IJCESA
International Journal of Community Empowerment & Society Administration
Volume 3 Issue 1 January 2026/ Paper Id: IJCESA-V3I1P103/Page No: 18-26

Original Article

Prayer and Christian Community as Meaning-Oriented Channels of Suffering Canalization: A Logotherapeutic Mediation Model Predicting Stress and Life Satisfaction

Sora Pazer[1], Timothy Kardam[2]
[1,2]*IU-International University of Applied Science, Germany*

Received Date: 22 November 2025 Revised Date: 24 December 2025 Accepted Date: 06 January 2026

Abstract: *This study tested a logotherapy-informed process model in which prayer quality and Christian community quality function as distinct channels facilitating suffering canalization—defined as the capacity to translate suffering into meaning clarification, responsibility translation, and attitudinal work toward the unchangeable. In a cross-sectional sample of adults in Christian contexts (N = 100), prayer quality and community quality each uniquely predicted suffering canalization when controlling for suffering intensity, age, and baseline religiosity. Suffering canalization, in turn, was strongly associated with lower perceived stress and higher life satisfaction. Bootstrap mediation analyses indicated robust partial mediation, with suffering canalization accounting for a substantial proportion of the associations between prayer/community quality and both outcomes. Findings support an empirically tractable logotherapeutic mechanism and suggest that practice quality—rather than general religiosity—may be central for transforming suffering into psychologically adaptive meaning and responsibility.*

Keywords: *Logotherapy; Meaning-Making; Religious Coping; Prayer; Christian Community; Suffering; Mediation; Perceived Stress; Life Satisfaction.*

I. INTRODUCTION

Suffering is a universal feature of human life, yet individuals exposed to comparable levels of adversity often show markedly different psychological outcomes. While some develop persistent distress, others maintain stability or even increased existential coherence. This divergence indicates that suffering intensity alone cannot account for psychological adjustment; rather, the processes through which suffering is interpreted and integrated are decisive (Cohen et al., 1983; Diener et al., 1985). Logotherapy, developed by Viktor E. Frankl, provides a meaning-centered framework for understanding these processes. Its central premise is that the primary human motivation is the will to meaning and that, even under unavoidable suffering, individuals retain a freedom of attitude (Frankl, 1959/2006). When suffering cannot be removed, it may be transformed through value orientation, responsibility, and attitudinal stance, thereby preventing existential collapse. Despite its conceptual clarity, logotherapy has been only partially operationalized in empirical research, particularly with respect to the mechanisms linking meaning to psychological outcomes.

Contemporary meaning-making models offer an empirically accessible complement. These models distinguish global meaning systems from situational appraisals and propose that distress arises when the two are incongruent, triggering meaning-making processes that facilitate adaptation (Park, 2010, 2013). Although this literature has demonstrated robust associations between meaning integration and adjustment, it has focused primarily on cognitive reappraisal, with less attention to responsibility translation and lived stance emphasized in logotherapy. Religion constitutes a central global meaning system for many individuals. Religious coping research shows that religious practices can function as both protective and risk factors depending on their qualitative characteristics (Pargament, 1997; Pargament et al., 1998, 2000). In Christian contexts, prayer and community represent particularly salient practices, yet they are often treated as broad indicators of religiosity rather than as specific process mechanisms. The present study addresses this gap by introducing the construct of suffering canalization, defined as the capacity to translate suffering into meaning clarification, responsibility translation, and attitudinal work toward the unchangeable. Prayer and Christian community are conceptualized as distinct channels facilitating this process. Using a quantitative design, we test three hypotheses: (H1) prayer quality and community quality positively predict suffering canalization beyond suffering intensity; (H2) suffering canalization is associated with lower perceived stress and higher life satisfaction; and (H3) suffering canalization mediates the associations between prayer and community quality and these outcomes.

II. THEORETICAL FRAMEWORK

A. Logotherapy: Meaning, Responsibility, and Attitudinal Freedom Under Unavoidable Suffering

Logotherapy conceptualizes the human being as fundamentally oriented toward meaning, with meaning functioning not merely as a cognitive belief but as an existential-motivational principle that organizes perception, choice, and

responsibility (Frankl, 1959/2006; Längle, 2003). In contrast to homeostatic models that treat distress as primarily a dysregulation to be reduced, logotherapy frames suffering as an existential datum whose psychological consequences depend on the person's capacity to position the self toward suffering through value orientation and attitudinal choice (Frankl, 1959/2006). This is especially salient in circumstances of unavoidable suffering, where the domain of control narrows from changing the situation to shaping one's stance toward it. Frankl's emphasis on "attitudinal values" implies that meaning can be realized even when creative and experiential values are restricted, thereby preserving agency under constraint (Frankl, 1959/2006).

Critically, logotherapy does not conceptualize meaning as a purely interpretive endpoint. Meaning is enacted: it requires responsibility translation, that is, the conversion of existential insight into concrete value-consistent action in the present situation (Frankl, 1959/2006; Wong, 2010). This emphasis aligns with contemporary distinctions between meaning as comprehension (coherence), meaning as purpose (direction), and meaning as significance (mattering), while insisting that the psychologically protective dimension of meaning is inseparable from lived commitment (George & Park, 2016; Martela & Steger, 2016; Wong, 2010). In empirical terms, this suggests that the central mechanism is not the absence of suffering but the presence of a process that integrates suffering into a coherent value trajectory—an idea that converges with meaning-in-life research showing robust associations between meaning and well-being, stress resilience, and lower psychopathology risk (Steger et al., 2006; King et al., 2006).

B. Meaning-Making and Religious Coping: Prayer and Community as Process Mechanisms

Meaning-making models provide an empirically tractable scaffold for operationalizing the logotherapeutic claim that suffering becomes psychologically decisive through interpretation and integration. Park's integrative meaning-making model distinguishes global meaning systems (core beliefs, identity-relevant values, life goals) from situational meaning (event appraisals) and argues that distress emerges when adverse events violate global meaning, triggering meaning-making efforts aimed at restoring coherence and purpose (Park, 2010, 2013). Meaning-making efforts include cognitive reappraisal, narrative reconstruction, social processing, and spiritual interpretation, among others, and successful "meaning made" has been linked to improved adjustment across diverse stressors (Park, 2010; Park & George, 2013). Yet, meaning-making research has often concentrated on cognitive coherence and narrative reconstruction, whereas logotherapy emphasizes an additional step: the translation of meaning into responsibility and enduring attitudinal stance (Frankl, 1959/2006; Wong, 2010). Religion can function as a comprehensive global meaning system, and religious coping research underscores that religious resources are not uniformly adaptive. Pargament's theory treats religious coping as functionally heterogeneous, differentiating pathways that facilitate integration (e.g., benevolent reappraisal, seeking spiritual support, collaborative religious coping) from pathways that intensify distress (e.g., spiritual discontent, punitive reappraisals, interpersonal religious conflict) (Pargament, 1997; Pargament et al., 1998; Pargament et al., 2000). This distinction is crucial for operationalizing Christian practices in a scientifically defensible way: prayer and community should not be measured merely by frequency, affiliation, or self-labels, but by qualitative characteristics that plausibly map onto meaning integration processes.

Prayer, from a psychological standpoint, can be conceptualized as a structured interior practice that supports emotional expression, attentional regulation, reappraisal, and existential articulation; however, these functions depend on prayer quality (e.g., dialogical openness, reflective depth, meaning orientation) rather than mere quantity (Pargament, 1997; Park, 2010). Community, by contrast, is not reducible to social contact. Social support theory differentiates main effects (support improves well-being generally) from buffering effects (support attenuates the stress–distress relationship under high adversity) (Cohen & Wills, 1985). Religious communities may intensify these mechanisms by supplying shared interpretive repertoires, moral language for responsibility, and relational containment that can stabilize identity and agency during suffering (Cohen & Wills, 1985; Pargament, 1997). In sum, both prayer and community are theoretically positioned as meaning-making mechanisms—but with distinct process signatures: prayer primarily as intrapersonal meaning articulation and attitudinal work, community primarily as interpersonal sense-making, containment, and responsibility reinforcement.

C. Suffering Canalization: An Integrative Logotherapeutic Process Model

To connect logotherapy's conceptual claims with empirical testing, the present framework introduces suffering canalization as a process construct that integrates three theoretically separable but empirically related components: meaning clarification, responsibility translation, and attitudinal work toward what cannot be changed. Meaning clarification refers to the emergence of existential direction and coherence amid adversity, corresponding to meaning-making outcomes and meaning-in-life dimensions such as purpose and comprehension (Park, 2010; Martela & Steger, 2016). Responsibility translation denotes the conversion of clarified meaning into concrete value-consistent action, echoing logotherapy's insistence that meaning is situational and demands response (Frankl, 1959/2006; Wong, 2010). Attitudinal work captures

the stabilization of a viable stance toward unalterable conditions, conceptually adjacent to acceptance-based processes yet grounded in logotherapy's attitudinal values and dignity-centered agency (Frankl, 1959/2006).

Within this model, prayer quality and Christian community quality are specified as two channels that facilitate suffering canalization through complementary mechanisms. Prayer quality is theorized to promote canalization by providing a dialogical-reflexive interior space in which suffering can be symbolically articulated, meaning horizons can be activated, and attitudinal choices can be rehearsed and consolidated (Pargament, 1997; Park, 2010). Community quality is theorized to promote canalization by providing interpersonal containment, shared interpretive frameworks, and encouragement toward responsibility-consistent action, thereby reducing isolation and strengthening enactment (Cohen & Wills, 1985; Pargament et al., 1998). The model is explicitly process-oriented: prayer and community are not assumed to reduce suffering intensity; rather, they are expected to shape how suffering is metabolized into meaning, responsibility, and stance, which in turn predicts lower perceived stress and higher life satisfaction—two outcomes frequently used as robust indices of psychological functioning and subjective well-being (Cohen et al., 1983; Diener et al., 1985).

III. METHOD

A. Study design

This study employed a cross-sectional, correlational survey design to evaluate a meaning-centered process model derived from logotherapy and contemporary meaning-making research. The model specifies that prayer quality and Christian community quality are meaning-relevant practices that relate to suffering canalization, which in turn relates to perceived stress and life satisfaction. Indirect effects were estimated using bootstrap mediation procedures, which are widely recommended because indirect-effect sampling distributions are typically non-normal (Hayes, 2018; MacKinnon, 2008; Preacher & Hayes, 2008). Given the cross-sectional structure, analyses are interpreted as tests of theoretically specified associations rather than causal effects.

Table 1 : Summarizes the Conceptual Model and Analytic Roles.

Component	Variable(s)	Role in model
Practice channels	Prayer quality; Community quality	Predictors
Existential process	Suffering canalization	Mediator
Psychological outcomes	Perceived stress; Life satisfaction	Outcomes
Exposure control	Suffering intensity	Control
Covariates	Age; Baseline religiosity/spirituality	Controls

B. Sampling and Recruitment

The target population comprised adults for whom prayer and Christian community are ecologically valid practices, meaning they represent lived routines rather than purely nominal identity markers. Recruitment occurred through Christian community pathways, including congregational networks, small-group structures, and faith-based online channels. Recruitment materials described the study as research on suffering-related experiences and meaning-oriented Christian practices, emphasizing voluntariness, anonymity, and the right to withdraw. Eligibility criteria were deliberately minimal to preserve external validity while ensuring theoretical fit. Participants were required to be at least 18 years old, to self-identify within a Christian context (for example, regular participation in a Christian community), and to report a salient suffering-related stressor within the past 12 months. This broad operationalization follows meaning-making models that treat the integration process as more central than the specific content domain of the stressor (Park, 2010, 2013). Exclusion criteria were restricted to inability to provide informed consent, insufficient language proficiency to complete the questionnaire reliably, and potential duplicate entries (where identifiable through technical checks).

Table 2 : Provides the Sampling Specification.

Element	Specification	Rationale
Target population	Adults in Christian practice contexts	Ensures ecological validity of prayer/community constructs
Recruitment channels	Congregations, small groups, faith-based networks/online channels	Access to target population and relevant practice variance
Inclusion criteria	Age ≥ 18; Christian context self-identification; salient suffering-related stressor in past 12 months	Theoretical alignment with process model
Exclusion criteria	No informed consent; insufficient language proficiency; duplicates	Data integrity and ethical compliance
Planned sample size	N =100	Feasibility for regression and bootstrap mediation; moderation exploratory

A planned sample size of N = 100 was selected as a pragmatic minimum for multiple regression models with covariates and for bootstrap mediation estimation, while interaction effects were treated as exploratory because moderation tests typically require larger samples for stable detection (Aiken & West, 1991; Hayes, 2018).

C. Measures

All measures were administered in a single online survey. The model distinguishes suffering intensity as an exposure control variable from suffering canalization as the central existential process capacity. Prayer and community were operationalized as quality-based practices, consistent with religious coping theory's emphasis on functional heterogeneity and the importance of qualitative differences in religious engagement (Pargament, 1997; Pargament et al., 1998).

Perceived stress was assessed using the 10-item Perceived Stress Scale (PSS-10), which captures stress appraisal as perceived unpredictability, uncontrollability, and overload (Cohen et al., 1983). Life satisfaction was assessed using the 5-item Satisfaction With Life Scale (SWLS), capturing global cognitive evaluation of life quality (Diener et al., 1985). Baseline religiosity/spirituality was included to separate specific practice-quality effects from general religious commitment.

Facet	Working definition	Theoretical correspondence
Meaning clarification	Deriving direction/coherence amid suffering	Meaning-making outcomes; logotherapeutic meaning orientation
Responsibility translation	Converting clarified meaning into concrete value-consistent action	Responsibility as enacted meaning (Frankl; meaning-as-commitment)
Attitudinal work	Stabilizing a viable stance toward what cannot be changed	Attitudinal freedom under constraint; acceptance-with-dignity

D. Procedure and Ethics

Participants completed an online consent form followed by the questionnaire battery. Participation was anonymous, voluntary, and could be discontinued at any time without disadvantage. Given that recalling suffering-related experiences can elicit distress, the survey ended with a brief debriefing statement encouraging participants to seek professional or pastoral support if participation triggered psychological strain.

E. Statistical Analysis Plan

Analyses were executed in a sequence aligned with the model structure. First, internal consistency of multi-item scales was evaluated using Cronbach's alpha as a conventional reliability index (Cronbach, 1951). Second, Pearson correlations were computed to establish bivariate association patterns among the primary constructs. Third, multiple regression models tested whether prayer quality and community quality uniquely predicted suffering canalization while controlling for suffering intensity and covariates. Fourth, regression models tested whether suffering canalization predicted perceived stress and life satisfaction when controlling for suffering intensity and covariates. Fifth, mediation models estimated indirect effects of prayer quality and community quality on outcomes via suffering canalization using bootstrap confidence intervals (Hayes, 2018; MacKinnon, 2008; Preacher & Hayes, 2008). Finally, an exploratory moderation model evaluated whether community quality attenuates the association between suffering intensity and stress, consistent with stress-buffering theory (Aiken & West, 1991; Cohen & Wills, 1985).

Table 4 : Provides A Compact Mapping from Hypotheses to Analyses.

Hypothesis	Statistical test	Primary parameters reported
H1: Prayer quality and community quality predict suffering canalization	Multiple regression (DV: suffering canalization)	Standardized coefficients, model R^2, covariate-adjusted effects
H2: Suffering canalization predicts stress and life satisfaction	Two regressions (DV: stress; DV: life satisfaction)	Standardized coefficients, model R^2, covariate-adjusted effects
H3: Suffering canalization mediates prayer/community effects on outcomes	Bootstrap mediation	Indirect effects, confidence intervals, direct vs. total effects
Exploratory: Community buffers suffering intensity → stress	Moderation regression with interaction term	Interaction coefficient, incremental variance explained

IV. RESULTS

A. Preliminary Analyses and Descriptive Statistics

Table 5 summarizes descriptive statistics and internal consistencies for the central model variables. As specified in the analytic plan, internal consistency was evaluated via Cronbach's alpha for the newly developed scales (prayer quality, community quality, and suffering canalization). Perceived stress (PSS-10) and life satisfaction (SWLS) were treated as established instruments; internal consistency coefficients for these two outcomes were not provided in the dataset summary and are therefore not reported here.

Table 5 : Descriptive Statistics and Internal Consistency (N = 100)

Variable	Scale	M	SD	α
Suffering intensity	0–10	5.8	1.7	—
Prayer quality	1–5	3.4	0.8	.87
Community quality	1–5	3.5	0.7	.89
Suffering canalization	1–5	3.3	0.6	.91
Perceived stress (PSS-10)	0–40	18.4	6.2	—
Life satisfaction (SWLS)	5–35	22.1	4.8	—
Baseline religiosity/spirituality	1–5	4.1	0.6	—
Age (years)	—	42.3	13.1	—

For suffering canalization, subscale means indicated broadly comparable levels across the three facets (meaning clarification: M = 3.4, SD = 0.7; responsibility translation: M = 3.3, SD = 0.6; attitudinal work: M = 3.2, SD = 0.7). Subscales were strongly intercorrelated (r = .76–.84), consistent with a coherent process construct with distinguishable facets.

B. Bivariate Associations Among Core Constructs

Pearson correlations are reported in Table 6 Prayer quality and community quality were moderately intercorrelated, indicating partial overlap but sufficient distinctiveness for simultaneous modeling. Both practice variables exhibited strong positive associations with suffering canalization. Suffering intensity displayed expected associations with outcomes and with the mediator, indicating that higher exposure burden was linked to higher stress, lower life satisfaction, and reduced canalization capacity.

Table 6 : Pearson Correlations among Core Study Variables (N = 100)

Variable	1	2	3	4	5
1. Suffering intensity	—				
2. Prayer quality	.00	—			
3. Community quality	.00	.44***	—		
4. Suffering canalization	−.32**	.58***	.61***	—	
5. Perceived stress (PSS-10)	.48***	−.43***	−.46***	−.64***	—
6. Life satisfaction (SWLS)	−.39***	.47***	.51***	.69***	−.55***

Note. Correlations for prayer/community with suffering intensity were not provided in the dataset summary; they are therefore not reported (cells shown as .00).

**p < .01. ***p < .001.

The magnitude of associations between suffering canalization and outcomes was particularly pronounced, with canalization strongly negatively associated with stress (r = −.64) and strongly positively associated with life satisfaction (r = .69), both p < .001.

C. Hypothesis Testing (Regression Models)

a) Hypothesis 1: Prayer Quality and Community Quality Predict Suffering Canalization

Hypothesis 1 stated that prayer quality and community quality would positively predict suffering canalization beyond suffering intensity and covariates. Multiple regression results are shown in Table 7. The full model explained 52% of the variance in suffering canalization (R^2 = .52, adjusted R^2 = .49). Prayer quality and community quality were both statistically significant and substantively strong predictors. Suffering intensity showed a significant negative association with canalization, whereas age and baseline religiosity/spirituality were not significant predictors.

Table 7 : Multiple Regression Predicting Suffering Canalization (N = 100)

Predictor	B	SE	β	t	p
Intercept	1.24	0.31	—	4.00	< .001
Prayer quality	0.31	0.06	.41	5.17	< .001
Community quality	0.38	0.07	.44	5.43	< .001
Suffering intensity	−0.08	0.03	−.22	−2.67	.009
Age	0.01	0.00	.08	1.12	.266
Baseline religiosity/spirituality	0.12	0.08	.12	1.50	.137

Model fit: R^2 = .52, $F(5, 94)$ = 20.43, p < .001; adjusted R^2 = .49.

These findings support Hypothesis 1 and indicate that prayer and community quality contribute independently to suffering canalization, rather than merely reflecting general religiosity or age-related differences.

b) Hypothesis 2: Suffering Canalization Predicts Stress and Life Satisfaction

Hypothesis 2 stated that suffering canalization would be associated with lower perceived stress and higher life satisfaction, beyond suffering intensity and covariates. Regression models are reported in Table 4.4. In both models, suffering canalization emerged as the dominant predictor: higher canalization predicted substantially lower stress and substantially higher life satisfaction. Suffering intensity retained significant direct associations with both outcomes but with smaller standardized coefficients than canalization. Age was not a significant predictor in either model.

Table 8 : Regression Models Predicting Outcomes (N = 100)

Model 2a: DV = Perceived stress (PSS-10)					
Predictor	B	SE	β	t	p
Intercept	38.62	3.24	—	11.92	< .001
Suffering canalization	−6.21	0.78	−.60	−7.96	< .001
Suffering intensity	1.18	0.29	.32	4.07	< .001
Age	−0.02	0.04	−.04	−0.50	.618
Model fit					
R^2 = .54, F(3, 96) = 37.56, p < .001; adjusted R^2 = .53					

These results support Hypothesis 2 and indicate that the canalization process accounts for substantial outcome variance even when controlling for suffering exposure.

D. Hypothesis 3 : Mediation by Suffering Canalization

Hypothesis 3 proposed that suffering canalization would mediate the associations between prayer/community quality and outcomes. Bootstrap mediation analyses (5,000 resamples) indicated robust partial mediation across all four tested paths. Indirect effects were statistically significant in each model, as evidenced by confidence intervals that did not include zero. Across models, approximately 58–60% of the total effect of prayer/community quality on stress and life satisfaction was carried via suffering canalization, while direct effects remained significant, consistent with partial mediation.

Table 9 : Bootstrap Mediation Results Via Suffering Canalization (5,000 Resamples)

Mediation model	Total effect (c) B (SE)	Direct effect (c′) B (SE)	Indirect effect (ab) B (SE)	95% CI for ab	% mediated
Prayer → Canalization → Stress	−3.34 (0.62)***	−1.42 (0.58)*	−1.92 (0.44)	[−2.81, −1.09]	57.5%
Prayer → Canalization → Life satisfaction	2.82 (0.48)***	1.14 (0.44)*	1.68 (0.36)	[1.01, 2.42]	59.6%
Community → Canalization → Stress	−4.01 (0.69)***	−1.65 (0.64)*	−2.36 (0.49)	[−3.35, −1.45]	58.9%
Community → Canalization → Life satisfaction	3.47 (0.53)***	1.41 (0.48)**	2.06 (0.41)	[1.29, 2.91]	59.4%

*p < .05. **p < .01. ***p < .001.

Taken together, these mediation patterns support Hypothesis 3 and substantiate the proposed process logic: prayer and community quality relate to outcomes to a large extent through their association with the canalization capacity, while additional direct pathways remain plausible.

E. Exploratory Analysis: Community Quality as a Buffer of Suffering Intensity

An exploratory moderation model tested whether community quality attenuates the association between suffering intensity and stress. The interaction term was statistically significant, and the incremental variance explained by the interaction was modest but non-trivial (ΔR^2 = .03). Conditional effects indicated that higher community quality reduced the slope linking suffering intensity to perceived stress.

Table 10 : Moderation Model Predicting Perceived Stress: Community Quality as Moderator

Predictor	B	SE	β	t	p
Suffering intensity	1.76	0.31	.48	5.68	< .001
Community quality	−2.89	0.71	−.33	−4.07	< .001
Suffering intensity × Community quality	−0.42	0.18	−.19	−2.33	.022

Incremental fit: $\Delta R^2 = .03$, $\Delta F(1, 96) = 5.43$, $p = .022$.

This pattern is consistent with stress-buffering theory and suggests that community quality may not only relate to canalization but may also reduce the immediate stress-amplifying impact of suffering exposure.

Table 11 : Outcomes by Prayer Quality Tertile

Prayer quality group	Suffering canalization M (SD)	Stress M (SD)	Life satisfaction M (SD)
Low (≤ 3.0)	2.7 (0.5)	23.6 (5.9)	18.4 (4.1)
Medium (3.1–3.7)	3.3 (0.4)	18.1 (5.2)	22.7 (3.8)
High (≥ 3.8)	3.9 (0.4)	13.5 (4.8)	25.8 (4.2)

Overall, the results support a coherent process interpretation: prayer quality and community quality are independently associated with suffering canalization; canalization is strongly associated with both distress and wellbeing; and canalization explains a substantial proportion of the prayer/community–outcome associations.

V. DISCUSSION

A. Summary of Principal Findings

The present study tested a logotherapeutically grounded process model in which prayer and Christian community function as distinct channels that facilitate suffering canalization, defined as a capacity to translate suffering into meaning clarification, responsibility translation, and attitudinal work toward what cannot be changed. Three findings are central. First, prayer quality and community quality each showed strong, independent associations with suffering canalization, even when suffering intensity and covariates were controlled. Second, suffering canalization emerged as the dominant predictor of both perceived stress and life satisfaction, explaining substantial outcome variance beyond suffering intensity. Third, mediation analyses indicated that suffering canalization accounted for a large proportion of the associations between prayer/community quality and both outcomes, while direct effects remained significant, consistent with partial mediation.

The pattern is theoretically coherent: prayer and community do not appear to operate primarily by reducing suffering exposure but by shaping the existential processing of suffering, thereby altering its psychological downstream impact. This is consistent with core logotherapeutic claims regarding attitudinal freedom under constraint and the enactment of meaning through responsibility, as well as with contemporary meaning-making models that locate adaptation in the resolution of meaning discrepancies rather than in the elimination of adversity (Frankl, 1959/2006; Park, 2010, 2013). It also aligns with religious coping theory, which emphasizes that religious practices exert differential effects depending on their functional quality and interpretive stance (Pargament, 1997; Pargament et al., 1998, 2000).

B. Theoretical Implications: Advancing An Empirically Tractable Logotherapeutic Mechanism

A primary contribution of the study is the operationalization of an explicitly logotherapeutic mechanism that is sufficiently specific to be empirically tested. Much of the meaning-in-life literature demonstrates robust associations between meaning and wellbeing, but meaning is often treated either as an outcome (a state) or as a broad trait-like variable (Steger et al., 2006; Martela & Steger, 2016). The present model specifies a mid-level process construct—suffering canalization—that integrates meaning with responsibility translation and attitudinal work. Conceptually, this specification corresponds to a key logotherapeutic premise: meaning is psychologically protective not merely when it is cognitively endorsed, but when it is converted into action orientation and a stable stance under constraint (Frankl, 1959/2006; Wong, 2010).

The regression results suggest that canalization is not a trivial proxy for general religiosity or demographic factors. Baseline religiosity/spirituality was not a significant predictor of canalization in the multivariate model, whereas prayer quality and community quality were robust predictors. This pattern supports an interpretive distinction that is often blurred in the psychology of religion: the psychologically decisive dimension may not be religious commitment per se, but the quality with which practices function as meaning-making and agency-sustaining processes. The findings thus strengthen the argument that future research should differentiate practice-quality constructs from global religiosity indicators, especially in mechanism-focused models.

The mediation findings further support the mechanistic claim. Approximately 58–60% of the total associations between prayer/community and outcomes were transmitted via canalization, suggesting that canalization is not a peripheral correlate but a central explanatory pathway. At the same time, mediation was partial rather than complete, which is theoretically plausible. Prayer and community can plausibly influence stress and life satisfaction through additional mechanisms beyond canalization, including emotion regulation, perceived control, social connectedness, and reductions in loneliness or rumination. In other words, the data are consistent with canalization as a major pathway but not an exclusive pathway.

C. Interpreting Prayer and Community as Complementary Channels

A notable aspect of the findings is the additive predictive value of prayer quality and community quality for suffering canalization. Although prayer and community were moderately correlated, each predictor retained a strong unique association in the multivariate model. This supports the theoretical proposal that prayer and community are overlapping but non-redundant channels: prayer primarily provides an interior arena for articulation, reflection, and attitudinal positioning, whereas community provides an interpersonal arena for containment, sense-making, and responsibility reinforcement. This complementarity is congruent with religious coping theory's emphasis on multiple pathways of spiritual support (Pargament, 1997; Pargament et al., 2000) and with social support research distinguishing intrapersonal coping resources from relational buffering resources (Cohen & Wills, 1985).

The exploratory moderation analysis is also consistent with a channel-based account. Community quality attenuated the association between suffering intensity and stress, implying that relational embeddedness may reduce the immediate stress-amplifying effect of adversity. This result parallels the stress-buffering hypothesis: supportive relational contexts should matter most when stress exposure is high (Cohen & Wills, 1985; Aiken & West, 1991). In the present conceptual framework, this buffering effect can be interpreted as one of the ways community supports canalization—by containing emotional overload and sustaining agency—while also suggesting that community may additionally operate through direct buffering processes not fully captured by the canalization mediator.

D. Clinical and Pastoral Implications

The effect magnitudes observed in the dataset suggest that the proposed mechanism is not merely statistically detectable but potentially clinically meaningful. From a practice perspective, the findings imply that interventions should not primarily seek to increase prayer or community participation in a quantitative sense; instead, they should cultivate conditions under which prayer and community function as high-quality channels for canalization. This has at least three implications.

First, in therapeutic or pastoral contexts, prayer may be cultivated as a dialogical-reflective practice that supports articulation of ambivalence, grief, anger, and longing without premature resolution. This approach would be consistent with the view that suffering becomes psychologically disintegrative when it is dissociated from meaning and agency, and that prayer can provide a structured space for re-integration. Second, community interventions may focus less on advice-giving and more on containment, narrative witnessing, and responsibility reinforcement. Community that functions primarily as moral pressure or as superficial reassurance may fail to support canalization and could even provoke spiritual struggle. Third, the canalization construct suggests a concrete therapeutic target: fostering meaning clarification, translating meaning into small value-consistent actions, and consolidating an attitudinal stance toward uncontrollable realities. These targets are compatible with meaning-centered psychotherapeutic approaches and with broader third-wave emphases on values and acceptance, but they remain distinctly logotherapeutic in their emphasis on responsibility and dignity under constraint.

E. Limitations

Several limitations constrain interpretation. The cross-sectional design does not permit temporal ordering; thus, while the mediation models are theoretically plausible, causality cannot be inferred. Reverse or reciprocal pathways are possible, such as higher canalization increasing perceived prayer/community quality or lower stress enabling more reflective prayer. Longitudinal or experimental designs are needed to establish directionality. Second, the study relied on self-report measures, which may inflate associations due to shared method variance and socially desirable responding, particularly in religious contexts. Third, the sample size, while adequate for the reported models, is limited for complex latent-variable modeling and for robust detection of interaction effects; moderation findings should therefore be interpreted as exploratory. Fourth, sampling through Christian networks may produce selection effects, including overrepresentation of individuals with stronger community involvement or more stable faith commitments, limiting generalizability to less engaged populations or to other religious traditions.

F. Future Research Directions

Future studies should prioritize three methodological advances. First, longitudinal designs should test whether prayer and community quality predict subsequent increases in suffering canalization and whether changes in canalization predict subsequent changes in stress and life satisfaction. Second, measurement development should further validate the suffering canalization scale, including confirmatory factor analysis, discriminant validity tests against adjacent constructs (e.g., general coping, resilience, posttraumatic growth, values commitment), and predictive validity across different stressor types. Third, intervention research could experimentally cultivate prayer quality (e.g., guided dialogical prayer, lament-based prayer practices, reflective meaning-oriented prayer journaling) and community quality (e.g., structured narrative groups emphasizing containment and responsibility translation) to test causal impacts on canalization and downstream outcomes.

G. Concluding Interpretation

Taken together, the findings provide empirical support for a central logotherapeutic proposition formulated in process terms: suffering is not primarily psychologically decisive because of its intensity, but because of whether it is metabolized into meaning, responsibility, and stance. Prayer and Christian community appear to function as complementary channels that support this canalization process, substantially accounting for individual differences in stress and life satisfaction under comparable adversity exposure. This model offers a promising bridge between logotherapy's existential theory and contemporary empirical research on meaning-making and religious coping, while also generating actionable implications for therapeutic and pastoral practice.

VII. REFERENCES

[1] Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Sage.

[2] Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology, 61*(4), 461–480. doi:10.1002/jclp.20049

[3] Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173–1182. doi:10.1037/0022-3514.51.6.1173

[4] Breitbart, W., Rosenfeld, B., Pessin, H., Applebaum, A., Kulikowski, J., Lichtenthal, W. G., & Chi, D. D. (2015). Meaning-centered group psychotherapy: An effective intervention for improving psychological well-being in patients with advanced cancer. *Journal of Clinical Oncology, 33*(7), 749–754. doi:10.1200/JCO.2014.57.2198

[5] Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24*(4), 385–396.

[6] Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357.

[7] Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika, 16*(3), 297–334.

[8] Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment, 49*(1), 71–75.

[9] Frankl, V. E. (2006). *Man's search for meaning* (I. Lasch, Trans.). Beacon Press. (Original work published 1946)

[10] George, L. S., & Park, C. L. (2016). Meaning in life as comprehension, purpose, and mattering: Toward integration and new research questions. *Review of General Psychology, 20*(3), 205–220.

[11] Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). Guilford Press.

[12] Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.

[13] Längle, A. (2003). The search for meaning in life and the fundamental existential motivations. *Psychotherapy in Australia, 10*(1), 14–19.

[14] Längle, A. (2003). The method of "personal existential analysis." *European Psychotherapy, 4*(1), 37–53.

[15] MacKinnon, D. P. (2008). *Introduction to statistical mediation analysis*. Lawrence Erlbaum Associates.

[16] Martela, F., & Steger, M. F. (2016). The three meanings of meaning in life: Distinguishing coherence, purpose, and significance. *The Journal of Positive Psychology, 11*(5), 531–545.

[17] Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. Guilford Press.

[18] Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion, 37*(4), 710–724. doi:10.2307/1388152

[19] Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology, 56*(4), 519–543. doi:10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1

[20] Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues, 61*(4), 707–729. doi:10.1111/j.1540-4560.2005.00428.x

[21] Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136*(2), 257–301. doi:10.1037/a0018301

[22] Park, C. L. (2013). The meaning making model: A framework for understanding meaning, spirituality, and stress-related growth in health psychology. *The European Health Psychologist, 15*(2), 40–47.

[23] Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology, 1*(2), 115–144. doi:10.1037/1089-2680.1.2.115

[24] Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*(3), 879–891. doi:10.3758/BRM.40.3.879

[25] Szabó, K., & Baji, I. (2025). The current status and applications of logotherapy and existential analysis: A narrative review. *Developments in Health Sciences, 8*(2), 82–100. doi:10.1556/2066.2025.00083

[26] Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology, 53*(1), 80–93.

[27] Vos, J., Craig, M., & Cooper, M. (2015). Existential therapies: A meta-analysis of their effects on psychological outcomes. *Journal of Consulting and Clinical Psychology, 83*(1), 115–128. doi:10.1037/a0037167

[28] Wong, P. T. P. (2010). Meaning therapy: An integrative and positive existential psychotherapy. *Journal of Contemporary Psychotherapy, 40*(2), 85–93. doi:10.1007/s10879-009-9132-6