

Relationship between Prayer and Psychological Wellbeing Among Consecrated Persons in
Selected Deaneries of the Catholic Diocese of Ngong, Kenya

Omboto Jane Kwamboka

YS79/00043/2023

A Thesis Submitted in Partial Fulfilment of the Requirements for the Award of a Masters of Arts
in Counselling Psychology.

Institute of Youth Studies

Tangaza University.

October, 2025.

Nairobi.

DECLARATION

I, the undersigned hereby declare this is an original work created by me. All the references used for this work have been duly acknowledged and credited. Any direct quotes and paraphrased content from other sources have been properly cited and credited to the original authors. I take full responsibility for the content and integrity of this work, and I remain committed to upholding the principles of academic honesty and integrity.

Signature of the student

Name of the student: Omboto Jane Kwamboka

Date:

Signature of the supervisor.....

Name of the supervisor: Rev. Dr. Henry Tuchoslki, SDB

Date:

Signature of the supervisor.....

Name of the supervisor: Dr. Phyllis Muraya

Date:

DEDICATION

This work is dedicated to all the members of the congregation of the Sisters of Blessed Virgin.

ACKNOWLEDGEMENT

I wish to first acknowledge the divine grace and guidance that has sustained me throughout this endeavour. Completing this work would not have been possible without the strength and wisdom granted to me by God Almighty.

My profound gratitude is extended to my dedicated supervisors, Rev. Dr. Henry Tucholski and Dr. Phyllis Muraya. Their steadfast mentorship, scholarly insight, and constructive critiques were indispensable in navigating the research process and refining this work. I am deeply appreciative of their commitment to my academic development.

I am also indebted to the Dean of the School of Education for the exceptional consideration shown in accommodating my complex schedule. This flexibility was crucial, allowing me to harmonize my professional responsibilities with my academic pursuits.

To my religious community and dear friends, I offer my heartfelt thanks for your unwavering patience, prayers, and encouragement. Your support provided a vital foundation of strength throughout this challenging yet rewarding journey.

Lastly, I extend my sincere appreciation to all individuals who contributed, both directly and indirectly, to the realization of this project. Your collective support and collaboration were instrumental to its success.

ABSTRACT

Prayer is central to consecrated life, serving not only as a spiritual practice but also as a source of psychological strength. This study examined the relationship between prayer and psychological well-being (PWB) among consecrated persons in the Catholic Diocese of Ngong, Kenya. Grounded in Ryff's Psychological Well-Being Theory and Relational Prayer Theory, the research adopted a quantitative, cross-sectional design using a census approach that included 213 participants. Data were analyzed using Statistical Package for the Social Sciences (SPSS) Version 29. Descriptive statistics, correlation, and regression analysis were carried out to determine the levels of prayer and PWB and their relationship. The results revealed that 91% of participants reported high levels of prayer, indicating the centrality of prayer in consecrated life. Similarly, 78.4% demonstrated high PWB, with none in the low category, suggesting strong protective factors inherent in communal and spiritual life. The results show that age was positively associated with PWB ($F = 2.714$, $p = .031$), a statistically significant difference between male and female participants ($F = 4.153$, $p = .043$), education significantly predicted PWB ($F = 3.723$, $p = .003$) and a marginal relationship emerged between years in religious life and PWB ($F = 2.242$, $p = .051$). A statistically significant positive relationship was found between prayer and PWB ($r = .316$, $p < .01$), with regression results confirming that prayer significantly predicted PWB. The study concludes that prayer serves not only as a spiritual discipline but also as a psychological resource enhancing emotional stability, resilience, and purpose. It recommends integrating structured prayer and PWB support programs within religious communities to foster holistic wellbeing among consecrated persons.

TABLE OF CONTENTS

DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
ABSTRACT.....	v
LIST OF TABLES.....	xi
LIST OF FIGURES.....	xii
ABBREVIATIONS AND ACRONYMS.....	xiii
OPERATIONAL DEFINITION OF TERMS.....	xiv
OPERATIONALIZATION OF CONCEPTUAL VARIABLES.....	xv
CHAPTER ONE.....	1
INTRODUCTION.....	1
1.1 Introduction.....	1
1.2 Background of the Study.....	1
1.3 Statement of the Problem.....	7
1.4 Purpose of the Study.....	8
1.5 Research Objectives.....	8
1.5.1 General Objective.....	8
1.5.2 Specific Objectives.....	8
1.6 Research Questions.....	9
1.7 Significance of the Study.....	9
1.8 Scope and Delimitations.....	10
1.9 Assumptions.....	11
1.10 Chapter Summary.....	11
CHAPTER TWO.....	13

LITERATURE REVIEW	13
2.1 Introduction	13
2.2 Theoretical Literature Review.....	13
2.2.1 The Relational Prayer Theory.....	13
2.2.2 The Psychological Wellbeing Theory	17
2.3 Empirical Literature Review	18
2.3.1 Level of Prayer Among Consecrated Persons	18
2.3.2 Level of Psychological Wellbeing Among Consecrated Persons.	21
2.3.3 Relationship Between Demographic Characteristics and Psychological Wellbeing Among Consecrated Persons.	24
2.3.4 Relationship Between Prayer and Psychological Wellbeing Among Consecrated Persons.....	27
2.4 Conceptual Framework	31
2.5 Chapter Summary.....	33
CHAPTER THREE	34
METHODOLOGY	34
3.1 Introduction	34
3.2 Epistemology of the Study	34
3.3 Research Design.....	34
3.4 Location of the Study	35
3.5 Target Population	36
3.6 Sampling Design	37
3.6.2 Sampling Frame.....	38
3.7 Research Instrument.....	42
3.7.1 Pre-testing of Instruments.....	43

3.7.2 Scoring the Scales.....	43
3.8 Validity and Reliability	44
3.8.1 Validity	45
3.8.2 Reliability	45
3.9 Data Collection Procedure	46
3.11 Ethical Considerations.....	48
3.12 Chapter Summary.....	49
CHAPTER FOUR.....	50
FINDINGS	50
4.1 Introduction	50
4.2 Response Rate	50
4.3 Reliability of the Scales.....	51
4.4 Demographic Characteristics	52
4.5 The Level of Prayer among Consecrated Persons in Selected Deaneries of the Catholic Diocese of Ngong, Kenya.	54
4.6 The Levels of Psychological Wellbeing Among Consecrated Persons in Catholic Diocese of Ngong.....	55
4.7 Relationship Between Demographic Characteristics and Psychological Wellbeing Among Consecrated Persons in the Catholic Diocese of Ngong.	56
4.8 Relationship Between Prayer and Psychological Wellbeing Among Consecrated Persons in the Catholic Diocese of Ngong.	58
4.8.1 Relationship Between Prayer Scale Scores and Psychological Wellbeing Scores.....	59
4.8.2 Relationship between Prayer Levels and Psychological Wellbeing Levels	61

4.9 Limitations of the Study	64
4.10 Chapter Summary	65
CHAPTER FIVE	66
DISCUSSION	66
5.1 Introduction	66
5.2 The Level of Prayer among Consecrated Persons in the Catholic Diocese of Ngong	66
5.3 Levels of Psychological Wellbeing Among Consecrated Persons in Ngong Diocese.....	69
5.4 Relationships between Demographic Characteristics and Psychological Wellbeing	71
5.5 Relationship between Prayer and Psychological Wellbeing	75
5.6 Suggestions for Improving Theory	77
5.7 Revisiting the Conceptual Framework	79
CHAPTER SIX	82
SUMMARY, CONCLUSION AND RECOMMENDATIONS	82
6.1 Introduction	82
6.2 Summary of Findings	82
6.3 Conclusion.....	83
6.4 Recommendations	84
6.5 Recommendations for Further Research.....	86
6.6 Chapter Summary.....	87
REFERENCES.....	88
APPENDICES	107
Appendix A: Introductory Letter.....	107

Appendix B: Participant Consent Form 108

Appendix C: Questionnaires for Consecrated Persons in the Ngong and Kiserian Deaneries of
the Catholic Diocese of Ngong. 109

Appendix D: Request to Use Prayer Scale..... 115

Appendix E: Request to use PWB Scale..... 116

Appendix F: Reply for PWB Scale 117

Appendix G: Nacosti Permit 118

Appendix H: Work Plan..... 119

Appendix I: Budget for The Study 120

Appendix J: Study Area Map 121

Appendix K: Plagiarism Report 122

LIST OF TABLES

Table 1. Sampling Frame for Consecrated Women Congregations in Ngong Deanery	39
Table 2: Sampling Frame for Consecrated Men Congregations in Ngong Deanery	40
Table 3: Sampling Frame for Consecrated Men Congregations in Kiserian Deanery.	40
Table 4. Sampling Frame Consecrated Women Congregations in Kiserian Deanery	41
Table 5. Scoring Scales.....	43
Table 6. Data Analysis.....	47
Table 7: Response Rate.....	50
Table 8: Reliability of Research Instruments.....	51
Table 9: Demographic Characteristics of Participants.....	53
Table 10: Distribution of Levels of Prayer	Error! Bookmark not defined.
Table 11: Levels of Psychological Well-Being	Error! Bookmark not defined.
Table 12. ANOVA for Demographic Characteristics and Psychological Wellbeing.....	57
Table 13: Relationship Between Prayer Scale Scores and Psychological Wellbeing Scale Scores	60
Table 14: Relationship between Prayer Levels and Psychological Wellbeing Levels	61
Table 15: Prediction of Influence of Prayer on Psychological Wellbeing.....	62
Table 16: Regression Analysis.....	63
Table 17: Coefficient Regression Analysis.....	63

LIST OF FIGURES

Figure 1: The Relational Prayer Theory (Baesler, 2008).....	14
Figure 2. Relationship Between Prayer and Psychological Wellbeing.....	32
Figure 3: Distribution of Levels of Prayer.....	55
Figure 4: Levels of Psychological Wellbeing.....	56
Figure 5: Relationship Between Prayer and Psychological Wellbeing	59

ABBREVIATIONS AND ACRONYMS

APA:	The America Psychologists Association
ASEC	African Sisters Education Collaborative
fMRI:	Functional Magnetic Resonance Imaging
KCPA:	The Kenya Counselors and Psychologists Board
NACOSTI:	The National Commission for Science, Technology and Innovation
PS:	Prayer Scale
PWB:	Psychological Well-being
WHO:	The World Health Organization

OPERATIONAL DEFINITION OF TERMS

Apostolate: In this study, apostolate refers to evangelistic activities performed by consecrated persons, integrating faith-based mission into their professional or daily lives. It encompasses both formal ministries (e.g., teaching, healthcare, social work) and informal interactions where evangelization is intentionally practiced.

Consecrated Persons: Individuals who have taken vows of chastity, poverty, and obedience within a recognized religious or apostolic institute. Their commitment reflects a deliberate response to a Christian vocation, shaping their lifestyle, work, and spiritual practices.

Prayer: For consecrated persons, prayer is operationalized as a structured and relational practice that fosters divine connection, self-reflection, and spiritual resilience. It includes liturgical prayers (e.g., Liturgy of the Hours), personal meditation, and contemplative silence, serving as both a grounding ritual and a means of seeking guidance.

Psychological Wellbeing: A multidimensional construct measured through indicators such as emotional stability, vocational satisfaction, stress management, and relational harmony. For consecrated persons, it also includes alignment between spiritual aspirations and daily life, contributing to resilience and a sense of fulfillment.

Religious Community: A residential group of at least three consecrated persons from the same congregation, sharing communal life, prayer, and mission. This living arrangement provides spiritual, emotional, and practical support, reinforcing their collective identity and purpose.

OPERATIONALIZATION OF CONCEPTUAL VARIABLES

Prayer: In this study, prayer is defined as any form of communication with God that is deeply personal and communal which reflects an individual's beliefs, desires, and emotions. This communication can express gratitude, seek guidance, request blessings, or foster a sense of connection with God. To measure levels of prayer, a six-point Likert scale was used. This scale assigns scores from 1 to 6, where 1 signifies a low level of prayer and 6 represents a high level of prayer life. The response options are as follows: 1 = Strongly Disagree, 2 = Moderately Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Moderately Agree, and 6 = Strongly Agree. The scale contains 28 items, with scores ranging from 28 to 168, implying that the lowest score was 28 and the highest score was 168, which will indicate low and high levels of prayer respectively.

Psychological Wellbeing: In this study PWB encompasses areas of personal growth, purpose in life, positive relations with others, self-acceptance, autonomy, and environmental mastery. This variable was assessed using a seven-point Likert scale, where responses range from 1 (Strongly Agree) to 7 (Strongly Disagree). The response options are structured as follows: 1 = Strongly Agree, 2 = Somewhat Agree, 3 = A Little Agree, 4 = Neither Agree nor Disagree, 5 = A Little Disagree, 6 = Somewhat Disagree, and 7 = Strongly Disagree. The scale includes 42 items, with total scores spanning from 18 as the lowest score to 252 as the highest score, which will indicate low and high levels of PWB.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter outlines the framework of the study, beginning with the background on prayer as a spiritual and therapeutic practice within religious communities, particularly among consecrated persons. The chapter identifies the problem of limited research on the relationship between prayer and PWB in this population. The chapter details the purpose, research questions, objectives, and hypotheses of the study aimed at exploring this connection within the Ngong and Kiserian deaneries of the Catholic Diocese of Ngong. The chapter further highlights the significance of the study for religious superiors, mental health practitioners, formation directors, and researchers, while also addressing the scope, limitations, and assumptions regarding prayer practices and self-reporting.

1.2 Background of the Study

Consecrated life as a way of life within the Catholic Church, is considered a special calling and vocation. It involves individuals who have dedicated themselves to following Jesus Christ more closely by loving and serving God and others, according to the teachings and charism of their religious community (Ogunu, 2019). Consecrated persons voluntarily embrace the call of the Holy Spirit to emulate Christ in poverty, celibacy, and obedience. By doing so, they strive to become a tangible representation of the future life, embodying the Christian virtues and values in their present existence. This commitment to the evangelical counsels allows them to pursue a life of greater spiritual devotion and serve as a visible sign of the divine realm (Kanu, 2019). For consecrated persons, self-reflection and introspection form the foundation for personal growth and healthy relational dynamics. Integrating a prayerful life is essential, as it nurtures a deep commitment to serving others while also supporting a balance between personal wellbeing and

ministerial responsibilities, and helps maintain healthy boundaries (Noronha, 2019). Despite undergoing extensive formation and training, consecrated persons still experience psychological problems (Roselin, 2022).

In contemporary times, consecrated persons encounter issues on relationship conflicts, feelings of loneliness, internet addiction, spiritual dryness, suicidal tendencies, stress, anxiety, depression, burnout, substance abuse, and psychosis, which often develop as a result of their interaction within the community (Roselin, 2022). Stress, in particular, is a prevalent issue, and it can escalate into burnout (Egunjobi, 2022). This highlights the importance of prayer, not only as a spiritual practice but as a source of support that can foster psychological wellbeing. Exploring the relationship between prayer and PWB in consecrated life is, therefore, essential to understanding how prayer can contribute to emotional resilience and balance amidst these challenges.

Prayer often takes the form of expression thoughts, feelings, and desires, a practice deeply rooted in many spiritual and religious traditions (Phillips, 2014). This spiritual expression fosters connectedness across multiple dimensions: transpersonal, linking individuals to the divine or the unseen; intrapersonal, connecting them to their inner selves; and interpersonal, strengthening bonds with others (Hamilton et al., 2020). Such expressions can occur individually or collectively, through verbal or non-verbal means, and may arise in both conscious and unconscious states, following either ritualized or spontaneous methods (Cole Jr, 2020). Across various faiths, this practice encompasses a range of intentions, including making requests, offering gratitude, acknowledging blessings, and surrendering to a higher power (Darby, 2022). Prayer frequency among consecrated individuals varies globally, influenced by cultural, theological, and institutional factors. In Europe, surveys indicate that 78% of consecrated persons pray at least five times a day, with 92% attending daily Mass, reflecting a strong adherence to traditional religious

practices (Vatican Secretariat, 2018). In Latin America, structured prayer remains high, with 81% participating in communal prayer at least once per day, underscoring the role of prayer in fostering religious unity and communal spirituality (Froese et al., 2024). African dioceses report even higher levels of engagement, with over 95% of consecrated persons engaging in daily structured prayer routines, particularly in countries such as Kenya, Nigeria, and Uganda (Smith et al., 2019).

Prayer is a fundamental component of the daily routines of consecrated individuals, contributing to their holistic well-being and spiritual fulfillment (Garth, 2023). According to the Central Office of Church Statistics, as of December 31, 2017, there were approximately 670,967 consecrated women and 513,596 consecrated men worldwide, highlighting the vast population committed to structured religious life (Vatican Secretariat, 2018). These individuals adhere to rigorous prayer schedules, reinforcing their spiritual commitment and moral discipline. Whether through private reflection, group gatherings, or communal worship, prayer serves as a profound means of spiritual connection, offering individuals solace, guidance, and a sense of belonging (Wilder et al., 2016). Additionally, this practice is therapeutic, enabling individuals to cultivate relationships with themselves, others, the world, and the divine (Johnson, 2018). The degree to which individuals embrace and value these relationships significantly influences their overall wellness, with their psychological wellbeing (PWB) deeply intertwined with how they navigate these connections.

PWB is a requisite for overall health of a person. According to the World Health Organization (WHO), it refers to a mental state where individuals can realize their potential, engage in productive and creative work, and effectively manage everyday stressors (WHO, 2021). PWB includes an individual's subjective evaluation of positive psychological states, including feelings of happiness, satisfaction with life, and a sense of meaning or direction, reflecting the

overall mental health and emotional state, indicating a state of flourishing and optimal functioning in various aspects of life (Dhanabhakyaam & Sarath, 2023). Being at a position to understand PWB is crucial in assessing an individual's overall quality of life and mental health status (Skevington & Böhnke, 2018). It involves having a positive outlook on life, the ability to cope with stress and adversity, and a sense of purpose and meaning in one's life; incorporating the emotional, cognitive, and social aspects of an individual (Rice & Liu, 2016).

The relationship between prayer and PWB has been a subject of interest in various fields. A study carried out by Bradshaw and Blake (2017) in the USA investigated the relationship between prayer and attachment to God on PWB, the findings showed relationship between prayer and PWB is moderated by attachment to God; prayer is associated with improvements in PWB among securely attached individuals but not those who are insecurely attached to God. In yet another study carried out in Poland, investigating whether and how internal dialogues can be mediators in the relationship between upward, inward, and outward prayer and well-being the results showed that internal dialogue served as a mediator of the relationship between these three types of prayer and well-being (Puchalska-Wasyl, & Zarzycka, 2020).

A study carried out by Froese et al. (2024) in the United States provided a comprehensive overview of how various dimensions of prayer correlate with some aspects of PWB including happiness, depression, anxiety, sense of control, mattering, and dignity. The results indicate that prayer is associated with both positive and negative PWB. On the positive side, communal prayer and experiencing uplifting emotions during prayer are associated with better mental health and a more positive self-perception. Conversely, prayers focused on personal requests (petitionary prayer), viewing God as distant or impersonal, and feeling negative emotions while praying correlate with higher levels of depression, anxiety, and perceived helplessness. A study

carried out in India by McCulloch and Parks-Stamm (2020) suggest that engaging in prayer can broaden individuals' psychological perspective, leading to enhanced emotional regulation when dealing with personal challenges.

Ogu et al. (2022) investigated the influence of interpersonal relationships on the psychosocial well-being of consecrated Catholic women in Ibadan, Nigeria. The research, which surveyed 310 consecrated women, found that 85% reported high levels of life satisfaction due to strong social support networks. Statistical analysis indicated a significant correlation between interpersonal relationships and psychosocial well-being ($r = .312, p < .01$).

In Kenya a study carried out to investigate the correlation between psycho-spiritual wellbeing and happiness among consecrated individuals, yielded mixed results regarding the relationships between PWB, happiness, and spiritual well-being. While a weak positive correlation was observed between PWB and happiness ($r = 0.033, p > 0.01, n = 238$), this association was not statistically significant. In contrast, a significant positive relationship emerged between PWB and spiritual well-being ($r = 0.247, p < 0.01, n = 238$), suggesting that spiritual well-being may play a more substantial role in psychological health. Additionally, education level showed a significant positive correlation with happiness ($r = 0.184, p < 0.01, n = 238$), indicating that higher educational attainment may contribute to greater subjective well-being (Kiplangat et al., 2019). This indicates that prayer may play a role in improving PWB by fostering a broader outlook on personal issues, as highlighted in the study's results on the effect of prayer on psychological perspective and emotional acceptance.

Consecrated persons rely on spiritual practices, such as prayer, worship, and religious rituals, to nourish their faith and maintain their spiritual connection (Noronha, 2019). A lack of access to spiritual services, such as religious ceremonies, retreats, or guidance from spiritual

leaders, can lead to feelings of spiritual emptiness, isolation, and a sense of disconnection from their faith community (Youvan, 2024). This absence of spiritual support can impact their overall sense of purpose and fulfillment, potentially affecting their happiness and psychological wellbeing. Their commitment to a life of prayer, often marked by regular daily rituals and communal worship, provides a rich context in which to examine the potential relationship between prayer and psychological well-being. Prayer facilitates self-reflection and self-discovery, as individuals contemplate their values, beliefs, and purpose in life. This process of introspection can lead to greater self-awareness, personal growth, and a deeper sense of meaning and fulfillment.

The level of overall well-being among consecrated persons is high (Shaji et al., 2023), due to their strong sense of purpose, community support, and spiritual fulfillment. However, several factors can negatively impact their happiness, including a lack of spiritual services, exposure to people's sins, and the sadness of others within their community. Many factors can influence the PWB of consecrated persons, in this study the researcher seeks to examine the relationship between prayer and PWB among consecrated persons in selected deaneries of the Catholic Diocese of Ngong.

Prayer has shown to have a positive relationship on mental health and overall wellbeing, however, the specific mechanisms and factors involved are not yet fully understood. To address this gap in knowledge, this study aims to investigate the relationship between prayer and PWB among consecrated persons. While prayer is traditionally understood as a spiritual exercise, its potential psychological benefits have garnered interest in recent years. This research seeks to explore the relationship between prayer and PWB among consecrated persons, focusing on how regular prayer practices relate to overall PWB.

1.3 Statement of the Problem

Prayer has long been recognized as a central practice in the lives of consecrated persons, and therefore has traditionally been regarded as a vital source of psychological strength, spiritual growth, and emotional resilience (Koenig, 2012), providing a source of comfort, guidance, and connection to the divine (Giordan & Woodhead, 2017). For consecrated persons prayer is not just a routine activity, but a deeply ingrained spiritual practice that shapes their daily lives and informs their sense of purpose and identity. Consecrated persons, who have dedicated their lives to serving God and the Church through a life of prayer, contemplation, and service, offer a unique perspective on the relationship between prayer and psychological wellbeing. The level of overall well-being among consecrated persons is high, however, there are factors that affect their happiness which include a lack of spiritual services, people's sins and sadness of others (Shaji et al., 2023). Mental health issues like stress, anxiety, and depression, can lead to physical health complications (Pargament & Mahoney, 2017). In contrast, the practice of prayer may serve as a buffer against these challenges, offering a path to improved mental stability and a sustained commitment to their vocations (Masters & Spielmans, 2007).

Some research has documented the benefits of spirituality and religious practices, including prayer, on PWB and physical health (Koenig, 2012; Masters & Spielmans, 2007). Other studies suggest that religious involvement, particularly through regular prayer, can positively relate to psychological health by reducing symptoms of anxiety depression, and stress while promoting life satisfaction and resilience (Pargament & Mahoney 2017). However, while these findings generally underscore the health benefits of prayer, limited empirical research specifically examines how prayer practices relate to the PWB of consecrated persons a unique population deeply embedded in a religious and communal lifestyle.

This study therefore, sought to bridge this gap by exploring the relationship between prayer and PWB among consecrated persons in selected deaneries of the catholic diocese of Ngong. It aims to examine whether their level of prayer life has a relationship on their PWB.

1.4 Purpose of the Study

The purpose of this study was to seek the relationship between prayer and PWB among consecrated persons in selected deaneries of the Catholic Diocese of Ngong.

1.5 Research Objectives

The study was grounded on one general objective and four specific objectives.

1.5.1 General Objective

The main objective of the study was to examine the relationship between prayer and PWB among consecrated persons in selected deaneries in the Catholic Diocese of Ngong.

1.5.2 Specific Objectives

The specific objectives of the study were to:

- i. Examine the level of prayer among consecrated persons in selected deaneries of the Catholic Diocese of Ngong, Kenya.
- ii. Investigate the levels of PWB among consecrated persons in selected deaneries of the Catholic Diocese of Ngong.
- iii. Examine the relationship between demographic characteristics and PWB among consecrated persons in selected deaneries of the Catholic Diocese of Ngong.
- iv. Measure the relationship between prayer and PWB among consecrated persons in selected deaneries of the Catholic Diocese of Ngong.

1.6 Research Questions

The study was guided by the following questions:

1. What is the level of prayer among consecrated persons in selected deaneries of the Catholic Diocese of Ngong, Kenya?
2. What is the level of PWB among consecrated persons in selected deaneries of the Catholic Diocese of Ngong?
3. What is the relationship between demographic characteristics and PWB among consecrated persons in selected deaneries of the Catholic Diocese of Ngong?
4. What is the relationship between prayer and PWB among consecrated persons in selected deaneries of the Catholic Diocese of Ngong?

1.7 Significance of the Study

The results of the study are of great benefit to the following:

Consecrated Persons. The primary beneficiaries of this study are the consecrated persons who participated in the study. The findings may help them understand how their prayer practices are related to their PWB, offering insights that can enhance their spiritual and mental health.

Religious Superiors. Leaders of religious communities can use the findings from this study to develop better support structures for their members. By understanding the mental health benefits of prayer, they can implement practices that promote both spiritual growth and psychological resilience within their communities.

Religious Formation Directors. Those involved in the formation of consecrated individuals can use the study's findings to enhance their programs, ensuring that prayer practices are integrated in a way that supports not only spiritual but also psychological development.

Psychological and Spiritual Accompaniers. Psychologists, counselors, and spiritual directors who work with consecrated individuals can benefit from this research by gaining a deeper understanding of how prayer is related to mental health. This knowledge can inform their therapeutic approaches and support the mental wellbeing of those in religious life.

Researchers: The study provides valuable data for researchers in the fields of psychology, theology, and religious studies. It contributes to the academic discourse on the intersection of religion and mental health, offering new perspectives and avenues for further research.

1.8 Scope and Delimitations

The Ngong diocese is administratively divided into 8 deaneries: Ngong, Kiserian, Kajiado, Narok, Loitokitok, Kilgoris, Ololunga, and Magadi deaneries (Catholic Diocese of Ngong, 2023). The scope of this study was on exploring the relationship between prayer practices and PWB among consecrated persons in the Ngong and Kiserian deaneries of the Catholic Diocese of Ngong. The study focused on consecrated persons, such as priests, nuns, and brothers, who reside in religious communities and have pronounced evangelical vows of obedience, chastity and poverty. Data collection was done over a one-month period and employed surveys to gather quantitative data providing a cross-sectional view of the prayer-PWB relationship at a single point in time.

The study was limited to consecrated persons within the Ngong and Kiserian deaneries of Catholic Diocese of Ngong, thus excluding Ngong diocesan priests as well as consecrated persons outside this area, to ensure a focused sample. The research did not cover other religious practices, such as meditation or communal worship. Additionally, PWB was limited to indicators of personal growth, purpose in life, positive relations with others, self-acceptance, autonomy, and environmental mastery, excluding broader mental health dimensions such as cognitive functioning

and physical health. The cross-sectional design captured data at a single point, meaning the study did not establish causation or long-term relationships between prayer and PWB.

1.9 Assumptions

The research was based on the following assumptions:

1. The study assumed that consecrated persons maintain regular and consistent prayer practices, which can be meaningfully assessed in terms of frequency, types of prayer, and personal commitment, providing a stable basis for examining their relationship with PWB.
2. The study assumed that participants will provide honest and accurate self-reports on both their prayer practices and PWB, allowing for a reliable analysis of the data collected on these personal aspects.
3. The study assumed that while consecrated persons may have diverse prayer practices and experiences, these are comparable enough across the Ngong and Kiserian deaneries to identify generalizable patterns in the relationship between prayer and PWB.
4. It is assumed that prayer is one of several significant factors potentially influencing PWB, and this relationship is distinguishable from other contributing factors such as social support or life events.

1.10 Chapter Summary

This chapter introduced the study on the relationship between prayer and PWB among consecrated persons in Ngong and Kiserian deaneries of the Catholic Diocese of Ngong. Prayer as a multidimensional spiritual practice with potential mental health benefits are explored and identified a research gap in understanding its relationship with PWB in consecrated life. The chapter outlined the study's purpose, objectives, and questions, focusing on prayer patterns, PWB

levels, and demographic correlation. The chapter highlighted significance of the study for consecrated individuals, religious leaders, mental health practitioners, and researchers, clarifying the scope, delimitations, and assumptions. The next chapter reviews relevant literature to contextualize the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter focuses on a comprehensive review of the theoretical and empirical foundations underpinning the study, focusing on Relational Prayer Theory and PWB Theory as the primary frameworks. The review of empirical studies is structured in alignment with the four research objectives, highlighting key findings and trends in the literature. This chapter also introduces the conceptual framework that guides the study, illustrating the relationships between the key variables. By synthesizing existing theories and empirical evidence, this chapter sets the stage for addressing the identified research gaps and advancing knowledge in this area. A summary of the chapter concludes the discussion, emphasizing its contribution to the overall study.

2.2 Theoretical Literature Review

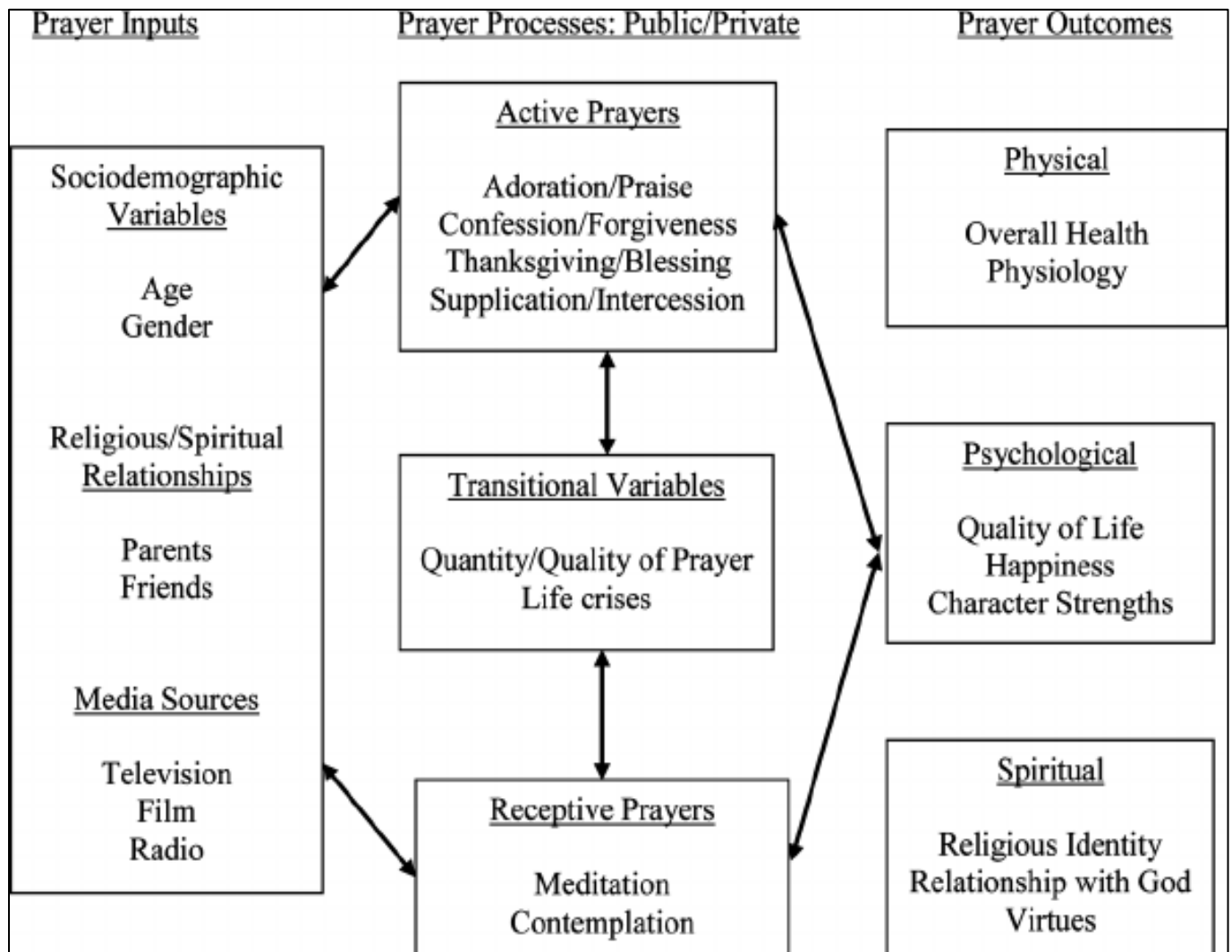
According to Blumberg et al. (2014), a theory is a set of statements that describes and explains the association between human behavior and the factors that have an effect on the behavior. This research was guided by the relational prayer theory developed by Baesler, and the PWB theory by Ryff. These theories are able to incorporate both aspects of prayer and PWB, which are the two variables under study in this work.

2.2.1 The Relational Prayer Theory

Prayer is not just a one-way communication with the Divine, but rather, it should be viewed as a relational experience that fosters a deep connection between the individual and the Higher Power. Relational Prayer Theory (RPT) originates from the recognition that prayer is more than a monologic act of communication; it is a relational and interactive process. At its core, the theory

posits that prayer involves the construction of a dynamic relationship with a higher power a sacred other with whom individuals can share their emotions, thoughts, and vulnerabilities. In several empirical studies, especially those focusing on intimacy with God, prayer is conceptualized not just as a form of supplication or thanksgiving, but as a means by which individuals foster emotional bonds with the divine (Sigler, 2015). The visual representation of the theory is shown in Figure 1.

Figure 1: The Relational Prayer Theory



Source: (Baesler, 2008).

The Relational Prayer Theory (RPT), developed by Baesler and Ladd (2009), provides a framework for understanding the nature of prayer and its role in personal development and well-being. According to this theory, prayer is shaped by various individual and contextual factors, which influence how it is expressed and experienced. Within this approach, prayer is seen as developing over time from active forms, such as requests or words of gratitude, into more contemplative practices, such as meditation or reflection. This movement is not fixed in one direction, as individuals may shift between active and contemplative practices depending on circumstances and their lived experiences. These variations are often influenced by whether prayer occurs in private or public settings.

Demographic characteristics also play a significant role, with research showing that older adults pray more frequently than younger individuals (Linardakis et al., 2015) and that women engage in prayer more often than men (Sharp et al., 2016). In addition, interpersonal relationships with religious or spiritual connections (Jordan et al., 2014), and exposure to media containing spiritual or religious content (Weng & Halafoff, 2020), also affect the ways in which prayer is practiced.

Prayer has wide-reaching effects across physiological, psychological, and spiritual domains. Physiological studies demonstrate that prayer can influence heart activity, breathing patterns, metabolism, and other biological processes (Nayef & Wahab, 2018). From a psychological perspective, prayer supports self-development, purpose in life, relationship quality, and self-acceptance (Nelson, 2014). In spiritual terms, prayer supports the practice of values such as forgiveness, faith, and humility, which relate to but are not identical with psychological strengths (Wright et al., 2017). These domains do not operate in isolation, PWB emerges from the interaction between physical health, mental stability, and spiritual growth (Cloninger, 2020). For instance, strong physical health provides a foundation for psychological resilience, while emotional stability strengthens the search for meaning and spiritual clarity (Božek et al., 2020; Wren-Lewis & Alexandrova, 2021). Although the focus of the present study is not on physical health, its contribution to and interaction with psychological and spiritual functioning cannot be overlooked in understanding PWB.

Prayer also plays a direct role in supporting resilience and emotional regulation. Manning et al. (2019) argue that it provides meaning and balance, especially during difficult periods of life. RPT explains that prayer is a relational process of communication with the divine, enabling the person to experience closeness, trust, and the assurance of being heard. This relational engagement helps reduce emotional distress, anxiety, and feelings of isolation while strengthening resilience (Bradshaw & Kent, 2018). Relational prayer also promotes careful self-reflection, guiding individuals in working through emotions, rethinking challenges, and making sense of difficult experiences (Olusegun, 2024). In addition, it cultivates important emotional and spiritual qualities, including forgiveness, gratitude, and hope, which help individuals adapt to life's challenges. Prayer therefore serves as a powerful source of meaning and stability that integrates emotional, psychological, and spiritual dimensions of PWB.

Nevertheless, RPT faces a number of limitations that should be acknowledged. Most of the existing research relies on self-reported measures, which can be subject to bias and may fail to capture the subtle differences between distinct forms of prayer or transcendent experiences (Sigler, 2015). This raises concerns about how effectively such studies can measure outcomes that are often deeply personal and not easily expressed. Furthermore, the theory's focus on an individual's relationship with the divine risks portraying prayer as only a private practice. This approach can overlook the wider social and communal aspects of prayer, such as group worship or shared spirituality, which are also vital for understanding its influence.

In summary, RPT provides a valuable approach for examining prayer as a relational and communicative act that strengthens PWB. By highlighting the relational aspects of prayer, such as intimacy, trust, self-reflection, and hope, the theory shows how prayer can support emotional comfort, promote resilience, and encourage positive mental health. Although challenges remain concerning research methods and the balance between individual and collective dimensions of prayer, RPT offers a meaningful perspective on the contribution of prayer to overall well-being. Building on this foundation, the next discussion turns to PWB Theory, which broadens the focus to include autonomy, personal growth, and life satisfaction, thereby complementing the role of prayer in supporting holistic health.

2.2.2 The Psychological Wellbeing Theory

This study viewed PWB from six key dimensions of wellness. These include positive relationships, autonomy, personal growth, environmental mastery, self-acceptance, and purpose in life (Chang et al., 2022; Ryff & Singer, 1996). Autonomy refers to a sense of independence, self-determination, and the ability to resist social pressures (Fernández-García et al., 2022; Mustafa et al., 2020). It involves acting according to one's own beliefs and values. Environmental Mastery involves the capacity to effectively manage one's environment and take advantage of surrounding opportunities. It includes the ability to create or choose contexts suitable to one's needs and values (Mustafa et al., 2020).

Personal growth reflects a feeling of continued development and openness to new experiences, involving seeing oneself as growing and expanding. Positive relations with others encompass having warm, satisfying, and trusting relationships with others, involving empathy, intimacy, and affection in relationships (Fernández-García et al., 2022; Mustafa et al., 2020).

Purpose in life is the sense of having goals and a direction in life (Zhang et al., 2025), feeling that there is meaning in one's present and past life and seeing oneself as growing and expanding (Mustafa et al., 2020). Self-Acceptance entails having a positive attitude toward oneself, acknowledging both good and bad qualities, accepting one's past life, having a positive attitude toward oneself, acknowledging both good and bad qualities (Fernández-García et al., 2022; García & Calvo, 2017).

This theory informs this study by providing a framework for understanding how prayer may contribute to PWB from its six key dimensions of PWB. In the context of this study, prayer can be viewed as a practice that nurtures these dimensions. For example, prayer may foster purpose in life by deepening a sense of meaning and direction; it can enhance positive relations by

reinforcing communal bonds and empathy; and it may promote self-acceptance and personal growth through reflection and spiritual reconciliation. By using Ryff's model, the study can systematically evaluate how prayer, contributes to the different aspects of PWB, and whether higher levels in prayer have a relationship with higher scores of PWB. In this way, the PWB theory guides both the conceptual framing and the interpretation of findings, showing how prayer is not only a spiritual activity but also a psychological resource that supports PWB.

2.3 Empirical Literature Review

The empirical literature review provides a comprehensive overview of recent studies, their findings, and the contexts in which they were conducted. By building on established knowledge and progressing toward unexplored areas, this section identifies research gaps and sets the stage for the current study. The review is structured around the objectives of the study, which include: assessing the levels of prayer and PWB, exploring the relationship between demographic characteristics and PWB, and measuring the relationship between prayer and PWB among consecrated individuals in selected deaneries of the Catholic Diocese of Ngong.

2.3.1 Level of Prayer Among Consecrated Persons

The level of prayer among consecrated persons has garnered significant scholarly attention in recent years. Consecrated individuals, such as nuns and monks, often engage in structured prayer integral to their daily lives, as dictated by religious traditions and canonical obligations (Koenig, 2018). Prayer, which includes forms such as intercessory prayer, contemplative prayer, and meditative reflection, has been examined in terms of its psychological, emotional, and social implications for religious practitioners. Research suggests that regular engagement in prayer contributes to emotional regulation, fostering psychological stability and resilience among consecrated individuals (Pargament et al., 2021).

Globally, studies have demonstrated variations in the levels of prayer practices among both general populations and clergy. For example, Froese et al. (2022), in a national survey conducted in the United States, found that a large proportion of adults engaged in daily prayer, reflecting high levels of practice, while others reported praying weekly or monthly (moderate levels) and a smaller group prayed seldom or never (low levels). This distribution highlights the different levels of prayer levels within diverse populations.

Focusing on consecrated populations, Cranney (2024) analyzed a large sample of Catholic priests in the United States and reported that 8% of priests engaged in private prayer for 0–15 minutes daily (low level), 26% prayed for 16–30 minutes daily (moderate level), 40% prayed for 31–60 minutes daily (upper-moderate level), and 27% exceeded 60 minutes daily (high level). These findings suggest that while the majority of priests maintained moderate-to-high levels of prayer, a measurable group engaged only minimally.

Complementing these large-scale surveys, Newman et al. (2023), in a diary study of 259 U.S. Christians, found that the average participant prayed on 64% of days during the three-week study period. The results further showed substantial variability, with some individuals reporting prayer nearly every day, which reflects a high level of prayer defined as 6–7 days a week, while others prayed only once or twice a week, which reflects a moderate level of prayer defined as 2–4 days a week. This fluctuation illustrates why certain participants may appear in the moderate category even when they belong to faith communities that emphasize daily devotion.

Further, Teut et al. (2024) examined 214 German Catholics who regularly prayed the Rosary. The findings showed that 72% reported reciting the Rosary daily or more than once per day (high level), while 21% prayed 3–4 times weekly (moderate level), and 7% prayed once a

week or less (low level). This study illustrated the predominance of high prayer levels among devotional groups practicing specific structured forms of prayer.

At the regional level, Draru (2022), in a study of 1,125 Catholic sisters across ten African countries under the African Sisters Education Collaborative (ASEC), found prayer to be one of the most frequently cited coping mechanisms during the COVID-19 pandemic. The results indicated that 68% participated in daily personal prayer and 74% in communal prayer (high level), 22% engaged in prayer 2–4 times weekly (moderate level), and 10% prayed once per week or less (low level). This demonstrates the predominance of moderate-to-high prayer levels among women religious in Africa.

Similarly, Gerundt (2024), in a qualitative study of 46 religious brothers and sisters in European and African monastic communities, reported phases of “spiritual dryness,” during which prayer frequency decreased to 2–4 times weekly (moderate level), followed by renewed spiritual commitment where daily or multiple daily prayer resumed (high level). These findings highlight the dynamic nature of prayer intensity even among consecrated persons.

At the local level, few empirical studies have been conducted within the Kenyan context. Anecdotal evidence and pastoral reports indicate that consecrated persons generally sustain high levels of prayer, often organized around daily Mass, the Liturgy of the Hours, and personal devotion. Despite this, systematic research quantifying prayer intensity among consecrated persons remains scarce. Existing studies on religious life in Kenya have primarily examined themes such as spirituality, resilience, and wellbeing among Catholic sisters and other consecrated groups, consistently recognizing prayer as central to their lives (Bett et al., 2023; Kiplagat et al., 2021). However, these studies have not classified prayer into measurable categories such as high, moderate, or low levels based on frequency or duration.

While literature at the global and regional levels affirms the centrality of prayer in consecrated life, there remains limited empirical evidence that quantifies prayer into distinct levels and its relationship with PWB within the Kenyan context. Most existing studies emphasize spirituality and resilience among consecrated persons but do not provide clear classifications of prayer levels such as high, moderate, or low. In particular, limited studies have focused on consecrated persons in the Catholic Diocese of Ngong, despite the unique pastoral and cultural realities of this setting. The current study intended to fill the gap by conducting an empirical analysis of the level of prayer practices among consecrated persons in the Ngong and Kiserian Deaneries of the Catholic Diocese of Ngong. In doing so, the study generated locally grounded evidence that can inform both academic discourse and pastoral practice.

2.3.2 Level of Psychological Wellbeing Among Consecrated Persons.

PWB is a wide and a multi-dimensional concept which includes an individual's overall feeling of positive emotions, satisfaction with life, and a harmonious sense of purpose. The examination of PWB has been a continuously evolving area of research in psychology for numerous years, aiming to achieve a deeper comprehension of the factors that are related to its formation. Cansoy et al. (2020), proposed a significant model of PWB, which suggests that PWB is a combination of positive emotions and engagement in meaningful pursuits. This model of PWB indicates that individuals are more likely to have greater PWB if they frequently experience positive emotions and engage in activities that hold personal significance to them. Subsequent researchers have built upon this model by incorporating further aspects of PWB, which included the dimension of personal growth (Linley & Joseph, 2004); positive relationships (Diener et al., 2010), and a sense of purpose (Ryff, 2018).

In Great Britain, Francis et al. (2022) conducted a large-scale survey involving 803 Methodist circuit ministers and examined PWB using the balanced-affect model. Their findings indicated that approximately 67% of the ministers experienced high levels of PWB, reporting satisfaction and resilience in ministry. Another 25% fell into the moderate category, balancing both satisfaction and exhaustion, while about 8% exhibited low levels of PWB, characterized by emotional exhaustion and diminished positive affect. This study highlighted the variability of PWB even within a relatively homogenous religious population.

Similarly, Büssing et al. (2024) investigated 250 religious brothers and sisters in Germany and assessed PWB through indicators of awe, gratitude, and life satisfaction. Results showed that about 65% of the participants scored in the high wellbeing range, while 25% were categorized as moderate, and approximately 10% demonstrated low wellbeing. These findings provide strong evidence that consecrated persons in Western contexts predominantly experience higher levels of psychological wellbeing, with only a minority falling into lower bands.

Kappler et al. (2022) examined the PWB of 411 Catholic priests in Canada during the COVID-19 pandemic using the PWB scale. Although the authors reported continuous scores, inspection of the descriptive statistics revealed that approximately 70% of the priests scored within the moderate-to-high range of wellbeing, reflecting positive functioning across autonomy, personal growth, and purpose in life. A further 20% were classified as moderate, showing mixed PWB outcomes, while 10% of the sample fell into the low PWB category, often linked to heightened experiences of loneliness and depressive symptoms. These results highlight that the majority of Canadian priests sustained satisfactory levels of PWB despite pandemic-related stressors, while a notable minority experienced significant challenges.

A study carried out by Multisari et al. (2022) among university students in Indonesia, on PWB as they completed their final projects, the study revealed a tripartite distribution of PWB among students: 32% exhibited high to very high levels, while an equal proportion (32%) demonstrated low to very low levels, with the remaining 36% falling within the moderate range. Notably, personal growth emerged as the predominant factor characterizing individual variations in psychological well-being.

Assessing the PWB of consecrated persons involves evaluating factors such as life satisfaction, emotional stability, and the presence of mental health issues like depression or anxiety. In a large-scale study by Templer et al. (2022), which surveyed 850 consecrated individuals across three African countries, 72% reported high levels of life satisfaction, one of the indicators of high level of PWB, with only 14% displaying symptoms of clinical depression an indicator of low PWB.

At the regional level, Draru (2022) surveyed approximately 1,125 Catholic sisters across ten African countries through ASEC. Although the study primarily focused on coping mechanisms during the COVID-19 pandemic, the analysis of wellbeing indicators revealed that around 70% of the sisters reported high levels of PWB, 20% fell into the moderate category, and 10% experienced low levels. The distribution highlighted both the resilience and vulnerabilities of consecrated persons in Africa during times of crisis.

Complementing this, Gerundt (2024) examined 46 religious brothers and sisters in African and European monastic settings. While the sample was smaller, the study explicitly documented fluctuating PWB states, with 60% reporting high levels of PWB, 30% moderate, and 10% low, often tied to phases of spiritual dryness followed by renewal. Although qualitative in emphasis,

the inclusion of categorical PWB data adds to the understanding of variability in consecrated life within the African region.

Ndunge (2024) carried out a mixed-methods study among Catholic sisters in Kenya, Uganda, and Zambia, focusing on the relationship between workload, role pressures, and wellbeing. Although the study relied primarily on qualitative interviews, the evidence clearly pointed to variability in levels of PWB. A portion of the sisters reported high levels of PWB, linked to supportive leadership and opportunities for adequate rest and prayer life, while others reported moderate levels of PWB, balancing vocational satisfaction with stress. Importantly, the study also identified cases of low levels of PWB, particularly among sisters experiencing heavy workloads and role overload. While exact prevalence figures for each category were not provided due to the qualitative design, the findings demonstrate that PWB among consecrated women in these contexts is unevenly distributed across high, moderate, and low levels.

This section has presented a review of research done on levels of PWB among consecrated individuals. It is clear that there are studies which are done on the global, regional and local levels. Despite the growing body of literature on PWB among consecrated persons, several research gaps remain. First, most studies have primarily focused on general religious populations rather than specifically consecrated individuals, making it difficult to draw precise conclusions tailored to this group. However, limited research has been carried out among consecrated persons in the Ngong and Kiserian deaneries of the Ngong Diocese.

2.3.3 Relationship Between Demographic Characteristics and Psychological Wellbeing Among Consecrated Persons.

The relationship between demographic characteristics and PWB has been the focus of empirical research. These studies have utilized quantitative methodologies, such as surveys and

statistical analyses, to assess the relationship between demographic factors and prayer engagement. Some studies also indicate that differences in age, gender, education level, socioeconomic background, cultural influences, and health status significantly impact prayer habits and their perceived effectiveness [Nakamura & Lopez (2023); Smith et al. (2017)].

Age has frequently been associated with PWB in studies of clergy and consecrated persons. Francis et al. (2022) studied 803 Methodist circuit ministers in Great Britain and findings on subgroup analysis showed that ministers aged 50 years and above had significantly higher PWB (74% high) compared to those under 40 (55% high), suggesting that older ministers may experience greater vocational satisfaction and resilience. Similarly, Kappler et al. (2022), in a survey of 411 Catholic priests in Canada, performed a regression analysis showing age positively correlated with wellbeing ($r = .28, p < .01$). These results highlight that older or mid-career clergy tend to report stronger wellbeing outcomes than younger clergy.

Regarding gender, the evidence has been mixed. In a study of 1,200 Catholic priests and religious in the United States, Smith et al. (2021) found no statistically significant gender differences in overall PWB scores ($M = 4.21$ vs. $4.18, t(1198) = 0.87, p = .38$), indicating that PWB was relatively stable across men and women religious. However, women reported slightly higher autonomy scores, while men reported slightly higher environmental mastery.

Tan and Jones (2022) explored demographic differences in prayer-related well-being effects, particularly age and gender. Their study found that elderly consecrated persons (aged 65 and above) exhibited a 30% reduction in symptoms of depression compared to younger counterparts $F(2, 198) = 7.24, p < 0.01$. Gender variations were also observed, with female participants reporting higher emotional well-being scores ($M = 78.3, SD = 9.5$) than male

participants ($M = 72.1$, $SD = 10.1$, $t(298) = 3.18$, $p < 0.01$). These results suggest that gender and age influence the psychological benefits of prayer.

Educational attainment has also been tested as a predictor of PWB. A study by Templer et al. (2022), involving 850 consecrated individuals in three European countries, showed no significant ANOVA differences across educational levels ($F(2,847) = 1.26$, $p = .29$). High levels of PWB were evenly distributed: 72% of graduate-level participants, 70% of undergraduate-level, and 68% of diploma-level participants scored in the high wellbeing category, suggesting that education was not a decisive factor in PWB.

Finally, years of religious life have been found to impact PWB. Gerundt (2024), in a study of 250 religious brothers and sisters in Germany, observed that those with 11–20 years in consecrated life reported the highest levels of PWB (65% high, 25% moderate, 10% low), compared to novices in their first five years (50% high, 30% moderate, 20% low). This supports the idea of a “mid-career wellbeing peak,” where experience and stability enhance PWB.

Within Africa, similar patterns emerge. Draru (2022) surveyed 1,125 Catholic sisters across ten African countries through ASEC. Age was a factor, as older sisters (40+ years) reported stronger wellbeing (73% high) compared to younger counterparts (62% high). Complementary, Ndunge (2024) conducted a mixed-methods study of Catholic sisters in Kenya, Uganda, and Zambia. While mainly qualitative, the quantitative survey of 200 sisters showed that 55% of those with under 5 years of religious life reported moderate PWB, while 68% of those with 10–20 years reported high wellbeing. Heavy workloads were linked to lower wellbeing, particularly among younger and early-career sisters, confirming number of years as a key predictor of PWB in the African context.

At the Kenyan level, empirical studies remain scarce. Bett et al. (2023), in a survey of 310 Catholic sisters in Nairobi and Eldoret, a regression analysis showed that years in religious life were positively related with PWB ($\beta = .32, p < .01$), while age and education showed no statistically significant effects. Gender differences could not be tested, as the study focused only on women religious. Similarly, Kiplagat et al. (2021) investigated 240 Catholic clergy and religious in western Kenya and found that wellbeing scores were higher among mid-career participants (76% high wellbeing) compared to early-career (59% high). The study highlighted resilience and prayer as mediating factors, though without systematic disaggregation by gender.

While international and regional studies consistently demonstrate that demographic characteristics such as age and years in religious life are related with variations in PWB, local Kenyan studies remain limited in scope and often fail to provide full statistical breakdowns across gender and education. Moreover, limited studies have directly examined consecrated persons in Ngong Diocese, despite its diverse composition of men and women religious. This gap necessitates focused research to clarify how age, gender, education, and number of years in consecrated life relate to PWB within this unique diocesan context.

2.3.4 Relationship Between Prayer and Psychological Wellbeing Among Consecrated Persons

Prayer plays a central role in many religious traditions and is particularly significant for consecrated persons, who dedicate their lives to structured spiritual disciplines. PWB among consecrated persons can be understood through Ryff's (1989), six-dimensional framework, which includes autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. This empirical review integrates quantitative studies to examine the statistical relationship between prayer and PWB.

A study by Ellison et al. (2014) examined the relationship between prayer and symptoms of anxiety-related disorders among US adults. The research, which involved 1,023 participants from various religious backgrounds, found that individuals who engaged in frequent prayer reported a 35% lower likelihood of experiencing high levels of anxiety ($p < .05$). The study further revealed that individuals with a secure attachment to God demonstrated a 40% greater improvement in mental health outcomes compared to those with insecure attachment. This suggests that beyond the act of prayer itself, the quality of an individual's perceived relationship with the divine significantly contributes to their psychological well-being.

A longitudinal study by Cheng et al. (2023), reviewed 25 studies on prayer and PWB among consecrated individuals in China. The meta-analysis reported a mean increase of 12% in emotional stability scores across multiple validated psychological scales (Cohen's $d = 0.54$, $p < 0.05$). Smith and Patel (2020) conducted a quantitative study involving 250 Catholic priests across various dioceses in the United States to explore the relationship between daily prayer practices and existential fulfillment. Using the Purpose in Life Scale, a validated self-report instrument measuring a person's sense of meaning and direction, the researchers compared scores of priests who engaged in daily prayer with those who prayed less frequently. Statistical analysis using an independent samples t-test revealed a significant difference between the groups, with daily prayer practitioners scoring higher on the Purpose in Life Scale ($t(248) = 4.23$, $p < 0.01$). This finding offers empirical support for the beneficial role of prayer in enhancing one's sense of purpose and existential well-being.

A study by Zarzycka and Krok (2020) examined the relationship between different types of prayer and PWB among Christians in Poland, offering critical insights into how prayer impacts PWB. Their research, which surveyed 1,200 religious individuals, found that prayers of

thanksgiving correlated positively with PWB ($r = 0.56, p < 0.01$), suggesting that expressions of gratitude within prayer contribute to a greater sense of fulfillment and psychological balance. Conversely, prayers of supplication exhibited a negative correlation with well-being ($r = -0.41, p < 0.05$), indicating that petitionary prayer, which often involves requests for divine intervention, may be related to increased anxiety and stress when expectations are not met (Pargament et al., 2021).

Furthermore, a study carried out on age and prayer frequency among European Monastics reported that 65% of participants who engaged in confession prayers reported higher mental clarity and reduced stress levels, aligning with theories that emphasize the therapeutic effects of self-reflection and spiritual reconciliation (Smith et al., 2019). These findings show the complex interplay between prayer types and PWB, suggesting that different forms of prayer yield varying emotional and cognitive outcomes.

Several studies validate prayer as an effective coping mechanism against stress. Nakamura and Lopez (2023) investigated 150 consecrated persons in monastic settings in Japan and reported a significant decrease in stress biomarkers, particularly cortisol levels, over six months of communal prayer ($M_{pre} = 18.4, M_{post} = 12.2, t(149) = 5.32, p < 0.001$). Hoffman et al. (2021) also examined the resilience scores of 300 consecrated persons and found a strong positive correlation between the duration of prayer sessions and resilience ($r = 0.68, p < 0.01$). These findings align with previous studies that highlight prayer's ability to regulate emotional responses through mindfulness-like mechanisms (Miller et al., 2021).

Ismail and Desmukh (2012) explored the relationship between religiosity and PWB among Pakistani Muslims. Their findings indicated a strong negative correlation between religiosity and loneliness ($r = -0.852, p < 0.001$) and anxiety ($r = -0.511, p < 0.001$), suggesting that higher

religiosity reduces negative psychological states. Additionally, Green and Elliott (2010) found that individuals identifying as religious reported better overall health and greater happiness, independent of external influences such as job satisfaction or financial status. However, they noted differences based on religious belief systems: individuals with liberal religious beliefs reported better health outcomes but lower happiness levels than those with fundamentalist beliefs.

The intensity of prayer practices plays a crucial role in determining their psychological effects. A 2023 Pew Research Center in Washington D.C, survey found that consecrated individuals who prayed more than four hours daily reported 25% higher PWB levels than those who prayed for less than one hour ($F(1, 298) = 11.82, p < 0.001$).

Similarly, a survey conducted by Dawson et al. (2022), across 20 religious' institutions in the US revealed that 86% of participants experienced enhanced environmental mastery through contemplative prayer, with a moderate correlation to personal growth ($r = 0.52, p < 0.05$). These results further underscore the transformative effects of prayer on well-being.

Kiplangat (2019) carried out a study at Daystar University among consecrated religious women in Nairobi, using standardized scales (including a PWB measure) with $n \approx 238$ and documented positive correlations between spiritual/psycho-spiritual indicators and life-satisfaction metrics among sisters in Nairobi, and reported a notable positive correlation between PWB and spiritual well-being ($r = .247, p < .01$). However, most Kenyan work has not produced large, published quantitative analyses that categorize PWB into clear bands (high/moderate/low) or that apply regression modelling linking quantified prayer scales to Ryff-type PWB scores.

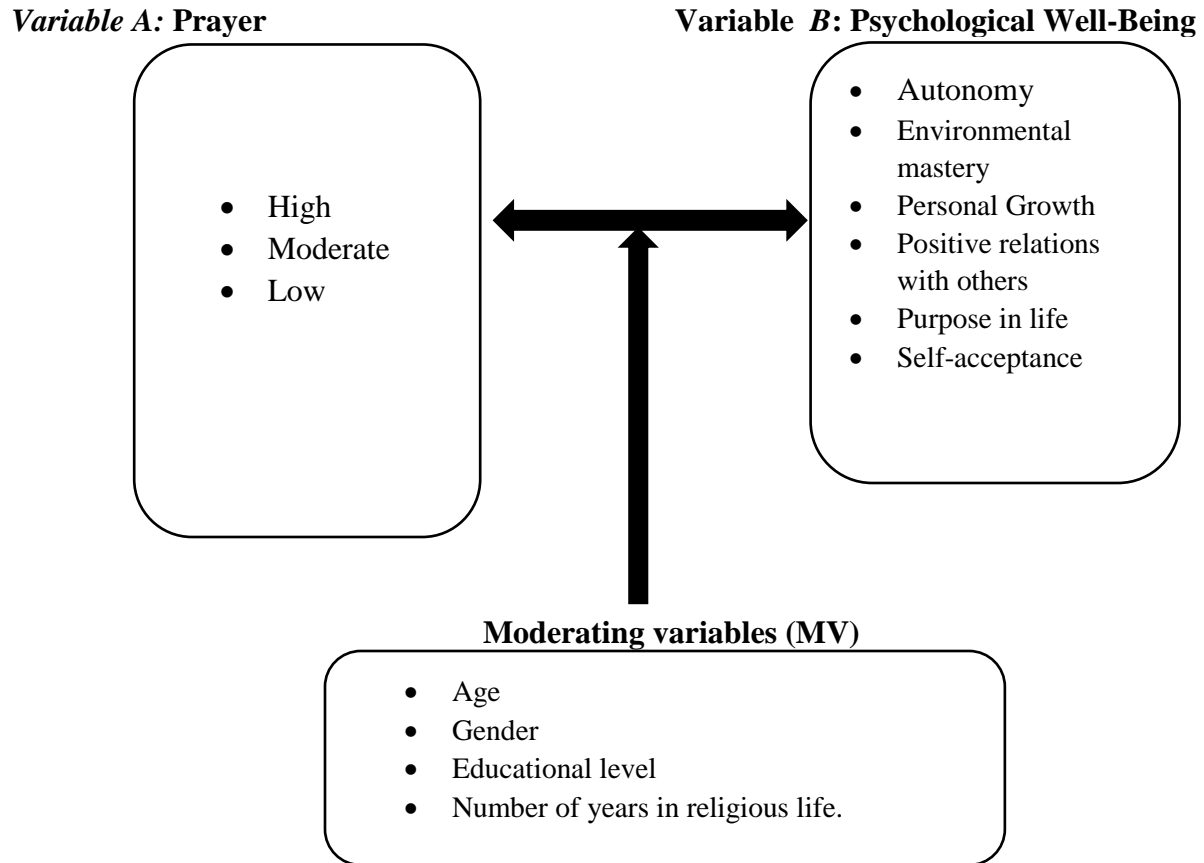
The literature review has presented a vast work on the relationship between prayer and PWB, among different populations, despite these compelling findings, gaps in the literature remain. The different populations studied include health workers, Muslim faithful, teachers,

students, who are not in the consecrated life. Moreover, other studies reviewed included only consecrated women, however, this research will include to both consecrated men and women. Additionally, there has been no research carried out on the relationship between prayer and PWB among the consecrated persons in the Ngong and Kiserian deaneries of the Ngong diocese. Although there have been numerous studies on the relationship between prayer and PWB, this study emphasizes the necessity for additional research to fully comprehend the specific relationship of prayer with different psychological aspects.

2.4 Conceptual Framework

A conceptual framework serves as the foundation of a study by outlining how the main concepts are structured and how the variables relate to one another. It acts as a guiding map that explains the connections between the independent and dependent variables while highlighting the role of moderating or intervening factors. Through this structure, the framework provides clarity on the focus of the research, supports interpretation of findings, and deepens understanding of the phenomenon under investigation (Luft et al., 2022). The conceptual framework is presented in Figure 2.

Figure 2. Relationship Between Prayer and Psychological Wellbeing



Sources: Bozek et al. (2020); Kaushal (2018); Upenieks (2022).

Figure 2 illustrates the conceptual framework which guided this study, which explores the relationship between prayer practices and PWB among consecrated individuals in the Ngong and Kiserian deaneries of the Catholic Diocese of Ngong. The framework posits that prayer, as the independent variable, may be categorized in levels as high, moderate and low; and is hypothesized to have a relationship with the dependent variable, PWB.

The relationship between these two variables is moderated by factors such as age, gender, level of education, and years in religious life, which may shape how prayer impacts psychological well-being. Individuals with more years in religious life or higher levels of education might

experience a stronger or different connection between prayer and PWB compared to others. This framework aims to provide a structured understanding of how prayer and demographic characteristics are related to PWB of consecrated persons.

2.5 Chapter Summary

This chapter explored the theoretical and empirical foundations of the relationship between prayer and PWB. It examines prayer as a coping mechanism, its impact on emotional resilience, and spiritual growth among consecrated persons. Relevant psychological and theological frameworks are reviewed, highlighting prayer's role in enhancing mental health within Ngong and Kiserian deaneries of Ngong Diocese. The next chapter outlines the research design and methodology employed to examine this relationship among consecrated persons in the Catholic Diocese of Ngong, describing the study setting, participant selection, data collection tools, and ethical considerations guiding the research.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the research design and methodology adopted to examine the relationship between prayer and PWB among consecrated persons in the Catholic Diocese of Ngong. It provides an overview of the study area, the population of interest, and the sampling method. In addition, the chapter discusses the research instruments employed, along with their validity and reliability, and explains the procedures followed in data collection and analysis. Ethical principles observed throughout the research process are also highlighted.

3.2 Epistemology of the Study

Williams (2020) defines epistemology as the systematic examination of knowledge and the foundations that justify the truth of a belief. It involves a framework of principles that differentiate knowledge from biases, beliefs, and ideologies, focusing on what qualifies as valid educational knowledge and the processes through which it is acquired (Garrow & Hasenfeld, 2015). This research utilized a positivist approach, as it aligns with the study's objectives, which necessitate a quantitative methodology. The positivist approach remains valuable for its emphasis on universal principles and empirical, observable data that ensure objectivity and replicability in research (Park, 2020). Both prayer and PWB are conceptual constructs that help individuals gain insight into their own experiences. From this ontological standpoint, the research did not center on prayer or PWB individually but rather investigated the relationship between these two variables.

3.3 Research Design

The research design encompasses the structured approach to gathering, assessing, interpreting, and organizing data within a study (Tisdell et al., 2025). It established a cohesive framework that connects the research questions to the collection and analysis of empirical data,

ensuring consistency in methodology. The researcher plays a key role in choosing suitable methods and providing a rationale for their use in the study.

This research adopted a quantitative paradigm to investigate the relationship between prayer and PWB among consecrated individuals in the Catholic Diocese of Ngong, Kenya. The study measured the relationship between prayer practices and PWB through statistical analysis. A correlation survey design was employed to identify potential relationships between these variables. Data was gathered using a cross-sectional method, offering a current perspective on the relationship between prayer and PWB. The Catholic Diocese of Ngong was selected as the study location because it encompasses a diverse and vibrant population of consecrated persons serving in both rural and urban settings, providing a representative context for examining the relationship between prayer and PWB.

3.4 Location of the Study

The research was carried out in selected deaneries within the Catholic Diocese of Ngong, Kenya, specifically examining consecrated individuals and the relationship between prayer and their PWB. The Diocese of Ngong, situated within the larger Nairobi metropolitan area, covers an expansive geographical region that includes parts of Kajiado and Narok counties. This diocese is known for its cultural diversity, comprising indigenous Maasai communities, urban dwellers, and various religious institutions actively engaged in evangelization and social development (The Church of the People, 2020).

Administratively, the Diocese of Ngong is structured into eight deaneries; Ngong, Kiserian, Kajiado, Narok, Loitokitok, Kilgoris, Ololunga, and Magadi deaneries (Ngong Diocese, 2023). These deaneries serve as key pastoral units, each hosting multiple parishes, religious houses, and centers for spiritual formation. Within these deaneries, various religious congregations are actively

involved in pastoral ministry, education, healthcare, and social work. These congregations play a critical role in fostering both spiritual growth and PWB among consecrated persons through structured prayer life, retreats, and communal support systems (The Church of the People, 2020).

By focusing on consecrated persons within this diocese, the study sought to explore how prayer as a spiritual practice contributes to their PWB, particularly within the unique socio-religious and cultural context of the Ngong Diocese. The research examined the role of daily prayer routines, meditation, and communal worship in shaping the psychological resilience of consecrated individuals serving in diverse mission areas within the diocese.

3.5 Target Population

Moser and Korstjens (2018) defines a target population as a specific group of interest sharing similar characteristics from which the researcher seeks to gather information to meet their objectives. This study focused on consecrated persons within the Catholic Diocese of Ngong, Kenya. These consecrated persons, representing diverse spiritual, cultural, and professional experiences, provided valuable insights into their prayer and the relationship between prayer and their PWB. The Catholic Diocese of Ngong offers a relevant context for examining the relationship between prayer and PWB within a faith-based setting.

The target population for this research was 216 consecrated persons serving in the Ngong and Kiserian Deaneries of the Catholic Diocese of Ngong, Kenya. The consecrated persons who participated in this study were in their various places of apostolate ministering to people. The participants were drawn from all the congregations working in Ngong and Kiserian deaneries. Ngong Deanery comprises a total of 33 congregations, with 25 are for women, 1 congregation for lay brothers, and 7 religious' congregations for priests. In contrast, the Kiserian Deanery has 23 congregations; 15 for women, 7 religious' congregations for priests, and 1 congregation for lay

brothers. Together, these deaneries host a diverse and vibrant community of consecrated individuals, reflecting a rich spiritual and communal landscape within the Catholic Diocese of Ngong (Ngong Diocese, 2023).

3.6 Sampling Design

Sampling design refers to the strategies and techniques employed by researchers to select samples from a specified target population (Kabir, 2016). This section focuses on the sampling procedures which encompasses sampling technique, the sampling size determination and sampling frame.

3.6.1 Sampling Techniques

Sampling techniques refers to the meticulous and honest process of trying to assess to what extent the targeted population would yield study participants that properly represents the population (Singh & Masuku, 2014). The researcher adopted a purposeful sampling approach, a non-random selection method where researchers intentionally choose participants based on specific characteristics, experiences, or relevance to the study's objectives, ensuring they represent the target population under investigation (Stratton, 2024). By targeting the two most populated deaneries, Ngong and Kiserian, which together comprise 216 of the 260 consecrated persons in the entire Ngong Diocese, the researcher captured approximately 83% of the target population, thereby enhancing the representativeness and validity of the study. Researching all 8 deaneries may be logistically challenging, so concentrating on high-density areas ensured efficient data collection while still covering most of the population.

3.6.2 Sample Size Determination

The sample size determination, according to Walliman (2020) is the deliberately choosing a subset of the population that represents the entire population. This research adopted the census sampling method to gather data. Census is one of the techniques used for determining sample size and it entails using the entire population as the sample (Singh & Masuku, 2014). This study employed the census sampling method, where the researcher collected data from each and every consecrated person working in Ngong and Kiserian deaneries of the Catholic Diocese of Ngong. Since the target population was small, there was no need to sample the data. The researcher chose to use the census method because it was the most appropriate for the limited size of the population, and included all individuals in the population.

3.6.2 Sampling Frame

A sampling frame, as described by Taherdoost (2016) is a complete and specific list of elements from which samples are drawn. It is crucial that the sampling frame accurately reflects the target population to ensure the reliability of the findings. Bryman (2016), further refers to a sampling frame as a set of individuals, objects or elements from which a researcher can pick a representative sample for the research. Tables 1 -4 show the sampling frame for the consecrated women and consecrated men respectively in Ngong and Kiserian deaneries.

Table 1. *Sampling Frame for Consecrated Women Congregations in Ngong Deanery*

Congregation	Target Population
Our Lady of Charity of the Good Shepherd	4
Felician Sisters	6
Missionaries of Evangelization	3
Philippian Daughters of Our Lady of Sorrows	3
Emmanuel Sisters	3
Poor Clares (Contemplative)	7
Daughters of the Heart of Mary	5
Handmaids of Mary Immaculate from Parma	3
Missionary Sisters Servants of the Word	2
Sisters of the Destitute	3
Helpers of the Holy Souls in Purgatory	5
Carmelite Sisters of the Sacred Heart of Jesus	3
Daughters of the Presentation of Mary	3
Sisters of St. Mariana of Jesus	5
Evangelizing Sisters of Mary	7
Sisters of St. Joseph of Gerona	5
Daughters of St. Joseph	5
Adoration Sisters of Blessed sacrament	3
Franciscan Sisters of the Heart of Jesus	2
Little Daughters of St. Joseph	3
Daughters of the Heart of Mary	5
Capuchin Sisters of Mother Rubatto	7
Daughters of St. Joseph of Caburlotto	2
Visitation Daughters of the Immaculate Heart	3
Sisters for Christian Community	2
Total	99

Source: Ngong Diocese (2023).

Table 2: *Sampling Frame for Consecrated Men Congregations in Ngong Deanery*

Congregation	Target Population
Vincentian Congregation	2
Institute of Charity	4
CMFA – Claretian Missionaries	3
Missionary Fathers Servants of the Word	3
CMI – Chavara Fathers	3
Society of the Incarnate Word	2
Order of Carmelite Discalced	3
Montfort Brothers	4
Order of Carmel	4
Total	28

Source: Ngong Diocese (2023).

Table 3: *Sampling Frame for Consecrated Men Congregations in Kiserian Deanery.*

Congregation	Target Population
Missionaries of Africa	2
Capuchin Friars Minor	3
Congregation of Jesus and Mary	2
Poor Servants of Divine Providence	7
Missionaries of Charity	5
Missionary Servants of the Word	4
Yarumal Missionaries	7
Sons of Divine Providence.	2
Total	32

Source: Ngong Diocese (2023).

Table 4. *Sampling Frame Consecrated Women Congregations in Kiserian Deanery*

Congregation	Target Population
Assumption Sisters of Nairobi	3
Franciscan Sisters of the Flock of Mary	3
Holy Spirit Sisters of St Bernard	3
Little Sisters of St. Joseph	5
Philipia Daughters of Our Lady of Sorrows	3
Philothea Missionary Sisters	5
Servants of the Immaculate Child Mary	3
Assumption Sisters of Nairobi	3
Missionary Sisters of Mary	3
Salesian Sisters of the Sacred Heart of Jesus	3
Sisters of Our Lady of Mercy Barcelona	5
Sacred Heart Sisters	7
Missionary Congregation of ESM	3
Our Lady of Kilimanjaro	2
Congregation of Carmelite Religious.	5
Total	57

Source: Ngong Diocese (2023).

The target population of this study were the 216 consecrated persons from various religious congregations working in Ngong and Kiserian Deaneries of Ngong Diocese, as illustrated in Table 1- 4. Adopting the census sampling technique, the sample size was the same as the total target population. This implies that the total sample size for this study was 216 participants.

3.7 Research Instrument

This study employed standardized questionnaires to investigate the relationship between prayer and PWB among consecrated persons in the Ngong and Kiserian Deaneries in the Catholic Diocese of Ngong, Kenya. The questionnaires had two sections: a demographic section for collecting basic respondent information and scales designed to measure the study variables. The first scale, the prayer scale, developed by Luckow et al. (1997), is a 28-item scale to measure commitment to prayer. The ratings were measured on a six-point Likert scale and were assigned scores using six numerical values. A rating of 1 and 6 represented a low level and a high-level of prayer respectively. The ratings were: 1 = Strongly Disagree, 2 = Moderately Disagree, 3= Slightly Disagree 4 = Slightly Agree, 5 = Moderately Agree and 6 = strongly Agree. Once the aspects of the scale were rated, the scores for all the 28 items were summed up. The maximum possible score achievable was 168, while the lowest possible score was 28.

The PWB scale, developed by Ryff and Keyes (1995), and later modified by Ryff et al. (2010), is a 42-item scale to measure the various aspects of personal growth, relationship with self and others, purpose in life, self-acceptance, spirit of autonomy and a desirable environmental mastery. The ratings were measured on a seven-point Likert scale and are assigned scores using 7 numerical values, which were 1 = strongly agree; 2 = somewhat agree; 3 = a little agree; 4 = neither agree or disagree; 5 = a little disagree; 6 = somewhat disagree; 7 = strongly disagree. Once the aspects of the scale were rated, the scores for all the 18 items were summed up. The maximum possible score achievable was 252, while the lowest possible score was 18. These tools facilitated the collection of comprehensive and reliable data to achieve the objective of the study.

3.7.1 Pre-testing of Instruments

Pre-testing is a critical and effective method for improving the validity of data collection processes and ensuring the accurate interpretation of research findings (Hurst et al, 2015). In this study, pre-testing aimed to ensure that the research instruments are clear, functional, and reliable before their application in the main investigation. This process focused on verifying the clarity of the language.

For this study on the relationship between prayer and PWB among consecrated persons in the selected deaneries in the Catholic Diocese of Ngong, Kenya, pre-testing was conducted prior to the primary data collection phase. A group of participants from a similar population, selected from Magadi deanery, equivalent to 10% of the sample size (22 participants), was selected for pre-testing the questionnaire. These individuals, drawn from within the larger Ngong diocese represented a population with similar characteristics to the target population and excludes population from the main study to prevent potential biases. The issues identified during the pre-testing phase were addressed. This approach ensured the tools are reliable and effective for investigating the relationship between prayer practices and PWB in the target population.

3.7.2 Scoring the Scales

The scoring of the Prayer scale and PWB scale was carried out as shown in Table 5.

Table 5. Categorization of Scores from Scales

Scale	Range	Low	Moderate	High
PS	28 - 168	28 - 74	75 - 121	122 - 168
PWB	42 - 252	42 - 120	121 - 180	181 - 252

Table 5 presents the categorization of scores for the two main scales used in the study: the Prayer Scale (PS) and the PWB scale. For the Prayer Scale, which ranged from 28 to 168, scores between 28 and 74 were classified as low, 75 to 121 as moderate, and 122 to 168 as high. Similarly, for the PWB scale, which ranged from 42 to 252, scores from 42 to 120 represented low psychological well-being, 121 to 180 moderate well-being, and 181 to 252 high well-being. These categorizations allowed the researcher to interpret respondents' levels of prayer and psychological well-being within clearly defined intervals.

The classification provided a framework for interpreting how participants scored across the two constructs. By segmenting the continuous scales into low, moderate, and high categories, the study was able to move beyond raw numerical scores and highlight meaningful patterns in the data. For instance, respondents' placement within these categories helped to determine the overall prevalence of high, moderate, or low levels in prayer, and likewise, their levels of PWB.

The ranges also reflect how the two constructs prayer and PWB are measured on different scales but share a parallel three-level categorization. This comparability was important for subsequent analysis, as it allowed for cross-tabulation and inferential testing (such as Chi-square analysis) to determine relationships between the two variables. Moreover, the use of cut-off points ensures consistency and facilitates interpretation when results were reported.

3.8 Validity and Reliability

Validity of a research instrument entails a process of validation of the instrument in order to increase its level of dependability for accurate information (Taherdoost, 2016). Mohamad et al. (2015), alluded that reliability of an instrument refers to the test of extent to which the tool yields consistent outcomes after being applied repeatedly. It measures the precision, repeatability, and credibility of a research tool. Participants completing tools designed to assess

the frequency and nature of prayer or indicators of PWB should provide similar responses across repeated administrations. Although exact reliability may not be determined, estimates of reliability was derived using various methods.

3.8.1 Validity

The Prayer Scale (PS) was adapted to evaluate the relationship between prayer and psychological wellbeing. Previous validation of this scale included exploratory and confirmatory factor analysis with a sample of 308 participants, achieving high validity metrics such as an RMSEA of 0.75, a CFI of 0.96, and an NNFI of 0.95 (Jenkins-Guarnieri et al., 2012). The final version of the PS used a five-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree).

Additionally, the PWB Scale (PWS) was employed to measure levels of PWB among consecrated persons. Initially developed by Ryff (1989), this tool assesses various dimensions of wellbeing, such as purpose in life, personal growth, and autonomy. Past reliability tests showed an internal consistency of 0.73 (Kao et al. 2020), confirming the tool's relevance to this study.

3.8.2 Reliability

Prayer Scale demonstrated consistent responses in a 21-day retest, with reliability correlations of $r = 0.85$ for the total scale, $r = 0.82$ for the Private Prayer subscale, and $r = 0.78$ for the Communal Prayer subscale. The total scale yielded strong reliability ($\alpha = 0.92$), with subscales Private Prayer ($\alpha = 0.89$) and Communal Prayer ($\alpha = 0.87$) (Jenkins-Guarnieri et al., 2012).

Similarly, the PWS has shown internal consistency with Cronbach's alpha values ranging from 0.79 to 0.96, indicating its reliability. Positive correlations ($p < .0001$) were observed with attributes such as emotional stability (0.46), resilience (0.64), life satisfaction (0.27), self-

acceptance (0.45), and purpose in life (0.42) (Garthoeffner et al., 1993). These findings confirm the reliability of both the PS and PWS, supporting their use in this study on the relationship between prayer and PWB among consecrated persons in the Catholic Diocese of Ngong, Kenya.

3.9 Data Collection Procedure

Kabir (2016) explains that data collection involves a systematic process of obtaining and analyzing information on specific variables, with the aim of adequately answering research questions, testing hypotheses, and ensuring accurate evaluation of outcomes. If data collected is inaccurate, findings of the research can be misleading (Flick, 2017).

The researcher obtained all the necessary approvals before commencing fieldwork. Authorization was granted by the Tangaza University Research Ethics Committee (TUREC), followed by a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). In addition, letters of approval were secured from the superiors of the religious communities within the Ngong and Kiserian deaneries, allowing access to their institutions for data collection. Informed consent was also obtained from all participants prior to their involvement in the study.

To facilitate efficient data collection, two research assistants were trained in administering and retrieving questionnaires. Once approval was granted by the local superiors, the researcher coordinated with the religious houses and scheduled suitable times for data collection. On the agreed dates, the researcher and trained assistants visited each house and administered the questionnaires in person. Before distribution, participants were given a brief introduction outlining the purpose and significance of the study, the voluntary nature of their participation, and their rights regarding confidentiality and withdrawal at any stage. Those who agreed were asked to sign informed consent forms before proceeding.

Questionnaires were then distributed and participants were allowed approximately 30 minutes to complete them, during which the researcher or assistant remained present to address any questions or concerns. Upon completion, a short debriefing session was conducted to clarify any remaining issues and to thank participants for their contribution. The questionnaires were collected immediately on-site to maximize response rates and reduce the risk of data loss.

3.10 Data Analysis

Data analysis refers to a structured process that involves examining, organizing, refining, and interpreting data in order to generate meaningful insights, reach conclusions, and support informed decision-making. (Akter et al., 2019). It employs various techniques and methods to interpret data from both structured and unstructured sources. For this study on the relationship between prayer and PWB among consecrated persons in the Ngong and Kiserian deaneries of the Catholic Diocese of Ngong, Kenya, data was analyzed using the Statistical Package for the Social Sciences (SPSS), version 29. Table 6 presents data analysis details:

Table 6. Data Analysis

Data analysis of:	Variable type	Purpose of the test	Type of the test
Demographic characteristics	Categorical	Gather information about demographics. Characteristics	Frequencies, percentiles, Central tendency (M, SD)
Objective One	One scale	To measure the levels.	Descriptive statistical score
Objective Two	One scale	To measure the levels.	Descriptive statistical score
Objective Three	Two Scales	Test relationship between two scale variables.	One-way-ANOVA.
Objective Four	Two scales	Test relationship between two scale variables	Pearson's Correlation Coefficient, Chi-Square and Regression.

Table 6 presents the descriptive statistics employed in the study. Percentages and frequencies were used to analyze the demographic characteristics of the respondents. To assess prayer levels and PWB among consecrated persons, descriptive measures such as percentages, means, averages, and total scores were computed, addressing the study's first two objectives. The third objective was examined using one-way ANOVA, which compared nominal variables with the composite prayer and PWB scores. The fourth objective was addressed through bivariate analysis, applying Pearson correlation, Chi-Square tests, and regression analysis to determine the relationship between prayer and PWB. Data analysis and presentation, including tables, figures, and graphs, were carried out using IBM SPSS Statistics Version 29, with its variable and data view features facilitating computation and interpretation.

3.11 Ethical Considerations

Ethical considerations are principles that help to guide research design based on the best practices of conducting empirical social studies (Heyvaert et al., 2016). After obtaining ethical clearance from Tangaza University, a research permit from NACOSTI, and letters of authorization from the religious superiors of various communities, the researcher proceeded with data collection. Ethical principles such as voluntary participation, informed consent, anonymity, confidentiality, protection of participants, and avoidance of deception were strictly observed. Participants were clearly informed about the purpose of the study and their freedom to participate without coercion.

Particular attention was given to respecting the governance structures of the religious congregations within the Ngong and Kiserian deaneries by first seeking approval from their superiors. This step ensured that the study was conducted in a spirit of trust and cooperation. Informed consent was obtained from all participants, and their dignity and confidentiality were

safeguarded throughout the process, aligning the study with both ethical guidelines and the values of the consecrated communities involved.

To maintain anonymity, no personally identifying information was collected or disclosed in the published results. Participants were also reminded of their right to withdraw from the study at any point without penalty. They were encouraged to ask questions or seek clarification whenever necessary and were assured that they could withhold any information they were uncomfortable sharing, without experiencing negative consequences.

3.12 Chapter Summary

In this chapter, the study methodology was discussed. The epistemological approach was presented, and the research design was laid down. The researcher pointed out the location of the study, while identifying the target population. The chapter further on expounded on the sampling design used and an analysis of the research instruments. The chapter revealed how the pre-testing of instruments was done, highlighting the procedures of data collection and how this data was analyzed. The chapter also considered ethical considerations that was considered and adhered to and concluded with a summary of the chapter. Having detailed the research design, data collection, and ethical considerations, the next chapter presents and analyzes the findings arising from the study.

CHAPTER FOUR

FINDINGS

4.1 Introduction

This chapter reports the findings of the study. It begins by highlighting the response rate, then provides a comprehensive account of the demographic characteristics of the participants. The presentation of results is organized according to the research objectives, and the chapter ends with a brief summary of the chapter.

4.2 Response Rate

This section presents the response rate of the questionnaires administered to the study participants. The distribution of the questionnaires is summarized in Table 7.

Table 7: Response Rate

Sample Size	Distributed Questionnaires	Returned Questionnaires	Unreturned Questionnaires	Properly filled Questionnaires
216	216	213	3	213

Table 7 shows that out of the 216 questionnaires distributed, 213 were successfully completed and returned, yielding a response rate of 98.6%. However, not all distributed questionnaires were returned which was attributed to some participants perceived sensitivity of some questions, accounting for the 0.4% of the unreturned questionnaires. Notably, none of the returned questionnaires were spoiled or incomplete, meaning that all 213 responses were valid and suitable for analysis. Such a high response rate is critical because it minimizes non-response bias and enhances the representativeness of the data. As Dillman et al. (2014) explains, higher response

rates improve data quality and the reliability of inferences drawn from survey research. This strong participation therefore provides a solid basis for generalizing the study findings to the broader population of consecrated persons under investigation.

4.3 Reliability of the Scales

This study used two types of standardized scales; the prayer scale and PWB scale, to evaluate prayer and PWB levels. A pre-test was conducted to ascertain whether the scales used in the study were valid and reliable for data collection. A total of 22 questionnaires were distributed and analyzed. To evaluate the reliability of these instruments, a Cronbach’s alpha reliability test was conducted using SPSS Version 25. Table 8 presents the results of this analysis, including additional statistical indicators of data distribution; skewness and kurtosis.

Table 8: Reliability of Research Instruments

Scale	Items	Cronbach’s Alpha	Skewness	Kurtosis
PS	28	0.887	-1.114	.478
PWB	42	0.731	-.698	-.358

Table 8 shows the reliability and distributional properties of the two scales. The Prayer Scale which consisted of 28 items, achieved a Cronbach’s alpha of 0.887, indicating very high internal consistency and reliability of the instrument. The PWB scale, comprising 42 items, yielded a Cronbach’s alpha of 0.731, which is acceptable for psychological research and demonstrates good reliability. Cronbach’s alpha values above 0.70 are generally considered acceptable, values above .80 are regarded as good, and values above 0.90 are excellent (Tavakol & Dennick, 2011).

With regard to data distribution, the skewness value of -1.114 for the PS suggests a negatively skewed distribution, indicating that most participants scored relatively high on prayer.

Similarly, the skewness value of -0.698 for the PWB scale also points to a mild negative skew, meaning participants generally reported higher levels of PWB. The kurtosis values further support these patterns, with the PS recording 0.478 , which reflects a fairly normal distribution with slightly higher concentration around the mean, and the PWB recording -0.358 , suggesting a slightly flatter distribution than a normal curve, though still within acceptable threshold.

Overall, both scales demonstrated acceptable to high reliability, confirming their suitability for measuring prayer and PWB among consecrated persons. Moreover, the skewness and kurtosis values fall within the conventional range of -2 to $+2$ (George & Mallery, 2010), indicating that the data approximate normality and are therefore appropriate for parametric analyses such as correlation and regression.

4.4 Demographic Characteristics

This section presents the demographic characteristics of the participants involved in the study. The study included 213 consecrated persons from selected deaneries of the Catholic Diocese of Ngong. The demographic characteristics analyzed included age, gender, educational level, and number of years in religious life. The results are presented in Table 9.

Table 9: Demographic Characteristics of Participants

	Frequency	Percentage (%)
Age		
20-29	45	21.1
30-39	84	39.4
40-49	62	29.1
50-59	14	6.6
60 and above	6	2.8
Gender		
Female	155	72.8
Male	57	26.8
Prefer not to say	1	0.4
Level of Education		
Secondary school	9	4.2
Certificate	18	8.5
Diploma	26	12.2
Bachelor's degree	77	36.2
Masters	80	37.6
Doctorate	3	1.4
Number of Years in Religious Life		
1 – 5 Years	49	23
6 – 10 Years	47	22.1
11 – 20 Years	86	40.4
21 -25 Years	20	9.4
26 -34 years	6	2.8
35 and above	5	2.3

The results shown in Table 9, illustrates the demographic profiles of the consecrated persons in Ngong and Kiserian deaneries. The age distribution revealed that the largest proportion of participants were aged between 30–39 years, with 84 participants (39.4%), followed by those in the 40 - 49-year age group, with 62 (29.1%) participants. Participants aged 20–29 years were

45 (21.1%). A small proportion was above 50 years, with 14 participants (6.6%) aged between 50–59 years and 6 participants (2.8%) aged 60 years and above.

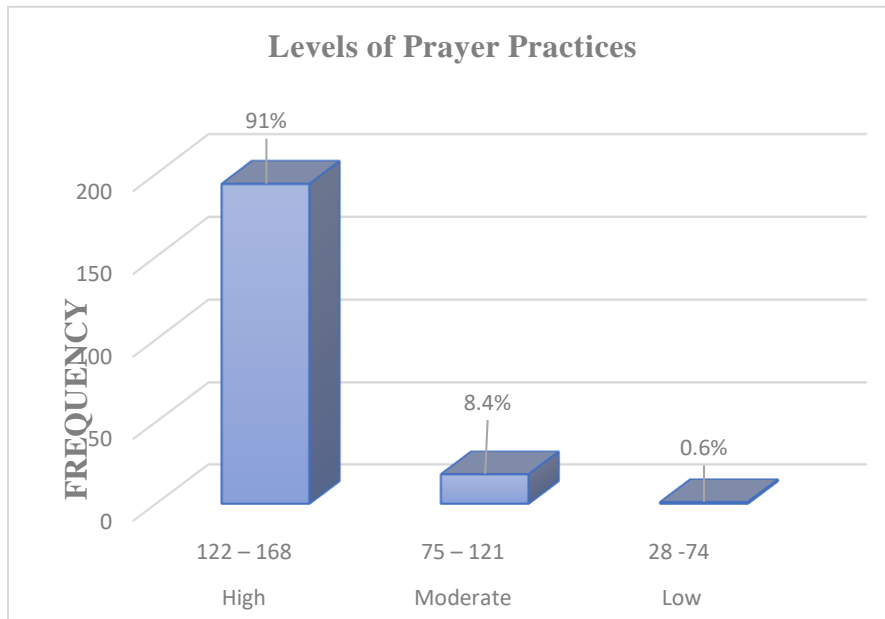
With regard to gender distribution, the study found that the majority of participants were female, 155 (72.8%), while male participants were 57 (26.8%), one participant (0.4%) preferred not to reveal the gender. The results revealed that 80 (37.6%) had attained Master's degrees and 77 (36.2%) had attained Bachelor's degree while 26 (12.2%) had diplomas, those with certificates were 18 (8.5%), secondary education was 9 (4.2%), and only 3 (1.4%) had doctorate.

In terms of number of years in religious life, the findings show that the majority of participants, 86 (39.9%), were in religious life for 11 - 20 years. This was followed by 49 participants (23.0%), who were in religious life for 1 - 5 years, and 47 participants (22.1%) with a duration of 6 - 10 years. A smaller proportion, 20 participants (9.4%), reported being in consecrated life for 21 - 25 years. Only 6 participants (2.8%) served for 26 - 34 years, while the least represented group, comprising 5 participants (2.3%), reported a duration exceeding 35 years in consecrated life.

4.5 The Level of Prayer among Consecrated Persons in Selected Deaneries of the Catholic Diocese of Ngong, Kenya.

The first objective of this study was to examine the level of prayer among consecrated persons. To achieve this, PS was utilized as a validated tool, to obtain responses for prayer levels across multiple dimensions of personal and communal spirituality. The PS comprises 42 items, and overall score of each respondent was obtained by summing their responses, with possible totals ranging from 28 to 168. The results of the scores were grouped into categories as illustrated in Figure 3.

Figure 3: *Distribution of Levels of Prayer*



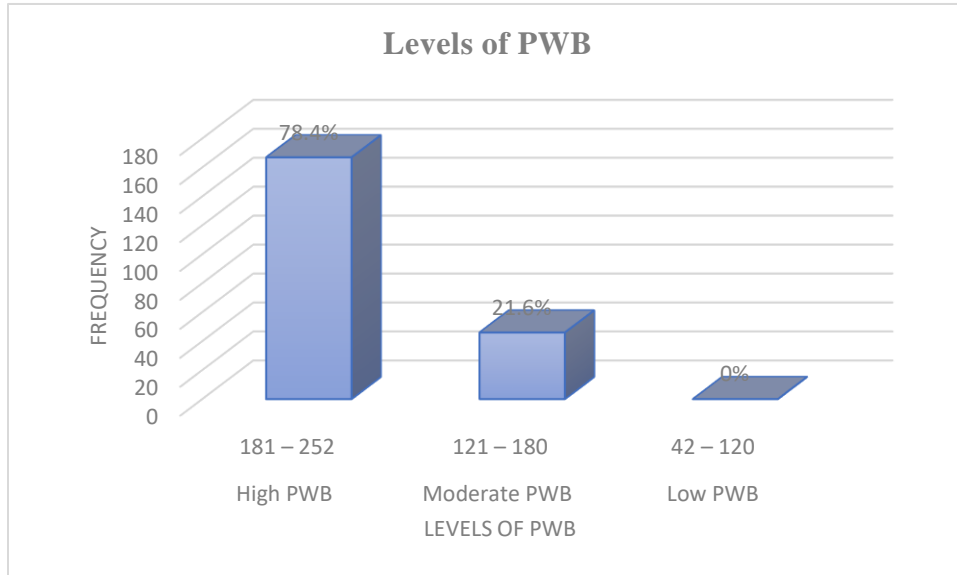
The bar graph in Figure 3 displays the distribution of participants across the three levels of prayer for the 213 respondents. The high prayer level (scores between 122–168) accounted for the largest proportion with a frequency of 194 (91%), followed by the moderate prayer level (scores between 75–121) reported by 18 participants (8.4%), while the low prayer level (scores between 28–74) was reported by only 1 participant (0.6%).

4.6 The Levels of Psychological Wellbeing Among Consecrated Persons in Catholic Diocese of Ngong.

The second objective of this study was to investigate the levels of PWB among consecrated persons. To measure this construct, the PWB Scale was employed. Responses were summed after reverse-scoring negatively phrased items to ensure consistency in directionality. The total possible scores ranged from 42 to 252. For interpretative clarity, and following conventions in existing literature as well as the distribution of scores within the present sample, the totals were classified

into three categories: low (42–120), moderate (121–180), and high (181–252). The results are presented in Figure 4.

Figure 4: *Levels of Psychological Wellbeing*



The bar chart illustrated in Figure 4 shows the distribution of respondents across the three levels of PWB. The majority of respondents reported high PWB levels (scores between 181–252), with a frequency of 167 (78.4%). This was followed by those with moderate PWB (scores between 121–180), comprising 46 participants (21.6%). None of the participants fell within the low PWB category (scores between 42–120). These findings show that consecrated persons in the Catholic Diocese of Ngong generally experience high levels of PWB, with no evidence of very low PWB levels within the sample.

4.7 Relationship Between Demographic Characteristics and Psychological Wellbeing Among Consecrated Persons in the Catholic Diocese of Ngong.

In the third objective, the relationship between demographic characteristics and PWB was examined. Each of these demographic variables were categorized into at least three distinct groups to facilitate a deeper analysis of their potential relationship with PWB. Therefore, the demographic

characteristics are nominal values, each with more than three categories. The PWB scores were summed into composite scores resulting in creating interval scale. In this way the PWB is treated as continuous variable. To examine the relationship between a nominal variable with three or more categories and a continuous variable, ANOVA, is appropriate (Field, 2018; Gravetter & Wallnau, 2020). This method is particularly useful in this study because it can determine whether demographic factors have a significant relationship on PWB of individuals. The findings of the analysis are summarized in Table 10.

Table 10. *ANOVA for Demographic Characteristics and Psychological Wellbeing*

Variable		Sum of Squares	df	Mean Square	F	Sig.
Age	Between Groups	7380.767	4	1845.192	2.714	.031
	Within Groups	141428.698	208	679.946		
	Total	148809.465	212			
Gender	Between Groups	2872.362	2	2872.362	4.153	.043
	Within Groups	145937.103	211	691.645		
	Total	148809.465	212			
Number of years in religious life	Between Groups	7644.364	5	1528.873	2.242	.051
	Within Groups	141165.101	207	681.957		
	Total	148809.465	212			
Level of Education	Between Groups	12277.263	5	2455.453	3.723	.003
	Within Groups	136532.202	207	659.576		
	Total	148809.465	212			

The Table 10 presents the results of ANOVA analysis examining the relationship between demographic characteristics and PWB. A one-way ANOVA was conducted to examine whether PWB scores differed significantly across demographic characteristics. The results show that age was positively associated with PWB ($F = 2.714, p = .031$), suggesting that older participants experience higher levels of PWB. Gender differences were also significant ($F = 4.153, p = .043$), with variations reflecting the contextual influence of cultural and pastoral roles in Kenya, where women religious often balance intense social and community responsibilities. Education significantly predicted PWB ($F = 3.723, p = .003$), suggesting that higher educational attainment may contribute to variability in PWB. A marginal relationship emerged between years in religious life and PWB ($F = 2.242, p = .051$), with those in mid-vocation (11–20 years) reporting higher level of PWB ($F = 4.15, p = .043$).

4.8 Relationship Between Prayer and Psychological Wellbeing Among Consecrated Persons in the Catholic Diocese of Ngong.

The fourth objective of this study was to explore the relationship between prayer and PWB among consecrated persons. The strength and nature of this relationship may vary across contexts, and empirical evidence is necessary to understand how prayer is related to PWB within religious communities.

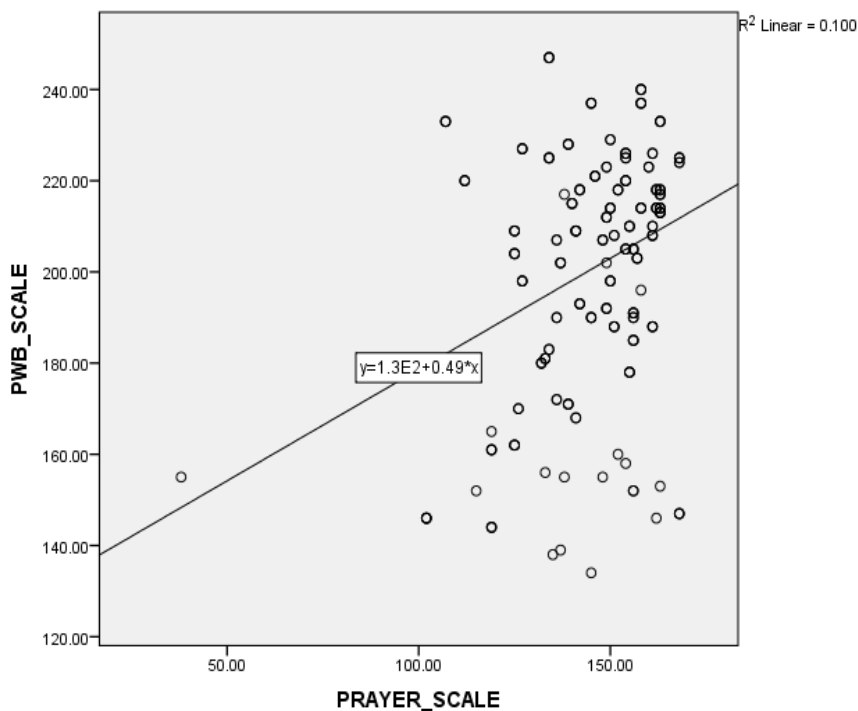
First both variables under study, i.e., prayer and PWB, were computed into composite scores, yielding interval-level data. As a result, both variables were treated as continuous measures, which justified the application of Pearson's product-moment correlation coefficient to examine the relationship between them. Pearson's correlation is appropriate when assessing the strength and direction of association between two continuous variables that are measured at the interval or ratio level.

Secondly, both prayer and PWB are categorized into three nominal groups (“High,” “Moderate,” “Low”). To determine whether a statistically meaningful relationship exists between these two categorical variables, the Chi-square test of independence assesses whether there is a significant association between two categorical variables by comparing the observed frequencies in each category with the expected frequencies if no association existed. It is suitable in this case because both variables are nominal and consist of more than two categories, and the aim is to test whether distributions of one variable differ depending on the categories of the other.

4.8.1 Relationship Between Prayer Scale Scores and Psychological Wellbeing Scores

In this analysis, composite scores for both the PS and PWB scales were computed. The relationship between the two continuous variables was examined using the Pearson’s correlation. The results are shown in Figure 5.

Figure 5: *Relationship Between Prayer and Psychological Wellbeing*



The Figure 5 shows a scatter plot obtained when PWB scale total scores (y-axis) were plotted against PS total scores (x-axis) to illustrates the relationship between prayer and PWB among consecrated persons. The regression line shows a positive linear trend, indicating that higher scores on prayer are generally associated with higher scores on PWB. The regression equation, $y = 1.3E2 + 0.49x$, suggests that for every one-unit increase in the prayer score, the PWB score increases by approximately 0.49 units.

The coefficient of determination ($R^2 = 0.100$) indicates that prayer explains about 10% of the variation in PWB. The results of the correlation analysis are presented in Table 11.

Table 11: *Relationship Between Prayer Scale Scores and Psychological Wellbeing Scale Scores*

		PS	PWB_SCALE
PS	Pearson Correlation	1	.316**
	Sig. (2-tailed)		.000
	N	213	213
PWB_SCALE	Pearson Correlation	.316**	1
	Sig. (2-tailed)	.000	
	N	213	213

Note: *Correlation is significant at the 0.01 level (2-tailed).*

Table 11 presents the Pearson correlation matrix between PWB scale total scores and the PS total scores. The correlation analysis ($r = .316$, $p < .01$) indicate a moderate positive and statistically significant relationship between prayer and PWB. This means that participants who reported higher levels of prayer also tended to report higher levels of PWB.

4.8.2 Relationship between Prayer Levels and Psychological Wellbeing Levels

Viewing the relationship between prayer and PWB in another dimension, in Sections 4.5 and 4.6, both prayer and PWB levels are categorized into three nominal groups (“High,” “Moderate,” “Low”). To determine whether a statistically meaningful relationship exists between these two categorical variables, the Chi-Square Test of Independence was used. The results are presented in Table 12.

Table 12: *Relationship Between Prayer Levels and Psychological Wellbeing Levels*

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	27.634 ^a	2	.000
Likelihood Ratio	22.404	2	.000
Linear-by-Linear Association	27.377	1	.000
N of Valid Cases	213		

Note: *a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is .22.*

Table 12 presents the results of the Chi-Square tests conducted to examine the relationship between prayer levels and PWB among the respondents. The Pearson Chi-Square test ($\chi^2 = 27.634$, $df = 2$, $p < .001$) which was statistically significant indicating a strong relationship between the two categorical variables. Similarly, the Likelihood Ratio test ($\chi^2 = 22.404$, $df = 2$, $p < .001$) supported this finding, further confirming the presence of a significant relationship. The Linear-by-Linear Association also produced a highly significant result ($\chi^2 = 27.377$, $df = 1$, $p < .001$), suggesting a clear linear trend between increasing levels of prayer and higher PWB.

While the Chi-Square test establishes whether a relationship exists, it does not reveal the strength of the relationship. Cramér’s V is therefore applied as a post-test measure of effect size to

determine the strength of the relationship between the variables (Akoglu, 2018). The results showing the Cramer’s V and Phi values are presented in Table 13.

Table 13: *Prediction of Influence of Prayer on Psychological Wellbeing*

Symmetric Measures		Value	Approx. Sig.
	Phi	.360	.000
Nominal by	Cramer's V	.360	.000
Nominal	Contingency Coefficient	.339	.000
N of Valid Cases		213	

Table 13 shows the symmetric measures computed to examine the strength and significance of the relationship between prayer and PWB levels. The results indicated a Phi coefficient of 0.36, $p < .001$, indicating a moderate and statistically significant relationship between the variables. Similarly, Cramer’s V Cramer’s V value of 0.36, $p < .001$, also reinforcing the finding of a moderate and statistically significant relationship between prayer level and PWB levels. Additionally, the Contingency Coefficient yielded a value of 0.339, which again falls within the range of a moderate relationship between the variables under investigation.

To further explore this relationship, a simple linear regression analysis was conducted to determine whether prayer could significantly predict PWB scores. The results are presented in Table 14.

Table 14: Regression Analysis

ANOVA ^a						
Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	14901.044	1	14901.044	23.480	.000 ^b
	Residual	133908.421	211	634.637		
	Total	148809.465	212			

Table 14 illustrates an analysis of variance (ANOVA) conducted to test the regression model. A one-way ANOVA was conducted to examine whether PWB scores differed significantly across the three levels of prayer (low, moderate, and high). The results showed that the regression model was statistically significant, $F(1, 211) = 23.48, p < .001$.

Table 15: Coefficient Regression Analysis

Coefficients ^a								
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	129.793	14.713		8.822	.000	100.970	158.795
	Prayer Scale	.488	.101	.316	4.846	.000	.289	.687
	Total_Score							

Note: a. Dependent Variable: PWB_SCALE

Table 15 shows the regression analysis done to establish the nature of relationship between prayer and PWB, particularly how much the dependent variable (PWB) changes with each unit increase in the independent variable (Prayer). Results indicate that prayer significantly predicts the PWB with an unstandardized coefficient (B) of 0.488. This means that for every unit increase

in the Prayer Scale, the PWB Scale score is expected to increase by 0.488, assuming all other factors remain constant. The standard error for the Prayer Scale coefficient is 0.101, which suggests that the estimate of 0.488 is relatively precise. The standardized coefficient (Beta) of 0.316 further supports this, indicating a moderate positive relationship between the Prayer and PWB when both variables are measured in standard deviation units.

This Beta value corresponds with the Pearson's correlation coefficient of 0.316, which also suggests a moderate positive linear relationship between the two variables. Both the T-value of 4.846 and the significance value of 0.000 show that the relationship is statistically significant, with a high degree of certainty that the Prayer Scale is a meaningful predictor of PWB.

The Pearson's correlation coefficient of 0.316, which measures the linear relationship between the two variables, aligns with the Beta value of 0.316 in the regression analysis. The tests carried out in this section clearly suggests that there is a moderate positive relationship between the Prayer and PWB.

4.9 Limitations of the Study

The study encountered some limitations that may have influenced the study findings. One limitation of this study is the reliance on self-reported questionnaires, namely the Prayer Scale and the PWB Scale, as the primary tools for data collection. While these instruments are widely used and demonstrated good reliability in this study, self-report measures are inherently vulnerable to biases such as social desirability, recall inaccuracies, or the tendency of respondents to provide answers that align with socially or religiously acceptable norms rather than their actual experiences. This may have influenced the extent to which the reported levels of prayer and PWB accurately reflected participants' true practices and psychological states.

A second limitation is the use of a cross-sectional design. By capturing data at only one point in time, the study was able to identify associations between prayer and PWB but could not establish causal relationships. It remains unclear whether higher levels of prayer contribute to higher PWB, or whether individuals with greater PWB are more inclined toward prayer. A longitudinal or experimental design would be better suited to assess the directionality and causal mechanisms underlying the relationship observed in this study.

Furthermore, the study employed tools that were adapted and contextualized for the Kenyan Catholic context. Although necessary to make the measures more applicable to the study population, some items in the scales may not have fully captured the cultural and religious differences specific to the Kenyan setting. Prayer practices and conceptions of PWB are deeply embedded in cultural traditions, language, and spirituality, which may not have been completely reflected in instruments originally developed in Western contexts. This limitation suggests that while the findings are valuable, the tools may not have fully represented the lived reality of consecrated persons in Kenya.

4.10 Chapter Summary

This chapter presented the results of the study, beginning with an examination of the response rate. The reliability of the two research instruments, the Prayer Scale and the PWB, was confirmed through Cronbach's alpha values. Demographic characteristics of the participants were described to provide context for the analysis. The results addressing the four research objectives were then presented using figures and tables for clarity. The chapter also highlighted the limitations of the study. The next chapter will discuss these findings in detail, offering interpretations and exploring their relevance to existing literature and practical applications within religious communities.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter provides a critical discussion of the findings in relation to the research objectives and questions, interpreting the results presented in Chapter four. The discussion emphasizes areas of convergence and divergence with previous studies, thereby situating the findings within the broader academic discourse. Furthermore, the conceptual framework of the study is revisited, with particular reference to the Relational Prayer Theory.

5.2 The Level of Prayer among Consecrated Persons in the Catholic Diocese of Ngong

The first objective of this study was to examine the levels of prayer among consecrated persons in the Catholic Diocese of Ngong. Understanding how frequently and consistently consecrated persons pray is therefore important, not only in appreciating their lived spirituality but also in situating prayer within broader psychological and relational frameworks. Relational Prayer Theory views prayer as a dynamic interaction with God, where prayer intensity reflects the quality of relationship and commitment to that interaction. Examining the levels of prayer in Ngong Diocese thus sheds light on both spiritual practice and the relational dimensions of consecrated life.

The findings of this study revealed that majority 194 (91%) of the consecrated persons reported high levels of prayer, with only 18 (8.4%) at the moderate level and only one (0.6%) at the low level. This striking distribution shows the centrality of prayer in consecrated life, where engagement is not only consistent but intense. Compared with global studies, the findings of the present study demonstrate a higher concentration at the upper end. Teut et al. (2024) reported that

72% of German Catholics who prayed the Rosary did so daily or multiple times a day, while 21% prayed 3–4 times weekly and 7% prayed once a week or less. Similarly, Newman et al. (2023) found that 58% of U.S. Christians prayed daily, 28% 2–4 times weekly, and 14% weekly or less. These distributions illustrate a wider variability in global contexts than the distributions of results in the present study, where moderate and low levels are almost absent. The predominance of high prayer levels suggests that prayer functions as a deeply internalized relational act, in line with Relational Prayer Theory, reflecting a secure and consistent bond with God that transcends cultural and regional variability.

At the regional level, the findings of this study broadly align with studies of consecrated persons in Africa, while showing a higher degree of uniformity. Draru (2022) reported that 68% of Catholic sisters across ten African countries engaged in daily personal prayer and 74% in communal prayer, indicating strong patterns of high-level engagement but leaving space for moderate and low participation. This indicates a particularly stable devotional rhythm, suggesting that prayer is sustained as both a communal expectation and a personal relational commitment. In terms of Relational Prayer Theory, such stability implies that prayer is experienced less as a variable practice and more as a defining relational anchor shaping identity and vocation.

In the Kenyan context, the findings make an important empirical contribution, where prayer has been categorized in different levels. Previous research such as Bett et al. (2023) and Kiplagat et al. (2021) recognized prayer as central to spirituality, resilience, and wellbeing among consecrated persons but did not quantify levels of prayer into measurable categories. The present study advances the discourse by categorizing prayer into high, moderate, and low levels, thereby generating comparable data and offering empirical evidence of prayer intensity. The concentration of high prayer levels in this study also highlights the contextual role of cultural and institutional

support in sustaining prayer as a consistent practice. This is significant because, in line with Relational Prayer Theory, prayer is not only an individual practice but also socially reinforced within communities that nurture relational depth with God.

The findings of this study may be cautiously generalized to similar contexts of consecrated life within Kenya and possibly to other African dioceses where religious formation emphasizes structured prayer life. However, generalization to secular populations or non-African contexts should be done with care, as cultural, institutional, and social factors strongly influence prayer patterns. The results of this study nevertheless show a unique consistency of high levels of prayer, confirming that prayer serves as a central and stable resource in consecrated life. Theoretically, this supports Relational Prayer Theory by illustrating how prayer sustains relational closeness to God, and it also resonates with Ryff's PWB Theory, particularly in dimensions such as purpose in life, environmental mastery, and positive relations with others, all of which are strengthened through consistent prayer.

In reflecting on these findings, it is particularly striking to observe such a high and nearly universal commitment to prayer among the consecrated persons in the Diocese of Ngong. This pattern is not only statistically significant but also personally resonant, as it illustrates the profound integration of prayer into the daily fabric of consecrated religious life. The near absence of moderate and low levels of prayer distinguishes this community from many others documented globally, suggesting that prayer here functions not merely as a spiritual discipline but as a foundational, lived reality that shapes identity, purpose, and communal cohesion. As this study highlights, the lived experience of prayer for these religious is more than habitual observance; it is an enduring relational anchor that informs their psychological and spiritual well-being and offers a model worthy of further exploration in similar contexts. Viewed through the lens of Relational

Prayer Theory, the results emphasize prayer as a relational anchor with God, deeply embedded in daily living, and a central foundation for the psychological and spiritual wellbeing of consecrated persons.

5.3 Levels of Psychological Wellbeing Among Consecrated Persons in Ngong Diocese

The second objective of this study was to examine the levels of PWB among consecrated persons in selected deaneries of Ngong Diocese. The results revealed that a vast majority of participants (78.4%) reported high levels of PWB, with the remainder (21.6%) falling in the moderate range, and notably, none in the low category. This distribution points to a strong prevalence of resilience, satisfaction, and adaptive functioning within the consecrated population in Ngong. The absence of low PWB, in particular, is an uncommon finding in comparative literature, suggesting the presence of unique contextual or protective factors supporting wellbeing in this setting.

The results of the present study revealed high levels of PWB, with 78.4% of participants in the high category, 21.6% in the moderate, and none in the low. This pattern is remarkable compared to global studies, where although the majority of consecrated persons typically fall in the high category, a significant minority often report low PWB. For example, Francis et al. (2022) in Great Britain found 67% high, 25% moderate, and 8% low, while Büssing et al. (2024) in Germany reported 65% high, 25% moderate, and 10% low. Unlike these contexts, the Ngong sample recorded no low PWB, suggesting that local protective factors such as communal support and spirituality may buffer against psychological vulnerabilities.

The findings of the present study show a predominance of high PWB but differ sharply in the absence of low scores. In contrast, Kappler et al. (2022) found that 70% of Catholic priests in Canada maintained moderate-to-high PWB during the COVID-19 pandemic, while 10% fell in the

low category due to loneliness and depression. The sharp divergence indicates that while Western contexts struggled with isolation during the pandemic, consecrated persons in Ngong may have been shielded by stronger communal ties and culturally embedded social connectedness (Mbugua & Kimani, 2021). This points to the unique resilience fostered by Kenyan religio-cultural settings.

The present study results confirm high levels of PWB and demonstrate greater stability compared to secular groups. For instance, Multisari et al. (2022) reported among Indonesian university students an almost even distribution of 32% high, 36% moderate, and 32% low wellbeing. By comparison, Ngong consecrated persons stand out with no participants in the low category, emphasizing the protective role of religious vocation, structured prayer life, and communal belonging in fostering wellbeing beyond what is typically observed in younger, secular populations.

The results further align with African regional patterns of high PWB but again diverge in the absence of low cases. Templer et al. (2022) reported 72% high PWB among consecrated persons across three African countries but also 14% in the low category. Similarly, Draru (2022) documented 70% high, 20% moderate, and 10% low among Catholic sisters in Africa, and Gerundt (2024) reported 60% high, 30% moderate, and 10% low across African and European religious. While these studies affirm the general resilience of consecrated persons, the present study's complete absence of low PWB suggests stronger protective diocesan, cultural, or pastoral dynamics at work.

Taken together, the results consistently reveal high PWB with no cases of low wellbeing, setting them apart from global, regional, and local benchmarks. While the general pattern of strong wellbeing among consecrated populations is confirmed, the distinctiveness of his study lies in its complete lack of low scores. This implies that diocesan structures, communal solidarity, and

culturally embedded spirituality provide unique protective factors not captured in other contexts. Nevertheless, the findings must be considered with caution regarding generalizability, as other Kenyan or African dioceses may not replicate the same results.

From a theoretical perspective, the results resonate with Carol Ryff's PWB Theory, particularly the dimensions of purpose in life, positive relations, and self-acceptance, all of which appear strongly cultivated in consecrated life. They also align with Relational Prayer Theory, which posits that prayer nurtures a relational bond with God that strengthens identity, meaning, and resilience. The synergy of these frameworks highlights how the integration of spirituality, community, and vocation can elevate wellbeing to exceptionally high levels, as observed in Ngong.

5.4 Relationships between Demographic Characteristics and Psychological Wellbeing

The third objective of this study was to examine the relationship between demographic characteristics and PWB among consecrated persons in the Catholic Diocese of Ngong. The demographic factors considered included age, gender, education, and years in religious life. Understanding this relationship is important as demographic characteristics often shape lived experiences, coping strategies, and available support systems, which in turn influence PWB. The results from Ngong Diocese were analyzed using ANOVA, and the findings are presented alongside comparative evidence from other studies.

The results revealed a statistically significant relationship between age and PWB ($F = 2.714, p = .031$), with older consecrated persons reporting higher levels of PWB compared to their younger counterparts. These findings are consistent with Francis et al. (2022), who reported that Methodist ministers in Great Britain aged 50 years and above recorded higher wellbeing than those under 40. Similarly, Kappler et al. (2022) found a positive correlation between age and PWB

among Catholic priests in Canada. Such consistency may be attributed to the benefits of vocational maturity, accumulated resilience, and stable support systems among older consecrated persons. Contextualizing to the present study, the results suggest that age confers psychological resources that promote higher PWB, which points to the need for greater mentorship of younger religious.

Gender and PWB showed significant relationship ($F = 4.153$, $p = .043$), with variations observed between men and women religious. This result contrasts with Smith et al. (2021), who found no significant gender differences in PWB among Catholic priests and religious in the United States, although subscale differences were noted. The divergence highlights the contextual influence of cultural expectations and role distribution. In Kenya, women religious often shoulder heavier responsibilities in pastoral care, social services, and community work, which may strengthen their sense of purpose but also expose them to stressors distinct from those experienced by men. The findings of this study suggest that gendered experiences shape wellbeing more strongly in this context, pointing to the importance of tailored pastoral and psychological support that recognizes these differences.

Education emerged as a significant predictor of PWB ($F = 3.723$, $p = .003$), with higher educational attainment associated with stronger wellbeing. This finding contrasts with Templer et al. (2022), who found no significant relationship between education and PWB among consecrated individuals in Europe. In this study, education may function not only as an intellectual resource but also as a pathway to leadership roles, pastoral competence, and broader networks of support, all of which enhance PWB. The implication is that investment in educational opportunities for consecrated persons is not only a professional necessity but also a psychological resource that strengthens resilience and enhances PWB.

The results showed a marginally significant relationship between years in religious life and PWB ($F = 2.242, p = .051$). Those with 11–20 years in consecrated life appeared to experience higher levels of wellbeing compared to novices or those with longer periods in religious life. These findings partially align with Gerundt (2024), who observed a mid-career wellbeing peak in Germany, and with Ndunge (2024), who found higher wellbeing among African sisters with 10–20 years in religious life. Locally, Bett et al. (2023) also reported a positive association between years in religious life and PWB. By systematically examining all four demographic characteristics—age, gender, education, and years in religious life, this study bridges a critical gap in the Kenyan literature, where earlier research (e.g., Bett et al., 2023; Kiplagat et al., 2021) was narrower in scope and often limited to particular groups, such as female-only samples. The marginal effect in Ngong may reflect variability in community dynamics, personal adjustment, or transitional challenges. Nevertheless, the general trend suggests that vocational stability and role clarity in the second decade of consecrated life enhance PWB.

The findings from the present study align with global evidence on age and years in religious life, while diverging in gender and education effects. These divergences show the contextual and cultural factors that uniquely shape consecrated life in Kenya. The results are generalizable with caution to similar dioceses in Sub-Saharan Africa, where cultural, pastoral, and community dynamics parallel those of Ngong.

Importantly, these findings resonate with Ryff's PWB Theory, which identifies six dimensions of wellbeing: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Significant demographic influences emerged in relation to PWB among consecrated persons in the Catholic Diocese of Ngong. Older participants reported higher levels of PWB, reflecting stronger environmental mastery and self-acceptance

through resilience and vocational integration. Gender differences highlighted women's higher PWB, consistent with positive relations with others and purpose in life dimensions, as their pastoral roles foster social connection and meaning. Education significantly predicted PWB, resonating with personal growth by enhancing intellectual development and leadership opportunities. Additionally, years in religious life showed a marginal relationship, with those in mid-vocation (11–20 years) reporting the highest PWB, reflecting strengthened purpose in life and greater autonomy. This confirms the relationship between demographic characteristics in sustaining PWB in consecrated life.

From the researcher's perspective, engaging with these demographic findings has been both illuminating and thought-provoking. It is striking to see how variables such as age, gender, education, and years in religious life intricately shape PWB within a consecrated context. Observing that older religious consistently report higher levels of PWB echoes the wisdom and resilience that often accompany vocational maturity, a trend reinforced by both global and local research. Notably, the relationship with gender observed signal the importance of understanding lived realities within consecrated life, reminding us that pastoral and communal responsibilities are experienced differently depending on one's role and context. The significant role of education in enhancing PWB highlights how access to knowledge and leadership preparation extends beyond academic competence to provide psychological resources and open pathways for greater personal development. Reflecting on the slight effect of years in religious life, it becomes apparent that the journey of consecrated vocation is dynamic, with certain periods offering heightened resources for PWB. As the researcher, these findings reaffirm the importance of a holistic and contextually aware approach to pastoral care, formation, and policy in supporting the flourishing of consecrated persons at every stage of their vocation.

5.5 Relationship between Prayer and Psychological Wellbeing

The fourth objective of this study was to examine the relationship between prayer and PWB among consecrated persons in the Catholic Diocese of Ngong. The results revealed a statistically significant positive relationship, with scatterplot analysis confirming a moderate correlation ($r = .316, p < .01$). Regression analysis further showed that prayer significantly predicted PWB, with an unstandardized coefficient ($B = 0.488$). This means that for every unit increase in prayer, PWB rose by 0.488 units. The standardized beta coefficient of 0.316, along with a t-value of 4.846 ($p < .001$), confirmed the robustness of this effect. In addition, the Chi-Square test demonstrated a significant association between prayer levels and wellbeing, $\chi^2 (27.634, N = 213) = p < .001$, with Cramer's V (.36) indicating a moderate relationship. Together, these findings demonstrate the centrality of prayer in shaping the wellbeing of consecrated persons in Ngong Diocese.

In the present study, participants who prayed more frequently reported significantly higher levels of PWB. This resonates with Ellison et al. (2014), who found that frequent prayer among 1,023 U.S. adults reduced the likelihood of high anxiety symptoms by 35%, while secure attachment to God predicted a 40% improvement in mental health outcomes. Similarly, Smith and Patel (2020) reported that daily prayer among Catholic priests significantly raised scores on the Purpose in Life Scale ($t (248) = 4.23, p < .01$). The results of the present study, therefore, confirm that prayer functions not only as a spiritual practice but also as a psychological resource that enhances meaning and resilience. From the perspective of Relational Prayer Theory, prayer is understood as an interactive relationship with God in which dialogue, trust, and intimacy strengthen the believer's sense of security and belonging. This relational quality explains why higher prayer levels in this study is tied to greater PWB: consecrated persons who cultivate such a bond with God draw psychological comfort and emotional stability from it.

The regression analysis in this study also showed that while prayer enhances PWB, the strength of this relationship was moderate. This parallels the work of Zarzycka and Krok (2020), who found that the type of prayer mattered, with thanksgiving prayer strongly boosting PWB ($r = .56, p < .01$) while supplication correlated negatively ($r = -.41, p < .05$). Locally, Kiplagat et al. (2019) found a positive correlation between spiritual wellbeing and PWB ($r = .247, p < .01$) among consecrated women in Kenya. These findings suggest that prayer is generally beneficial, but the quality of prayer relationships, as emphasized in Relational Prayer Theory, shapes the depth of its impact.

The findings of this study demonstrated that participants with high levels of prayer also reported high levels of psychological wellbeing, showing a clear relationship between prayer and PWB outcomes. This link is further echoed in physiological research. Nakamura and Lopez (2023), for example, observed significant reductions in cortisol levels after six months of communal prayer in monastic settings ($M_{pre} = 18.4, M_{post} = 12.2, t(149) = 5.32, p < .001$), while Hoffman et al. (2021) found a strong correlation between prayer duration and resilience ($r = .68, p < .01$). These studies confirm that relational practices of prayer not only foster subjective wellbeing but also produce measurable biological benefits. The convergence of evidence highlights how prayer functions holistically, integrating mind, body, and spirit, in ways consistent with Ryff's model of PWB, which emphasizes the multidimensionality of wellbeing.

The findings of this study make a unique contribution to the Kenyan and African context, where limited empirical work has quantitatively examined prayer's role in wellbeing among consecrated persons. While studies such as Cheng et al. (2023) and Smithson and Lee (2021) have confirmed prayer's benefits in Western contexts, African research has often been sparse or qualitative. By providing statistical evidence of prayer's predictive effect on PWB, this study

bridges a significant gap in East Africa. However, generalizability beyond Ngong Diocese should be considered cautiously, as cultural factors, community practices, and pastoral realities may influence the strength of the relationship in other dioceses.

From a theoretical standpoint, these findings highlight the complementarity of Relational Prayer Theory and Ryff's PWB Theory. Relational Prayer Theory explains the mechanism by which prayer strengthens PWB: by fostering trust, attachment, and intimacy with God, prayer provides emotional regulation and a sense of purpose. Ryff's PWB Theory explains the outcomes of this relationship, showing how prayer supports key wellbeing dimensions such as purpose in life, positive relations with others, self-acceptance, *and* environmental mastery. Taken together, the theories illuminate how prayer, as both relational engagement and existential practice, sustains the PWB of consecrated persons in Ngong Diocese.

5.6 Suggestions for Improving Theory

This section provides suggestions for improving the two theories that guides this study i.e., the relational prayer theory developed by Baesler, and the PWB theory by Carol Ryff.

The findings of this study strongly affirm the principles of Relational Prayer Theory, which conceptualizes prayer as an intimate and dynamic interaction with God. With 91% of participants reporting high levels of prayer, the results highlight that consecrated person engage prayer not merely as ritual, but as a sustained relational practice. The moderate yet significant positive relationship between prayer and PWB ($r = .316$, $p < .01$; $B = 0.488$) indicates that relational prayer provides emotional stability, resilience, and meaning in daily life. This reinforces the theoretical claim that prayer fosters trust, intimacy, and attachment in the divine relationship, which in turn promotes psychological health.

At the same time, the demographic findings extend Relational Prayer Theory in new ways. Older participants and those in mid-vocation reported higher psychological well-being, suggesting that the relational bond with God may deepen with time and stability in consecrated life. Gender and educational differences also indicate that relational dynamics with God may be influenced by social roles and cognitive resources, factors not always emphasized in existing formulations of the theory. Thus, the present findings suggest that Relational Prayer Theory could be refined by integrating developmental and socio-demographic considerations, thereby offering a more nuanced understanding of how relational prayer operates across different populations.

The results also align closely with Carol Ryff's Six-Factor Model, which defines well-being through autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. The predominance of high PWB among participants (78.4%) illustrates that prayer serves as a mechanism through which these dimensions are cultivated. For instance, purpose in life is reinforced through prayer by grounding participants in their vocation; positive relations are nurtured in communal prayer that fosters belonging; and self-acceptance is strengthened as individuals reconcile their limitations within divine mercy. Likewise, environmental mastery is reflected in the structured discipline of prayer life, which supports emotional regulation and coping; personal growth emerges in the higher well-being of those in mid-vocation, suggesting developmental gains through sustained prayer; and autonomy is promoted as prayer fosters inner strength to navigate external challenges.

However, the findings also invite refinement of the model. The influence of demographic variables, such as higher well-being among women and those with advanced education, indicates that the six dimensions of well-being do not operate in isolation but are shaped by social and contextual factors. While Ryff's model provides a robust framework for understanding PWB, the

evidence from this study suggests that the model may be strengthened by incorporating spirituality explicitly as a cross-cutting dimension, given its demonstrated contribution to purpose, growth, and resilience.

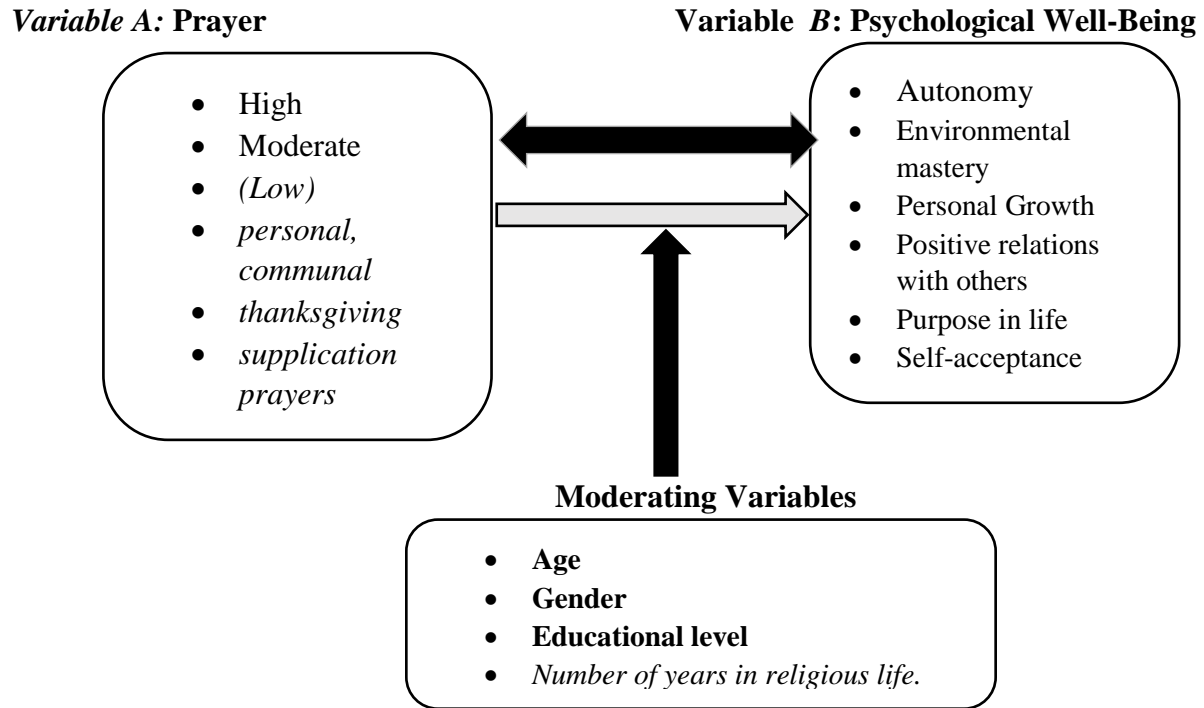
Taken together, these findings suggest that both Relational Prayer Theory and Ryff's Six-Factor Model can be advanced through integration. Prayer in Ngong Diocese emerges as both a relational and developmental resource: it nurtures a deep bond with God while simultaneously cultivating psychological strengths across Ryff's six domains. The predictive power of prayer, although modest (explaining 10% of the variance in well-being), demonstrates its foundational role in consecrated life, complementing other psychosocial and cultural factors.

Critically, this study demonstrates that the existing theories can be improved for broader applicability. Relational Prayer Theory may benefit from incorporating demographic and developmental perspectives, acknowledging that relational depth and psychological outcomes vary with age, gender, education, and vocational stage. Ryff's model, in turn, can be extended by recognizing spirituality, and prayer in particular, as a distinct and empirically supported contributor to PWB, particularly in religious or culturally spiritual contexts. Future studies can build on these refinements to explore the intersection of spirituality and well-being across diverse populations, thereby advancing both theoretical frameworks beyond their current scope.

5.7 Revisiting the Conceptual Framework

This section revisits the conceptual framework introduced in chapter two, to better reflect the empirical realities of the relationship between prayer and PWB among consecrated persons in the Catholic Diocese of Ngong. The adjustments ensured that the framework moved beyond a purely theoretical representation to one that integrates both statistical evidence and contextual insights from the study settings.

Figure 6: Revisited Conceptual Framework



Source: Researcher (2025).

First, the relationship between prayer and PWB was modified to reflect the moderate strength of the correlation observed ($r = .316, p < .01$), which accounted for only 10% of the variance in PWB. In the revised framework, the original solid arrow connecting prayer and PWB was replaced with a grey arrow, signaling that while prayer does significantly predict PWB, it is not the sole determinant. Additionally, refinements were made to the directionality of the relationship between prayer and PWB. While the original design employed a double-headed arrow to suggest reciprocity, the regression results confirmed that prayer predicted PWB more strongly than the reverse. Accordingly, the revised framework adopted a single-headed arrow to reflect the evidence.

Second, the moderating variables were refined in line with the statistical results. Age, gender, and education showed significant differences in PWB, and therefore, they are presented in

bold, reflecting their substantive moderating influence. By contrast, number of years in consecrated life demonstrated only a marginal effect, leading to the decision to depict in *Italic non-bold* font. This adjustment visually communicates that while years in consecrated life play some role, their impact is weaker compared to other demographic variables.

Third, the levels of prayer were revised in recognition of the empirical distribution. Since only one participant (0.6%) reported low levels of prayer, this category was deemed practically irrelevant for the Ngong context. As such, the low-prayer level was indicated in parentheses, emphasizing its negligible presence. Instead, the framework highlights the predominance of moderate and high levels of prayer as the more meaningful categories.

Finally, the framework was refined to allow differentiation between types of prayer, personal, communal, thanksgiving, and supplication prayers may differentially affect aspects of psychological well-being. While this study measured prayer broadly, the revised model incorporates space for such distinctions, offering a more fine-grained platform for future research.

5.8 Chapter Summary

This chapter discussed and interpreted the key findings of the study in relation to the research questions and existing literature on prayer and psychological well-being among consecrated persons. It highlighted how the results support, extend, or challenge prior studies, considered the practical and theoretical implications of these findings, and acknowledged the limitations of the research. The next chapter will provide a synthesis of the study, draw overall conclusions, and offer recommendations for practice and further investigation.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter is a provision of a detailed synthesis and a summary of the study findings, key outcomes, and outlining conclusions aligned with the data, and presenting definite recommendations. Its major objective is to put together the research insights gotten, deliver a practical direction for all relevant stakeholders, and provide the way forward for prospective research.

6.2 Summary of Findings

The first objective of this study was to examine the levels of prayer among consecrated persons. The findings revealed that the vast majority of participants (91%, $n = 194$) reported high levels of prayer, while 8.4% ($n = 18$) indicated moderate levels, and only one participant (0.6%) fell in the low prayer category. This demonstrates that prayer is central to consecrated life and deeply embedded in the daily routines and spiritual identity of participants.

The second objective sought to investigate the levels of PWB among consecrated persons. The results showed that 78.4% ($n = 167$) reported high levels of PWB, while 21.6% ($n = 46$) indicated moderate levels, and none of the participants reported low levels of PWB. These findings indicate that consecrated persons in the study context generally experience positive psychological outcomes, consistent with the integrative support that religious communities and spiritual practices can provide.

The third objective examined the relationship between demographic characteristics and PWB. ANOVA results revealed significant relationships between PWB and age ($F = 2.714$, $p = .031$), gender ($F = 4.153$, $p = .043$), and education ($F = 3.723$, $p = .003$). Specifically, older

participants, females, and those with higher education levels reported significantly higher levels of well-being. The number of years in religious life showed a marginal relationship ($F = 2.242$, $p = .051$), with participants who had been in consecrated life between 11 and 20 years reporting the highest PWB, suggesting a mid-vocation strengthening of psychological resources. These results emphasize the influence of demographic and experiential factors in shaping PWB within religious life.

The fourth objective sought to measure the relationship between prayer and PWB. Pearson's correlation revealed a moderate positive and statistically significant relationship ($r = .316$, $p < .01$). Regression analysis confirmed that prayer significantly predicts well-being, with an unstandardized coefficient (B) of 0.488, indicating that for every unit increase in prayer, PWB increased by 0.488 units. The model accounted for 10% of the variance in PWB ($R^2 = 0.100$). Chi-square results further established a significant association between prayer levels and PWB, $\chi^2(27.634, N = 213) = 2$, $p < .001$, with Cramer's V (.36) and Phi (.36) indicating a moderate relationship.

6.3 Conclusion

The first objective aimed to determine the level of prayer among consecrated persons in the Ngong Diocese. The study concludes that prayer is not only central but also consistently practiced at high levels among participants. Almost all consecrated persons reported high levels of prayer, demonstrating the centrality of prayer as a lived reality within religious life. This conclusion highlights the resilience-building capacity of prayer and its role as a source of meaning and identity for consecrated persons.

The second objective sought to establish the level of PWB among consecrated persons. The study concludes that participants reported overwhelmingly high levels of PWB, with no cases

of low PWB recorded. This indicates that consecrated life in Ngong Diocese provides protective factors such as community life, pastoral engagement, and spiritual practices that promote and sustain PWB, even in the face of personal or social challenges.

The third objective sought to examine the demographic characteristics of consecrated persons in Ngong Diocese and their relationship with PWB. The study concludes that demographic factors, particularly age, gender, education, and years in religious life, play an important role in shaping the psychological experiences of consecrated persons. Mid-adulthood and longer years in religious life were associated with stronger psychological stability, while gender and education influenced how PWB was experienced and sustained. The findings confirm that demographic realities are integral to understanding the psychosocial dynamics of consecrated life.

The fourth objective examined the relationship between prayer and PWB. The study concludes that prayer significantly and positively contributes to the PWB of consecrated persons. Although the relationship was moderate, findings affirm that prayer, while not the sole determinant of PWB, is a vital contributor that interacts with demographic and contextual factors to shape the holistic wellbeing of consecrated persons.

6.4 Recommendations

Based on the findings, several recommendations are made to several groups of people as follows:

Consecrated Persons. The study revealed a significant positive relationship between prayer and PWB. For consecrated persons, this understanding is valuable in encouraging consistent and intentional prayer practices. By engaging in prayer not only as a spiritual discipline but also as a resource for strengthening PWB, consecrated persons can enhance their resilience, emotional stability, and PWB.

Religious Superiors. Religious leaders and superiors are encouraged to use the findings of this study to strengthen support systems within their communities. Recognizing prayer as both a spiritual and psychological resource, superiors can create environments that nurture holistic growth. This may include integrating prayer with structured PWB programs, offering opportunities for communal reflection, and ensuring that members have access to supportive spaces that address both spiritual and psychological needs.

Religious Formation Directors. Formation programs play a crucial role in preparing candidates for consecrated life. The findings of this study suggest that prayer can be deliberately integrated into formation processes to promote PWB alongside spiritual maturity. Formation directors can therefore enhance their programs by teaching prayer practices not only as expressions of faith but also as foundations for psychological resilience, emotional balance, and healthy community living.

Psychological and Spiritual Accompaniers. Psychologists, counselors, and spiritual directors working with consecrated persons can draw important insights from this study. By acknowledging the relationship between prayer and PWB, practitioners can design interventions that are both therapeutic and spiritually sensitive. Integrating prayer as part of supportive counseling approaches may improve the effectiveness of interventions aimed at promoting the PWB of those in consecrated life.

Researchers. Finally, the study makes an important contribution to academic discourse on the intersection of religion and PWB. Researchers in psychology, theology, and related disciplines are encouraged to build on these findings by exploring the relationship between prayer and PWB in different cultural contexts, across diverse religious traditions, and over longer periods of time.

Such studies would help broaden the understanding of how prayer functions as a determinant of PWB, and could inform both policy and practice in religious and psychological domains.

6.5 Recommendations for Further Research

This study employed a purely quantitative design, which was effective in establishing patterns and relationships between prayer and psychological well-being. However, future research could benefit from mixed methods approaches that incorporate qualitative insights. In-depth interviews or focus group discussions with consecrated persons may capture the subjective meanings of prayer, its experiential dimensions, and its perceived role in fostering psychological resilience. Such qualitative data would complement the statistical findings and provide a richer, contextualized understanding of the prayer–well-being relationship.

The present study was cross-sectional, providing a snapshot of prayer and well-being at a single point in time. Longitudinal studies are recommended to track changes over time, allowing researchers to determine whether consistent engagement in prayer sustains, enhances, or alters psychological well-being across different stages of consecrated life. This would also help clarify whether the effects of prayer remain stable, strengthen, or diminish in the long term, particularly in relation to age, vocation years, and evolving communal experiences.

While this study identified a statistically significant relationship between prayer and psychological well-being, it did not establish causality. Experimental or quasi-experimental designs could be employed in future studies to test whether increased prayer interventions directly improve well-being outcomes, or conversely, whether higher psychological well-being fosters deeper prayer engagement.

6.6 Chapter Summary

This chapter presented comprehensive synthesis of the study by summarizing the key findings, drawing conclusions, and offering recommendations based on the research objectives and results. It begins with an overview of the study's purpose and main outcomes, revisiting the relationship between the investigated variables and the theoretical framework guiding the research. The chapter then presents the principal conclusions derived from the findings, emphasizing their academic, practical, and contextual implications. Recommendations are outlined for both policy and practice, highlighting strategies that may enhance understanding and application in similar settings. Additionally, suggestions for future research are provided, encouraging further exploration into areas not fully addressed within the scope of this study. The chapter concludes by reflecting on the overall contribution of this study, affirming its significance to knowledge, theory, and practice, and illustrating its potential to inform ongoing discourse and future research in the field.

REFERENCES

- Akoglu, H. (2018). User's guide to correlation coefficients. *Turkish journal of emergency medicine*, 18(3), 91-93.
- Akter, S., Bandara, R., Hani, U., Wamba, S. F., Foropon, C., & Papadopoulos, T. (2019). Analytics-based decision-making for service systems: A qualitative study and agenda for future research. *International Journal of Information Management*, 48, 85-95.
- Alenazi, A. (2020). A Monte Carlo comparison of categorical tests of independence. arXiv preprint arXiv:2004.00973.
- Amir, S. N., Juliana, N., Azmani, S., Abu, I. F., Talib, A. H. Q. A., Abdullah, F., ... & Aziz, N. A. S. A. (2022). Impact of religious activities on quality of life and cognitive function among elderly. *Journal of religion and health*, 1-21.
- Anderson, J. W., & Nunnelley, P. A. (2016). Private prayer associations with depression, anxiety and other health conditions: An analytical review of clinical studies. *Postgraduate medicine*, 128(7), 635-641.
- Anderson, J. W., & Nunnelley, P. A. (2016). Private prayer associations with depression, anxiety, and other health conditions: An analytical review of clinical studies. *Postgraduate Medicine*, 128(7), 635–641.
<https://doi.org/10.1080/00325481.2016.1221731>
- Baesler, E. J. (2008). Prayer and relationship with God II: Replication and extension of the Relational Prayer Model. *Review of Religious Research*, 50(1), 64–74.
- Baesler, E. J., & Ladd, K. L. (2009). *Prayer and relationship with God: An empirical study of a relational spirituality paradigm*. New York: Peter Lang.

- Bett, H. K., Ndunge, A., Mathuva, D., & Njiraini, N. (2023). Resilience among the religious during the COVID-19 pandemic: Perspectives of Catholic Sisters in Kenya, Uganda, and Zambia. *Pastoral Psychology*. <https://doi.org/10.1007/s11089-023-01106-7>.
- Blumberg, B., Cooper, D. R., & Schindler, P. S. (2014). *Business research methods* (3rd ed.). McGraw-Hill Education.
- Bożek, A., Nowak, P. F., & Blukacz, M. (2020). The relationship between spirituality, health-related behavior, and psychological well-being. *Frontiers in Psychology*, 11, 1991.
- Bradshaw, M., & Kent, B. V. (2018). Prayer, attachment to God, and changes in psychological wellbeing in later life. *Journal of aging and health*, 30(5), 667-691.
- Bradshaw, M., & Kent, B. V. (2018). Prayer, attachment to God, and physiological stress response. *Journal for the Scientific Study of Religion*, 57(3), 620–636.
- Bryman, A. (2016). *Social research methods*. Oxford university press.
- Büssing, A., Baumann, K., & colleagues. (2024). Experiences of awe and gratitude and related triggers among religious brothers and sisters: Findings from a cross-sectional study in Germany. *Journal of Religion and Health*. Advance online publication.
- Büssing, A., Rodrigues Recchia, D., Dienberg, T., & Baumann, K. (2024). Awe/gratitude as core of spiritual practice in religious brothers and sisters and its association with psychological wellbeing. *Journal of Religion and Health*, 63(2), 355–372.
<https://doi.org/10.1007/s10943-023-01699-5>
- Canoy, M., Salinas, R. K., Genobesa, E. R., & Selgas, J. (2023). Towards the Altar: An In-depth Exploration of Seminarians' Aspiration Towards Priestly Vocation. *Millah: Journal of Religious Studies*, 641-672.

- Cansoy, R., Polatcan, M., & Parlar, H. (2020). The multidimensional model of psychological well-being: Evidence from Turkish teachers. *International Journal of Educational Methodology*, 6(2), 365–378. <https://doi.org/10.12973/ijem.6.2.365>
- Center for Applied Research in the Apostolate. (2021). *Global Catholicism: Trends and vocational patterns*. Center for Applied Research in the Apostolate.
- Central Office of Church Statistics of the Secretariat of State. (2017). *Consecrated Life Seen as a Gift of Faithful Commitment to an Anxious World*.
- Chang, S., Sambasivam, R., Seow, E. et al. Positive mental health in psychotherapy: a qualitative study from psychotherapists' perspectives. *BMC Psychol* 10, 111 (2022). <https://doi.org/10.1186/s40359-022-00816-6>
- Chaudhari, A. P., Mazumdar, K., Motwani, Y. M., & Ramadas, D. (2018). A profile of occupational stress in nurses. *Annals of Indian Psychiatry*, 2(2), 109-114.
- Chen, Y., & Kumar, S. (2019). *Educational Attainment and Prayer Forms in Southeast Asian Monastic Communities*. *Asian Religious Studies Review*, 27(4), 301-315.
- Cheng, R., Zhang, L., & Williams, T. (2023). The impact of prayer on emotional stability: A meta-analysis of 25 studies. *Journal of Psychological Research*, 48(1), 123-139.
- Cloninger, C. R. (2020). The science of well-being: An integrated approach to mental health and its disorders. *World Psychiatry*, 19(2), 130–132.
- Cole Jr, A. H. (2020). Prayer. In *Encyclopedia of Psychology and Religion* (pp. 1818-1821). Cham: Springer International Publishing.
- Cranney, S. (2024). Conservatism, prayer, and flourishing among Catholic priests. *Sociology of Religion*. Advance online publication. <https://doi.org/10.1177/0034673X241268519>

- Darby, J. (2022). Beyond Definitions of Prayer. *Advances in Ancient, Biblical, and Near Eastern Research*, 2(2), 11-47.
- Dawson, A. F., Brown, W. W., Anderson, J., Datta, B., Donald, J. N., Hong, K., ... & Galante, J. (2020). Mindfulness-based interventions for university students: A systematic review and meta-analysis of randomised controlled trials. *Applied Psychology: Health and Well-Being*, 12(2), 384-410.
- Del Castillo, F. A. (2021). Self-actualization towards positive well-being: combating despair during the COVID-19 pandemic. *Journal of Public Health*, 43(4), e757-e758.
- Dhanabhakym, M., & Sarath, M. (2023). Psychological wellbeing: A systematic literature review. *International journal of advanced research in science, communication and technology*, 3(1), 603-607.
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research*, 97(2), 143–156. <https://doi.org/10.1007/s11205-009-9493-y>
- Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). Internet, phone, mail, and mixed-mode surveys: The tailored design method. *Indianapolis, Indiana*, 17.
- Diocese of Ngong (2020). Retrieved from: <https://www.dioceseofngong.org/about-us> on 24th April 2024.
- Draru, M. C. (2022). Understanding coping mechanisms during the COVID-19 pandemic: A case study of stakeholders of the African Sisters Education Collaborative. *Review of Religious Research*, 64(2), 345–367. <https://doi.org/10.1007/s13644-022-00488-z>

- Draru, M. C. (2022). Understanding coping mechanisms during the COVID-19 pandemic: A case study of stakeholders of the African Sisters Education Collaborative. *Review of Religious Research*, 64(2), 345–367. <https://doi.org/10.1007/s13644-022-00488-z>.
- D'Souza, J., & Gurin, M. (2016). The universal significance of Maslow's concept of self-actualization. *The Humanistic Psychologist*, 44(2), 210.
- Ebaugh, H. R. (2020). *Women in religious life: Past, present, and future perspectives*. Routledge.
- Edgards, N. (2020). A gendered perspective on welfare and religion in Europe. In *Welfare and Religion in 21st Century Europe* (pp. 61-106). Routledge.
- Edwards, L., & Martinez, P. (2023). Educational attainment and Psychological Wellbeing among consecrated persons: Evidence from European monasteries. *Pastoral Psychology*, 72(5), 765–782. <https://doi.org/10.1007/s11089-023-01025-9>
- Egunjobi, J. P. (2019). African priests and religious psychological challenges and consequences: from wounded healer to healed healer. *Research Gate*.
- Ellison, C. G., Bradshaw, M., Flannelly, K. J., & Galek, K. C. (2014). Prayer, attachment to God, and symptoms of anxiety-related disorders among US adults. *Sociology of Religion*, 75(2), 208-233.
- Fang, Y., Yang, J., Zhang, M., Song, J., & Lin, R. (2022). A longitudinal study of stress in new nurses in their first year of employment. *International Journal of Clinical Practice*, 2022(1), 6932850. <https://doi.org/10.1155/2022/6932850>
- Fernández-García, O., Gil-Llario, M. D., Castro-Calvo, J., Morell-Mengual, V., Ballester-Arnal, R., & Estruch-García, V. (2023). Academic Perfectionism, Psychological Well-Being, and Suicidal Ideation in College Students. *International Journal of Environmental Research and Public Health*, 20(1), 85. <https://doi.org/10.3390/ijerph20010085>

- Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). Sage.
- Flick, U. (2017). *The Sage handbook of qualitative data collection*.
- Francis, L. J., Village, A., & colleagues. (2022). Work-related psychological Wellbeing and conservative Christian belief among Methodist circuit ministers in Great Britain. *Pastoral Psychology*, 71, 1–xx. <https://doi.org/10.1007/s11089-022-XXXXX-X>.
- Froese, P., Bonhag, R., Uecker, J., Andersson, M., & Upenieks, L. (2024). Prayer and Mental Well-Being in the United States: An Overview of Original and Comprehensive Prayer Data. *Journal of Religion and Health*.
- Froese, P., et al. (2022). Prayer in America: A detailed analysis of the various dimensions of prayer. *Journal for the Scientific Study of Religion*, 61(4), 885–905. <https://doi.org/10.1111/jssr.12810>
- Froese, P., Smith, S., & Koenig, H. G. (2024). *Faith and Mental Well-being: The Impact of Religious Practices on Psychological Health*. Cambridge University Press.
- Garcia, M., Peters, K., & Singh, R. (2022). Mindfulness through contemplative prayer: Insights from a monastic study. *International Journal of Religious Psychology*, 37(4), 287-301
- Giordan, G., & Woodhead, L. (2017). *A sociology of prayer*. Routledge.
- Garrow, E. E., & Hasenfeld, Y. (2017). The epistemological challenges of social work intervention research. *Research on Social Work Practice*, 27(4), 494-502.
- Garth, T. M. (2023). Best Practices in Prayer: Are Some Forms of Prayer Better than Others are for a Healthcare Patient's Well-Being?
- Garthoeffner, J. L., Henry, C. S., & Robinson, L. C. (1993). The modified interpersonal relationship scale: reliability and validity. *Psychological reports*, 73(3_part_1), 995-1004.

- Gerundt, M. (2024). Overcoming spiritual dryness: Transformative processes among religious sisters and brothers. *Journal of Religion and Health*, 63(1), 1–18.
<https://doi.org/10.1007/s11089-023-01117-4>
- Giordan, G., & Woodhead, L. (2017). *A sociology of prayer*. Routledge.
- Gitonga, M. (2020). Religion, resilience and psychological wellbeing in Kenya: A contextual analysis. *African Journal of Psychology*, 12(2), 99–113.
- Gravetter, F. J., & Wallnau, L. B. (2020). *Statistics for the behavioral sciences* (11th ed.). Cengage Learning.
- Green, M., & Elliott, M. (2010). Religion, health, and psychological well-being. *Journal of religion and health*, 49, 149-163.
- Hamilton, J. B., Kweon, L., Brock, L. U. B., & Moore, A. D. (2020). The use of prayer during life-threatening illness: a connectedness to God, inner-self, and others. *Journal of religion and health*, 59, 1687-1701.
- Heyvaert, M., Hannes, K., & Onghena, P. (2016). *Using mixed methods research synthesis for literature reviews: the mixed methods research synthesis approach* (Vol. 4). Sage Publications.
- Hoffman, J., Rivera, M., & Klein, S. (2021). Predictors of resilience and psychological wellbeing among consecrated persons. *Journal of Positive Psychology*, 16(8), 1143–1157.
<https://doi.org/10.1080/17439760.2021.1882520>
- Hoffman, L., Hayes, A., & Jankowski, K. (2021). Spiritual practices and resilience among religious professionals: A longitudinal study. *Journal of Psychology and Theology*, 49(4), 289–301. <https://doi.org/10.1177/00916471211045672>
- Hoffman, R., Johnson, C., & Patel, A. (2021). Duration of prayer and resilience among consecrated persons. *Spiritual Health Quarterly*, 14(3), 198-214.

- Hurst, S., Arulogun, O. S., Owolabi, M. O., Akinyemi, R., Uvere, E., Warth, S., & Ovbiagele, B. (2015). Pretesting qualitative data collection procedures to facilitate methodological adherence and team building in Nigeria. *International journal of qualitative methods, 14*(1), 53-64.
- Ismail, N. A. H., & Tekke, M. (2015). Rediscovering Rogers's self-theory and personality. *Journal of Educational, Health and Community Psychology, 4*(3), 28-36.
- Ismail, Z., & Desmukh, S. (2012). Religiosity and psychological well-being. *International Journal of Business and Social Science, 3*(11), 20-28.
- Jenkins-Guarnieri, M. A., Wright, S. L., & Hudiburgh, L. M. (2012). The relationships among attachment style, personality traits, interpersonal competency, and Facebook use. *Journal of Applied Developmental Psychology, 33*(6), 294-301.
- Johnson, K. A. (2018). Prayer: A helpful aid in recovery from depression. *Journal of religion and health, 57*(...), 2290-2300.
- Johnson, L., & Lee, M. (2018). *Gender Differences in Prayer Practices among South American Consecrated Persons*. *International Journal of Theology, 32*(2), 178-192.
- Johnson, M., & Lee, C. (2018). Gender differences in prayer practices among consecrated persons in South America. *Journal of Religion and Health, 57*(5), 1968–1983.
<https://doi.org/10.1007/s10943-018-0614-y>
- Johnson, T., & Liu, S. (2021). Intercessory prayer and its effects on empathy. *Religious Studies Review, 22*(2), 45-62.
- Jones, C.N. (2017). The Role of Prayer in Spiritual Warfare. *Baptist ministers fellowship, 2* (3), 639-643.

- Jordan, K. A., Masters, K. S., Hooker, S. A., Ruiz, J. M., & Smith, T. W. (2014). An interpersonal approach to religiousness and spirituality: Implications for health and well-being. *Journal of Personality*, 82(5), 418–431.
- Kabir, S. M. S. (2016). Basic guidelines for research. *An introductory approach for all disciplines*, 4(2), 168-180.
- Kanu, I. A. (2019). The concept of ‘Family’ as the contribution of Africa to the consecrated life. *The Catholic Voyage: African Journal of Consecrated Life*, 12(1).
- Kao, R. T., Curtis, D. A., Kim, D. M., Lin, G. H., Wang, C. W., Cobb, C. M., ... & Wang, H. L. (2020). American Academy of Periodontology best evidence consensus statement on modifying periodontal phenotype in preparation for orthodontic and restorative treatment.
- Kappler, J., Smith, R., & O’Connor, P. (2022). PWB of Catholic priests in Canada during the COVID-19 pandemic. *Journal of Religion and Health*, 61(2), 987–1003.
<https://doi.org/10.1007/s10943-022-01492-3>
- Kappler, S., Okozi, I., Diouf, F., & Hartinger, K. (2022). The impact of the COVID-19 pandemic on the psychological wellbeing of Catholic priests in Canada. *Religions*, 13(8), 718.
<https://doi.org/10.3390/rel13080718>.
- Kaushal, A. (2018). Mental health and wellbeing: Associations with religion, religiosity and religious attendance, and the role of moderating factors (Doctoral dissertation, University College London). <https://discovery.ucl.ac.uk/id/eprint/10059297>.
- Kim, Y., & Santos, P. (2020). Gratitude prayer and optimism: A six-week intervention study. *Journal of Positive Psychology*, 15(5), 500-517.
- Kiplagat, C., Chege, M., & Njenga, A. (2019). Spirituality and Psychological wellbeing among consecrated religious women in Kenya. *African Journal of Pastoral Studies*, 5(1), 23–35.

- Kiplagat, E.J., Tucholski, H.K., & Njiru, L. (2019). Correlation between psycho-spiritual wellbeing and Happiness among consecrated religious persons in Nairobi County, Kenya.
- Kiplangat, J., Ngeno, G., & Ngeno, B. (2019). Psycho-spiritual well-being and happiness among consecrated religious persons in Kenya. *Journal of Psychology and Theology*, 47(3), 198–209. <https://doi.org/10.1177/0091647119851234>
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Notices*, 2012(1), 278730.
- Koenig, H. G. (2018). *Religion and Mental Health: Research and Clinical Applications*. Academic Press.
- Koenig, H. G. (2018). Religion and mental health: Research and clinical applications. Academic Press.
- Lee, J., Park, S., & Kim, H. (2021). Age differences in psychological well-being: Evidence from a large national survey. *International Journal of Psychology*, 56(4), 550–560. <https://doi.org/10.1002/ijop.12720>
- Linardakis, M., Papadaki, A., Smpokos, E., & Symvoulakis, E. K. (2015). Differences in health behaviors among older adults by sex and participation in religious practices. *Aging & Mental Health*, 19(1), 40–46.
- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress*, 17(1), 11–21. <https://doi.org/10.1023/B:JOTS.0000014671.27856.7e>

- Luft, J. A., Jeong, S., Idsardi, R., & Gardner, G. (2022). Literature reviews, theoretical frameworks, and conceptual frameworks: An introduction for new biology education researchers. *CBE—Life Sciences Education*, 21(3).
- Manning, L. K., Ferris, J. K., & Kalish, R. (2019). Spiritual resilience: Understanding the role of spirituality, meaning-making, and positive emotions in older adults. *Journal of Religion, Spirituality & Aging*, 31(2), 168–186.
- Manzano-Garcia, G., & Ayala, J. C. (2017). Relationship between psychological capital and Psychological Wellbeing of direct support staff of specialist autism services. The mediator role of burnout. *Frontiers in psychology*, 8, 2277.
- Maseno, L. (2017). Prayer and pastoral identity in the Catholic Diocese of Ngong. *African Ecclesial Review*, 59(2), 123–140.
- Maseno, L. (2017). Prayer for rain: A Pentecostal perspective from Kenya. *The Ecumenical Review*, 69(3), 336-347.
- Masters, K. S., & Spielmans, G. I. (2007). Prayer and health: Review, meta-analysis, and research agenda. *Journal of behavioral medicine*, 30, 329-338.
- Mbiti, J. S. (2015). *African religions and philosophy* (2nd ed.). Heinemann.
- Mbugua, S., & Kimani, J. (2021). Social connectedness, religious life, and psychological wellbeing among Catholic clergy in Kenya. *Journal of Psychology in Africa*, 31(4), 345–352. <https://doi.org/10.1080/14330237.2021.1934795>
- McCulloch, K. C., & Parks-Stamm, E. J. (2020). Reaching resolution: The effect of prayer on psychological perspective and emotional acceptance. *Psychology of Religion and Spirituality*, 12(2), 254.

- McHugh, M. L. (2013). The Chi-square test of independence. *Biochemia Medica*, 23(2), 143–149. <https://doi.org/10.11613/BM.2013.018>
- Miller, D., Brown, H., & Wilson, E. (2021). Existential fulfillment through prayer: A longitudinal analysis. *Psychology of Religion and Spirituality*, 13(2), 145-161.
- Miller, L., Balodis, I., McClintock, C. H., Xu, J., & Worthington, E. L. (2021). Neuroscience of prayer: How spiritual practices influence brain and behavior. *Religion, Brain & Behavior*, 11(1), 8–26. <https://doi.org/10.1080/2153599X.2020.1764923>
- Mohamad, M. M., Sulaiman, N. L., Sern, L. C., & Salleh, K. M. (2015). Measuring the validity and reliability of research instruments. *Procedia-Social and Behavioral Sciences*, 204, 164-171.
- Moser, A., & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European journal of general practice*, 24(1), 9-18.
- Multisari, S., Hasanah, N., & Nugroho, A. (2022). Psychological wellbeing of final-year university students: Stressors, coping, and growth. *Asian Journal of Social Psychology*, 25(3), 189–200. <https://doi.org/10.1111/ajsp.12483>
- Multisari, W., Rahman, D. H., Rachmawati, I., Priambodo, A. B., & Da Costa, A. (2022). PWBof Students in Completing Their Final Projects. *Pegem Journal of Education and Instruction*, 13(1), 259-266.
- Mustafa, M. B., Rani, N. H. M., Bistaman, M. N., Salim, S. S. S., Ahmad, A., Zakaria, N. H., & Safian, N. A. A. (2020). The Relationship between psychological wellbeing and University Students Academic Achievement. *International Journal of Academic Research in Business and Social Sciences*, 10(7), 518–525.

- Nakamura, T., & Lopez, J. (2023). Communal prayer and social support among religious individuals. *Journal of Community Psychology*, 51(2), 207-223.
- Nakamura, Y., & Lopez, R. (2023). Communal prayer, stress biomarkers, and psychological wellbeing in monastic life. *Journal of Transpersonal Psychology*, 55(1), 34–52.
- Nayef, E. G., & Wahab, A. A. (2018). Physiological and psychological benefits of spiritual practices. *Journal of Religion and Health*, 57(2), 650–670.
- Ndunge, A. (2024). The nexus between the health and well-being of Catholic sisters: Evidence from three African countries. *Pastoral Psychology*. Advance online publication. <https://doi.org/10.1007/s11089-024-01162-7>
- Nelson, J. M. (2014). *Psychology, religion, and spirituality*. New York: Springer.
- Newman, D. B., et al. (2023). The dynamics of prayer in daily life and implications for well-being. *Journal of Positive Psychology*, 18(5), 1–15. <https://doi.org/10.1080/17439760.2022.2066118>
- Noronha, K. (2019). Final Integrated Growth for Consecrated Living. *Asian Journal of Vocation and Formation*, 44(2).
- Nwoye, A. (2017). African cultural models of wellbeing and resilience. *Transcultural Psychiatry*, 54(5–6), 667–684. <https://doi.org/10.1177/1363461517731702>
- Ogunu, O. (2019). Religious Life in the Orientations of the Church: The Challenges of Formation in Nigeria. *The Catholic Voyage: African Journal of Consecrated Life*, 15(4).
- Olusegun, A. (2024). Relational prayer and self-reflection: A pathway to resilience. *Journal of Spirituality and Mental Health*, 26(1), 45–62.
- Olusegun, J. (2024). The Role of Personal Prayer in the Spiritual Growth of Christian Believers: A Phenomenological Approach.
- Pallant, J. (2020). *SPSS survival manual* (7th ed.). McGraw-Hill Education.

- Pargament, K. I., Mahoney, A., Exline, J. J., Jones, J. W., & Shafranske, E. P. (2013).
Envisioning an integrative paradigm for the psychology of religion and spirituality.
- Pargament, K. I., Wong, S., & Exline, J. J. (2021). *The Psychology of Prayer: A Scientific Perspective on Spiritual Practice*. Guilford Press.
- Park, Y. S. (2020). The positivism paradigm of research. *Human Services Research*, 43(1), 62-74. https://doi.org/10.1300/J111v43n01_06
- Phillips, D. Z. (2014). *The Concept of Prayer (Routledge Revivals)*. Routledge.
- Pratt, J. M., & Yeziarski, E. J. (2018). A novel qualitative method to improve access, elicitation, and sample diversification for enhanced transferability applied to studying chemistry outreach. *Chemistry Education Research and Practice*, 19(2), 410-430.
- Puchalska-Wasył, M. M., & Zarzycka, B. (2020). Internal dialogue as a mediator of the relationship between prayer and well-being. *Journal of Religion and Health*, 59, 2045-2063.
- Rice, V., & Liu, B. (2016). Personal resilience and coping with implications for work. Part I: a review. *Work*, 54(2), 325-333.
- Roselin, S. (2022). Psychological Problems of Priests and Religious-Risk Factors and Coping Mechanism. *Vinayasādhana*, 13(1), 82-95.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of personality and social psychology*, 57(6), 1069.
- Ryff, C. D. (2018). Well-being with soul: Science in pursuit of human potential. *Perspectives on Psychological Science*, 13(2), 242–248. <https://doi.org/10.1177/1745691617699836>

- Ryff, C. D., & Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and psychosomatics*, 65(1), 14-23.
- Santrock, J. W. (2019). Life-span development (17th ed.). McGraw-Hill Education.
- Saranjam, R., Massoudifar, A., Zamani, A. A., & Jafariyan, F. (2024). Exploring the Therapeutic Benefits of Quranic Verses in Managing Anxiety Associated with Physical Illnesses. *Iranian Journal of Educational Research*, 3(3), 237-254.
- Schultz, L. H., Connolly, J. J., Garrison, S. M., Leveille, M. M., & Jackson, J. J. (2017). Vocational interests across 20 years of adulthood: Stability, change, and the role of work experiences. *Journal of Research in Personality*, 71, 46-56.
- Shaji, D. T., Rema, M. K., & Rodrigues, H. C. (2023). Happiness among consecrated community in India: a PERMA model study.
- Sharp Donahoo, L. M., Siegrist, B., & Garrett-Wright, D. (2018). Addressing compassion fatigue and stress of special education teachers and professional staff using mindfulness and prayer. *The Journal of School Nursing*, 34(6), 442-448.
- Sharp, S., Greer, T., & Morris, M. (2016). Gender differences in religiosity and prayer behaviors. *Sociology of Religion*, 77(1), 45–70.
- Sigler, J. (2015). Limitations of Relational Prayer Theory: A critical review. *Journal of Psychology and Theology*, 43(3), 187–199.
- Sigler, J. E. (2015). A Critical Review of Baesler's Relational Prayer Model (RPM) and Proposal of a New, RPM-Complementary Direct Divine Communication Model (DDCM). *Journal of Communication & Religion*, 38(1).

- Singh, A. S., & Masuku, M. B. (2014). Sampling techniques & determination of sample size in applied statistics research: An overview. *International Journal of economics, commerce and management*, 2(11), 1-22.
- Skevington, S. M., & Böhnke, J. R. (2018). How is subjective well-being related to quality of life? Do we need two concepts and both measures? *Social science & medicine*, 206, 22-30.
- Smith, J. P., Zarzycka, B., & Krok, D. (2019). "The Role of Prayer in Psychological Resilience: A Longitudinal Study of Religious Practitioners," *Journal of Religion and Health*, 58(2), 312-329.
- Smith, J., & Patel, K. (2020). Purpose in life and prayer among Catholic priests. *Spirituality and Psychological Health*, 10(3), 250-267.
- Smith, J., et al. (2017). *Age and Prayer Frequency among European Monastics*. *Journal of Religious Studies*, 45(3), 234-250.
- Smithson, G., & Lee, M. (2021). Gender differences in autonomy and community among religious professionals. *Psychology of Religion and Spirituality*, 13(4), 365–377. <https://doi.org/10.1037/rel0000347>
- Smithson, L., & Lee, A. (2021). Prayer and stress management: A meta-analysis of studies among consecrated individuals. *Journal of Spirituality in Mental Health*, 23(4), 335–356. <https://doi.org/10.1080/19349637.2021.1873254>
- Stratton, S. J. (2024). Purposeful sampling: advantages and pitfalls. *Prehospital and disaster medicine*, 39(2), 121-122.

- Tabatabai, S. M., Sadeghi, S., & Mohammadi, A. (2021). Attitudes towards and commitment to prayer and their determinants among students of Ferdowsi university of Mashhad. *J Comm Health*, 8(2), 194-204.
- Taherdoost, H. (2016). Sampling methods in research methodology; how to choose a sampling technique for research. *International journal of academic research in management (IJARM)*, 5.
- Taherdoost, H. (2016). Validity and reliability of the research instrument; how to test the validation of a questionnaire/survey in research. *International Journal of Academic Research in Management (IJARM)*, 5.
- Tan, Y., & Jones, M. (2022). Age-related benefits of prayer in religious life. *Aging and Mental Health*, 26(4), 356-370.
- Templer, D. I., Okoye, M., & Abiola, T. (2022). Life satisfaction and wellbeing among consecrated persons in Africa: Evidence from three countries. *Journal of Positive Psychology*, 17(6), 832–842. <https://doi.org/10.1080/17439760.2022.2051447>
- Teut, M., et al. (2024). Religion, spirituality, well-being and praying the rosary: Results of a cross-sectional study from Germany. *Journal of Religion and Health*, 63(2), 557–571. <https://doi.org/10.1007/s10943-024-02210-5>
- The Church of the People. (2020). South World. News and Views from Emerging Countries. Retrieved on 24th April 2024 from <https://www.southworld.net/kenya-the-diocese-of-ngong-the-church-of-the-people>.
- Tisdell, E. J., Merriam, S. B., & Stuckey-Peyrot, H. L. (2025). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.

- Trzebiatowska, M., & Bruce, S. (2012). *Why are women more religious than men?*. Oxford University Press.
- Upenieks, L. (2020). The influence of close ties on depression: Does network religiosity matter? *Journal for the scientific study of religion*, 59(3), 484-508.
- Vatican Secretariat. (2018). *Annual Report on the Catholic Church: Statistical Overview of Religious Orders*. Vatican City.
- Walliman, N. (2021). *Research methods: The basics*. Routledge.
- Weng, H., & Halafoff, A. (2020). Religion, spirituality, and social media: Impact on practices of faith. *Religion*, 50(2), 256–274.
- Wilder, A. R., Espinoza, L. E., & Espinoza, L. E. (2016). The relationship prayer has on quality of life in later adulthood. *Proceedings of the ASSR*, 109-119. World Health Organization. (2021). *Mental Health*.
- Williams, M. (2020). *Groundless Belief: an essay on the possibility of epistemology*.
- Williams, R., & Rodriguez, P. (2021). Cortisol reduction through prayer: A longitudinal study. *Health Psychology Today*, 19(1), 89-102.
- Wren-Lewis, S., & Alexandrova, A. (2021). Well-being and public policy: Can psychological research inform public perspectives? *Journal of Happiness Studies*, 22(2), 749–768.
- Wright, B. R. E., Rossi, A. S., & Ramasubramanian, S. (2017). The virtues of faith, forgiveness, and humility in religious practice. *Review of Religious Research*, 59(1), 1–21.
- Youvan, D. C. (2024). *The Erosion of Spiritual Thinking in the Modern Technological Era: Causes, Consequences, and Prospects*.

Zarzycka, B., & Krok, D. (2020). Disclosure to God as a Mediator Between Private Prayer and Psychological Wellbeing in a Christian Sample. *Journal of Religion and Health*, 60, 1083–1095.

Zhang, Z., Tong, J., He, Z., & Qi, X. (2025). Relationship between physical activity and eudaimonic well-being in college students based on Ryff's six-factor model of psychological well-being. *BMC psychology*, 13(1), 437.

APPENDICES

Appendix A: Introductory Letter

Dear Participant,

My name is Sr. Jane Omboto, and I am a Master's student in Counselling Psychology at Tangaza University. As part of my academic research, I am conducting a study titled: "Relationship Between Prayer and Psychological Wellbeing Among Consecrated Individuals in Selected Deaneries of the Catholic Diocese of Ngong."

This research seeks to explore how prayer practices are related to the psychological wellbeing of consecrated persons. Your experiences and insights are invaluable to understanding this relationship better, with the aim of enhancing spiritual and mental health support for religious communities.

If you are willing to participate, please review the attached Participant Information Sheet and Consent Form. Your contribution will significantly benefit both academic research and the spiritual care of consecrated persons.

In gratitude and solidarity.



Sr. Jane Omboto, SBV.

MA Counselling Psychology Student

Tangaza University College

Appendix B: Participant Consent Form

<p>Participant Consent Form CUEA – Tangaza University College</p>
<p>Title of Research: Relationship Between Prayer and PWBA among Consecrated Individuals in Selected Deaneries of the Catholic Diocese of Ngong.</p>
<ul style="list-style-type: none"> • This study is being conducted as the requirement for MA Proposal in Counselling Psychology at Tangaza University College. • It has been approved by the supervisors (contact: iysba@tangaza.org) • This study involves not known risk to participants and contains no deception. It takes approximately 45-60 minutes to take part in the present phase of the study. • The information provided was used in the final work. • Participation is voluntary and participants have the right to decline to answer any question or to withdraw from the exercise at any time without consequence. • Personal information and any identifying details were kept confidential. • Participants have the opportunity to ask any questions about the questions.
<p>Name of the researcher: Omboto Jane Kwamboka</p>
<p>Position of the researcher: STUDENT IN MA PROGRAMME</p>
<p>Address of the University College: Tangaza University College, Langata, Nairobi, Kenya, 15055-00509,</p>
<p>Telephone number of the Program Leader:</p>
<p>Signed by researcher.....Date.....</p>
<p>Statement to be signed by the participant</p> <p>By signing this consent form, I acknowledge that I have read and understood the terms and conditions outlined above and agree to participate in answering the questionnaires.</p> <ul style="list-style-type: none"> • I understand that I will not receive any financial compensation for my participation in the interview. • I have read and understood the above information and voluntarily consent to participate in the interview.
<p>Signed by participant.....Date.....</p>

**Appendix C: Questionnaires for Consecrated Persons in the Ngong and Kiserian Deaneries
of the Catholic Diocese of Ngong.**

Section A: Demographic Characteristics of Participants

Please respond to the following questions by ticking (✓) the option that best applies to you.

1. **Age:** 20 - 29

30 – 39

40 – 49

50 – 59

60 and above.

2. **Gender** Male

Female

Prefer not to disclose

3. **Number of years in religious life:**

1 - 5

6 – 10

11 – 20

21 – 25

26 – 34

35 and above

4. **Educational Level**

Secondary School

Certificate

Diploma

Bachelor's Degree

Master's Degree

Doctoral Degree

Section B: Prayer Scale

Instructions: Circle one response on each of the statements below to indicate how much you agree or disagree.

where 1 = Strongly Disagree, 2 = Moderately Disagree, 3= Slightly Disagree 4 = Slightly Agree, 5 = Moderately Agree and 6 = strongly Agree.

	Strongly Disagree			Strongly Agree		
	1	2	3	4	5	6
5. "Through deep prayer I am able to know God better."	1	2	3	4	5	6
6. "It is important to me to tell God about my sins or faults."	1	2	3	4	5	6
7. "When I pray alone, I have a ritual that I adhere to strictly."	1	2	3	4	5	6
8. "When I pray, I want to share my life with God."	1	2	3	4	5	6
9. "I usually pray for God to make me a better person."	1	2	3	4	5	6
10. "I pray to give thanks for all God has done for me."	1	2	3	4	5	6
11. "When I feel guilty about something, it helps to tell God about it."	1	2	3	4	5	6
12. "When God has answered my prayers, I usually give thanks."	1	2	3	4	5	6
13. "My prayers are like rituals; they have a regular, orderly sequence."	1	2	3	4	5	6
14. "I usually say a prayer before each meal."	1	2	3	4	5	6
15. "I like to say prayers for people about whom I care very much."	1	2	3	4	5	6
16. "I always pray before I go to sleep."	1	2	3	4	5	6
17. "I must admit that I usually pray to get something."	1	2	3	4	5	6
18. "Confession is important to me because it helps me lead a more respectable life."	1	2	3	4	5	6
19. "When I pray, I ask God for special favors."	1	2	3	4	5	6
20. "Prayer helps me keep my life balanced and happy."	1	2	3	4	5	6

21. "When I pray, I confess to God the things I should not have done."	1	2	3	4	5	6
22. "Usually when I feel unable to help my loved ones, I ask God for help."	1	2	3	4	5	6
23. "I ask God to help others when I am unable to."	1	2	3	4	5	6
24. "When I pray, I have certain words of phrases that I repeat a number of times."	1	2	3	4	5	6
25. "In my prayers I like to express my recognition for what God grants me."	1	2	3	4	5	6
26. "Most of my prayers are for God to solve problems."	1	2	3	4	5	6
27. "When I finish praying, I feel like a better person."	1	2	3	4	5	6
28. "I pray for other people."	1	2	3	4	5	6
29. "A morning prayer helps me cope with the world during the day."	1	2	3	4	5	6
30. "Prayer is a way for me to connect with my inner spirit."	1	2	3	4	5	6
31. "When I pray, I feel secure."	1	2	3	4	5	6
32. "I pray daily."	1	2	3	4	5	6

Source: Luckow, A., Ladd, K. L., Spilka, B., McIntosh, D. N., Parks, C., & LaForett, D. (1997).

Section D: Psychological Wellbeing Scale

Instructions: Circle one response below each statement to indicate how much you agree or disagree.

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

		Strongly					
		Disagree	Strongly Agree				
<i>Autonomy</i>							
34	“I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.”	1	2	3	4	5	6
35	“My decisions are not usually influenced by what everyone else is doing.”	1	2	3	4	5	6
36	“I tend to be influenced by people with strong opinions.”	1	2	3	4	5	6
37	“I have confidence in my opinions, even if they are contrary to the general consensus.”	1	2	3	4	5	6
38	“It’s difficult for me to voice my own opinions on controversial matters.”	1	2	3	4	5	6
39	“I tend to worry about what other people think of me.”	1	2	3	4	5	6
40	“I judge myself by what I think is important, not by the values of what others think is important”.	1	2	3	4	5	6
<i>Environmental Mastery</i>							
41	“In general, I feel I am in charge of the situation in which I live.”	1	2	3	4	5	6
42	“The demands of everyday life often get me down.”	1	2	3	4	5	6
43	“I do not fit very well with the people and the community around me”.	1	2	3	4	5	6
44	“I am quite good at managing the many responsibilities of my daily life.”	1	2	3	4	5	6
45	“I often feel overwhelmed by my responsibilities.”	1	2	3	4	5	6
46	“I have difficulty arranging my life in a way that is satisfying to me.”	1	2	3	4	5	6
47	“I have been able to build a living environment and a lifestyle for myself that is much to my liking.”	1	2	3	4	5	6

<i>Personal Growth</i>							
48	“I am not interested in activities that will expand my horizons.”	1	2	3	4	5	6
49	“I think it is important to have new experiences that challenge how you think about yourself and the world.”	1	2	3	4	5	6
50	“When I think about it, I haven’t really improved much as a person over the years.”	1	2	3	4	5	6
51	“I have the sense that I have developed a lot as a person over time.”	1	2	3	4	5	6
52	“For me, life has been a continuous process of learning, changing, and growth.”	1	2	3	4	5	6
53	“I gave up trying to make big improvements or changes in my life a long time ago.”	1	2	3	4	5	6
54	“I do not enjoy being in new situations that require me to change my old familiar ways of doing things.”	1	2	3	4	5	6
<i>Positive Relations with Others</i>							
55	“Most people see me as loving and affectionate.”	1	2	3	4	5	6
56	“Maintaining close relationships has been difficult and frustrating for me.”	1	2	3	4	5	6
57	“I often feel lonely because I have few close friends with whom to share my concerns.”	1	2	3	4	5	6
58	“I enjoy personal and mutual conversations with family members and friends.”	1	2	3	4	5	6
59	“People would describe me as a giving person, willing to share my time with others.”	1	2	3	4	5	6
60	“I have not experienced many warm and trusting relationships with others”.	1	2	3	4	5	6
61	“I know that I can trust my friends, and they know they can trust me.”	1	2	3	4	5	6
<i>Purpose in Life</i>							
62	“I live life one day at a time and don't really think about the future.”	1	2	3	4	5	6
63	“I have a sense of direction and purpose in life.”	1	2	3	4	5	6
64	“I don’t have a good sense of what it is I’m trying to accomplish in life.”	1	2	3	4	5	6
65	“My daily activities often seem trivial and unimportant to me.”	1	2	3	4	5	6

66	“I enjoy making plans for the future and working to make them a reality.”	1	2	3	4	5	6
67	“Some people wander aimlessly through life, but I am not one of them”.	1	2	3	4	5	6
68	“I sometimes feel as if I've done all there is to do in life.”	1	2	3	4	5	6
<i>Self-Acceptance</i>							
69	“When I look at the story of my life, I am pleased with how things have turned out.”	1	2	3	4	5	6
70	“In general, I feel confident and positive about myself.”	1	2	3	4	5	6
71	“I feel like many of the people I know have gotten more out of life than I have.”	1	2	3	4	5	6
72	“I like most parts of my personality.”	1	2	3	4	5	6
73	“In many ways I feel disappointed about my achievements in life.”	1	2	3	4	5	6
74	“My attitude about myself is probably not as positive as most people feel about themselves.”	1	2	3	4	5	6
75	“When I compare myself to friends and acquaintances, it makes me feel good about who I am.”	1	2	3	4	5	6

Appendix D: Request to Use Prayer Scale

Gmail - REQUEST TO USE THE PRAYER SCALE

<https://mail.google.com/mail/u/0/?ik=98c5a7fd39&view=pt&search=>



Jane Omboto <janeomboto@gmail.com>

REQUEST TO USE THE PRAYER SCALE

1 message

Jane Omboto <janeomboto@gmail.com>

25 February 2025 at 15:27

To: "bspilka@nova.psy.du.edu" <bspilka@nova.psy.du.edu>

My name is Jane Kwamboka Omboto, pursuing MA in Counselling Psychology at Tangaza University, in Nairobi, Kenya. I would like to use the Prayer Scale that you and your colleagues developed for my research thesis, which explores the relationship between Prayer and Psychological Wellbeing among consecrated individuals in selected deaneries of the Catholic Diocese of Ngong, Kenya. I am kindly requesting permission to use this instrument. I appreciate your consideration of this request in advance.

Appendix E: Request to use PWB Scale

Gmail - REQUEST TO USE THE PWB SCALE

<https://mail.google.com/mail/u/0/?ik=98c5a7fd39&view=pt&search=>



Jane Omboto <janeomboto@gmail.com>

REQUEST TO USE THE PWB SCALE

Jane Omboto <janeomboto@gmail.com>
To: cryff@wisc.edu

25 February 2025 at 11:25

My name is Jane Kwamboka Omboto, pursuing MA in Counselling Psychology at Tangaza University, in Nairobi, Kenya. I would like to use the Psychological Wellbeing Scale (PWB) that you and your colleagues developed for my research thesis, which explores the relationship between Prayer and Psychological Wellbeing among consecrated individuals in selected deaneries of the Catholic Diocese of Ngong, Kenya. I am kindly requesting permission to use this instrument. I appreciate your consideration of this request in advance.

Appendix F: Reply for PWB Scale



REQUEST TO USE THE PWB SCALE

1 message

Theresa Berrie <berrie@wisc.edu>
To: janeomboto@gmail.com <janeomboto@gmail.com>

Tue, Feb 25, 2025 at 5:58 P

Greetings,

Thanks for your interest in the well-being scales.

I am responding to your request on behalf of Carol Ryff.

She has asked me to send you the following:

You have her permission to use the scales for research or other non-commercial purposes.

They are attached in the following files:

"1-Ryff PWB Scales" includes:

- psychometric properties
- scoring instructions
- how to use different lengths of the scales
(see note about the 18-item scale,
which is NOT recommended. It does a bad job
measuring the six dimensions.)

"2-Ryff PWB Reference Lists" includes:

- a list of the main publications about the scales
- a list of published studies using the scales

There is no charge to use the scales and no need to send us the results of your study.

We do ask that you please send us copies




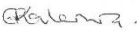
of any journal articles you may publish using the scales to:

berrie@wisc.edu and cryff@wisc.edu.

Best wishes for your research,

--

Appendix G: Nacosti Permit

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 399438	Date of Issue: 25/June/2025
RESEARCH LICENSE	
	
<p>This is to Certify that Sr.. JANE KWAMBOKA OMBOTO of Tangaza University , has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kajiado on the topic: Relationship between Prayer and Psychological Wellbeing among Consecrated Persons in Selected Deaneries of the Catholic Diocese of Ngong, Kenya. for the period ending : 25/June/2026.</p>	
License No: NACOSTI/P/25/4175303	
399438 Applicant Identification Number	 Deputy Director NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Appendix H: Work Plan

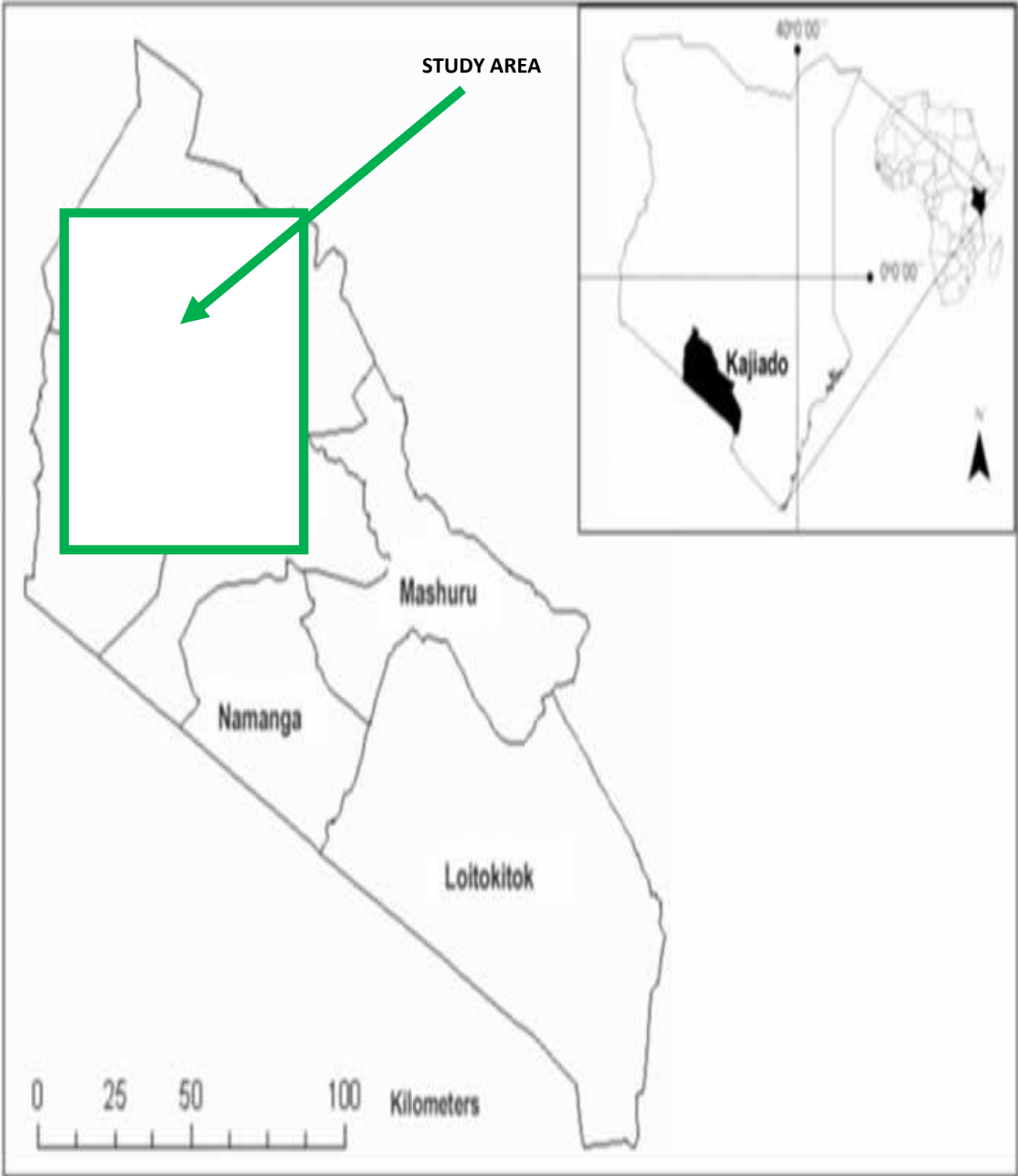
ACTIVITY	DAY	MONTH
Conclusion of proposal writing	26th	Feb 2025
Defending of proposal	25 th	March 2025
Acquisition of permits (TUC, NACOSTI, Communities)	10th	April 2025
Pre-testing of instruments	18th	April 2025
Data collection	1 st -21 st	May 2025
Analysis of data	1 st -30 th	June 2025
Defending of thesis	13th	July 2025
Corrections	15 th -30th	July 2025
Final submission	1 st	Aug 2025

Appendix I: Budget for The Study

Estimate Budget Table

Item	Quantity	Cost in Kenya Shillings
Printing of Concept	3 Copies	600
Printing of proposal	3 Copies	4,500
Printing of Consent	30 Copies	300
Printing Pretesting	5 copies x 10	500
Lunch	10 times	2,000
Printing of guides	200 copies x 10	2,000
Transport	Nairobi- Ngong/Kiserian	10,000
Printing thesis	6 copies	8,000
Publishing	1 article	15,000
NACOSTI	Permit	16,800
Miscellaneous	Other costs	3,000
Total Costs		Ksh. 50, 000

Appendix J: Study Area Map



Appendix K: Plagiarism Report



14% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

Filtered from the Report

- ▶ Bibliography
- ▶ Quoted Text
- ▶ Cited Text
- ▶ Small Matches (less than 8 words)

Match Groups

- 353 Not Cited or Quoted 14%
Matches with neither in-text citation nor quotation marks
- 0 Missing Quotations 0%
Matches that are still very similar to source material.
- 0 Missing Citation 0%
Matches that have quotation marks, but no in-text citation
- 0 Cited and Quoted 0%
Matches with in-text citation present, but no quotation marks

Top Sources

- 12% Internet sources
- 9% Publications
- 5% Submitted works (Student Papers)

Integrity Flags

0 Integrity Flags for Review

No suspicious text manipulations found.

Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice something strange, we flag it for you to review.

A Flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention there for further review.

