrieved when needed. Memorization of Scriptures has also been found to improve brain health, cognitive performance, and lower the allostatic load for experiencing mental health issues such as PTSD (Rahman et al., 2020). When an evangelical continuously ruminates on Scriptures to the extent they are stored to memory, these Scriptures can be recalled and invoked during challenging times and situations to bring comfort (Molin, 2023; Walker, 2020). Prayer life and faith can be strengthened, their outlook and attitude about life may progressively change, and they can have an improved ability to be more observant through continuous encounters through the presence of the Living God. However, the utilization of memorized Scriptures can only be effectively utilized when there is spiritual awareness through an attitude of mindfulness (Walker, 2020). Thus, for meditation to be effective for evangelicals suffering with enduring trauma-induced PTSD, they may need to learn how mindfully live in the present moment instead of

ruminating on their traumatic experience, which will be the essence of CMM (Deroche, 2021).

MM can train the mind to focus on a specific object, goal, or thing, and can be a useful strategy and resource to help suffering individuals focus on memorized Scriptures and enables participants to utilize techniques such as present moment awareness, visualization, and memorization to enhance private meditation (Bartolini, 2020; Fujino et al., 2018). Evangelical Christians who mindfully meditate upon memorized Scriptures may experience significant success in the mitigation or removal of ruminating negative thoughts during stressful seasons or trigger episodes. Ruminating on Scriptures helps the participant to foster a deeper relationship with God, promotes self-awareness, provides a conduit for healing, helps the individual to forge a deeper connection with others, and can create an atmosphere where the God's Word becomes so salient in the mind that negative thinking is erased (Federick & White, 2015).

Memorization, Meditation, and CMM

CMM is intrinsically and explicitly outlined, encouraged, and instructed throughout the Bible. Psalm 1:2 (NLT Bible, 1996/2007) is thought to be a Psalm of singing meditation focused on the Mosaic Torah (Lefebvre, 2016). In Hebrew, the word "meditate" translates to mutter aloud the Word of God to oneself (Lefebvre, 2016). However, to utter aloud Scripture from memory to facilitate meditation, one must have Bible verses memorized (Wilkerson, 2021). The more one recites and rehearses Bible verses, the more likely the verses will become embedded into long-term memory, which can have a transformational effect on the individual experiencing PTSD symptomatology (Dickie, 2019). Thus, the church has a responsibility to ensure that the tenets of the Bible are being taught in a way that allows Scripture to move from information to long-term memory for every attending Christian (Wilkerson, 2021).

The Evangelical Church has a Responsibility to the Traumatized

Evangelical churches and their leaders may lack a full understanding on how to handle their congregants' personal challenges including trauma (Guiking & Jacob, 2022; Lloyd & Waller, 2022). Research findings indicate that most evangelical assemblies are unaware of how Worship, Bible Study, prayer, and other religious activities associated with the Christian faith is experienced by those who are experiencing trauma (Hill & Yancey, 2022). Stigmas regarding mental illness are rampant within congregations and threaten community health (Campbell, 2021). Many leaders can benefit from an understanding of how some traditional interpretation of Christian doctrine can heighten PTSD symptomology due to religious shame that can create spiritual wounding and create more distance between the congregant and God (Downie, 2022). Religious leaders possess the power to impact beliefs and behaviors toward mental illnesses, having the most considerable influence on congregational attitudes, but few appear willing to address mental health issues such as PTSD (Campbell, 2021). Leaders of congregations are influencers in a position to model acceptance of congregants regardless of socioeconomic or mental health status that does not pose imminent danger to others.

Although church staff might not understand all the intricacies involved in trauma, most are willing to learn so they can help the impacted congregants (Guiking & Jacob, 2022). Research findings also indicate that many trauma-impacted evangelical Christians believe it is essential for the church to provide education in conjunction with counseling services that are religiously syntonc, but to refer to outside counseling services when deemed necessary (Lloyd, 2023). However, they would prefer that the recommended outside counseling services and treatment modalities align with biblical principles and that practitioners or counselors possess philosophical outlooks that aligns with the tenets of their faith (Lloyd, 2023; Moreno et al.,

2022). Churches, therefore, have a responsibility to educate their staff on traumatology, equip them with the tools necessary for identification, and instruct them on the appropriate response measures to be taken (Lloyd, 2023). When the staff is educated and effectively trained, they can use strategies such as MM practices to teach those impacted how to handle their distress from a Christian perspective. However, any approach adapted by the church toward PTSD and other mental issues should be culturally sensitive and psychologically framed within a theological perspective (Lloyd & Waller, 2020).

The Perceived Impact of Christian Mindfulness Meditation in the Treatment of Trauma

Pharmacodynamic and cognitive-behavior therapies (CBT) are two of the most common therapies used in the treatment of PTSD, but research indicate that clients who present with PTSD symptomology report lower rates of adherence to medication (Aliev et al., 2020; Ryder et al., 2018). First-line psychotherapies have not shown promising results in populations with a high predominance of PTSD symptomology, but non-trauma focused interventions were found to have greater success in the mitigation of symptoms (Steenkamp et al., 2020). Therefore, new modalities such as religious faith practices could be considered as a viable option for integration into treatment plans for individuals who show preference and for those who do not respond well to other modalities (Steenkamp et al., 2020).

Ethical Factors and Therapeutic Concerns

One of the common therapeutic goals of most PTSD treatment modalities is to reduce symptomology and to enhance the well-being of the impacted individual (Erford et al., 2016). Mindfulness-based therapies have become exceedingly popular in the “secular” world, and more clinicians are finding these interventions to be beneficial to many individuals with mental health issues (Garzon et al., 2022). However, specialized preventative care for individuals identified as

having PTSD or presenting with PTSD symptomology, particularly in populations with elevated risks such as evangelical Christians, is necessary (Ryder et al., 2018). Research suggests that Christians have more faith in Christian counselors and therapists who share their faith (Lloyd, 2023; Moreno et al., 2022). Many Christians are gaining awareness that mental distress affects both the physical and spiritual aspect of their being, a belief that is allowing them to become more open to the integration of both the secular and the sacred as a viable treatment option (Moreno et al., 2022). As such, an integrative model that addresses both the individual's biological, psychosocial, and spiritual aspects, such as CMM should be considered, as its integration could be instrumental and transformational (Frederick & White, 2015; Schuman-Oliver et al., 2020).

Even though professionals have a responsibility to provide culturally informed treatment protocols, including the integration of client's religious beliefs, due to ethical limitations, therapists and other mental health professionals are prohibited from discussing religion or spiritually on their clients without written consent (ACA, 2014; Timbers & Hollenberger, 2022). However, personalization of PTSD treatment based on individual characteristic such as culture or religious beliefs, can produce greater efficacy when combined with traditional therapeutic methods, as the standard treatment methods on their own have a high variability of success (Herzog & Kaiser, 2022). When religious faith and spirituality are combined with faith-based strategies in an intervention program, behaviors are found to be positively impacted, with ample evidence of the efficacy and effectiveness of integrated treatment plans (Karl et al., 2021; Turhan, 2021). Religious faith and practices in addition to other spiritual factors, are critical coping mechanisms clinicians may encounter when working with clients who present with PTSD symptomatology, making being sensitive to these factors when conducting clinical interviewing

vital (Buhagar et al., 2021). As such, practitioners, counselors, and facilitators, need to become more sensitive of their clients' religious beliefs and religious traditions, without resorting to a one-size-fits-all approach in the process of therapy (Koenig, 2023). Furthermore, mindfulness practices have been shown to have psychological benefits when connected to the individual's spirituality and a powerful resource to incorporate into Christian counseling (Frederick & White, 2015).

Summary

Chapter 2 provided a scholarly basis related to previous studies and foundational information pertinent to this study. Among the literature reviewed for this study included previous research to investigate the use of other Christian adapted approaches to MM such as CAM, but none that specifically focuses on CMM, which is an amalgamation of Scripture memorization and the utilization of these memorized Scripture as prayer mantras, to create present moment awareness and mitigate traumatic stress (Ford & Garzon, 2017; Garzon et al., 2022; Hall et al., 2019; Jones et al., 2023; Lloyd, 2023; Lloyd & Waller, 2020; Timbers & Hollenberger, 2022). A gap in the literature was also identified on Christian rumination (meditation) and mindfulness skills as a means of religious coping amid trauma among Christian adults, utilizing quantitative methods (Knabb et al., 2019). While CAM involves "Scripture meditation, breath meditation, body awareness, and loving-kindness meditation" (Garzon et al., 2022, p. 1), CMM will focus on Scripture meditation and memorization, Scriptural prayer mantras and body awareness, as the mindfulness practices through which the essence of the experience will be examined throughout this study. MM is a common strategy utilized in many sectors of society, especially in the medical field where burnout and other traumatic stressors abound (Kopel & Habermas, 2019). The practice is generally considered to be secular in nature

as it seemingly espouses a non-Christian worldview (Lloyd & Waller, 2020). Nevertheless, the practice is a significant strategy for the treatment of PTSD and other mental issues (Hoffman, 2019; Latunde, 2022). When adapted to Christian principles, the researcher proposes that MM should transform into CMM for Evangelical Christians seeking mental health services for PTSD symptomology. A revised version may provide results for those within the Evangelical Christian community who are experiencing trauma and may be a culturally informed option that is congruent with the theological beliefs of evangelicalism, while retaining the benefits of MM.

Chapter Three: Methods

Overview

This qualitative phenomenological study describes the shared experiences of the effectiveness of CMM for adult evangelical Christians in Florida experiencing PTSD symptomology. The responses to RQs were garnered through one-on-one, in-depth, virtual audio and video recorded interviews via Microsoft TEAMS, with a group of 12 evangelical Christians in Florida who have experienced the phenomenon. The goal was to obtain the pertinent information necessary to answer RQs, determine recommendations for future studies, and to provide mental health professionals and churches with intervention, prevention, and mitigation strategies that are culturally appropriate. After permission was granted by the institutional review board (IRB), recruitment emails were sent to potential participants and interviews were scheduled within 2 weeks from the initial recruitment email. This chapter is divided into the following sections: design, RQs, setting, participants, procedures, the researcher's role, data collection, interviews, data analysis, trustworthiness, credibility, dependability and confirmability, transferability, ethical considerations, and a summary.

Design

The study began with broad RQs that were revised iteratively throughout the duration of the study to narrow the purpose of the research (Denny & Weckesser, 2022). A qualitative design was chosen for this study because the goal was to provide greater insight and understanding of the real-world problems of a group of evangelical Christians experiencing enduring PTSD symptomology within the context of the evangelical church community (see Denny & Weckesser, 2019). Their individual experiences and perceptions were gathered through in-depth, semi-structured, virtual, video-recorded interviews. The qualitative design was structured around

open-ended questions, and though the answers obtained were difficult to quantify numerically, the responses provided greater insight into and an explanation of human processes and patterns of behavior (Denny & Weckesser, 2019). The qualitative design used the semi-structured approach to data collection, ensured comparability of information gathered from participants' perspectives across times and settings, garnered descriptive information, and provided the insight needed to understand participants lived or common experiences (Cypress, 2018; Denny & Weckesser, 2019). Thus, the design provides a better understanding of the challenging problems experienced by a group of individuals (Nebauer et al., 2019).

Phenomenological research was necessary for the study due to the investigation into and a description of the lived experiences of a group of evangelical Christians within their world, based on their views and reflections of their lived experience (Alhazmi & Kaufmann, 2022). These consciously lived experiences were collected in a manner that minimized assumptions about casual explanation and unexamined presuppositions (Ray & Locsin, 2023). This phenomenological research was specifically rooted in Heidegger's hermeneutic methodology and was grounded in the interpretation of each participant's lived experience of the phenomena by comparing the statements they made to gain a better understanding of their lifeworld and to give voice to their experiences (Sloan & Bowe, 2014). This allowed the researcher to collect non-numerical data in a setting sensitive to the sample population under study, which were then analyzed to provide a thorough understanding of the real impacts of CMM on PTSD symptomology among evangelical Christians and the viability of CMM as a faith-based treatment option.

Research Questions

RQ 1: How do adult evangelical Christians suffering from PTSD symptomology describe

their experiences with CMM in Florida?

RQ 2: How do adult evangelical Christians in Florida suffering from PTSD symptomology describe their lived experiences with the doctrines of the evangelical church that promotes shame, and their shared experiences with CMM as a coping strategy?

RQ 3: What are the perceived cultural challenges, if any, associated with CMM as a viable treatment option for adult evangelical Christians experiencing PTSD?

Setting

A virtual interview was chosen as the method for primary data collection because it closely mimics traditional face-to-face interviews and is one of the most convenient methods for individuals who elect to participate in a study (Pocock et al., 2021). In addition, virtual interview platforms such as those offered by Microsoft TEAMS provides more of a personal connection by allowing the researcher to observe facial expressions during and after the interviews, as the video recording can be revisited multiple times during data analysis to help the research bring more context to the participants lived experience (Hicks et al., 2021). Only individuals who agreed to conduct their interviews via Microsoft TEAMS were considered for participation in the study. Twenty one-on-one interviews were conducted, recorded, and transcribed. Each participant was sent an email with the TEAMS meeting link by the researcher prior to their scheduled interview date and time, titled “dissertation interview.” The IRB designated the study as exempt and required consent forms to be sent to each participant for informative measures; however, signed consent forms were not required for participation.

Scheduled interviews were conducted at a location chosen by the participants that was deemed private and confidential, and the researcher was in a secure office in her home. Participants were asked to attest prior to the interviews they would choose a secure private

location free of distractions and interruptions. The pseudonym for the researcher's location was "the headquarters," and for the participants location, "the place," so that identity of the locations would be almost impossible to identify. Research participants were identified by pseudonyms assigned by the researcher and known only to the researcher.

Participants

The sample population was chosen from a group of professing evangelical Christians from one of the most populous counties in the State of Florida. The sample size for phenomenological research can range from three to 15 individuals (Creswell & Poth, 2018). However, this study recruited 20 individuals from which 12 participants were selected for direct participation, as the researcher preferred to keep the group as small as possible so data collection efforts would not be limited. The remaining eight participants were assigned to the reserved pool in the event an elected participant opted out due to the audio and video recording requirements, or if a chosen participant was not perceived to have experienced the phenomenon during the interview process.

Emails were sent to approximately 25 individuals who were recommended for participation in the study by several points-of-contact within several evangelical churches located in the Florida county of interest. The goal of the email was to solicit participation in the study. Emails are an effective method for recruitment and were the primary means of sourcing participants for the study (Heerman et al., 2017). The recruitment email was approved by the IRB and contained clear concise language about the research as long emails are most often not read (see Marks et al., 2017). The email stated the purpose of the study, inclusion criteria, the source of data collection, the study procedures, email address, and deadline for all responses, and contained language deemed appealing yet appropriate for the target audience. Email

correspondence was also the primary means of communication throughout the study.

Participants were asked to schedule a day and time for their interview, which was no later than 1 week from the date of the email. After the first 20 participants who responded were confirmed, the researcher contacted all individuals who responded before the deadline but were not chosen for participation, via email, to thank them for their interest, and to inform them the study quota had been met. But if they were needed for future participation they would be contacted. Similarly, after all interviews were conducted, the eight individuals who were not chosen for direct participation received an email thanking them for their time and interest. The email explained they were chosen for the reserved pool in the event a participant exited the study before completion. However, the 12 chosen participants fulfilled all the requirements of the study, and none of the reserved individuals were utilized. The 12 participants chosen for inclusion met the following criteria: (a) was 18 years old or older, (b) is a member of an evangelical church, (c) has experienced or witnessed a traumatic event, (d) had the ability to speak clearly about the trauma without being retraumatized, (d) is experiencing ongoing changes to mood or cognition due to the traumatic event, such as the presence of hyperarousal occurring for more than a month, which according to the American Psychiatric Association (2022) are criteria for PTSD (DePierro et al., 2022; Greenberg et al., 2015); and (e) practice meditation upon Christian Scriptures at least once per week.

The researcher used purposeful sampling to select the 20 participants needed. Purposeful sampling is a method used to intentionally sample a group of impacted individuals who are willing to share their experiences, views, and reflections, who the researcher believes can address the problem under investigation (Creswell & Poth, 2018). The sample population provided information about their lived experiences from their perspective by articulating their views on

the influence of the teachings of the evangelical church on their suffering, the mindfulness-based Christian mediational practices they subscribe to amid suffering, and the effectiveness of these faith practices in the amelioration of their symptoms. The goal was for the sample population to consist of a mixture of males and females. However, the 12 participants were chosen based on their ability to contribute to the study. The nature of the study, the process and procedures were addressed along with confidentiality and legal issues within the informed consent for the study.

Procedures

Consistent with most phenomenological research, data were collected through interviews, with prior permission obtained from the IRB and each participant. Interviews were the primary means of data collection and explored in-depth the phenomenon of interest through participants shared experiences (Creswell & Poth, 2018). These interviews were semi-structured, which allowed for modification and follow-up questions based on participant responses. The questions sought to obtain accurate data, including participant perceptions and interpretations of their experience, and comprised of open-ended, descriptive, and structural questions, which gave participants the opportunity to freely share their stories (Bakioglu et al., 2022). The interviews lasted between 25 to 40 minutes, via Microsoft TEAMS, and were video recorded and transcribed with participants permission. Video and audio recordings were transcribed within a day and were sent to each participant via email for member checking (see Bakioglu et al., 2022). If transcripts were edited by any participant, the edited transcript was fact checked with the original transcription and discrepancies resolved by consulting with the participant through an additional TEAMS video recorded interview, scheduled no later than 2 days after the inconsistencies were identified. The researcher also maintained an observational journal of unbiased field notes that were gleaned during the interviews that provided further context and

helped the researcher to remember situational factors that were of importance during the analysis of data.

The Researcher's Role

The potential participants were recruited from evangelical churches in a Florida county where no known affiliation with the researcher existed. The researcher did not perceive any conflict of interest as she does not have a primary allegiance to or personal relationship with any of the participants, was not seeking financial gain or recognition, and the decisions made were not subjected to undue influence. There was no conflict of interest that existed at any time during the study. However, if a conflict of interest were to be perceived by the researcher, the data collected from that participant would have been destroyed. One replacement participant would then be asked to join the study, and data would be collected from this individual. The researcher also created a structure of checks and balances that would identify conflicts of interest and researcher bias (Mecca et al., 2015).

The researcher has experienced significant traumatic events throughout her childhood into early adulthood resulting in adult PTSD symptomology that are still being experienced, though sporadically. The researcher acknowledged that countertransference issues could arise. However, the researcher has been attending professional therapy for the past several years, and through this process has learned how to practice self-retrospection in every relationship to minimize countertransference (Prasko et al., 2022). The researcher also employs mindfulness practices and strategies that foster focused attention and awareness in the present moment, with an attitude of nonreactivity and non-judgementalism (Schuman-Oliver et al., 2020). Furthermore, the researcher is always mindful and on guard when conversations that can trigger countertransference arise and is able to implement strategies that can counteract this issue.

The researcher is also an evangelical Christian who agrees with the perception that the teachings of the evangelical church and the attitudes of many adherents toward mental issues is stigmatizing and shaming and can trigger or worsen symptomatology (Lloyd & Panagopoulos, 2022). However, during stressful times, the researcher resorts to meditation upon memorized Scriptures that were ingrained through rote learning or repetition, to alleviate symptomatology (Tasadduq, 2021). Rote memorization that allows one to repeat or ruminate on the Word of God continually allows the Scripture to come alive and activates the Holy Spirit to do His work, for the Word of God is alive and powerful and produces results whenever it is applied (NLT Bible, 1996/2007, Heb. 4:12a; Isa. 56:11) by faith in Christ. Since evangelicals in general most often resort to their religiosity in times of stress, it is believed faith practices that are culturally appropriate should be designed to help each struggling individual attain homeostasis, and to enhance their well-being (Zhang et al., 2020).

To combat researcher bias, this researcher first acknowledges she has a bias toward CMM, which may impact the interpretation of the collected data. The researcher has integrated CMM into her daily routine for a considerable number of years and has experienced success in the mitigation and control of symptoms. Utilizing the mindfulness meditation practice of present moment awareness, Scripture memorization, and prayer mantras that employs these memorized Scriptures, the researcher has found an effective vehicle for eradicating symptoms as they appear, and wholeheartedly believes that comparable results can be attained by others experiencing PTSD symptomatology. Detailed records were kept, interview questions were standardized for all participants, answers to interview questions were summarized using original context, participants were able to review the results, and honesty about the limitations of the study was presented in the final report. The researcher also endeavored to be impartial to all

participants in all aspects of the study and did not omit potential participants due to ethnicity, economic status, or other demographic, sociocultural, or environmental factors that may be deemed prejudicial. The researcher remained cognizant of interviewer bias and monitored herself to minimize subconscious influences and responses through the utilization of the MM practice of intentional, non-judgmental, present moment awareness in all aspects of the research process (Schuman-Oliver et al., 2020). The recorded interviews also assisted in minimizing potential biases as they provided more verification than other interview options and can allow the participant to be more open in sharing their experiences (Engward et al., 2022). Nevertheless, selection bias existed due to the shared personal homogenous characteristics of the sample population.

Data Collection

In-depth, one-on-one, virtual, semi-structured interviews were the primary source of data collection and were recorded with prior consent obtained from the participants. Each participant was interviewed in one single session, lasting between 25 to 40 minutes to capture the essence of their experience. Data collection was an adaptation of Moustakas's (1994) psychological phenomenology method, as described by Creswell and Poth (2018). Twenty individuals were interviewed, but only 12 participants were chosen for direct inclusion. The interviews were focused on these two broad areas of interest for the study: the shared individual experiences as they relate to the phenomenon, and the perceived contexts and situations that influence how participants experienced the phenomenon (Cresswell & Poth, 2018). The RQs supporting the interview questions were "How do adult evangelical Christians suffering from PTSD symptomology describe their experiences with CMM in Florida?," "How do adult evangelical Christians in Florida suffering from PTSD symptomology describe their lived experiences with

the doctrines of the evangelical church that promotes shame, and their shared experiences with CMM as a coping strategy?,” and “What are the perceived cultural challenges, if any, associated with CMM as a viable treatment option for adult evangelical Christians experiencing PTSD?”

Interviews

As noted, interviews were the primary method of data collection (Cresswell & Poth, 2018), and is the method viewed as the gold standard for qualitative research (Heath et al., 2018). Interviews are flexible, enabling the researcher to exert more control, and provide the ability to observe participant interaction and nonverbal communication (Heath et al., 2018). Through interviews the essence of the participants’ experiences was captured. This study consisted of a single one-on-one, semi-structured, in-depth interview lasting between 25 to 40 minutes per participant, with an identical list of questions for each participant. Participants were asked preset questions that were open-ended, relating to the RQs. The interviews were recorded to ensure the data were accurately captured (Denny & Weckesser, 2019). During the interviews, the researcher consciously monitored each participant to determine if they were being negatively impacted to reduce existential issues (Collins et al., 2023). If a participant did become overwhelmed and was not able to continue with the session, the session would be paused and rescheduled if the participant wished to continue with the study. However, none of the participants experienced cognitive dissonance during their interview. Each participant was asked and responded to the interview questions noted in the next section.

Interview Questions

1. Please introduce yourself to me as if we just met one another.
2. Please walk me through your CMM development timeline.
3. Of the traumatic experiences you identified on your timeline, tell me which one would you

say was the most significant?

4. What made this one more significant?
5. What would you like to add to your timeline that you have not already told me?
6. A person is not often aware of how his or her practice of CMM influences his or her life choices. How aware are you of the impact of CMM on your daily life?
7. Describe your practice of CMM?
8. Ideally, part of managing your PTSD symptomology involves the process of examining and evaluating the effectiveness of CMM. Where are you in that process?
9. Tell me, have your parents practiced CMM, and if so, how do their views compare to yours?
10. Think about a friend who also practices CMM. What experiences have they shared with you about CMM, if any, you would feel comfortable telling me about?
11. Tell me about the struggles you have experienced as an evangelical Christian within your walk to develop your CMM practice.
12. What questions, if any, came up for you, as you thought about your practice of CMM?
13. If you were the parent of a 19-year-old who is experiencing PTSD symptomology, how would you help as they develop their practice of CMM?
14. Imagine you are being interviewed at a conference for suffering evangelicals, in front of thousands of people experiencing PTSD symptomology. What insights would you share on what they may expect to experience if they practice CMM over the next few years?
15. I would like to ask you a question that will prompt you to put everything together, so to speak. Reflecting on your lifetime of experience with CMM, what advice would you give to evangelicals who are hesitant to try CMM?
16. The next question is unique in that it will invite you to look ahead. How do you expect your

practice of CMM to change or develop over the next several years?

17. We have covered a lot of ground in our conversation, and I so appreciate the time you have given. One final question: What else do you think would be important for me to know about your practice of CMM that I have not asked you about?

Data Analysis

Integrative phenomenological analysis (IPA) was the methodology employed in the analysis of the collected data (Poulsen et al., 2018). IPA is rooted in phenomenology and is a data analytical method associated with qualitative research that seeks to explore the real-life individual experiences and perceptions of participants, and how they make sense of such experiences (Godes & Vermetten, 2023; Poulsen et al., 2018). The focus was on the lived experiences of the participants that have significantly contributed to their PTSD symptomology. During the IPA process, the researcher plays a critical role in the interpretive process, viewing participant' lives through their perspectives to develop an in-depth understanding of the perceived efficacy of the treatment under investigation (Poulsen et al., 2018). The data for this study were interpreted through psychological lenses that involved the researcher combing through the data in search of the meaning behind each participant's experience, then reducing the data to capture the essence of the phenomena common to all participants (Godes et al., 2023).

Data analysis began with transcription of the video recordings from interviews, and data that highlighted the lived experiences of the participants were identified and extrapolated from the transcriptions. The transcriptions of each interview were studied and fact-checked against the recorded video interviews to separate aspects and themes that related to the RQs for the study (Engelsrud & Rosberg, 2022). Data were systematically analyzed for statements of significance with emerging themes and patterns defined (Poulsen et al., 2018). Themes and significant

statements that were found to illustrate the effectiveness of CMM for the target population were pinpointed and extracted. Each theme was assigned a name and given a descriptive label. Themes and subthemes that identified from these units were translated into the themes and subthemes for this study. Validity checks were conducted by consulting with participants to determine if the essence of their experiences was appropriately captured, and to ensure credibility.

Trustworthiness

Participant selection was determined through purposeful sampling. Interviews were conducted in a private setting, and all conversations were recorded. During the study, the participant responses were analyzed to ascertain their involvement with the phenomena and if their experiences would sufficiently answer the RQs. Each recorded interview, corresponding transcript, email correspondence, and all other data pertinent to the study will be accessible for 3 years after the research has concluded before being deleted.

Credibility

Member audits gave participants the ability to review the accuracy of the researcher's interpretations and representation of participant responses, which demonstrate participant experience credibility and reliability for the study (Creswell & Poth, 2018). The researcher disclosed her presuppositions about the phenomenon from the onset of the study. Prior disclosure was to inform future readers of potential biases, values, and experiences associated with the researcher related to the purpose of interest for conducting the study and inherent knowledge of the subject matter.

Dependability and Confirmability

Dependability and confirmability are two characteristics of trustworthiness.

Dependability refers to the consistency of the findings if the study were to be replicated numerous times, while confirmability refers to confidence the result would be corroborated by other researchers (Forero et al., 2018). In this study, dependability and confirmability can be confirmed by the recorded interviews and their accompanying transcripts, which were analyzed individually to gain a greater understanding of the content and each participant's experience (Forero et al., 2018). Comparative analysis of the interview transcripts and recorded interviews was continuous to exact emergent themes and meanings, which provided an in-depth understanding of the essence of each participant's experience (Forero et al., 2018). Judicious analyses of the research data served as a control measure with the purpose of preventing potential data manipulation, and the video recordings helped to reduce researcher bias while ensuring response authenticity (Nowell et al., 2017).

Transferability

Transferability refers to how the findings and components of a study are described and defined, so readers and other researchers have evidence and a thorough understanding of how these can be applied to other settings (Drisko, 2024). Purposeful sampling was used to select the 12 study participants, which was founded on their ability to contribute to the study based on research criterion and was crucial to conducting comparative analysis across transcripts (Forero et al., 2018). The findings, interpretations, and limitations of this study were delineated and presented in a manner that promotes future research for CMM. The research context, RQs, and identified thematic analysis provide foundational information on the importance of future research and implementation of CMM as a therapeutic intervention consideration among those seeking services for PTSD symptomology (see Stalmeijer et al., 2024).

Ethical Considerations

Since the study was based on confidentiality, participants were assigned pseudonyms designated by the researcher and known only to the researcher, so participants could not be identified by others within or outside the study. Transcriptions were compared with video recordings to help determine if the researcher's personal biases impacted the data. Video recordings, transcriptions of interviews, correspondence, and memoing were automatically saved to the researcher's password-protected encrypted external hard drive. A data collection matrix was developed, which enables the researcher to visually identify and locate information pertaining to the study was also uploaded to the secure external hard drive that will be securely stored for 3 years post-study, then the data will be deleted from the external hard drive. Additionally, the external hard drive will be reformatted after content deletion to ensure all data from the study has been successfully destroyed and deleted (Creswell & Poth, 2018; Miracle, 2016).

Summary

Chapter 3 presented a detailed description of the research study methodology. Participant recruitment and criteria were identified in addition to the research design, procedures for data collection and data analysis, and ethical considerations. In addition to identifying qualitative phenomenology as part of the research design, IPA was introduced as the data analysis method allowing for a deeper exploration of participant experiences related to CMM as a method to work through PTSD symptomology. A brief overview of how the interview questions for the study integrate with the foundational RQs was provided in preparation for Chapter 4, where the results of the study will encompass the shared experiences of the study participants with common thematic analysis related to the effectiveness of CMM among participants who identified as

Evangelical Christians who have struggled with PTSD symptomology and have tried CMM. The researcher disclosed her own experiences with PTSD and CMM and potential biases where measures were implemented to reduce the potential for bias related to this study (Nowell et al., 2017). Further, confidentiality and trustworthiness were discussed, which are significant components of phenomenological research that contribute to examining the shared experiences of phenomena not covered by quantitative research studies. Disclosure of methodological protocols is a small component of the research process, where ethical considerations are important for any research study (Creswell & Poth, 2018).

Chapter Four: Findings

Overview

This chapter describes the findings from the current study that sought to understand and describe the shared experiences of the effectiveness of CMM for adult evangelical Christians in Florida experiencing PTSD symptomology. Basic participant demographics and a rich description of each participant's experiences and perspectives are presented, though names are replaced with pseudonyms. Data were analyzed using the IPA methodology and are presented according to emergent themes generated during analysis. Answers to the RQs are also provided.

Participants

The study comprised of 12 participants who were assigned pseudonyms that are realistic, reflective of their culture, but designed in a manner that is believed to offer maximum protection of their individual identity (Wang et al., 2024). These pseudonyms were created by the researcher and are known only to the researcher, providing a safeguard for participant anonymity. The sex of the participants were nine female and three males. Nine of the participants were Black, while the remaining three were of Hispanic descent. Participants were selected based on research criteria and on their ability to contribute to the study.

Research and Interview Questions

There are three RQs and 17 interview questions. However, Questions 1 and 3 are not related to any RQ. Interview Question 1 asked "please introduce yourself to me as if we had just met one another" to build rapport and set the tone for the interview questions to follow. Interview Question 3 is also not associated with any RQ as it is a reiteration of Question 2.

RQ 1

RQ 1 asks, "How do adult evangelical Christians suffering from PTSD symptomology

describe their experiences with CMM in Florida?” There are nine interview questions associated with this RQ. They are Questions 2, 4, 5, 6, 7, 8, 16 and 17.

Interview Question 2

Interview Question 2 asks, “Please walk me through your Christian mindfulness meditation development timeline.”

Participant 1: Mary. “I did not grow up in a Christian home, but I was introduced to the Lord while I was in college. After I left college, I had a series of betrayals that forced me to start praying. I’ve experienced many traumatic events throughout childhood, but because I grew up in poverty my will to survive superseded the effects of the traumas. But the betrayal that I experienced from the person that was the closest person to me will never leave me. However, one day while I was praying, I had an intimate encounter with God that forever changed the trajectory of my life. Soon after this, I started to attend an evangelical church by the invitation of a co-worker, and shortly after that I became a member and was introduced to daily meditation upon Scriptures through a discipleship class I attended at the church, which I would say was the beginning of my CMM journey. I started to incorporate these practices into my daily life because I was so desperate to get over the anger, hatred, and unforgiveness I was constantly experiencing. Even now I’m still struggling with emptiness, loneliness, and deep grief, but CMM helps.”

Participant 2: Brenda. “I grew up in an ultra-conservative Christian home and have taken part in all the traditions of the church, including Scripture memorization. So, I have been an evangelical Christian for as long as I can remember. However, as a teenager I was date-raped and got pregnant as a result. I was devastated that I had embarrassed my parents to the extent I went into isolation. After I gave birth, my mother adopted the baby so that I could continue with my education, but I could not get over the deep shame and low self-worth, to the point where I

found it depressing to face each day. Since that incident, every intimate relationship I've been in was for one reason only, and that was to try my best to hurt the other person deeply. But one day I got the opportunity to relocate to Florida and was invited to an evangelical church by a next-door neighbor. At that church I reconnected with the traditions of my childhood, and slowly started to mindfully meditate upon the Word once more, until it became a daily habit. And I find that consistently meditating on the Word throughout the day has helped me and is still helping me.”

Participant 3: Paul. “I have been an evangelical Christian all my life and have consistently practiced the traditions of my denomination, such as fasting, prayer, and daily devotional time with God. Growing up, memorizing Bible verses was an integral part of our church practice, so this has been engrained in me. However, I did not start practicing CMM on a personal level until I was surprised by my wife of 25 years with divorce papers, while living in the same house, sleeping in the same bed. I was devastated when I discovered that my divorce was not a prank, to the point I became suicidal. I felt completely lost. I stopped going to church and isolated myself from loved ones and friends. At this lowest point of my life, I heard the voice of God whispering to me through Bible verses I had memorized years ago: He said: ‘Do not be afraid, for I am with you. Do not be discouraged for I am your God. I will strengthen you and help you. I will hold you up with my victorious right hand’ (New Living Translation Bible, 1996/2007, Isa. 41:10). The more I focused on this verse, I realized that my mind felt a little lighter. So, this was essentially the moment I can say I started practicing CMM, and I continue to do so daily as I am still battling depression, suicidal thoughts, and loneliness.”

Participant 4: Susan. “I grew up in church, but I cannot say I was a serious Christian. However, I was quite aware of all the religious practices of the church including meditating upon

Scriptures because I saw my parents and grandparents regularly practicing these at home. Also, from around the ages of say 8 to 16, I attended our church's Children's Summer Camp, or back then it was called Vacation Bible School, which ran for 6 weeks every summer. Most of the programs during those 6 weeks were centered around memorizing Bible chapters and verses, so I have a lot of Bible verses memorized. I did not realize how useful these memorized verses were until I experienced the loss of my baby. I carried my baby for nine months, but when I delivered, she was stillborn. I felt so much grief, and I blamed myself for not knowing something was wrong with my baby. This grief turned into great sadness, depression and fear; deep fear of having another child. My parents and the elders of my church prayed for me, but the emptiness just wouldn't leave me. But one sleepless night I laid in bed, praying out my heart to God and asking him "Why?" I heard the words from Psalms 23 that I memorized at Vacation Bible School in those early years in my brains. As I tried to focus on the words, I felt a sense of peace starting to come over me. From that night I continued to repeat this Psalm over and over again in my mind. This I would say was my first encounter with CMM. This helps me in managing my depression."

Participant 5: Shirley. "I grew up in church and have been a devoted Christian all my life. Even though I experienced several traumatic events throughout my lifetime, none has left a lasting imprint on me except one. My family and I were about to become homeless due to my mother losing her job and not being able to find another. A friend from our church found it in her heart to help us. She had a vacant condo that she offered to us for a couple of months until we could get back on our feet. This condo was in a predominantly White neighborhood, and we were a Black family. From the moment we moved in, a neighbor constantly harassed us, telling us we did not belong there, which gave me great anxiety about being homeless. He even went as

far as making false statements to the authorities that we were drug dealers, prompting the narcotics police to pay us a visit. When they came to the condo, it was just me and my younger siblings who were home. Six officers barged in with M-16 guns and turned the house upside down for about 10 minutes. After not finding any drugs, they started to interrogate me as I was the oldest. They wanted to know if my siblings were on the missing person's list, or if we were being sex trafficked. Immediately after this experience I started suffering from anxiety attacks. However, to overcome the anxiety attacks I would frequently experience when I hear a knock at my door, or a police siren, I had to practice meditating on Bible verses as I was taught in church. My go to verse is 'God has not given me a spirit of fear and timidity, but of love, power, and self-discipline' (NLT Bible, 1996/2007, 2 Tim. 1:7). A verse I still meditate upon today, as I continue to deal with anxiety. I would say that experience initiated my personal journey with CMM."

Participant 6: Alexa. "I grew up in church and participated in all the traditions and practices such as meditating and memorizing Scripture. Earlier on in life, I experienced betrayal from a lifelong friend that has left me incapable of maintaining friendships. Even though that trauma is something that I am still dealing with today, it does not come close to the trauma I experienced from my mother's near-death experience on the highway. My mother is not only my best friend. She is my mentor, my advisor, my everything. As a result of her accident and the long recovery phases she had to go through, I developed anxiety and a dreaded fear of driving on the highways. I purposefully enter my route into my GPS everywhere I go, and always choose the avoid highway option. I prefer to spend an extra 30 minutes taking alternate roads to reach my destination than to venture on the highway. And even on these alternate roads, I keep mumbling these Words: 'I can do all things through Christ who gives me strength' (NLT Bible, 1996/2007, Phil. 4:13) to control my anxiety. Though I grew up in church and practiced all the

traditions such as meditating and memorizing Scriptures, I never had to mindfully utilize them until this traumatic event. So, I would say my mother's traumatic experience became the source of my trauma and the reason I practice CMM daily."

Participant 7: Carol. "My CMM development did not have a perfect beginning. Growing up, I spent a lot of time with my grandmother who was a devoted Christian and church goer, and I also went with her. She was steeped into the traditions of the church and made sure to explain to me how crucial these practices were in the life of a Christ-follower. As the years went by, I experienced several traumatic events that saw me turning to the Bible for help to make it through the day, because that's what my grandmother taught me to do. But every time the symptoms began to lessen, I would stop practicing. So, I had a few starts and stops before I really became consistent. However, it was the death of my mother that was the catalyst behind my daily practice of CMM. You see, my mother was my everything. She and I spoke up to five times per day. One morning I dropped her off at the hospital for an elective surgery that was supposed to last for about 30 minutes. I decided to wait in the lobby so I could take her back home. About 20 minutes into the surgery, the doctor came out and told me they would have to transfer her to another hospital because she had gone into septic shock. I asked if I could ride in the ambulance with her, but the EMTs insisted I drive behind the ambulance. As I drove behind that ambulance the screeching sirens kept revibrating throughout my brain. When we pulled up to the hospital, I jumped out of my car and ran to the ambulance, only to have the EMTs tell me: 'We're sorry. She did not make it.' I had a mental breakdown that day and had to be medicated. Three years have passed since my mother's death, but each time I hear sirens, I experience anxiety and panic attacks. I have a deep hole in my heart. Without daily reliance on the Word of God, I would have already committed suicide."

Participant 8: Faye. “I grew up attending the Catholic church and never experienced meditation until I became an adult and was invited to an evangelical church by a friend. The church body was so warm and inviting that I decided I wanted to be a part of this church. So, I became a committed member, taking part in all the practices of the church, and even was convicted to have a scheduled time for daily devotional. However, I cannot say I practiced CMM until I became the sole caregiver for my mother who has dementia. She is very abusive, both physically and verbally, which has led to me suffering from depression and high blood pressure. Sometimes I feel like I want to run away, but she is my mother and no matter how much I am hurting, it is my responsibility to care for her. I feel so helpless and hopeless all the time. If I did not have the Word of God and the help of the Holy Spirit, I don’t know how I could make it through each day. My favorite Bible verse that I keep my mind focused on from the moment I wake up each morning is, ‘I can do all things through Christ who gives me the strength’ (NLT Bible, 1996/2007, Phil. 4:13).”

Participant 9: Earl. “I’ve been a member of an evangelical church from I was a child. My mother who is a powerful woman of God and made sure all her children took part in all the religious practices associated with the church. At home we had nightly devotions 6 days per week, and each person in the family had a night when they had to lead devotions, which reading of the Bible and explaining what you just read, was the focus. So, I was steeped into the religious practices of the church. When I became an adult and moved away from home, these practices were not as important to me, so at one period in my life, I stopped participating in them completely. However, one day I had a major accident on the highway which pushed me back to my daily practice of CMM. My recovery process was long and hard, and I became very depressed. One day my mother visited me, and I told her how I was feeling. She reminded me

then that Jesus is the Great Physician and He has the power to heal me, but I needed to speak His healing Words over my life. I took my mother's advice and began repeating specific Bible verses over my life each day, sometimes meditating on them throughout the day. It's these spoken verses that kept me sane throughout that time, and it these same Bible verses that gives me the strength every time I get into my car, and I feel the overwhelming feelings of fear coming on me. So, this traumatic experience I would say restarted my daily practice of CMM. ... if that's what you call it."

Participant 10: Bree. "I grew up in church and in a very strict Christian home. However, around the age of 5, my parents went through a bitter divorce, and my father left the home. About 3 months later my father kidnapped both me and my brother and carried us to Florida. For 7 years I went without having any communication with my mother or my family, and most nights I cried myself to sleep because I longed to see my mother. On the home front, my father became an alcoholic and could be extremely violent when he was drunk, which caused me to have great anxiety and fear. After several years of torment, God intervened, and my mother showed up in the nick of time and kidnapped us right back from our father. Having my mother back in our lives was God's greatest gift to me and my sibling. We started attending church once more and became reacquainted with the practices of the church. I was especially drawn to Christian meditation because of the comfort certain Bible verses gives me, and because I was still living in fear that my father would find us and rekidnap us from our mother. Thankfully, that never happened. However, every time I hear his name, or I meet someone suffering from addiction, or hear news of missing children, I have severe anxiety attacks. But there is one Bible verse that I have memorized that helps to calms me down, and it goes like this: 'So be strong and courageous! Do not be afraid and do not panic before them. For the Lord, your God will

personally go ahead of you. He will never fail you nor abandon you' (NLT Bible, 1996/2007, Deut. 31:6). The trauma that I carry from my father is the drive behind my practice of CMM."

Participant 11: Gloria. "I grew up in church, but I did not practice meditation upon Scriptures. I was the oldest of four siblings, and one day in my later teenage years my mother came to me and stated she had something serious to discuss with me. I could see she was very sad, so I followed her to a place in the house where no one could hear us, and she told me the doctors had given her 3 months to live, and that I would have to take care of my siblings. I thought she was joking, but 2 months later she died, and my father died shortly after from the same virus. Not only was I an orphan, but I was now responsible for three minor children without a source of income. I was in complete shock and could not understand what really happened. An aunt took us in but wanted me to quit school and find a job to take care of my siblings, or she would place them in the foster care system. My mother had begged me on her deathbed to keep the family together by all means necessary. So, I quit school and worked three jobs so I could keep my family together. My only day off from these jobs was on Sundays, a day my aunt insisted the whole family must be in church. The congregation at that church became like family to me, and every time I went, I felt a sense of safety and security. I continued going to that church until I got married and moved to Florida and started to attend the evangelical church my in-laws attended. They have a counseling ministry, and it was there they taught me how to practice mindfully meditating upon the Word.

Then one day another tragedy struck. I got a heart wrenching call from my daughter, my only child, who was a high school junior at that time. She was crying and whispering at the same time. I could barely understand what she was saying, but I was able to make out the words "school shooter." I do not know if I disconnected the phone, or it was her. I do not remember a

lot of the details from that day, and a lot of things transpired after that. I do not want to go into the details. Every day I thank God that my daughter survived one of the deadliest mass school shootings in the history of Florida. However, so many other innocent children died that day, and it breaks my heart. My daughter is now in college, but I still suffer with anxiety, depression, and fear, because of the unknown. But each day the Word of God gives me the strength I need for that day.”

Participant 12: Ken. “So, I grew up a tradition Christian home, but I did not practice the traditions of the church for a very long time, but I was exposed to it daily. It was not until I lost my grandmother that I started to depend more on the Word. My life has been marred with one death after the other. It started with the death of my father when I was only three. That was followed by the death of many close family members throughout the years, so when my grandmother died, that was the final straw. I felt like my entire existence crumbled. In her later years when her vision started to deteriorate, she would have me read Psalms 91 to her every night, to the point I had it memorized. So, when she passed and I became so grief stricken, I would try to remember her voice speaking to me to help me get out of the black hole. I remembered her telling me to read Psalm 91, and I would lay still and let the memorized words fill my mind. It is this Psalm that helped me to navigate the dark waters of those days up to the present time. Looking back, I can say that was my first encounter with CMM. I have lost many other close relatives since that time, to the point where I get anxiety attacks every time I learn someone close to me is ill. But whenever I am at the point where my mind starts to get dark, I deliberately meditate on Psalms 91. It brings me peace.”

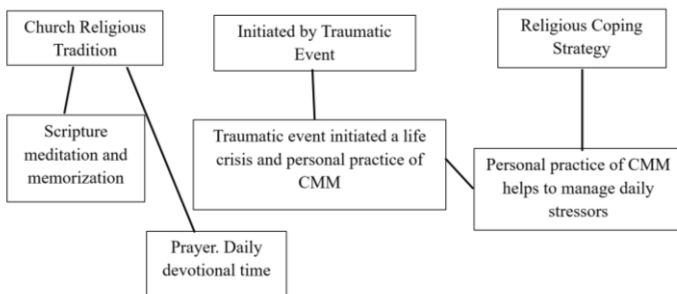
Summary of Interview Question 2 Responses

The themes identified from participant’s responses to Question 2 include church religious

tradition, initiated by a traumatic event, and religious coping strategy (see Figure 1). Most of the participants were exposed to church traditions or religious practices associated with evangelical theory such as Scripture meditation and memorization, prayer and devotional times, from an early age. Mary, Faye, and Gloria were the exceptions. Second, the traumatic event experienced by participants initiated a life crisis, which induced ongoing symptomology. These enduring stressors are the catalyst for the participant initiating their personal practice of CMM. All participants reported that they practice CMM due to their ongoing stressors. Third, all participants stated that they utilize CMM as a coping strategy for the PTSD symptomology they experience, such as grief, fear, anxiety, panic attacks, depression, anger, rage, loneliness, suicidal thoughts.

Figure 1

Themes and Subthemes for Question 2



Interview Question 3

Question 3 asks, “Of the traumatic experiences you identified on your timeline, tell me which one you would say was the most significant?”

Participant 1: Mary. “The betrayal of the person who was closest to me at that time was the most significant. From the day I was born this person has been in my life, so her betrayal hurts to the core and still impacts me today.”

Participant 2: Brenda. “Being date-raped by a stranger that I was meeting for the first

has been the most significant traumatic event I have ever experienced.”

Participant 3: Paul. “The most significant traumatic event I have ever experienced is my divorce.”

Participant 4: Susan. “The death of my daughter who was stillborn, is the most significant for me.”

Participant 5: Shirley. “The narcotics police raiding our home because my family and I were falsely accused of being drug dealers is the most significant traumatic event for me.”

Participant 6: Alexa. “The motor vehicle accident my mother experienced on the highway, which almost took her life, is the most significant traumatic event for me.”

Participant 7: Carol. “The death of my mother is by far, the most significant traumatic event I have ever experienced.”

Participant 8: Faye. “My mother’s current battle with dementia is the most significant for me.”

Participant 9: Earl. “My car accident on the highway is the most significant for me.”

Participant 10: Bree. “My dad kidnapping me and my brother from our mother is the most significant traumatic experience for me.”

Participant 11: Gloria. “My daughter, my only child’s brush with death during a mass school shooting is by far the most significant for me.”

Participant 12: Ken. “The traumas I have encountered throughout my lifetime always surrounds the loss of a loved one, but the death of my grandmother was most significant.”

Summary of Interview Question 3 Responses

There were no themes or subthemes identified from the answers garnered from Question 3, as this question was meant to identify the most significant traumatic event the participants

experienced along their CMM developmental timeline. This information was already provided in the answers given by participants to Question 2.

Interview Question 4

Interview Question 4 asks, “What made this one more significant?”

Participant 1: Mary. “The betrayal is the most significant because it left me with the inability to trust anyone. This event so traumatized me it still causes me heartache today. I was so devastated when it happened that I became despondent. I also became very bitter, angry and unforgiving. I allowed the bitterness to take root. This bitterness has significantly destroyed parts of my life, and has been impacting my marriage for many, many years.”

Participant 2: Brenda. “Being date-raped was the most significant because it robbed me of my innocence. It made me lose my dignity and self-worth, and the shame it inflicted continues to haunt me.”

Participant 3: Paul. “This event was so much more significant to me than any other traumas I have experienced throughout my lifetime because I physically, mentally, and emotionally gave everything I had to this relationship. When it was time for our daughters to go off to college, my wife decided she also wanted to continue with her graduate education. I worked three jobs to put my wife and my two girls through college. She served me divorce papers after she had graduated and secured a lucrative job, while still living in the same home with me for a couple of months until it was sold. When she left, I was not only an “empty nester,” but I had become a divorcee. I had no one. My life was shattered. I have never experienced this level of pain before.”

Participant 4: Susan. “The death of my daughter was more significant than any other traumatic event I ever experienced because that is the only trauma that is still impacting my life

today. I carried my baby for 9 months. I prepared for her arrival for 9 months. She was my first child, and I was excited to meet her. On the day of her delivery, they placed a dead baby in my arms. As I looked at her lifeless body, I knew I would never be the same again. I am haunted by her face. My trauma experience has deterred me from wanting to pursue having another child, because I am so afraid the experience will repeat itself.”

Participant 5: Shirley. “This was the most significant because my family and I were already in such a vulnerable state. We were homeless and a good Samaritan offered us a place to stay, and just because of the color of our skin we were racially profiled. Those six officers with their M-16 guns, turning our house upside down. That instantly instigated in me attacks of anxiety. These attacks, though they have lessened in intensity over the past couple of years, are still impacting my life today, especially when I encounter an armed law enforcement officer.”

Participant 6: Alexa. “This traumatic event is so significant for me because it left me with crippling fear of driving on highways. My parents divorced when I was very young, and my father refused to be in our lives. My mother worked two jobs to put me and my siblings through high school and college, without ever complaining. I saw her go without food so that we could eat. She is my mentor, my best friend, and the person I admire the most. If she died that day I would have ended my life.”

Participant 7: Carol. “This event was most significant because my mother was my world. She was the glue that held both our family and me together. When she died no one could deal with the loss. Everyone went their own separate ways, and I have not communicated with some family members since her funeral. In addition, her death has left me with severe anxiety attacks that is activated by the sound of sirens. I am still experiencing daily struggles.”

Participant 8: Faye. “My mother’s dementia, and the level of physical abuse that I

endure each day, is what makes this event more significant than anything I have experienced.”

Participant 9: Earl. “This has been the most significant because of the physical and mental issues I am now experiencing. I suffer from back issues, and my doctors have told me if the pain gets any worse, I might have to have surgery in the future, which creates fear in me because of the risk associated with this kind of surgery. Also, I cannot drive like I used to. I drive very slow nowadays, and I stay in the same lane until I reach my destination because of the fear and anxiety I experience.”

Participant 10: Bree. “This event was the most significant because my father kept me and my brother isolated from our mother for approximately seven years. He carried us to a different country where the culture vastly differed from our norm. In addition, my father seemingly became an alcoholic because he could not handle the responsibilities of being a single parent, which contributed to him being violent towards us. This whole experience has left me with severe anxiety and fear of my father.”

Participant 11: Gloria. “I lost my parents so suddenly and did not get to grieve them. Then having to go through the possibility of having my only child die in the same way is the most excruciating emotion that I have ever experienced. I still have images in my mind of what could have been. Now that my daughter is in college, I have nightly nightmares of what could happen to her on her college campus. It is a constant mental battle for me.”

Participant 12: Ken. “My grandmother was my deceased father’s mother and the one who raised me, so I had a special connection with her due to my father dying when I was very young. I felt like she was the only part of my father that was left that I could connect with. She was the core person who helped me to establish my values and belief system. I am the man I am today because of her, and that is why her loss is more significant than any other. I am plagued

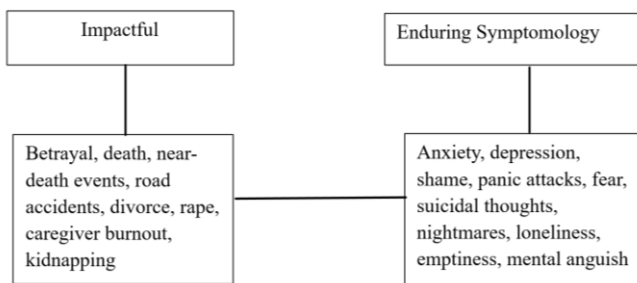
with the fear of death.”

Summary of Interview Question 4 Responses

Themes identified from participant’s responses to Question 4 are impactful and enduring symptomology (see Figure 2). First, the traumatic event of significance the participants experienced, which still impacts them today include betrayal by a loved one, death and near-death experiences of loved ones, motor vehicle accidents, divorce, rape, caregiver burnout, and kidnapping. Of these traumatic events, death or near-death experiences of self or a loved one was the most common significant traumatic event identified. Alexa, Carol, Earl, and Gloria reported their ongoing symptomology stems from death or near-death related events. All other significant traumatic events were experienced singularly. Second, the participants are still dealing with daily symptomology from the past traumatic event. Shirley, Carol, Earl, Bree, and Gloria are experiencing anxiety. Paul, Faye, and Gloria are battling depression. Mary, Paul, and Faye experience loneliness and feelings of isolation. Susan, Shirley, Alexa, Carol, Earl, Bree, Gloria, and Ken are all battling with fear. Both Paul and Faye expressed their struggles with suicidal thoughts.

Figure 2

Themes and Subthemes for Question 4



Interview Question 5

Interview Question 5 asks, “What would you like to add to your timeline that you have

not already told me?”

Participant 1: Mary. “I was also molested as a child by two family members, but that trauma only served to make me more resilient. I felt like these two family members were trying to destroy me, but I was going to prove them wrong by being successful in everything I did. So, the molestation only served to propel me forward, but the betrayal I experience brought me to my knees and has forced me to daily rely on God and His Word. I have self-erected walls around me deliberately so people cannot get in, so I would not be hurt anymore. However, no matter how hard I try, I seem incapable of demolishing those walls. Sometimes I feel like I am frozen in time.”

Participant 2: Brenda. “I have experienced other traumatic events throughout my lifetime, but those impacted me differently. However, being physically violated has left an indelible mark on my heart.”

Participant 3: Paul. “I have experienced other traumas before, such as church hurt and the death of my first love. But the effects of those traumas subsided over the years.”

Participant 4: Susan. “I have had other people close to me who have died, that has caused me to experience great sadness for a very long time, but I was not traumatized. However, when you get personally connected to a child through pregnancy, the emotions are much different. This is a part of me that has died, so the impact is different.”

Participant 5: Shirley. “There is nothing else I can think of to add to my timeline I would say was impactful.”

Participant 6: Alexa. “I have experienced other traumatic things in my life such as betrayal from close friends, and I have ongoing issues with depression that I can attribute to my father’s total withdrawal from my life. But nothing comes close to the near-death experience of

my mother on the highway.”

Participant 7: Carol. “I have been a victim of domestic violence that has left me with some trauma, but this is something I can cope with. However, my current trauma triggers sometimes make me feel like I am incapacitated.”

Participant 8: Faye. “I have lived a pretty good life. I can honestly say I have not experienced any other traumatic events that I have been unable to overcome. So, I feel lost. How could my mother, who was so loving, become so violent and emotionally abusive? I am totally bewildered.”

Participant 9: Earl. “I have had many other traumatic experiences throughout my lifetime. Earlier in my teenage years, my family became homeless for about 6 months, and there were times when we did not have food to eat. However, this has developed within me a fortitude to ensure my family and I will never experience poverty again. So, I work hard, and I am very successful at what I do. Nevertheless, sometimes I fear the aftereffects of my accident might nullify the success I have strived so hard to attain.”

Participant 10: Bree. “There is nothing else I would like to add.”

Participant 11: Gloria. “I have been experiencing depression since the death of my mother, and daughter’s experience only makes it worse. It’s a daily battle, but I feel God’s strength every day.”

Participant 12: Ken. “The traumas I experienced due to the loss of loved ones have impacted my mental state and have affected other areas of my life. They have disrupted my equilibrium, so oftentimes I feel the need to escape the mental chaos of daily life. When I get this overwhelming feeling, I know it is time to go deeper into my faith to maintain a sense of stability.”

Summary of Interview Question 5 Responses

Themes identified from participant's responses to Question 5 are resilience and daily battle (see Figure 3). Participants reported that past traumas have helped to develop resilience in various aspects of their lives. Second, participants said their current significant trauma induces daily stress. Those past or less significant traumas helped them to build resilience, but the traumatic event that caused their current symptomology is enduring and presents daily challenges. Mary, Brenda, Paul, Susan, Alexa, Carol, Earl, and Ken all expressed resilience from previous traumas, while Gloria's trauma of the past has worked to intensify her current trauma. Faye's first traumatic event is still ongoing, while Shirley and Bree had nothing further to add to their timeline.

Figure 3

Themes and Subthemes for Question 5



Interview Question 6

Interview Question 6 asks, “A person is not often aware of how his or her practice of CMM influences his or her life choices. How aware are you of the impact of CMM on your daily life?”

Participant 1: Mary. “Although I still have daily issues that are quite challenging, without my daily practice of CMM, I would be an absolute wreck. I am highly successful in my career, so most people do not know my mental struggles. So, I make sure during my devotional time with God each morning, I find a Scripture for the day and try to memorize that. During my

workdays, I constantly ruminate on this Word or other Bible verses I previously memorized. So mindfully meditating on Scripture throughout the day has been a game-changer for me. Without the daily practice I would be a total wreck. So, I am 100 percent aware of the positive impact CMM has on my daily life.”

Participant 2: Brenda. “I am very much aware how impactful CMM is upon my daily life. I liken this daily practice to the gasoline that my car needs to carry me from Point A to Point B. A car tank that is empty cannot move or fulfill its daily function. I am like that car. When I go a day without participating in CMM, I feel stuck in the past, unable to effectively function in my today.”

Participant 3: Paul. “I was not aware of the impacts of CMM until my divorce. As any good evangelical Christian, you know how to read, memorize, and meditate upon the Word, for these are instilled in you. It is like you are programmed to practice these principles. However, no one ever taught me how to apply the Word to my situation. But the daily practice of CMM daily has allowed me to see the positive changes in my mood and mindset and helps me to achieve a certain level of emotional stability. Thus, I am able to make better decisions throughout the day, because CMM has taught me how to apply Scriptures to my situation.”

Participant 4: Susan. “I suffer from depression, so without my practice of CMM I would be forever in a funk. When I experience a trigger, whether on the job or otherwise, I have to keep muttering the Word of God, though silently. Sometimes I remove myself from a situation by finding a place where I can be alone, and I employ prayer mantras, which are simply memorized Bible verses in the form of a prayer, and I continuously engage in this practice until I get back to a place of equilibrium. So, I am consciously aware of the positive impact of CMM on my daily life.”

Participant 5: Shirley. “I am very much aware. Though I have my alone time with the Lord early in the morning before anyone else is awake in my home, when I go behind the wheel of my car to begin the journey to my job, I first repeat Scriptures over my life before putting my car in drive. I play Scriptures on the way to work and sermons on the way back home. I do this so I can flood my mind with the Word of God in the event I encounter traffic stops along the way or any other form of police presence on the roads. So, I am quite aware of how my practice of CMM helps to diminish my triggers.”

Participant 6: Alexa. “I am quite aware of how essential the practice CMM is to my daily life. I see a remarkable difference in my mood between the days I practice in comparison to the days when I do not. When I engage in the practice first thing in the morning and play Scriptures while I am behind the wheel of my car, I experience a sense of peace, knowing that I have spoken God’s Word over my life, and His Word is truth. Thus, whatever His Word says about me must be.”

Participant 7: Carol. “I am very much aware of the impact of CMM on my daily life. I try to partake in the practice every morning before I head out to work. I find that in the mornings when I do not practice, I am less patient, I do not feel grounded, and I am more prone to outbursts when stressed. I feel like I am always grasping to find a Scripture to help keep me calm, because I have not spent time in the presence of God to get refreshed and refueled.”

Participant 8: Faye. “I am very much aware of the impact of CMM on my daily life. When I wake up each morning and think of the day ahead, I have to verbally pray Scriptures over myself, or I do not feel like I have the strength to face the day ahead. I also meditate upon Psalms 23 and 121 throughout the day. So, instead of me turning to other devices such as drugs to deal with the depression and loneliness that people like me experience when caring for a

mentally ill parent, I rely on memorized Scriptures. I also realize that if I do constantly ruminate on the Word, I leave the door open for the devil to torment me with suicidal thoughts, anxiety, and worry. So, practicing CMM is like an antidote to the onslaught of the enemy.”

Participant 9: Earl. “I am very much aware of the impact of CMM on my life. I live in constant pain, fear, and anxiety, but the practice of CMM does bring some relief. Listening to Scriptures or worship music while I am driving helps me to alleviate some of the anxiety and fear I experience on the highway each day on my way to work. Also, mediating on healing Scriptures helps me to remember God is my healer, and there is nothing impossible for Him to do.”

Participant 10: Bree. “The practice of CMM impacts my life in such a positive way. I get overwhelmed easily. So, each time I experience this emotion, I take it as a cue to breathe and internally regurgitate my Scripture mantras, which brings me calmness and the ability to continue with whatever I was previously engaged in.”

Participant 11: Gloria. “I am very much aware of how the practice affects me daily. Without spending time with God first thing in the morning, and meditating on His Word throughout the day, I do not believe I would have the mental strength to make it through the day.”

Participant 12: Ken. “I work in a high stress environment, so I must set the tone and my mindset before going into work. Each morning, I meet with God privately because I know I am mentally fragile, and it takes very little for me to snap. So, read and meditate upon the Word, and while I am driving to work, I listen to worship music. By the time I get to work, I have suited myself with the whole amour of God. Thus, when I am in meetings or dealing with employees that are stressful, I am less prone to being reactive. Daily practice of CMM helps me to defuse

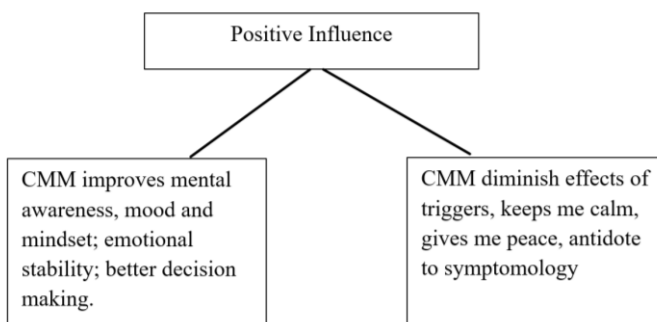
triggers and realign my mind. So, I am constantly aware of the positive impact CMM has on my daily life.”

Summary of Interview Question 6 Responses

The theme identified from Question 6 is positive influence (see Figure 4). Mary, Susan and Gloria are “constantly aware” of the influence of CMM on their daily life choices, while Brenda, Paul, Shirley, Alexa, Carol, Faye, Earl, and Bree are all “very much aware” of CMM’s positive daily impact. Thus, all participants are consciously aware of the impact CMM has on their daily lives. All participants reported the daily practice of CMM affects their lives in a positive way, with Mary stating that it was a “game changer” in her life. Paul and Alexa find that CMM positively impacts their mood and mindset. Susan, Shirley, Earl, and Ken found that daily practice of CMM helped them to better manage their triggers. Brenda and Gloria find that CMM improves their mental functioning and gives them strength. Bree experiences a sense of calmness, Carol reports CMM “refreshes and refuels” her, and Faye believes CMM is the “antidote to the onslaught of the enemy.”

Figure 4

Themes and Subthemes for Question 6



Interview Question 7

Interview Question 7 is “Describe your practice of CMM.”

Participant 1: Mary. “I first start out with prayer, but I also use an application on my phone to keep my mind centered. Next, I read my devotional and open the Bible to the Scripture that is listed in the devotional. I do not only read the specific Bible verse, but I also read the ones immediately before and the ones following, so I can get a better understand of the context and be able to discern what the Lord is saying to me. I then journal my thoughts based on the revelation I believe the Holy Spirit gives me. Then I find a verse from the passage that speaks to me and memorize that by speaking the words aloud several times. I then become silent, close my eyes, and mindfully meditate on what I have memorized. I end my devotional time by carrying the words I have memorized in my heart and mind, and I habitually lean on them throughout the course of my day.”

Participant 2: Brenda. “I set my alarm for a specific time each morning before the sun rises. I start out with prayer, then I sing a few worship songs. Then I silently conduct an introspection of my life and ask God for forgiveness for anything I have done. I then read my daily devotional and turn to the recommended Bible chapter, but I also focus on the verse the devotional highlights to get a revelation of what God is saying to me. After this, I return to my bed, lay there and ponder what I had just read. If I get distracted, I go to the Bible app on my phone, pull up the same Bible chapter I had read, and let that play aloud in my room. I play that on repeat until I feel I am sufficiently armed to begin my day.”

Participant 3: Paul. “I wake up early every morning to pray, after which I go to the gym. On my way to the gym, I have Scriptures playing in my car. While I am working out at the gym, I listen to worship music playing through my headset. Then when I return home, I spend some time in the Word before heading out to work. While I am reading the Word, whatever verse jumps out at me or I find impactful, I notate it on my phone. Currently, I have over 100 notations

stored on my phone. You could probably look at it as journalling on my phone. On my way to work I listen to sermons, and if I am triggered at work, I revisit the notes in my phone. So, what I have done is fill my mind throughout the day with things pertaining to God. I know my method may seem ad hoc, but I find that when I break down the process into pieces throughout the day, I am more mentally aware of my triggers, which allows me to have a more tempered response.”

Participant 4: Susan. “My daily practice of CMM is focused mainly on prayer. I have memorized Bible verses that I pray aloud throughout the day to help me maintain mental balance. This gives me strength and encouragement throughout the day. So, I am either engaging in prayer mantras, or I am prayerfully ruminating on Bible verses.”

Participant 5: Shirley. “In my practice of CMM, I first set the atmosphere with worship music. I sing along with these songs to still my mind. After which I enter prayer, and then transition to prayer mantras using specific Scriptures. I then read my devotional for the day, paying special attention to the Bible verse referenced within. If the verse speaks to me, I will memorize it. The method I use to quickly memorize Bible verses is the act of journaling. I write the verse in my journal word-for-word. The act of writing the verse allows me to retain the information more efficiently. On my way to work, I will play the entire chapter of the Bible where the verse I memorized is found. I will do so repeatedly, so I get a revelation of the context of the chapter and its application to my life.”

Participant 6: Alexa. “When I awake each morning, I say a prayer of thankfulness and gratefulness to God, for allowing me to see another day. I read the Bible in chronological order, so whatever chapter I am in that day, I always try to find a verse that is impactful to me, and I will spend some day mulling over that verse in my mind. If I am in an Old Testament chapter and I cannot find a verse that speaks to me, I will read a Psalm. I believe the entire Book of Psalms is

filled with impactful gems that people should meditate upon every day. I also enrolled in several Bible plans on my phone's Bible application, so on my way to work I play Scriptures from those, and I continue to play these Scriptures on my way back home. I cannot afford to drive on the roadways without the Word of God resounding in my mind and car. So, my practice of CMM is continuous throughout the day, but I place great emphasis on the practice while I am driving."

Participant 7: Carol. "I am one of those people who do not stick to a specific routine. I prefer to follow the leadership of the Holy Spirit. Sometimes I start with prayer, sometimes worship music, sometimes biblical declarations. However, I always follow up with significant time spent in the Word. I choose one chapter each morning, I read, then meditate upon what I have read. I then find the verse or verses in the chapter that I find impactful, and I recite them repeatedly in the form of a prayer mantra. After gaining a sense of empowerment, I then move on to other daily activities."

Participant 8: Faye. "For me it starts with worshiping utilizing the Psalms. I have a list of Psalms I read aloud each morning before my mom awakens, that exalts and glorifies God. I then turn to the Psalms that give me empowerment, and I pray these aloud over myself. I believe the spoken Word of God has power to defeat all the plans that the enemy has in store for me on any day. I then put my Bible away and start praying to God from my heart, telling Him exactly how I feel at that moment, and the fear I have of the day ahead. I then take a moment to sit quietly and ruminate on Bible verse that relates to the good things God has spoken about me, such as Jeremiah 29:11. I then get dressed to start my day but continue to meditate on specific Psalms throughout the day."

Participant 9: Earl. "Each morning, I find it very necessary to schedule time to spend time with God in solitude. I start by praying, and then read the Scripture assigned to the

devotional my mother sends me early each morning. My mother sends me devotionals with Scriptures that are applicable to my current situation. As I read, I highlight in my Bible the verse or verses that has impacted me, and I mindfully meditate on these for about 10 minutes. I am a quick study, so while I am meditating, I am also memorizing these verses. I revisit these verses during my workday if I get overwhelmed, or anytime my back pain gets intense. After those 10 minutes of meditation and memorization, I move on to my other daily activities.”

Participant 10: Bree. “I have a scheduled time at 5:00 a.m. each morning that I set aside 6 days per week to engage in this practice. This timeframe works for me because the house is quiet. I have a desk in my room where I keep my Bible, notepad, pens and highlighters, specifically for this time, and I never remove them. I sit around my desk, and I begin with prayer. I then read my devotional, after which I turn to the chapter of the Bible that the recommended verse in the devotional is housed. I read the entire chapter, and as I go along, I highlight verses or section of verses that I sense is applicable to me. After I have completed this process, I write those verses down on my notepad. This act of writing the verse word for word helps me to memorize them quickly and helps me get a sense of what the Lord is saying to me through those verses. I then meditate upon the verses that I have extracted from the text. I spend about an hour from start to finish.”

Participant 11: Gloria. “The time I wake up in the morning is based on the time when I finally drifted off to sleep. However, I am not able to sleep past 4:00 a.m., so I usually get up and go for a walk, as I live in a very safe community that has a walking trail, but this is the time my practice actually starts. It starts with listening to worship music through headphones, for about an hour. By the time I return home, I am ready to pray and enter the Word. If I do not walk before entering into the Word, I will not be able to focus. I read first from an devotional and read the

Bible verse or verse I find in the devotional. However, I can only meditate upon the Psalms. It is much easier for my brain. So, I have about seven Psalms that I rotate each morning for my time of meditation, although I have them memorized at this point. After this, I have certain declarations that I decree aloud concerning my family and my life. I always leave this time feeling strengthened, believing that God will keep me in my right frame of mind through the day.”

Participant 12: Ken. “Early each morning, I create the appropriate environment for mental focus, for I find it difficult to be mindful in a chaotic environment. So, I carve out a specific time of the morning that is free from distractions. Sometimes I begin with worship music and at other times I start with prayer, depending on my mood. Then I move into the Scriptures, but I am intentional about my scriptural focus. I tend to focus on Scriptures that speak to my current emotional state. I recognize where I am and what I need. I focus on an entire chapter, and within that chapter I chose a verse that is relevant to me, I muse on it, contextualize it to fit my situation, and I continually reflect on this Scripture and the revelation from the Holy Spirit throughout my day.”

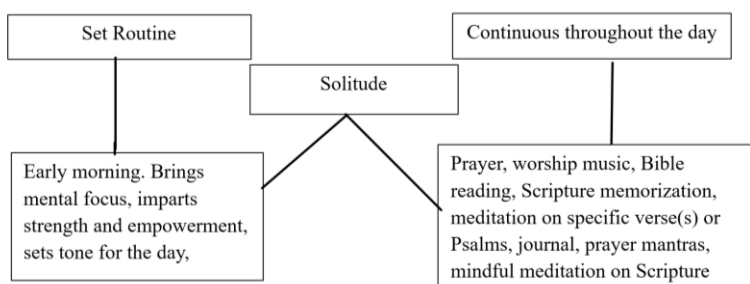
Summary of Interview Question 7 Responses

Themes identified in Question 7 include set routine, solitude, and continuous throughout the day (see Figure 5). Most participants, namely, Mary, Brenda, Susan, Shirley, Alexa, Faye, Earl, Bree, Gloria, and Ken, all reported they have a set routine they follow each day in their practice of CMM, while Paul and Carol spread it throughout the day. Participants who have a set routine schedule time early each morning for their practice of CMM, which they believe sets the tone for the day and delivered better mental focus and stability throughout their day. Brenda, Paul, Shirley, Carol, Susan, Faye, Earl and Gloria reported their practice of CMM provided them

with daily strength and empowerment for the day. Second, all participants indicated they practiced CMM in solitude. Third, most of the participants practiced the major components of CMM, that is prayer, Bible reading or listening, Scripture meditation and memorization, and mindfully meditating on memorized Scriptures. However, only Alexa, Faye, Susan and Gloria engaged in prayer mantras.

Figure 5

Themes and Subthemes for Question 7



Interview Question 8

Question 8 asks, “Ideally, part of managing your PTSD symptomology involves the process of examining and evaluating the effectiveness of CMM. Where are you in that process?”

Participant 1: Mary. “Every day I evaluate my process and marvel at how far God has brought me. Yes, I have my daily challenges, but I am not where I used to be. The bitterness, anger, and rage are gradually subsiding. But I still have issues with unforgiveness and trust. I am still a work in progress, but each day I am making strides.”

Participant 2: Brenda. “I consistently evaluate my practice of CMM, each time I recognize I have responded negatively to a trigger. This reevaluation allows me to see what I did wrong, and how to hopefully correct the response next time. Most times I respond negatively because I have allowed the cares of this world to overwhelm me, and I have failed to utilize the strategies of CMM.”

Participant 3: Paul. “I am continuously in that process because I realize I have two choices. Either I believe what God says, or I operate in disbelief. So, while I am reading the Word, when I find a verse or two that is impactful, sometimes it is hard to believe immediately that this Word is true for me because my current situation says otherwise. But I find that if I crowd out the negative thoughts by consistently ruminating on the Word of God, the negativity subsides, and the Word becomes alive in me. Each day is a struggle, but through this process I have come to realize that having faith does not mean doubt is absent.”

Participant 4: Susan. “I have never evaluated the effectiveness of my CMM practice. My current practice works for me. It has worked for my parents and the ones before them. Why fix something if it is not broken?”

Participant 5: Shirley. “I am not in the process of evaluating the effectiveness of CMM, because my current practice works. Years ago, my anxiety was so bad when I saw armed police officers or armed security guards that I literally had to blow into brown paper bags to calm myself down. Although I still get heart palpitations when I encounter my trigger, I have graduated from blowing into paper bags, and it has been my consistent of CMM that has gotten me to this place. I am a work in progress, but my current practice of CMM works, so there is no need for evaluation.”

Participant 6: Alexa. “I get to see the effectiveness of CMM in my life when I make comparisons between the days I skip this practice (maybe because I woke up late or I got distracted), to the days when I do engage in the practice. During these times I can see the stark difference in my personality and the way I respond on the roadways. This is why I endeavor to make this practice a daily habit.”

Participant 7: Carol. “I reevaluate my practice of CMM each time I experience a crisis

and find it difficult to return to a place of stability. I question myself to see if I spent quality time in the Word, and if I did, why am I having this response? Most times it is because I have chosen to ignore the red flags or my internal barometer that alerts me to withdraw from a situation and take some time to reflect and meditate upon the memorized verses I use repeatedly to help me maintain a sense of calmness.”

Participant 8: Faye. “I evaluate my practice consistently. Without this practice I would be on drugs or turn to sex. If I did not practice CMM each morning before I leave my room, and throughout the course of the day, I would have already had a total mental breakdown. You have no idea how overwhelming my days are. CMM helps me to cope.”

Participant 9: Earl. I have not evaluated the process. I know that my current practice helps me if I keep my thoughts locked onto the Scriptures, especially when fear and anxiety threaten to overwhelm me. Also, mentally, I have too much going on to conduct an evaluation. For right now I am going to remain with the status quo.

Participant 10: Bree. “I have never evaluated the process. I do not find the need to do so.”

Participant 11: Gloria. “I have never evaluated the process, because I know it is the Word of God in addition to the support and encouragement of my church brothers and sisters that is keeping me alive. So, there is no purpose for me to evaluate.”

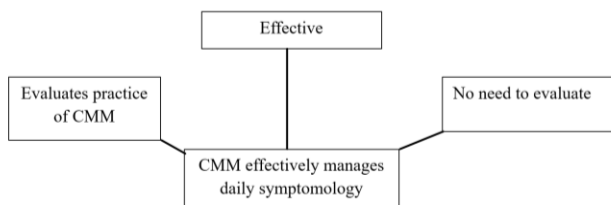
Participant 12: Ken. “I can recognize when I have effectively meditated and when I have not, based on my emotional disposition. Whenever I allow the stressor of the day to impact me to the point I act out of character, is always an indication that I am not actively meditating, or I need to spend more time in the presence of God. So, I assess the effectiveness of CMM based on daily emotional disposition.”

Summary of Interview Question 8 Responses

The theme identified in Question 8 is that CMM is effective (see Figure 6). Mary, Brenda, Paul, Alexa, Carol, Faye, and Ken say they constantly evaluate CMM when they encounter struggles that are overwhelming. This process allows them to see the process is effective when “practiced consistently.” According to Brenda, evaluation allows her to see what she “did wrong, and how to hopefully correct the response the next time,” and Mary, Paul, Alexa, Carol, Faye, and Ken seemingly agree with Brenda. However, Susan, Shirley, Earl, Bree and Gloria reported they never evaluate CMM because their current practice works well for them. Mary’s evaluation of the process allows her to see that “each day I am making strides,” while the other participants express positive changes to their mental well-being when they consistently practice CMM.

Figure 6

Themes and Subthemes for Question 8



Interview Question 16

Question 16 asks: “The next question is unique in that it will invite you to look ahead. How do you expect your practice of CMM to change or develop over the next several years?”

Participant 1: Mary. “Yes. I expect to change. In fact, I am trying to devise a way where I can retain more memorized Scripture. Maybe by creating a rolodex of Scripture on my phone where I can easily access them, and even have those Words played aloud when I am driving or at other times when I am feeling stressed. The Scriptures have been such an integral part of my life

that I want to progress in my knowledge of them.”

Participant 2: Brenda. “I do not know if my practice will change. However, lately I have been thinking about integrating fasting into the mix. So, if I were to make any changes, it would be adding fasting.”

Participant 3: Paul. “I believe it will change as I work on enhancing my relationship with God. I want to encounter Him in different ways, because now I realize that whatever He allows to happen in my life is going to make me stronger in the long run.”

Participant 4: Susan. “In the next couple of years, I would love to spend more time in the written Word. I have a lot of Scriptures stored to memory that I currently utilize. However, I have neglected spending alone time in the Word because I get so easily distracted. So, I expect my practice of CMM to develop by engaging more in the Scriptures.”

Participant 5: Shirley. “I do not believe my practice will change much. However, as of lately, I have discovered that listening to worship music helps to calm my mind. So, I might tweak my current practice to facilitate worship music.”

Participant 6: Alexa. “I expect my practice to develop as I dive deeper into God’s Word, which should allow me to grow in my knowledge and understanding of Him. I am not static, so whatever change the Holy Spirit impresses upon my heart to make, I will do.”

Participant 7: Carol. “I am all about continuous improvement. As I meet in circles with people who have similar struggles and they share their experiences, I might discover something they do differently that I might want to integrate into my practice. I am always open to change and development, as long as the Word of God is not compromised.”

Participant 8: Faye. “Over the next couple of years, I see my practice developing. I have heard from others the benefits of adding worship music to the practice. I have also heard that

playing worship songs in your house through the day helps to uplift and empower you. This is a component I hope to implement very soon.”

Participant 9: Earl. “I do not expect my practice to change or develop over the next several years. However, I am open to the leading of the Holy Spirit.”

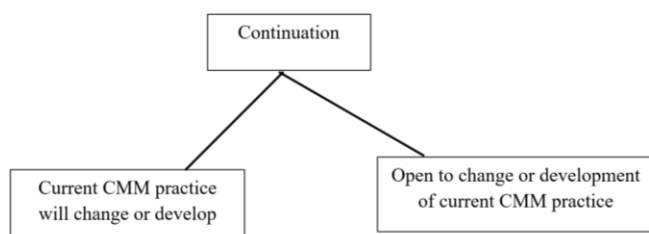
Participant 10: Bree. “I want my practice to develop in a more consistent way. As I said before, the biggest factor that impacts me is time. So being more consistent is what I would say.”

Participant 11: Gloria. “I am always looking for areas where I can grow. I cannot stay at this same level forever. Another year from now I might consider joining a group of women who meet at a friend’s house for Bible study every Friday night. Maybe I can gain more knowledge from what they share.”

Participant 12: Ken. “I believe it will morph based on the stage of life I am in, or as I get older, because most times my meditational practice is based on current situations and circumstances. One of my desires is that as my children gets older, to be able to practice with them, so I can transmit this tradition to them, the same way my grandmother passed it on to me.”

Summary of Interview Question 16 Responses

The theme identified by Question 16 is continuation (see Figure 7). Mary, Susan and Alexa all expect their future practice of CMM to change toward a more Scriptural focus. Brenda stated that her practice of CMM will develop as she integrates “fasting into the mix,” while Paul noted that his practice will develop as he “enhances his relationship with God.” Both Shirley and Faye responded that their practice will develop with the addition of worship music, while Carol, Earl, Bree, Gloria and Ken all expressed their openness to change or development of practice. Thus, all participants expect to, or are open to, change or developing their current practice of CMM over the next several years.

Figure 7*Themes and Subthemes for Question 16****Interview Question 17***

Question 17 asks, “We have covered a lot of ground in our conversation, and I so appreciate the time you have given. One final question: “What else do you think would be important for me to know about your practice of CMM that I have not asked you about?”

Participant 1: Mary. “I believe you have asked me everything about my practice of CMM. However, you have not asked about worship music. Worship music is so integral to drawing one into the presence of God, and sometimes I find it very calming when I am experiencing certain symptomology. Maybe worship music could be included in the practice of CMM?”

Participant 2: Brenda. “What about fasting? I believe the addition of fasting would take CMM to the next level. What do you think?”

Participant 3: Paul. “I believe it is also important to include therapy. Even though some in the evangelical Christian circle frown upon therapy, sometimes you need to talk to a physical human being. Afterall, God created us to be in community with each other. There is no sin committed by going to therapy. If you have heart problems, you see a cardiologist, and no one sees anything wrong with this. But as soon as you seek therapy, church people deem you less than. But what good is faith without works? I believe therapy enhances CMM.”

Participant 4: Susan. “What about worship music? I believe worship music might enhance the experience.”

Participant 5: Shirley. “I would say worship music might be a beneficial addition to CMM, as music is a universal language that almost all people respond to. It might give the traumatized encouragement and serve as an introduction to God and His Word, and eventually CMM. So, worship music could act as a catalyst.”

Participant 6: Alexa. “I believe you have touched on everything. But I would just recommend to anyone I can, to just try God. God is a good God, and He care about your entire being.”

Participant 7: Carol. “I believe you have covered everything. However, I believe this practice of CMM need to become more mainstream in the church and be introduced to the younger generation, so the perceived stigma surrounding meditation can be removed.”

Participant 8: Faye. “I cannot think of anything else now. I believe you have covered it all.”

Participant 9: Earl. “I think we have covered everything. However, I wish Christians could be educated on the fact that the practice of CMM is not a new concept but is literally an instruction that God has given to His people, and the practice can be found throughout the Bible.”

Participant 10: Bree. “Honestly, I cannot think of anything else right now.”

Participant 11: Gloria. “You have covered everything. There is nothing I would like to add.”

Participant 12: Ken. “The only thing I would add is that CMM has not only impacted my life spiritually, but it has literally transformed every other area of my life. CMM gives me a

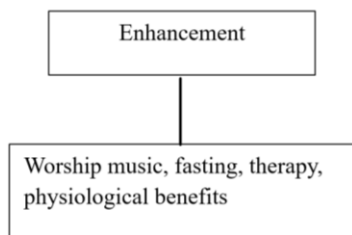
certain perspective even regarding my career and my family.”

Summary of Interview Question 17 Responses

The emergent theme identified in the answers to Question 17 is enhancement (see Figure 8). Mary, Susan, and Shirley said worship music might be a beneficial addition to CMM. Brenda wanted to know if fasting would “enhance the practice of CMM,” while Paul wanted to know why therapy was not included, as he suggested that “therapy enhances CMM.” Ken stated that his response was not to the question asked, but he wanted the researcher to know that “CMM has not only impacted my life spiritually, but it has literally transformed every other area of my life.” However, Alexa, Carol, Faye, Earl, Bree and Gloria had nothing else they wanted me to know about their practice of CMM.

Figure 8

Themes and Subthemes for Question 17



RQ 2

RQ 2 asked, “How do adult evangelical Christians in Florida suffering from PTSD symptomology describe their lived experiences with the doctrines of the evangelical church that promotes shame, and their shared experiences with CMM as a coping strategy?” There were four interview questions associated with RQ 2. They are Questions 10, 11, 12, and 15.

Interview Question 10

Question 10 asked, “Think about a friend who also practices CMM. What experiences

have they shared with you about CMM, if any, that you would feel comfortable telling me about?”

Participant 1: Mary. “I do not really have friends, but I have several acquaintances from my church who have openly shared their experiences in a group setting. From their experiences, what I can say is that for those who consistently practice CMM, it works. For those who occasionally practice, they seem to have the most mental struggles and fewer coping strategies when dealing with their daily stressors.”

Participant 2: Brenda. “I have a friend who tells me that each morning she meets with the Lord and practices CMM, she always experiences the presence of the Holy Spirit, and this empowers her to function effectively throughout her day, even amid the stressors.”

Participant 3: Paul. “I have friends who tells me CMM assures them of God’s love, but the practice is a process. It is not a practice you immediately become good at, but through consistency, mindsets start to change, and healing is effectuated.”

Participant 4: Susan. “I have a friend who is a victim of domestic violence. The abuse got so bad she had to run away with her children while her abuser was at work and relocate to another state. She is a Christian and avidly practices CMM even while she was living with her abuser. She says she believes it’s her belief in God’s Word, actively meditating upon them, and applying the Scriptures to her situation, which gave her the strength to leave her abuser. Today, she and her children are all flourishing and are actively involved in their new church.”

Participant 5: Shirley. “Well, I have the most wonderful sister on the planet, and she witnessed a terrifying motor vehicle accident that resulted in the death of a very young child. Due to that event, she has recurring nightmares and suffers from a mild form of depression. She told me when she has these nightmares, she awakens with great panic and anxiety. However,

because we grew up in a Christian household, was taught to memorize Scriptures from an early age, and bring them to recall in the times of trouble, she uses this as an antidote to counteract those terrifying episodes. So, she relies on the Scriptures she has memorized to bring calmness to her mind, which enables her to eventually fall asleep.”

Participant 6: Alexa. “I have a friend whose father passed away tragically when he was 8 years old. Every time he sees a child with their father, he experiences a deep sense of loneliness and anger. On his father’s birthday and on Father’s Day, he spends these 2 days at his father’s graveside and has continued to do so each year. He told me that his practice of CMM is allowing his pain and loneliness to lessen as the years go by.”

Participant 7: Carol. “I have several friends who have different versions of how they practice CMM, but I have one friend who extols the virtues of the Psalms to me every chance she gets. Every issue that one experiences, she can identify a Psalm that applies to the situation. She tells me all the time that if she does not mindfully meditate upon a Psalm each day, she would not be able to function effectively in her job.”

Participant 8: Faye. “I have friends from my church who always tell me the peace they get from their practice of CMM. Their experiences with the practice were the motivating factor that drew me towards starting my own journey. These same friends are the ones who visit me regularly to make sure I am ok. They pray with me, read Scriptures with me, encourage me, and give me the listening ear I need. They also regularly babysit my mother so I can have an afternoon off. This is living proof that practicing in community also works. Thank God for godly friends.”

Participant 9: Earl. “The closest friend I have who also practices CMM is my wife. She has experienced several traumatic events throughout her lifetime, and she tells me that her daily

practice of CMM instills in her a sense of peace and calmness.”

Participant 10: Bree. “I do not believe my friends practice CMM. Sadly, none of my friends are serious Christians. However, my best friend is my mother. She is the one who introduced me to spending personal time with God, and to mindfully meditate upon His Word. She tells me all the time that without her daily practice of CMM, she would feel lost. She is still dealing with significant trauma stemming from the kidnapping of me and my brother.”

Participant 11: Gloria. “I have a friend who is currently battling breast cancer. She and I pray together all the time. She told me that if she was not constantly meditating on the Word throughout the day, she would have given up hope. She told me that during every round of chemotherapy she listens to the Scriptures, and when she internalizes them, it gives her strength.”

Participant 12: Ken. “My father-in-law is an avid user of CMM. He has told me that it makes him feel more confident regarding decision-making, because of the levelness of mindset the practice gives him.”

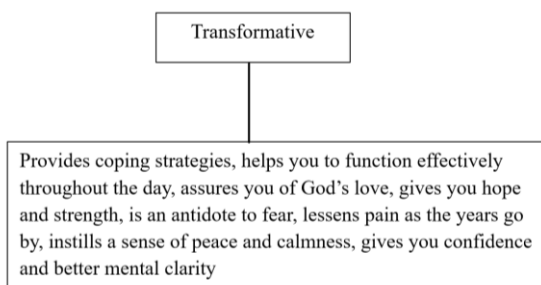
Summary of Interview Question 10 Responses

The theme identified in the answers to Question 10 is transformative (see Figure 9). All participants expressed that the shared experiences of friends or others who also practice CMM described the experience as transforming. For instance, Brenda was told by a friend that the practice of CMM “empowers her to function effectively throughout her day, even amid the stressors.” Paul was told that “CMM assures me of God’s love.” Shirley was told that CMM “is an antidote to counteract terrifying episodes” of panic and anxiety. Alexa was told that “CMM is allowing my pain and loneliness to lessen as the years go by.” Earl was told “CMM instills a sense of peace and calmness.” The remaining participants also had similar recounts from their

friends' shared experiences of the practice of CMM.

Figure 9

Themes and Subthemes for Question 10



Interview Question 11

Question 11 asks, "Tell me about the struggles you have experienced as an evangelical Christian within your walk to develop your CMM practice."

Participant 1: Mary. "It has been a battle to keep focused throughout my entire development and practice of CMM. Giving my complete attention to my daily practice of CMM sometimes gets derailed by my inability to focus and be mindfully aware for long periods of time. After about 5 minutes my mind starts wandering, and I must consciously try to refocus. So, I would say my struggle is lack of consistent focus."

Participant 2: Brenda. "The struggle I experience is one of inadequacy. I feel there is space for improvement. I consistently feel like I am not doing enough to invoke the presence of God."

Participant 3: Paul. "My struggle is primarily reading. I do not like to read, but without reading the Word you will not know what God has said. For years I was listening to what pastors and preachers told me about the Word, instead of finding it out for myself. However, the trauma from my divorce drove me to my knees, and I started to spend more time in the Word. I still do

not like reading, so I read a little and listen a lot to the Word being read on my Bible App.”

Participant 4: Susan. “My greatest struggle is distraction. I become easily distracted, so I am not able to focus for long periods of time. However, with my practice of CMM, I pray without ceasing. I thank God every day that I grew up on a strong biblical foundation that taught to memorize Scriptures. I have a rolodex of Scriptures memorized that I can utilize at any given time.”

Participant 5: Shirley. “The issue I struggled with after I got married and transitioned to my own home, was one of consistency. I struggled for the first couple of years because I had so many responsibilities that I found it difficult to practice. I always found time to pray, but to consistently practice was a struggle. When I found my groove, it once again became a consistent daily habit.”

Participant 6: Alexa. “For me, the biggest struggle in developing my practice of CMM was doubting God’s Word. I was meditating and ruminating on the Word, but I was doubtful that I would experience positive changes in my mental disposition. However, amidst the doubts I continued to practice, maybe because it was a habit that was ingrained in me. But God is faithful to His Word. And as I continued to practice, I eventually began to experience quantifiable changes that fueled my faith and outnumbered my doubts.”

Participant 7: Carol. “My struggle comes from outside forces. CMM seems so antiquated to many Christian friends within my age group. When I share the strategies and principles, I apply to my life to help manage my struggles, my peers look at me as if I am strange, which makes me question myself sometimes. So, most times I choose not to share my practice and journey with others because I feel like I am being ridiculed. But the practice was ingrained in me by my grandmother, so it has become a habit. I’ve seen it work many times in

her life, and it also works for me.”

Participant 8: Faye. “My biggest struggle is doubt. I keep asking God ‘Why me? If you love me so much, why am I going through this? Why did you allow this to happen to my mother?’ I struggle with the concept of the sovereignty of God, which sometimes brings doubt to my mind. However, amid this struggle, I try to push past the doubts and choose to have faith in God. If He says I will be prosperous and have good success if I meditate upon His Words, day and night, then I must endeavor to believe that no matter what my circumstances and situation say. So, every day, I push doubts away and choose faith when I practice CMM.”

Participant 9: Earl. “The struggle I experience is the disconnect that I have with my peers. They believe I am weird for having faith in God and following what the Bible says. So, sometimes I feel pressured to abstain from the practice of CMM and to think about my issues from a scientific mindset. However, my mother is a constant voice in my ear, and she would never allow me to give up just because people think I am weird. Peer pressure is definitely a struggle for me.”

Participant 10: Bree. “The biggest struggle for me is time. Sometimes I get home late from work, and at 5 a.m. when my alarm goes off the next morning, I am still exhausted. I will lie in bed for a moment and then realize that 30 or 40 minutes has gone by, and I only have a certain amount of time to spend with God. This time is always rushed, and most times I do not feel like I gained anything from the session. So, time is my biggest struggle.”

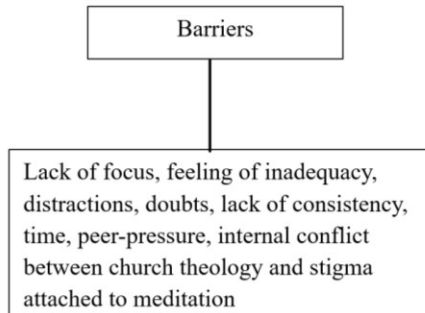
Participant 11: Gloria. “My struggle is my focus. Being distracted by mental thoughts and images that want to take over my mind. The struggle is that I have to mentally fight to keep my mind focused, and this is why I am glad that I have some Scriptures memorized. When I feel like I cannot focus, I have to dig into my memory bank and force those Scriptures out. This is

why I walk each morning before getting into the Word. Walking first helps me to focus better.”

Participant 12: Ken. “There is a stigma attached to the word. When one thinks of the word meditation it points to a faith that is not Christian. Even though meditation is a core concept of Christianity, to mindfully meditate seems alien. So, I would say the traditional teachings of the church and the stigma associated with mindfulness meditation, and my efforts to reconcile both, are my biggest struggles.”

Summary of Interview Question 11 Responses

The theme identified in the answers to Question 11 is barriers (see Figure 10). The participants’ responses indicate they all experienced and some are still experiencing struggles within their walk to develop their CMM practice. Mary, Susan, and Gloria struggle with “lack of focus.” Brenda struggles with feelings of “inadequacy,” while Paul’s struggles because he “dislikes reading.” Shirley reports that her struggle is related to “consistency,” Bree “time” management, while Alexa and Faye both struggle with “doubts.” Both Carol and Earl expressed that “peer-pressure” is the struggle they wrestle with, while Ken says the “internal conflicts relating to the teachings of the church and the stigma surrounding meditation” is the struggle he experienced during his walk to develop his practice of CMM.

Figure 10*Themes and Subthemes for Question 11****Interview Question 12***

Question 12 asks, “What questions, if any, came up for you, as you thought about your practice of CMM?”

Participant 1: Mary. “Am I doing this right? Is my lack of consistent focus a sign that I need to try other strategies that will help me develop consistency of focus? Am I interpreting the Scriptures correctly? There are so many people who love God, yet there are so many differing viewpoints on the same Scripture. Is my interpretation correct?”

Participant 2: Brenda. “What more can I do, Lord, to please you? I want to please you. I want to make you smile.”

Participant 3: Paul. “My primary questions are to God. Why are you allowing me to go through this? What is the purpose?”

Participant 4: Susan. “The only question that came up for me is, ‘Am I on the right path? Is there a specific sequence of steps I am to follow?’”

Participant 5: Shirley. “The questions that came up for me are, am I meditating on the Scriptures that are applicable to my situation? Are there Scriptures that are more effective for my situation that I have not yet discovered?”

Participant 6: Alexa. “What came up for me was not a question, but an awareness that I need to delve deeper into the Word so I can get to know God better, and also to expand my knowledge base.”

Participant 7: Carol. “Am I doing this thing right? How can my current practice be improved to achieve greater benefits? How can I make this practice more appealing to others within my generation?”

Participant 8: Faye. “The question that came up for me is, am I always going to be struggling with doubt?”

Participant 9: Earl. “Is this sustainable? I have seen my mother religiously engage in the practice for years, but she is still dealing with some issues. Will I ever receive complete healing here on earth for any of my issues?”

Participant 10: Bree. “Am I doing this right thing? Am I going in the right direction? I have adopted the practice from my mother, in addition to what is taught at church. Is there another component to CMM that will make the practice more effective?”

Participant 11: Gloria. “Truthfully speaking, no questions came up for me.”

Participant 12: Ken. “Is my struggle unique to me, and is my method of practicing consistent with other participants? I am curious to know if others are seeing similar results, or if I am an anomaly.”

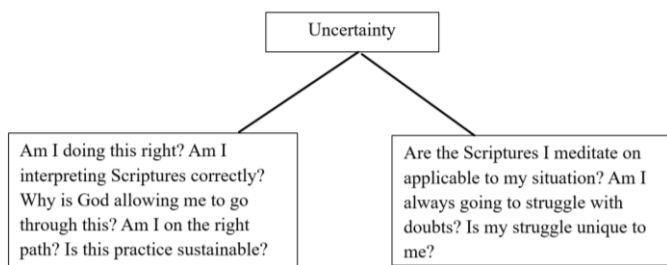
Summary of Interview Question 12 Responses

The theme identified in the answers to Question 12 is uncertainty (see Figure 11). When asked what questions came up as they thought about their answer to the previous question, Mary, Susan, Carol and Bree responded “Am I doing this right? Am I on the right path?” Brenda wondered “What more can I do?” Paul’s questions were to God: “Why is God allowing me to go

through this? What is the purpose of this?” Shirley wondered, “are the Scriptures I meditate on applicable to my situation?” Earl also wondered if the practice is sustainable, while Ken pondered, “Is my struggle unique to me? Am I an anomaly?” No questions arose for either Alexa or Gloria.

Figure 11

Themes and Subthemes for Question 12



Interview Question 15

Question 15 asks, “I would like to ask you a question that will prompt you to put everything together, so to speak. Reflecting on your lifetime of experience with CMM, what advice would you give to evangelicals who are hesitant to try CMM?”

Participant 1: Mary. “I would explain to them that though the word mindfulness mediation has been hijacked by the New Age Movement, mindfulness meditation is an integral part of the Christian Scriptures, so they should have no fear to engage in this practice. I would say just try it. What do you have to lose? I would tell them to try this for 1 week. Search the Word and find verses or passages that relate to your specific symptomology and speak those Words over your life day and night, and then evaluate your feeling after these 7 days. I guarantee you will see a remarkable difference when you make those comparisons.”

Participant 2: Brenda. “I would say, just try it. CMM will give you the strength, the

confidence, and the courage to go through every and any situation. Through your daily practice of CMM, God will break the chains that are holding you captive and give you the victory.

Participant 3: Paul. “I would say, try God in a different way. Do not be stuck in tradition and bound by rules that are not beneficial to your mental health. Every day you wake up you feel stuck, or feel like you are at a crossroads, and feel like you have been repeating the same day for many years. What do you have to lose? Try CMM and watch God comfort you and bring healing to your mind.”

Participant 4: Susan. “I would say try it. Find Bible verses that resonate with you and mindfully meditate upon those, and if you stick with it, you will find the strength you need to overcome the stressor you are experiencing.”

Participant 5: Shirley. “I would say, what do you have to lose? CMM has been actively working in the lives of God’s people throughout all generations and continues to work today. I would tell them to take God at His Word, and if they are diligent, they will receive the empowerment they need to effectively manage their daily stressors. Who knows? God might even choose to heal them supernaturally.”

Participant 6: Alexa. “I would start by encouraging them. I would share my experience with CMM and try to let them see I am not an anomaly, because God’s Word works for everyone who has the faith to believe. I would take them through stories of the Bible to show that those who diligently waited on God in faith always had the outcome they waited for. I would tell them that since God has no favorites, he will do the same for them. However, they have a responsibility to ‘put in the work.’”

Participant 7: Carol. “What do you have to lose? God has given us in His Word the blueprint to manage the storms of life. He is the Great Physician. The manufacture of a thing is

the one that knows what works best for the thing he created. God is your Creator and He knows what works best for you. Try His ways and watch Him work.”

Participant 8: Faye. “I would say try it. What do you have to lose? I would say to them, there is going to come a day when you are going to experience a traumatic event, or stressor of life that may seem unbearable, for this journey called life is filled with troubles. However, when you make CMM a habitual practice, then in the day of your trouble it will become the ‘Sword of the Spirit’ that will fight for you, to get you out of that dark hole.”

Participant 9: Earl. “I would say to them, what do you have to lose? Anything is better than the way you are feeling right now. I would also explain to them that every person’s walk is different because we all respond uniquely to circumstances and situations. So, I would implore them to find their own path through the leadership of the Holy Spirit and give themselves fully to the practice and they will reap the benefits.”

Participant 10: Bree. “I would first tell them what my grandmother told me: ‘What God cannot do does not exist.’ You will never know the benefits until you try. Even if it is just for a couple of days per week, it will impact you in a positive way.”

Participant 11: Gloria. “I would say to them, try it. If it is beneficial for me, why would it not be beneficial for you? But you must stay consistent and do what the Bible instruct you to do. It is not easy to mindfully meditate, but if you continue to push, you will receive a breakthrough.”

Participant 12: Ken. “I would begin by giving them the same advice my father-in-law gave me: ‘Medication is to the body as meditation is to the mind and spirit.’ I would let them know if they are experiencing depression, frustration, anxiety, or any mental issues due to past trauma, they are in a spiritually unbalanced place. They will have chaos in their minds. But

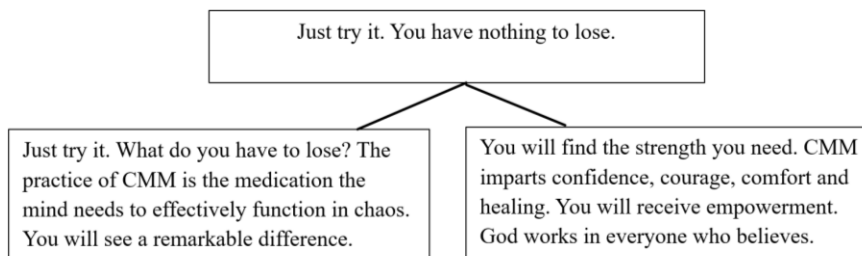
mindfully meditating on the Word of God is the medication that their mind and spirit needs to effectively function in the chaos. I would quote Joshua 1:8 to show them that God intends for them to meditate upon His Word, day and night, and that only by doing so will they be prosperous and successfully in all areas of their lives, including their mental and emotional challenges.”

Summary of Interview Question 15 Responses

The theme garnered from the participants’ answers to Question 15 is “try it. You have nothing to lose” (see Figure 12). Mary, Brenda, Paul, Susan, Bree and Gloria would advise hesitant evangelical Christian to “give CMM a try,” because they would “see a remarkable difference in their lives.” CMM will impart “strength, confidence, and courage” and provides “comfort from God and healing to the mind.” Shirley, Carol, Faye, Earl would all ask the question: “What do you have to lose?” If you try “CMM you will receive empowerment.” Alexa’s advice would be, “God works for everyone who has the faith to believe,” while Ken would explain to hesitant evangelicals that the practice of CMM “is the medication the mind needs to effectively function in the chaos.”

Figure 12

Themes and Subthemes for Question 15



RQ 3

RQ 3 asked, “What are the perceived cultural challenges, if any, associated with CMM as

a viable treatment option for adult evangelical Christians experiencing PTSD?” There were three interview questions associated with RQ 3. They are Questions 9, 13, and 14.

Interview Question 9

Question 9 asks, “Tell me, have your parents practiced CMM, and if so, how do their views compare to yours?”

Participant 1: Mary. “My parents’ views are completely opposite to mine. Growing up my parents were not Christians, and my mother has still not accepted Christ, but I pray daily for her to be saved. A couple years ago my father told me he became a believer, but he lives far away so I am not privy to his practices. Thus, I have no comparisons to make as it relates to my parents’ views of CMM versus mine.”

Participant 2: Brenda. “Both my parents and my views are similar, but our practices are different. My parents were illiterate and could not read, so they depended on me and their other children to read them the Scriptures each day and night. They had specific Bible verses memorized that were common to all church members. They would walk around the house praying aloud those Scriptures, which was essentially their practice of CMM. I, on the other hand, go into solitude to practice CMM, but also mindfully practices internally throughout the day. I also am privy to technology such as the Bible app and listening to sermons and Bible readings on YouTube, while my parents were not. So, I have more resources available to me than they did, which I believe makes my practice more consistent and effective.”

Participant 3: Paul. “My parents practiced all the traditions of the church while they were at church, but at home they fought like cats and dogs. So, growing up, I did not see this practice modeled in my home, however, I had other family members whose homes I would visit, who would show me the practice in action. Thus, my parents’ practice was completely opposite

to mine.”

Participant 4: Susan. “My parents’ views are traditional or old school, and mine are a little less stringent. They practiced by reading the Word, meditating upon the Word, and then declaring the Word aloud, sometimes all throughout the day. I, on the other hand, prefer to listen to Gospel music, because that sets the tone for me, and ushers me quickly into the presence of God. It also breaks up the monotony of going straight to the Word without that readiness of heart. I prefer to practice CMM in solitude, and I keep ruminating on memorized Scriptures in my mind throughout the day. So, while my parents practice of CMM was seen externally, mine is performed internally, and the works that it produces is shown externally.”

Participant 5: Shirley. “I grew up seeing my mother practice CMM daily, and she still practices today. My father is not a believer and abhors anything that has to do with organized religion. But my mother was such a force, that all three of her children became devoted Christians, and we still are to this day. My mother is a little ‘old school’ in her practice. After conducting her daily devotionals, she walks around the house praying aloud the Scriptures. She would pray Scriptures over her children’s life each day before they went to school, and at nights she would pray over us again before we went to bed. She made sure we memorized the Scriptures and tested us to see if we could repeat the verses aloud. So, by the time I got married and transitioned to my own home, I found that my practice was very similar to my mother’s. So, I would say our views are the same, but the style of practice differs. My mother was very loud with her practice, and I am more subdued.”

Participant 6: Alexa. “My mother is a very devout, traditional Christian, but my father was always on the fence. When my parents divorced, all I had was my mother and my siblings, so the way my mother practiced and still practices is foundational to my

practice of CMM. I have seen my mother accomplish so much in her life, standing faithfully on the Word of God, and even in the darkest of times she consistently and mindfully meditated on the Scriptures without fail. I have tried to emulate my mother, so both our views and practices are almost identical.”

Participant 7: Carol. “My parents did not practice, but my grandmother who I spent most of my time with did. Her views and mine are the same in concept, but different in practice. We both practice CMM based on the foundational views of the church that are biblical, but her practice was also solemn and very structured. She did include worship music in her practice of CMM but sang songs from a hymnal. So, I would say her views and practice are more ‘old school’ and mine is more charismatic.”

Participant 8: Faye. “My parents came from a Catholic background and have no conception of what CMM means or entails. I did not become an evangelical Christian until I moved away from home, and in the past when I shared my current religious views and practices with them, they thought I belonged to a cult. So, their views are totally opposite to mine.”

Participant 9: Earl. “I cannot remember my father practicing because it has been so long since my parents divorced. However, my mother. ... What can I say about my mother? She is a devout Christian, and I have seen her religiously participate in all the traditional practices of the church throughout my lifetime. Everything I do Christian-wise, including my current practice of CMM, I learned from her. So, I practice in the same way she does and share the same views.”

Participant 10: Bree. “Growing up, I saw both my mother and grandmother religiously engaged in the process. They followed all the traditions and practices of the church faithfully. However, I have never seen my father engage in the practice. My mother’s views of CMM are identical to mine, but our practice differs. She does not journal or take notes during her reading

of the Bible and does require solitude to mindfully meditate upon the Scriptures. She has this unique way of being able to block outside noises. Each time I see her around people, and she disengages and closes her eyes for a few seconds or so, I know she is triggered. She is taking a moment to detach from the situation to remind herself of what the Word of God says about her. I on the other hand can only practice in solitude, and if I experience triggers, most times if I am able to, I remove myself from the situation.”

Participant 11: Gloria. “My dad was a Muslim, and my mom was a Baptist, so they did not practice CMM. Their views would be completely different from mine.”

Participant 12: Ken. “My grandmother was my parent, and I saw her each day religiously partaking in the traditional practices of the church. Looking back, some of these practices were not 100 percent biblical, but they served their purpose in their lives. Her practices were based on religious traditions, while mine is based on having a personal relationship with God. However, the foundation of my practice is still the traditions of the church, but there is more emphasis on a personal relationship with Christ than on mere religiosity. So, our views are similar but our practices different.”

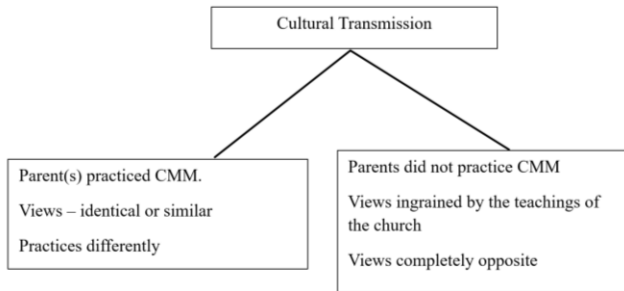
Summary of Interview Question 9

The theme garnered from the participants’ answers to Question 9 is cultural transmission (see Figure 13). Brenda, Paul, Susan, Shirley, Alexa, Earl, Bree and Ken reported that they had at least one parent in their household growing up who practiced CMM and whose views on CMM are identical or “similar.” However, these participants’ practice of CMM slightly differed from their parents, as their parents practice was more traditional or “old school,” and participants practices evolved due to technological advancements and theological understandings. Mary, Carol, Faye and Gloria did not have any parent in their household that practiced CMM, and all

were introduced to the practice when they became affiliated with the evangelical church.

Figure 13

Themes and Subthemes for Question 9



Interview Question 13

Question 13 asks, “If you were the parent of a 19-year-old who is experiencing PTSD symptomology, how would you help as they develop their practice of CMM?”

Participant 1: Mary. “Well, when my son was 19 years old, he suffered from terrible depression caused by the ongoing bullying he endured throughout middle and high school. Unfortunately, I did not have the tools in my armory to help him during those difficult school years because I was so wrapped up in my own trauma, so I sent him to get professional therapy. However, therapy did not help much. Nevertheless, if I could rewind the hands of time, I would go back and tell my 19-year-old son to first start listening to worship music, then add prayer, then add the Scriptures, then mindful meditation. I would tell him to start practicing CMM in this order because young people in that age group seem to relate better with music. So, I would gently ease him into the process. Starting with what appeals to him first, and then slowly adding the components of CMM.”

Participant 2: Brenda. “Going through trauma makes you sensitive, so I would first recognize the sensitivity of the situation. I would begin by showing a lot of love, care, and

compassion, then I would transition to praying with them, then encouraging them with the Word. I would take them through specific Psalms that are calming and would help them find solace. Then I would encourage them to carve out time to read these Psalms each day, pray those verses aloud over their lives, and after they have mastered those, move onto other Scriptures. I would also teach them the importance of memorizing Scripture, and how crucial it is to utilize these memorized Scriptures throughout the day.”

Participant 3: Paul. “I would set the foundation by extolling the love of God, while assuring them of God’s love for them. I would tell them this is not happening to you because God does not love you. In life we all face challenges in different forms, but God has given us principles and strategies in His Word to help us overcome and prevail, and CMM is one of those. So, first, I would educate, then I would translate that knowledge into action, by guiding them towards the listening of worship music, as music is the language of almost everyone. I would then transition them to spending time with God in Word, while reiterating this a process and they might not see immediately results. However, if they diligently revisit the practice every day and make it a habit, they will achieve life altering transformation in every area of their lives.”

Participant 4: Susan. “I would help them develop their practice by encouraging them to listen to worship music, and then transition them to listening to the Scriptures continuously on the Bible app. I believe after they have been doing these two things consistently, then it is time to introduce them to spending quiet time in the Word. After they have mastered these steps, I would help them establish the practice of CMM. However, as their parent, I am their most impactful role model, and since I engage in this practice daily, hopefully, they will imitate me, and if not, I pray they will chart their own God honoring path.”

Participant 5: Shirley. “I would assist my 19-year-old by showing great compassion and

empathy, because I know the treacherous road that he or she is walking. I would speak about their traumatic issues with sensitivity and provide a supportive environment where they can express themselves freely. After they have gained my trust and confidence, I would introduce them to CMM. But first I would share my journey with CMM and the success I have attained, to assure them that I am recommending a strategy that works.”

Participant 6: Alexa. “The first thing I would do is to ensure my 19-year-old has a personal relationship with God by asking probing questions. If he or she does not, I would tell them about God’s love for them and lead them to Christ. Then I would explain CMM in depth, using my journey as an example. I would conduct an exegesis of the Bible to show that throughout the ages, God has commanded His people to mindfully meditate upon His Word. I would also highlight Joshua 1:8. I would extol to them the positive effects of CMM and encourage them to try it, following my example. If my 19-year-old is already a follower of Christ, I would take him/her through the same steps.”

Participant 7: Carol. “I would first extend to them the same empathy and sensitivity that I would want someone to show me. I would tell them of the benefits of CMM, then ask them to join at least one morning during my alone time with God and allow them to see the practice firsthand. They can choose to imitate me, but I would encourage them to develop their own routine based on their personality and with the guidance of the Holy Spirit.”

Participant 8: Faye. “I would first create that safe space for them to feel comfortable with me. I would let them know that I am present, and they can talk to me about anything, even subjects that are uncomfortable. This would open the door to them, inviting them to have a conversation with me. I would then share my story with them about how CMM is helping me to cope. I would then ask if they would like us to work together to devise a plan for their practice of

CMM that is personal, while keeping the Scriptures foundational.”

Participant 9: Earl. “A 19-year-old is from a complete generation than I am, therefore, I believe I would contextualize my practice to make it more applicable to them. For instance, worship or Gospel music might appeal more to a 19-year-old. Scriptures being read from a Bible app might be more appealing than to read from a paper copy like I do. However, because I believe my current practice is based on a solid biblical foundation, I would not defer from that, but I would help them to make my approach more personal.”

Participant 10: Bree. “I would first try to put myself in their shoes, empathize with them, and be extremely understanding and open to what they are experiencing. I would identify where they are in the process, but also explain to them my process, and their need to adapt CMM to fit their personality. I would also emphasize to them the necessity of the Scriptures; that meditating and memorizing Bible verses that apply to their situation is key to their success. I would also check in with them very often to see how their practice is progressing, and to give encouragement along the way.”

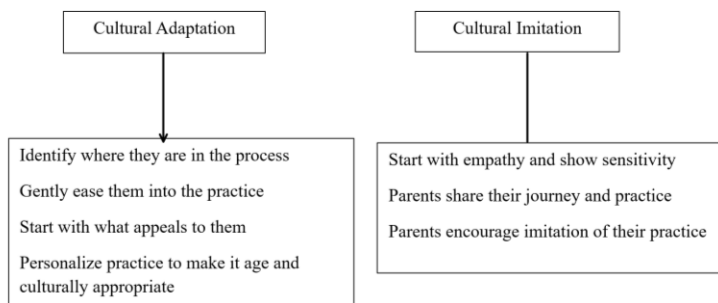
Participant 11: Gloria. “I would send my 19-year-old to therapy first to help them deal with whatever issues they are facing. I would also encourage him or her to join the young adult group that meets at our church every Friday night, where they have open forums about issues such as these. This would allow him or her to see that they are not alone, that others are living with similar experiences. My church does a good job of equipping the young people with Biblical practices and strategies to help them navigate life. I would also pray with them and provide them with constant encouragement.”

Participant 12: Ken. “I would not start with CMM. I would start by having a conversation with him about God, delving into chapters of the Bible that relates to His goodness

and sovereignty. I would explain to my 19-year-old that God's thoughts about him or her are good and not evil. God is Lord over all, He is able, and He oversees everything including the outcome of the trauma you have experienced and the symptomology you are experiencing. Then I would take him through various Scriptures to show how God helped other people in the Bible overcome similar situations. I would share my story; tell how I overcame and am still overcoming and encourage him or her to develop their own personal relationship with Jesus and let the Holy Spirit guide them in the path they should take, but that I would always be a constant source of guidance and direction."

Summary of Interview Question 13 Responses

The themes garnered from participants' response to Question 13 are cultural adaptation and cultural imitation (see Figure 14). Mary, Carol, Faye, Earl, Bree, and Ken, would all guide their 19-year-old into the CMM process by introducing them to various components of their practice; however, they need to be "gently eased into the process," and be "encouraged to develop their own routine." Bree is emphatical that a 19-year-old needs to "adapt CMM to fit their personality," while Ken suggested they should "develop their own personal relationship with Jesus and let the Holy Spirit guide them in the path they should take." Second, Brenda, Paul, Susan, Shirley, and Alexa, affirmed they would guide and encourage their impacted 19-year-old to "follow their example." Gloria on the other hand would help her 19-year-old develop his practice of CMM by encouraging him to join Christian peer groups "that would allow him or her to see that they are not alone, that others are living with similar experiences." Gloria said this is a more effective strategy for a 19-year-old.

Figure 14*Themes and Subthemes for Question 13****Interview Question 14***

Question 14 asks, “Imagine you are being interviewed at a conference for evangelicals, in front of thousands of people experiencing PTSD symptomology. What insights would you share on what they may expect to experience if they practice CMM over the next few years?”

Participant 1: Mary. “The first thing I would tell them is God will always show up, and His Word will literally begin to do the extrication at the root of their issues. I would tell them that God will reveal areas in their lives where sin has taken a foothold, maybe because of the trauma, or maybe is the thing that is allowing their trauma to be so disruptive in their daily lives. I would tell them that God loves them deeply, and He hurts to see them in this level of pain and brokenness, and He hurts to see them stuck. I would tell them to hold fast to the hands of God, and watch God do a wonderful healing in their lives.”

Participant 2: Brenda. “I would first remind them of who Jesus is and point them to one of the purposes He came to earth, is so they may enjoy life to its fullest. I would tell them that God has given us a gift, the gift of His Word. The Word is His manual and guide on how Christians are to live. In His Word He tells us to focus on things that are pure and true, and that we are conquerors. So, the struggles they are experiencing today can be conquered daily by

applying the principles that God has given to us in His manual. I would tell them that CMM is a principle that God has given us in His manual that will empower them to live a victorious life if they make it a consistent practice.”

Participant 3: Paul. “The first thing I would tell them is you are right where you are supposed to be. I know that it is a hard pill to swallow based on your achievements, goals, plan, and desires. Regardless of all that, God has you right where you are supposed to be. He has you in the palm of His hand, and if you consistently apply the principles of the Bible to your life, your healing will come forth steadily. When you practice CMM, you are putting into practice the commands of God for your life. Try CMM, and I guarantee God will do a marvelous work in your life.”

Participant 4: Susan. “I would tell them not to get distracted by the cares of this life and the struggles they are currently experiencing. If they try CMM, they will learn to understand and apply the Word of God to their situation. I would tell them that the enemy does not want them healed so they can give their full attention to God and live satisfying, fulfilled lives, so he is going to distract them from practicing CMM. I would say to them, I promise you, if you practice CMM on a regular basis, God will show up in your life like never before. Put God to the test. What do you have to lose?”

Participant 5: Shirley. “My advice to them would be to start small and simple. I would tell them to concentrate on Bible verses that speak of God’s love, peace and presence, and memorize these Scriptures. I would tell them to find a comfortable environment where they can mindfully meditate upon these memorized Scriptures without distractions, to do this consistently each day, and watch God Word work. He will empower them to live fulfilled lives and help them manage their struggles.”

Participant 6: Alexa. “I would tell them there is no disadvantage in reading and meditating on the Scriptures. I would point them to Psalm 1:1-3 and Joshua 1:8, to show that meditating upon the Word of God brings blessings and prosperity to every area of life, and this is what they will experience if they diligently practice CMM.”

Participant 7: Carol. “I would tell them consistency is the key factor to the success of CMM. They should choose a time and place where they’d be in solitude with God, and diligently do this every day, for God will not disappoint them. He told us that if we seek Him, we will find him, and God cannot lie. If you meet with God daily, and practice CMM, He will empower you to handle the daily stressors. When you feel like the daily stressors are too great for you to bear, the Holy Spirit will bring to your remembrance Bible verses you have memorized, and if you mindfully meditate on these, it will bring you comfort and calmness in no time. But you must be consistent in your practice to maximize the benefits.”

Participant 8: Faye. “The insights I would share are about the effectiveness of CMM. I would tell them the consistent practice of CMM will absolutely change their lives, will bring them closer to God, and give them the ability to recognize the voice of the Holy Spirit. God will use His Words to comfort them even in the darkest of times. But their faith must be in God and God alone, not the practice itself.”

Participant 9: Earl. “I would explain to them that whatever they sow they will reap. If they sow orange seeds, they will reap oranges in due season. They will not reap oranges immediately after they plant the seed but will do so after they consistently nurture the soil and the subsequent tree, and then at the right time the fruit will appear. It is the same with CMM. If they begin the practice and nurture this until it becomes habitual, they will most assuredly reap the fruit of peace, calmness, and whatever fruit of the Spirit they need to manage or overcome

their stressors.”

Participant 10: Bree. “I would say to them the practice is not easy in the beginning stages, but if they consistently practice daily, they will reap the benefits. I would explain to them that their diligence to the practice of CMM will revolutionize their lives, bring them closer to God, and provide coping strategies they can utilize in their struggles. I would explain to them that the techniques and strategies of this practice will empower them to rise above their circumstances.”

Participant 11: Gloria. “I would say therapy plus the Word of God will move mountains out of your life. However, I know that most Black people do not believe in therapy. So, I would say, when you meditate upon the Word of God before you leave your house each morning, it sets you up for a successful day. If you stay consistent in the Word, and if you meditate upon the Scriptures throughout the day, God’s Word will work in your life and help you to strengthen you to overcome the issues you will encounter throughout the day.”

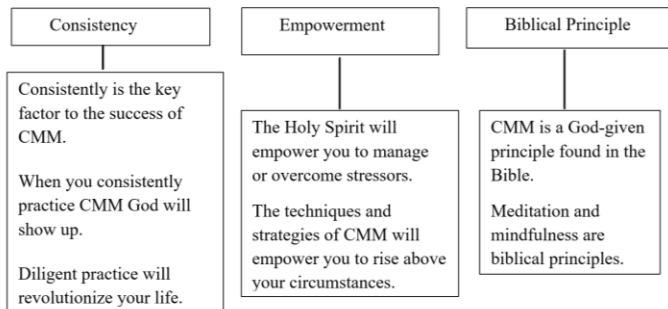
Participant 12: Ken. “I would begin by highlighting the fact that meditation and mindfulness are biblical principles that is referenced in Joshua 1:8, where God instructed Joshua to participate in both practices. Joshua was to mindfully meditate upon the Scriptures, continuously, day and night, because this would guarantee his success and prosperity in all things. Mindfully meditating upon Scriptures is one being obedient to the commands of God. I would tell them, if they are diligent to do this, they will be prone to having great success with their mental struggles, which will empower them to effectively manage the stressor of their daily lives. Furthermore, Jesus already told you ‘In this life you will have struggles.’ However, He already gave you His Word that you will overcome. But this will only happen if you apply His Word in the same manner Joshua did.”

Summary of Interview Question 14 Responses

The themes associated with Question 14 are consistency, empowerment, and biblical principle (see Figure 15). All participants confirmed or implied that when CMM is consistently practiced, “God will show up.” The insights Carol would share with impacted evangelical about what they may expect to experience over the next few years if they practice CMM is that “consistency is the key factor to the success of CMM.” Shirley would say one should “consistently meditate upon memorized Scriptures in a quiet environment and watch God work.” Alexa would share that “diligent practice of CMM will bring God’s blessing and prosperity to ever area of your life.” Earl and Bree would share that “when you consistently practice CMM, you will reap the fruit of peace and calmness, and other benefits.” Second, Brenda would share that “CMM will empower you to live a victorious life.” Shirley would say “God will empower you to live fulfilled lives.” Carol would share that “if you meet with God daily, and practice CMM, He will empower you to handle daily stressors.” Earl would say “you will receive empowerment from the Holy Spirit to manage or overcome stressors.” Bree would say “CMM will empower you to rise above your circumstances. Third, Brenda would say “God’s word is His manual and guide. The struggles you experience today can be conquered daily by applying the principles God has given us in His manual.” Paul would say “when you practice CMM you are putting into practice the commands of God.” Susan would share that through CMM “you will understand how to apply God’s Word to your situation,” while Ken would share that “meditation and mindfulness are biblical principles. Mindfully meditating upon Scriptures is being obedient to the commands of God.”

Figure 15

Themes and Subthemes for Question 14



Collective Summary of Themes and Subthemes

This study consisted of three RQs and 17 interview questions. Each interview question is assigned to a RQ, except for interview Questions 1 and 3. Tables 1-3 list the common themes and subthemes garnered from participants’ responses to interview questions, listed in the order of the RQ to which they are assigned.

Table 1

Research Question 1

Question	Themes	Subthemes	Shared Significant Statements
2	Church Tradition	Scripture memorization and meditation	“Grew up in the evangelical church”
		Daily devotional time and prayer	“Practiced all the traditions of the church”
	Traumatic event	Induced a life crisis	“Started personal practice of CMM due to ongoing struggles from traumatic event”
4	Religious coping strategy	Management of daily stressors	“Uses CMM as a coping strategy”
	Impactful	Enduring symptomology	“I have never experienced this level of pain before”
5	Daily Battle	Significant trauma induces daily stress	“I will never be the same again”
			“It’s a daily battle”
6	Positive Influence	CMM helps to improve mental well-being	“I feel the need to escape the chaos of daily life”
			“Daily practice of CMM has allowed me to see positive change in my mood and mindset”
			“Helps me to alleviate some of the anxiety and fear I experience”
7	Set Routine	CMM helps to diminish effects of triggers	“Practicing CMM is like an antidote to the onslaught of the enemy”
			“I schedule a time early in the morning”
			“I continuously reflect on this Scripture throughout my day”
8	Effective	Practiced in solitude early morning	“I revisit these verses during my workday if I get overwhelmed”
			“I’m still a work in progress, but each day I’m making strides”
16	Continuation	CMM Effectively manages daily symptomology	“My current practice of CMM works”
			“I am always looking for areas where I can grow”
17	Enhancement	Current practice of CMM may change or develop	“I see my practice developing”
			Benefits of CMM may be magnified by the addition of other religious practices

Table 2

Research Question 2

Question	Themes	Subthemes	Shared Significant statements
10	Transformative	CMM provides coping strategies that positively influences executive functioning	<p>“CMM empower her to function effectively throughout her day, even amid the stressors”</p> <p>“She uses CMM as an antidote to counteract terrifying episodes of panic and anxiety”</p> <p>“CMM makes him feel more confident regarding decision-making, because of the levelness of mindset the practice gives”</p>
		Gives confidence and better mental clarity	
11	Barriers	Distractions	<p>“My greatest struggle is distractions”</p> <p>“I become easily distracted”</p>
		Feelings of inadequacy	“The struggle I experience is one of inadequacy”
		Peer pressure	“Most times I do not share my practice with others because I feel like I’m being ridiculed”
12	Uncertainty	Sequence of steps for the practice of CMM	<p>“Am I doing this right?”</p> <p>“Am I interpreting Scriptures correctly?”</p> <p>“Is my struggle unique to me?”</p>
15	Just try it. You have nothing to lose	CMM will bring empowerment	<p>“I would say, just try it”</p> <p>“I would say, what do you have to lose”</p> <p>“They will receive the empowerment they need to manage their daily stressors”</p>
		CMM will give you the strength you need	“You will find the strength you need to overcome the stressors you are experiencing”
		CMM imparts comfort and healing	“Try CMM and watch God comfort you and bring healing to your mind”

Table 3

Research Question 3

Question	Themes	Subthemes	Significant statements	
9	Cultural Transmission	CMM practice taught by parents	<p>“My parents views are similar to mine, but our practice differs</p> <p>“My practice is different from my parents because of technological advancements”</p>	
		Views ingrained by the teachings of the evangelical church	<p>“My parents views are traditional or old school, and mine are less stringent”</p>	
13	Cultural Adaptation	Personalize practice to make it age appropriate	<p>“I would gently ease him into the process”</p> <p>I would explain to them my process, and their need to adapt CMM to fit their personality”</p>	
	Cultural Imitation	Parents should transmit their journey and practice	<p>“I would help them to make my approach more personal”</p> <p>“I would always be a constant source of guidance and support”</p>	
14	Consistency	Consistency is the key factor to the success of CMM	<p>“Consistent practice of CMM will change your life”</p> <p>“If you consistently practice CMM God will show up”</p>	
	Empowerment	CMM will empower you to rise above your circumstances	<p>“If you meet with God daily and practice CMM, He will empower you to handle the daily stressors”</p>	
	Biblical Principle	CMM is a God-given biblical principle	<p>“When you practice CMM you are putting into practice the commands of God”</p>	
				<p>“Mindfully meditating upon the Scriptures is being obedient to the commands of God”</p>
		Meditation and mindfulness are biblical principles		

Theme Development

The themes and subthemes for the study were derived by employing the IPA methodology for data analysis. IPA is rooted in phenomenology and is associated with qualitative research. IPA is used to explore the real-life personal experiences and perceptions of each participant, and how they make sense of such experiences and perceptions (Godes & Vermetten, 2023; Poulsen et al., 2018). Each participant was interviewed in one single session, lasting between 25 to 40 minutes to capture the essence of their experience, and all interviews were

audio and video recorded via Microsoft TEAMS. After each TEAMS interview was conducted, the associated transcript was immediately downloaded and edited by the researcher while viewing the audio and video recording of the respective participant. Each transcript was emailed to the participant for factchecking to establish credibility and validity. No discrepancies were reported by any participant, and no participant had any further questions or additional information they wanted to add.

As the contents of each transcript was being repeatedly dissected, the researcher made initial notes in the margin of each page, which allowed for easier recognition of emerging themes. Data from the margin notes of each transcript were systematically analyzed for statements of significance, and emergent themes and subthemes were developed. This was done repeatedly until all transcripts were individually analyzed. Connections of emergent themes, subthemes, and patterns across transcripts were identified, then reduced to main themes and subthemes. The amalgamation of themes, subthemes and significant statements were used to present the essence of participants collective and shared experiences in written format (Poulsen et al., 2018).

RQ Responses

There are three RQs that guided this study. Each of the interview questions and their subsequent responses are assigned to a RQ, except for Questions 1 and 3. Interview Questions 2, 4, 5, 6, 7, 8, 16 and 17 are associated with RQ 1. Interview Questions 10, 11, 12, 15 are assigned to RQ 2, and Interview Questions 9, 13, and 14 are assigned to RQ 3.

RQ 1

RQ 1 asked, “How do adult evangelical Christians suffering from PTSD symptomology describe their experiences with CMM in Florida?” All participants reported that they are

practicing evangelical Christians, are steeped in the doctrines and practices of the church, and have been for most of their lives, with the exception Mary, Faye and Gloria, who were introduced to evangelicalism during adulthood. Participants said the practice of CMM is founded on the traditional teachings of the church and is not only a church practice but is “a God-given biblical principle.” All participants reported they “started their personal practice of CMM due to ongoing symptomology from a traumatic experience” that was deemed significant; however, their personal practice of CMM is influenced by evangelical church traditions, modeled by the theology and practice of their parents and close family members. All reported they utilize the practice of CMM as a coping strategy to manage current trauma triggers, that Carol noted “sometimes make me like I am incapacitated.”

All participants have a specific routine they adhere to daily in their practice of CMM. The majority have a scheduled time of solitude each morning for their practice because they find “it sets the tone for the day,” and this is how their parents mostly engaged in the practice. Participants reported that they pray, mindfully mediate upon memorized Scripture, and ruminate on these memorized Bible verses or specific Psalms throughout the day, especially when they encounter stressors. All the major components of CMM as proposed by the study are practiced by participants; however, only Alexa, Faye, Susan and Gloria engage in prayer mantras, which is also a component of CMM as set forth in this study. Nevertheless, participants responded that the version of CMM postulated by the study can be enhanced by the addition of other religious practices they currently utilize. Some mentioned worship music, Paul said, “therapy enhances CMM,” and Gloria questioned whether fasting would “enhance the process.” However, most participants reported that they will continue their practice of CMM with the foundation components for the foreseeable future, because mindfully meditating upon memorized Scriptures

has had a “positive influence” on their daily struggles with ongoing symptomology and helps them “maintain a sense of calmness and peace.”

RQ 2

RQ2 asked, “How do adult evangelical Christians in Florida suffering from PTSD symptomology describe their lived experiences with the doctrines of the evangelical church that promotes shame, and their shared experiences with CMM as a coping strategy?” Participants are either accepting of the doctrines of the church or do not have the knowledge or understanding about evangelical theology that promotes shame. Participants for this study viewed the teachings of the church as their religious and personal dogma. No participant expressed any doctrinal dissonance between their mental struggles and the church’s literal views on mental health issues. Everyone openly talked about their experiences and emphasized how beneficial the traditional teachings of the church have been to their development of their CMM practice. However, when addressing the struggles each participant experienced during their CMM developmental journey, Ken was the only individual that indicated he has “internal conflicts between church theology and the stigma attached to meditation.” Ken found it difficult to understand why the church is not doing more to let others know “meditation is a biblical principle as evidenced by Joshua 1:8,” and not just a secular practice. Mary and Carol also alluded to the same concerns. Mary expressed that meditation has been “hijacked by the New Age Movement,” and Carol said she did not understand why “there is so much stigma surrounding meditation,” since it is “a biblical principle.” These three participants were not concerned about evangelical theology itself but expressed concern that the evangelical church is not educating congregants about the benefits of mindfully meditating on Scriptures and dispelling the associated stigmas.

The overwhelming struggles participants experienced during their personal development

of CMM were “distractions, feelings of inadequacy, and doubt.” Some felt inadequate because they were not sure “if they were doing the right thing,” while others experienced distractions because of their inability to “consistently focus for periods of time” during their scheduled time of solitude with God. Gloria said, “sometimes I have to mentally fight to keep my mind focused.” Others struggled with doubt. Faye stated, “I struggle with the concept of the sovereignty of God which sometimes brings doubt,” a sentiment echoed by Alexa. However, all participants shared that the key component to their success in utilizing CMM as a daily coping strategy for their PTSD symptomology lies solely in the Scriptures they previously memorized. When experiencing feelings of doubt, inadequacy, or lack of focus, participants reported that they must rely on the rolodex of Scriptures implanted in their minds and on their hearts and meditate on these. These memorized Bible verses or Psalms imparts “strength, empowerment, confidence, courage, and healing.” Participants’ symptomology has been so positively impacted by their practice of CMM, their encouragement to all evangelicals who are hesitant to try this practice is “try it. What do you have to lose?” Faye stated, “when you make CMM a habitual practice, then in the day of your trouble it will be the Sword of the Spirit that will fight for you, to get you out of that dark hole.” Ken summarized the benefits of CMM for impacted evangelicals in this way: “Mindfully meditating on the Word of God is the medication that your mind and spirit needs to effectively function in the chaos.” And Gloria aptly echoed the words of all participants: “It is not easy to mindfully meditate, but if you continue to push, you will receive a breakthrough.”

RQ 3

RQ3 asked, “What are the perceived cultural challenges, if any, associated with CMM as a viable treatment option for adult evangelical Christians experiencing PTSD?” All participants

implied that there are no perceived cultural challenges associated with CMM. Based on the shared stories of participants, their personal practice of CMM was funneled through the teaching of the church, parents, and other loved ones. However, it was the day-to-day practice of their parents and other loved ones, which they were able to visually observe, that had the greatest impact on participants' choice to practice CMM to manage their symptomology. Brenda, Paul, Susan, Shirley, Alexa, Bree and Ken, all reported that it was their mothers' practice of CMM they grew up watching that has "influenced their current views and practice of CMM." Therefore, evangelical church doctrine, though relevant in the lives of participants, had less influence in their personal practice of CMM in comparison to the impact of their parents, which shows that CMM can be culturally transmitted from generation to generation. It shows that CMM lived out in action is more transmittable than teachings about CMM.

Most participants also shared their views on CMM "were similar or identical" to that of their parents, however, their "practice has evolved due to technological advancements." For instance, Brenda's "parents were illiterate, and she had to read the Bible to them," but now she has "the Bible read to her via the Bible app on her phone." Many participants reported their inability to focus on the written Word but can give more focus to listening. The participants who reported that their parent's views differed from theirs did not "grow up in a Christian home" but were introduced to evangelicalism in adulthood. Thus, CMM is transmittable at every phase and stage of life.

Participants also noted that the development of a personal CMM practice is essential for the next generation who are impacted by trauma, however, they need to be "gently eased in the process." While parents must show unconditional love, support, empathy, and sensitivity, most participants said it is essential for the impacted parent to share their journey with their impacted

child and “let them make the choice about the path they want to follow.” Nevertheless, participants emphasized that parents should encourage their impacted child “to develop their own routine and chart their own God-honoring path through the guidance of the Holy Spirit.” Thus, CMM can be culturally transmitted through imitation or adaptation, and participants did not report any perceived cultural challenges associated with transmission.

Summary

This chapter presented the findings of the study conducted on the shared experiences of the effectiveness CMM for adult evangelical Christians in Florida experiencing PTSD symptomology. The participant pool consisted of three males and nine females, for a total 12 participants. Data were collected through one-on-one interviews, via Microsoft TEAMS, lasting between 25 and 40 minutes. Transcripts were obtained immediately after each interview and were edited then sent to each relevant participant for fact-checking. The transcripts were then analyzed by the researcher utilizing IPA. Each of the 15 relevant interview questions was assigned to one of the three RQs, and the data from the participants’ interview responses was used to answer each of the RQs.

Chapter Five: Conclusion

Overview

This current research sought to understand and describe the shared experiences of the effectiveness of CMM for adult evangelical Christians in Florida experiencing PTSD symptomology and to present the essence of their shared experiences in written format. In this chapter, the researcher's own interpretations and ideas are presented. The summary of the findings, discussions of the findings, and its association with relevant literature and research theory are also outlined. The implications of the study, the study delimitations and limitations, and recommendations for future research are also delineated.

Summary of Findings

IPA methodology was used to analyze the transcribed and edited data, which were collected through one-on-one interviews that lasted between 25 to 40 minutes for each participant. These analyzed data were used to better understand and describe participants shared experiences, generate themes and subthemes, and identify statements of significance and essence of their collective experience. The findings generated from the study provided in-depth information through which the RQs were answered. The RQs and a summary of how they were answered by the interview questions follow.

RQ 1 asks "How do adult evangelical Christians suffering from PTSD symptomology describe their experiences with CMM in Florida?" This question was answered by Interview Questions 2, 4, 5, 6, 7, 8, 16, and 17. Participants described their experience with CMM as "impactful" in the management of their PTSD symptomology. Participants reported that their practice of CMM has a "positive influence in the management of their daily stressor, improves mental well-being, and diminishes effects of triggers."

RQ 2 asks, “How do adult evangelical Christians in Florida suffering from PTSD symptomology describe their lived experiences with the doctrines of the evangelical church that promotes shame, and their shared experiences with CMM as a coping strategy?” The related interview questions were Questions 10, 11, 12, and 15. No participants voiced concerns about the doctrines of the evangelical church that promotes shame. Participants seemingly had no knowledge of the issue and did not express any knowledge of or dissonance with the doctrines of the evangelical church that may induce shame upon congregants suffering with mental health issues. The struggles participants report they experience are associated with the personal barriers they encounter in the development of their personal practice of CMM, which includes “distractions, feelings of inadequacy, and doubts.” Thus, participants had no shared experiences that are relevant to RQ 2. Nevertheless, participants shared that CMM is transformative because the practice provides “coping strategies that positively influences executive functioning” and “gives confidence and better mental clarity.”

RQ 3 asks, “What are the perceived cultural challenges, if any, associated with CMM as a viable treatment option for adult evangelical Christians experiencing PTSD?” This question was answered by Interview Questions 9, 13, and 14. Participants did not perceive any cultural challenges associated with the practice of CMM. Participants’ current practice is informed by the CMM practices of their parents that they observed throughout their childhood and young adult years in addition to the views ingrained by the teaching of the evangelical church. Most participants reported that “my parents views are similar to mine, but our practice differs.” Their current CMM practice differed from those of their parents due to “technological advancements” such as listening to the Bible being read from their phone’s Bible application versus reading a hard copy version as their parents did. Thus, CMM was culturally transmitted to the participants,

and participants indicated they also have a responsibility to transmit their “journey and practice” of CMM to their children; however, the practice needs to be “personalized to make it age appropriate.” Therefore, CMM is culturally adaptable and can be culturally imitated, and no perceived challenges were expressed based on research findings.

Discussion

This study examined the shared experiences of the effectiveness of CMM for adult evangelical Christians in Florida experiencing PTSD symptomology. There were 12 participants in the study, comprising of nine females and three males. Nine participants were Black, and the remaining three participants were Hispanic. All participants are residents of Florida by birth or by migration, have lived in the state for several years, and identify as an active evangelical Christian, practicing and participating in the established traditions of the church such as regular church attendance, habitual engagement in prayer, Bible reading and memorization, and devotional times with God (Carroll et al., 2020; Lloyd & Panagopoulos, 2022). This current study contributes to the body of research on the effectiveness of Christian-adapted mindfulness mediation for evangelical Christians; however, this current research on CMM differed in focus. CMM places special emphasis on mindful meditation or rumination on memorized Scriptures, internally and vocally, to create present moment awareness and mitigate traumatic stress in the impacted evangelical Christian. Participants reported they avidly “practice CMM diligently and consistently,” and results from this current study indicated that CMM has a “positive influence on mental well-being, allows for positive changes in mood and mindset, helps to alleviate anxiety and fear, brings the empowerment needed to manage daily stressors,” and empowers the impacted evangelical Christian “to function effectively throughout their day, even amid stressors.”

Empirical Literature

Research investigating the relationship between trauma-based rumination, mindfulness, and focusing on God in Christian individuals who were experiencing a wide range of traumatic stress found that Christian rumination in Christians experiencing PTSD symptomology was positively correlated with religious coping and focus on God, but this was moderated by mindfulness skills (Knabb et al., 2019). The religious practices that allow one to focus on God were positively associated with coping with trauma; however, the mindfulness skills employed were secular in nature and the study sample represent a wide range of Christian denominations (Knabb et al., 2019). Future recommendations include the suggestion that the study of a distinct Christian sect might generate different results (Knabb et al., 2019), which is the gap in literature on which this current study is founded.

This current research sought to understand and describe how adult evangelical Christians in Florida, suffering from PTSD symptomology respond when they participate in MM adapted to reflect the Christian worldview. In this current study, MM adapted to reflect a Christian worldview was coined: CMM. Findings from the current study corroborate the findings of the previous research. The results of this current research found that CMM is “impactful in managing or mitigating participants PTSD symptomology,” and all participants reported the positive effects of CMM in managing daily stressors. Based on previous research recommendations to study a distinct Christian sect (Knabb et al., 2019), the current study was conducted among evangelical Christians, and the findings confirm that religious practices that allow one to focus on God are positively associated with coping with trauma. Mindfully meditating upon memorized Scriptures that focuses the impacted evangelical’s attention on God and off self, utilized as a coping mechanism for enduring traumatic stress, is the nucleus of

CMM. The findings of the current study not only confirm the results of previous research but also contributes to the body of research on Christian-adapted MM for Christians.

Theoretical Literature

The results of the current study are consistent with the theoretical underpinnings of empowerment theory advanced by Perkins and Zimmerman (Naidoo, 2015). Empowerment focuses on individuals gaining greater autonomy and influence over their own lives and their ability to achieve control over environmental factors that are impactful through the instillation of hope, possibility, and empowerment (Peterson, 2014). Analysis of participants' responses confirm the foundational tenets of empowerment theory, as study results indicate "CMM will bring the empowerment needed to manage daily stressors, and empower one to function effectively throughout their day, even amid stressors." Findings from current research reveals "consistent practice of CMM will change your life and will empower you to rise above your circumstances." Through the daily practice of CMM "God will empower you to live fulfilled lives and help manage your struggles and bring blessings and prosperity to every area of your life." Study results show that "when you consistently practice CMM, you will reap the fruit of peace, calmness, and empowerment from the Holy Spirit to manage or overcome stressors."

Other theoretical literature also investigated the use of other Christian adapted approaches to MM such as CAM, which was fundamental to this current study. For instance, Ford and Garzon (2017) found that when therapeutic plans are integrated with the religious beliefs of evangelicals, the significance in treatment outcomes are magnified. Only one participant within the study indicated they have included therapy in their treatment plan, and he reported that "therapy enhances CMM." The other 11 participants have relied solely on CMM to manage their daily symptomology. The evangelical church consistently endorses the doctrine that

mental health conditions can be treated solely through spiritual interventions (Lloyd & Waller, 2022). In the current study, participants' personal practice of CMM is based on the foundation teachings of the church, and seeking therapy did not seem to be an option for most. Thus, evangelical theology might have influenced their decision to practice CMM for their symptomology rather than seeking therapy. However, if therapeutic plans are interwoven into participants current CMM practice, the treatment outcomes could be magnified. Further, even though the evangelical church has a history of demonizing mental illness, increased relational care and nurture by the church and participation in religious activities were found to have a regenerating impact and offered an antidote for shame among those suffering from PTSD symptomology (Lloyd, 2023). Trauma-impacted Christians who have a strong foundational relationship with God tend to embrace a religious view of a compassionate God that has a plan and purpose for all things, including their suffering (Hall et al., 2019), which the findings of the current study support.

Other literature presented CAM, which focuses on MM techniques modified to reflect the Christian worldview and has shown a positive effect among Christians. CAM was specifically designed to address the concerns posed by evangelical Christians, as MM is generally perceived to be contradictory with conservative religious faith practices and the foundational tenets of evangelicalism (Garzon et al., 2022). Christian-adapted mindfulness-based interventions have shown effectiveness in the treatment of shame among Christians who are opposed to traditional treatment (Jones et al., 2023). Findings from this current study show CMM to be beneficial to Christians who subscribe to evangelical theology. However, findings for the current study suggested evangelical Christians were not concerned about the origins of MM. Of the 12 participants, only two spoke about the stigma concerning MM. One participant noted that

“mindfulness meditation has been hijacked by the New Age Movement, but mindfulness is an integral part of the Christian Scripture.” The other participant wanted others to know that “meditation and mindfulness are biblical principles, and mindfully meditating upon Scriptures is being obedient to the commands of God.” Other research has also indicated that MM practices are compatible with the Christian tradition when adapted to reflect Christian principles (Timbers & Hollenberger, 2022). The general findings of this study indicate that participants have no conflicts between their practice of CMM and the origins of MM. Participants in general seemed oblivious to the perceived origins of MM, and the ones that did expressed no concerns.

Implications

The current research is concentrated on the distinct sect of Christians called evangelicals. The significance from the findings may have impacts in many spheres of life, especially for evangelical Christians and other followers of Christ who subscribe to biblicism. Those who endorse the doctrine of *Sola Scriptura* or “the Bible alone” are more likely to engage in CMM, and these Christians have the highest probability of reaping the tremendous benefits that this Christian-adapted MM approach has been found to deliver. Thus, there are empirical, theoretical, and practical implications found within current research results.

Empirical Implications

Findings for this study suggest that Christian-adapted MM approaches such as CMM may be beneficial for conservative evangelical Christians who actively participate in the traditional practices of the church, when these practices have been visually reinforced by their parents or loved throughout their formative and young adult years through consistently observation. These are evangelical Christians who are steeped in the religious practices of the church, who hold to the evangelical belief that there is inherent healing present in the Word of God for every

sickness, illness, ailment or disease, and the first line of defense for dealing with these issues should always be the Christian Scriptures housed in the Bible (Bock et al., 2023; Lloyd, 2023). Results show that the Christian Scriptures are believed to contain in them instructions, directions, guidance, principles and practices directly from God to His people, which can address every issue the Christian will face in their earthly life, including everything the suffering evangelical needs to effectively manage or mitigate their PTSD symptomology.

Research outcomes reveal that CMM is an effective strategy for mitigating and managing daily stressors induced by traumatic stress among impacted evangelical Christians. Some of these stressors include anxiety, depression, shame, panic attacks, deep fear, suicidal thoughts, recurring nightmares, loneliness, emptiness, mental anguish, doubts, and feelings of inadequacy. Findings also show that when CMM is personalized to fit each evangelical's personality and daily schedule, the results are magnified. Results show that when CMM is practiced first thing each morning, the impacted evangelical experiences better stress management outcomes, and these outcomes are magnified when each suffering evangelical continues to ruminate or meditate upon memorized Scriptures throughout the day, or as stressors arise. However, the study also discovered that CMM is only effective for the traumatized evangelical when it is practiced diligently and consistently, and memorized Scriptures are utilized constantly.

Theoretical Implications

The current study results answer the RQs, confirms the hypothesis of empowerment theory, acknowledges supporting literature, corroborates previous research findings (see Knabb et al., 2019), fills the research gap, and adds to the research and literature on Christian-adapted MM approaches for trauma impacted Christians. Current results undergird and confirm previous literature, which shows that when MM is adapted to reflect a Christian worldview, Christians in

general are more open to participating in such religious practices. However, current research findings do not corroborate the results of some literature that found that evangelical Christians in general are conflicted about the origins of MM, or that evangelicals in general find the literal linguistic interpretation of the Bible on mental health issues to be shaming. Current findings showed that most evangelical Christian are not aware of or concerned about the doctrines of the church that induces shaming or the origins of MM, as MM is strongly believed to be a biblical principle and a command from God. Thus, research results conclude that when evangelicals are indoctrinated by both church and home, religious practices become commonplace and are not questioned but adhered to at all costs. Findings showed that in times of traumatic stress, conservative evangelicals will most likely resort to their religious practices to the exclusion of secular therapeutic options, making CMM essential for most evangelicals.

Practical Implications

The result of the current study indicates that suffering Christians who subscribe to the literal linguistic interpretation of the Bible have a higher probability of mitigating or managing their PTSD symptomology through the consistent practice of a Christian-adapted MM approach such as CMM. CMM is an amalgamation of core biblical religious practices that conservative Christians such as evangelicals are thought to diligently engage in on a consistent basis. However, consistent mindfully meditating upon memorized Scriptures during times of traumatic stress is a skill that needs to be developed to reap the benefits of CMM. The evangelical church and other churches who emphasize the inerrancy of Scriptures should design education programs within congregations that teach the biblical foundations of mindfulness and meditation and its benefits to the suffering. Pastors could also address the practice of CMM from the pulpit so all congregants can be informed on the biblical origins of MM, gain a better understanding of the

therapeutic aspects of the practice, and remove the stigma surrounding MM so that conflicts surrounding the origins can dissipate and all who choose to practice CMM can be fully convinced of its biblical origins.

Delimitations and Limitations

There were several purposeful decisions made by the researcher that defined the boundaries of the study, such as the research criteria and type of quantitative study conducted. The current study was limited to evangelical Christians 18 years and older, residents of Florida, an active member of an evangelical church, have witnessed or experienced a traumatic event, had the ability to clearly speak about the trauma without being retraumatized, and is experiencing ongoing changes to mood or cognition due to the traumatic event. These research criteria were chosen because the researcher believed participants who met these requirements would possess both the physical and spiritual maturity necessary to effectively contribute to the study and to answer the RQs.

Of the six types of qualitative research, a qualitative phenomenological research methodology was chosen because the researcher needed to understand the shared stories, experiences, and perspectives of a group of evangelical Christians to gain deeper insights into the impacts of CMM on their trauma induced symptomatology. Through phenomenological study, the researcher deciphered why suffering evangelicals make the choice to practice CMM to help manage their symptomology. Thus, the researcher chose to conduct phenomenological research due to the nature of the study, and the in-depth information that was needed from each participant.

The current study has three identifiable limitations. The first limitation is that only evangelical Christians living in Florida were included. Studies of evangelical Christians living in

other states or countries might yield different results. Second, the ethnicity of the participants within this study were Black and Hispanic individuals. The study of one specific people group, or one ethnic culture might also produce alternate results. Finally, all participants identified as conservative evangelicals. However, evangelicals in the 21st century may identify as moderates or liberals, Baptists or Pentecostal, just to name a few. These different variations within evangelicalism may produce impacted evangelicals who report different experiences with their practice of CMM from those expressed by the participants of this current study.

Future Recommendations

Future recommendations include the study of CMM within a distinct sect of evangelical Christians such as those of the Baptist or Pentecostal persuasion, or other Protestant denomination that subscribes to the foundational tenets of evangelicalism and biblicism. A comparison of the effectiveness of the CMM practice between two racial groups within evangelicalism, such as African Americans and Caucasians, or a comparison between newly minted evangelical converts and those who have practiced CMM extensively, might also be of interest to future researchers. Pastors, ministers, and all those in leadership positions within the evangelical church have a responsibility to educate their congregants on the biblical origins of MM through a thorough exegesis of the Bible. Education on CMM could be woven into churches counseling programs and teachings from the pulpit, so that stigmas surrounding MM can be addressed.

Summary

This chapter presented the conclusion of the research. The results of the current study confirmed and corroborated previous research results, filled the research gap previously identified, and added to the current body of research on the effectiveness of Christian adapted

MM treatment approaches for trauma impacted Christians who subscribe to biblicism. However, findings of current study did not confirm the results from previous research that found evangelical Christians to be conflicted in their practice of Christian-adapted MM due to the perceived origins of MM and the associated stigmas. This current study also did not confirm the results of previous studies that found the doctrines of the evangelical church on mental issues to be shaming. Nevertheless, the findings of the study suggested several empirical, theoretical, and practical implications. Research results reveal Christian-adapted MM approaches such as CMM may be beneficial for conservative evangelical Christians who actively participate in the traditional practices of the church when these practices are visually reinforced by their parents or loved throughout their formative and young adult years through consistently observation. Thus, ministerial leadership should address the practice of CMM through education programs and teachings from the pulpit, so all congregants can be informed about the biblical origins and gain a better understanding of the therapeutic aspects of the practice. Evangelicals can gain greater theological insights on the irrelevance of the stigmas and conflicts surrounding MM, so that all who choose to practice in CMM can be fully convinced of biblical origins and pass them on to the next generation.

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Appendix A: IRB Approval Letter

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

July 10, 2024

Loraine Pennant
Lisa Ansell

Re: IRB Exemption - IRB-FY23-24-1986 The Shared Experiences of the Effectiveness of Christian Mindfulness Meditation for Adult Evangelical Christians in Florida Experiencing PTSD Symptomology

Dear Loraine Pennant, Lisa Ansell,

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

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

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

Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents, **which you must use to conduct your study**, can also be found on the same page under the Attachments tab.

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

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B: Recruitment Email

Dear,

As a doctoral candidate in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to understand and describe the shared experiences of the effectiveness of Christian Mindfulness Meditation (CMM) for adult evangelical Christians in Florida suffering from PTSD symptomology, and I am writing to invite you to join my study.

Participants must be 18 years of age or older, be a member of an evangelical church, have experienced or witnessed a traumatic event, is experiencing ongoing changes to mood or cognition due to the traumatic event, can speak clearly about the traumatic event without being retraumatized, and practice Christian meditation upon memorized Scriptures at least once per week. Participants will be asked to participate in a one-on-one audio and video-recorded Microsoft TEAMS interview and review their interview transcripts for accuracy. It should take approximately 2.5 hours to complete the procedures listed. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed. To participate, please contact me at _____ to schedule an interview.

An informational sheet will be emailed to you if you meet the study criteria one week before the interview. This contains additional information about my research.

Sincerely,

Loraine Yvonne Pennant
Doctoral Candidate

Appendix C: Recruitment Follow up Email

Dear Potential Participant,

As a doctoral candidate in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. Last week an email was sent to you inviting you to participate in a research study. This follow-up email is being sent to remind you to contact me if you would like to participate and have not already done so. The deadline for participation is _____.

Participants must be 18 years of age or older, be a member of an evangelical church, have experienced or witnessed a traumatic event, is experiencing ongoing changes to mood or cognition due to the traumatic event, can speak clearly about the traumatic event without being retraumatized, and practice Christian meditation upon memorized Scriptures at least once per week. Participants will be asked to participate in a one-on-one video-recorded Microsoft TEAMS interview and review their interview transcripts for accuracy. It should take approximately 2 1/2 hours to complete the procedures listed. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

To participate, please contact me at _____ to schedule an interview.

A consent document will be emailed to you if you meet the study criteria one week before the interview. The consent document contains additional information about my research.

If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Sincerely,

Loraine Yvonne Pennant
Doctoral Candidate

Appendix D: Interview Questions

1. Please introduce yourself to me as if we just met one another.
2. Please walk me through your Christian Mindfulness Meditation (CMM) development timeline.
3. Of the traumatic experiences you identified on your timeline, tell me which one would you say was the most significant?
4. What made this one more significant?
5. What would you like to add to your timeline that you have not already told me?
6. A person is not often aware of how his or her practice of CMM influences his or her life choices. How aware are you of the impact of CMM on your daily life?
7. Describe your practice of CMM?
8. Ideally, part of managing your PTSD symptomology involves the process of examining and evaluating the effectiveness of CMM. Where are you in that process?
9. Tell me, have your parents practiced CMM, and if so, how do their views compare to yours?
10. Think about a friend who also practices CMM. What experiences have they shared with you about CMM, if any, you would feel comfortable telling me about?
11. Tell me about the struggles you have experienced as an evangelical Christian within your walk to develop your CMM practice.
12. What questions, if any, came up for you, as you thought about your practice of CMM?
13. If you were the parent of a 19-year-old who is experiencing PTSD symptomology, how would you help as they develop their practice of CMM?
14. Imagine you are being interviewed at a conference for suffering evangelicals, in front of thousands of people experiencing PTSD symptomology. What insights would you share on

what they may expect to experience if they practice CMM over the next few years?

15. I would like to ask you a question that will prompt you to put everything together, so to speak. Reflecting on your lifetime of experience with CMM, what advice would you give to evangelicals who are hesitant to try CMM?
16. The next question is unique in that it will invite you to look ahead. How do you expect your practice of CMM to change or develop over the next several years?
17. We have covered a lot of ground in our conversation, and I so appreciate the time you have given. One final question: What else do you think would be important for me to know about your practice of CMM that I have not asked you about?