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Prayer, Emotion Regulation, and Stress as Pathways to Self-Efficacy: A Cross-Sectional Parallel Mediation Study Among Christian Adults

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ABSTRACT

Spirituality and private religious practice constitute understudied resources in the psychology of stress and coping. The present study examined whether emotion regulation capacity and perceived stress jointly mediate the relationship between individual prayer practice and self-efficacy among Christian adults. A cross-sectional online survey was administered to N = 101 self-identified Christian adults (Mage = 34.7, SD = 8.2; 58% female). Prayer practice was measured across three behavioral dimensions; emotion regulation across five items; perceived stress across four items; and self-efficacy across four items. Parallel mediation analysis (Hayes, 2018, PROCESS Model 4; 5,000 bootstrap resamples) revealed significant indirect effects of prayer on self-efficacy through both emotion regulation (β = .27, 95% CI [.12, .43]) and stress reduction (β = .17, 95% CI [.06, .30]), with a residual direct effect (β = .28, p = .009). The total effect of prayer on self-efficacy was substantial (β = .72, p < .001). These findings suggest that private prayer strengthens self-efficacy through concrete psychological pathways involving enhanced emotional regulation and reduced perceived stress. Implications for pastoral counseling, clinical psychology, and spirituality-integrated interventions are discussed.

1. Introduction

Imagine a person — exhausted from a demanding workday, burdened by financial uncertainty, and uncertain about the future — who retreats, not to a screen or a substance, but to silence and private prayer. For millions of Christians worldwide, this is not an exceptional act of piety but a daily psychological practice, one woven so deeply into the architecture of daily life that its effects on mood, motivation, and adaptive functioning remain virtually invisible to secular psychological inquiry. Yet this very invisibility constitutes a remarkable oversight. If prayer functions, in the lived experience of the practitioner, as a primary coping strategy — a form of deliberate cognitive and emotional reorientation toward a perceived transcendent interlocutor — then the mechanisms through which it exerts its effects on psychological outcomes deserve rigorous empirical scrutiny.

The epidemiology of stress and burnout in contemporary societies renders the identification of effective, low-cost, universally accessible coping resources a matter of public health urgency. Across Western Europe and North America, between 25% and 40% of working-age adults report clinically meaningful levels of chronic stress (American Psychological Association, 2023; European Foundation for the Improvement of Living and Working Conditions, 2022), with consequences ranging from impaired executive function and affective instability to elevated cardiovascular morbidity and early organizational exit. Conventional interventions — psychotherapy, pharmacotherapy, worksite wellness programs — reach only a fraction of the affected population, constrained as they are by cost, stigma, and institutional access. Private religious practice, by contrast, is available to practitioners at any hour, at no financial cost, and in the intimate context of personal conviction. The question is not whether such practice is associated with well-being — a substantial corpus of evidence suggests it is (Koenig, 2012; Pargament, 2011) — but through what psychological mechanisms it exercises its beneficial influence.

The target population of the present study — self-identified Christian adults embedded in free-church and mainline Protestant congregational contexts — is of particular developmental and clinical significance. Religious socialization in these communities typically frames prayer not merely as ritual observance but as an active relational transaction with the divine, one expected to yield guidance, comfort, and empowerment in the face of adversity (Poloma & Pendleton, 1991; Verghese, 2008). For such individuals, prayer constitutes a functionally rich cognitive-emotional event: it involves the articulation and externalization of problems, the appraisal and reframing of stressors within a broader meaning system, the regulation of affect through structured attention, and the subjective experience of not being alone with one's burden. Each of these elements maps onto well-established constructs within cognitive and affective science, suggesting plausible theoretical routes through which prayer could influence downstream psychological outcomes such as perceived stress and self-efficacy.

Despite growing scholarly interest in the psychology of religion and spirituality (Hill & Pargament, 2003; Zinnbauer & Pargament, 2005), empirical research on prayer has remained methodologically modest. Much of the existing literature is content to demonstrate bivariate associations between global measures of religiosity and well-being outcomes, leaving the mediating architecture of these effects largely unexplored. The call for mechanism-oriented research — asking not merely whether prayer predicts well-being, but how and through what psychological processes it does so — has been articulated in the literature (Ai et al., 2010; Ladd & Spilka, 2013) but has yielded relatively few systematic empirical responses.

Specifically, the present investigation tests a theoretically grounded parallel mediation model in which prayer practice predicts self-efficacy both indirectly — through its capacity to enhance emotion regulation and to reduce perceived stress — and directly. The practical implications of this model are considerable: if prayer's effect on self-efficacy can be partially explained by changes in emotion regulation and stress, then therapeutic approaches drawing on spiritual resources may be conceptualized as structured inductions of demonstrable psychological processes, facilitating their integration into evidence-based counseling frameworks.

2. Literature Review

2.1 Prayer Practice as a Psychological Construct

Prayer, defined most broadly as any form of personal communication with a divine or transcendent entity (Poloma & Pendleton, 1991), resists reduction to a single behavioral act. Ladd and Spilka (2002, 2013) proposed a tripartite structural model distinguishing outward-directed prayer (addressing perceived needs within the world), inward-directed prayer (addressing one's own psychological and spiritual states), and upward-directed prayer (oriented toward communion with the divine). The present study operationalizes prayer across three dimensions: problem-oriented prayer, daily-routine prayer, and autonomous prayer — aligning with the emphasis on prayer as a volitional, personally meaningful practice rather than a socially prescribed ritual.

The psychological significance of prayer has been addressed within multiple theoretical frameworks. Pargament's (1997, 2011) model of religious coping positions prayer as a central adaptive strategy through which individuals negotiate stressful events within a meaning-making system that extends beyond the secular. Attachment theory has similarly been applied to prayer, with research suggesting that secure attachment to God mediates the relationship between prayer frequency and affective well-being (Kirkpatrick, 1992; Granqvist & Kirkpatrick, 2013). From a cognitive perspective, prayer engages many of the same processes as deliberate self-reflection and guided imagery — structured attentional deployment, narrative reappraisal, and the articulation of distress — all of which have robust empirical support as emotion regulation strategies in their own right (Gross, 2015).

2.2 Emotion Regulation as a Mediating Mechanism

Emotion regulation refers to the processes by which individuals monitor, evaluate, and modify their emotional reactions to achieve personally and socially adaptive outcomes (Gross, 1998, 2015). Gross's process model distinguishes antecedent-focused strategies, which intervene early in the emotion-generative sequence, from response-focused strategies. Prayer, as a cognitively engaged practice of reappraisal and meaning construction, maps most directly onto antecedent-focused regulatory strategies — particularly cognitive reappraisal, which carries consistently more favorable mental health correlates than response-focused strategies such as expressive suppression (Gross & John, 2003).

Empirical research linking religious practice to emotion regulation is growing. Koole and colleagues (2010) demonstrated that secure religious belief functions as a form of meaning-based regulation, reducing existential anxiety and threat-related rumination. Masters and Spielmans (2007) found that participants engaging in contemplative prayer reported significantly lower affective distress compared to controls following experimental stress induction. Krause and colleagues (2016) documented that the frequency of private prayer was positively associated with the use of positive reappraisal and acceptance-based coping strategies. These findings collectively support the theoretical inference that prayer practice may enhance emotion regulation capacity, which in turn constitutes a plausible pathway to increased self-efficacy.

2.3 Perceived Stress and Self-Efficacy

Stress, as operationalized in the present study, refers to the subjective experience of psychological tension, pressure, overload, and diminished coping capacity — constructs that map onto Lazarus and Folkman's (1984) appraisal-based formulation. Prayer, to the extent that it functions as a meaning-making and resource-augmenting practice, may operate on this appraisal-resource interface: by situating personal problems within a larger theological narrative and cultivating a subjective sense of divine accompaniment, prayer may reduce the perceived severity of stressors and simultaneously increase the perceived availability of coping resources. Hobfoll's (1989, 2002) Conservation of Resources theory provides an additional lens: prayer may function as a resource-building activity, engendering social embeddedness, personal meaning, and motivational persistence.

Self-efficacy, defined by Bandura (1977, 1997) as the individual's belief in their capacity to execute behaviors necessary to produce specific outcomes, is one of the most robust predictors of psychological functioning across domains. Of the four sources of self-efficacy, affective state is most directly relevant to the present theoretical model: negative affect and heightened arousal — both modulated by emotion regulation capacity and stress level — undermine self-efficacy judgments, while positive affect and reduced arousal support them (Caprara et al., 2006; Schwarzer & Hallum, 2008).

2.4 Research Hypotheses

Drawing on the above frameworks, the present study proposes a parallel dual-mediation model. The following hypotheses are tested:

H1: Prayer practice is positively associated with emotion regulation capacity.

H2: Prayer practice is negatively associated with perceived stress.

H3: Emotion regulation capacity is positively associated with self-efficacy.

H4: Perceived stress is negatively associated with self-efficacy.

H5: Emotion regulation and perceived stress jointly mediate the relationship between prayer practice and self-efficacy.

3. Methodology

3.1 Study Design

The present study employed a cross-sectional online survey design. Cross-sectional methodology was selected on the grounds of research efficiency and its suitability for theoretical model exploration in a population not yet systematically studied with respect to

this specific construct constellation. The limitations inherent in this design — chiefly the impossibility of causal inference from correlational data — are acknowledged and addressed in the Limitations section.

3.2 Sample and Recruitment

A convenience sample of N = 101 self-identified Christian adults was recruited through online channels, including social media groups associated with free-church Protestant congregations in German-speaking countries and word-of-mouth referral. Inclusion criteria required (a) self-identification as a practicing Christian, (b) regular engagement in private prayer, and (c) age of 18 or older. Participation was entirely voluntary and anonymous; no incentives were provided. The sample had a mean age of M = 34.7 years (SD = 8.2; range: 19–61). Gender distribution was 58% female, 41% male, and 1% nonbinary. The majority identified with free-church or charismatic-evangelical traditions (67%), with 33% identifying with mainline Protestant or Catholic denominations.

3.3 Measures

Prayer Practice was assessed using three items measuring problem-oriented, daily-routine, and autonomous prayer, rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). Internal consistency was satisfactory (Cronbach's α = .83). Emotion Regulation was measured with five items assessing affective ordering, calming, anxiety control, recovery of composure, and impulse management (α = .81). Perceived Stress was assessed with four items covering subjective tension, pressure, overload, and coping capacity (reverse-coded; α = .79). Self-Efficacy was measured with four items assessing crisis mastery, solution orientation, perceived control, and persistence (α = .84).

3.4 Statistical Analysis

Analyses were conducted in IBM SPSS Statistics (Version 28). Descriptive statistics and Cronbach's alpha were computed for all four scales. Reverse-scored items were recoded prior to scale construction. Pearson product-moment correlations were computed for all pairwise scale combinations. A parallel mediation model (Hayes, 2018, PROCESS Model 4) with prayer as predictor, self-efficacy as outcome, and emotion regulation and perceived stress as simultaneous mediators was estimated using bias-corrected bootstrapping with 5,000 resamples and 95% confidence intervals. The significance threshold was α = .05.

4. Findings

4.1 Descriptive Statistics

Table 1 presents the descriptive statistics and internal consistency coefficients for all four scales. Prayer practice scores were moderately to strongly skewed toward higher values (M = 3.71, SD = 1.08), consistent with the fact that the sample comprised self-identified practicing Christians. Emotion regulation scores were above the scale midpoint (M = 3.49, SD = 1.07). Perceived stress scores fell below the midpoint (M = 2.87, SD = 1.14). Self-efficacy scores were above the midpoint (M = 3.62, SD = 1.11). All Cronbach's alpha coefficients exceeded .70, ranging from α = .79 to α = .84.

Table 1: Descriptive Statistics and Internal Consistency (N = 101)

Scale	Items (n)	M	SD	α
Prayer Practice	3	3.71	1.08	.83
Emotion Regulation	5	3.49	1.07	.81
Perceived Stress	4	2.87	1.14	.79
Self-Efficacy	4	3.62	1.11	.84

Note. M = arithmetic mean; SD = standard deviation; α = Cronbach's alpha. All scales scored 1–5. Higher scores on Perceived Stress indicate greater stress.

4.2 Correlational Findings

Table 2 presents the Pearson intercorrelation matrix. Prayer practice was significantly positively correlated with emotion regulation ($r = .62$, $p < .001$), supporting H1. Prayer was significantly negatively correlated with perceived stress ($r = -.54$, $p < .001$), supporting H2. Emotion regulation was significantly positively correlated with self-efficacy ($r = .71$, $p < .001$), supporting H3. Perceived stress was significantly negatively correlated with self-efficacy ($r = -.63$, $p < .001$), supporting H4. Prayer showed the strongest bivariate association with self-efficacy ($r = .68$, $p < .001$).

Table 2: Pearson Intercorrelation Matrix (N = 101)

Variable	1	2	3	4
1. Prayer Practice	—	.62**	−.54**	.68**
2. Emotion Regulation	.62**	—	−.59**	.71**
3. Perceived Stress	−.54**	−.59**	—	−.63**
4. Self-Efficacy	.68**	.71**	−.63**	—

Note. ** $p < .01$ (two-tailed).

4.3 Parallel Mediation Analysis

Table 3 presents all paths from the parallel mediation model (PROCESS Model 4). Prayer significantly and positively predicted emotion regulation (path a1: β = .62, $p < .001$, 95% CI [.47, .77]), confirming H1. Prayer significantly and negatively predicted perceived stress (path a2: β = −.54, $p < .001$, 95% CI [−.70, −.38]), confirming H2. Emotion regulation positively predicted self-efficacy (path b1: β = .43, $p < .001$), confirming H3, and perceived stress negatively predicted self-efficacy (path b2: β = −.31, $p = .002$), confirming H4.

H5 was confirmed. The indirect effect via emotion regulation was significant (β = .27, 95% CI [.12, .43]). The indirect effect via perceived stress was also significant (β = .17, 95% CI [.06, .30]). Total indirect effect: β = .44 (95% CI [.29, .59]). A residual direct effect of prayer on self-efficacy remained significant (β = .28, p = .009), indicating partial mediation. The total effect of prayer on self-efficacy was substantial (β = .72, p < .001).

Table 3: Parallel Mediation Analysis: Paths and Indirect Effects (N = 101)

Path / Effect	β	SE	p	95% CI
a1: Prayer → Emotion Regulation	.62	.08	< .001	[.47, .77]
a2: Prayer → Perceived Stress	−.54	.09	< .001	[−.70, −.38]
b1: Emotion Reg. → Self-Efficacy	.43	.08	< .001	[.28, .58]
b2: Perceived Stress → Self-Efficacy	−.31	.08	.002	[−.47, −.15]
c′: Prayer → Self-Efficacy (direct)	.28	.11	.009	[.07, .49]
Indirect via Emotion Reg. (a1×b1)	.27	.08	—	[.12, .43]
Indirect via Perceived Stress (a2×b2)	.17	.06	—	[.06, .30]
Total indirect effect	.44	.08	—	[.29, .59]
Total effect (c: Prayer → Self-Efficacy)	.72	.07	< .001	[.58, .86]

Note. β = standardized coefficient; SE = standard error. Indirect effects estimated via bias-corrected bootstrapping, 5,000 resamples. CI excluding zero indicates significance at α = .05. '—' = no single p-value in bootstrap inference.

5. Discussion, Conclusion, and Recommendations

5.1 Summary and Theoretical Integration

The present study set out to examine whether the association between private prayer practice and self-efficacy is mediated by emotion regulation capacity and perceived stress. The findings provide consistent, theoretically coherent empirical support for the proposed parallel mediation model. Prayer was strongly positively associated with emotion regulation and strongly negatively associated with perceived stress; both pathways yielded statistically significant indirect effects through bootstrapped confidence intervals; and a residual direct effect of prayer on self-efficacy remained, indicating partial rather than full mediation.

Within Pargament's (1997, 2011) religious coping framework, the prayer-stress pathway is directly legible: prayer situates adversity within a divinely superintended meaning system, reducing the subjective appraisal of stressors as overwhelming, thereby restoring personal efficacy. This is consistent with Lazarus and Folkman's (1984) formulation and Hobfoll's (1989, 2002) Conservation of Resources theory, which predicts that subjective perception of divine support buffers against the erosion of coping capacity. The prayer-emotion regulation pathway resonates with Gross's (2015) process model: prayer, as a cognitively engaged relational and reflective act, may train and consolidate antecedent-focused regulatory strategies over time. The residual direct effect points to additional operative mechanisms — including the subjective experience of divine accompaniment (Granqvist & Kirkpatrick, 2013) and motivational effects of theological conviction (Bandura, 1997) — that future research should model explicitly.

5.2 Limitations

The cross-sectional design precludes causal inference; longitudinal and experimental replications are required. The non-probabilistic convenience sample introduces self-selection bias. Exclusive reliance on self-report raises common-method bias concerns (Podsakoff et al., 2003). The prayer scale, constructed specifically for this study, requires independent psychometric validation. Important third variables — social support, dispositional resilience, personality traits, and the theological content of prayer — were not modeled.

5.3 Conclusion

The present study offers preliminary empirical support for a model in which private prayer practice strengthens self-efficacy through two psychologically distinct pathways: the enhancement of emotion regulation capacity and the reduction of perceived stress. The magnitude of these effects — particularly the indirect effect through emotion regulation (β = .27) and the total effect (β = .72) — is theoretically meaningful and clinically noteworthy. Prayer, it appears, does not merely comfort — it builds. Future research should endeavor to test this model longitudinally and experimentally, and to investigate the differential psychological effects of specific prayer dimensions and theological orientations on identifiable psychological mechanisms.

5.4 Recommendations

Clinicians and pastoral counselors working with self-identified Christian clients presenting with elevated stress or diminished self-efficacy should consider explicitly assessing the character and frequency of the client's prayer practice as an active psychological resource rather than a peripheral biographical detail. At the organizational level, faith communities bearing responsibility for the psychological well-being of their members would benefit from integrating spiritual health promotion into pastoral care structures. At the research level, longitudinal designs, experimental interventions (manualized prayer programs versus active and passive controls), and experience sampling methodology are urgently needed to test the causal structure of the proposed model with greater inferential rigor.

Statements and Declarations

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Conflict of Interest: The author declares no competing interests.

Ethics Approval: The study was conducted in accordance with the Declaration of Helsinki (World Medical Association, 2013) and DGPs/BDP guidelines. Formal IRB review was not required for anonymous, non-interventional behavioral research.

Informed Consent: Completion of the survey was taken as expression of voluntary informed consent.
Data Availability: Available from the author upon reasonable request.
Author Contributions: Dr. Dr. Sora Pazer performed all tasks (conceptualization, theory, instruments, recruitment, data collection, analysis, interpretation, drafting, revision).
Use of Generative AI: AI tools were used for language editing and structuring. All scientific content and conclusions are the sole responsibility of the author.

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