

ABSTRACT

Anxiety and Christian Faith in College Students: Through the Lens of Provider and Student Perspectives

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Anxiety can impact individuals in every area of life, and this condition continues to become more prevalent. In recent decades, there has been an increased research focus on anxiety and its various manifestations. The college years can be an especially turbulent time for some individuals, with unique factors that can contribute to anxiety. For many students, faith is an important way to cope with the experience of anxiety. To address this issue, this thesis reviews the literature on anxiety in this population, especially among college students, and with special reference to the impact of religious faith and spiritual life. This is an understudied area within the research field on adolescent anxiety, which inspired the present project. Qualitative interviews were conducted in order to collect data from a variety of mental health providers and current students who have dealt with anxiety in a Christian context. Providers in pastoral care, clinical psychology, counseling, and chaplaincy were interviewed about their experiences helping students of faith in the Waco area cope with anxiety. Multiple students were interviewed as well in order to share their personal experiences coping with anxiety during their college years, with a special focus on the importance of their Christian faith. Finally, this thesis includes a discussion of common themes that emerged across these interviews and practical applications of these findings are provided.

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ANXIETY AND FAITH IN COLLEGE STUDENTS: THROUGH THE LENS OF
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PREFACE

In researching a topic for my Honors thesis, I wanted to do something that could be useful in the lives of others. I wanted to contribute, through my work, a summary of practical things that could positively impact people's lives. Something I continued to see around me, and even within myself, throughout college was the presence of anxiety in students. Studying at Baylor, I am constantly surrounded by so many students of faith. Nonetheless, many of these students still experience anxiety. This subject can be sensitive, so I wanted to learn how people of faith can cope well with anxiety and then present that information in an accessible way that vulnerable people can relate to and learn from.

I would first like to thank Dr. Jeff Levin, my academic mentor and the advisor for this thesis project. I am constantly encouraged and inspired by your dedication and enthusiasm in pursuing excellence. I recall being honored you were willing to meet me with me even one time, let alone spend hours on hours discussing and editing this thesis. I will always look up to you and hope to bring such joy into academic pursuits the way that you do!

I would like to thank my parents, Janda and Brad, for being a constant source of love and support that have enabled me to even be in a position to do a project like this and for cheering me on every step of the way through doing it.

CHAPTER ONE

Literature Review

Introduction

Anxiety can be an all-encompassing issue for individuals, and it is becoming increasingly prevalent. This can be seen in news and social media accounts of how “Gen Z” seems to have more known mental health struggles than have been seen in recent prior generations. The word “known” is used because these are often difficult to identify due to the fact that people may suffer in silence and so their experience with anxiety, or other mental health disorders, is not clinically observed or documented. On the other hand, some may speculate that this generation is perhaps more vocal about acknowledging such things. Increased awareness and less stigma surrounding mental illness may be slowly becoming a reality, something to be thankful for. However, anxiety and depression continue to increase in incidence (new cases), specifically in the generation that is currently in their teens and twenties.

College years are a time during which individuals, by definition, often become disconnected from the community that they have been a part of their entire life, at the same time that there may be a slew of struggles that they have never experienced before. These include fear of a future that feels fast approaching. Another fear can involve trying to do well in courses on subjects that one has never been exposed to before or having to find community all on one’s own in a place that may feel enormous. These factors, among many others, make the current college student population a group at elevated risk

to experience symptoms of anxiety. It is thus worth exploring how students cope with anxiety, what resources they draw on, including faith. Baylor is a faith-based institution with a student body made up of over 75% self-identifying Christians (Dougherty et al., 2022). With faith playing such a strong role in so many students' lives, the Baylor community provides an ideal setting to explore these issues.

This project seeks to investigate the impact of faith, specifically Christian faith, on the experience of anxiety specifically among the college-aged population. Chapter One reviews the medical and scholarly literature on anxiety, faith, and their interrelations particularly among adolescents and young adults, and especially during one's college years. Chapter Two draws on qualitative interviews to provide insight into the experiences of a sample of mental health providers and Baylor students, focused on how faith helps one cope with their anxiety. Chapter Three outlines implications of the study and offers practical applications of its findings for use as tools in one's personal or professional life.

Anxiety

While there are variations in the clinical manifestations of anxiety, the diagnosis itself implies an uneasiness or apprehension that can originate from an anticipation of a potential threat, whether that be internal or external (Griffin, 1990). The American Psychological Association's definition of anxiety states, "Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also

have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat” (American Psychiatric Association, 2022).

The inclusionary criteria for generalized anxiety include excessive anxiety/worry happening more frequently than not for at least six months; the individual finds it challenging to control the worry; and the anxiety/worry are associated with at least three of the following symptoms: restlessness (also described as “on edge”), becoming fatigued easily, difficulty concentrating, muscle tension, irritability, and disturbances with sleeping, and the worry or physical symptoms cause significant impairment in daily functioning. Exclusionary criteria require that the focus of the anxiety is not confined to the aspects of an Axis I disorder such as panic disorder or social phobia and that the disturbances cannot be attributed to the effects of a substance or another disorder (American Psychiatric Association, 2022). Anxiety moves away from being seen as mere emotion and into the category of a disease needing treatment when it arises without any known threat or when one has disproportionate anxiety in relation to the severity of the threat and interferes with one’s ability to live a normal life.

It is important to recognize differences between anxiety, stress, and fear. Stress is induced by an external trigger, and once this external issue is resolved, stress symptoms lessen. Chronic stress can lead into anxiety. Anxiety is mostly induced by an internal trigger which can include stress response, physical aspects, or cognitions. The negative symptoms and feelings that come with anxiety often remain even when the trigger has deescalated. Fear is when there is an actual threat, or one that is perceived to be real. Fear is seen as more present-centered while anxiety often focuses on concern about the future (Driskell, 2022).

Historically, there were five major types of anxiety disorders including generalized anxiety disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and social phobia [otherwise known as social anxiety disorder]. However, in the DSM-5, the most recent update of the official diagnostic manual, the American Psychiatric Association altered their list. Now the list includes separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder (social phobia), panic disorder, generalized anxiety disorder (GAD), agoraphobia, substance/medication induced anxiety disorder, and anxiety disorder because of another medical condition. Additionally, they include “other specified anxiety disorder” and “unspecified anxiety disorder” for conditions that do not meet full criteria of other diagnoses but still reach clinical levels of anxiety (American Psychiatric Association, 2013).

Most of the interviews reported on in Chapter Two are in the realm of generalized anxiety disorder, social anxiety disorder, or panic attacks (which, according to the DSM, are distinct and more acute than panic disorder). Another concept that is a common manifestation of anxiety is functional anxiety. This term is used in contrast with generalized anxiety disorder. Often, individuals with generalized anxiety disorder appear anxious on the outside and struggle with daily functioning. However, those with functional anxiety may appear collected and outgoing, while internally they are feeling anxiety yet are hiding this (Cleveland Clinic, 2022).

Common causes of anxiety include various biological and sociocultural factors but other aspects of life may also play a role. For example, substance abuse, personality and temperament, child abuse, cognitive styles, and chronic stress are known to be

contributing factors in the onset of anxiety (Driskell, 2022). Generalized anxiety disorder can manifest as persistent anxiety about multiple situations that are out of proportion with the “true” impact of the situation, overthinking to worst-case scenarios, being unable to make decisions with fear of making the wrong one, inability to be calm, and various symptoms such as trembling, sweating, and nausea. It is advised to see a doctor when anxiety interferes with normal functioning (Mayo Clinic, 2017).

Another prevalent anxiety condition is the related set of diagnoses referred to as panic disorder and panic attacks. Panic attacks often come on unexpectedly and can happen at any time. Symptoms and signs can include sense of danger, rapid heartbeat, fear of losing control, shaking, chest pain, faintness, and feeling of detachment from reality (Mayo Clinic, 2018). Panic disorder and generalized anxiety disorder are two of the most common anxiety disorders, in the general population and in the included interview pool.

Clinical anxiety levels are correlated with negative social antecedents including a smaller social network and decreased social support compared to non-anxious counterparts. According to a review of recent research, anxiety patients (or, more specifically, those with panic disorder or generalized anxiety disorder) have poorer physical health than individuals that do not have anxiety (Wilmer et al., 2021). There are many negative pathways to a poor quality of life for anxious individuals, especially those reporting clinical levels of anxiety, so this diagnosis is not an isolated issue and impacts other areas of life including health.

Anxiety impacts women two to three times more often than men. Approximately 34% of the population will experience some type of anxiety disorder at a point in their

life (Bandelow et al., 2015). Almost 6% of all adults in the United States will experience generalized anxiety disorder specifically at some point (National Institute of Health, 2007). In February of 2021, 43% of adults living in Texas reported symptoms of anxiety or depression (Kaiser Family Foundation, 2021), a remarkably high point prevalence rate. Anxiety is often seen more frequently in adolescents. One study looking at trends from 2012-2018 found that by 2018, 44% of the pool of adolescents studied (over 37,000 people taken into account) met criteria for anxiety (Parodi et al., 2022).

Anxiety in Adolescents

In adolescents, anxiety is one of the most commonly seen disorders. According to the World Health Organization (WHO), persons between the ages nine and twenty, in the life stage after childhood but before adulthood, are considered adolescents (World Health Organization, 2022). Adolescents make up almost 25% of the world's population (Biswas et al., 2020). Across the world, 10-20% of adolescents have mental health issues (Biswas et al., 2020). In a survey conducted by the NIH in 2004, 30% of adolescents had an anxiety disorder and of those adolescents, over 8% were severely impaired by it (National Institutes of Health, 2004). These numbers have seemed to increase in more recent decades. Anxiety prevalence has increased more in females than in males. Additionally, prevalence is seen to increase as it approaches the years before one typically begins college (Biswas et al., 2020). Social phobia and generalized anxiety disorder are two of the most common anxiety disorders found in adolescents (Bhatia et al., 2018). Early recognition and treatment are key for preventing long-term negative psychopathological outcomes (Griffiths et al., 2016).

Anxiety in College Students

While anxiety is common among adolescents as a whole, there are additional risk factors for individuals in this age range that are attending college. It has been reported in a study within the last decade that at any given time 10-20% of the college student population is experiencing psychological symptoms of disorders that include depression and anxiety (Kumaraswamy, 2013). In a more recent study from the past year, the prevalence of anxiety and depression symptoms in college students sampled was 33.6% (Li et al., 2022). These numbers appear to be increasing with time. This idea is supported by a study conducted at the University of Michigan's School of Public Health. Justin Heinze, principal investigator of the report, observed an overall trend of increasing rates of depression and anxiety in college students over the past ten years (Heinze, 2021). Two significant risk factors identified for anxiety among college students were employment, volunteer commitments, and financial concerns (Millet-Thompson, 2017). According to a study on stress coping strategies for college students, students often attempt to control or reduce their stress through religious support, among other strategies (Pierceall et al., 2007).

Faith in College Students

The impact of a religious orientation or faith on college students' psychological adjustment and experience merits some discussion. Finding peace and stillness amidst the chaos of one's college years can be a challenge that requires navigating through many potential strategies. Common coping strategies utilized by college students for stress in general include social support from community of friends and family, picking up hobbies, and exercising (Pierceall et al., 2007).

The ways that religious faith affects one's college experience are particularly observable at Baylor University. Baylor is a faith-based institution and most undergraduate classes contain over 75% self-identifying Christians (Dougherty et al., 2022). In a poll of students, the majority indicated that they pray daily. A significant portion of students surveyed reported experiencing physical symptoms of anxiety recently, including panic and dryness of mouth (Dougherty et al., 2022). With Christian faith and anxiety both being so prevalent among Baylor students, their interplay calls for a careful investigation.

A recent qualitative interview study of students at faith-based colleges found that students received support from both psychological and spiritual resources provided by counselors and church pastors, respectively. Additionally, students who had received such support had improved perceptions and behaviors regarding their social experiences in general (Giang et al., 2021).

Another study looked specifically at the role that religion and spiritual well-being play in finding peace of mind in college, finding that students who reported higher levels of spiritual beliefs and religious involvement had higher grade point averages and fewer academic probations (Kneipp et al., 2009). Additionally, this study noted that religiousness and spirituality both contribute to meaning and purpose in life, perhaps leading to better psychological adjustment. As with many of the studies that have examined this issue, the investigator distinguished between religiosity and spirituality. In this study, the measure of religiousness was associated with better decision-making and greater hope, while spiritual well-being was associated with a better relationship with God.

Anxiety and Religion

As religion comprises a domain of both tangible and emotional resources that people may turn to in times of stress, it would be valuable to examine the role it plays in one's experience with anxiety. While many studies have observed an inverse relationship between anxiety and religious commitment (i.e., less religion, more anxiety), anxiety and other mental health conditions are still quite prevalent among the Christian population. Many pastors shy away from broaching this issue, which often increases stigma and decreases the chances of people seeking the help they need. Almost 50% of pastors admit they rarely or never speak to their congregation about mental illness (Earls, 2021). In a study including Christians from a variety of denominations, 43% had experienced a mental health struggle and over 90% believed that mental health remains stigmatized (Newham, 2022).

Those involved in the church experience anxiety just as the general population does, but often the stigma within the church community can feel disproportionately severe. However, the community support, spiritual practices, and pastoral care one receives from their faith can offer ways to cope with and manage one's anxiety, often in addition to clinical treatment. One study found that spiritually based interventions such as Christian counseling were effective in treating generalized anxiety disorder (Koszycki et al., 2014). Another study found that, compared to a control group, the group being treated with a non-denominational spiritual intervention showed an increased efficacy in treatment outcomes (Stewart et al., 2019).

A chapter in the APA's official handbook of psychology, religion, and spirituality provides many case study examples involving individuals from several faith traditions,

specifically exemplifying how religion and anxiety impact each other (Dein, 2013). This includes how religion affects one's experience with anxiety, as well as how anxiety can impact one's faith. In this chapter both "positive" and "negative" forms of religious coping are differentiated, although most studies have looked at positive coping. Research shows that increased anxiety is a function in part of spiritual doubt and an insecure relationship with God, often involving a God that they believe expects them to be perfect (Dein, 2013). It makes sense that following a God one believes wants only perfection would induce more anxiety, as this is an impossible standard. One aspect of this thesis project is to examine how Christian students at Baylor view God, with an eye to the implications for their anxiety of how they perceive Him.

Rosmarin and Koenig's *Handbook of Spirituality, Religion, and Mental Health* includes a chapter on anxiety that makes a distinction between positive and negative spiritual/religious (S/R) beliefs and attitudes (Rosmarin et al., 2020). This involves the type of attachment that one has with God, defined by psychologists of religion as secure or insecure/avoidant. It may seem unnatural at first to think of attachments in terms of a relationship with an eternal being, as opposed to how it is commonly contextualized between people, for example a mother and child. However, the same framework has been valuably applied when looking at one's faith in God (Rosmarin et al., 2020).

The *Handbook* chapter discussed a myriad of studies and synthesized the information into helpful conclusions. Examples of positive beliefs are religious gratitude, intrinsic religious motivation, and trust in God. These positive S/R beliefs are heavily associated with decreased levels of anxiety. In contrast, negative S/R attitudes and beliefs including punishing-God appraisals (such as viewing God as a punisher, evaluating

actions and life events as consequences), mistrust and anger with God, and extrinsic religious motivation, along with insecure/avoidant attachment to God, all predict more anxiety symptoms at both statistically and clinically significant levels (Rosmarin et al., 2020).

An article on religion and psychiatry acknowledged that while in some cases religion can impede the healing of a mental condition, the weight of research evidence illustrates how religious involvement can be a resource to enhance one's mental health and even prevent psychopathology and quicken the time for symptomatic resolution (Koenig et al., 2020). This study noted that religious participation may relieve anxiety for some people, while, for others, it may contribute to it. The authors repeatedly stated that while the knowledge base on the subject is growing, it merits further attention and study.

One study reported that closeness to God, positive coping, and gratitude were correlated with better overall health and, specifically, emotional health. By contrast, negative religious coping was associated with less positive outcomes (Kent et al., 2020). Throughout the literature, it is repeatedly seen that religion or faith can be a healing or a hurtful factor, depending on the motivations and appraisals that individuals hold. There are often clear distinctions made in the studies between positive and negative appraisals, whether it be a feeling of punishment and shame or, instead, having hope and trust in God.

An interesting study distinguished between living one's religion and using one's religion (Shreve-Neiger et al., 2004). The authors considered those in the category of living their religion to be experiencing it "intrinsically" and these people had less anxiety than those who "used" their religion, extrinsic motivations (e.g., social acceptance). The

authors discussed how older adults are more often religious and better integrate faith into their daily lives, with the result that anxiety disorders seem to be less prevalent than in younger people.

By contrast, an earlier study by Harold Koenig found no relationship between anxiety and religion in older adults. However, young adults that were frequent church attenders or were Protestant (or both) had lower rates of anxiety (Koenig et al., 1993). A more recent study by the same investigator showed that religious involvement can enhance one's responses to psychotherapy for anxiety, as can positive forms of religious coping (Koenig, 2009). Moreover, negative forms of religious coping can worsen anxiety. In one example, involving women with gynecological cancers, it was found that if they thought that God was punishing them, that God has no power to make a change, or that they have been abandoned by their faith community, their anxiety levels were higher (Koenig, 2009). This exemplifies how when it comes to negative and positive religious coping, there may be significantly distinctive outcomes associated with each. Another example of negative coping was in a study examining the relationship between faith and anxiety in adolescents, finding that youth who increased in their attendance of religious services throughout their upbringing had greater anxiety levels in mid-adolescence, with a mediator of self-reported guilt (PETERMAN et al., 2014).

Intrinsic religiosity, defined as a religion being lived from the "inside," has been associated with decreased levels of worry and anxiety, and one expression of this, contemplative prayer, has been correlated with lower distress and greater feelings of security. In a review of studies on anxiety and religion, half of the studies reported lower levels of anxiety in the more religious population. Specifically, those considering

themselves “born again” and those that regularly attend church showed less evidence of anxiety disorders (Glas, 2007).

In one systematic review of religion and adolescent psychiatric symptoms, 92% of studies found at least one notable relationship between increased religious involvement and improved mental health (Dew et al., 2008). However, the review concluded that of all the categories of mental illness included, the area of research most lacking here was anxiety. While many studies looked at “external” measures of religiousness such as church attendance, one interesting study explored spiritual coping and religious decision-making in relation to anxiety in adolescence (Cotton et al., 2006). This study categorized frequency of prayer, self-reported amounts of prayer, and church attendance as “distal domains,” while peace and meaning, negative or positive religious coping, and positive and negative church support were labelled as proximal domains. Also, spirituality was associated with fewer depressive symptoms in adolescents. While anxiety and depression are separate conditions, located on different “axes” of psychiatric diagnosis, they are two of the most common mental health disorders in adolescents and often are comorbid.

Faith and Anxiety in College Students

This relationship between anxiety and faith is made even further complex when examined specifically in the context of college life. College is a time of constant evaluation, whether in social settings or academic ones. This often harsh reality, alongside being pulled away from one’s support system and being put into a brand-new environment, can reveal preexisting anxiety conditions or elicit development of new symptoms. Research has shown that the college years present unique challenges for adolescents and young adults. One meta-analysis, for example, identified an inverse

relationship between a religious orientation and anxiety (Forouhari et al., 2019), especially among female students in the United States. A recent study found that spiritual well-being was inversely associated with indicators of psychological distress. Specifically, higher levels of spiritual well-being were correlated with a lower risk of onset for moderate or high anxiety (Leung et al., 2021).

Before proceeding further, some definitions might be helpful. The term “faith-based institution” refers to a college or university that has a history of and continued commitment to a particular faith tradition, and, in the context of this paper, the Christian faith. A notable example would be Baylor University. The term “religiously-affiliated university” is sometimes used synonymously for this concept. The word “faith” is used here in reference to a faith in a higher power, such as God, and, in the context this thesis project, specifically Jesus. The concept of “spiritual well-being” refers to how well an individual is doing in terms of their connectedness to God and their experience of spirituality and eternal hope.

According to a study of college sophomores’ use of counseling at a religiously-affiliated university, prior research shows that campus mental health services are often underused due to lack of knowledge of offerings as well as stigma (Shaler et al., 2020). These students often do not seek help even though they may realize that they need professional intervention. In this study, three main barriers were identified: negative feelings from past counseling experiences, the stigma surrounding need for counseling, and the messages perceived from their parents when counseling was brought up. Only one of six students reported a positive experience with counseling. One participant mentioned that the counselor immediately referred them to an on-campus doctor who

promptly prescribed antidepressants without taking a background history, so the student didn't feel that they saw a qualified provider. Respondents shared that they would like a counselor who would express interest and listen well.

Regarding stigma, study subjects reported that they feel like no one talks about mental health issues and that counseling is only for certain people that have specific issues going on in their life, making it seem like an abnormal (i.e., socially undesirable) thing. Responses from others when they learn that one is attending counseling also contribute to perceived stigma. Some expressed that if others showed gladness that they were getting help, instead of judgment and surprise, that would reduce the feelings of stigma and shame surrounding counseling and admitting to a mental health struggle. Making on-campus counseling services more accessible, such as by communicating their availability to the entire student body, was another suggestion that would help lower the barriers for students in need of help (Shaler et al., 2020).

The Study

This study aims to provide a close-up view of the role of faith in how Baylor students handle anxiety. This is done through conducting interviews with a handful of students and a diverse group of providers who work with this population. Providers include representatives from pastoral care, clinical psychology, Christian counseling, and a chaplain of a college. This range of care is meant to create a holistic, full-picture view of many different ways that students may be seeking care and to provide some insight from a variety of perspectives. Each provider's professional expertise offers something unique because of the different experiences that each has had while caring for and helping dozens of students navigate coping with their anxiety.

In addition to interviewing providers, this project involved interviews with a few Baylor students. In this group, there is a mix of men and women, all upper-classmen, having spent enough time in college to have walked through different seasons of their undergraduate journey dealing with their anxiety. Each provider's experiences are meant to offer a big-picture perspective on how they have counseled or treated anxiety in a faith-context, or not, among their dozens (or more) of student clients. Each student's perspective introduces something unique and insightful as well because each has been through many stressful, anxiety-inducing experiences.

Based on the existing literature reviewed above, it is hypothesized that faith may serve as a helpful resource for college students experiencing anxiety, although there may be a spectrum of possible ways that faith can help. A key aspect of faith is believing in something bigger than oneself, with eternal implications beyond the time one spends in this life, and in college. This faith component may offer hope that in turn is comforting. Another possible benefit of faith for students is the opportunity to experience being part of a faith-centered community. These two key components—the psychological benefit of hope and comfort, and the social benefit of being in a community—may play a part in helping students cope with their anxiety, as both can help shift one's focus off of oneself and one's own life and toward others and something "higher" or beyond oneself.

CHAPTER TWO

Interview Data

Introduction

This study aims to provide a holistic picture of the role of Christian faith in the experience of anxiety among college students. Chapter One offered an overview of anxiety among adolescents, people of faith, and college students, as well as discussed studies of the impact of faith in the lives of college students both generally and more specifically in the context of anxiety. The data collection for this project involves conducting a series of qualitative interviews with students and providers. The goal is to gain insight into how students of faith cope with anxiety and how their faith impacts their anxiety experience.

Providers from different professions and working in different practice settings were interviewed in order to provide diverse perspectives on how, from their vantage point, Christian college students navigate anxiety. The interviews included specialists in pastoral care as well as clinicians, and even some providers who could be said to fall somewhere in between. Multiple student perspectives were included, as well, in order to provide an up-close look at how different students of faith cope with anxiety, especially in the midst of stressful life circumstances that can be a part of one's journey through college. Each student brought something unique to the conversation, and there is much to be learned from each one's experience with anxiety.

Methodology

The method for collecting information was through qualitative interviewing. I sat down with seven different people, each with personal or professional experience, or both, in managing anxiety and each one expressing a Christian faith. All interviewees were located in the Waco area. I interviewed providers from the pastoral care side, the clinical side, and, as noted, even some in between. All interviewees are de-identified; thus, their identities are hidden. In the description of each interview, below, each interview subject is given a different name than their real one, in order to maintain anonymity. All subjects gave verbal consent for their interviews to be recorded and for quoted material to be used from their conversations.

For the interviews, a series of seed questions was utilized, listed below, that were used to stimulate further conversations that became somewhat free flowing. This loose structure enabled common issues to be raised, but enabled the conversations to move in directions that best fit each interviewee and allowed them to share their perspectives most effectively.

Questions for Provider Interviews

- 1) What do conversations with students on anxiety and faith look like?
 - a) How do students handle these issues?
- 2) What kinds of faith practices do students you see engage in?
 - a) Are these practices ever discussed in appointments?
- 3) What are some ways students have expressed that they cope with anxieties related or unrelated to being in college?

- 4) What are specific issues related to the college stage of life that may make anxiety worsen? What makes this season more prone to anxiety arising or being diagnosed (if you believe this to be true)?
- 5) What are combinations of treatment or strategies that students use to cope with anxiety?
 - a) Are any of these strategies integrating faith practices?
- 6) Have you observed any conflicts that may be present as a result of a student's faith or religious background or beliefs?
 - a) Does religion ever get in the way of successful treatment?
- 7) What are some ways students have expressed that they cope with anxieties while in college?
 - a) Does this ever include faith practices or beliefs?
- 8) Does serving others have an impact on anxiety?
- 9) What is the impact of specific faith practices on anxiety?
 - a) Scripture memorization
 - b) Regular engagement with faith community
 - c) Prayer
 - d) Reading scripture
 - e) Worship

Questions for Student Interviews

1. Describe the role of faith/religion in your life
2. What faith practices do you engage in while in college?

3. Do you have a faith community? If so, how often do you meet?
4. Describe your view of God
5. What makes you feel closer to God and helps relieve stress?
6. When did you start experiencing anxiety?
7. How has faith influenced your experience with anxiety? Has it helped you cope?
8. Do you see a counselor? Are they faith-based?
9. What faith-based strategies and therapeutic practices help you the most in coping with anxiety?
10. Does your faith community know about your situation? Have they provided support to you?

Not every interview subject answered all of these questions in the same way. I would say no two of them even answered them all the same way. I found this very beautiful because each individual has a special perspective that sheds light on the intersection of faith and anxiety. Through recounting their own story (the students) or through their knowledge from working with others (the providers), their responses were deeply insightful. Additionally, these questions created a common framework and provided some continuity that allowed the interviews to be productive and all relate in a way that provides conclusive, helpful information.

Interviews

Christian counselor: "Lilly"

Lilly has practiced in two different college towns, seeing dozens of students navigating issues of anxiety and faith. My challenging experience in finding her reminded me how hard it may be for students to find a counselor in the area they move to for college. I used the Internet to look for Christian counselors in the area and called numbers until I found someone willing to meet and discuss the subject of faith and anxiety in college students. She was quite willing to discuss the topic, and even expressed that as someone involved in academia, she recognizes the value in contributing to such projects. Not only does Lilly currently practice as a counselor, but she actually teaches an undergraduate course on Christian counseling.

Before diving into questions, we briefly discussed how there is no one specific licensure or credential required to identify as a Christian counselor. Some Christian counselors come from more of a pastoral background, like seminary or ministry staff—these areas can even have specific training in counseling psychology, while others are licensed counselors with experience with Christianity. Lilly is a licensed professional counselor and chooses to market herself as a Christian counselor. She used to work in a prison setting, which had rules limiting the presence of religion in counseling sessions, but now that she has her own practice, she is able to exercise autonomy in that way.

Lilly expressed that in her opinion, it seems pastors are starting to gain a better understanding of mental health and with that they are understanding their limitations as a pastor. For example, they cannot officially diagnose someone with depression and said individual would require a formal referral to a mental health professional. In her own practice, her clients guide how much faith is a part of a clinical visit. She has no rules as to how much Christian content is included in any given appointment, and she believes

that it would not be ethical to enforce anything like that anyway. She aims to meet her clients where they are at with what they are needing. For example, if a client has a lot of spiritual support, they may not need as much from their counselor and may need more in the way of technical strategies for handling their mental health condition and for how to cope. Lilly lets the client set the pace and choose what “layer” of faith they want to integrate into the appointment.

Lilly spoke of how faith plays an important role in conversations with clients regarding hope for the future. In terms of generally what conversations on faith and anxiety look like with college students, she emphasized the importance of raising awareness of and being able to catch oneself in anxious thoughts. Anxiety often arises from a lack of trust, making the trust conversation very crucial. Anxiety so commonly manifests as worry, leading to the worst case scenario emerging in one’s head, and for people of faith this begs question, “Do you believe that God has a plan for you and is watching out for you?” Some individuals lean “out” and give up control, feeling helpless, others lean “in” and try to control the outcome as much as possible and create the one that they want. However, it is optimal to find a balance in trusting God and giving up in a way that does not promote helplessness but brings comfort knowing the one in control can be trusted.

We discussed how in college, students are meant to be getting a variety of life experiences, both good ones and disappointments—from not getting into the class you wanted to having to cope with the fact that you are going into a different career field than what you have imagined for most of your life. In the context of her own personal life, Lilly expressed that she does not want to “force it,” meaning force an outcome to happen

and then deal with the fact that if it does not go well it is on her own judgment when she should have trusted what God was doing. In all the college students that she sees at her practice, she says anxiety is the condition that she sees the most and she thinks part of this could be because of the fast-paced environment we live in today. In my own experience, being so busy and constantly having somewhere to be and a task to be completed can be stressful and even getting in that pattern and then stopping for a second and realizing you have come to rely on the busyness can even be frightening.

College is a time of tremendous change, which can be anxiety inducing. Even positive changes can cause anxiety because it forces students to adjust when they are not sure how everything is going to go. During this time of life, it is expected that things will be up in the air with lots of firsts: jobs, living on your own, finding community by yourself, and so on. Lilly expressed that it can help to have a counselor with an objective perspective to talk with and let you know that these feelings are normal and not only happening to you. She has studied changes at different life stages, and often advises clients to take a look at Erikson's famous psychosocial stages.

Lilly also notes that in college you are still creating your identity through trying different things and seeing who you want to be. Sometimes she sees college students that feel like they are not like they used to be, not feeling like themselves, and doing things that their "old self" would not do. Another aspect of the college experience is finding relationships, including friendships and, for some, seeking a partner. Some students feel that if they are not in a serious relationship when they graduate, they are not where they should be in life and that in and of itself can bring on anxiety. She sees the word "should"

as a red flag that one is putting too much pressure on oneself, and she thinks it is important to locate where this “should” is coming from.

Treatments that she has found to be helpful include breathing exercises and meditation. For her clients in this life stage and circumstance (i.e., college students of faith experiencing anxiety) this can look like repeating a Bible verse to oneself or stating something true about God, such as His attributes or how His love brings comfort. Lilly discussed the importance of knowing how to be still and calm your body down, even expressing a wish for it to be commonplace to teach little kids this so that they learn it early on in life. If you are lying down, focusing on relaxing your muscles, she explained, your brain will follow your body’s lead. Sometimes trying to calm your brain directly can be a harder task to achieve.

The mental health world talks so much about mindfulness, relaxing, and being present, when anxiety pushes you into the future—how will this work out? Our brain also loves to overthink something that already happened or stress about future outcomes. Mindfulness focuses on the here and now, not going into the past or the future. It’s a practice because it’s not natural. For Christians, part of calming down and being present can be aided by repeating a verse or something they believe to be true about themselves or God according to their faith.

She expressed that community is a huge booster for anyone’s mental health, no matter what stage they are in or what they are going through. The more isolated a person is, the more they can get bogged down in their anxiety or depression. It can be so

impactful to have people to talk to and share your experiences with and even knowing you are apart of a community, meeting regularly, that cares for you can be helpful.

Lilly spoke of how strongly she feels about people preaching that anxiety and other mental health conditions are punishment or the result of someone's sin. She believes that neurodivergence, which describes people whose brains develop or work differently for some reason, is something that serves a purpose because we can learn from each other. Similarly, anxiety has adaptive functions that serve us as individuals. Lilly does not think the goal for those with anxiety or for their therapists should be to completely remove anxiety from their life because it is important in terms of protection and is a tool that, in some circumstances, can help people survive.

I have no patience for people who teach that mental health struggles are the result of someone's sin. We all have neurodivergence for a reason, and we all have something to teach each other. Anxiety has a purpose. Your job and my job is not to eradicate it from your life, or make it zero. Anxiety is part of a long streak of survival skills, it is important for protecting yourself. The anxiety you may get in a dark alley seeing someone approaching you can help get you out of a bad situation. Anxiety is not always the bad guy but sometimes it goes into hyperdrive and if you are unable to dismiss it, that is a good time to seek counseling.

If one finds oneself unable to calm their anxious thoughts and symptoms, that is often a good cue to look into professional therapy. She still sees stigma in the church regarding mental illness, going to counseling, and getting medication for it. On occasion, she encounters people that think therapy is not for believers and that prayer should fix

any mental health issue. In contrast, in her opinion, therapy can be helpful even amidst making a life decision like changing majors. She expressed that it is a misconception to believe that your church and your pastor should be able to do everything for you. Another misconception that she sometimes sees in the church is the message that “God will not send you more than you can handle.” He has provided us with resources, including Himself and each other, so we do not have to handle anything all on our own. We are not promised that this life will be easy or can be done solo. She has hopes that we can get out more encouraging messages about counseling and eliminate the stigma, especially because counseling is more accessible than ever so people should be able to use it. Even going just once can help show someone that it is not “weird.”

Anyone can benefit from counseling; it is often a relief to share hard things with someone who is capable of helping us handle them. Lilly never wants clients to think that they are too far gone; in fact, those are the people she really wants to see. God is with us in our darkest moments. She loves her profession because there is no one so “messed up” or has too much of a past that she would not want to see them. If a client has big doubts about faith, she believes that they should turn to a pastor. But Christian counselors can work in tandem with pastors. She can empathize with hard theological issues, but she does not have all the answers.

Some practices that Lilly has seen be helpful for clients include scripture memorization and meaningful worship songs, as well as regularly engaging with a spiritual community that is supporting you. In moments of high emotion, it is hard to tap into our clearest thinking, so it is important to make a plan and practice it so that one can utilize their strategies in those scary moments. This plan can look like memorizing verses

that comfort you and reciting them to yourself so that when the stressor confronts you, you already know the plan.

Lilly expressed that focusing on serving others can be helpful for individuals with anxiety because it can get them outside their own head and their own issues by helping someone else out. This also relates back to the Christian value of serving others that is spoken of often in the Bible.

She sees faith and anxiety as things that can work together, like two hands locked into a hold. She views people holistically, recognizes that anxiety shows up in all areas of life, that wellness is multidimensional, and that never are all areas of wellness functioning at a perfect performance level simultaneously. But no one is ever alone in their struggles. While there are so many people that go through these things, the Lord is with those that draw near to Him.

Chaplain: “Dr. Smith”

I met Dr. Smith soon into my freshman year at Baylor. I knew he was the chaplain at Baylor and led chapel initiatives for the students. I found his position truly at the heart of the intersection between pastoral care and college students experiencing anxiety. Upon meeting with him, I learned that not only did he have experience walking alongside students of faith (and nonreligious students as well) as they navigated their anxieties, but he had previously worked in several settings that prepared him for this role. Dr. Smith served as a student minister, a pastor, and a counselor before coming to serve as the chaplain at his alma-mater. He has a calming, welcoming presence that reflects peace, so I understood quickly after meeting him how well suited he was to his position.

Dr. Smith shared that he is accessible to all students, everyone has his number, and people can call the office or email him to make an appointment. If he meets someone on campus, he will offer to follow up with an appointment as well. Additionally, if a professor learns that their student is in crisis, they can notify Dr. Smith and he will reach out to the student himself. He gets information all day long from students and staff about individuals that are seeking help. He thinks that students in this generation are less likely to come in for help on their own. Sometimes students having a panic attack is what gets them sent to Dr. Smith, so the struggles they are having are brought up right at the forefront.

In one-on-one conversations with students, Dr. Smith moves through the conversation quickly in terms of getting to the issue, but he mentioned that he is no longer a therapist. Sometimes he has to probe a bit if students make an appointment without saying outright what they have come in for, so he will ask things like, “So how can I be of help?” He has had conversations with students of strong faith, students with no faith, and everything in between. He asks a lot of questions to get a feel of where students are at so he can meet them where they are.

What is it like when you have a panic attack? Is it rare? Is it only when you take a test? Has medicine helped? Has therapy helped? Tell me what it is like when you are anxious, do you have trouble concentrating? Are there spiritual practices that are helpful for this that help you control or move beyond your anxiety? How do you pray [if you pray]? Are there other times you do things that make you feel more centered or at peace? Tell me about that. There are all sorts of ways to commune and be present

with God but people are often not aware, even if they already do them, they might not consider them to be prayer.

Dr. Smith asks about their symptoms, what it feels like, and if maybe they even just find themselves afraid. The majority of the students he sees to talk about anxiety have had some kind of experience before they got to college. For students of faith, he asks them about what prayer looks like for them. For most, it is conversational prayer, extemporaneous prayer (i.e., in one's words, not preplanned), thanking God, offering praise, confessing, or praying for friends and family. Things that make them feel centered could be as simple as petting their dog. Often it is something like exercising. Dr. Smith tries to help them to think of spiritual practice and prayer as a wider umbrella. Paul, in the Bible, says in Ephesians 6:18 to pray in the spirit on all occasions with all kinds of prayers. There are many ways we can be present with God.

A specific format of prayer that Dr. Smith likes to teach students is called “Prayer of the Heart.” To do this, he instructs students to take a phrase from scripture—for example, Psalm 23—and start repeating it, which he will practice with the student. He speaks about his experience and how he has found (and it has been taught) that that verse moves from an idea in your head that you read into a truth on your heart. He explained that it is best to say it out loud, although it is not a magical incantation, but it can settle you as you really begin to deeply believe what you are saying. Dr. Smith speaks to his personal experience, “I find myself knowing the Lord is my shepherd (Psalm 23), and I am no longer enamored by anxiety.” If there is time, he will walk students through that prayer. He has margin in his schedule for students to come back weekly for “spiritual

direction.” Some students come back and work on these things for months, even longitudinally throughout their whole time at Baylor.

Another form of prayer that Dr. Smith has seen to be useful he calls the “breath prayer,” which involves deep breathing and slowing down one’s thinking so that one can think more clearly. This is common for anyone treating anxiety or dealing with trauma. Human beings have known this to be helpful long before there was scientific evidence behind it. The body being involved in prayer is seen all throughout scripture, whether it is speaking or lifting your eyes or your hands. He will even give students a cross to hold and tell them to think, “I am trusting in this.” The technique for the breath prayer is to count from one to five, set an alarm for five minutes and keep doing this with breathing. The counting gives the person something to focus on, so their thoughts don’t run away quickly. For those coming from a Biblical perspective, he will relate this to Genesis 2 when God breathes life into humanity. We can be aware that our very life is flowing to us through God and his breath, as we do a form of bodily prayer, taking in and letting go, we are present. We are present to God. This practice and similar ones are common to many different religions.

Something he has seen help students is serving others. A lot of worries are centered on oneself, and when you do things for others, you can shift that focus off of yourself. Doing something loving for someone else can put you in a different state of being. Community is crucial for students. Dr. Smith encourages them to be courageous, patient, and prayerful in seeking community. He believes that if you seek you will find; accordingly, he wants students to find their “home base.” Tangible things that he does to help with this include introducing students to campus ministers and church leaders and

encouraging them to get into small groups with their fellow peers. Once students have a few friends, they feel like they belong.

I encourage students to get into small, worshiping communities, where they are supported, talking about the things that matter in life, talking about the Good News very broadly, talking about how they are loved and the reason they are here in this world. Hearing that weekly helps you get reoriented; these spiritual friendships make a big difference. Students in these communities have a higher sense of belonging and tend to do better coping with the anxiety-inducing struggles that college can bring on. This is seen in studies they have done, students in communities such as church small groups are seen to have successful friendships, do better academically, and have a stronger sense of connectedness at Baylor.

Joy is so important, so Dr. Smith asks students how do they play? He wants them to move and get outside, thinking of these things as being with God, and being present and enjoying it. Similarly to community, vulnerability is an important spiritual practice as well—can you be open with someone?

He has some questions he will ask to determine if someone needs to urgently see a medical professional, including asking about suicidal thoughts and eating habits. These questions are not just yes or no, and he often asks follow-up questions or uses statements as simple as “tell me about that” while being mindful to watch for comments that could point to something really serious that needs to be addressed quickly. He wants to get them connected to a therapist if they are hurting themselves or cannot function. In less urgent situations, he still may bring up clinical counseling if one is suffering. As his

background is in pastoral therapy, he can deal with certain things, but will still bring up the option.

Dr. Smith will continue working with students over time. He is not going to simplistically put a prayerful Band Aid on any situation; sometimes church could even be a part of someone's problem or what makes them anxious. He wants them to open up their life to what he believes is flowing to them, Jesus' love and joy. Sometimes he will instruct students to write down their hard questions that make them anxious and bring them in, since journaling can be a helpful practice.

When discussing what makes today's college students different than past generations, Dr. Smith brought up how these students often have grown up with a phone, may not have worked as much as past generations (although not always the case), and are more conscious of what's going on in the world and the nation. Along with that increased awareness comes concerns about if the planet is dying, worries about school shootings, anxiety about pandemics, and other fears. We are more connected as a human race than we were before, and we carry the weight of what is going on around us. Additionally, anxiety is spoken of more frequently now than in the past, and there are names now for a lot of things that previously the general public had not conceptualized (e.g., intrusive thoughts). We hear people constantly saying that they have anxiety and everyone is more aware of what it is, which can be a good thing, or it can predispose people to worrying about it or labeling their anxiousness as anxiety because of how prevalent it is around them.

Dr. Smith feels that the stigma in the church toward mental illness is better in this era than it has ever been before. People are coming to understand the pervasive

difficulties in life and learn about neurochemical realities, and as a result they are more quick to turn to therapy. Less frequently, people feel like something is wrong with them if they feel depressed, and the old “I need to suck it up” mindset is being put to rest.

There are still barriers to therapy for some people, including Christians. Some may not think that they deserve help because of low self-esteem. Others may avoid therapy because their family does not support the idea of them going to counseling. He has seen people that have been hurt by churches, helped by churches, hurt by therapists, and helped by therapists.

Many therapists struggle with how to integrate faith practices into treatment. A good start can be asking, “Would you mind if I pray?” and then easing into Biblical imagery. Some people are simplistic in the way that they try to help, but most therapists are not that way anymore, having a more multi-dimensional approach. Dr. Smith believes that spiritual practices and clinical therapy can be integrated, and he demonstrated this by holding his hands together with fingers intertwined with each other. Therapy was used by spiritual teachers way back in the day, and it can be a fundamental contributor when learning how to deal with your thoughts.

College Ministry Women’s Coordinator: “Anne”

I came to know Anne through my church. She has ministry experience, not clinical counseling, so she comes into the conversation from the pastoral care perspective. A significant part of her job is meeting with college students and talking with them about anything they wish to come to her with. Being in a position that is so hands-on with the

college student population has led to her walking with numerous students through their struggles with anxiety.

We discussed what makes college a unique time and what factors may contribute to the prevalence of anxiety in this life stage. Anne shared that in college, especially at Baylor, there are so many opportunities and things to do that people often fill their plate too much and become *too* involved. With this, rest is often the first thing to go. Additionally, it makes it so that there are more things to be anxious about and even just the balance of it all can induce more anxiousness.

As multiple providers have brought up, anxiety can involve fear of the future and dwelling on that. This begs the question: what are the lies, insecurities, and fears about the future that are behind this anxiety? Depression often comes from dwelling on the past. Peace is found in dwelling in the present. Matthew 6:34 speaks to this instructing us to “not worry about tomorrow.” Oftentimes, anxiety is rooted in lies about the future or even about God’s character—for example, if He is worthy of being trusted with our future plans. For Anne herself, she shared that those lies can include that the Lord won’t provide or that He isn’t good.

It can take a lot of time and effort to get to the core of one’s struggles and unpack those lies and replace them with truth, allowing scripture to be the thing that is true for meditating on and laying the foundation. It is important to ask intentional questions.

For college women at Baylor, there can be an idol of busyness and over-involvement. Volume to people’s lives can add anxiety. I meet with a lot of people that anxiety is a part of their past or a part of their present.

Sometimes it’s helpful to ask what lies or insecurities or fears one has

about the future. Oftentimes depression involves dwelling on the past and anxiety dwells on the future. Anxiety can be rooted in lies about the future or who God is. It takes work to get to the core and allow scripture to be the thing that is true to meditate on. What is on your mind that is leading to anxiety and how can you set your mind on things above? Anxiety is multifactorial and can be especially challenging because of the medical piece and the potential factor of it being fear-driven.

For Anne, discerning when students need to see a medical professional involves asking the Spirit what questions to ask. Part of it can be trying to pinpoint if it is circumstantial anxiety with questions about if it is specific, focused things that make them anxious. She prioritizes never assuming she knows all the answers. Her posture is often, “Would this be a blessing to you?” Would it bless you to go to regeneration (a healing ministry program)? Would it bless you to find a counselor? Something that is always within her reach to do is found in Hebrews 4:12, praying scripture over students. Scripture and prayers are weapons God has given us to fight these spiritual battles. Medicine is a provision from God as well.

She recognizes when things are above her pay grade that need immediate referral to counseling, like eating disorders, self-harm, or a history of anxiety or depression. In terms of things that are not in those categories, she has several strategies that can be beneficial to students. Some strategies include having a care team of people to sit with and pray with, actively being in God’s word, inviting community in, and confessing things. This confession involves sharing with other believers about feelings and actions before they fully manifest, when they are merely just a thought. The benefit to this is that

it can stop things before they progress and turn into something. Letting a thought you don't share with anyone spiral will often result in it staying in darkness, continuing to grow into something bigger and bigger that can become really hard to fight.

A helpful posture is one emulating Psalm 139, asking God to search us and know our anxious thoughts, testing us to see if there is any offensive way in us, and leading us to the way everlasting. She has known students on medication, keeping their life group involved and meeting regularly with a counselor. This combination of strategies can be very effective. Medication and a counselor can be helpful to get a grasp on what core things trigger anxiety and allow them to create a better plan for when they get anxious. Another helpful practice is for students to physically write down the lies they are believing and the fears consuming them, and then turning to specific scriptures to combat those thoughts.

Anne's brother had an extensive journey with anxiety. Over time, he memorized over 500 Bible verses, because for him that was the best way to overcome his anxiety. This really opened his and Anne's eyes to the power of scripture. Anne shared that anxiety is often a form of spiritual warfare that can deceive us into thinking that our circumstances are bigger than God.

Clinical Psychologist: "Chad"

Chad works for the Baylor psychology clinic, and previously worked at the Baylor counseling center. He has had ample experience with college students in Waco as they navigate their struggles with anxiety and has even done research on anxiety. Additionally, he has had a personal journey with anxiety, some of which was during his

college years, which contributes another element to the conversation on how he has seen students of faith cope with anxiety.

Chad's first experience of anxiety was social anxiety he noticed he had in college. At the time, he saw a therapist and turned to self-helps books as well. For him, his Christian faith was more peripheral to his mental health experience. He engaged in prayer and read the Bible, doing "what the church had told him to do for dealing with anxiety." Because of his religious background, he had a clear idea of how to take part in those practices. However, for him, these faith practices did not play much of a role with his anxiety. Sometimes, he wishes it played more of a role.

He has not sought out a specifically Christian counselor. He expressed that he feels like he can handle the faith aspect without a counselor, but he wanted to utilize a therapist that is an expert in anxiety. Chad wanted a therapeutic atmosphere where there was no temptation to give faith-based guidance when what he needed was evidence-based treatment. He shared that this comes from a personal bias because he approached it from a very medical perspective. If he had a physical issue, like an ACL tear, he would look for the very best orthopedic surgeon, so he has this same way of thinking in how he sought a therapist: he wants to see the expert in the field of clinical anxiety. When approaching treating his anxiety, he asked himself crucial questions. Some of these questions included, why does he want anxiety to be less of a controlling factor in his life? How does anxiety inform why he is doing therapy? In reflection, he found that he wants to be able to respond more healthily, having a healthy relationship with his anxiety so that he can pursue his purposes in life. He expressed that his life goals are heavily influenced by his faith.

In terms of what clinical appointments for anxiety look like with people of faith, Chad shared that depending on the spectrum of severity they can look very different. For those on the lesser end of the extreme, therapy may be more about conversational, supportive counseling: for example, “Here’s what happened this week that is bringing me stress; this is how I want to grow.” It can be less directed in that way. For those on the higher end of severity, it could be more helpful to see a therapist that is skilled in delivering an empirically proven treatment to provide relief. The latter idea is more of what he was seeking in his own personal experience with anxiety. He seeks counsel and support from his church small group and ministers. Chad believes that while his faith may be peripheral to his anxiety experience, support from ministries and clinical therapeutic strategies can work in tandem in the sense that they both serve purposes that together need to be fulfilled for one to be mentally well.

Chad has seen many types of therapists over his thirteen-year journey with anxiety. Personal life events, like his father’s suicide, shaped his view in the sense that it really made him reflect on how faith and the church interplay with mental health, both in good ways and through the hurt that can come from it. Everyone’s individual experience with anxiety casts a different light on their view of it and on how it is impacted by faith, and we have something to learn from each person’s journey.

In terms of Chad’s experience as a professional clinical psychologist, he shared that he tries to follow his clients’ lead as far as whether they want faith to be in the conversation at all, especially because he does not market his services as being “Christian.” He will begin by asking about what identities they hold or cultural influences that are important to them, with religion listed as an example. He tries not to assume that

he knows what they mean when they say they are a Christian. Follow up questions are key, such as, “What does that mean for you?” or, “How does that play a role in your life?” If they do say faith is something they want to talk about in therapy, Chad tries to be explicit in saying he is not a pastoral care person, but he can help them examine or reflect on thoughts they have about religious beliefs and faith practices. He has never point blank told a patient that he himself is a Christian, as he never wants to impose his belief system on someone else. He stated that, “What being a Christian means for me is probably quite different from what being a Christian for another person means,” and that could be true for anyone. Each individual makes sense of things on a personal level differently.

Pastoral care and spiritual support can interplay with clinical treatment. If someone has a faith but does not feel connected, this can be a conversation their therapist can have with them. Would being in a small group help you? Would talking to your pastor about struggles be something helpful? I found these questions to be on the other side of the coin in a way from my conversation with Anne, as a women’s ministry director. In her conversations, there could be a question of would a clinical counselor bless you? In Chad’s conversations, there could be a question of would spiritual support help you? This distinction makes sense as they are each providers viewing the intersection of faith and anxiety from different angles. Chad does believe that pastoral care can play a positive role. Some clients practice a faith, and it is a big part of treatment for them, others less so.

People occasionally say that everyone should go to therapy, while others say that therapists are not in enough of an abundance and that there is too much need, individuals

deeply needing therapy, for people to go if they do not need to. Chad's hope for a lot of his clients is that they can get to the point where they no longer need therapy and can function effectively, doing the things that they value, with therapy being more of a choice for them as opposed to a necessity. Not everyone needs therapy, and some can get the support they are seeking (if that is what they are seeking) from a church. Some people do want to learn, reflect, and grow with a counselor even if they are not experiencing clinical symptoms.

The psychology clinic where Chad works is a community clinic, meaning that anyone can come there to be treated—all income levels, ages, families, truly anyone. This clinic being in a college town does increase the population of college students he sees in clinic in comparison to being located elsewhere. Chad discussed how the college stage of life can lead people to experience anxiety. Developmentally, ages 13-18 can naturally be a common time for initial onset of anxiety. Then once you are in college, there is a whole myriad of other factors contributing to that potential onset.

Your whole world is turned upside down, depending on where you go and who you know there. You no longer have daily interaction with the people that have been your support system your entire life; they may be a phone call away, but they are no longer there beside you physically. There are new academic pressures, lots of competitiveness, and a very artificial environment where you get a quantitative grade on everything you do. Life is pass/fail, your effort is good enough or it's not. But school is graded, yet in the real world you don't have the time and resources to get an "A" on everything you do.

For people with anxiety, evaluation of oneself and others and how others may be evaluating them can be a big factor in perpetuating anxiety. There is a constant stream of evaluating like this that happens in college, both academically and socially. This can be a spark that lights the fire of anxiety during college. In terms of combining faith practices and therapy, Chad's opinion based on anecdotal evidence from working with students in therapy is that community is the most impactful thing in terms of faith practices. Having a small group to be vulnerable with that provides those close relationships with people that believe similar things about the ultimate things in life (as in a shared religion) can have a huge positive impact in terms of coping with anxiety and being able to thrive.

In his research and practice, he has also seen situations where conflicts arise because of one's religious background. In other words, faith or religion can be a positive or negative force. It depends on what has been taught to individuals by their church.

The church's impact on one's anxiety experience depends on how and what messages have been conveyed. What does anxiety say about you? Is it seen as a sign that you don't have enough faith and are sinning by not trusting God? God did not cause your anxiety but is with you to help you through it, which is a positive message. Messages that have been directly stated or implied about mental illness from the church can make a big difference.

If clients have been told such negative messages (like anxiety being a sin), Chad treats it the same as any other thought. He puts it on the table and asks some questions about it. Doing this can be sufficient; maybe the client needs to discuss this with a pastoral care professional or a theologian, depending on the specific nature of the

thoughts. For example, a negative thought that they may have is, “God is angry with you because you worry so much.” He may ask where did you come to learn that? What do you believe about God? When you have loved another person, were you angry with them when they were worrying?

From the perspective of his research experience, this strain from religion can come up in OCD where the content of obsessions can be religiously based, potentially making the OCD worse or just making religiously affiliated activities the content of one’s obsessive tendencies. For example, compulsion can be expressed in praying in a particularly exacting way, obsessing over issues like “am I going to hell?”, or perhaps appraising one’s intrusive thoughts as sinful. Religiosity can be a big factor in generating these compulsions.

As a therapist, Chad wisely shared that he has a lot of thoughts he wants people to know but sometimes it is not effective to share them. Something that really matters to him, that he does want people, specifically religious leaders, to know, is this message:

People from my read of the Bible and Jesus’s life that had mental illness are the people he ministered most to. There are a lot of things religious leaders say or imply that make it harder to be a Christian with mental health issues and I do not think that is what Jesus desires for the church. Ministers should take some time to talk about various mental disorders with professionals—why they develop, how they are maintained, how pastors can really work in concert with and complement the work of mental health providers as opposed to contradicting it. Be intentional in how you speak about topics related to mental health and try to do it in a

way that reduces stigma and encourages seeking help and not the opposite.

Chad is passionate about this because pastors and churches are often the first stop for a lot of people struggling with mental health issues and their voice speaking to the issue can hold a lot of weight. That gives them an opportunity to be really impactful, but some pastors steward this well and others could definitely do better.

Current Baylor Student: Fourth Year Male, “Jason”

Jason has had anxiety struggles since high school that became exacerbated during his freshman year of college. He recalls being in his dorm room trying to sleep, and not being able to because of the feeling of anxiety in his stomach. It was then that he experienced anxiety to the extent that even when he did everything he could in the moment to make it go away, he could not. The big life transition that happens when entering college can give rise to lots of anxiety-inducing thoughts and experiences, and the fear of the future that can loom all throughout college contributes to this focus on worrying about what is to come and not being in the present moment.

His faith plays the largest role of anything in his life. It affects the way he sees the world, views school, looks at jobs, plans his future, solves problems, and how he processes stress. He has had a faith since a young age. Jason was involved in the youth group at his local church growing up, and he really made his faith “his own” once he entered his high school years. In college, he is involved with his faith on a daily basis, engaging in spiritual activities every single day. He spends time in prayer as well as reading the Bible every day on his own. Additionally, he takes part in volunteering at his

church and even leads a small group of other college guys through his church. He was involved in a ministry on campus, Vertical, in his earlier college years as well. When prompted to describe what prayer looks like for him, Jason shared that he does this multiple times a day and the length of time in prayer varies. He meets with his accountability partner every morning and sees his small group at least once a week. His accountability partner is someone that knows his struggles and they check in with each other to confess and update each other. They pray for each other as well.

When asked what makes him feel closer to God, Jason shared some practices that help ease his worries and allow him to feel near to the Lord.

Spending time in prayer and worshipping [through song], worship is the easiest way to change your heart posture and fix your eyes on Him, away from your fears. We are selfish and can forget the reason we exist. When we remember who God is, the way we interpret our circumstances changes. I view God as a friend, a father, a cool dad really. He is not someone to be scared of; there is a respectful fear of God, but I can talk to Him always.

Prayer and confession have been helpful ever since his freshman year when he first became fully aware of his struggles and the challenge it is to overcome them in the moment. His faith reminds him that we are not alone in this battle. Being surrounded by other believers that point him back to Christ really helps instill the message that we are never alone in our struggles. Jason shared that he does not know how people can make it through life without the promise of eternity with Jesus Christ, as this his sole source of hope—all other hopes being an outpouring of this truth of salvation. No matter what,

worst comes to worst, you still have Heaven and will one day be delivered from pain and worry. This thought is a source of comfort and can be helpful in getting grounded during times of anxiety.

An eternal perspective, informed by the knowledge that we are saved and will live forever with Christ in joy, and knowing that God knew before our concept of time began, can help relieve earthly worries. Why do I need to be in control if the one who knows the most and knows best is in control?

Prayer, confession, breathing, and meditation help in moments of high anxiety. For Jason, anxiety comes when he is trying to fall asleep. Actively thinking of breathing out anxiety and worried thoughts and breathing in God's peace helps when trying to release anxiety and fall asleep. Community is so important as well. Jason's small group knows about his struggle with anxiety and supplies support through prayer and helping him find time to rest in the Lord. The Lord is first, with community second, but they work together in the sense that we are not meant to be on our faith journey alone; we were made to be in community.

Additionally, serving other people is a big eye-opener in that it can cause you to realize that while anxiety is real, we are made to serve and love other people. Finding one's purpose in that can alleviate the stress of focusing on yourself and your own issues.

Another helpful tool for Jason is scripture memorization. He referenced 2 Corinthians 10:4, which discusses that weapons of warfare are not of this world; they have divine power to demolish strongholds of the world. When following Christ, filled with the Holy Spirit, we have the weapons we need to fight our battles, even those in the

spiritual realm. Anxiety is from the enemy and can be a form of spiritual warfare. Using scripture as a weapon of truth against lies from the enemy can be very helpful.

Current Baylor Student: Fourth Year Female, “Lacy”

Lacy grew up in a non-denominational Christian church in a family that was focused on faith. Faith has always been a part of her life and is the basis for everything she wants in life, from career goals to relationship pursuits. Her personal relationship with God is foundational for her. All while growing up, she went to church every weekend with her family, and her only other church involvement was leading worship. She was not involved in a faith-based group of peers, like youth programming, but her family was really faithful and talked about the Lord often in their home and even did morning devotionals.

Upon beginning college, Lacy started serving in a larger capacity, being on both the greeter team and the worship team. She is more of an active member now, attending all the big events and college-specific events and leading a small group that is involved with each other on a day-to-day basis. Additionally, Lacy has been more intentional about reading the Bible regularly since being in college.

She expressed that she feels most connected to God through prayer. Lacy recognizes that reading scripture brings truth and wisdom, but she grows closer to God in prayer, by talking to Him. She is always looking to be in constant prayer and making it an instinct to turn to prayer even in small moments, like when walking to class. She likes prayer cards and she really values prayer as a whole because it is our number one way to communicate with God. She prays every day.

God is my greatest friend, my comforter, my heavenly father, and my peace. Peace is not something from the world, it is only from the Lord, so I recognize His presence in my life as peace. My earthly dad is someone that guides me and takes care of me, setting the path in my life. The Lord is like this on a much larger scale, one that is eternal and outside of time.

Lacy first took note of her physiological symptoms, including a panic attack, during her first year of high school. However, her anxiety likely began before that. When she was a child, she had OCD symptoms that she did not know how to label at the time. She did something called “book therapy” to cope with this when she was about eight years old. She started seeing a counselor later and her counselor told her that her OCD symptoms were a manifestation of anxiety. She began seeing a counselor around the age of fourteen, and they helped her understand what it meant and how to handle anxiety. Anxiety is often an underlying cause, like it was for her OCD. Her counselor was faith-based, incorporating Christianity into her appointments.

Even as a person of faith, Lacy shared that it can be difficult in times of high anxiety when people just tell you to “trust the Lord”, it’s almost like a Band-Aid or giving the impression that you do not trust the Lord if you are experiencing anxiety symptoms. Sometimes people see it as a sin, which can be hurtful because there are times when you struggle with it and cannot control the fact that you are experiencing these symptoms and struggles. Her faith gives her a hope for the future, and without the Holy Spirit, she says she would be no match for fighting her anxiety. The church she grew up in never talked about mental disorders, which she is saddened by because of how

prevalent these conditions are. She never associated the church much with mental health, positively or negatively, because it was not discussed.

For Lacy, therapeutic strategies for treating anxiety work alongside faith, and really within the concept of faith. Her counselor gives her strategies with the underlying knowledge that this is a truth she really believes, which is helpful for Lacy. When Lacy leads worship, singing, she feels closest to the Lord. Even if she is really anxious, listening to worship music or worshipping can really help.

Community is important for her, reminding her of truth and helping her stay grounded in the knowledge that we are not alone. Lacy's small group and close friends know about her journey with anxiety, and they provide support through prayer and a place that she knows she can always go to in a bad time. Anxiety is in our flesh and can be a manifestation of a hyper-awareness of oneself. When Lacy feels anxiety coming on, she tries to take the thought off of herself and focus it on someone else by praying for them. Regularly doing acts of service is helpful too as it is a continual discipline of focusing on other people and physically acting that out.

Lacy discussed several reasons why college can be a particularly challenging time for someone with anxiety.

Some of the college-specific trials include being in a new space with all new people. For me, anxiety gets worse with unfamiliarity. I became less connected to my support system. Living away from your family, on your own, adds a whole new element of responsibility and things to worry about. Just the thought of being in charge of my own future is scary. My family is very supportive, and I rely on them a lot, not having immediate

contact with them anymore once moving to college was hard. I grew up in the same school from kindergarten until my senior year of high school, full of the same people, never having to put in effort to make a new friend, having just natural shifts. College was really the first time I had to put in effort to create community around me.

The stress of social changes and losing that tangible support system that was once built-in by living with her family opened a lot of doors for anxious thoughts and made coping harder with so many big shifts and lack of community surrounding her at the beginning, as she had to build that up because she was in a new place. Additionally, academic pressures were another contributor to her anxiety, and this got even more intense as she entered college.

Being a pre-med student has meant constant academic evaluation. My entire life has been measured in numbers and grades. With school, my success has not been measured by how far I have made it, but perfection in every aspect. No one gives you credit for showing up and trying, but every step of the journey to medical school seems like it begs incredibly high standards—perfect grade point average, perfect MCAT score. It's not if you have just finished your application and your MCAT, it's how well you did it that matters. We have learned to do what it takes to get the very best grade. We will let our entire life fall apart around us to get an A on a test. The education system is flawed because we do everything we can to make the highest grade, but our mental health, relationships, and overall well-being is being sacrificed at the altar of academic perfection.

When Lacy is having an anxiety attack, it is important for her to not be alone. Being alone makes it much worse because there is no one there to distract her and pull her out of that mind space when she needs to do whatever she can to take the focus off of herself. This is true when she is obsessing over thoughts: they are about her own life, so she has to shift that attention elsewhere. Pivoting by praying for another person is helpful and music really speaks to her. Adding scripture into music is a powerful recipe for combating anxious thoughts that come from lies. She likes to write out scripture and put it in places she will see on a regular basis.

While the church Lacy grew up in did not talk about anxiety, she is thankful that her parents were supportive and had strategies to fight it ready for her. OCD was common on her father's side of the family, so her mom recognized those tendencies in Lacy early on and was able to get her into book therapy as a child. Her mom was also the one that found her a counselor and encouraged her to go, so Lacy did not have to seek that out herself. She is really thankful to have parents that know what is going on in her life and are close with her.

Something Lacy has noticed in today's society is that people overuse terms like "anxiety" and "panic attacks." This bothers her because it can devalue the experiences of people that really do have these clinical issues. Oftentimes, people will characterize a time when they cried really hard as a panic attack, while a true panic attack involves physiological symptoms and goes beyond having a single emotional episode. Similarly, Lacy said that we need to stop praising people for their struggles with mental health and stop normalizing the idea that mental health struggles are just a continual, non-treated part of life. It is important that people don't feel alone, but we should not encourage

being complacent about wanting to get better. For example, people should not joke about having panic attacks every day. If that is their reality, then they need to seek treatment. Another example of how people can have an insensitive view of these issues is when people say, “I am so OCD about this.” OCD is not an adjective; it is a diagnosable medical condition. People unknowingly say hurtful things without knowing people’s experiences and what these phrases actually mean, and as a result they may make light of something that is really hard for those with that condition.

Even though I do believe the Lord has the power to heal us, I will say that anxiety is still a constant struggle for me and something I still battle even though the Lord has helped me. I think it is important to remember that as believers, we shouldn’t feel shame about struggling with mental health. At the end of the day, we are still human. We are not promised an easy or perfect life after following Jesus, in fact, we are guaranteed to have trials. So, I believe just as people go through other trials, mental health could be one of your trials.

Current Baylor Student: Third Year Female, “Alexa”

Alexa is a junior at Baylor that was raised in a Christian home. For Alexa, her faith bleeds into every aspect of her life, good or bad, stress or success. She needs to turn to the Lord in all of those moments and have Him be present in everything. In her experience with anxiety, her faith and the tools that she has been provided with in this life, like therapy, have allowed her to cope. She is able to focus on what matters in her life and what deserves her time and energy. Faith has guided her priorities and the relationships that she has pursued; she knows she is here to love and serve others.

A question that Alexa often asks herself is, “Are my anxious thoughts helping me further the kingdom [of God] or pulling me from it?” Her next step is always prayer and turning to her life group. If it’s helpful, she will try to think through it, even writing it out. She’ll come up with a plan with tangible steps if it could be helpful and glorifying to God. If the thought is one that is entirely unhelpful, she will be intentional in surrounding herself with people that remind her of what is important and true. Her action steps come from counsel in life group and her boyfriend, both of which offer advice that is rooted in scripture. Her mom is also someone she can turn to for help in making a plan of action when it comes to an anxious thought. In an anxious moment, Alexa immediately turns to community. Her counselor is a Christian counselor, so she gets therapy with a Christian influence. She knows she is not dealing with anxiety all by herself—the Lord is always with her—but her counselor helps reassure her in this. Knowing that God is with her helps her get out of that scary bubble that can feel isolating, and it is important for her to have a Christian anchor.

Alexa sees a psychiatrist as well, who is not a Christian. Her psychiatrist mainly monitors her medication and makes sure that the dosage is working for her. Something that is key for her with her counselor is goal setting and separating herself from her anxious thoughts. She constantly hears in church, “Take every thought captive,” and has wondered how do you actually do that? Her counselor helps her think through her scary thoughts step by step, reminding her that she does not have to let it spiral. It can be as simple as asking what is the very next step you can take? It is important to take a step back and ask whether this thought is helpful or productive? Assessing the thought can help her emotionally detach from it.

For Alexa, medicine, therapy, and her faith practices all work together in helping her cope with her anxiety. Medication is one of the biggest things that has helped her. She wants people to know that taking medication does not mean that you don't trust the Lord enough. The Lord has given us medication as a resource. Clinical anxiety is not something you can just think or pray your way out of. Getting on medication helped her get to a point where she could integrate her faith as an intentional practice more in fighting her anxiety. Her life group and being in scripture on a daily basis are two of the most important faith-related factors for her in terms of what helps her cope. When she realized she had anxiety, she was eager to get help—going to therapy and getting on medication. Her mother presented these options as a good thing, walking hand in hand with her. However, her father was not very supportive at first, as he is very traditional.

Alexa discussed how mental illness and psychiatric disorders are more accepted with younger churches because they are so prevalent in younger generations. When she attended church growing up, anxiety and depression were not discussed often, but it is important for churches to talk about them. Thankfully, many churches and pastors have moved away from the message that anxiety can just be prayed away without any other intervention.

Life group is such a big part of how Alexa copes with anxiety because it is her community. She stressed the importance of being vulnerable from the beginning, when the group was formed. Your community can't support you if they don't know what you have been through and what you are going through.

Alexa first started experiencing anxiety when she was in elementary school, but she did not know how to label it. By high school, she knew what it was. She distinctly

remembers having the thought, “I don’t know why I’m so miserable when things are going so well.” Thoughts like this prompted her to go to therapy and learn that she had anxiety. Alexa is very action-oriented and considers herself a planner, so she wanted to take the steps that may help her, and she thought that therapy couldn’t hurt. Her mom was on her side and advocated for her to her dad.

Alexa was proactive and came up with the idea on her own, starting therapy during her senior year of high school. A year into therapy, she decided to try medication. She was doing all the things her counselor told her to do and she was not seeing much of an improvement. After discussing this with her counselor, she decided to meet with a psychiatrist and get started on a low dose of anxiety medication. This dose was adjusted over the course of a year before getting to the dose that stills works for her today. One reason she appreciates her journey with anxiety is that she is able to help friends that have anxiety, both believers and nonbelievers, because she can actually relate to them through her own experience.

In an active panic attack, I freeze. My heart starts racing and I cannot move. Once that wave of panic goes over, talking to God helps. There is no special position I get in; I just am open with God. I am honest, not formal, truly very raw and real.

Consulting with ministers and other pastoral care staff has not played a role in her coping with anxiety. The closest thing to that which has been impactful for her is how her small group leaders in high school were people she could rely on and that she was close to.

There has been a progression since being on medication and in therapy. At the beginning of this combination of treatment, she was going through really high highs and really low lows, living at the extremes. This constant peaking and dipping was a really exhausting way to live. Now, Alexa is more consistently at a good, peaceful, happy, and solid baseline. Through a combination of counseling, medication, faith practices, and being surrounded by good people, she feels loved, accepted, encouraged, and challenged in a really healthy way. Her roommates in college have been super helpful.

My roommates hold me accountable. They will tell me, "You are not loving people well in this way, you have been snappy recently. Is something going on or is there some way we can help you? Let's take a moment to breathe and climb down from this mountain you are on that has been built up." It can make a huge difference to be with people that you know will bring things up if something is wrong. It can reduce so much anxiety related to fearing if others are upset with you and is really freeing.

When having a panic attack, Alexa's dog helps her. It brings her comfort to know that something that loves her dearly and unconditionally is with her. On a daily basis, taking notes and journaling in her Bible is a very helpful practice. She used to have multiple panic attacks a day in high school, and now this happens less than once a week, and often when she is super exhausted. She did not have her dog living with her in the dorms during her freshman year of college, and going from that to having her dog sophomore year made a huge difference.

Since being in college, there is this feeling of constantly having to be doing something and enjoying it. It can feel like rest is a bad thing, which contributes to anxiousness, and this lack of rest can get me to that dangerously exhausted state. Freshman year brought struggles of desiring social validation through organizations and my peers. Will they like me? Now I feel settled in who I am and because of who the Lord made me to be. I don't feel anxious around my close friends, people I know and have a commonality with, but if I do not know people, I can feel like I am being evaluated.

As Alexa has spent years settling in at Baylor and making really lasting friendships, she is less often in scenarios that trigger her social anxiety. She acknowledges that while it is manageable and she is doing well, her anxiety is not gone, and things are not “perfect.” She touched on how sometimes it is almost glorified to go through hard things so that you can have a really touching testimony. However, even if your life is great and your testimony is mundane, that does not belittle your anxiety struggle or make it less hard.

Discussion

In the previous section, I discussed my conversations with seven people offering differing perspectives on the intersection of anxiety and faith among college students. I spoke with Lilly the Christian counselor, Dr. Smith the chaplain, Anne the college women's director, Chad the clinical psychologist, and students Jason, Lacy, and Alexa. Each person has a connection to the Christian faith and a unique experience with anxiety

or walking with others as they cope with anxiety. They all spoke about treatment and ways to cope, and the impact that faith can have. Even the providers spoke to their personal experience with anxiety on some level, which speaks to the prevalence of this experience.

Upon completing these interviews, I truly gained appreciation for each individual's perspective. I am grateful for this information and can see its applicability for many students and people of all ages, even in my own life. While each person offered something unique and different, there were common themes that arose that stood out as experiences that many people could relate to or learn from.

Community

The importance of community came up in every single conversation. College can naturally be isolating as one is often taken out of their pre-established community and placed into a whole new environment. Like any life stage, community is key for being well, especially mentally well. For people of faith, being in an established group of other people that share the same beliefs and practices can be crucial for spiritual support and having a place to be vulnerable, be heard, and be held accountable. A sense of belonging and connectedness may help prevent anxiety and can make coping with anxiety more feasible.

From both students and providers, it was repeatedly emphasized that community is one of the top priorities that people should seek out in general, but especially in terms of having people to embrace you during anxiety struggles. Without community to remind you of what is true, it can be really easy to believe the lies that may underlie one's

anxious thoughts. Community can come around you and pray for what you are going through, be with you through it day by day, and make you feel seen and known.

Prayer

Another key practice that was brought up multiple times was prayer. Additionally, I observed that prayer does not look exactly the same for everyone. Dr. Smith talked through specific strategies of types of prayer to combat anxiety. Several students discussed how their prayers during acute panic episodes are more like cries out to the Lord, being fully candid with their feelings and speaking very informally. One student discussed how praying for others when they are feeling anxious can shift their focus off of themselves and their anxiety. Praying scripture has been a helpful tool for others as well. Prayer is the method of communicating directly with God. The act itself can be calming besides the hope that comes from knowing that Jesus is interceding for you. Prayer does not have to be done in a certain way, and being honest with God is important for many people of faith. In summary, each conversation provided different insights about what prayer can look like and how it can be of aid for anxiety.

Spiritual + Clinical Practices Working in Tandem

Also frequently mentioned during the interviews was how spiritual and clinical practices can work together in concert to help individuals cope with anxiety. Some students do therapy, some take medication, some do both, and these things can be combined with spiritual activities like meeting with a small group regularly, spending time in scripture, serving others, prayer, and worship in order to create a multifaceted

way to cope. Any combination of the above elements, or even different ones, may be what works for particular students of faith seeking to cope with anxiety through employing their faith alongside clinical treatment. Interviewees acknowledged that God provides clinical tools for their use, and that utilizing them should not be seen as a lack of faith. Something else that came up with both students and providers was the strategy of asking questions. For the providers, this involved asking a lot of follow up questions such as, what does that look like? What does that mean for you? How does it impact your life? For the students, this involved asking themselves questions like, what is causing this thought? Is this thought helpful? The value of asking questions came up often and seemed to be an important strategy to prompt reflection and get to the core of one's issues.

The Church's View of Mental Health

It was often brought up how pastors and churches have had a stigma toward mental health in the past, or even still now. The metaphor of putting a Band-Aid of prayer over someone's mental health condition was something that everyone was familiar with. Thankfully, the interviewees also expressed that they feel that this stigma is improving. Ministers are becoming educated and conveying messages that are more helpful than what has been the norm in the church in the past regarding anxiety and depression. God is near to those who struggle mentally, and it is sad that there was ever a time, and still is sometimes, when people were made to feel less loved because of their mental health struggles. There is still so much room for improvement, and people need to continually

hear that they are not alone in their struggles, that the Lord cares for them, that it is okay to seek help, and that they should have access to the help they need to cope.

Conclusion

This chapter gave a hands-on view of what coping with anxiety as a person of faith can look like, and what implications and strategies can make an impact. The themes of community, prayer, spiritual and clinical practices working together, and the church's view of mental health were common throughout all of the interviews. This information provides some perspective on the issue and hopefully offers something tangible that readers can benefit from and even institute in their own life if they see fit.

Chapter Three discusses further the implications of this study. This includes offering practical applications that people may implement or reflect on, as people experiencing anxiety or as their providers and peers. My hope is that this material will provide guidance for people suffering from anxiety as well as inspire providers to work with people of faith who have anxiety to help empower them in their walk with the Lord and offer them strategies for coping.

CHAPTER THREE

Conclusions and Implications

Introduction

In Chapter One, I presented a review of the literature on the intersection of anxiety and Christian faith, in addition to the role these factors play for adolescents and specifically college students. Chapter Two allowed us to get a close up look at different perspectives on how people of faith cope with anxiety, and the influence that faith can have on one's experience with anxiety. I shared details of conversations with seven people: a Christian counselor, a clinical psychologist, a women's college ministry director, a chaplain, and three college students of faith that have had personal experiences with anxiety. The conversations pointed back to evidence regarding how faith can provide helpful tools for handling anxiety, as seen in the literature review in Chapter One, providing a much more individualized and personalized view. Across these conversations, there were common themes, including community, prayer, spiritual and clinical practices working together, and stigma toward mental health in the church.

In this final chapter, I speak to the limitations of the study and to applications that can be made from the information presented here. The review of literature and conversations that I had have made a great impact on me. So much of what I learned can be applied in my own life in terms of intentional ways to cope with anxiety, as well as—someday, I hope—in my future medical practice. This is discussed further in this final chapter.

Summary of Findings

The literature review and interviews illustrated how faith can provide practical tools for fighting anxiety. Personal testimonies spoke to how these tools have impacted individuals as well as how some of these tools are less or more effective depending on the person. Across the board, it was expressed that there is a stigma in the church toward acknowledging mental illness. Thankfully, most people agree that this stigma is improving. All participants discussed how crucial it was for pastors and church staff to speak about anxiety and other mental health conditions, and to make it known that there are resources for people seeking help.

The information collected agreed with the proposed hypothesis, namely that faith is helpful in dealing with anxiety, with some variations based on the personal background and experience of the people interviewed. Also in accordance with the hypothesis was the frequent mention of the importance of community and of the way that Christian faith provides an eternal hope that helps individuals cope with their anxiety. Specific practices like meeting regularly with an engaged community, engaging in prayer, and utilizing counseling were brought up several times in interviews as ways to help cope, affirming the literature review which noted that studies identified them as positive coping behaviors. These behaviors often indicate an intrinsic motivation in faith or illustrating “living one’s faith” as opposed to “using one’s faith,” which was discussed in the literature as being associated with more positive outcomes and experiences with anxiety.

Limitations of this Work

Some limitations of this study are apparent. First, while these interviews provide a close-up view of experiences in coping with anxiety in the context of faith, the view is

limited by the small amount of people interviewed. Moreover, this sample is geographically homogeneous; everyone interviewed is associated with Baylor University or located in the Waco area. It is possible that a broader selection of interviewees may have led to different conclusions.

Second, this sample comprised only Christians. The focus on Christian faith was intentional and practical, as Christianity, in its various forms and expressions, is the most prevalent faith tradition at Baylor and in Waco. Again, experiences may vary among others of different faiths. How each individual faith views God or their higher power could play a role in how observance or practice of that respective faith impacts anxiety in its followers. While this study found many positive aspects of faith in one's anxiety experience, this may or may not apply in the same way in different religious traditions. Moreover, even where impacts or outcomes are similar, major factors that could influence this are how much followers engage with their faith, how much of a role it plays in their lives, and their specific appraisals and beliefs. Therefore, the findings of this study are not necessarily generalizable to people of all different religions, but the same could be said of any small study of any other mental health issues. Further research is needed to better map out these effects in different religions.

Third, regarding student perspectives, male students were underrepresented among interviewees. As noted in the literature review in Chapter One, women are more frequently diagnosed with anxiety, which probably explains their greater representation in this sample.

Applications

To reiterate, this study's hypothesis, based on existing literature, was that Christian faith can aid students in coping with their anxiety through functions such as providing an eternal hope and being a part of a supportive, faith-based community. Many studies found that faith can provide helpful resources for coping. Specifically, having a close and trusting relationship with God, as well as gratitude to God and a faith derived from earnestly intrinsic motivations, as opposed to external factors, are correlated with better anxiety outcomes. The view that an individual has of God also can play a significant part in if and how their faith helps or worsens their anxiety. This was why asking students about how they view God was so important. The beliefs and appraisals that one has regarding their faith can influence the extent to which faith moderates symptoms of anxiety. The interviewees had positive things to say about who God is—as a father, friend, or comforter—but some of the providers had seen patients whose recovery was negatively impacted by toxic church experiences and standards of perfectionism. Overall, however, students and providers agreed about the many ways that faith can help with coping and how they have seen it work in their own lives or professional practices.

I believe that we were created for community. It was not intended for us to cope with the challenges of life alone, so it did not surprise me to see this theme get brought up time after time in the interviews. College can be one of the most fun and growing times of one's life, but it can also be incredibly challenging and isolating. Something that I have learned is that community is forged, not found. It is rare to just stumble upon the ideal community of people that holds you accountable, celebrates with you, and grieves with you. So much more often, you have to be intentional in seeking that out and creating

that. As a believer in Jesus, and also as someone who has faced mental health struggles, it is so crucial to be a part of a supportive community that is like-minded in belief and can help each other walk through struggles. Part of seeking that out is joining groups but also being vulnerable to help build that trust and bond. Having a tight-knit community to lean on, that knows what you go through, is so helpful and important. This is especially key when experiencing anxiety.

One's view of God can really impact the role that faith plays in their experience of anxiety. If you find faith being something causing more stress, it could be helpful to ask yourself what you believe about God and His character and if those characteristics describe Someone that is constantly frustrated with you desiring perfection, or Someone full of grace and love for you.

Worship, reading and memorizing scripture, and prayer are all things that can help take the focus off ourselves and allow space for the Lord to bring peace into our anxious thoughts. For Lacy, she said that praying for other people helped set her mind at ease by shifting her concentration off of the situation causing anxiety. Jason shared about how singing in worship allows him to draw near to God. Anne shared about her brother that memorized scriptures that helped him fight his anxiety. These disciplines can strengthen one's faith, bringing them closer with God, but also be tools to fight anxiety. These tools are great and things God has provided us with, and God has also provided us with clinical tools like therapy and medication.

Ideally, I have observed that combining all of the above, including being a part of a worshipping community that knows you, has helped a lot of people. My personal desire is for the commonly mentioned stigma about mental illness, that is still seen oftentimes in

churches, to be gone so that people can seek the help they need without shame. I think it is important to recognize that following Jesus changes everything, but as we are still living in a broken place as broken people, our anxiety does not necessarily disappear and that is okay. It is something we can get through and even thrive with alongside community, finding strength in the Lord, and using the tools and resources provided to us.

College students, anyone with anxiety, anyone practicing the Christian faith, chaplaincy professionals at colleges, and church college ministries are all audiences that I believe could benefit from learning more about this subject. It is my hope that this project provides insights about the intersection of anxiety and faith and creates a holistic picture through multiple angles and perspectives that has allowed readers to take something away that they can apply to their own life or use to help someone around them.

For staff working with college students of faith with anxiety—which likely applies at any university because anxiety is not limited to Baylor and Waco—there are some takeaways that I hope can be helpful. Putting students together in settings where they can feel safe being honest and vulnerable can be a powerful tool. This can occur through helping them connect with others at a church or in a small group setting or through something different. Knowing that you are not alone in your struggles is so powerful, but being with others also contributes by providing support so that people can help each other and pray for one another. I think that staff working in this area also have the responsibility of doing what they can to lessen the stigma and make accessible resources known to students. Connecting them to therapists, helping them plug into

community, and even praying with them and for them can all have a positive impact on students.

For students, a take-home message from this study is the importance of being a part of a community that knows what you go through and finding the combination of disciplines and strategies that works for you. Everyone's experience with anxiety looks different, so the best ways to cope will vary with each individual. Strategies include seeking counseling, bringing your community in, prayer and service for others, worship, and study of scripture. We are not meant to do this alone. Even if you have just one friend that is like-minded, you can share with them and even seek out a community to be a part of and be vulnerable with together. Remembering the purpose and hope that we have in Jesus is crucial, and community and worship can help us to do that.

Completing this project has left me encouraged about the hope we can all have to meet our challenges. I was also encouraged by all the people that I got to speak with about what enables them to love God more and to be freer from anxiety, and about how providers are there to walk through this journey with students in clinical or pastoral settings, or even a blend of the two. These realms truly do not have to be separate; both can work in tandem, as was conveyed in multiple interviews. I feel grateful to have done this study. I learned much from it and was able to see how Jesus is working in other people's lives, which is something I am so grateful for.

BIBLIOGRAPHY

- American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Bandelow, B., & Michaelis, S. (2015). Epidemiology of anxiety disorders in the 21st century. *Dialogues in clinical neuroscience*, 17(3), 327–335.
<https://doi.org/10.31887/DCNS.2015.17.3/bbandelow>
- Bhatia, M. S., & Goyal, A. (2018). Anxiety disorders in children and adolescents: Need for early detection. *Journal of postgraduate medicine*, 64(2), 75–76.
https://doi.org/10.4103/jpgm.JPGM_65_18
- Biswas, T., Scott, J. G., Munir, K., Renzaho, A., Rawal, L. B., Baxter, J., & Mamun, A. A. (2020). Global variation in the prevalence of suicidal ideation, anxiety and their correlates among adolescents: A population based study of 82 countries, *eClinicalMedicine*, Volume 24, 2020, 100395, ISSN 2589-5370,
<https://doi.org/10.1016/j.eclinm.2020.100395>.
- Campbell, D. (2018). Testing Faith: An Investigation of the Relationship Between Prayer and Test Anxiety. *Social Work and Christianity*, 45(1), 122–136.
- Cleveland Clinic (2022). Signs you have functional anxiety.
<https://health.clevelandclinic.org/what-is-high-functioning-anxiety/#:~:text=What%20is%20high%2Dfunctioning%20anxiety,You%20may%20overreact%20at%20times.>
- Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: A Review. *Journal of Adolescent Health*, 38(4), 472–480.
<https://doi.org/10.1016/j.jadohealth.2005.10.005>
- Dein, S. (2013). Religion, spirituality, depression, and anxiety: Theory, research, and practice. In K. I. Pargament, A. Mahoney, & E. P. Shafranske (Eds.), *APA handbook of psychology, religion, and spirituality (Vol. 2): An applied psychology of religion and spirituality* (pp. 241–255). American Psychological Association. <https://doi.org/10.1037/14046-012>
- Dew, R. E., Daniel, S. S., Armstrong, T. D., Goldston, D. B., Triplett, M. F., & Koenig, H. G. (2008). Religion/spirituality and adolescent psychiatric symptoms: A Review. *Child Psychiatry and Human Development*, 39(4), 381–398.
<https://doi.org/10.1007/s10578-007-0093-2>

- Dougherty, K., Glanzer, P., Robinson, J., Ratchford, J. & Schnitker, S. (2022). Baylor Faith and Character Study: Methods and Preliminary Findings, *Christian Higher Education*, 21:3, 168-190, DOI: 10.1080/15363759.2021.1929564
- Driskell, J. (2022). *All About Anxiety: An Introductory Guide to Neuroscience, Assessment, and Intervention*. Pressbooks, Chapter 1.
<https://pressbooks.pub/allaboutanxiety/chapter/chapter-1/>
- Earls, A. (2022). Pastors have Congregational and, for some, personal experience with mental illness. *Lifeway Research*. Retrieved November 23, 2022, from <https://research.lifeway.com/2022/08/02/pastors-have-congregational-and-for-some-personal-experience-with-mental-illness/>
- Forouhari, S., Hosseini Teshnizi, S., Ehrampoush, M. H., Mazloomi Mahmoodabad, S. S., Fallahzadeh, H., Tabei, S. Z., Nami, M., Mirzaei, M., Namavar Jahromi, B., Hosseini Teshnizi, S. M., Ghani Dehkordi, J., & Kazemitabae, M. (2019). Relationship between Religious Orientation, Anxiety, and Depression among College Students: A Systematic Review and Meta-Analysis. *Iranian journal of public health*, 48(1), 43–52.
- Giang, V. T., & Nebres, B. (2021). College Experience of Students in a Faith-Based Institution. *International Journal of Scientific Research & Engineering Trends*. Volume 7 (Issue 4). https://ijsret.com/wp-content/uploads/2021/07/IJSRET_V7_issue4_621.pdf
- Glas, G. (2007). Anxiety, anxiety disorders, religion and spirituality. *Southern Medical Journal*, 100(6), 621–625. <https://doi.org/10.1097/smj.0b013e31805fe612>
- Griffin, J. (1990) Anxiety. In: Walker HK, Hall WD, Hurst JW, editors. *Clinical Methods: The History, Physical, and Laboratory Examinations*. 3rd edition. Boston: Butterworths; Chapter 202.
- Griffiths, H., & Fazel, M. (2016). Early intervention crucial in anxiety disorders in children. *The Practitioner*, 260(1794), 17–3.
- Heinze, N. R. from J. (2021, February 25). Anxiety, depression reached record levels among college students last fall. University of Michigan School of Public Health. Retrieved December 12, 2022, from [https://sph.umich.edu/news/2021posts/anxiety-depression-reached-record-levels-among-college-students-fall-2020.html#:~:text=New%20Research%20from%20Justin%20Heinze&text=Among%20the%20respondents%2C%2047%25%20screened,universities%20\(response%20rate%2014%25\).](https://sph.umich.edu/news/2021posts/anxiety-depression-reached-record-levels-among-college-students-fall-2020.html#:~:text=New%20Research%20from%20Justin%20Heinze&text=Among%20the%20respondents%2C%2047%25%20screened,universities%20(response%20rate%2014%25).)
- Kaiser Family Foundation analysis of U.S. Census Bureau, [Household Pulse Survey, 2020, Phase 3: 1/20/2021-2/1/2021] (<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>)

- Kent, Stroope, S., Kanaya, A. M., Zhang, Y., Kandula, N. R., & Shields, A. E. (2020). Private religion/spirituality, self-rated health, and mental health among US South Asians. *Quality of Life Research*, 29(2), 495–504. <https://doi.org/10.1007/s11136-019-02321-7>
- Kneipp, L.B., Kelly, K. E., & Cyphers, B. (2009). Feeling at Peace with College: Religiosity, Spiritual Well-Being, and College Adjustment. *Individual Differences Research*, 7(3), 188–196.
- Koenig H. G. (2009). Research on Religion, Spirituality, and Mental Health: A Review. *The Canadian Journal of Psychiatry*. 54(5):283-291. doi:10.1177/070674370905400502
- Koenig, H., Al-Zaben, F., & VanderWeele, T. (2020). Religion and psychiatry: Recent developments in research. *BJPsych Advances*, 26(5), 262-272. doi:10.1192/bja.2019.81
- Koenig H. G., Ford, M., George, K., Blazer, D., & Meador, K. (1993). Religion and anxiety disorder: An examination and comparison of associations in young, middle-aged, and elderly adults. *Journal of Anxiety Disorders*, 7(4), 321–342. [https://doi.org/10.1016/0887-6185\(93\)90028-j](https://doi.org/10.1016/0887-6185(93)90028-j)
- Koszycki, D., Bilodeau, C., Raab-Mayo, K., & Bradwejn, J. (2014). A multifaitth spiritually based intervention versus supportive therapy for generalized anxiety disorder: a pilot randomized controlled trial. *Journal of clinical psychology*, 70(6), 489–509. <https://doi.org/10.1002/jclp.22052>
- Kumaraswamy, N. (2013). Academic Stress, Anxiety and Depression among College Students- A Brief Review. *International Review of Social Sciences and Humanities*. Vol. 5, No. 1, pp. 135-143. www.irssh.com
- Leung, C. H., & Pong, H. K. (2021). Cross-sectional study of the relationship between the spiritual wellbeing and psychological health among university Students. *PLoS ONE*, 16(4), e0249702. <https://link.gale.com/apps/doc/A658586270/AONE?u=txshracd2488&sid=bookmark-AONE&xid=bf9a2375>
- Li, W., Zhao, Z., Chen, D., Peng, Y., & Lu, Z. (2022). Prevalence and associated factors of depression and anxiety symptoms among college students: A systematic review and meta-analysis. *Journal of Child Psychology and Psychiatry*, 63(11), 1222–1230. <https://doi.org/10.1111/jcpp.13606>
- Mayo Foundation for Medical Education and Research. (2017, October 13). Generalized anxiety disorder. Mayo Clinic. Retrieved November 23, 2022, from <https://www.mayoclinic.org/diseases-conditions/generalized-anxiety-disorder/symptoms-causes/syc-20360803>

- Mayo Foundation for Medical Education and Research. (2018, May 4). Panic attacks and panic disorder. Mayo Clinic. Retrieved November 23, 2022, from <https://www.mayoclinic.org/diseases-conditions/panic-attacks/symptoms-causes/syc-20376021>
- Millett-Thompson, A. (2017). Dealing With College Students' Stress, Anxiety, and Depression. *The Journal for Quality and Participation*, 39(4), 24-27. <http://ezproxy.baylor.edu/login?url=https://www.proquest.com/scholarly-journals/dealing-with-college-students-stress-anxiety/docview/1865992736/se-2>
- Newham, R. (2022). Mental Health Friendly Church. MHFC | *Kintsugi Hope*. Retrieved March 28, 2023, from <https://kintsugihope.com/mhfc>
- Parodi, K. B., Holt, M. K., Green, J. G., Porche, M. V., Koenig, B., & Xuan, Z. (2022). Time trends and disparities in anxiety among adolescents, 2012-2018. *Social psychiatry and psychiatric epidemiology*, 57(1), 127-137. <https://doi.org/10.1007/s00127-021-02122-9>
- Peterman, J. S., LaBelle, D. R., & Steinberg, L. (2014). Devoutly anxious: The relationship between anxiety and religiosity in adolescence. *Psychology of Religion and Spirituality*, 6(2), 113-122. <https://doi.org/10.1037/a0035447>
- Pierceall, E. A., & Keim, M. C. (2007). Stress and coping strategies among community college students. *Community College Journal of Research and Practice*, 31(9), 703-712. <https://doi.org/10.1080/10668920600866579>
- Rosmarin, D. H., Koenig, H. G., Leidl, B. (2020). Chapter 3 - Spirituality, religion, and anxiety disorders. *Handbook of spirituality, religion, and mental health* (pp. 41-60). essay, Academic Press.
- Shaler, L., Goss-Reaves, L., Boatner, J., Johnson, S., & Atkins, K. M. (2020). Experiences of College Sophomores' Utilization of Counseling Services at a Faith Based University. *The Qualitative Report*, 25(11), COV1+. <https://link.gale.com/apps/doc/A643343964/AONE?u=txshracd2488&sid=bookmark-AONE&xid=a4ea166c>
- Shreve-Neiger, A. K., & Edelstein, B. A. (2004). Religion and anxiety: A critical review of the literature. *Clinical Psychology Review*, 24(4), 379-397. <https://doi.org/10.1016/j.cpr.2004.02.003>
- Stewart, W. C., Wetselaar, M. J., Nelson, L. A., Stewart, J. A. Lindsay A, N., (2019). Review of the effect of religion on anxiety. *International Journal of Depression and Anxiety*, 2(2). <https://doi.org/10.23937/2643-4059/1710016>
- U.S. Department of Health and Human Services. (n.d.). Generalized anxiety disorder. National Institute of Mental Health. Retrieved November 23, 2022, from <https://www.nimh.nih.gov/health/statistics/generalized-anxiety->

[disorder#:~:text=An%20estimated%205.7%25%20of%20U.S.,some%20time%20in%20their%20lives](#)

U.S. Department of Health and Human Services. (2004). Any anxiety disorder. National Institute of Mental Health. Retrieved February 4, 2023, from https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder#part_2579

Waithaka, A. G. (2017). The influence of religion on stress - *Novelty Journals*. Retrieved February 5, 2023, from <https://www.noveltyjournals.com/upload/paper/The%20Influence%20of%20Religion%20on%20Stress-912.pdf>

Wilmer, M.T., Anderson, K. & Reynolds, M (2021). Correlates of Quality of Life in Anxiety Disorders: Review of Recent Research. *Curr Psychiatry Rep* 23, 77. <https://doi.org/10.1007/s11920-021-01290-4>

World Health Organization. (n.d.). Adolescent health. World Health Organization. Retrieved November 23, 2022, from https://www.who.int/health-topics/adolescent-health#tab=tab_1